MINUTES
JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL
Tuesday, February 23, 2016 3:00 p.m.
1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110

Commissioner Edward A. Chow, M.D., Chair
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer

1) CALL TO ORDER
Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David B. Singer
Commissioner David Pating, M.D.

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

Staff: Roland Pickens, Terry Dentoni, Troy Williams, Todd May MD, Basil Price, Jim Marks MD, Kim Nguyen, Dave Woods, Greg Wagner, Terry Saltz, Ron Weigelt, Valerie Inouye, Virginia Dario Elizondo, Jeff Critchfield MD, Lillian Chan, Dan Schwager, Sue Schwartz, Alice Chen MD

The meeting was called to order at 3:05 PM

2) APPROVAL OF THE MINUTES OF THE JANUARY 26, 2016 ZSFG JCC MEETING

Commissioner Singer asked for clarification on timeline for ZSFG’s inpatient psychiatric services update. Mr. Pickens stated that the presentation and data are ready to be presented at the March ZSFG JCC meeting.

Action Taken: The Committee unanimously approved the minutes of the January 26, 2016 ZSFG JCC meeting.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS
Troy Williams, Chief Quality Officer, began by acknowledging Sue Schwartz and her 28 years at ZSFG. Mr. Williams thanked Ms. Schwartz for her dedication and exceptional service. Mr. Williams stated that Ms.
Schwartz deferred retirement until the licensing process was complete. Mr. Williams presented three certificates to Ms. Schwartz: Mayor’s Office Recognition, Health Commission, and ZSFG.

Mr. Williams excused himself to attend Day 2 of the ZSFG licensing survey. Will Huen MD gave the summary of the January 2016 Quality Council Meeting minutes.

**Commissioner Comments/Follow-Up:**
Commissioner Singer asked for more information regarding the possible impact of the PRIME program. Dr. Alice Chen stated that there are 30 core measures for Pay-for-Performance and a few measures that are optional. Dr. Chen noted that ZSFG is in the process of determining where it will stand compared to MediCal benchmarks. PRIME metrics will be released on March 31, 2016. Dr. Chen stated that on select measures, the organization is doing well; however once the metrics top out, it is hard to make improvement. Dr. Chen stated that as long as the data measures at the top 25th percentile, then there is room for ZSFG to improve.

Mr. Roland Pickens stated that ZSFGH will likely not receive as much funding under the Prime program.

Commissioner Singer asked for more information on privacy breaches. In the past, ZSFG executives have shared breaches at the JCC meeting; however, currently, breaches are simply noted in the minutes. Commissioner Singer asked if the organization has an internal scale or threshold of when to share with Commissioners. Mr. Pickens stated that with the new Office of Privacy and Compliance, Ms. Maria X Martinez will share Network and DPH-wide breaches. Ms. Martinez will report incidences as they occur and in her Annual Report to Health Commission.

Commissioner Singer requested that ZSFG-related reportable breaches be communicated and reported to Commissioners at the JCC meeting.

Regarding real-time data, Commissioner Singer commented on ensuring Quality Council minutes are reported in timelier manner. For example, the current Quality Council occurred a week before the last JCC. Dr. Todd May and Dr. Will Huen stated that they both will look into improving the timing of reporting the Quality Council minutes.

Regarding PRIME, Commissioner Pating asked for clarification on what happens to the DSRIP programs and metrics. He wanted to know whether the organization stopped pursuing these goals. Ms. Schwartz stated that most measures have continued past DSRIP funding. Mr. Pickens stated that DSRIP measures do not discontinue. He reiterated that the level of funding under the Prime program is unknown at this time and may impact the budget.

Commissioner Pating commended the organization on its flexibility as CMS did not provide a phase-in and phase-out timeline for these programs.

**Action taken:** The Committee unanimously approved the summary of the January 2016 Quality Council Meeting minutes.

**4) FINANCIAL STEWARDSHIP STATUS REPORT**
Valerie Inouye, Chief Financial Officer, presented the item.

**Commissioner Comments/Follow-Up:**
Commissioner Singer asked whether ZSFG was also notifying departments who were under budget in order to stratify over and under for a more complete budget picture. Ms. Inouye stated that countermeasures were
developed in two phases: the purpose of Phase 1 was to analyze, stratify and assist departments over 10% negative variance. The goal of Phase 2 was to analyze, stratify and assist departments under 10% positive variance.

Ms. Inouye noted that the purpose of financial stewardship countermeasure development is to correctly size each department and reallocate resources among department to avoid general fund requests. ZSFG aims to operate within its own means.

Ms. Inouye noted an unresolved issue, which is ZSFG will not implement changes to operations until the move into the new hospital. Additionally, ZSFG is in need to do benchmarking among similar academic medical center hospitals for more accurate budget assessments.

Commissioner Pating recommended that ZSFG staff link drivers to metrics. For example, how many FTE are needed for access targets, how many for billing, etc. Commissioner Pating also recommended aligning these overall department metrics to True North metrics.

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

Commissioner Comments/Follow-Up:
Commissioner Pating asked what happens if the Board of Pharmacy survey is delayed. Ms. Nazeeri-Simmons confirmed that the Pharmacy Board has had staffing issues. However, the Board of Pharmacy has communicated that staff intends on completing the survey so the sequence is in right order.

Commissioner Singer asked if ZSFG’s diversion rate will be zero with the opening of the new hospital. Ms. Nazeeri-Simmons noted that ZSFG has a tactic on hospital strategic plan and the focus has been in the ED. Flow for 80% on best value and vertical in going to admitting process. Ms. Nazeeri-Simmons acknowledged that the physical plant will not address flow, but doing this hard work around creating flow, removing defects, creating standard work, and continuously improving will address flow and diversion.

At this time, Ms. Nazeeri-Simmons stated that she is comfortable stating that ZSFG will achieve zero LWBS, which will limit diversion. Dr. Jim Marks noted that his aspiration for diversion is zero percent. To do so, Dr. Marks noted, efforts in working towards dropping length of stay and increasing discharge by noon.

Ms. Dentoni noted that initially, the ED will experience 10-12% decrease in diversion due to the physical plant, without improvement work. With improvement work, Ms. Dentoni stated that ED can decrease diversion even more.

Commissioner Singer requested that the flow team come back with new targets. Dr. Marks noted that the team will come back in 5 months to provide an A3 status report.

Commissioner Pating congratulated Terry Saltz for being a hero at Heroes and Hearts fundraiser luncheon.

6) HOSPITAL ADMINISTRATOR’S REPORT
Roland Pickens, Interim Chief Executive Officer, gave the report.

Emergency Department Improvements February 8-12
The Emergency Department held its 2nd Improvement Workshop following the Value Stream that began in October, 2015. Prior to the workshop, the improvement work focused on reducing the lead time for low acuity, or Emergency Severity Index (ESI) level 4 and level 5 patients. Following the Plan-Do-Study-Act problem solving process, the ED implemented a fast track system, with a target to reduce the length of stay for low acuity patients to below 135 minutes (from a baseline of 187 minutes). For the week of January 29 to February 4, the length of stay was 125 minutes — representing a 62 minute reduction.
During the week of February 8th, the ED focused on reducing the lead time for ESI level 3 patients, through performing PDSAs around team-based care. This workshop also included improving the flow of work between the ED and Clinical Laboratory and Imaging. Standard work was created in these departments to improve the flow of patients through the ED by reducing turnaround time for lab and imaging tests. Further PDSA problem solving will be done in the upcoming weeks to continuously improve the process for the ESI level 3 patients. A huge “thank you” to the ED, Clinical Lab and Imaging.

Day in the Life (Lite) Completion on Feb 3rd
On February 3rd, we held our first Day in the Life (DIL). The purpose of the Day in the Life (DIL) simulations is to: 1) Identify and address patient/staff safety issues; 2) Engage staff in mock patient care scenarios to validate operations and workflows; 3) Verify protocols and systems integration and; 4) Facilitate open channels of communication among all participants.

DIL included 26 department-specific and emergency response code scenarios. There were 188 scenario staff (i.e. nurses, physicians, and support services), 48 scenario observers and roamers, 33 Support Center (IT, Facilities, Biomed, Security, etc.), and 10 Day in the Life Command Center. Representatives from each department were able to speak to their workflows, policies, and equipment.

Through this experience, we have learned a lot about the building and how to collaborate and communicate across departments. This experience will only make the next DIL even more successful.

Director’s Retreat on Feb 4th
On February 4th, ZSFG held the first-ever Director’s Retreat at UCSF Mission Bay. About 80 of our Executives and Directors met to build alignment across Truth North. It proved to be an amazing day to reflect on our values, practice our improvement tools, and reaffirm our lean management system. We look forward to having these retreats twice a year.

Inpatient Value Stream January 25-29
We embarked on our Inpatient Value Stream, mapping the flow for our patients from decision to admit in the Emergency Department, until the patient has been discharged and the room is cleaned on the Inpatient Medical/Surgical units. The team was also able to accomplish mapping the Future State, or our vision for the ideal flow for our patients that is achievable in 3-5 years. This work launches further improvement workshops that will follow the Plan-Do-Study-Act problem solving method to improve care for our patients. The improvements will be sustained by the Daily Management System, which is already implemented in Medical Surgical Unit 5D. Through coaching, accountability, visual management and using data to drive our business, we expect to see great results from the work planned during this Value Stream event.

Patient Flow Reports for January 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 asked for clarification on 4A SNF’s increased average daily census. Ms. Dentoni stated that in an effort to improve flow, ZSFG has had been more open to accepting patients.

Commissioner Singer asked reasons why it takes so long to make improvements on the inpatient value stream. Ms. Dentoni stated that improvement work is not only at ZSFG, but includes Health Network-wide entities.
Many ZSFG patients go to LHH and respite after their care at ZSFG. Ms. Dentoni stated that ZSFG works with other Network entities to impact flow at ZSFG.

Mr. Pickens noted that the Network will be adding 35 new beds but the construction renovation will not happen this year.

Ms. Nazeeri-Simmons stated that learning how to continuously improve relies on the creation of standard work, training, and constant coaching. Due to these large efforts, change may take 4-5 workshops to finalize standard work as there are many PDSA tests. Commissioner Singer suggested that the organization move staff in a more timely fashion in order to impact patients sooner.

Dr. May noted that they aim to make it timely by conducting rapid improvement cycles and identifying areas for improvement.

Commissioner Pating suggested reviewing the patient flow issues as a larger system.

Commissioner Pating asked how many bed discharge days were related to unreimbursed days. Mr. Pickens confirmed that he will work with Kelly Hiramoto from Transitions to retrieve the data.

7) **TRUE NORTH SCORECARD**
Iman Nazeeri-Simmons, Chief Operating Officer, gave the update.

Commissioner Comments/Follow-Up:
Commissioner Pating suggested the arrows be removed or avoid reporting a single point in time. Instead, he recommended trending the data by using rolling year with run charts to show a continuous process.

Moving forward, Ms. Nazeeri-Simmons encouraged Commissioners to focus on the red (negative outcomes) arrows and inquire of improvement plans from ZSFG leadership.

Commissioner Singer encouraged ZSFG to consider metrics with long-term responsibilities.

Commissioner Pating encouraged ZSFG to align metrics with SFHN and ensure they move in the same direction.

Dr. Alice Chens stated that SFHN leaders are cognizant of preparing for value based payment and ensuring funding tied to actual outcomes. Dr. Chen stated that many measures linked to capitation, readmission, patient satisfaction, and length of stay.

Mr. Greg Wagner stated that quality measures and financial numbers have different risks but the organization is working to align to overall measures.

Mr. Pickens stated that each department drills down on True North metrics which allows each staff member to feel as though they contribute to overarching True North metrics.

Dr. William Huen stated that this is a step in the right decision as ZSFG ties tactics to strategic goals.

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

Professional Nursing for the Month of February 2016
Transition Initiatives:

- The nursing department staff participated in our first Day in the Life scenario February in preparation for our move to the new hospital building. Nursing department staff and super users spoke to their nursing pod workflows, policies, and equipment during each of the 26 department-specific and emergency response scenarios.

- The Emergency Department held its 2nd Kaizen Workshop following the Value Stream that began in October, 2015. ED Nursing participated with Clinical Laboratory and Diagnostic Imaging department staff in the February 8 - 12th workshop. The goal focused on reducing the lead time for Emergency Severity Index 3 (ESI 3) patients, through performing PDSAs around team-based care. Standard work was created in these departments to improve the flow of patients through the ED by reducing turnaround time for lab and imaging tests.

- Additionally, February 22, 2016, Mr. Jeaux Rinehart, MSN, RN will begin his orientation as the Emergency Department Nursing Director. Jeaux will bring with him a wealth of Emergency Nursing and leadership experience, most recently as Medical Center Manager at Group Health in Seattle, Washington. Patt Carr, MSN, RN will return to her role as AOD.

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

<table>
<thead>
<tr>
<th>February</th>
<th>2016</th>
</tr>
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<tbody>
<tr>
<td>Diversion Rate</td>
<td>59%</td>
</tr>
<tr>
<td>ED diversion   - hours 230 (30%) + Trauma override - hours 213 (29%)</td>
<td></td>
</tr>
<tr>
<td>ED Encounters</td>
<td>6141</td>
</tr>
<tr>
<td>ED Admissions</td>
<td>930</td>
</tr>
<tr>
<td>ED Admission Rate</td>
<td>15%</td>
</tr>
</tbody>
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Psychiatric Emergency Service (PES) Data for the Month of February 2016

PES had a dramatic increase in encounters in 2015, peaking in August 2015 at 747 patient encounters. January 2016 had 632 patient encounters, which is average for PES total monthly encounters in the post-Medical Screening Exam protocol change era.

In January a total of 559 patients were discharged from PES: 46 to ADUs, 11 to other psychiatric hospitals, and 513 to community/home.

PES admitted a total of 73 patients to the SFGH inpatient psychiatric unit in January, a small decrease from 75 patients in December 2015, 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 19.69 hours in the month of January (up from 18.54 hours in December).

There was an increase in Condition Red hours from December to January. PES was on Condition Red for 252.5 hours (33.9%) during 30 episodes in January. The average length of Condition Red was 8.84 hours. In December, PES was on Condition Red for 196.2 hours (26.4%) during 24 episodes, averaging 8.17 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.

Accepted and Cancelled Referrals refer to patients that have been approved for transfer and admission to PES but their transfer is 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.

- January showed a small increase in patients which were “Accepted and Cancelled”, rising to 24% (from 22%).

- This month showed a decrease in proportion of requests which were “Accepted and Arrived”, 41%. This appear to be mainly due to the increase in “Inappropriate Referrals” this month.

- There was an increase in “Inappropriate Referrals” in January 2016 to 35%, after a significant and progressive decrease during July/August/September/October 2015 in the proportion of “Inappropriate Referrals” — July/August/September/October 2015 averaged 10% vs. 25% over the prior 8 months. 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.

Commissioner Comments/Follow-Up:
Commissioner Singer asked if flow was affected by the Super bowl celebration. Ms. Dentoni stated that the city was safe and ZSFG was not adversely affected by the celebration.

Commissioner Pating asked for clarification of the drivers that increased diversion rates across the system. Ms. Dentoni stated that patient volume has increased. There have been increased medicine, ICU, and PACU patients during the last few weeks.

Commissioner Singer requested that next JCC focuses on PES flow data and information from the report.

9) **ZSF RN HIRING AND VACANCY REPORT**
Ron Weigelt, Director of Human Resources, gave the report.

Commissioner Comments/Follow-Up:
Commissioner Pating asked for clarification on MEA hiring and recruitment as cost of living in San Francisco is high. Ms. Dentoni stated that ZSFG has completed hiring of 14 MEAs and that they do not experience recruitment issues.

Commissioner Singer asked for clarification of attrition and whether HR budgets additional 10%. Mr. Weigelt stated that HR does not budget an additional 10% for hiring.
Commissioner Singer asked how many of the 380 total hires went to fill vacancies and how many of 338 related to new hospital hires are needed to fill the new hospital. Mr. Weigelt stated that he will provide this data at the next meeting as it is not a static number.

Commissioner Singer asked how many total employees are at ZSFG. Mr. Weigelt stated that ZSFG has about 3800 FTEs, which means 10% attrition is 380. Mr. Weigelt stated that he will share an analysis of how many employees were hired new and then left the organization to provide Commissioner Singer with more accurate data. Mr. Pickens asked Mr. Weigelt to include previous column in data to show employees who previously left. Mr. Weigelt confirmed that he will add that information back into the report.

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

AWARDS/RECOGNITIONS
- 2016 Holly Smith Awards – Recipients of the annual Holly Smith Awards for Exceptional Service to the UCSF School of Medicine include Dr. Joseph (Mike) McCune and Ms. Shary Eiser, RN, Pulmonary Nurse Coordinator at ZSFG. Dr. McCune was recognized for his pivotal work in advancing clinical and translational research at USCF and nationally. Ms. Eiser was recognized for her tireless work for the last 30 years in providing high-quality care to patients at ZSFG.
- “Values in Action” Award – The award is given to hospital leaders who demonstrate the hospital values of learn, improve, engage and care. For this month, the “Values in Action” Award was presented to Dr. Benjamin Breyer for his outstanding leadership and commitment to improve the care delivered to patients through LEAN.

LEAN MANAGEMENT/A3 REVIEW
Update on Improving Hospital Flow:
Dr. Marks provided updates on ongoing work to improve hospital flow, which included a review of the ZSFG’s Strategic Plan and its deployment. One of the operational A3’s under this tactical A3 on optimizing the hospital’s patient flow is focused on the ED flow. Dr. Marks reviewed the ED Value Stream mapping process conducted in October 2016, and the ED Kaizen Workshop on Front End Flow. Initial ED improvement work focused on “Front end Flow, and Lower acuity patients – ESI 4 and 5, and included the development of standard work for roles/processes and the implementation of a new fast-track process. Dr. Marks shared the most recent data (01/29/16 to 02/04/16) both when fast-track is running (10Am to 10PM) and for the entire 24 hour period. In both cases, significant improvements were noted in the following measures:
- Lead Time ESI 4/5 – 33% change
- Time from Greet to Assess ESI 4/5 – 27% change
- Time from Greet to Assess for all patients – 45% change
- LWBS – 35% change
- LOS All patients -9.4% change

Dr. Marks stated that work will continue to improve current ED processes through the Plan-Do-Study-Act problem solving method, Daily Management System, and the use of the huddle board. Dr. Marks emphasized that the engagement and commitment of the ED physician and nursing leadership, who presented as great role models, is key to the success of improvement activities.

Inpatient Value Stream Mapping (Med-Surg)
The hospital has launched the “Inpatient Flow Value Stream Mapping” last January 25, 2016. Similar to the ED Value Stream Mapping process, close to 100 hours of direct observation of patients and close to 80 hours of
direct staff to identify current conditions were conducted. The team thereafter discussed ways to eliminate waste, and improve processes to reach the targeted future state.

The results of the value stream mapping showed very inefficient processes all throughout the hospitalization period. Highlighted inefficiencies are in the following components of the Inpatient Value Stream mapping process:

- Value Stream map of current admission processes – Patients currently wait about 4 hours after a decision is made to admit the patient before they leave the ER. This is due to a variety of reasons, with the unavailability of hospital beds as one of the major barriers.
- Value Stream map of middle part of inpatient hospitalization (diagnostic and therapeutic) – The team identified many wastes that contribute to waiting. An example is the delay in receiving diagnostic services or procedures for patients.
- Value Stream map of discharge processes – The team identified a huge waiting time for patients awaiting discharge, primarily due to late discharge orders. Late orders delay the work of nurses and other members of the interdisciplinary team needed to get patients out of the hospital safely and expeditiously. Furthermore, very few patients are anticipated to be discharged the day before.

The team then identified elements of current processes that can be retained and enhanced in order to make the value of care delivered to patients better. These include simplifying and streamlining processes after a decision is made to admit the patient, identifying key waits during the middle part of hospitalization that add to patient length of stay, and enabling advance planning and completion of preparatory discharge work prior to discharge day, thereby trimming down the discharge processes to key elements that must be completed on the discharge day itself. Dr. May pointed out that improvement work will start with the discharge process. Members urged improvement work on parallel processes as well. Dr. Todd May acknowledged the complexity of the inpatient flow process and the longer time frame it will take to achieve the “Future State”. Dr. May reiterated that members’ support and involvement of everyone in the organization will be essential, and that it is incumbent on everyone to step up, help develop standards, and implement rapid improvement measures.

SERVICE REPORTS:
UROLOGY SERVICE REPORT- Dr. Benjamin Breyer presented the Urology Service’s biennial report to MEC. The report outlined the following:

- Mission Statement and Core Traits
- Clinical Services – Faculty, Attending on call 24/7/365, 3M Clinic, 6M Clinic, OR, volume statistics (Top Ten most Frequent Dx by Encounter, Annual Clinic Visits, Census)
- Finances – Calculated Service Deficit
- Quality - Increased Attending Oversight /involvement, monthly M&M, Cancer Review, Trauma Review, Committee Work (OR, MEC), Urolean (Antibiotics in cysto, Discharge Instructions, Anesthesia Common work documents, Equipment Status), Urohuddle (Daily huddle in the OR has significantly improved communication), Patient Satisfaction (Staff participation in the RCC communication workshop, and a plan to do an A3 on improving wait times in the pre-op), Prostrate cancer registry
- Education – ZSFG’s Urology Residency training is very strong and the UCSF Urology Residency Training ranks 5th in the nation according to the online physician network Doximity.
- Research – Renal Trauma/Urethral Stricture, Kidney Stone Basic Science, Lower Urinary Track Epidemiology, and Health Disparities Research. UCSF Urology is #1 in NIH Funding.

The report showed significant improvements in Next 3rd Available New Patient Appointment, and the rate of Patients (%) Discharged Before Noon. Dr. Breyer highlighted the Urology Service’s strength in its people, their cohesive/responsive/commitment to ZSFG mission, and the educational and research milieu. Future Plans include: Improve quality of care (decrease wait time, improve satisfaction, expand specialty care to include
Transgender Care and Oncology, continue increased faculty involvement, hold faculty accountable), Equipment upgrade (Urodynamic machine), and Recruit faculty. Members thanked Dr. Breyer for his excellent report. Dr. Marks commended and celebrated Dr. Breyer’s outstanding leadership of the Urology Clinical Service that exemplifies a scholarly and academic department which is committed to achieving the organization’s five True North metrics.

Commissioner Comments/Follow-Up:
Commissioner Singer asked for clarification on use of Zuckerberg San Francisco General Hospital nomenclature. Dr. Marks stated that the shortened acronym is “ZSFG”. Dr. Marks stated that he will standardize abbreviations to be consistent in all medical staff reports.

Commissioner Singer requested editing of date to 2016 in Urology Clinical Service Rules and Regulation.

Action Taken: The following were unanimously approved:
- Urology Clinical Services Rules and Regulations
- Revisions to the Surgery Standardized SP
- Revisions to the Psychiatry Standardized SP

11) PUBLIC COMMENT
There was no public comment.

12) 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 February 2016 Credentialing Report; and the Performance Improvement and Patient Safety Reports. The Committee voted not to disclose other discussions held in closed session

13) ADJOURNMENT
The meeting was adjourned at 4:50 PM