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Commissioner

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

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FRANCISCO**

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MINUTES

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

Tuesday, September 27, 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 B. Singer
Commissioner David Pating, MD

Excused: David J. Sanchez, Jr., Ph.D.

Staff: Barbara Garcia, Roland Pickens, Susan Ehrlich MD, Ron Weigelt, Zachary Williams, Terry Dentoni, Troy Williams, Todd May MD, Jeff Crithfield MD, Troy Williams, Basil Price, Iman Nazeeri-Simmons, Kim Nguyne, Dave Woods, Leslie Safier, Michael Zane, Juile Haslam, Emma Moore, Jennifer Chan, Will Huen MD, Alice Chen MD, Dan Schwager

The meeting was called to order at 3:06pm. Commissioner Chow noted that Iman Nazeeri-Simmons has accepted a position in Oregon and thanked her for the many years of dedicated services to the SFDPH and ZSFG.

2) APPROVAL OF THE MINUTES OF THE AUGUST 23, 2016 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the minutes.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

William Huen, M.D., Associate Chief Medical Officer gave the reports.

Commissioner Comments

Commissioner Chow asked for more information on the current bed placement in the building 25 hallways. Ms. Nazeeri-Simmons stated that staff are currently sorting dirty and clean beds. She added that ZSFG is establishing a bed depot that will be a more efficient way to manage the fleet of beds and gurneys.

Commissioner Singer stated that he is encouraged to see that ZSFG Psychiatric Department is doing well against its targets.

Commissioner Pating asked for more information regarding missing equipment noted in Quality Council minutes. Ms. Dentoni stated that ZSFG is using the same tracking system used for patients.

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

4) EMERGENCY DEPARTMENT FLOW TACTIC UPDATE

James Marks, M.D., Chief of Medical Staff, gave the presentation.

Commissioner Comments

Commissioner Singer noted that there is an issue of patients who can be discharged but it is too late in the day to be useful to the flow issues related to the Emergency Department (ED). Ms. Dentoni that ensuring patients have safe house and appropriate equipment is a priority. She also stated that some ICU and surgery patients need to be transferred to Med/Surg; patients in clinics need to be admitted in addition to some patients from the ED. She also added that cleaning and preparing rooms is also key to these issues. Dr. Ehlich stated that these issues are universal in all hospital settings and ZSFG can continue to improve.

Commissioner Singer stated that there has been a huge effort at ZSFG to improve diversion rates but the rates continue to increase. He asked if there resources or tools that ZSFG can identify to assist them to reduce diversion rates. Dr. Marks stated that the move into building 25 was more impactful on standard work and patient flow issues than anticipated. He noted that culture change takes time. He added that issues of staffing level variability also impacts patient flow.

Commissioner Singer requested a future discussion on how to fully staff the hospital. He encouraged ZSFG leadership to consider culture change throughout the organization in regard to discharging patients by noon.

Commissioner Chow asked for an estimate of when ZSFG expects to lower the diversion rate. Dr. Ehrlich stated that diversion is a community issue; other hospitals also go on diversion. She also stated that there is currently no standard work related to ZSFG being on diversion; standard work will be developed to assist in this process. Director Garcia stated that ZSFG is the only local hospital that has done analysis of its ED in regard to diversion.

Commissioner Singer asked when there will be improvements made on patient flow. Dr. Ehrlich stated that there is daily progress; a new urgent care will open next year which will help with patient flow of lower-need patients. She also stated that there will be a Kaizen event soon focusing on this issue.

Director Garcia asked if sick calls are impacting nurse staffing levels. Ms. Dentoni stated that ZSFG staff are looking at patterns in sick calls to better understand how this issues may impact overall staffing.

Commissioner Chow stated that the JCC will concentrate on patient flow issues and will continue to track and monitor diversion quarterly with the understanding that diversion is a community issue. Commissioner Pating stated that he understands that in the first year after a move in to a new building it will take time to address some systemic patient flow issues.

Commissioner Pating asked if the ED space is working for staff. Ms. Dentoni stated that there are now four separate work areas instead of one large space; this functional change came about due to experience in the new building.

Commissioner Pating asked if there is an A3 on each ward to work on discharge issues. Dr. May stated that the entire hospital is working on patient flow issues. He noted that staffing levels are important in regard to these issues.

Commissioner Singer asked for input from Director Garcia and Mr. Pickens regarding what is being done at the Department level to assist ZSFG in their efforts. Director Garcia stated that the staffing pattern to hire new personnel was created before the move into the new hospital. Now that the work and flow in the new building is better understood, the SFDPH will continue to work with the unions. She also reminded the JCC that the electronic health record continues to be a large budget item. Mr. Pickens stated that staff will develop a presentation to address Commissioner Singer's request.

Commissioner Pating stated that he sees this as a two or three year process to improve patient flow and diversion rates. He requested that a plan be developed showing steps to make towards these goals.

Public Comment:

Bob Ivory, ZSFG ED nurse, stated that patients in the ZSFG ED sometimes stay until 7am waiting for a bed because of patient flow issues throughout the hospital. He also stated that Fast Track works but it needs to be improved and expanded. He added that there is a need for increased ED staffing; the core minimum staffing is only met 13-14% of the time. He noted that 30% of the time, there are less nurses working in the new hospital than there were in the old building.

5) ZSFG LEADERSHIP PHILOSOPHY

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

Commissioner Comments

Commissioner Chow asked how the 360-assessment tool was used. Dr. Ehrlich stated that the tool was sent to supervisors and their direct reports to give feedback.

Commissioner Chow asked if the results of the assessment changes the bylaws. Dr. Ehrlich stated that ZSFG has added values and behaviors to the bylaws.

Commissioner Singer stated that it is difficult to sustain inertia and make progress. Dr. Ehrlich stated that seeing progress being made motivates staff. She noted that the rate of people who leave the ED before being seen has decreased from 14% to under 6% because the length of stay for lower-need patients has improved. She added that leaders are working hard each day; all staff remain dedicated and work to make changes daily. She also stated that Executive Staff are focusing on: falls with injuries, patient experience, and ED flow. These topics are reviewed weekly. She also stated that ZSFG is receiving its highest patient experience rate scores.

Commissioner Pating asked how the Health Commission may be helpful in the worked needed to be done. Dr. Ehrlich stated that understanding the path that ZSFG is driving change and understanding that change takes time is very helpful. She also stated that holding ZSFG accountable for doing its work towards change is important.

6) HOSPITAL ADMINISTRATOR'S REPORT

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

ZSFG Recognized Nationally for Promoting Organ, Eye, and Tissue Donation

ZSFG received Gold recognition for their work on Organ Donation for the year. ZSFG was among a select group of hospitals nationwide recognized for promoting enrollment in state organ donor registries in a national campaign sponsored by the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA). The campaign has added 400,000 donor enrollments to state registries nationwide since 2011.

ZSFG conducted awareness and registry campaigns to educate staff, patients, visitors, and community members about the critical need for organ, eye, and tissue donors and, by doing so, increased the number of potential donors on the state's donor registry. The hospital earned points for each activity implemented between May 2015 and April 2016 and was awarded Gold recognition through the HRSA Workplace Partnership for Life Hospital Campaign.

This campaign is a special effort of HRSA's Workplace Partnership for Life to mobilize the nation's hospitals to increase the number of people in the country who are registered organ, eye, and tissue donors and ultimately, the number of organs available for transplant. The campaign unites donation advocates at hospitals with representatives from their local organ procurement organizations, Donate Life America affiliates, and state and regional hospital associations. Working together, the teams leverage their communications resources and outreach efforts to most effectively spread word of the critical need for donors.

Congratulations to The Donor Network Committee under the direction of Nora Brennan, RN, MS ICU Nurse Manager and Terry Dentoni, MSN, RN, CNL, Chief Nursing Officer.

The Northern California Hearing Coordination Center

On Friday, August 19, 2016, two representatives from the Northern California Hearing Coordination Center came to ZSFG to conduct a re-certification survey of our hearing screening program for our Well-Baby and NICU programs. During this survey, these representatives reviewed documents, policies and procedures, as well as medical records. The surveyors were very complimentary about the program and were happy with how the program is currently run. Congratulations to Dr. Olivier Danhaive, Shilu Ramchand and Gillian Otway for leading the Nursery and NICU team through a successful survey.

Joint Commission Stroke Certification

ZSFG received notice from Joint Commission regarding successful submission of data for Stroke Certification. The Joint Commission Stroke Certification Survey occurred on February 29, 2016 and resulted in two findings regarding assessment and reassessment, and the medical record. This reports indicates we have completed our four months of Measure of Success data submission. ZSFG is optimistic our certificate will arrive shortly. Congratulations to Dr. Hemphill, Christine Martin, Sara Cole and the entire Stroke Team for leading ZSFG through a successful Stroke Certification survey.

Making a Killing: Guns, Greed, and The NRA, produced by Brave New Films

On August 17th in Carr Auditorium, Congresswoman Speier sponsored a free movie screening of an important film about gun violence at ZSFG. Making a Killing: Guns, Greed, and The NRA, produced by Brave New Films, tells the story of how guns affect the lives of everyday Americans. It features in-depth stories about people and families from across the country have been impacted by gun violence and highlights statistics relating to gun violence. Before the screening, there were opening remarks from:

- Dr. Susan Ehrlich, Zuckerberg San Francisco General Hospital and Trauma Center CEO
- Dr. Rochelle Dicker, Zuckerberg San Francisco General Hospital and Trauma Center trauma surgeon and who founded the Wraparound Project with the mission to stop the revolving door of violent injuries.
- Darius Irving, Wraparound client
- Diana Oliva-Aroche, MPH, Senior Advisor/Director of Violence Prevention Services, Office of San Francisco Mayor Edwin M. Lee

ZSFG Celebrated Environmental Services Week

During the week of September 11th, ZSFG celebrated Environmental Services Week. The Environmental Services Department plays an essential role in providing a clean and safe environment for all through infection prevention and control practices. At ZSFG, we appreciate their dedication and for the role they play in making ZSFG a clean, safe and comfortable healthcare environment.

Join us in celebrating and acknowledging EVS staff for their contributions to providing quality healthcare to the patients we serve.

Meet and Greet with Healthy hearts SF and Community Wellness Program

On August 16th, Healthy Hearts SF and Community Wellness Program showcased some of the services offered to our population of staff, patients and community members. Some services that were showcased included:

- Zumba and Pilates demonstrates
- FREE Food Bank Giveaways
- Fresh produce giveaways from ZSFG Gardens
- Raffle Prizes
- Meet the Community Wellness Program and HHSF Staff

The event attracted over 100 people. Many thanks to Healthy Hearts SF and the Wellness Team for providing fun and educational activities for our staff, patients and community members.

Patient Flow Report for August 2016

Attached please find a series of charts depicting changes in the average daily census.

Medical/Surgical

Average Daily Census was 206, which is 101% of budgeted staffed beds level and 82% of physical capacity of the hospital. 8.49 % of the Medical/Surgical days were lower level of care days: 0.27% administrative and 8.22% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 43.47, which is 98.8% of budgeted staffed beds and 64.9% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 6.1, which is 87.14% of budgeted staffed beds (n=7) and 50.83% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 69.25% non-acute days (68.87% lower level of care and 0.38% non-reimbursed).

4A Skilled Nursing Unit

ADC for our skilled nursing unit was 29.25, which is 105% of our budgeted staffed beds and 98% of physical capacity.

Salary Variance to Budget by Pay Period Report for Fiscal Year 2016-2017

For Pay Period ending August 26, 2016, Zuckerberg San Francisco General recorded a 1.2 % variance between Actual and Budgeted salary cost – actuals were \$159,730 over budget.

For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$874,976 /1.6%.

Commissioner Comments

Commissioner Pating asked for more information regarding ZSGH's procurement of organs. Ms. Dentoni stated that ZSFG belong to the Donor Network West. A study was conducted four years ago that found ZSGF has a very low amount of missed opportunities for organ donation.

Dr. Critchfield asked for information regarding the rates of organ transplants for ZSFG patients. Ms. Dentoni stated that many patients are not able to receive transplants due to the cost of long term need to take anti-rejection drugs. Dr. Carlisle added that many ZSFG patients do not have the social support necessary to ensure proper care of a transplant patient.

Commissioner Singer requested a report on the topic of organ procurement and transplants at a future meeting.

7) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of August 2016

Transition Initiatives:

- Building 25 Nursing department optimization staff are continuing to providing assistance and support fine tuning workflows with Responder 5 and the Philips clinical applications with all the nursing areas focusing on decreasing unnecessary alarms to work on preventing alarm fatigue.

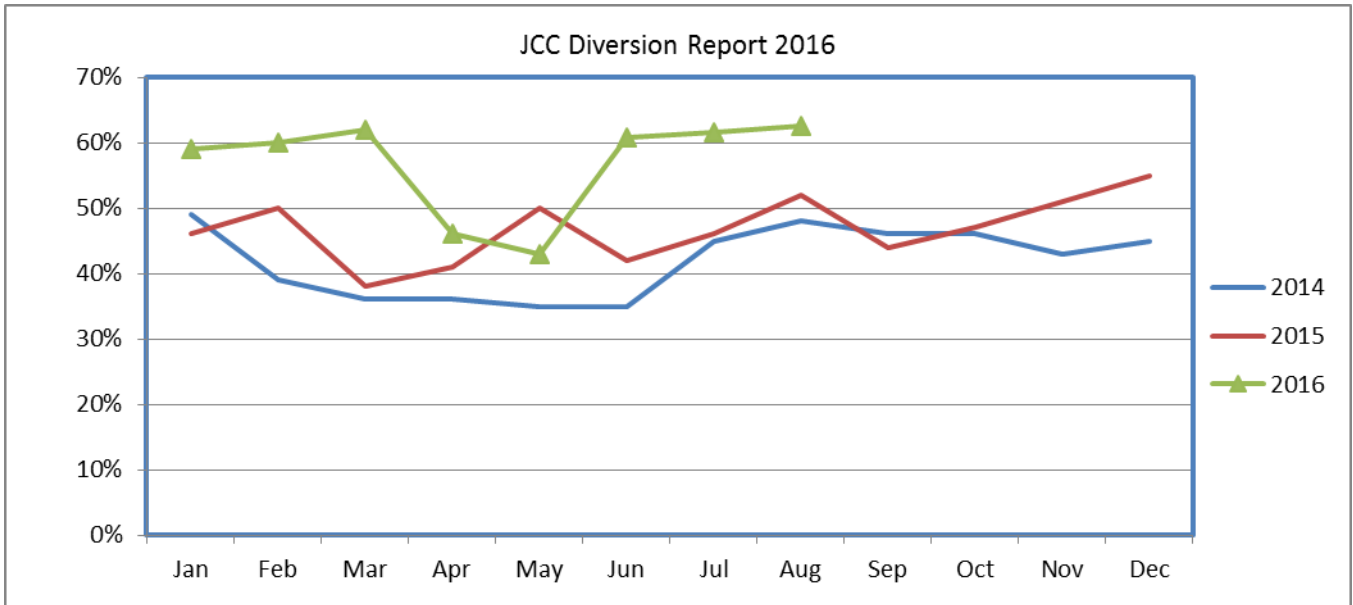
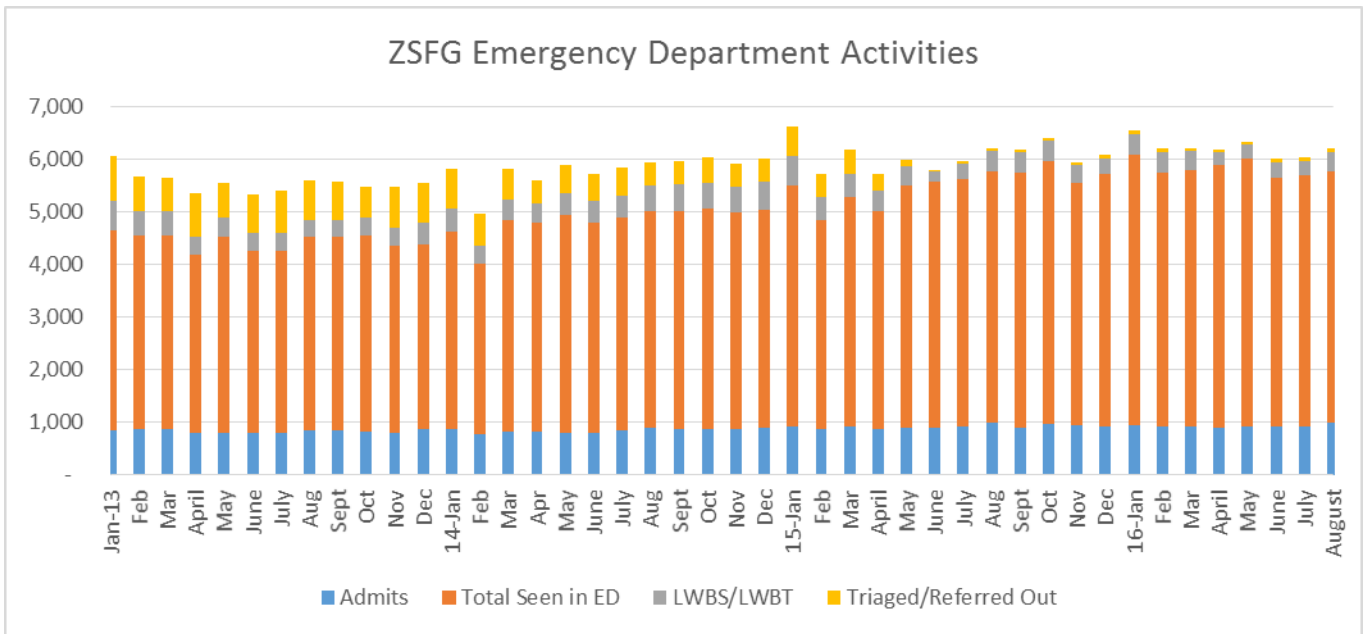
Nursing Professional Development

- The Foresight Staff Activity Study was completed in the Psychiatric units last week. The next nursing divisions to be studied will be Medical Surgical and one of the Intensive Care units. The Emergency Department is being trained on a new evidence based patient acuity model starting September 28th. Once the model is rolled out to all staff and fully implemented in the ED, a Foresight staff activity study will be scheduled.

Nursing Recruitment and Retention

- Critical Care Training program currently has 5 trainees that are all doing well. On September 16th, 30 new Medical Surgical nursing staff completed the didactic portion of their training program. The Emergency Department has 10 trainees currently orienting to Pod A, B, and C. Maternal Child has 5 newly hired staff that are starting orientation this week and in Psychiatry, two staff have just completed their new graduate orientation program and have started working as staff nurses.

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



August | 2016

Diversion Rate: 62.6%

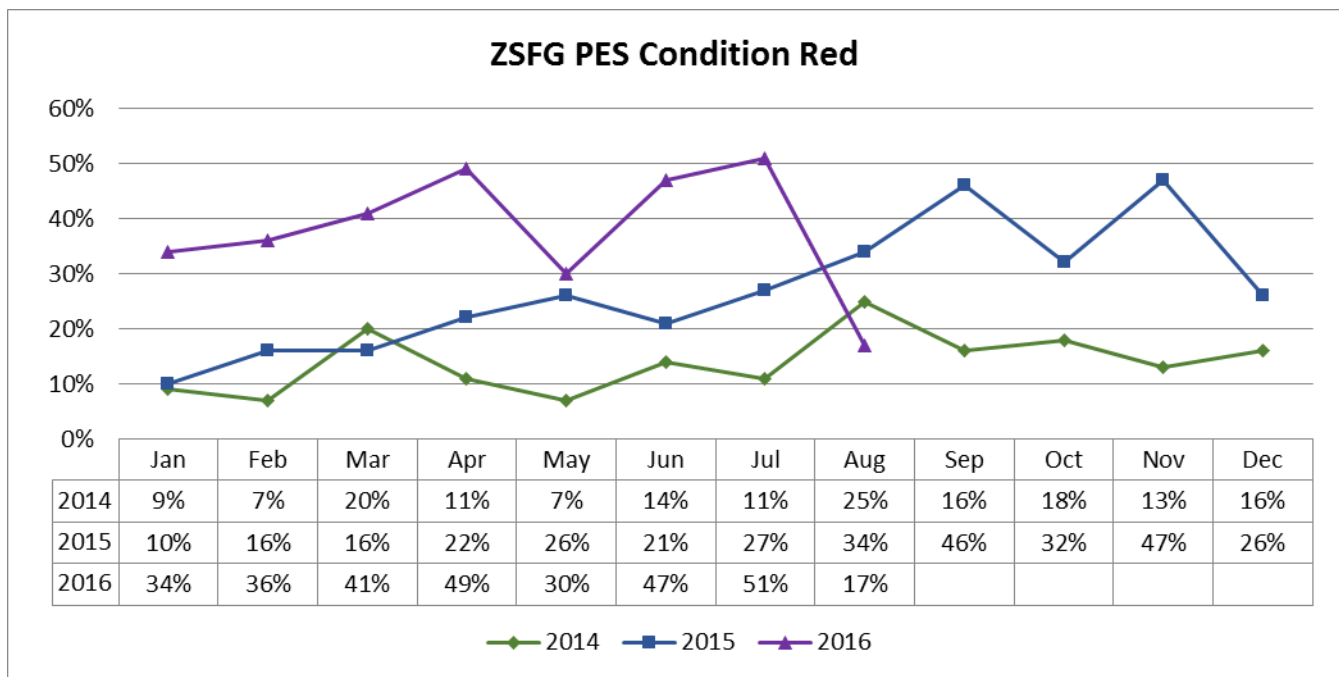
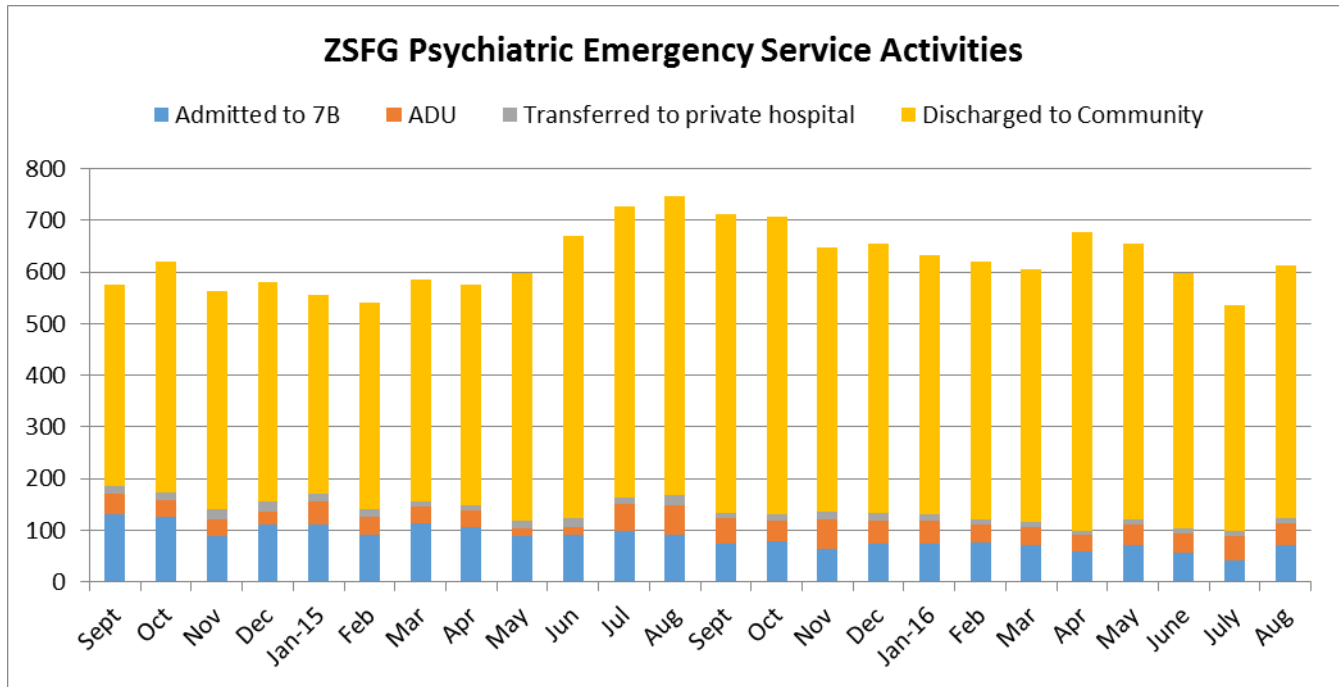
Total Diversion: 330 Hours, 55 Minutes (44.4%) + **Trauma Override:** 135 Hours, 54 Minutes (18.2%)

ED Encounters: 5,831

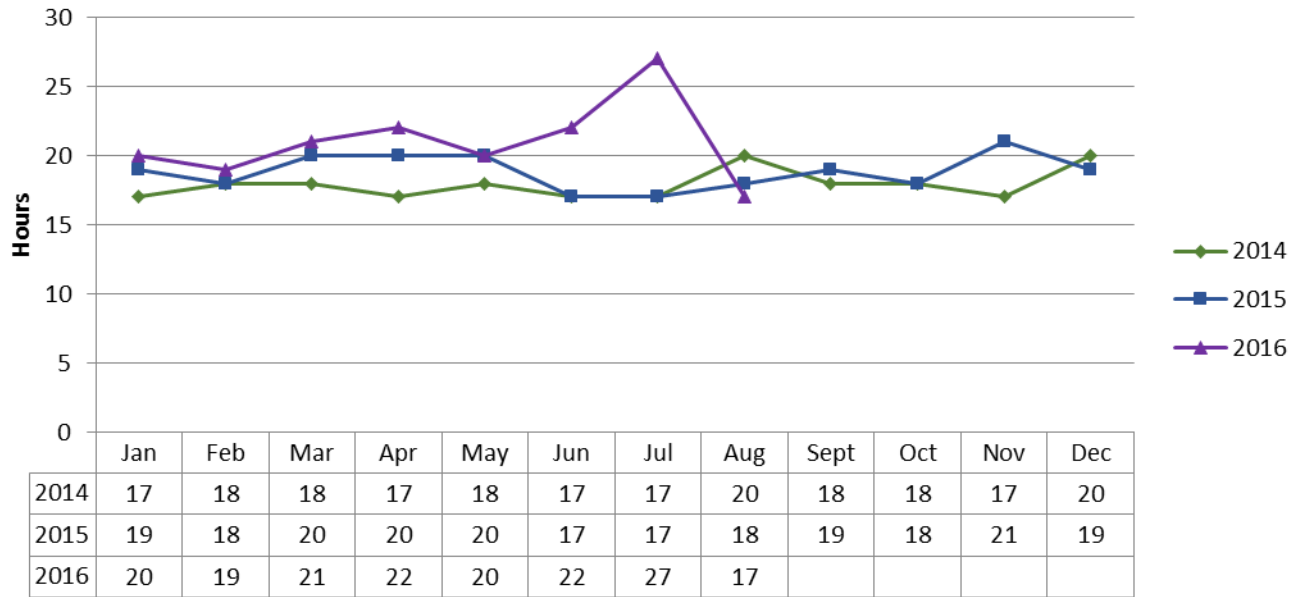
ED Admissions: 989

Admission Rate: 17%

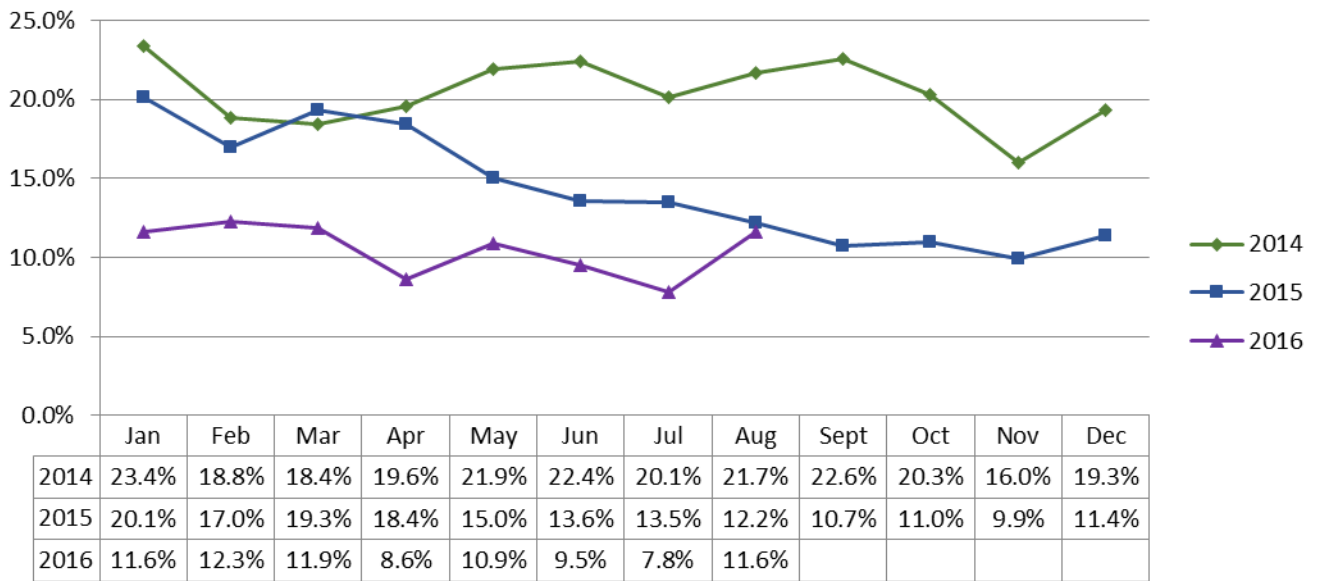
Psychiatric Emergency Service (PES) Data for the Month of August 2016



ZSFG PES Average Length of Stay



ZSFG PES Admission Rates



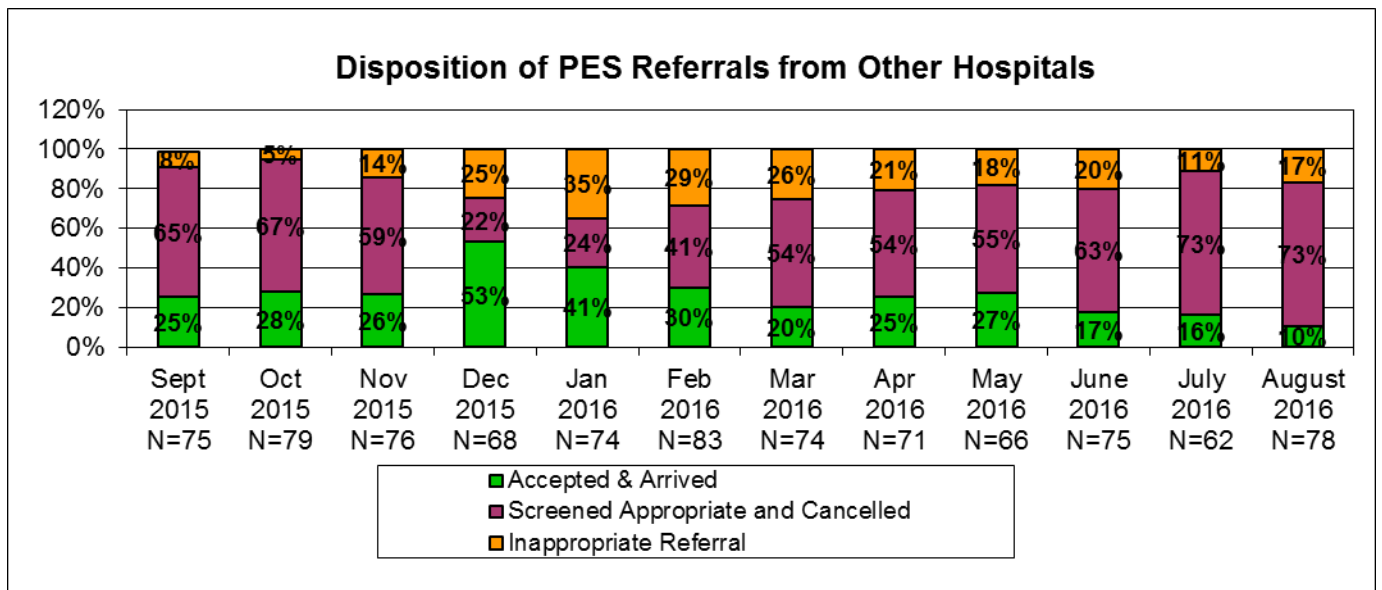
Request for Inter-Facility Transfer to PES from other Hospitals

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 hospital to PES.
- August had the same 73% “Screened Appropriate but Canceled” (formerly Accepted but Canceled) as of July.

Commissioner Comments

Commissioner Chow stated that is happy to see the PES improvements. Ms. Dentoni stated that ZSFG has worked to increase placements of patients with lower-level needs. Mr. Pickens stated that all efforts are being made to keep the PES trend down.

Commissioner Pating suggested a patient flow study for PES.

Commissioner Pating stated that wellness clinics may help divert patients from the ED. Director Garcia stated that the Dore Street Clinic provides similar services.

8) ZSFG RN HIRING AND VACANCY REPORT

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

Public Comment:

Bob Ivory, ZSFG Emergency Department Nurse, thanked the SFDPH Human Resource Department for its improvements in hiring practices. He also stated that ZFGH continues to attempt to fill nursing positions cut during the 2007-2008 hiring freeze. He noted that there were no additional FTEs hired to meet the increased capacity of the new hospital. He added that the reason the ED has minimum staffing level is because the union pushed for this to happen. He also stated that Ms. Dentoni is conducting a time motion study that will help in understanding the number of nurses needed to run the hospital.

Commissioner Comments

Commissioner Singer asked whether the term “vacant FTEs” includes staff on vacations and using sick time. Mr. Weigelt stated that the report is a snapshot that includes all data.

Commissioner Singer stated that it would be helpful to review data from the past 1 or 2 years to compare to the current process.

Commissioner Chow stated that he appreciates the detail of the new report. He requested that the monthly report focus on major classification opennings; periodically, the committee may review the full list of open positions to monitor the situation.

9) MEDICAL STAFF REPORT

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

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW

EHR-Email-Based Care Transitions Communication From ZSFG Inpatient Services to SFHN and SFCC Primary Care

Dr. Jack Chase, Director of Operations Family Medicine Inpatient Services, discussed a project that started four years ago as a pilot in the FCM’s Inpatient Service. The project aims to link the hospital’s inpatient services in a more robust and consistent way with outpatient primary care. The project utilizes the current Information Technology System in place at ZSFG, and creates a standardized way by which the inpatient admitting provider can communicate about a patient’s admission with the PCP or outpatient team. For the majority of the patients, LCR has information on the patient’s primary care provider and clinic. An inpatient attending will be prompted in the LCR to complete the Care

Transitions Order set, which include three new pieces of information: estimated date of discharge, brief history at admission and plan of care, and specific questions or message to PCP. This process will provide more specific and timely/actionable information about the patient's admission through a group email notice to the inpatient providers and the patient's primary care provider or team care unit in the clinic. Dr. Chase highlighted that this communication process is intended to promote multidisciplinary care coordination across primary and inpatient systems, timely/actionable/specific information, and efficient arrangement of successful follow up. Pilot data involving the Family Medicine Inpatient Service care coordination to six outpatient CPC Clinics from 2014 to present indicated more compliance with post-hospitalization follow up appointments within 7 days of discharge from patients with FMIS (Family Medicine Inpatient Service) intervention. A survey conducted on inpatient provider experience indicated that more than 80% of FMIS providers use the system, and that more than 80% noted improvement in scheduling follow-ups. A survey conducted on the outpatient provider experience indicated that 86% have received communication at admit and discharge within 1-2 days and that 93% of the providers recommended that all inpatient services adopt a similar system.

Lean Management Education/A3 Review–

True North Tactic and Tactical A3: Optimize Patient Flow throughout ZSFG

Owners: Jim Marks and Terry Dentoni

Background: Patient flow within and between Departments is characterized by long wait times that impact the hospital's ability to provide timely access to care for patients. For FY14-15, in the ED, ZSFG is on ambulance diversion 42% of the time, patients leave the ED without being seen 8.3% of the time and patients wait on average 225 minutes before being admitted to the hospital after the decision to admit. Within the hospital, average lengths of stay are long (4.9 days), patients are discharged late in the day (3.05 PM on average) and lower level of care patients (LLOC, average 20 patients/day) not requiring hospitalization reduce available beds. The net impact is poor patient access to timely care, reduced quality of care, poor patient and staff satisfaction and a negative financial impact.

Dr. Marks presented the A3 status report (A3-SR) to report progress towards achieving A3 metric targets and deeper understanding of the problem as a result of work done over FY15-16.

The presentation included the following:

- Target Statement – Dr. Marks highlighted three main metrics with one year and 3 year target goals – Reduce ED left without being seen (LWBS) rate, Decrease the ED ambulance diversion rate, and Reduce out of Medical Group costs.
- Countermeasures and Implementation- A3 thinking workshops for ED and inpatient leaders, ED Value Stream mapping (VSM) and follow on rapid improvement workshops, Inpatient VSM and follow on rapid improvement workshops, Implement a daily management in the ED and Urgent Care, Restructure the LLOC meeting.
- Impact (baseline/target/actual/ytd) – ED median DC LOS decreased 12.9 % (31 minutes) from a baseline of 249 minutes to 218 minutes but did not meet target of 210 minutes; This reduction was driven by implementation of a Fast Track process for low acuity Emergency Severity Index (ESI) 4/5 patients with a 21% decrease in their median LOS from a baseline of 187 min. to 147 min; This reduction contributed to a reduction in LWBS from a baseline of 8.3% to 5.9% which met the target of 6%. This represents approximately 1700 patients who

were seen in the ED who previously would have left; When there is limited hospital capacity, ED time from decision to admit to ED departure increases, driving up ED admitted patient LOS, reducing ED capacity and increasing the ambulance diversion rate; No other flow metric moved significantly towards target.

- Further analysis and stratification of gaps, learnings – Patient flow and LOS determine required ED capacity; Variability in staffing and LOS results in the flow of patients into the ED regularly exceeding ED room capacity, Stratification of ED volume by ESI and LOS identifies where to focus to reduce LOS; Stratification of admitted patients indicates that LOS from decision to admit to leave ED is long and highly variable; other additional learnings were shared.
- New countermeasures and adjustments – Continue to hire ED staff; Level load the ED (create moderate ESI3 area and adjust ESI4/5 area); Better understand and measure hospital capacity to predict and create capacity before needed; Combined ED/Inpt Flow rapid improvement workshop to reduce ED LOS of admitted patients and reduce consult time; Refine A3 flow target LOS metrics based on takt time (rate of arrival of patients into the ED) and room capacity to eliminate waiting.

Dr. Marks ended the presentation with a discussion of what it would take to achieve patient flow (as defined by no diversion and no LWBS) and the solutions. Members thanked and commended Dr. Marks' summary. The presentation gave members a deeper understanding of patient flow problems at ZSFG.

SERVICE REPORT:

Laboratory Medicine– Barbara Haller, MD, MPH, Interim Service Chief

The ZSFG Laboratory Medicine provides comprehensive Laboratory Testing, limited phlebotomy services, Transfusions Services for ZSFG and LHH, 27/7 Technical and Clinical Consultation, and management of Point of Care Testing at ZSFG. Highlights include:

- Change in Department Leadership to support the new Core Laboratory Division (Chemistry and Hematology combined in an automated laboratory that is expected to be in place in a couple of years)
- 1.4M Lab Tests (Billable tests) in 2015/16
- Under Performance Improvement and Patient Safety Initiatives –Patient satisfaction survey was recently conducted in the Phlebotomy Service, as well as a provider survey in 2015. Overall results were positive and encouraging. Through a grant from the UCSF Caring Wisely Project, the Service now has in place the GeneXpert which is a real-time PCR screen for MTB and rifampin resistance. Results are available in about 3 hours. The goal is to guide patient management and decrease isolation days.
- Participation in ED Kaizen Event, and implementation of improvements to shorten the turnaround time for lab orders in the ED.
- Strengths/Weaknesses – Strengths include experienced/loyal staff, strong/committed leadership team, consultative services, excellent teaching programs, UCSF Affiliation and toxicology capabilities. Weaknesses include the challenging/aging infrastructure and shortage of available Clinical Lab Scientists.
- Challenges – Budget Management, Leadership succession, pre-analytical phase of testing (specimen collection and Accessioning), increasing point of care testing, IT management of Lab/POCT records in multiple EMRs, and modernization of the Lab (Core Lab).

- 2016-2018 Goals – Implement SMART (Specimen Management Routing and Tracking), Complete design and installation of Core Laboratory Automation, Participate in multiple IT initiatives (new hospital and ambulatory EMR, CalRedie, Sunquest version update), Implement Specimen Collection Manager, Relocate laboratory operations in Bldg. 100 to Bldg., 5, and Implement Laboratory Compliance Program.

Dr. Haller discussed future space considerations (future Core Lab locations, OPD move to the new Urgent Care Location) and ongoing planning for implementation of a Core Laboratory that will provide Total Laboratory Automation (TLA) at ZSFG. Dr. Haller also compared and contrasted the services provided by the DPH Laboratory with the ZSFG Lab Medicine Service, including hours of operations and duplicated tests. Dr. Haller informed members that there will be future discussions to re-visit and review the duplicated services offered by the two laboratories.

Commissioner Comments

Commissioner Chow noted that the “Do Not Use” list of labs includes some UCSF and SFDPH labs. Dr. Marks stated that he would look into the list; this portion was taken off the items considered for approval.

Action Taken: The following items were unanimously approved:

- Psychiatric Clinical Service Rules and Regulations, Policies and Procedure
- Interim Surgery Service Chief
- Anesthesia Privilege List Revisions
- Laboratory Medicine Clinical Service Rules and Regulations, Policies and Procedures
- Laboratory Medicine Reference Laboratories and Blood Source (“Do Not Use” list not approved.)
- Laboratory Medicine Critical Values List

10) OTHER BUSINESS

This item was not discussed.

11) PUBLIC COMMENT

There was no general 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 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 September 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 6:01pm.