1) **CALL TO ORDER**

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

Staff: Barbara Garcia, Roland Pickens, Troy Williams, Todd May MD, Jeff Critchfield MD,
  Claire Horton MD, Tosan Boyo, Karen Hill, Dan Schwager, Jay Kloo, Ron Weigelt, Kim
  Nguyen, William Huen MD, Virginia Dario Elizondo,

The meeting was called to order at 3:05pm.

2) **APPROVAL OF THE MINUTES OF THE FEBRUARY 27, 2018 ZUCKERBERG FRANCISCO GENERAL
   JOINT CONFERENCE COMMITTEE MEETING**

   Action Taken: The Committee unanimously approved the minutes.

3) **REGULATORY AFFAIRS REPORT**

   Troy Williams, Chief Quality Officer, presented the report.

   Commissioner Comments: Commissioner Chow asked for more information regarding the DPH BHS Office
   Based Opioid Treatment Program Survey. Mr. Williams stated that the SFDPH conducts an internal audit to
   prepare for regulatory surveys.
4) **FY1819 ZSFG STRATEGIC PLAN**
Susan Ehrlich M.D., Chief Executive Officer, presented the item.

**Commissioner Comments:**
Commissioner Chow noted that three new True North items contain most of the previous eight True North items. Dr. Ehrlich stated that the new True North measures have been reorganized in an effort increase effectiveness and efficiency; the focus is on operational issues.

Commissioner Chow asked for clarification of the Finance Stewardship goal “Reduce number of days slippage for completion of capital projects to 60 per month.” Dr. Ehrlich stated that ZSFG is revising its capital project timelines because current estimates are over a year old. Accurate timelines are being developed with information that is currently available on each project. Director Garcia stated that this process includes working with SFDPH Capital Project staff to coordinate with DPW, which manages the contractors and subcontractors.

Commissioner Chow commended ZSFG staff for its impactful planning efforts. He noted that it is important to understand that not achieving green in a category does not mean that there is not effective progress being made.

5) **HOSPITAL ADMINISTRATOR’S REPORT**
Susan Ehrlich M.D., Chief Executive Officer, presented the report.

**ZSFG CELEBRATES LUNAR NEW YEAR**
On March 1st, ZSFG celebrated Lunar New Year in the main cafeteria. Lunar New Year is an important time celebrated at the turn of the traditional lunar calendar. The San Francisco Police Department Lion Dancing team provided attendees with a magnificent performance: the cafeteria became a lively place as three lions danced throughout the cafeteria to the beat of the drums and cymbals.

Many thanks to our Food and Nutrition staff for preparing a delicious Chinese banquet. Additionally, ZSFG thanks and acknowledges the ZSFG CHEARS committee for planning and supporting the event.

**SAN FRANCISCO HEALTH PLAN SURVEYS 6M PEDIATRIC CLINIC**
On February 28th, San Francisco Health Plan (SFHP), on behalf of CDPH, concluded its survey on the Children's Health Center (6M). SFHP staff surveyed the outside premises, the clinic environment, and completed an audit of 30 medical records. There were only two minor findings, and overall, the surveyors were impressed with the clinic and were complimentary of staff and providers.

Congratulations to the 6M team and the Department of Pediatrics on its successful survey, and thanks to our outstanding regulatory team for supporting them.

**ZSFG CELEBRATES PATIENT SAFETY AWARENESS WEEK**
During the week of March 12-17, ZSFG celebrated Patient Safety Awareness Week, which was sponsored by the Institute for Healthcare Improvement and The National Patient Safety Foundation. The week started off with the 2017 Zero Hero Awards on Tuesday, followed by National Patient Safety Goal Roulette in the cafeteria on Wednesday and throughout the hospital on Thursday. There was also a bulletin board outside the cafeteria that showcased the ZERO in 2017 initiative. The team shared highlights with the organization on our accomplishments:

(1) Zero Catheter-associated Urinary Tract Infections 1 out of 12 months
(2) Zero Colon Surgical Site Infections for 3 out of 12 months
(3) ZERO Hospital-Acquired Pressure Injury for 5 out of 12 months of 2017
(4) Central Line-associated Bloodstream Infection was ZERO for 5 of the 12 months; and
(5) Ventilator-associated Pneumonia was ZERO 7 of the 12 months
Reduced our falls with injury by 23%.

Many thanks to the ZSFG staff who worked tirelessly to ensure that ZSFG is a safe place for our patients!

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH (CDPH) CONDUCTS CMS RECERTIFICATION SURVEY FOR UNIT 4A SKILLED NURSING UNIT
On March 14th, five surveyors from the California Department of Public Health (CDPH) arrived to conduct a week long CMS recertification survey for 4A Long Term Care distinct part Skilled Nursing Facility. During the visit, surveyors toured unit 4A and the kitchen. They also reviewed medical records, interviewed both residents and staff, and attended a resident council meeting. Overall, the surveyors were extremely complimentary of the 4A staff and of the care patients receive on the unit. Many thanks to the 4A Team, as well as the Environmental Services, Dietary, and Facilities teams for ensuring that the survey went smoothly, and that we add only four minor findings.

ZSFG CELEBRATES BLACK HISTORY MONTH
In celebration of Black History Month, as part of ZSF’s Healing Arts Program, and to kick off the 2018 ZSF Music Concert Series, musician Pat Wilder performed in the cafeteria on February 22nd. There was a large turnout and patients, staff and visitors dancing and enjoying the afternoon concert. Chef Mike and Food and Nutrition Services offered a ‘Black History Month Culinary Experience’ by serving a menu throughout the month of February. On February 26, ZSFG celebrated Black History Month in the main cafeteria. It was a wonderful time to reflect and recognize the many contributions that African Americans have made throughout U.S. History. The organization celebrated by honoring the accomplishments of African Americans, while enjoying the wonderful soul food prepared by our Food and Nutrition staff. Many thanks to staff who planned the amazing event: Brenda Barros and Tosan Boyo.

PATIENT FLOW REPORT FOR FEBRUARY 2018
Attached please find a series of charts depicting changes in the average daily census.

Medical/Surgical
Average Daily Census was 233.25 which is 115% of budgeted staffed beds level and 93% of physical capacity of the hospital. 13.58% of the Medical/Surgical days were lower level of care days: 5.28% administrative and 8.30% decertified/non-reimbursed days.

Acute Psychiatry
Average Daily Census for Psychiatry beds, excluding 7L, was 38.89, which is 88.4% of budgeted staffed beds and 58% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 4.71, which is 63% of budgeted staffed beds (n=7) and 39.3% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 21% non-acute days (71.17% lower level of care and 7.99% non-reimbursed).

4A Skilled Nursing Unit
ADC for our skilled nursing unit was 28.8, which is 103% of our budgeted staffed beds and 96% of physical capacity.

Salary Variance to Budget by Pay Period Report for Fiscal Year 2017-2018
For Pay Period ending February 9, 2018, Zuckerberg San Francisco General recorded a 3.43% variance between Actual and Budgeted salary cost – actuals were $481,900 over budget. For variance to budget year-to-date, ZSFG has a negative variance of $ $6,632,541/3.4%.
Commissioner Comments:
Commissioner Chow asked for more information regarding the salary variance as it relates to an ongoing higher census. Dr. Ehrlich stated that ZSFG submitted a revised budget to address the higher census. Director Garcia stated that the SFDPH has requested more funds from the City to support the higher census; she noted that the higher census also brings in additional revenue.

6) PATIENT CARE SERVICE REPORT
Terry Dentoni, Chief Nursing Officer, presented the report.

Professional Nursing for the Month of February 2018

Nursing Professional Development

Departmental Training Courses held this month included:
- Maternal Child Health completed their staff annual education classes
- Maternal Child Health rolled out 3 quality initiatives this month. The initiatives are: Quantifying blood loss every delivery, Enacting a contingency team plan for every emergency and Established the national standard “Decision to incision” process
- Perinatal unit wide training began on Culture competency for perinatal transgender patients
- Breast Feeding Basics for Healthcare
- Critical Care held a Pulmonary Artery monitoring class
- MERT staff completed their annual education course
- Critical Care Nursing rolled out the Daily Management System (DMS) this month
- Emergency Department and Medical Surgical Nursing have begun a series of annual education classes for their department staff
- Relationship-Centered Communication
- Trauma Informed Systems

Nursing Certification
- Maternal Child Health: Kelly Brandon become RNC (Registered Nurse certified) in Electronic Fetal Monitoring
- Critical Care: Robert Martinez passed the CCRN (Critical Care Registered Nurse) certification exam

Nursing Recruitment and Retention

Maternal Child Health Two 2320 RN completed their Labor & Delivery orientation. There were an additional two RN (one 2320 and one P103) who have completed their post-partum orientation.

Peri-Operative. There are four nurses continuing in the OR orientation and training program.

Critical Care There are eight nurses in the critical care training program (four for SICU and four for MICU).

Psychiatry Three staff nurses are progressing in their Psychiatry orientation and training program.

Emergency The ED continues to interview potential candidates for their training program.

FHC welcomed Marvin McGregor, RN, MSN into his role as Nurse Manager of the Family Health Center.

Critical Care Nursing Director Christina Bloom, RN, MSOL started in her new position February 26th.
Nursing Recognition

As part of the National Patient Safety Week celebration, ZSFG Patient Safety awarded the Zero Hero Awards for Q4 2017 to the following ZSFG nursing units:

Q42017:
Silver - Zero Harm for 2 months in Q417: H32/38, H34/36, H62/64, H66/68
Bronze - Zero Harm for 1 months in Q417: H42/44, H54/56/58, H76/78
Zero Falls with Injury for Q417: Maternal Child & Pediatrics, 4A SNF, Emergency Department
Zero Falls in 2017: PACU-Pre-op and Operating Room
Emergency Department (ED) Data for the Month of February 2018

Emergency Department Total Census with Activities

JCC Diversion Report 2018

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Psychiatric Emergency Service (PES) Data for the Month of February 2018

Overview:

On February 1, the PES in collaboration with the Progress Foundation initiated a Pilot for Diversion of ADU Candidates from PES to DUCC. Our data suggests that the test has been successful.

In February, PES completed 666 patient encounters. This is higher than our average number of encounters per month in 2017 (n = 637). The median length of stay also declined from 16 hours in January to 14.6 hours in February. The Leadership Team opted to disclose the median values because they may be less sensitive to the effects of outliers with protracted stays.

Despite the increased volume, the Condition Red/Diversion Rate decreased from 17.9% in January to 14.1% in February.

Lastly, PES is revising the process for accepting transfers from outside facilities to improve patient flow. As a result, the volume of transfers accepted from other local emergency rooms increased significantly to 41% in the month of February.
Psychiatric Emergency Service (PES) Data for the Month of February 2018...continued

**ZSFG PES Condition Red**

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**ZSFG PES Average Length of Stay**

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Psychiatric Emergency Service (PES) Data for the Month of February 2018...continued

**ZSFG PES Median Length of Stay**

- **2018**
  - Jan: 16
  - Feb: 14.6

**ZSFG PES Admission Rates**

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<th>Year</th>
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<tbody>
<tr>
<td>2016</td>
<td>11.6%</td>
<td>12.3%</td>
<td>11.9%</td>
<td>8.6%</td>
<td>10.9%</td>
<td>9.5%</td>
<td>7.8%</td>
<td>11.6%</td>
<td>10.5%</td>
<td>9.7%</td>
<td>7.4%</td>
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<td>2017</td>
<td>6.3%</td>
<td>8.7%</td>
<td>10.0%</td>
<td>8.9%</td>
<td>11.3%</td>
<td>12.6%</td>
<td>10.9%</td>
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<td>11.2%</td>
<td>10.9%</td>
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<td>2018</td>
<td>8.7%</td>
<td>9.5%</td>
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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).

**Commissioner Comments:**
Commissioner Chow asked for clarification regarding the acceptance of a higher rate of PES patients from other hospitals. Ms. Dentoni stated that ZSFG has lowered its diversion rate which increases all types of admissions. Dr. Ehrlich stated that ZSFG now routes these patients through the urgent care center to centralize the intake process.

7) **ZSFG RN HIRING AND VACANCY REPORT**
Karen Hill, ZSFG Human Resources, presented the report.

**Commissioner Comments:**
Commissioner Chow asked for more information regarding the hiring process for the audiologist. Ms. Hill stated that the current audiologist is a UCSF employee.

8) **MEDICAL STAFF REPORT**
Clare Horton, M.D., Chief of Medical Staff Elect, presented the report.

**ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:**

**EHR Implementation**
Dr. Marks provided an overview of the ERH Implementation project to MEC. The presentation was intended to provide a high level review of the EHR Readiness Work, and a focused review of Phase 0 (Groundwork) and Phase 1 (Direction Setting) of the EPIC Implementation Project. Dr. Marks explained the scope of groundwork and direction setting sessions, and detailed the crucial roles of Champions and Subject Matter Experts (SMEs) in these Phases. To date, 506 SMEs have been identified by location, of which 128 are UCSF staff, mostly physicians. Dr. Marks pointed out the significant amount of time and engagement that will be asked from SMEs. Their participation and direct input will be critical to defining and adapting current workflows to EPIC
Foundation. Members are asked to review their respective Department SME list and check in that they are available, and will attend the Direction Setting Sessions. Go live date is set on August 3, 2019.

**CLINICAL SERVICE REPORT:**

Dr. Villela highlighted FCM’s vision which is to provide patient care that will lead to Healthy Families and Vibrant Communities. Highlights of ongoing work to fulfill its vision include:

**Clinical Services:**

- **Family Health Center- Full Scope Primary Care** (including reproductive health, office procedures and home care), Special Clinical Services, 43572 Annual Visits and 11852 Active Patient Panel in 201. Quality Improvement highlights include work on the following: Improving Access (particularly on drop-in visits seen on same day), Colorectal Cancer Screening rate, FHC Patient Advisory Council, and Care Transitions Coordination. The Care Transitions Coordinator works with every single patient discharged from the hospital to ensure compliance with medication and follow up appointments 7 days post discharge. Improvements in the 30 day readmission rates were noted since implementation of the Care Transitions Coordination Program.

- **Family Medicine Inpatient Service** – Admissions rate has gone up to 1822 in 2017 and Average LOS is 4.7 days. An email-based care transitions has been developed to improve patient outcomes and provider work experience. At ZSFG, discharged patients attending Primary Care follow up within 7 days has improved to 71% in 2016.

- **Adult Urgent Care Center** – The Urgent Care Center continues to work in collaboration with other departments to optimize patient flow in the hospital. Priorities for 2018 include Relocation to 1E and optimizing care in the new location, Developing People, and Implementing the new EHR.

- **Skilled Nursing Facility (4A)** – 4A is an interdisciplinary care short term skilled nursing facility. Volume statistics on Admissions and Discharges matches, with overall Occupancy rate at 95 to 98%. There is ongoing collaborative work with Dr. Todd May and Ms. Terry Dentoni regarding admissions with longer LOS.

- **Prenatal Partnership Program** – Work in collaboration with OB/GYN and CNM Services, to include development of various educational courses and training programs.

- **Primary Care for Patients at Behavioral Health Center**.

**Educational Programs** –

- Bridge Curriculum for 1st year students
- UCSF Nurse Practitioner Students at ZSFG
- **FCM Residency Program** – The FCM residency program is very popular and has been based at ZSFG since 1972. Statistics indicate: 36% of graduates entering SFHN in the last three years, 58% of graduates in last three years in areas of unmet need in CA, 67% of graduates in last three years in areas of unmet needs in US, 36% of current residents underrepresented in Medicine, and 78% of current residents speak a threshold second language.

- **Step Up** – ZSFG Training and Education Program for Underserved Population. More departments are joining STEP UP, which is a cross-departmental effort to align the different programs at ZSFG focused on improving training in care for vulnerable populations.

**Community Engagement** – FHC Community Liaisons, Summer Urban Health and Leadership Academy, Student Run Free Clinics, Medical Legal Partnership, Planned Parenthood, and FHC Mural Renovation at 25th Street and Potrero Avenue

**Research Programs**- Center for Excellence in Primary Care, Clinician Consultation Center, CTSI Community Engagement and Health Policy Program, Primary Care Transformation of Residency Teaching Clinics, Program in Woman Centered Contraception, and Social Determinants of Health.
In summary, challenges/opportunities include limitations of Family Health Center space, leadership transitions, and the electronic health record, and the Urgent Care Clinic move. The Service’s strength lies on its collaborative leaders, mission driven people: staff, faculty, administrators and resident, and patients/families that are diverse and engaged in the Service’s Patient Advisory Board.

Members thanked Dr. Villela for her outstanding leadership and inspiring report. Members also expressed appreciation of the FCM Clinical Service Leadership and its collegial and collaborative work with other Clinical Services.

**Action Taken:** The following were unanimously approved:
- Family Community Medicine rules and Regulations
- 6G RN Standard 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 March 2018 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 4:39pm.