

Edward A. Chow, M.D.
President

Cecilia Chung
Commissioner

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

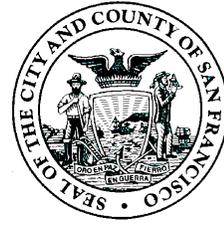
James Loyce, Jr., M.S.
Commissioner

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, February 28, 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 J. Sanchez, Jr., Ph.D.

Staff: Barbara Garcia, Roland Pickens, Susan Ehrlich MD, Terry Dentoni, Troy Williams,
Todd May MD, Jeff Critchfield MD, Jay Kloo, Sue Carlisle MD, Tosan Boyo, Alice Chen MD,
Kim Nguyen, Karen Hill

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

**2) APPROVAL OF THE MINUTES OF THE JANUARY 24, 2017 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, and Jay Kloo, Director of Regulatory Affairs and Risk Management, gave the reports. Mr. Williams noted that due to the combining of the Quality Council and PIPS Committee, this month will be the last Quality Council report.

Commissioner Comments:

Commissioner Sanchez asked if the law enforcement discussed in the report refers to CCSF employees. Mr. Williams stated that this refers to CCSF Police officers who are guarding patients at ZSFG; ZSFG has put a plan of correction in place for training and education of these staff to ensure the safety of ZSFG patients.

Commissioner Sanchez asked if there are plans in place to prepare for federal Homeland Security or ICE agents visiting ZSFG to look for individuals. Dr. Ehrlich stated that SFDPH has developed a department-wide

policy to provide guidance to staff on how to interact in this situation. She stated that the situation in which the plan of correction addressed relates to CCSF police officers guarding ZSFG patients without being oriented to ZSFG emergency procedures.

Commissioner Chow asked for clarification on how the 2017 ICM Safer Matrix scores can be interpreted. Mr. Kloo stated that a scope and pattern can be found in the matrix and added that the process is somewhat subjective. He noted that this scoring system is being tested.

Commissioner Chow asked if the surveyors communicate whether a site has earned a conditional accreditation. Mr. Williams stated that the surveyors communicate whether a site has earned accreditation or has failed to do so in the survey.

Action Taken: The Committee approved the report of the January 2017 Quality Council Minutes.

4) ZSFG TRUE NORTH SCORECARD AND QUALITY MEASURES

Leslie Safier, Director, Performance Improvement, gave the presentation.

Commissioner Comments:

Commissioner Chow asked if there have been improvements in patient harm measures. Ms. Safier stated that ZSFG has not achieved its target and is working to make progress in addition to adjusting the target to a realistic goal.

Commissioner Sanchez asked how the existing target was developed. Ms. Safier stated that the target is based on baseline data collected in FY14-15.

Commissioner Chow asked if there are still Joint Commission mandated measures regarding patient satisfaction. Dr. Ehrlich stated that there are several questions on the southern part of the X-Matrix that include the questions, "Likelihood to recommend ZSFG as a great place to receive care," and "Likelihood to recommend ZSFG as a great place to work." She noted that ZSFG expects these scores to improve over time.

Regarding the True North Scorecard, Commissioner Chow asked for clarification of how Vizient is involved. Dr. Ehrlich stated that the entity that used to be UHC is now Vizient; it provides national medical care quality-related data and related data analysis.

Commissioner Chow asked if there is likelihood that there will be an increase in the number of required metrics. Ms. Safier stated that future requirement not yet known. Testing is currently being conducted to assess the validity of the current data. She added that a shift will likely be towards electronically transferred data.

Action Taken: The Committee unanimously approved the CY2017 Joint Commission Core Measure Set Recommendations.

5) HOSPITAL ADMINISTRATOR'S REPORT

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

Inpatient flow team improvement workshop

During the week of February 6th, the Inpatient Flow team conducted a week-long improvement event focused on flow in our inpatient units.

The Flow team partnered with the Outpatient pharmacy to reduce delays in the discharge process

associated with medications. At baseline, half of discharges are held up an average of 1 hour and 45 minutes due to medications. The delay had obvious implications for both patient experience and overall hospital flow.

During the workshop, the team standardized both the prescription delivery from the unit and the internal discharge pharmacy workflow. By standardizing the workflow, the team eliminated 85 minutes of wait per patient and reduced process steps to allow for every 30 minute deliveries.

Many thanks to the inpatient flow team for a successful improvement workshop!

UCSF Center for Vulnerable Population at ZSFG Celebrated 10th anniversary

On Tuesday, January 31st, the UCSF Center for Vulnerable Populations (CVP) at ZSFG celebrated its 10th Anniversary with an afternoon symposium featuring presentations and panels led by CVP faculty, staff, and community partners. The CVP capped off its day of learning with an evening reception that featured a book reading by and discussion with the award-winning author Michael Chabon. The CVP leads innovative research to prevent and treat chronic disease in populations for whom social conditions often conspire to both promote various chronic diseases and make their management more challenging.

Founded in 2006, the CVP is based within the UCSF Department of Medicine, Division of General Internal Medicine and is located on the campus of ZSFG. Beyond the local communities it serves, CVP is nationally and internationally known for its research in health communication and health policy to reduce health disparities, with special expertise in the social determinants of health, including literacy, food policy, poverty, and minority status, with a focus on the clinical conditions of pre-diabetes, diabetes, and cardiovascular disease.

UCSF Ward 86 Launched Golden Compass Program

On February 3rd, UCSF Ward 86 launched its Golden Compass Program, an effort that provides multidisciplinary medical care, including heart health, mental health, bone health, strength and fitness; dental, hearing and vision services; and social support and navigation for people over 50 living with HIV. The Golden Compass Program can improve patient access to services, which can include a psychiatric referral or an invitation to a social or support group.

Golden Compass provides classes, consultations and support groups for people with HIV age 50 and older. It opened with a \$100,000 donation made last year by AIDS Walk, which recently committed another \$75,000.

“The clinic is a long-needed addition to Ward 86, where 1,600 of its 2,500 patients are 50 years or older, and where many have lived with HIV for at least two decades”, said Dr. Monica Gandhi, medical director of the ward.

Joint Commission IntraCycle Monitoring Educational Survey & CDPH Relicensing Survey

Joint Commission IntraCycle Monitoring Educational Survey

On February 1st, three Joint Commission surveyors began Day 1 of the ZSFG Joint Commission Intra-cycle Monitoring Education Survey. During the three-day survey, surveyors conducted individual tracer tours on the inpatient units, reviewed hospital practices in infection control, data management, environment of care, and emergency management and surveyed the Skilled Nursing Care Center.

The survey went well and the findings we will respond to will help ensure our regular unannounced triennial survey – that could happen anytime between now and the summer -- will go as well as possible.

Upon exit, the surveyors were complimentary of our staff and the organization’s survey preparedness.

Many thanks to our staff for their hard work. This survey will serve ZSFG well as we continue to prepare for Triennial JC Survey.

CDPH Relicensing Survey

On February 14th, CDPH surveyors arrived to conduct a four day survey with hospital leadership. The survey was focused on patient safety, medication management, hospital medication-error reduction plan (MERP), and nursing care.

The triennial re-licensing survey was successful and ZSFG is officially re-licensed for the next three years. The collaborative teamwork across the organization ensured a successful survey. Staff and medical leadership were engaged throughout the survey process by effectively answering questions, resolving issues and engaging in opportunities for learning.

The surveyors were complimentary of the nursing care provided by ZSFG's nursing staff. There were no direct findings in patient care. The surveyors stated they enjoyed their week interacting with our frontline staff and patients.

On February 17th, the surveyors exited and shared findings that were minor in scope.

Congratulations to all the staff who continue to live the mission of the organization each day!

ZSFG 36th Annual Employee Recognition Dinner January 20th

On January 20th, ZSFG celebrated the 36th Annual Employee Recognition Dinner. Employees who have served 10, 15, 20, 25, 30, or 35 years were invited to attend a milestone recognition reception. This year's Service Awards ceremony honored over 170 employees.

After opening remarks from Susan Ehrlich, Chief Executive Officer, and Todd May, Chief Medical Officer, our very own Elizabeth Carthagena-Meyer recognized each employee in attendance with a service pin.

ZSFG is especially proud to recognize Wilfredo Lim, Accounting Manager, for the Executive Administrator's Award. During his time at ZSFG, Wilfredo worked diligently on many projects, such as Bldg. 5 renovation and retrofit, elevator replacement, service building retrofit, emergency generator, and implementation of the Materials Management purchasing and inventory control system.

Most recently, Wilfredo has been instrumental in the selection and testing of the new city wide People Soft Accounting system, F\$P, that will replace the old FAMIS system. This project has been several years in the planning and will soon be a reality in July 2017.

ZSFG and the city have been fortunate to have such a dedicated, knowledgeable, humble and outstanding Accounting professional. ZSFG not only recognized Willie for his dedication, but also for his 35 years of service at ZSFG.

Many thanks to our honorees and Wilfredo Lim for continuing to make ZSFG an exceptional place.

The Mayor's signing ceremony and reception for new research and academic building at ZSFG

On February 13th, San Francisco Mayor Ed Lee and UC San Francisco (UCSF) Chancellor Sam Hawgood held an official signing ceremony marking the approval of the ordinance that allows UCSF to construct a new research and academic building at ZSFG. The ceremony was followed by a celebration that included leaders from the Department of Public Health, the City and County of San Francisco, UCSF, and many community representatives.

ZSFG represents a partnership between UCSF and the City and County of Francisco that spans nearly 150 years. Approval for UCSF to construct a state-of-the-art research and academic building on the ZSFG campus – together with the new hospital and soon-to-be-renovated ambulatory care center – ensures that ZSFG will be in a strong position to provide for and protect the health of all San Franciscans for years to come.

Just Culture Video Viewing

The Executive Team will show a short video on ZSFG's Just Culture.

Patient Flow Report for January 2017

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

Medical/Surgical

Average Daily Census was 224.10 which is 110% of budgeted staffed beds level and 89% of physical capacity of the hospital. 6.91 % of the Medical/Surgical days were lower level of care days: 1.07% administrative and 5.84% decertified/non-reimbursed days.

Acute Psychiatry

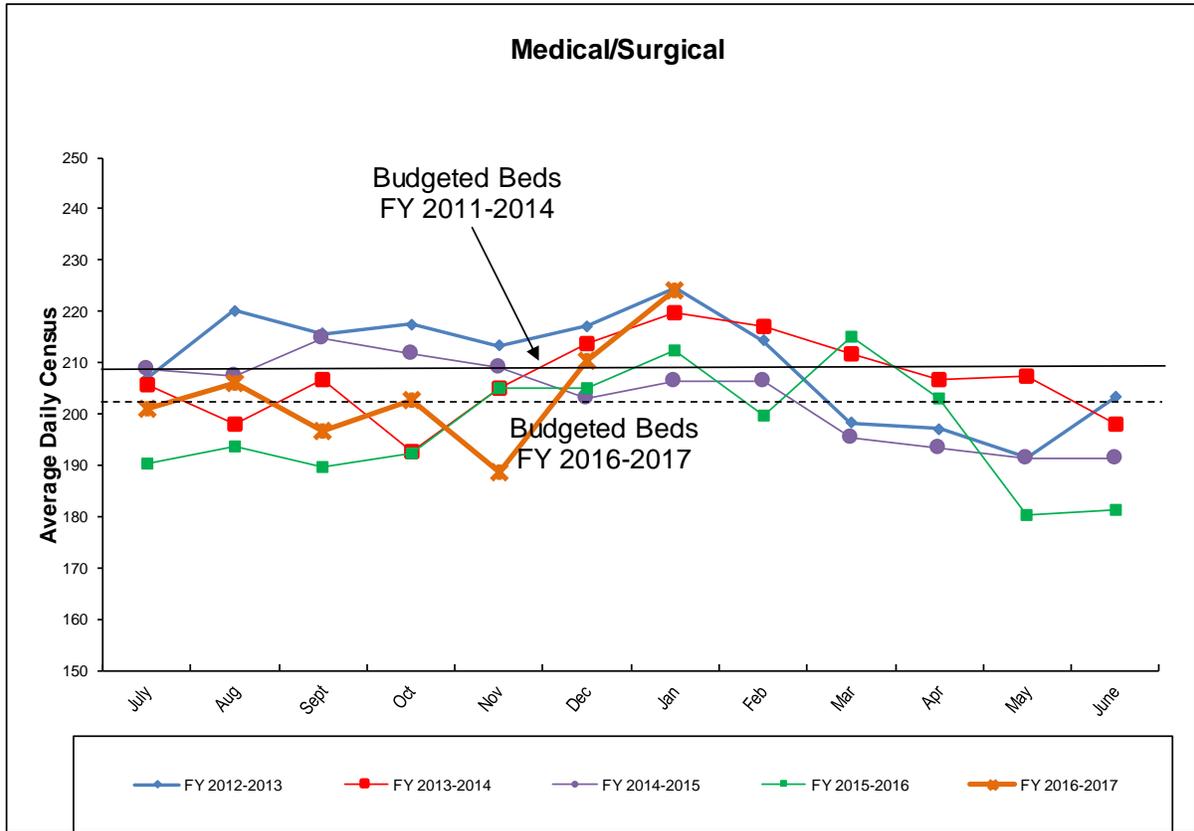
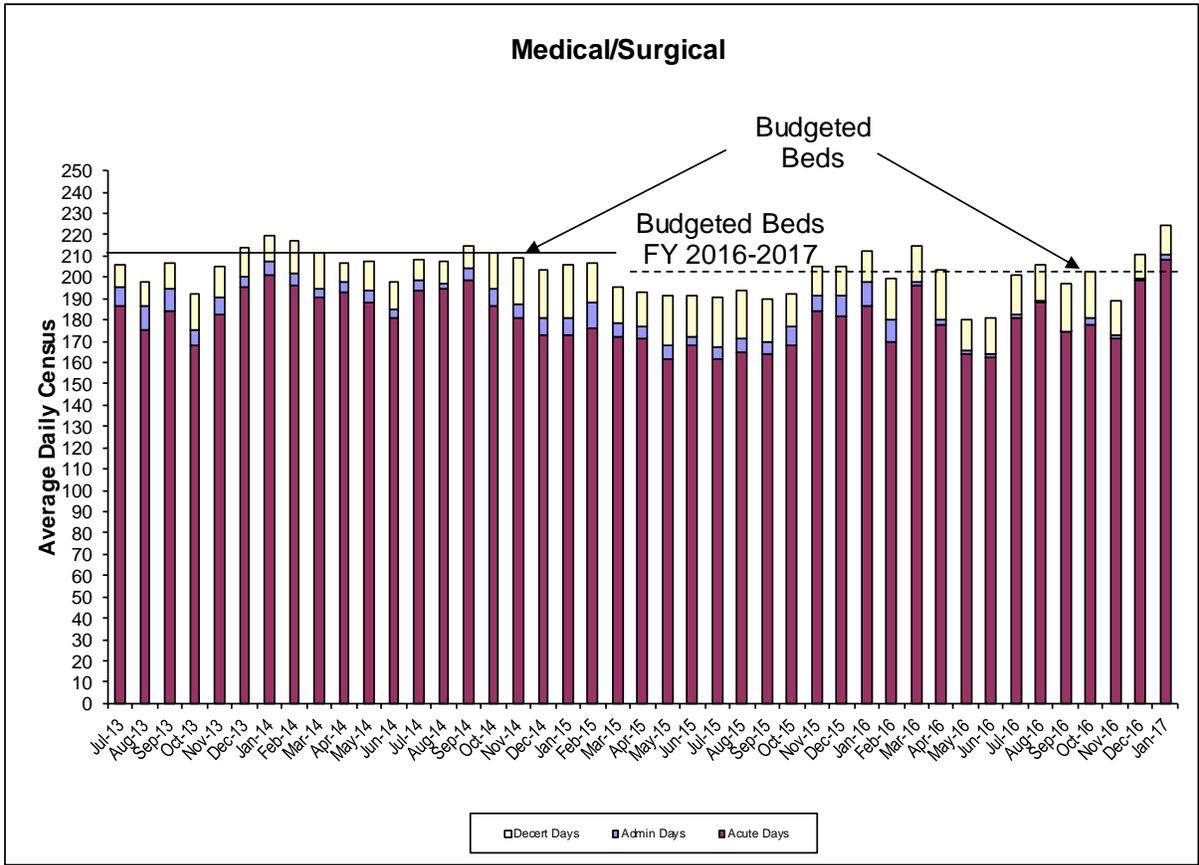
Average Daily Census for Psychiatry beds, **excluding 7L**, was 43.52, which is 98.9% of budgeted staffed beds and 64.9% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.74, which is 82% of budgeted staffed beds (n=7) and 47.8% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 58.64% non-acute days (56.26% lower level of care and 2.37% non-reimbursed).

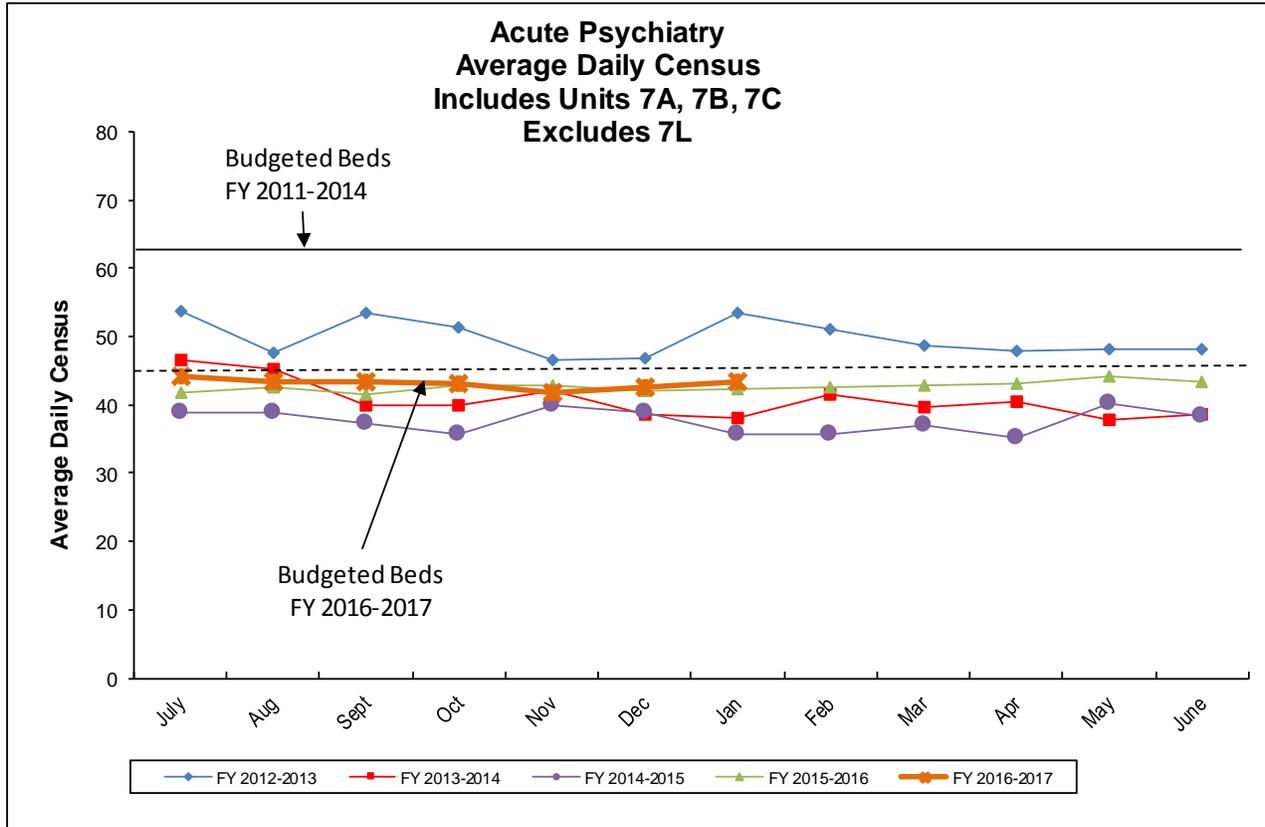
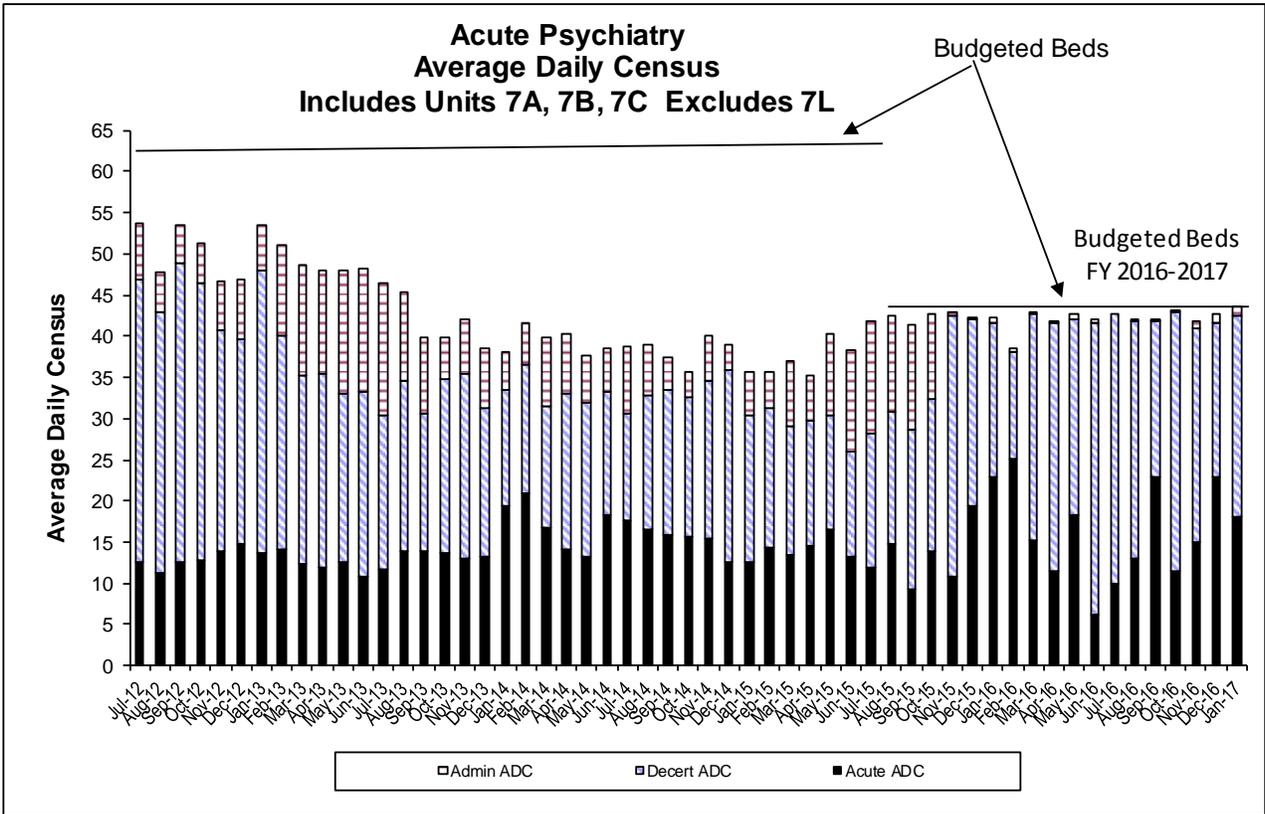
4A Skilled Nursing Unit

ADC for our skilled nursing unit was 25.67, which is 91.7% of our budgeted staffed beds and 85.6% of physical capacity.

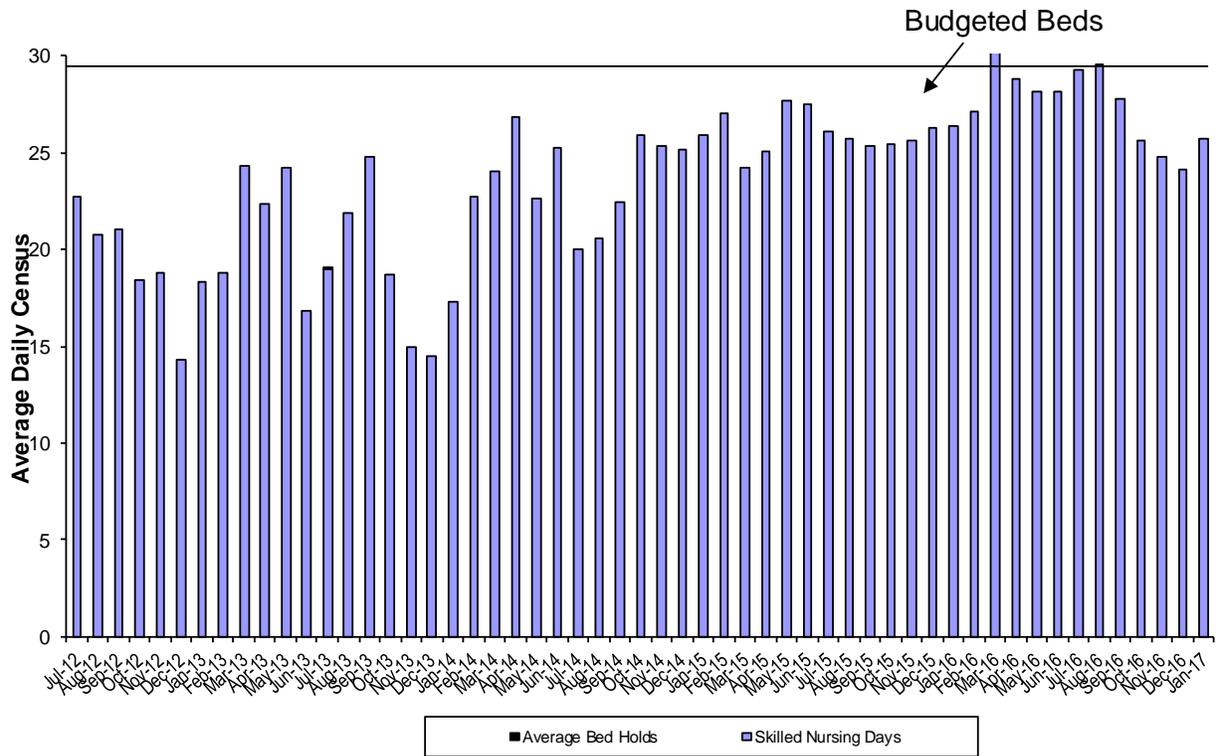
Salary Variance to Budget by Pay Period Report for Fiscal Year 2016-2017

For Pay Period ending January 27, 2017, Zuckerberg San Francisco General recorded a 3.68% variance between Actual and Budgeted salary cost – actuals were \$526,736 over budget. For variance to budget year-to-date, San Francisco General Hospital has a negative variance of \$5,213,450 /2.6%.

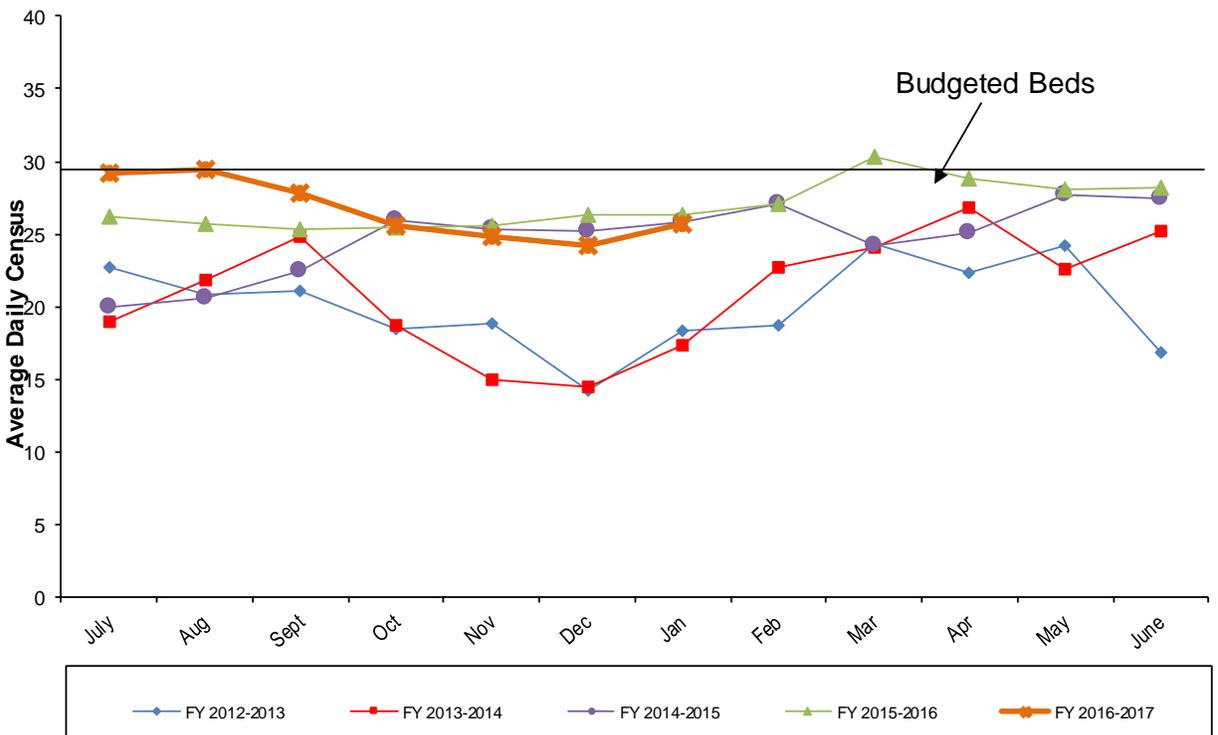




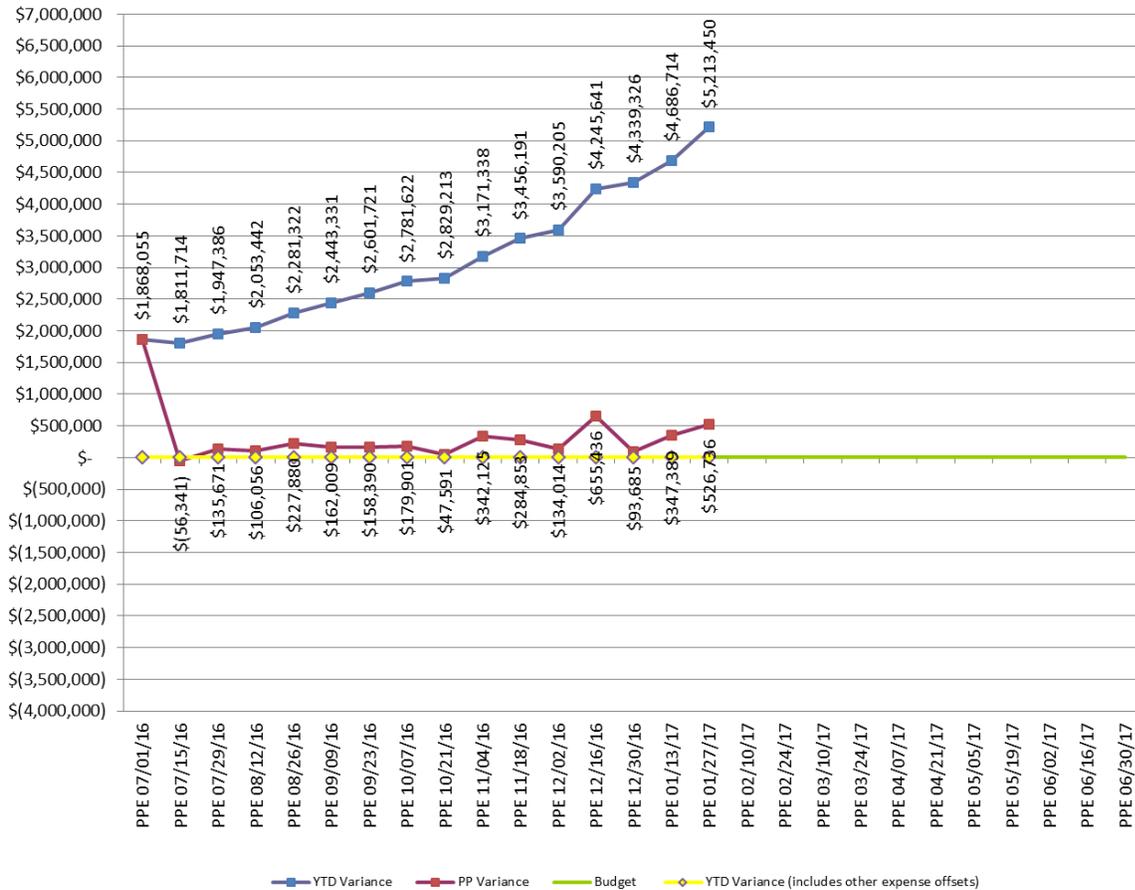
4A Skilled Nursing



4A Skilled Nursing



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



Commissioner Comments:

Commissioner Chow noted that he understands ZSFG continues to work on its salary variance. Dr. Ehrlich stated that ZSFG staff continue to learn the staffing levels that are necessary to effectively operate in the new hospital building. ZSFG staff expects that there will be a variance in salaries throughout the year which can be covered from the materials and supplies budget.

Regarding the video, “Health Care and High Reliability – A Cautionary Tale from the Joint Commission,” Commissioner Chow stated that it helps illustrate the need for Just Culture and high quality assurance programs at ZSFG.

6) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of January 2017

Medical/Surgical nursing partnered with the Outpatient pharmacy during their workshop event the first week in February, focusing on reducing delays in the discharge medication process. At baseline, half of discharges from the inpatient units are held up an average of 1 hour and 45 minutes because of medications. The goal at the end of the workshop was to reduce these delays by 50% by implementing the following four measures that were tested during the workshop week including: reducing errors in Provider discharge medication ordering, standardizing delivery of secure scripts to pharmacy in a timely manner, building in more active signaling to the medication delivery process (the pharmacy technician will now notify the nursing unit that they have a delivery of discharge medications instead of just placing them in the medication room) and streamlining the prioritization of prescriptions in Pharmacy for patients who are actually waiting for their prescriptions.

Maternal Child Health has 2 newly certified staff nurses who successfully passed their International Board Certified Lactation Consultant (IBCLC) exam, Dianna Yanez and Amalia Deck. IBCLC is a healthcare professional who specializes in the clinical management of breastfeeding.

Twenty South Korean Chung-Ang University nursing students along with their University of San Francisco Professor, toured ZSFG and learned about nursing care delivery in our public hospital. Another group of graduate nursing students from the same university will be shadowing Infection Control, ICU CNS' and Patient Safety nurses on February 27th to learn more about these nursing roles in a U.S. public hospital.

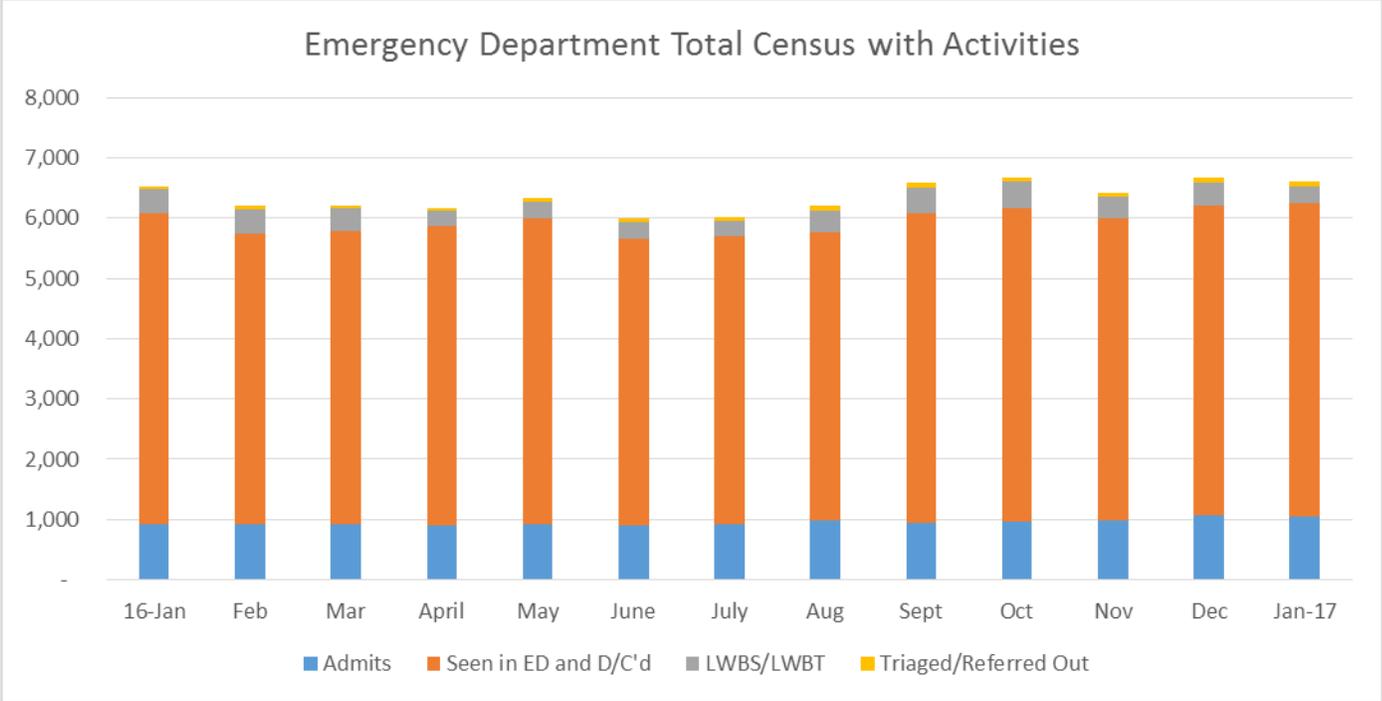
The last week of February, six nursing students from Soka University in Tokyo, Japan will be interviewing ZSFG nursing staff for their Global Studies nursing research class on topics that include mental health for refugees, autism spectrum disorders, palliative nursing care, maternal care for minorities with health disparities, respite care in Alzheimer patients and healthy workplace environment for nursing retention. Gene O'Connell is their Global Studies faculty.

Professional Nursing for the Month of January 2017...continued

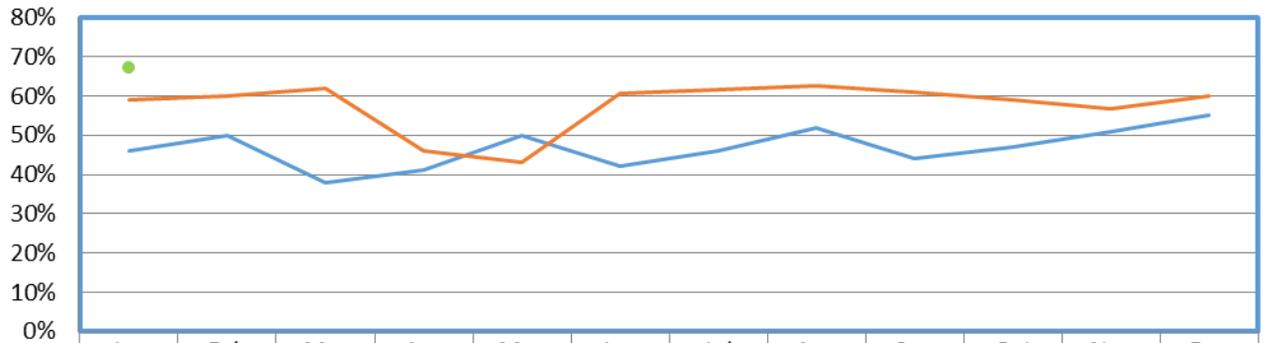
Nursing Recruitment and Retention

Nursing division hiring and orientation updates this month include: Maternal child health has 10 nurses currently in the labor and delivery portion of the MCH training program. There are 4 nurses currently in the postpartum portion of the training program and 2 of them are on track to complete this portion in the last week of February. Medical/Surgical nursing has completed their training program. ICU has 4 of the 6 nurses scheduled to complete their training program this month. There were an additional 6 more trainees who started the Critical Care training program in February and they have also hired 4 experienced ICU nurses. In psychiatry, their trainees are all working independently. They are in the process of interviewing for 2 RN positions. Perioperative nursing has 6 new staff in the midst of their perioperative training program. The Emergency department has two groups of 10 new orientees. One group, that completed their orientation to Pods A, B and C in January, is now being oriented to the Resuscitation Zone of the department during the month of February. A second group of ten trainees has now started their orientation and training to deliver care to ED patients in Pods A, B and C.

Emergency Department (ED) Data for the Month of January 2017



JCC Diversion Report 2017



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2015	46%	50%	38%	41%	50%	42%	46%	52%	44%	47%	51%	55%
2016	59%	60%	62%	46%	43%	61%	62%	62.60%	61%	59%	57%	60%
2017	67%											

January | 2017

Diversion Rate: 67%

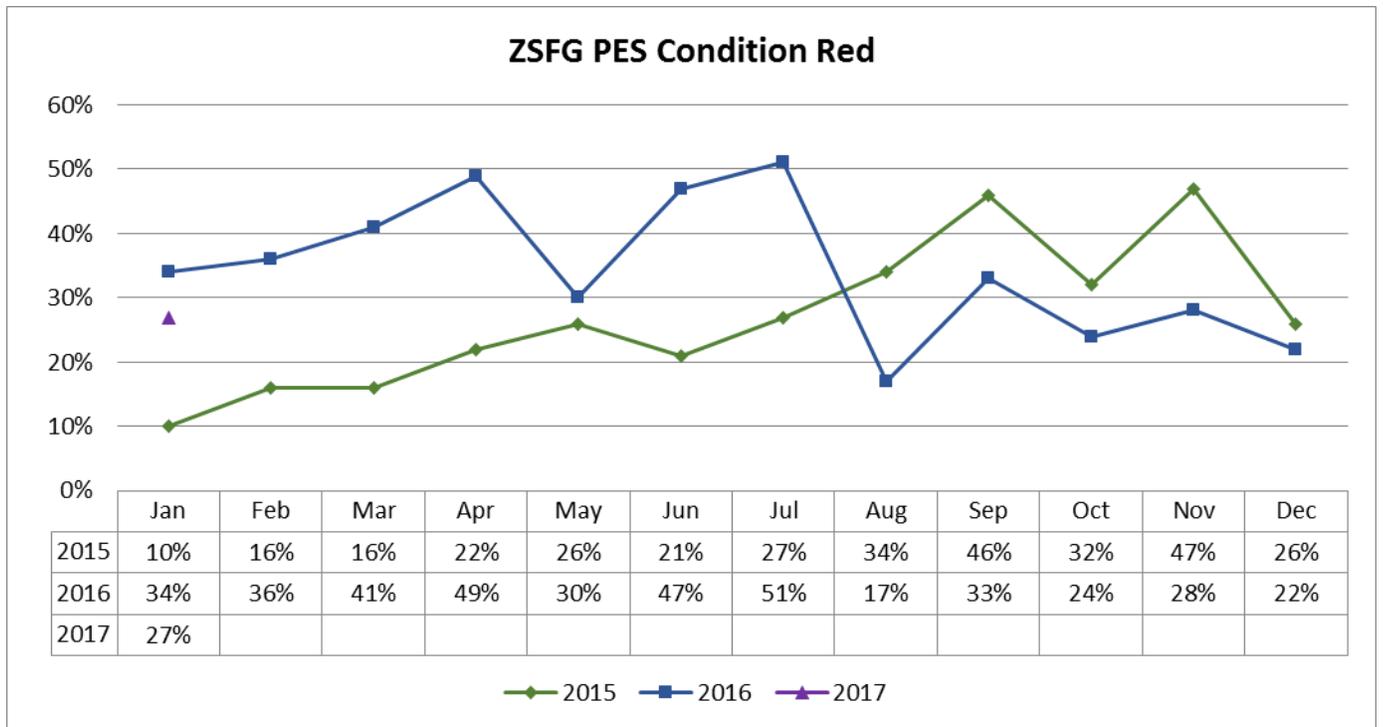
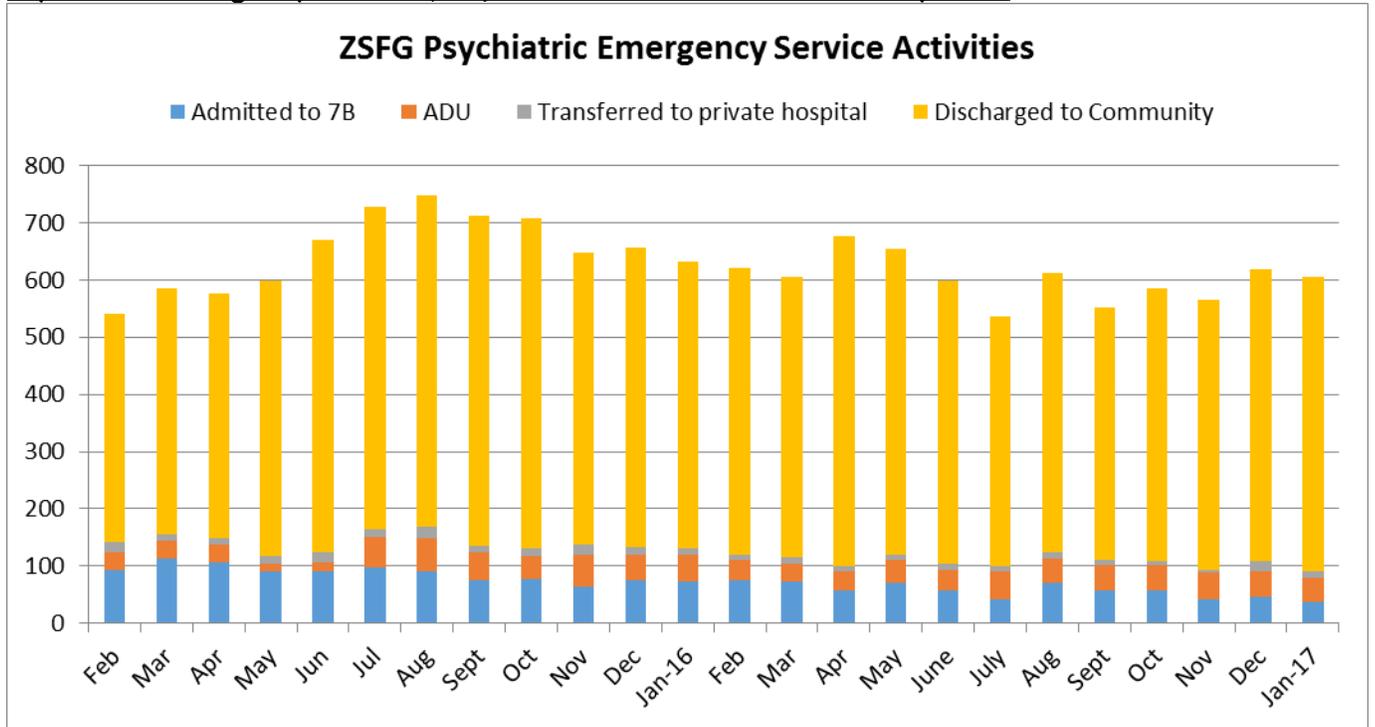
ED diversion – hours 231 (31%) + Trauma override - hours 271 (36%)

Total ED Encounters: 6618

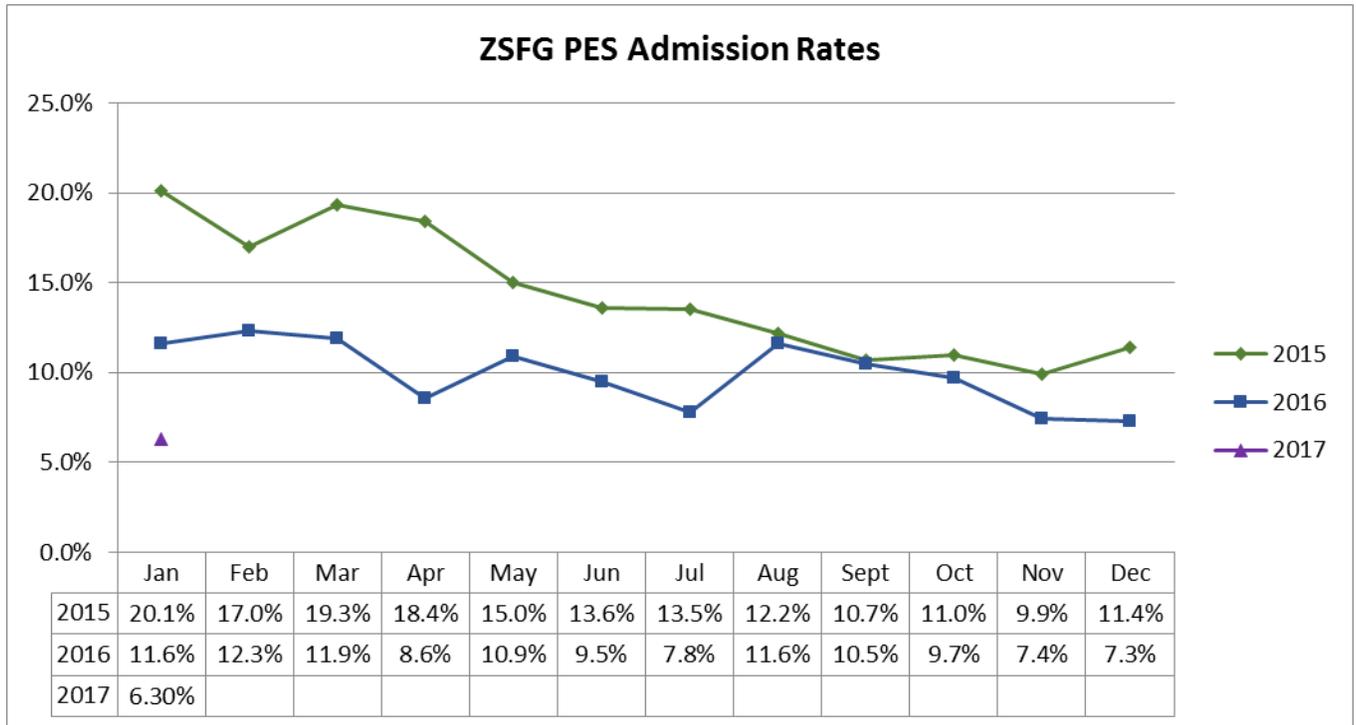
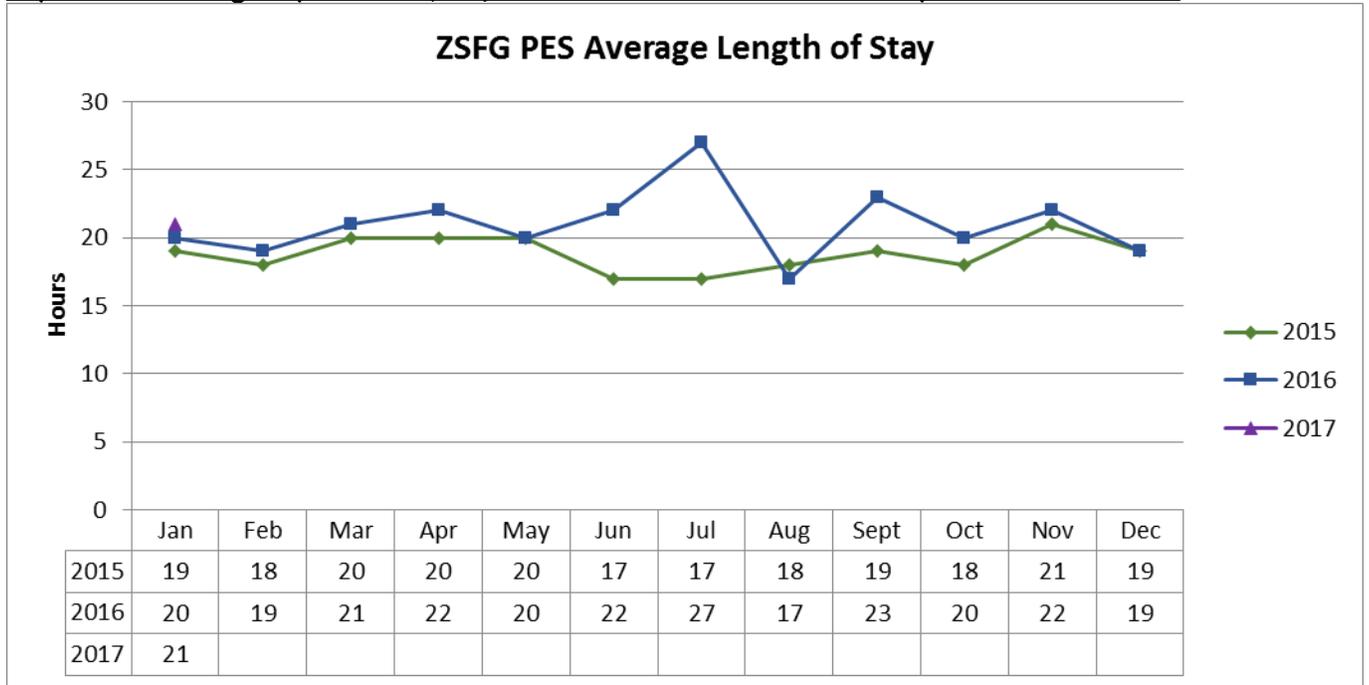
ED Admissions: 1049

ED Admission Rate: 16%

Psychiatric Emergency Service (PES) Data for the Month of January 2017



Psychiatric Emergency Service (PES) Data for the Month of January 2017...continued



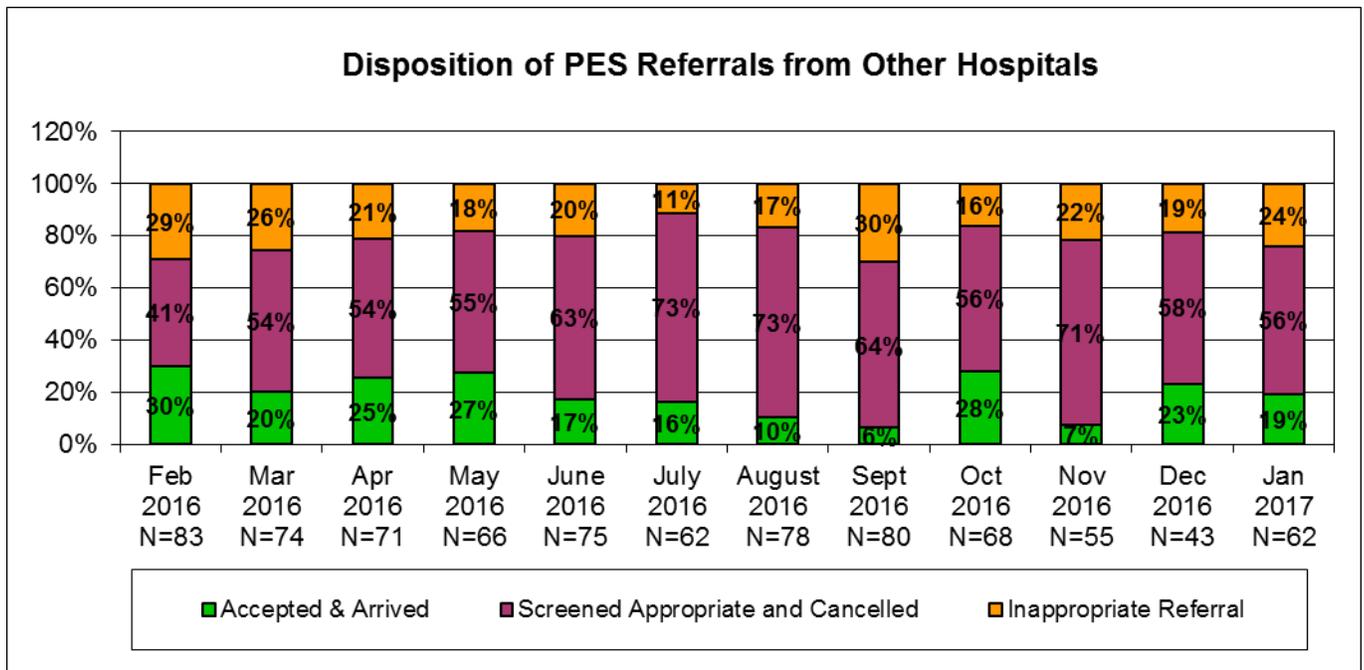
Request for Inter-Facility Transfer to PES from other Hospitals

A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are transferred and admitted to PES. The transfer of these patients has been authorized by PES based on EMTALA regulations as well as the communication of clinical condition between the sending and the receiving physicians.

Screened Appropriate but Cancelled Prior to Acceptance refers to patients that have been screened by a triage nurse and have preliminary approval, but the paperwork has not been reviewed by a physician. Their transfer was then cancelled by the referring facility. This cancellation could be because the referring hospital has decided to place the patient on their own psychiatric unit or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for transfer and admission to PES for evaluation and disposition. Common reasons for PES to decline transfer of a patient from a referring hospital are medical status (not medically stable for transfer) and insurance status (e.g., private insurance or out of county Medi-Cal).



ANALYSIS

- Inpatient admissions from PES are at an all-time low, due to a number of difficult-to-place patients on the inpatient units. In spite of that, Condition Red remains under 30%. Average length of stay increased slightly due to several outliers who were not acute and required community placement.

Commissioner Comments:

Commissioner Chow stated that the diversion rate is the highest he has seen; he added that he understands ZSFG is working within SFDPH to mitigate issues that impact this issue. Dr. Ehrlich stated that ZSFG is analyzing data to better understand root causes. She added that the JCC will be presented with more information and a plan as these issues are better understood.

7) ZSFG RN HIRING AND VACANCY REPORT

Karen Hill, ZSFG Human Resources, gave the report.

Commissioner Comments:

Commissioner Chow asked for a definition of the term, "Referral issues-pending selection." Ms. Hill stated that this term indicates that there was an exam and the hiring managers have a list of eligible candidates to interview.

8) MEDICAL STAFF REPORT

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

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW:

Hospital Flow

Dr. Marks provided members with a mathematical analysis of the current conditions of the hospital flow, in terms of the capacity in any part of the hospital as a function of the rate at which patients arrive and how long they stay. Since January, the hospital has experienced stress in capacity due to patient surge. January 2017 Data showed the following:

Dr. Marks highlighted key manifestations of poor patient flow – overcrowding in the ED, ICU, and other hospital units, and increase rate of ED diversions. Factors that adversely impact patient flow include the significant number of lower level of care patients in the hospital, and inefficient discharge processes. Dr. Todd May, CMO, and Ms. Terry Dentoni outlined flow countermeasures in the following areas:

- Med-Surg Outflow
 - 4A SNF quick turnarounds
 - LHH expediting admissions
 - SFHN Transition Team (Placement) working on finding more beds for difficult dispositiond
 - Improved weekend/holiday staffing for Utilization Management(UM)/Social Work Services
 - AOD coordinating discharge on weekends
- Med-Surg Demand
 - Intensive UM review of patients boarding in the ED
 - Preferentially hold anticipated short stays in ED
 - Holding clinic admissions in clinic or 4C when possible until bed available
 - Holding short stay Come & Stay surgical patients in PACU
 - Deferring some Come & Stay cases until census comes down
- ED Flow
 - Expedited admissions – patient pulled from ED to Med-Surg as soon as bed vacated, boarding outside room until room cleaned
 - EVS focused on bed turnovers
 - Med-Surg RN's working with patients boarding in ED
 - ED staff working creatively with remaining beds and keeping their flow going for ED patients

Members are encouraged to participate in the daily 9:40AM meetings led by Dr. Todd May and Ms. Dentoni, where the daily patient census status and anticipated flow issues are discussed.

X Matrix

Dr. Susan Ehrlich presented the ZSFG's X Matrix (presented to the January 2017 JCC) to MEC members.

A3 Review - Halogen

The A3, owned by Roger Mohammed and Kala Garner, is about the multi-year plan to improve Halogen. Halogen completion by all ZSFG and UCSF@ZSFG staff is a Joint Commission requirement. Highlights of the presentation include:

- Problem Statement – In the absence of clean employee data and modules with value added content, the Halogen completion rate for all staff (ZSFG and UCSF) is not 100%.
- Proposed Countermeasures – (1) Developing accountability measures to support completion rates, (2) streamline data inputs, (3) module alignment with regulatory requirements, learning pedagogy and other assignments, e.g. UCSF, DPH, (4) strengthen communication around module assignments.

This A3 is expected to improve the performance and experience of members of the medical staff.

SERVICE REPORT:

Anatomic Pathology Service Report– Stephen Nishimura, MD, Interim Service Chief

The report outlined the following:

- Vision – Anatomic Pathology Service's Vision aligns with ZSFG's True North, with the goal of providing state-of-art diagnostic pathology services delivered in a dependable, efficient, collegial way.
- SFGH Pathology Scope of Clinical Services – Surgical Pathology, Cytology, and Autopsy. Pathology Organization – Faculty and Staff
- SFGH Pathology Residency Program – UCSF Pathology residency ranked #4 by Residency Navigator (2016-17)
- PIPS – Projects in three areas: Consensus Conference for Diagnostic Accuracy/Peer Review, Dedicated FNA clinic space, and Efficiency: Turn-around-times (time from accession to final diagnosis)
- Research – Clinical/Translational Research, Basic/Translational Research and SFGH Research Effort.
- Financial Report
- Strengths and Weaknesses – Strengths include: Mixture of experienced senior and junior faculty and staff, Histology, immunopathology and cytology laboratories on-site, formal and informal partnerships with UCSF to provide expertise in all pathology subspecialties, and exceptional supervisors.

In summary, Dr. Nishimura outlined the challenges, present and future:

- Increasing complexity of data elements in specimen reporting
- Increasing complexity of analysis (molecular, IHC)
- Increasing workload per FTE
- Recruitment/development/retention of academic faculty. Large disparities in academic vs. private practice salaries
- Communication of results to the appropriate provider
- Transfer of electronic pathology reports in the LCR
- Pathology Department not within hospital; distant from OR

Goals for 2016-17 include FNA clinic-Improved patient flow and care experience, hire new faculty members clinician/researcher, and improve quality/safety through consensus conference. Longer term goal is to modernize histology and immunohistochemistry laboratories.

SPINAL CORD INJURY MULTIDISCIPLINARY GUIDELINES:

Development for Joint Commission approval for specialty in spinal cord injury acute care

Commissioner Comments:

Commissioner Chow asked for clarification on “Halogen.” Dr. Marks stated that Halogen is the online training application to disseminate teaching required by regulatory bodies. He noted that it replaced Health Stream.

Commissioner Chow noted that the “Reference Laboratories” states the effective date as 2/5/15. Dr. Marks stated that the list has been used repeatedly and noted this was a clerical error.

Action Items: The following items were unanimously approved:

- Anesthesia Privilege List Revisions
- Anatomic Pathology Clinical Service Rules and Regulations, Policies, and Procedures
- Anatomic Pathology Reference Laboratories

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 February 2017 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 5:16pm.