

Edward A. Chow, M.D.
President

Cecilia Chung
Commissioner

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

James Loyce, Jr., M.S.
Commissioner

David Pating, M.D.
Commissioner

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

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

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MINUTES

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

Tuesday, January 24, 2017 3:00 p.m.

**1001 Potrero Avenue, Building 25, 7th Floor Conference Room H7124, H7125 and H7126
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner David Pating, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Staff: Barbara Garcia, Roland Pickens, Susan Ehrlich MD, Susan Carlisle MD, Terry Dentoni,
Jeff Critchfield MD, Troy Williams, Jay Kloo, Basil Price, Dan Schwager, Valerie
Inouye, Virginia Dario Elizondo, Will Huen MD, Karen Hill, Ron Weigelt,
Dave Woods, Todd May MD, Jim Marks MD

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

**2) APPROVAL OF THE MINUTES OF THE DECEMBER 13, 2016 ZUCKERBERG FRANCISCO GENERAL
JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Troy Williams, Chief Quality Officer, gave the reports.

Commissioner Comments:

Regarding the December 20, 2016 Quality Council Minutes, Commissioner Chow asked for clarification regarding the metrics related to food taste. Mr. Williams stated that the first Aim in the minutes regarding patient satisfaction with food taste is an internal measure and the third Aim is a mandated HCAHPS measure.

Commissioner Chow noted that the HCAHPS Aim to increase patient satisfaction scores to 37% is not a high goal and asked for information regarding the median scores of other public health hospitals. Mr. Williams stated that ZSFG is just below the national median score. Commissioner Chow requested that national average scores be included in future reports.

Commissioner Chow asked for the reasons why the Quality Council and PIPS Committee would be combined. Mr. Williams stated that in response to a 2010 finding from the Joint Commission that ZSFG leadership was not involved enough in quality issues, the Quality Council was created. However, through the combined group, the ZSFG Executive Leadership will be actively involved with collaborating on the ZSFG quality issues. Dr. Ehrlich stated that an A3 was conducted on this issue and the findings showed that opportunities were being missed in having two separate groups. The combined group will enable there to be effective connection between clinical and non-clinical areas.

Commissioner Pating stated that he is pleased with the plan for a combined group because it will increase the efficiency of problem-solving.

Regarding the January 2017 Regulatory Affairs Report, Commissioner Chow asked if the number of pressure injuries is unusual. Mr. Kloo stated that the number of pressure injuries reported is not unusual for ZSFG and is in alignment with the number of similar injuries reported from other hospitals.

Action Taken: The Committee approved the Report of the November 15, 2016 and December 20, 2016 Quality Council Meeting Minutes.

4) ZSFG FY 1617 STRATEGIC DIRECTION

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

Commissioner Comments:

Commissioner Pating asked if the San Francisco Health Network (SFHN) will change its True North goals to mirror the goals of ZSFG. Dr. Ehrlich stated that ZSFG was informed by the goals already set by SFHN.

Commissioner Chow asked for clarity on the term “voluntary turnover.” Dr. Ehrlich stated that term refers to staff who voluntary leave ZSFG employment but report does not include retirement data.

Commissioner Pating asked whether ZSFG capital projects are distinct or part of the overall SFDPH capital projects. Director Garcia stated that all SFDPH capital projects will be reported to the full Health Commission.

Commissioner Chow stated that he looks forward to ongoing reporting on the outcomes of the new goals.

Commissioner Sanchez thanked Dr. Ehrlich for the presentation.

Commissioner Pating asked for more information regarding the previous goal for 11am patient discharges. Dr. Ehrlich stated that through the A3 process, that goal did not rise to the level of the other performance drivers. She added that it will still be included in the work done for patient flow tactics.

Commissioner Chow asked about ZSFG’s efforts to maintain its current star ratings. Dr. Ehrlich stated that patient experience is the driver of one star so that area is a priority; she added that communication and patient food preferences are important aspects to consider for these scores.

Commissioner Chow asked how dashboards presented to the JCC in the past would now be used. Dr. Ehrlich stated that this dashboard represents the metrics in which ZSFG will now focus its efforts.

5) HOSPITAL ADMINISTRATOR'S REPORT

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

Annual Dudley Perkins Toy Drive and Children's Holiday Party

ZSFG is keeping its holiday traditions strong. In December, ZSFG held two events: the annual Dudley Perkins Toy Drive and Children's Holiday Party.

On Sunday, December 4th, ZSFG welcomed the Dudley Perkins Harley Davidson Dealership, and over one hundred of their riders delivered hundreds of toys for our pediatric patients. We are tremendously grateful to Dudley Perkins Co. for their generosity and support over the past 30 years. They truly embody the spirit of giving.

On December 15th, ZSFG held the Annual Children's Holiday Party, with a guest list of over 500 pediatric patients and their families. Guests had the opportunity to enjoy live music performed by George Washington High School's orchestra and choir, participate in arts and crafts and face painting, interact with a juggler and magicians and, of course, take photographs with Santa himself.

Thank you to the Volunteer Department for organizing this event for our patients and community.

ZSFG Patient, Myisha Whitaker, Celebrates ZSFG Avon Comprehensive Breast Center on KTVU

On Thursday, November 17th, a ZSFG patient, Myisha Whitaker, talked with KTVU and credited Zuckerberg San Francisco General Hospital's Avon Comprehensive Breast Center for helping her address a rare form of breast cancer and protecting her pregnancy.

The Avon Breast Center provides state-of-the-art breast imaging, diagnostic evaluation and patient education, while the weekly inter-disciplinary breast clinic provides comprehensive care in surgical and treatment options, genetic counseling and testing, lymphedema evaluation and treatment, cancer education and culturally sensitive research.

Thank you to the Avon Breast Center for ensuring San Franciscans the access to receive the most advanced diagnostics, treatment, care, and emotional support.

Consumer Report Lists ZSFG as Highest Scoring Teaching Hospital in Preventing Central-Line Infections

In the Consumer Report dated from January 1, 2011 (is this the correct year?) – December 31, 2015, the most recent federal data that's publicly available, ZSFG was listed as one of the (?) highest scoring teaching hospitals at preventing central-line infections in intensive care units.

The Consumer Report data come from information that hospitals provide to the Centers for Disease Control and Prevention, which uses the average central-line infection rate in U.S. hospitals from 2006 to 2008 as a baseline to gauge hospital performance over time.

Hospitals that earn highest rating report zero infections, and ZSFG had xx for the period. For details, go to CR.org/howweratehospitals. Congratulations to our ZSFG Intensive Care team!

ZSFG Move Team Selected to Receive Good Government Award

For 36 years, the Good Government Awards have recognized outstanding performances by managers working for the City and County of San Francisco. These awards represent a unique opportunity to acknowledge San Francisco's top managers for their leadership, vision and ability to make a difference both within city government and in the community at large.

Congratulations to the move team: Justin Dauterman, Jay Kloo, Jeffrey Schmidt, and Terry Saltz, who are being recognized for the Good Government Award.

Opening a new hospital or healthcare facility requires coordination and seamless execution among the clinical and non-clinical leadership teams. One of the key reasons for success in opening the new hospital is the Move Team's dedication to improving workflows, improving processes to ensure alignment with new building spaces, and testing change/transforming the culture to ensure seamless collaboration. Workflows

and improvement processes were developed with the patient in mind. The team's leadership and strategic planning allowed nurses to engage in hospital operation decisions that impact the delivery of care and the policies and procedures. This work was instrumental to the successful opening of the new hospital. Patient Flow Report for December 2016

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

Medical/Surgical

Average Daily Census was 210.48 which is 104% of budgeted staffed beds level and 84% of physical capacity of the hospital. 5.61 % of the Medical/Surgical days were lower level of care days: 0.52% administrative and 5.09% decertified/non-reimbursed days.

Acute Psychiatry

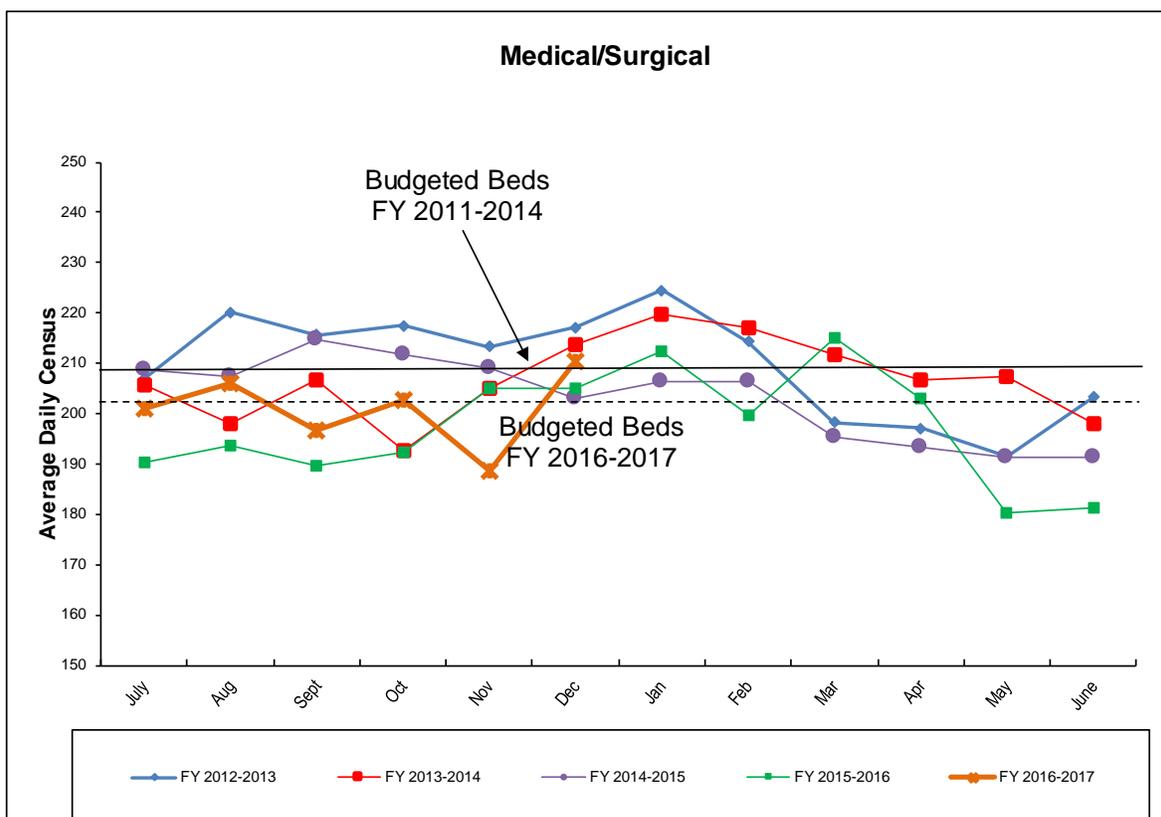
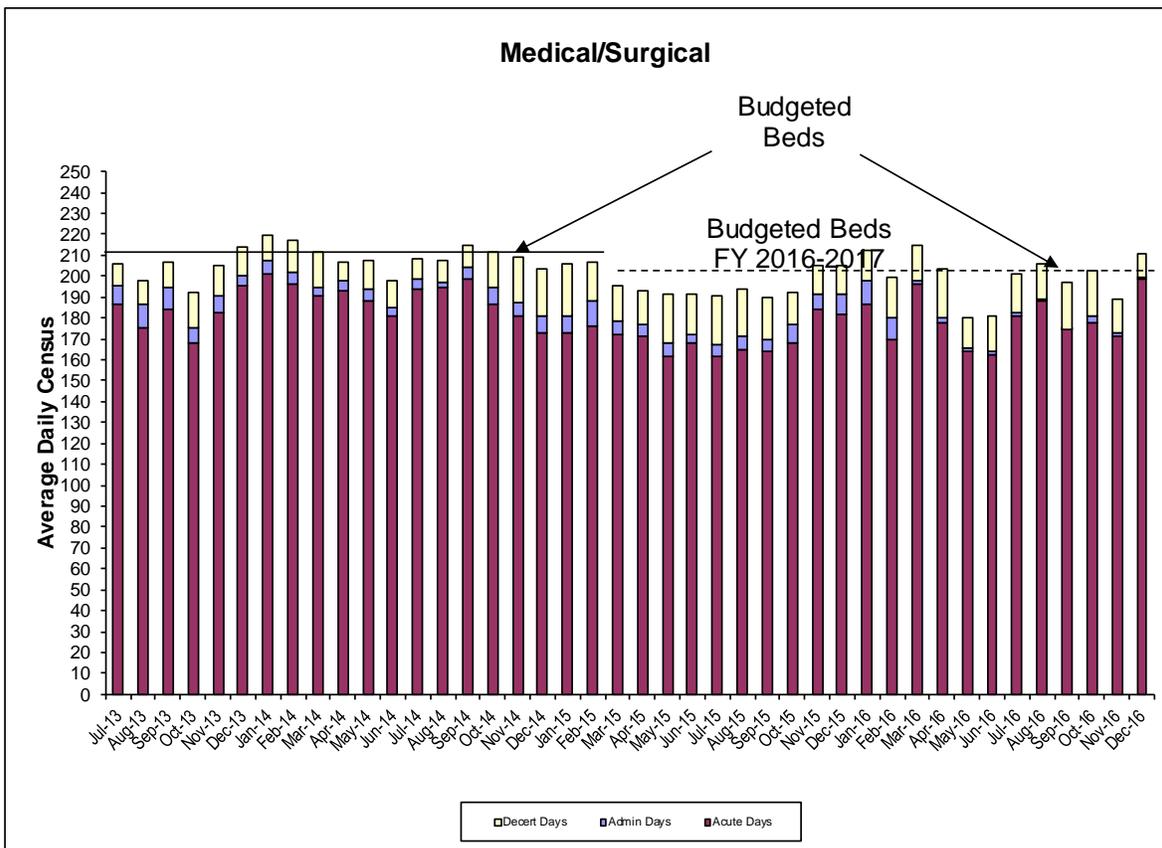
Average Daily Census for Psychiatry beds, **excluding 7L**, was 42.65, which is 97% of budgeted staffed beds and 63.6% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 6.03, which is 86% of budgeted staffed beds (n=7) and 5.25% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 46.14% non-acute days (43.95% lower level of care and 2.19% non-reimbursed).

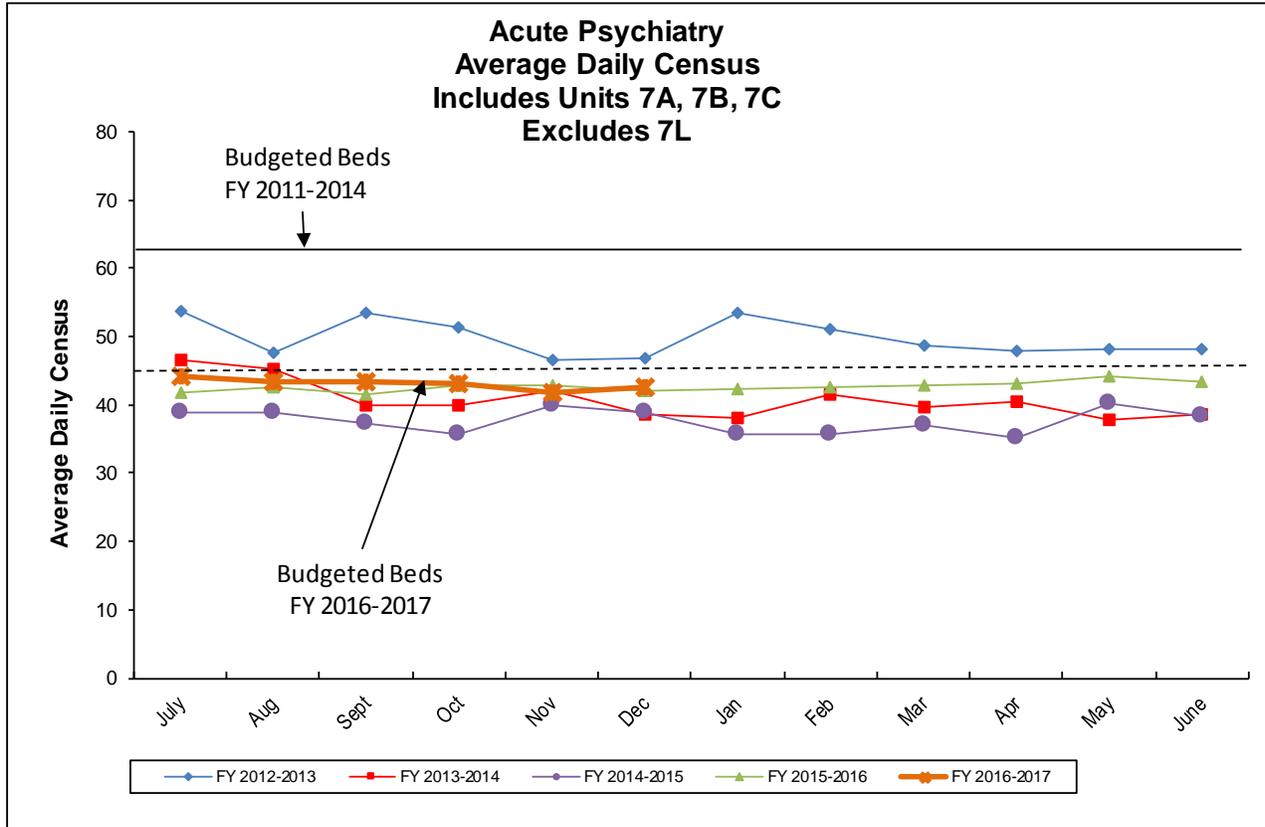
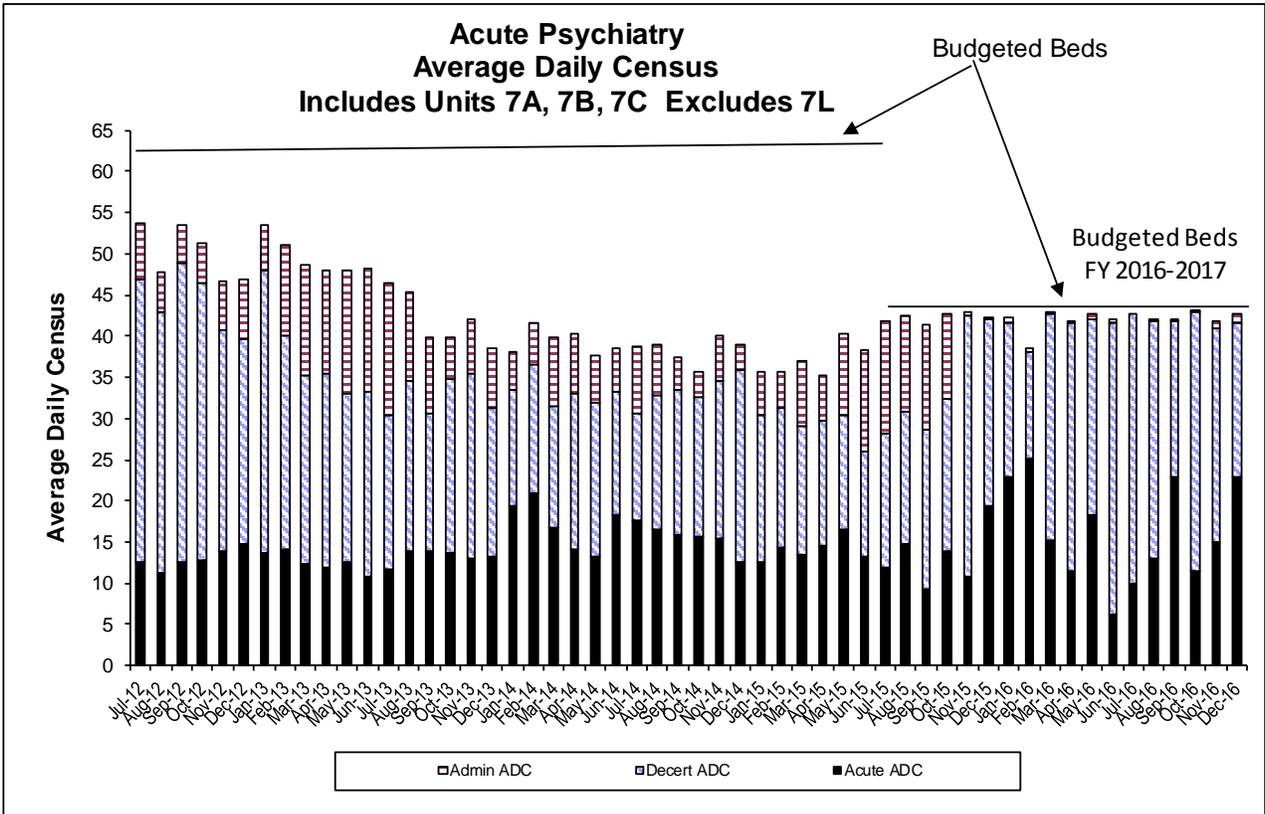
4A Skilled Nursing Unit

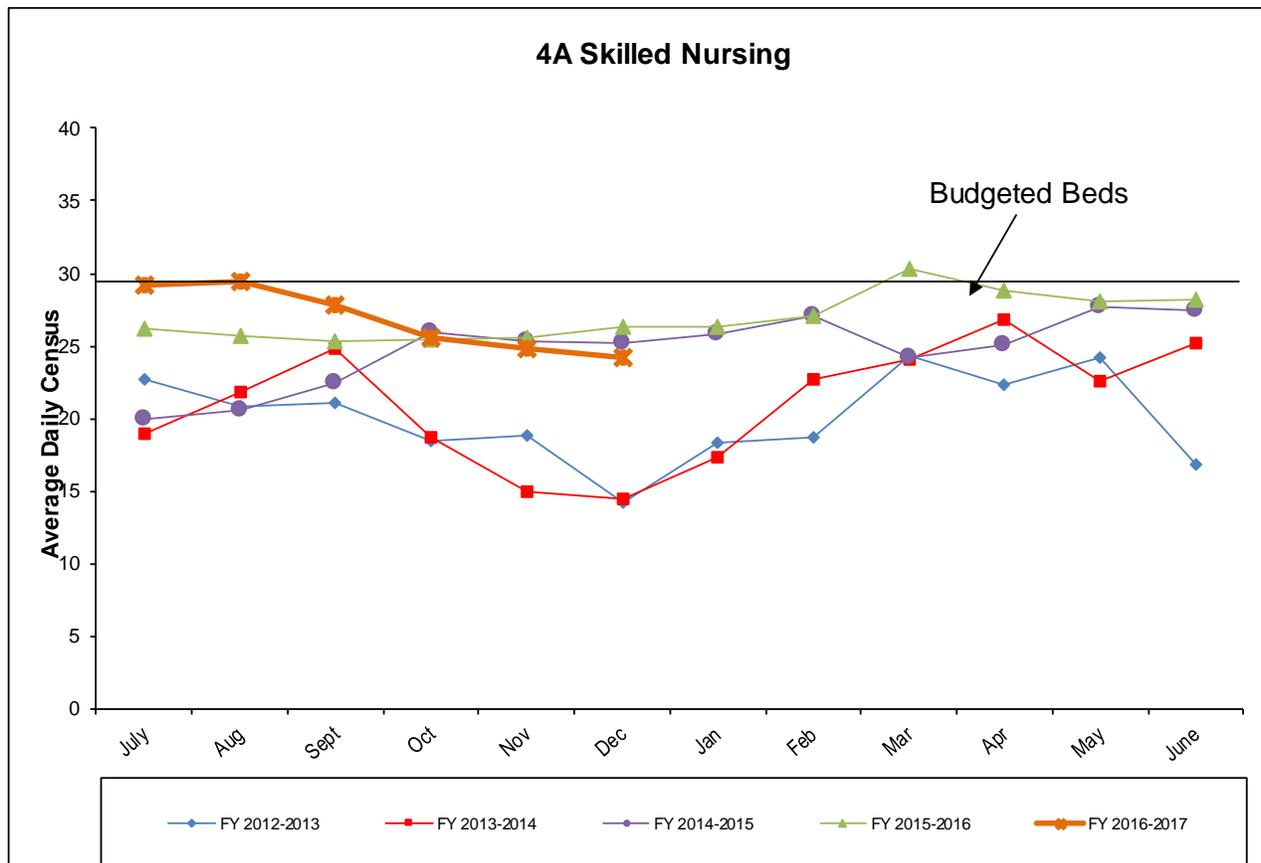
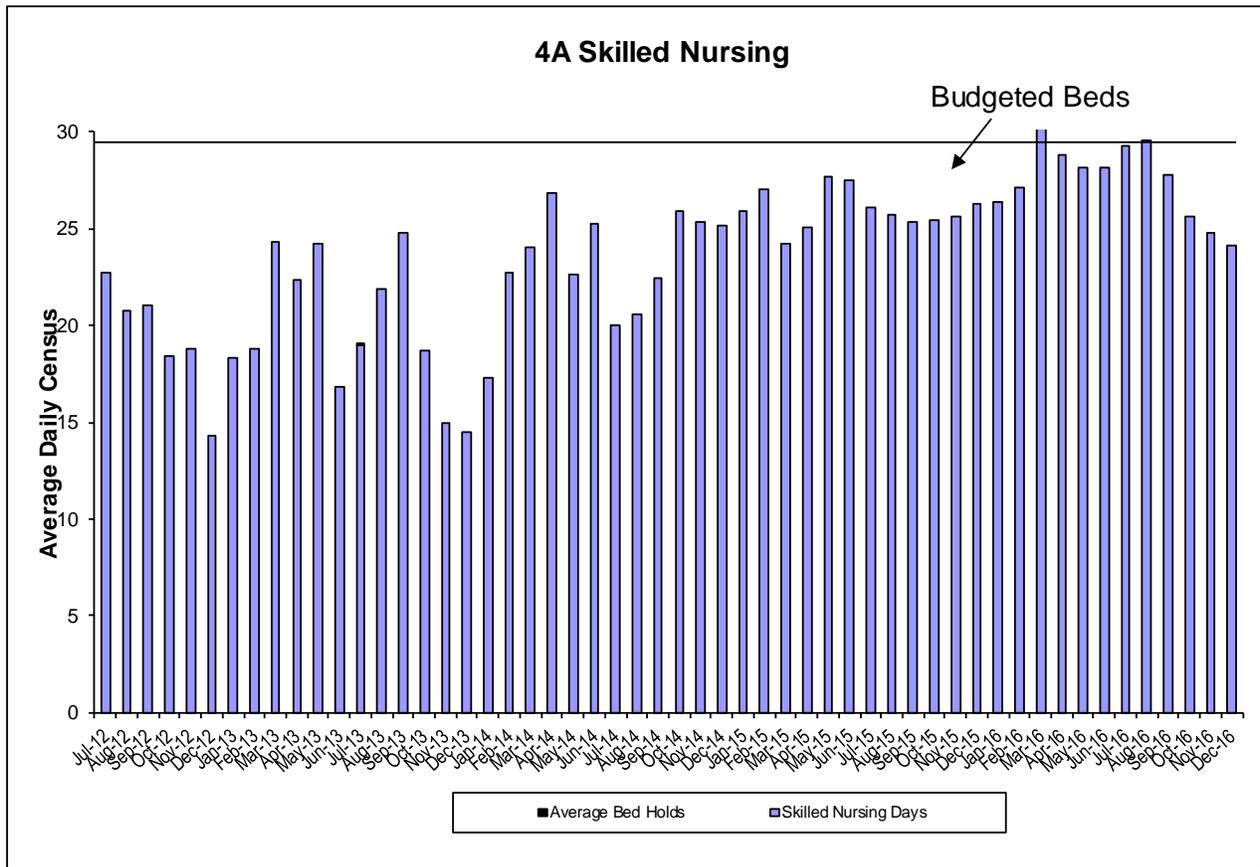
ADC for our skilled nursing unit was 24.12, which is 86.17% of our budgeted staffed beds and 80.4% of physical capacity.

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

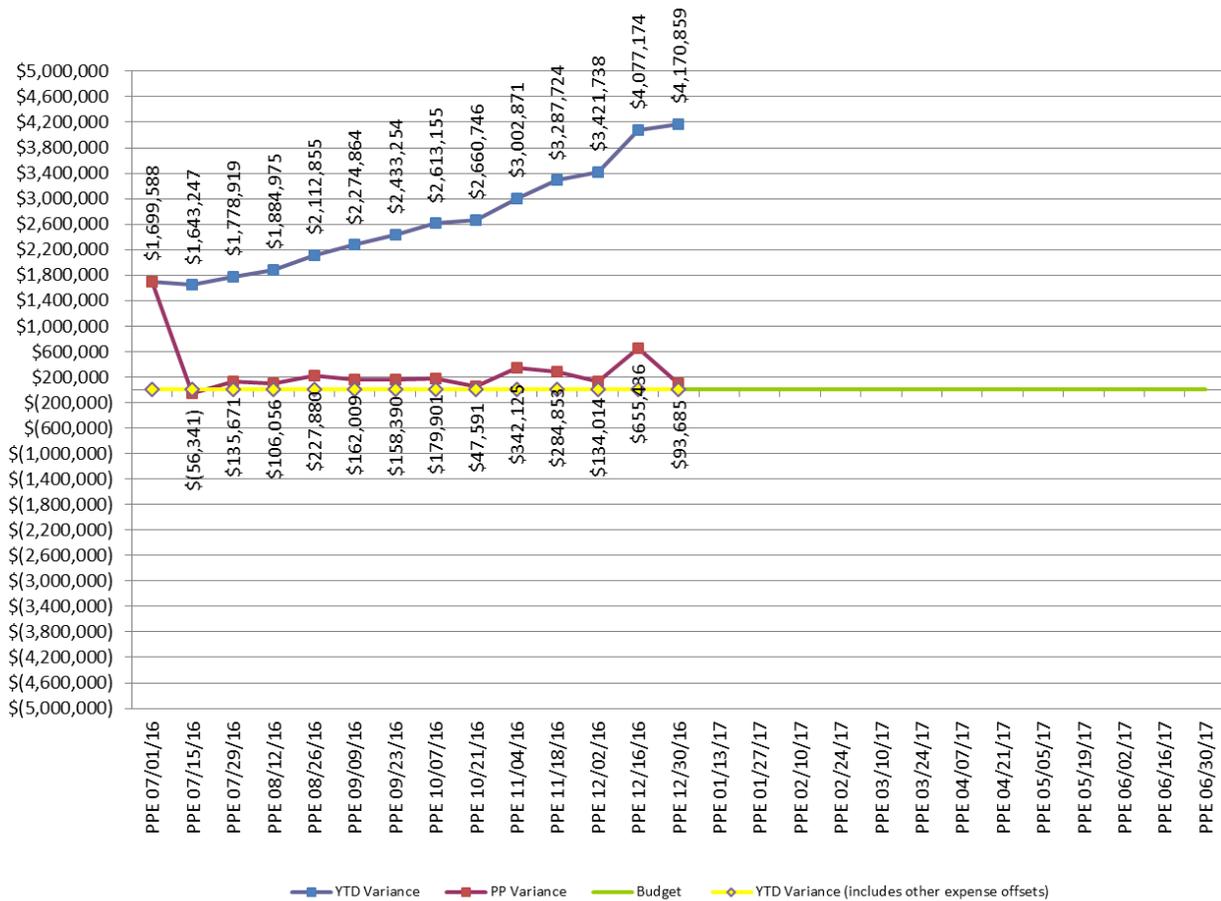
For Pay Period ending December 30, 2016, Zuckerberg San Francisco General recorded a 0.67% variance between Actual and Budgeted salary cost – actuals were \$ \$93,685 over budget. For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$4,170,859 /2.4%.







**Variance Between Salary Expenditure and Budget by
Pay Period (PP) and Year To Date (YTD)**



Commissioner Comments:

Commissioner Chow noted that salary expenditure continues to increase. Dr. Ehrlich stated that the high volume of patients has resulted in ZSFG utilizing temporary staff, registry staff, and approving ZSFG staff for overtime. ZSFG is making efforts to hire full-time staff to reduce these expenses.

Commissioner Pating stated that he appreciates the ads for the San Francisco Health Network.

6) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of December 2016

Nursing Professional Development

The *Evalysis* Foresight Staff Activity Study will take place the week of January 23rd – 26th in the Emergency Department. Trained nurses from other ZSFG nursing departments and some nursing students from USF will be collecting observational data using an evidenced based tool for a total of 72 hours of 10 minute snapshot observations. The observations of the ED staff nurses are categorized as either being direct patient care,

indirect patient care, unit related activities etc. These observations combined with budget, staffing information, patient acuity and unit staff feedback will provide ZSFG with rich information. There will be a final report that will provide analysis of the current nursing staffing models, nursing roles and patient acuity trends from all the areas that had a unit studied which in addition to the ED included ICU, Maternal Child Health, Medical- Surgical and Psychiatry.

Nursing Recruitment and Retention

Nursing Departments are continuing to hire and train new staff. The Emergency department has 10 new orientees that by the end of January will have completed their orientation to Pods A, B and C. They will be able to independently care for patients in that area of the Emergency Department. Labor and Delivery training program is in the midst of their didactic courses where 16-21 nurses attend each week. Of these trainees, 6 have completed their 1:1 precepted postpartum training. One RN completed her 1:1 precepted training in labor. An additional five new RN staff started in January where 3 are training in labor and 2 in postpartum. Eight Pediatric nurses are being oriented and cross trained to the Postpartum area by attending a 12 hour didactic course and completing a precepted 24 hours on the postpartum unit.

All others nursing divisions continue with precepted training. NICU has two staff currently in their training program. There are three RNs currently in the Pediatric training program. The four Psychiatry new nursing staff orientees are almost finished completing their training and orientation program. In Critical Care, their six new nursing staff are continuing their orientation and training program. The Medical-Surgical nursing division has 11 nurses in the didactic portion of their training program. There are over 30 who have successfully completed the didactic and preceptorship portion of their training program. Perioperative nursing has begun their training program this month for 6 newly hired staff.

Lower Level of Care Discharge Data for the month of December 2016

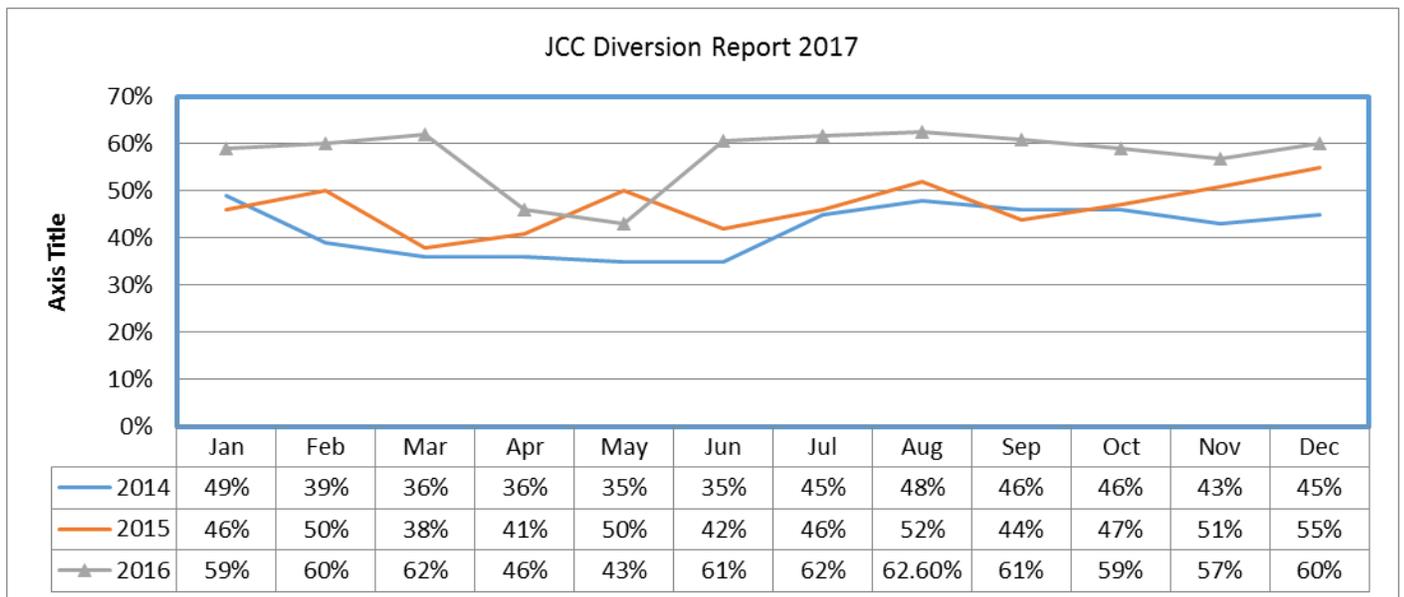
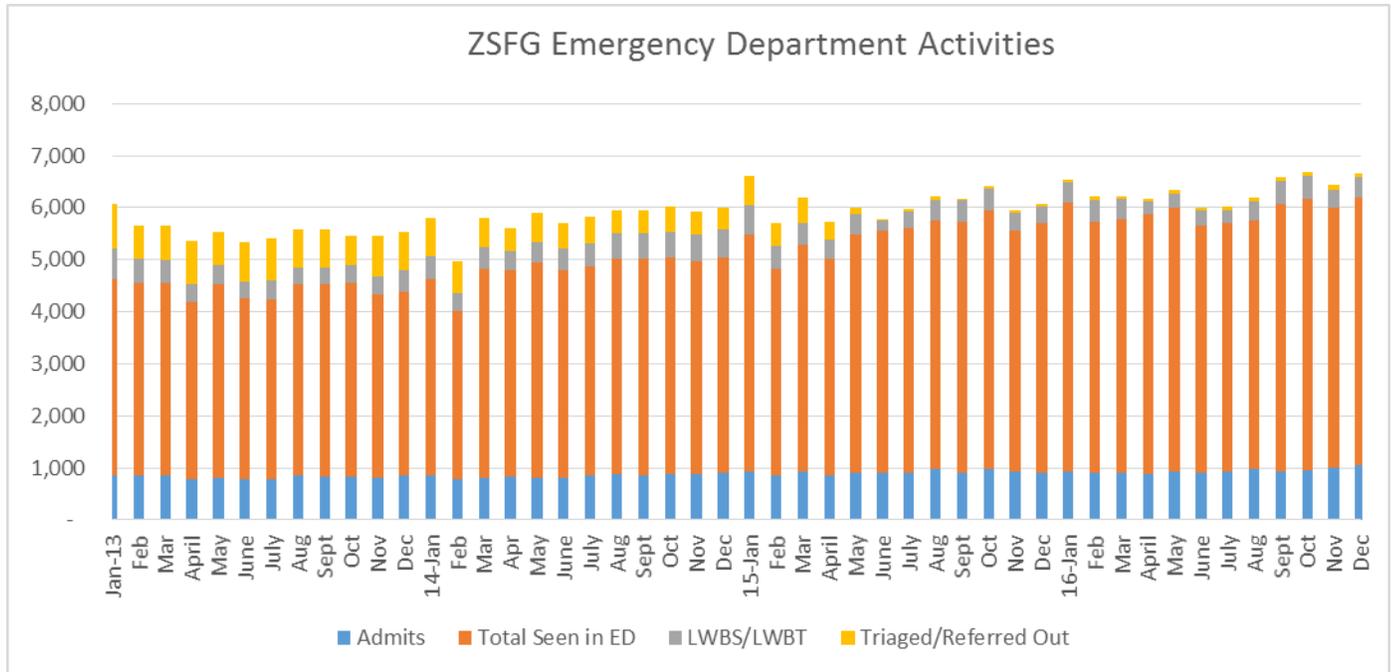
MedSurg	
Discharge Destination	% LLOC Patient
Acute Hospital (Out of County)	1.9%
Acute Rehab (LHH)	1.0%
AWOL	1.9%
Discharge to Self - Refuse Service Options	1.0%
Expired	2.9%
Home	42.7%
Hospice (LHH)	2.9%
Hospice Facility (Out of County)	1.0%
Hotel (SF)	2.9%
IHSS	1.0%
Jail	1.0%
Medical Respite (SF)	5.8%
Other	1.9%
Residential Treatment Facility (SF)	1.0%
Shelter (SF)	4.9%
Skilled Nursing Facility (LHH)	5.8%
Skilled Nursing Facility (Out of County)	1.0%
Skilled Nursing Facility (SF)	8.7%
SNF Rehab (LHH)	4.9%
SNF Rehab (SF)	2.9%

ZSFG Inpatient Psychiatry	2.9%
Grand Total	100.0%

Psych	
Discharge Destination	% LLOC Patient
Acute Diversion Unit	20.8%
Acute Hospital (SF)	4.2%
AMA	12.5%
Board and Care - RCF (SF)	2.1%
Home	29.2%
Hotel - Temporary (SF)	2.1%
Hotel (SF)	4.2%
Psych Board & Care (Out of County)	2.1%
Psych Locked Facility (Out of County)	2.1%
Residential Treatment Facility (SF)	4.2%
Shelter (SF)	12.5%
Skilled Nursing Facility (LHH)	2.1%
Sub-Acute Facility (SF)	2.1%
Grand Total	100.0%

SNF 4A	
Discharge Destination	% LLOC Patient
Acute Diversion Unit	15.0%
Acute Hospital (SF)	10.0%
Expired	5.0%
Home	50.0%
Hotel (SF)	5.0%
Medical Respite (SF)	10.0%
Shelter (SF)	5.0%
Grand Total	100.0%

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

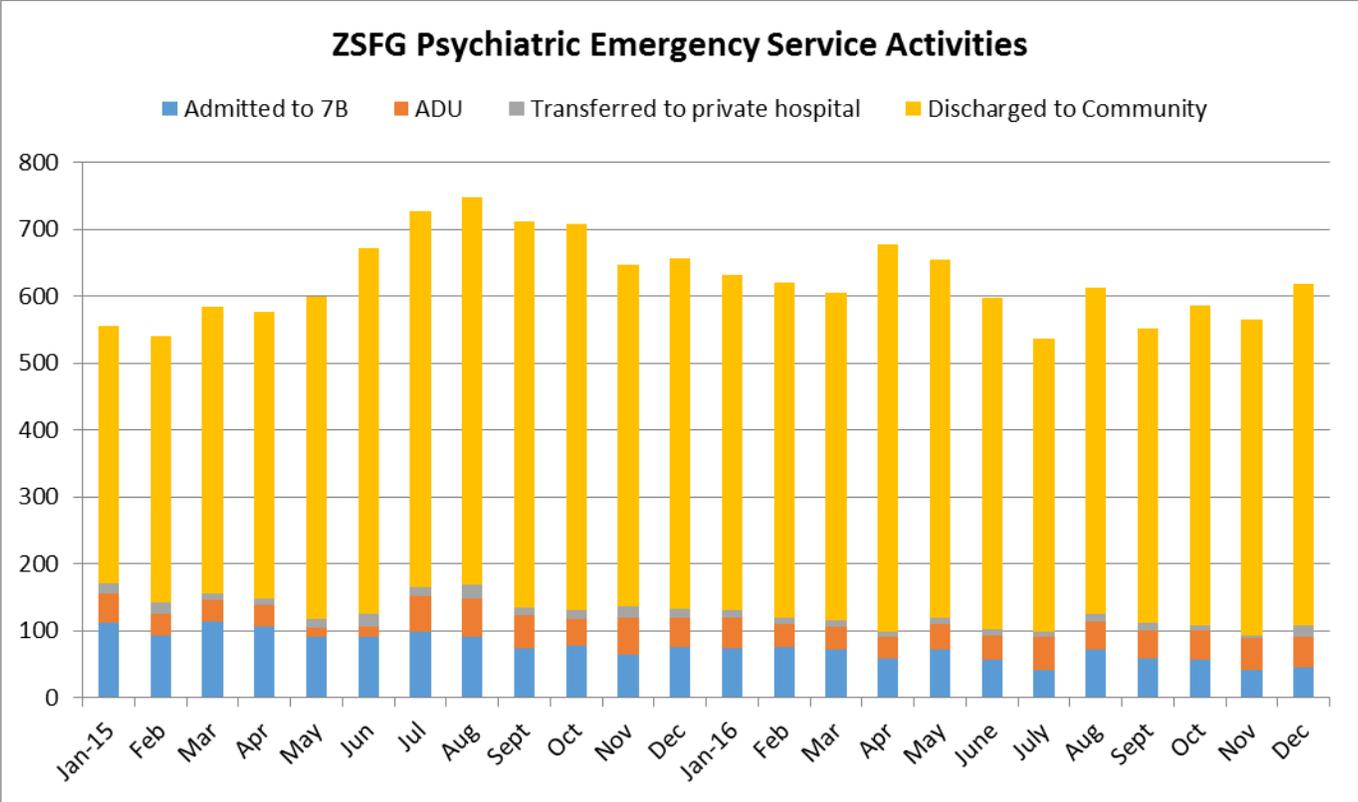


December | 2016

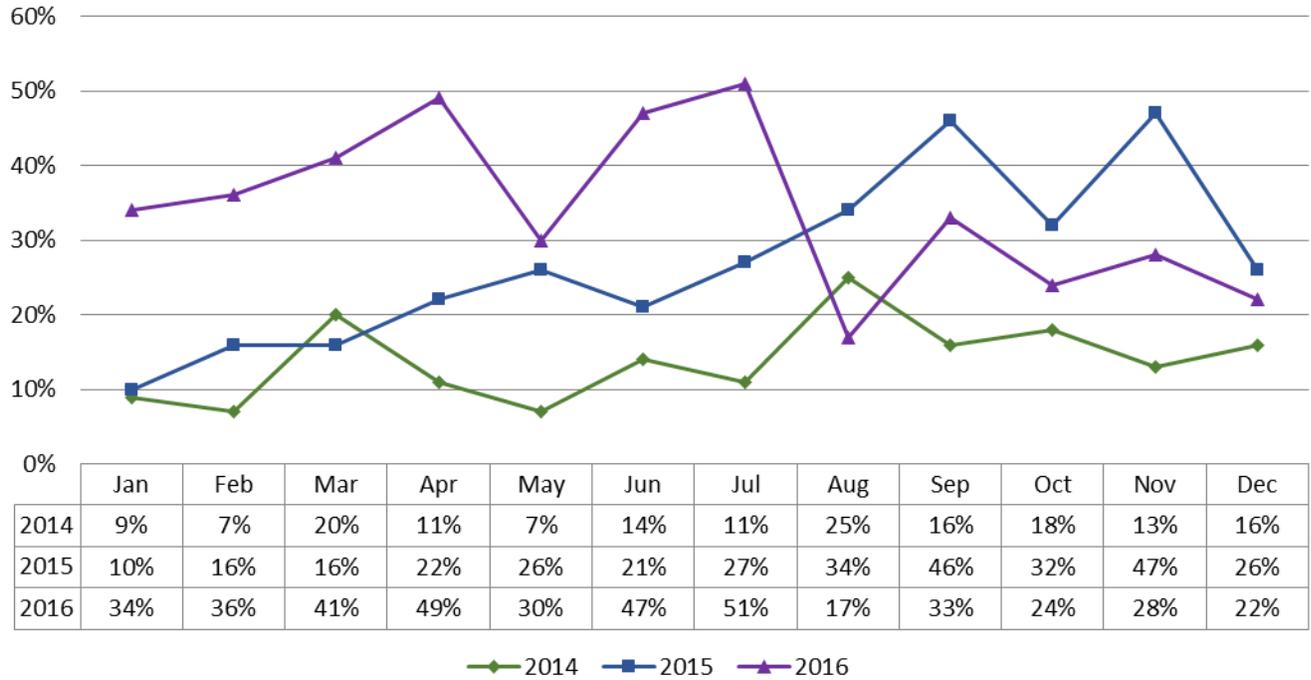
Diversion Rate: 60%
 ED diversion – hours 220 (30%) + Trauma override - hours 228 (30%)

ED Encounters: 6282
ED Admissions: 1060
ED Admission Rate: 17%

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

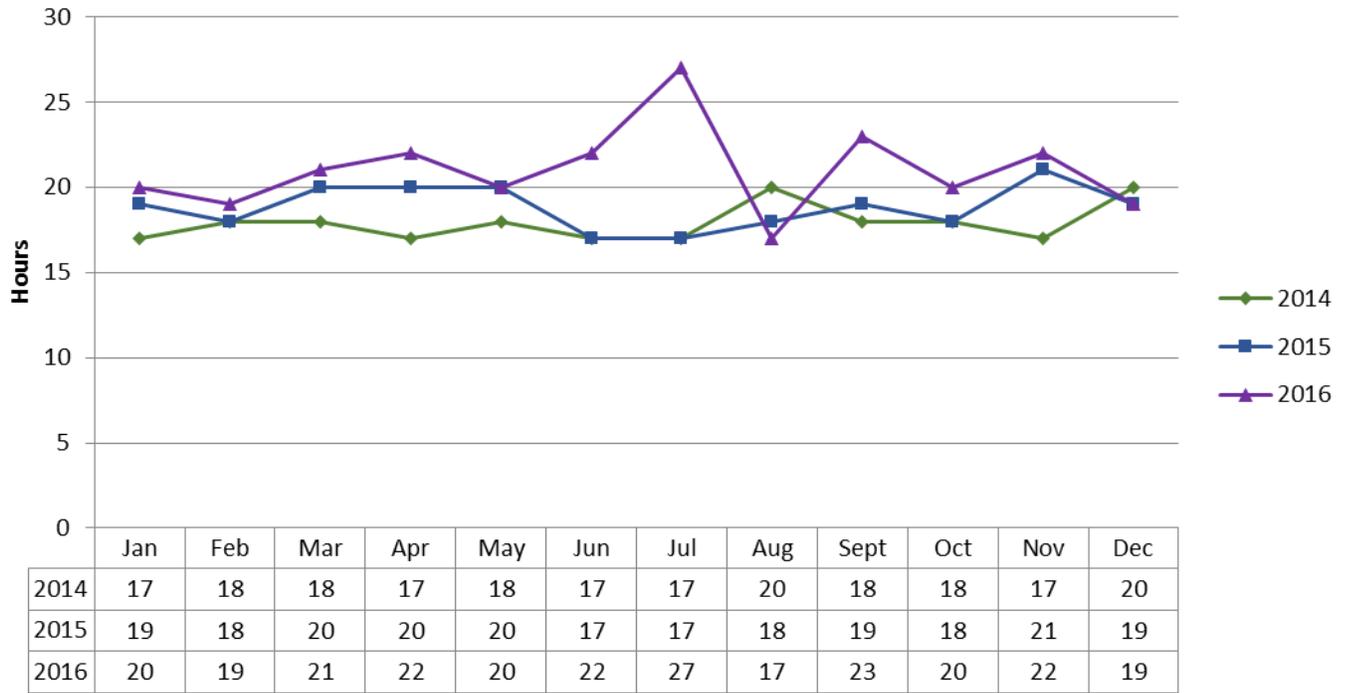


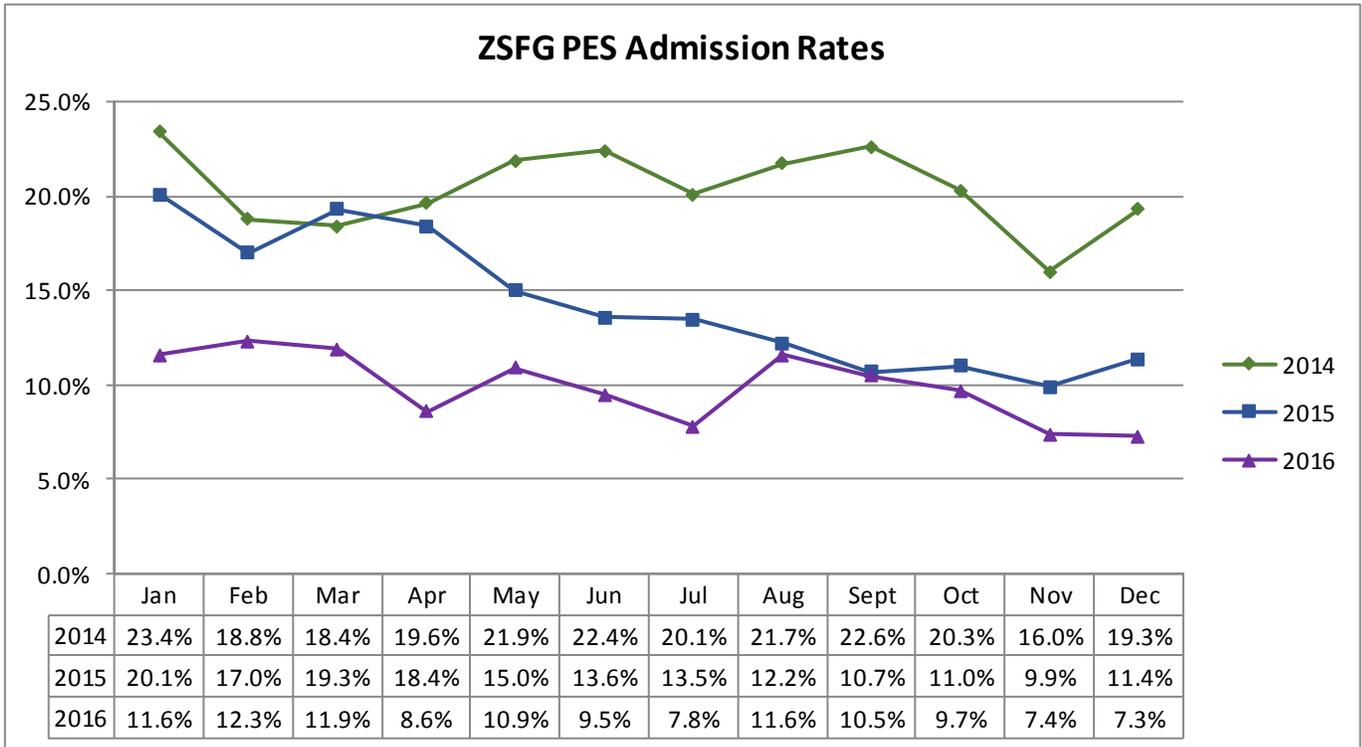
ZSFG PES Condition Red



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

ZSFG PES Average Length of Stay





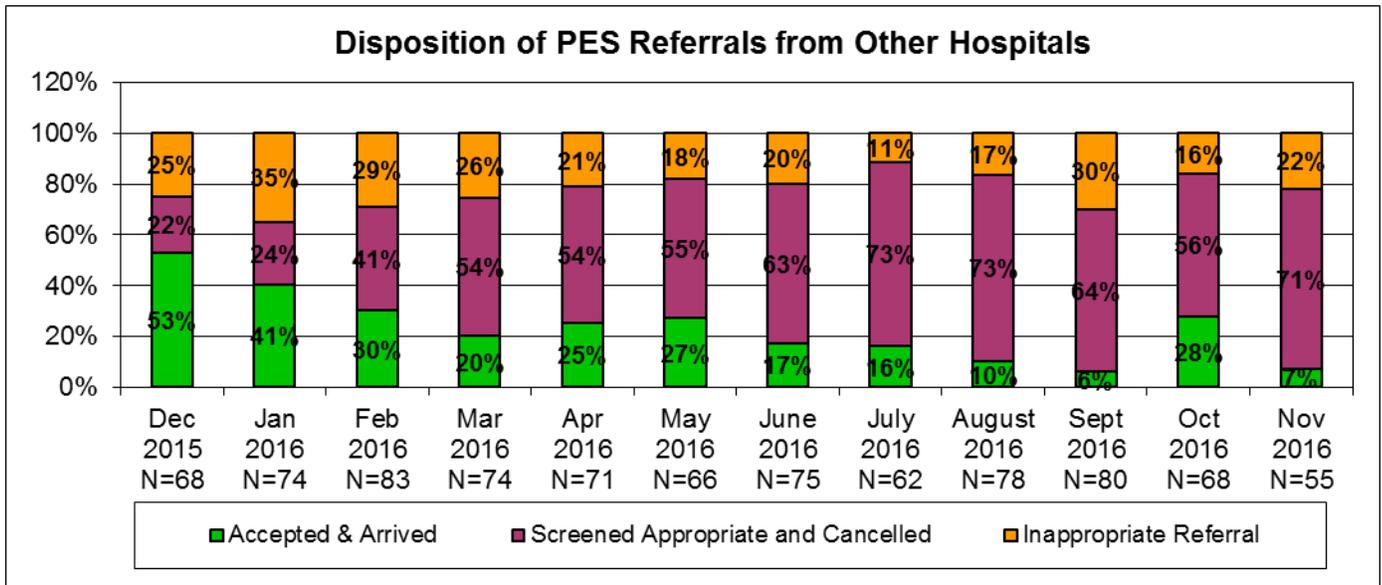
Request for Inter-Facility Transfer to PES from other Hospitals

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

The Department of Psychiatry is at an all-time low number of inpatient admissions to unit 7B due to high numbers of lower level of care patients on 7B and 7C waiting for placement. This results in increased length of stay in PES and continuing high percentages of time on Condition Red. Increased Condition Red decreases PES’s ability to accept patients from other hospitals.

Commissioner Comments:

Regarding the “Lower Level of Care Discharge Data for the Month of December 2016,” Commissioner Chow requested that future reports include which categories had the longest wait. He asked for an explanation of why patients who were discharged to their homes did not leave earlier. He suggested that this data be presented to the JCC quarterly.

Commissioner Pating requested that the report include the patients in each category and the average number of days the patients in each category had to wait.

Commissioner Chow asked if Dr. Ehrlich had seen the Hospital Council’s report on Diversion. Dr. Ehrlich stated that ZSFG is participating in a committee on behavioral health clients that was created in response to the report. Commissioner Sanchez noted that at the December 13, 2016 ZSFG JCC meeting, a presentation on ZSFG efforts to reduce diversion was presented.

Commissioner Pating asked if the SFHN utilizes out-of-network beds when it runs out of capacity. Dr. Ehrlich stated that when ZSFG is on diversion, patients are sent to other hospitals.

Director Garcia suggested that analysis be done to better understand the effectiveness of lowering diversion rates in March and April of 2016. Dr. Ehrlich stated that many of the actions taken at that time were specific to preparation for the move into the new hospital and are not sustainable.

7) ZSFG RN HIRING AND VACANCY REPORT

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

Commissioner Comments:

Director Garcia stated that there is a known cycle of new nurses at ZSFG being hired and trained in Med-Surg and then over time, these staff move on to specialty care. She stated that this cycle should be noted as a norm within ZSFG.

Commissioner Pating stated that good customer service training is very important for new hires.

8) MEDICAL STAFF REPORT

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

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW

SFHN Credentialing Project (12/12/2016 Meeting)

Dr. Alice Chen, Chief Medical Officer, SFHN, briefed MEC about action plans undertaken by the San Francisco Health Network (SFHN) for process improvement that will start from addressing the issue of SB 137 file data standardization/automation. SB 127 took effect July 1, 2016, and requires the Department of Managed Health Care and the Department of Insurance to develop uniform provider directory standards. Morrisey, a credentialing database, is used in three instances within SFDPH – Community Behavioral Health Services, Laguna Honda, and ZSFG. Data from Morrisey is used by IT and the Office of Managed Care for regulatory or payor reporting (e.g. health plans, HRSA). The plan is to use Morrisey as “single source of truth” for provider master file across SFHN for the following reasons: compliance, provisioning of enterprise EHR, payor and regulatory reports, and for internal reporting. A list containing information on Department Name, Section Name, Office Address, Phone Numbers and Ages of Patient seen was circulated for Service Chiefs to review and confirm accuracy.

End of Life Option Act As It Relates to Credentialing/Privileging (12/12/2016 Meeting)

Dr. Alice Chen provided an overview of the End of Life Option Act, which was initially presented at the August 2016 Leadership MEC meeting. EOL went to effect June 2016, and allows a physician to prescribe a medication that will end the life of a terminally ill, adult patient with the mental capacity to make medical decisions who requests the medication and is physically able to self-administer it. Dr. Chen reminded members that participation is completely voluntary. A group has been meeting since May 2016 to develop a formal and structured approach to the law. Dr. Chen presented the SFDPH draft EOL policy to MEC, and stated that the goal of the policy is to provide guidance and support.

Leadership Joint Commission Survey Readiness Launch – (12/12/2016 Meeting)

ZSFG Regulatory Department presented to MEC the hospital’s Joint Commission Survey Readiness Launch 2016-2017. The presentation included information about upcoming surveys, a review of changes in Joint Commission survey process, and key reminders to the Medical Staff about survey preparations. Ongoing survey preparation activities include Mock Tracers, Joint Commission Chapter Reporting from liaisons, Scribe and Escort training, TJC/FAQ’s handbook which include FAQ specific to the medical staff, Gemba-TJC Prep Rounds, and Unit Leadership Readiness. Members are asked to discuss Joint Commission survey readiness with their staff during staff huddles, change of shift report, patient rounds, downtime, at staff meetings, and whenever an opportunity arises.

Laboratory Reflex Tests List– (12/15/2016 Meeting)

Dr. Barbara Haller, Chief, Laboratory Medicine, informed MEC that the ZSFG Laboratory Medicine has reviewed its billing codes and practices to ensure compliance with federal guidelines and regulations. An annual letter,

starting this year, will be sent out to physicians to remind them that ICD 10 codes are required for all lab requests, and that all tests/panels orders should be medically necessary. Another requirement is to have a list of the reflex tests offered by the lab and the reference lab. The list covers orderable tests that may automatically trigger additional testing and additional charges. Reflex tests in the list are needed to provide supplement diagnostic information. As required by the Office of Inspector General to enable yearly billing for reflex tests, MEC approved the list as submitted. *(copy of the Reflex List emailed to Commissioners)*

RubiconMD (01/09/2017 Meeting)

Dr. Delphine Tuot, Director of the hospital's eReferral Program, gave a presentation about the forthcoming transition to eConsult, SFHN's new integrated electronic consultation and referral software. Over the last ten years, the ZSFG has in place a homegrown eReferral system, which is used by 123 services across three portals (ZSFG Adult, ZSFG Pediatrics and LHH). eReferral has significantly impacted the quality of care provided to patients along four targeted goals: improved patient experience, improved provider experience, population health, and lower costs/improved efficiency of specialty care delivery. However, the current software is old, and has few built-in analytics for reporting and QI purposes. Moving forward, the network will transition to a new software platform powered by RubiconMD, for stability, better user interface, and greater IT flexibility. The new software platform provides new functionalities, and allows better care coordination, with built-in analytics for PRIME/GPP reporting and ongoing quality improvement. Trainings are expected to be completed by the end of this month.

REAL (01/09/2017 Meeting)

Members were briefed about REAL, a network-wide initiative that rolled out January 9, 2017. REAL stands for Race, Ethnicity, and Language. Front line staff who check in patients and eligibility workers will be trained on a standard approach in collecting race, ethnicity and language data from patients. Without accurate and timely REAL data, it will be difficult to understand disparities in healthcare outcomes and enable identification of patterns or create interventions to improve health. The standardized and uniform data collection through REAL will support SFHN and ZSFG's commitment to reduce healthcare disparities. Equity is one of the SFHN's and ZSFG's pillar goals. In addition, collecting REAL data is necessary for the hospital to receive full share of Medi-Cal revenue. Approximately 300 staff will be trained across SFHN in January which will start this week.

SERVICE REPORT:

Community Primary Care Service Report– Hali Hammer, MD, Service Chief CPC, and Director of Primary Care for San Francisco Health Network (12/12/2016 Meeting)

Highlights include:

- Primary Care Services – Integrated Clinical Programs consist of 14 primary care health centers, 10 community-based (Community Primary Care) and 4 ZSFG-based clinics. The Service, for the last couple of years, has been working on Behavioral Health Integration. All of CPC clinics have Behavioral Health teams embedded in the Care teams. Other services include the Medical Respite and Sobering Center, Complex Care Management, Cancer Navigation (will be moving to ZSFG Oncology), Dental Services, HIV Health Services, Nutrition, Pharmacy, Podiatry, and Centralized Call Center, which includes the Nurse Advise Line, Telephone Appointment Providers and New Patient Appointment Unit.
- Primary Care Volume – Active Panel Patients and Total Enrolled Patients by Fiscal Year; Total Encounters and Medical Encounters. Dr. Hammer noted that 56% of patients have medical homes in the community based clinics as opposed to the 4 hospital-based sites. 63% of medical encounters are in the community based clinics.

- Organizational Structure/SFHN Primary Care Leadership – The CPC Leadership is grouped into programmatic teams: Access and Operations, Care Experience, Lean Performance and Improvement, Care Coordination, and Population Health. Each of these teams have their own True North strategies/metrics, and functions as a team.
- Vision for SFHN Primary Care – The Service’s mission is the foundation of the Service’s work which is to provide high quality health care that enables all San Franciscans to live vibrant, healthy lives. The vision is to be the 1st choice for health care and well-being for all primary care patients.
- Six Strategic Pillars – For each strategy, Dr. Hammer presented corresponding True North Metrics and Primary Care Driver Metrics: Safety, Quality, Care Experience, People Development, Financial Sustainability, and Equity. These metrics and data collected are reviewed regularly with the leadership teams. The Service continues to work on ways to improve patient care experience, and workforce engagement.
- Strengths – Dedicated/mission-driven staff, strong collaborative work between UCSF and SFDPH, Support of City and taxpayers to improve aging ambulatory care facilities, excellent performance on key population health indicators, strong performance thus far in areas of focus for waiver programs, strong patient-care-team relationships, organizational support for building primary care base and transforming care model, and improved communication of mission, vision, and strategies to PC staff and managers.
- Challenges – Rigid civil service system presents challenges in recruiting, rewarding, promoting staff and flexibility of job roles, major capital projects deplete resources from other key projects, EHR and quality data reporting (current systems require major expenditure of resources in order to chart appropriately and extract meaningful clinical data), Revenue cycle defects and missed opportunities for novel billable encounters, Care Experience (despite major improvements, patients will rate experience low), Threat of budget cuts due to reduced federal funding on safety net programs, Matrix Reporting/accountability complicates management of ZSFG clinics and alignment with Primary Care’s True North.
- Major Initiatives in 2017 – expansion of Centralized Call Center, Planning for ZSFG Building 5 ambulatory care center, Statewide waiver programs, Expand Medical Respite and Sobering Center, Build infrastructure to coordinate complex management through the Health Homes Program, Kick off Lean Leadership Development training, Expanded care team roles of RNs and Clinical Pharmacists, Non-specialty mental health billing and implementation of PCBH model to special population clinics, Expand teaching opportunities for UCSSF students and residents in the CPC clinics, and Onboard a new CPC Chief of Service.

Members celebrated Dr. Hammer and her leadership team for the remarkable work undertaken by the Service to improve services provided to the community.

Commissioner Comments:

Commissioner Chow asked if the “End of Life Form” was approved by the MEC. Dr. Marks stated that the MEC did approve this form.

Action Taken: The following items were unanimously approved:

- New CPC Service Chief
- New Laboratory Medicine Service Chief
- Credentials Committee Items
- Community Primary Care Clinical Service Rules and Regulations, Policies and Procedures

9) OTHER BUSINESS

This item was not discussed.

10) PUBLIC COMMENT

There was no public comment.

11) 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 Taken: The Committee approved January 2017 Credentialing Report. There was no Performance Improvement and Patient Safety Report for this meeting. The Committee voted not to disclose other discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 5:01pm.