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Vice President

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Commissioner

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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, October 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. Vice President

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

Staff: Roland Pickens, Terry Dentoni, Troy Williams, Todd May MD, Sue Carlisle MD,
Jay Kloo, Karen Hill, Jeff Critchfield MD, Jim Marks MD, Dan Schwager,
Kim Nguyen, William Huen MD, Dave Woods, Alice Chen MD, Cheryl Kalson, Edward Ouh,
Michael Harris, Greg Chase, Eunie Santiago, Basil Price, Lann Wilder

The meeting was called to order at 3:15pm.

**2) APPROVAL OF THE MINUTES OF THE SEPTEMBER 25, 2017 ZUCKERBERG FRANCISCO GENERAL
JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes.

3) REGULATORY AFFAIRS REPORT

Troy Williams, Chief Quality Officer, gave the report.

Commissioner Comments:

Commissioner Chow asked for clarification on the status of the NPSF.03.06.01 EP1 finding (page 20). Mr. Williams stated that this issue has been resolved.

4) GOVERNING BODY BYLAWS

The review and discussion of this item was deferred so that the full Health Commission can review and discuss the draft in 2018.

5) PROPOSED ZSFG ANNUAL REPORT FY16-17

Terry Dentoni, Chief Nursing Officer, gave the presentation.

Commissioner Comments:

Commissioner Chow thanked the ZSFG staff for compiling the draft report. He gave feedback on format to help streamline the final report. He recommended that the final report have less detail information on the definitions of various Lean terms and include highlights of Lean processes.

Commissioner Pating suggested that graphs should highlight positive accomplishments.

6) PROVISION OF CARE POLICY

Terry Dentoni, Chief Nursing Officer, presented the policy.

Commissioner Comments:

Commissioner Chow stated that the changes to the policy were clear in the document and he appreciates the work put into the revisions.

Action Taken: The Committee recommended that the full Health Commission approve the policy.

7) ENVIRONMENT OF CARE REPORT

Ed Ochi, Safety Officer; Basil Price, SFDPH Security Manager; Mike Harris, Senior Industrial Hygienist; Ian Wilder, Emergency Management Director; Jose Sanchez, Biomedical Engineering Manager; and Greg Chase, Facilities Services Director gave the presentation.

Commissioner Comments:

Commissioner Pating asked if data regarding patient falls is included in the report. Mr. Ochi stated that the fall data is incorporated into the report.

Commissioner Chow asked for clarification regarding patient satisfaction with security. Mr. Price stated that the target was 90% and 91% satisfaction was achieved.

Commissioner Chow asked for more information regarding the reduction in crimes at the ZSFG campus. Mr. Price stated that improving the working relationship with the Sheriff's Department has contributed to the improvements. He noted that ensuring that the Sheriff's Department has appropriate staffing levels has also helped.

Commissioner Chow asked if ZSFG staff feel more comfortable with the level of security training they have received in the last two years. Ms. Dentoni stated that Mr. Price has brought a sense of teamwork and organization to the Security functions at ZSFG. He is able to bridge the cultures of the Sheriff's Department and ZSFG staff.

Commissioner Chow asked whether ZSFG has the necessary security equipment. Mr. Price stated that the SFDPH invested in appropriate equipment in 2015.

Commissioners Pating and Chow stated that they would like the ZSFG to monitor issues of use of force in the Emergency Room and Psychiatric Emergency Services. They also requested to review trend data in the future to give context of this measure.

Commissioner Pating asked what happens to weapons that are turned in or confiscated. Mr. Price stated that these weapons are processed for destruction.

Commissioner Pating asked for clarification regarding ZSFG plans to deal with Ebola-related waste in the case of an outbreak. Mr. Harris stated that ZSFG has two autoclaves that can process this waste.

Commissioner Chow asked how the San Francisco Health Network is activated during emergencies. Mr. Pickens stated that when the SFDPH is activated, the San Francisco Health Network is also activated.

Commissioner Pating asked which disaster exercises have been run at ZSFG. Ms. Wilder stated that ZSFG practices with mass casualty incident, active shooter, and “dirty” bomb exercises.

Commissioner Pating asked how ZSFG is prepared for earthquakes. Ms. Wilder stated that ZSFG’s infrastructure has been built to withstand earthquakes.

Commissioner Pating asked if the ZSFG has a blood bank. Ms. Wilder stated that the campus has a blood bank.

Commissioner Chow asked for more information regarding the ZSFG fire safety alarms in the bathrooms. Mr. Chase stated that the alarms are located in those rooms to monitor cigarette, marijuana, and electronic vape pen smoke.

Commissioner Pating asked if ZSFG does its own repairs onsite. Mr. Chase stated that ZSGH technicians are trained to repair equipment onsite; a small amount of equipment is under warranty and repaired by vendors.

Action Taken: The Committee recommended that the Health Commission approve the report.

8) PERFORMANCE IMPROVEMENT AND SAFETY POLICY

Troy Williams, Chief Quality Officer, presented the policy.

Commissioner Comments:

Commissioner Chow thanked Mr. Williams for the revised draft policy.

Action Taken: The Committee recommended that the Health Commission approve the Policy.

9) HOSPITAL ADMINISTRATOR’S REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

NORTH COUNTY FIRES

Beginning in the early morning of October 9th, ZSFG has been an active participant with the large group of City departments providing mutual aid to Napa and Sonoma Counties in order to battle and respond to the devastating fires there. As of October 15th, scores of fires are still burning in eight northern Bay Area counties. More than 200,000 acres have burned, an area roughly seven times the size of the City and County of San Francisco. Forty people have died, 200 people are missing, 75,000 people have been evacuated from the area, and 6,000 structures have burned. The fire is now considered the most devastating in Northern California history. Since the fire began, the City’s emergency infrastructure, including fire, ambulances, and law enforcement are providing mutual aid to the North Bay counties. Many San Francisco hospitals, especially Kaiser, UCSF, and St. Francis, have taken victims. San Francisco itself and its residents have been impacted by very poor air quality, causing much disruption in our daily activities. The SF Department of Public Health has been assisting by providing mental health and related support services to the victims of the fires up north, as well as environmental inspection services. ZSFG worked diligently with Laguna Honda Hospital and other community partners in order to discharge non-acute patients and be prepared to admit victims as needed.

HICS ACTIVATION FOR HEAT WAVE IN SAN FRANCISCO

On September 26th, ZSFG activated our Hospital Incident Command Center (HICS) due to the heat wave in San Francisco. The HICS activation began at 10 AM and was cleared at 4:30 PM.

Although temperatures were not expected to reach extreme heat levels (above 85 F), the team took this opportunity to refine operational impacts from the heat and tactically activated Level 0 to ensure expedited discharges to maximize surge capacity.

Once again, there was great teamwork throughout ZSFG to prepare and plan throughout the hospital.

REVENUE CYCLE VALUE STREAM MAPPING

During the week of October 2nd, 2017, the team conducted a value stream mapping event focused on Revenue Cycle. A value stream is a full visual representation of a specified process from start to finish, typically from the patient's perspective, with timing and sequencing attributes included. This process map is developed through direct observations of staff and patient.

The team mapped the current revenue flow from the moment an admitted patient is identified in the ED to the time their claim is reimbursed. After mapping the current state, the team constructed a future state that will help launch future improvement work centered on three main metrics: reducing the time between patient discharge and claim reimbursement, improving the workflow, and optimizing reimbursement.

This work provides an important baseline of information for the work that will need to be done to prepare for our new electronic health record. Many thanks to the team for a job well done.

PERIOPERATIVE IMPROVEMENT WORKSHOP

During the week of September 18th, the Perioperative Team conducted a week-long improvement workshop to reduce waste and eliminate defects in room setup processes for all elective 1st case surgeries. Their goal was to eliminate all 1st case delays that were caused by rooms missing equipment or being improperly setup.

During the workshop, the team saw immediate improvements. First case delays due to room set up improved from a baseline of 5% to 0% following the improvement workshop. With 0% of first case delays, this translated to the team regaining on average of 20 more minutes per case due to proper room set up!

Congratulations to the team for a successful workshop.

QUARTERLY COMMUNITY MEETING

On October 4th, ZSFG, UCSF, San Francisco Public Works, and MTA hosted a quarterly meeting with our community in the ZSFG Wellness Center. The meeting opened discussion on topics including Campus construction projects, new Academic & Research Building, parking, traffic, and the Potrero streetscape project. The meeting allowed our community to share feedback, ask questions, and voice their concerns. The meeting was a success as the community was engaged with the topics and discussions.

Many thanks to the hosts for providing a venue for our community to be part of the changes on campus.

1ST ANNUAL FALL FESTIVAL

On September 25th, ZSFG's CHEARS (Care & Hospital Employee's Activities, Recognition, & Service) committee members organized our 1st Annual Fall Festival. CHEARS hosted the Fall Festival to celebrate and recognize our staff and their commitment to ZSFG.

The celebration included food, drinks, treats, and entertainment. Best of all, our Executive leaders participated in the dunk tank to promote a fun and spirited occasion. The event had over 1,000 staff members who joined the festivities.

Many thanks to the CHEARS committee for their continued dedication to promote staff engagement and recognition.

SAN FRANCISCO GENERAL HOSPITAL FOUNDATION HEARTS GRANTS AWARD CEREMONY

On Friday morning, September 8th, we celebrated the 13th annual Hearts Grants event. At this event, the San Francisco General Hospital Foundation, in conjunction with many community partners, celebrated the creativity of our ZSFG team by giving grants for a wide array of services and equipment throughout ZSFG. This year the SFGHF gave out more than \$800,000 in grants to 35 recipients for a range of services and equipment, including: community mural regeneration; laryngoscopy equipment for 360 video and virtual reality training for emergency medicine, surgery, and anesthesia providers; education for pregnant women for childbirth, breastfeeding and parenting; and medically tailored meals and nutritionist support to patients admitted for heart failure exacerbation.

The Hearts Grant ceremony is a wonderful opportunity to celebrate the ingenuity of our team with funds needed to improve services to our patients. It's also an opportunity to celebrate a whole community – our team with individuals and corporations large and small -- that partner with us in our passion to serve the most vulnerable in our community.

PATIENT FLOW REPORT FOR SEPTEMBER 2017

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

Medical/Surgical

Average Daily Census was 196.70 which is 97% of budgeted staffed beds level and 78% of physical capacity of the hospital. 19.76% of the Medical/Surgical days were lower level of care days: 7.71% administrative and 12.05% decertified/non-reimbursed days.

Acute Psychiatry

Average Daily Census for Psychiatry beds, **excluding 7L**, was 43.37, which is 98.6% of budgeted staffed beds and 64.7% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.60, which is 80% of budgeted staffed beds (n=7) and 46.6% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 83.1% non-acute days (71.18% lower level of care and 11.99% non-reimbursed).

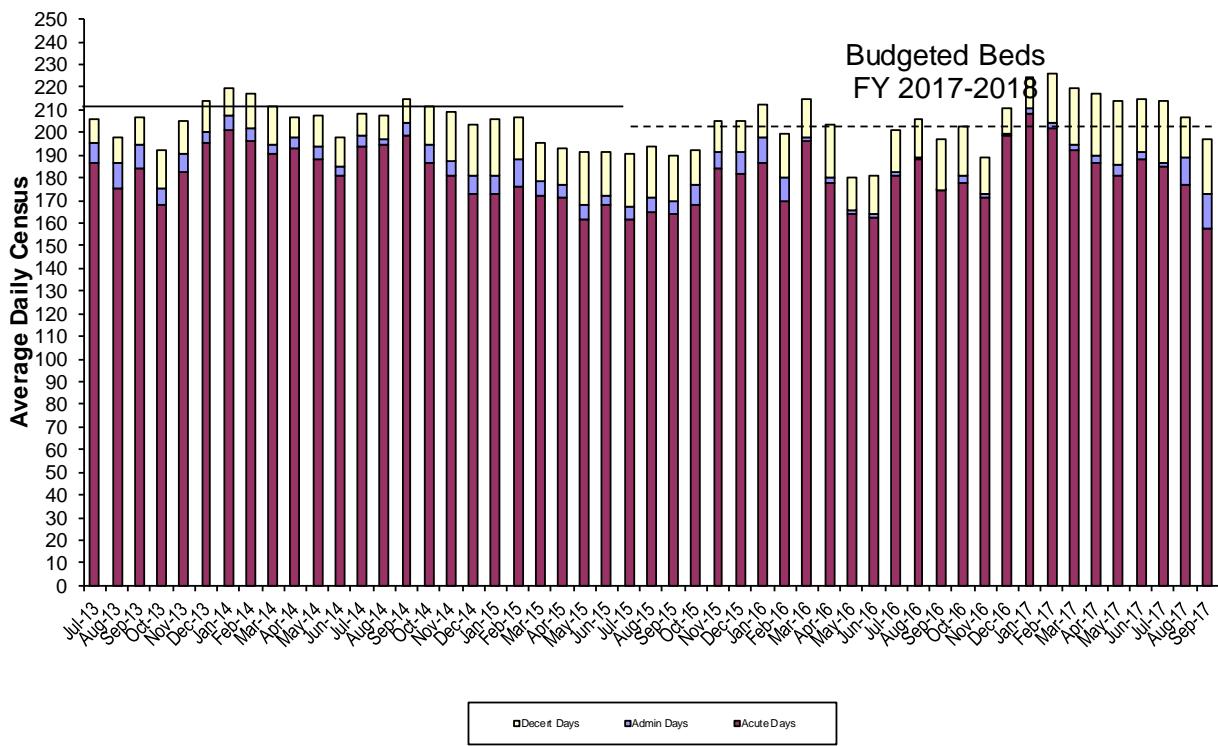
4A Skilled Nursing Unit

ADC for our skilled nursing unit was 25.93, which is 93% of our budgeted staffed beds and 86% of physical capacity.

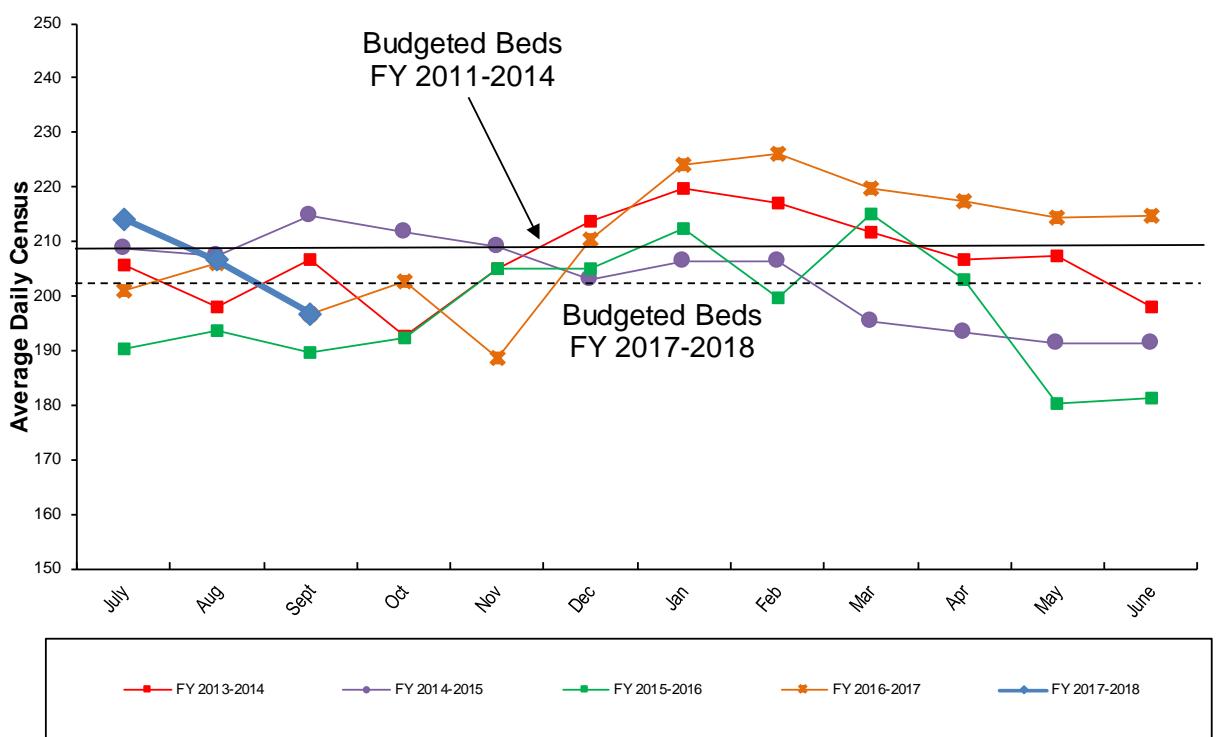
Salary Variance to Budget by Pay Period Report for Fiscal Year 2017-2018

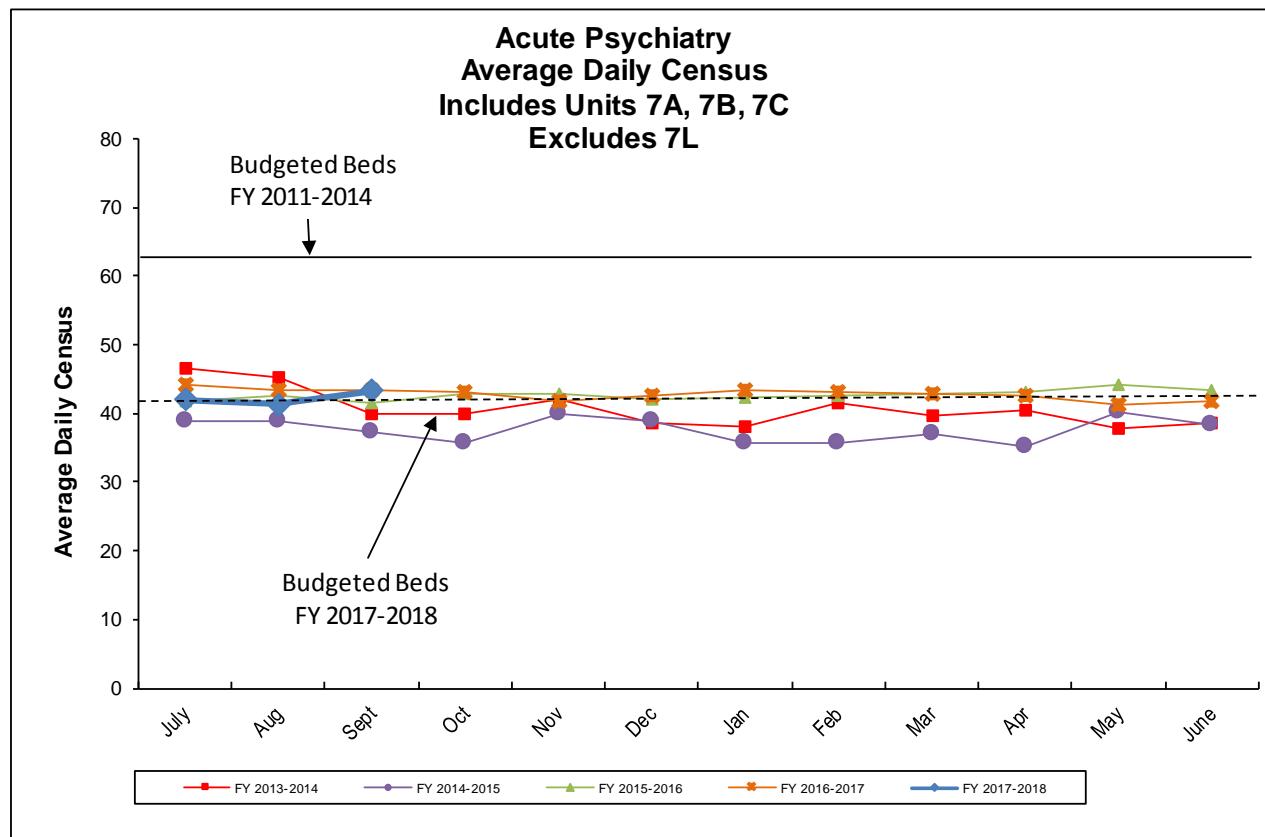
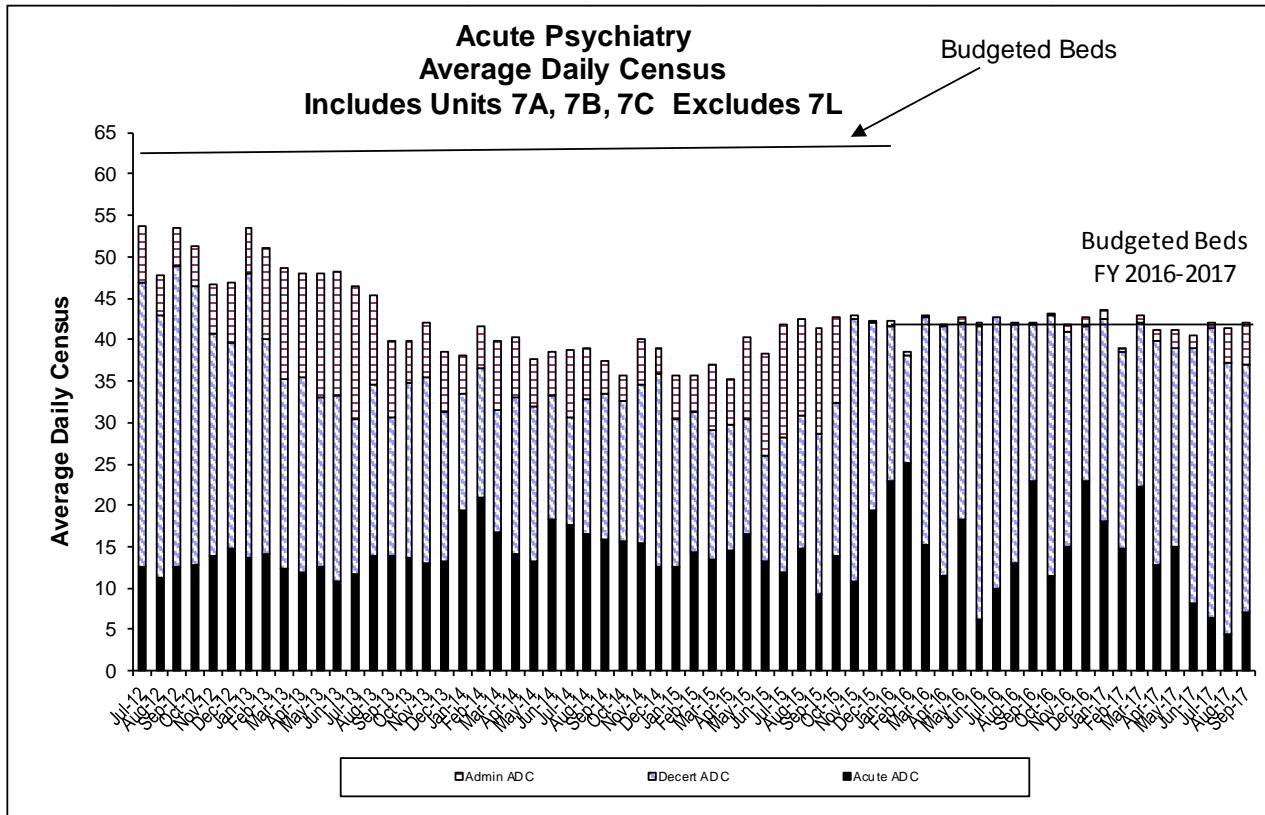
For Pay Period ending September 22, 2017, Zuckerberg San Francisco General recorded a 1.81% variance between Actual and Budgeted salary cost – actuals were \$258,021 over budget. For variance to budget year-to-date, ZSFG has a negative variance of \$2,160,369/2.5%.

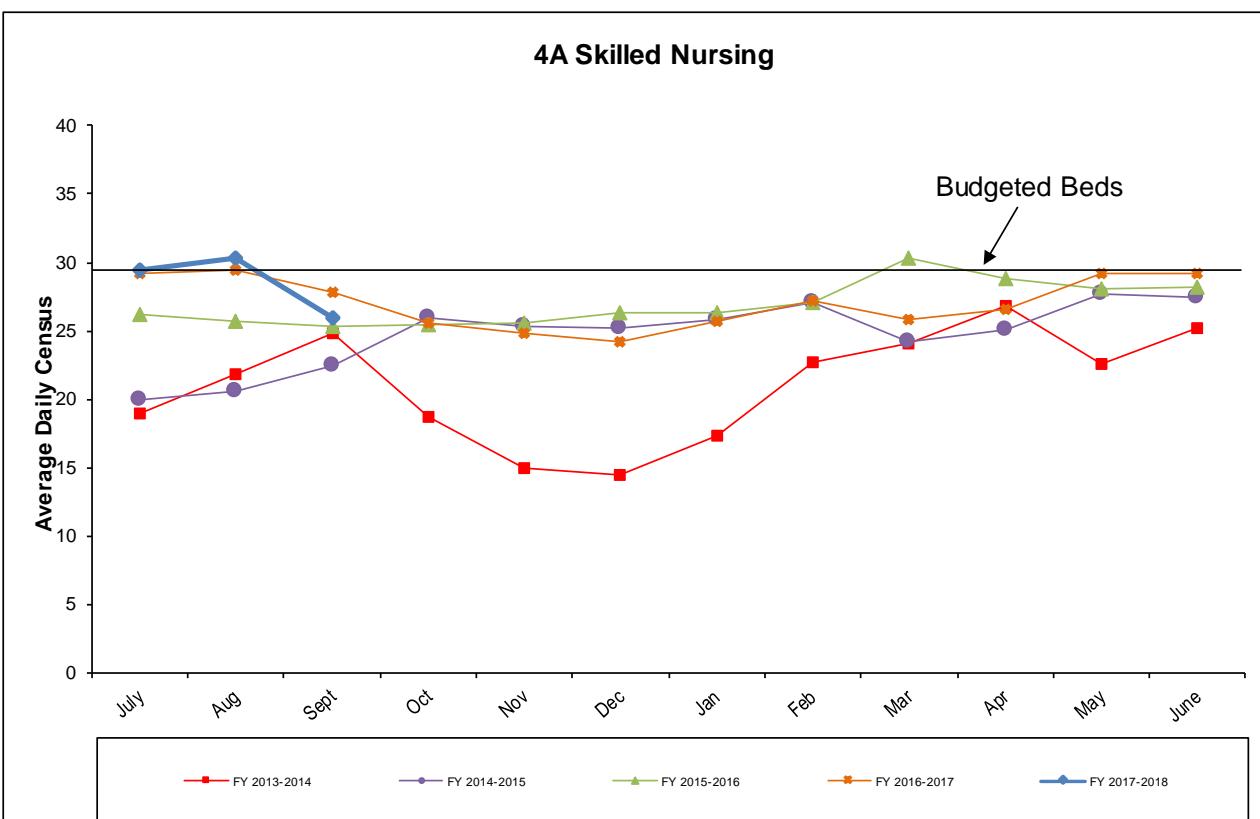
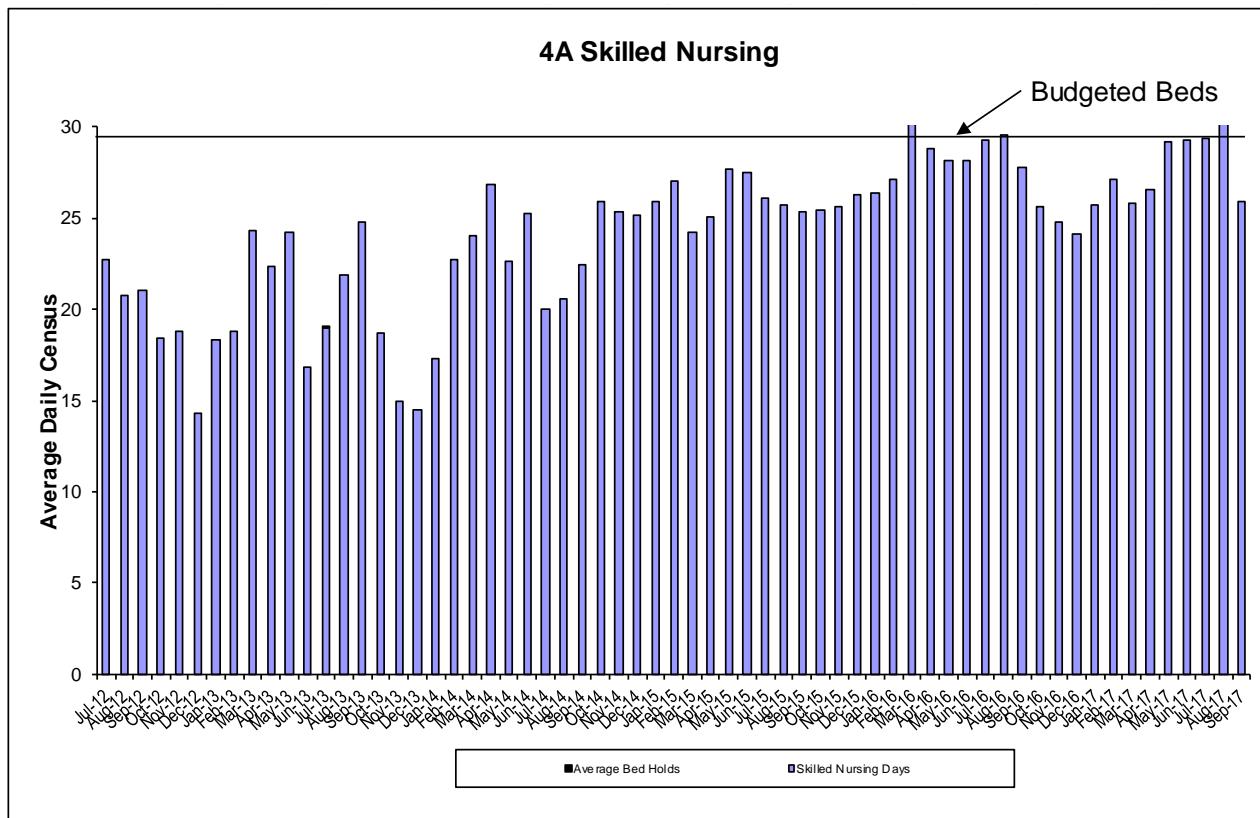
Medical/Surgical



Medical/Surgical







Commissioner Comments:

Commissioner Chow noted that the report shows the psychiatric bed days are low compared to the overall hospital census. Ms. Dentoni stated that this issue relates to lack of discharge options for psychiatric patients after they are stabilized. Mr. Pickens stated that additional beds will be available after 11/30/17 at St. Mary's Hospital and noted that the SFDPH Hummingbird Project will also add some beds.

Commissioner Pating asked for more information regarding the salary variance. Ms. Dentoni stated that more beds are being used due to the surge in Med/Surgical beds.

10) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of September 2017

Nursing Professional Development

The second Safe Patient Handling Training for 2017 was held this month. There have been forty-three Unit Safe Patient Handling Champions trained this past year. Additional training for staff will be provided with the Departmental Safe Patient Handling Plans in November.

Workplace Violence Prevention Plan training continues for Emergency Department, Psychiatric Emergency, Inpatient Psychiatry, and Urgent Care nursing staff. We are projected to begin this training for Medical-Surgical nursing staff next month.

Nursing staff were provided with the opportunity to attend the "Communicating with Families & Providers" course offered by the Palliative Care Team.

In addition to the Breast Feeding Basics course, Family Birth Center nurses were provided with introductory education on transgender health in order to meet the needs of male obstetric patients.

Upcoming educational and professional development opportunities next month include: Wound Care Symposium, neurologic assessment courses for Medical-Surgical RNs, and pediatric specialty training for Surgical/Trauma ICU RNs,

Nursing Recruitment and Retention

Medical-Surgical Twenty-four nurses are participating in the Medical-Surgical Training Program.

Emergency Nursing: Eleven nurses continue in the ED training program.

Maternal Child Health Five nurses have started orientation.

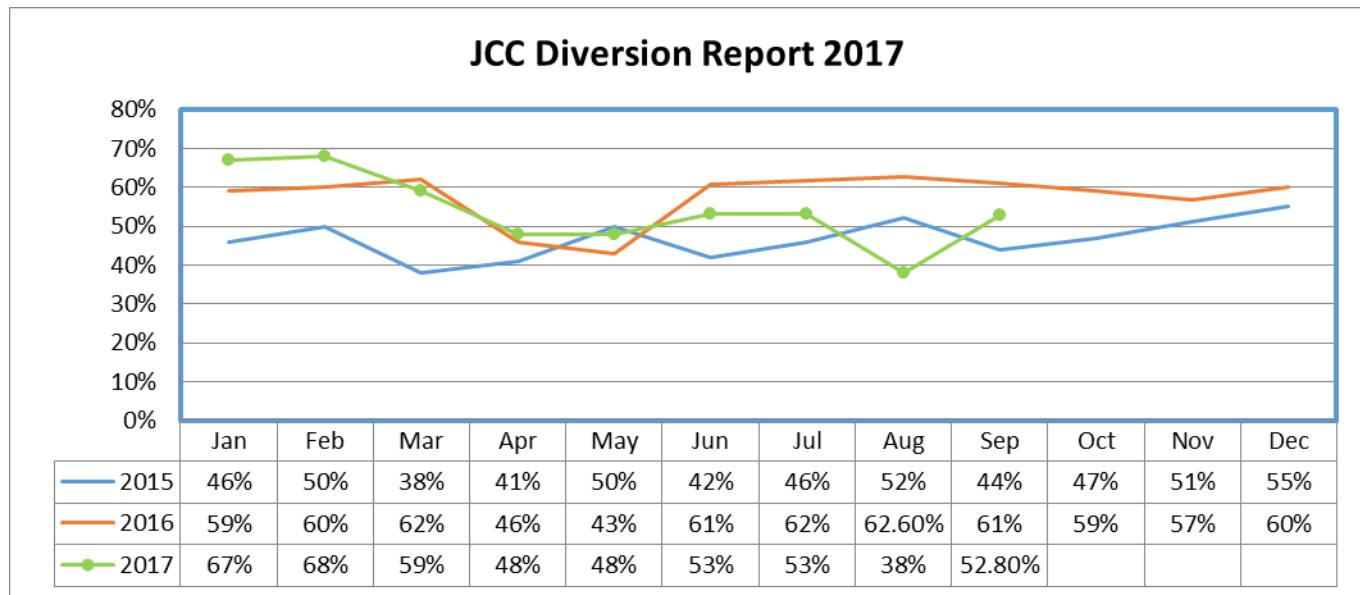
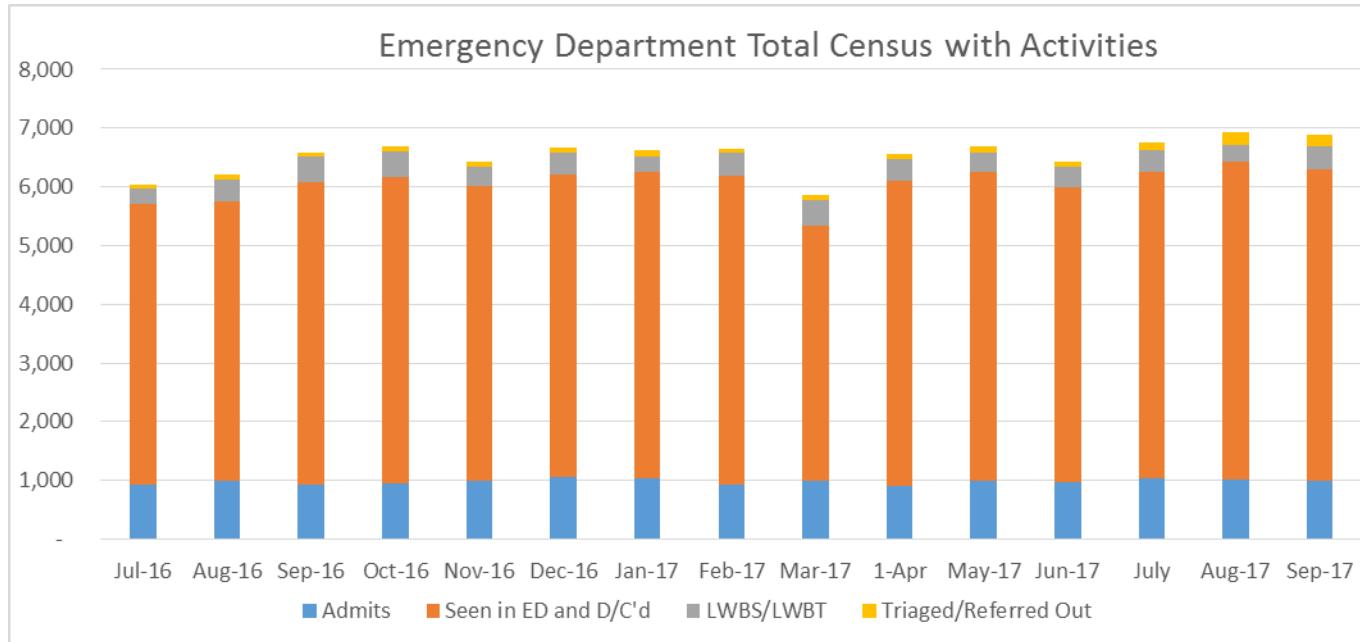
Peri-Operative Four nurses have begun their 6 month orientation and training to the department.

Critical Care Four nurses completed the Critical Care Training Program.

Psychiatry One nurse is completing their orientation to the department.

Outpatient Services Two nurses are currently being oriented.

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



September | 2017

Diversion Rate: 52.8%

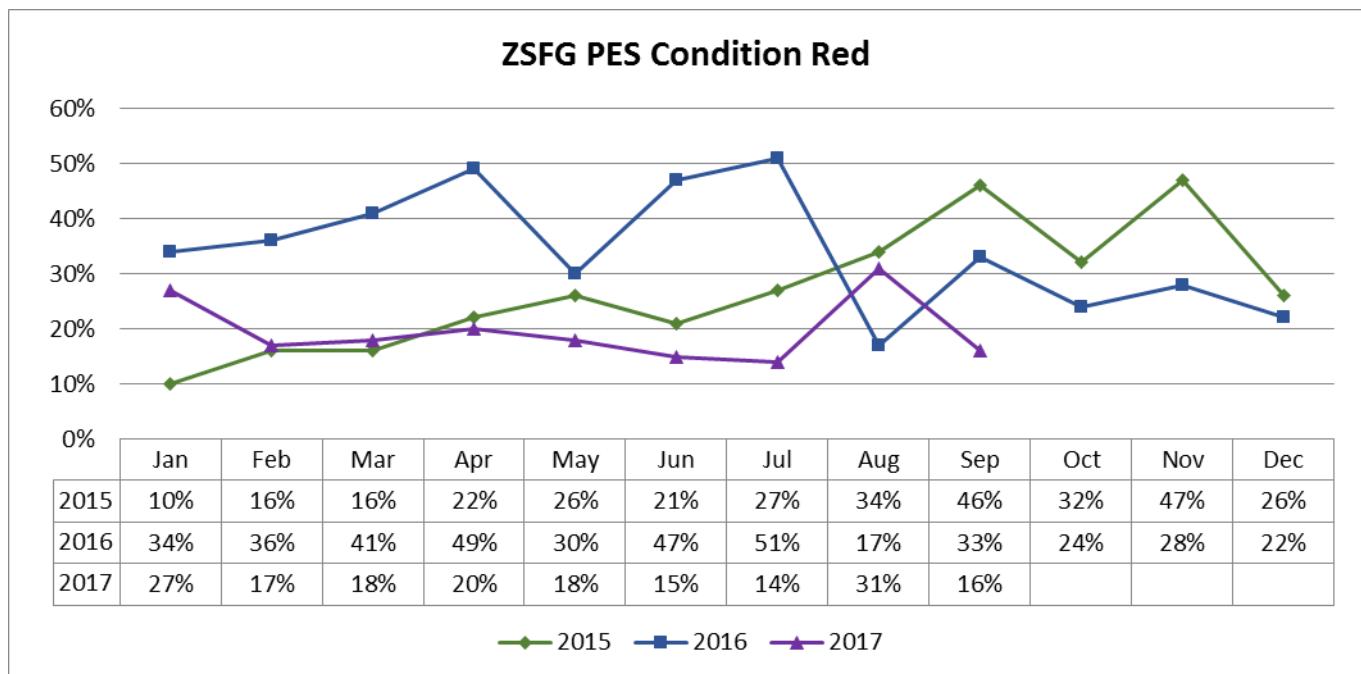
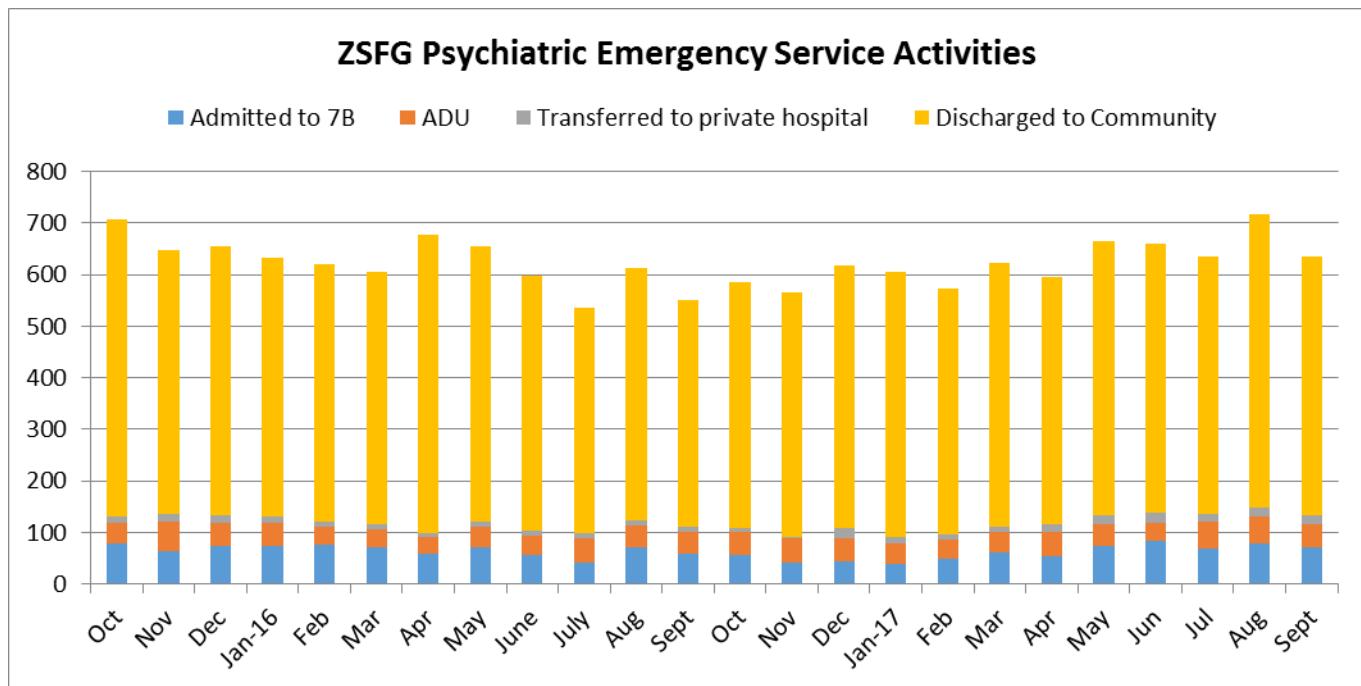
ED Diversion = 251 hours (35%) + Trauma Override 129 hours (17.8%)

Total Ed Encounters: 6488

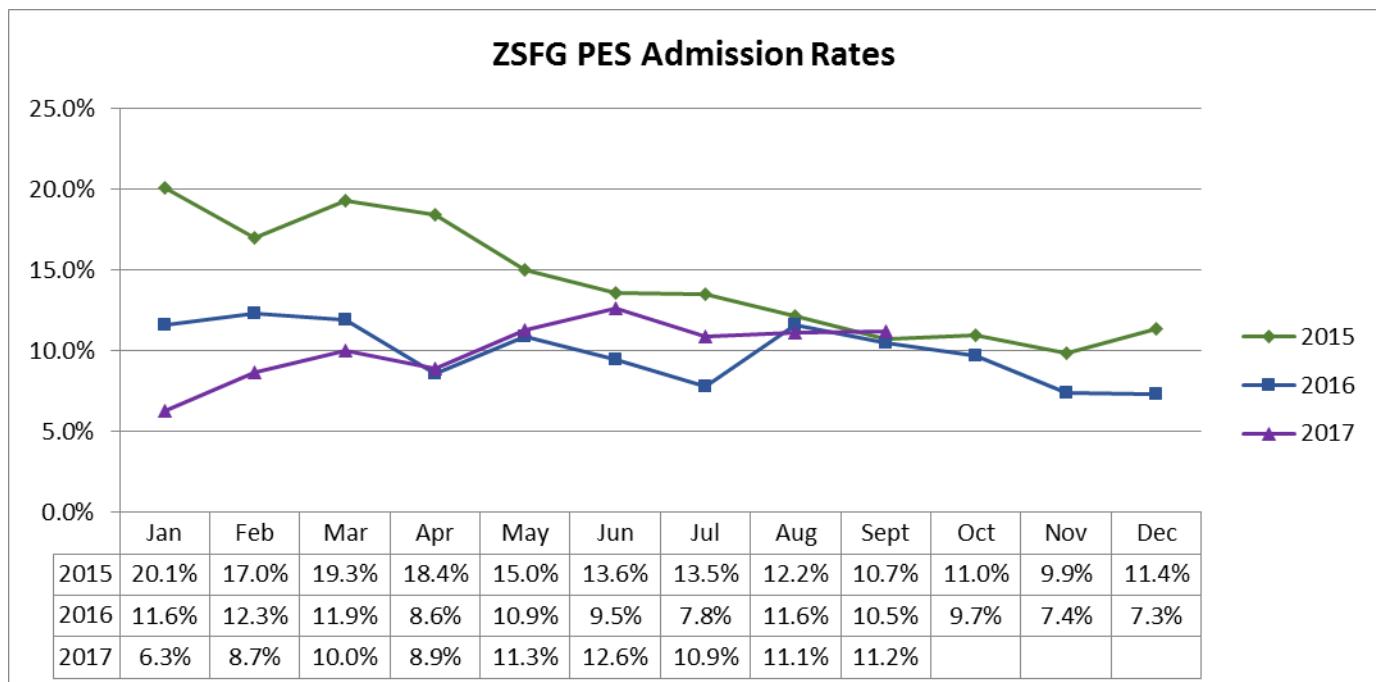
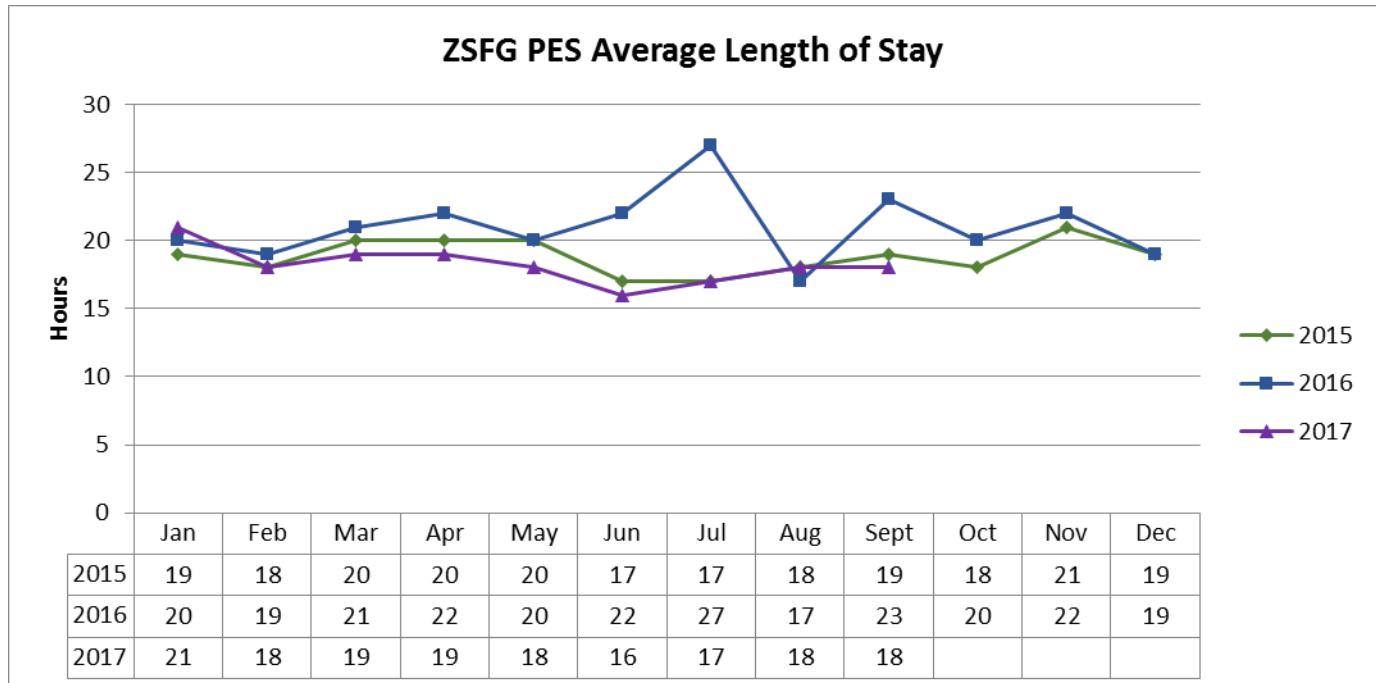
ED Admissions: 1000

ED Admission Rate: 15.41%

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



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



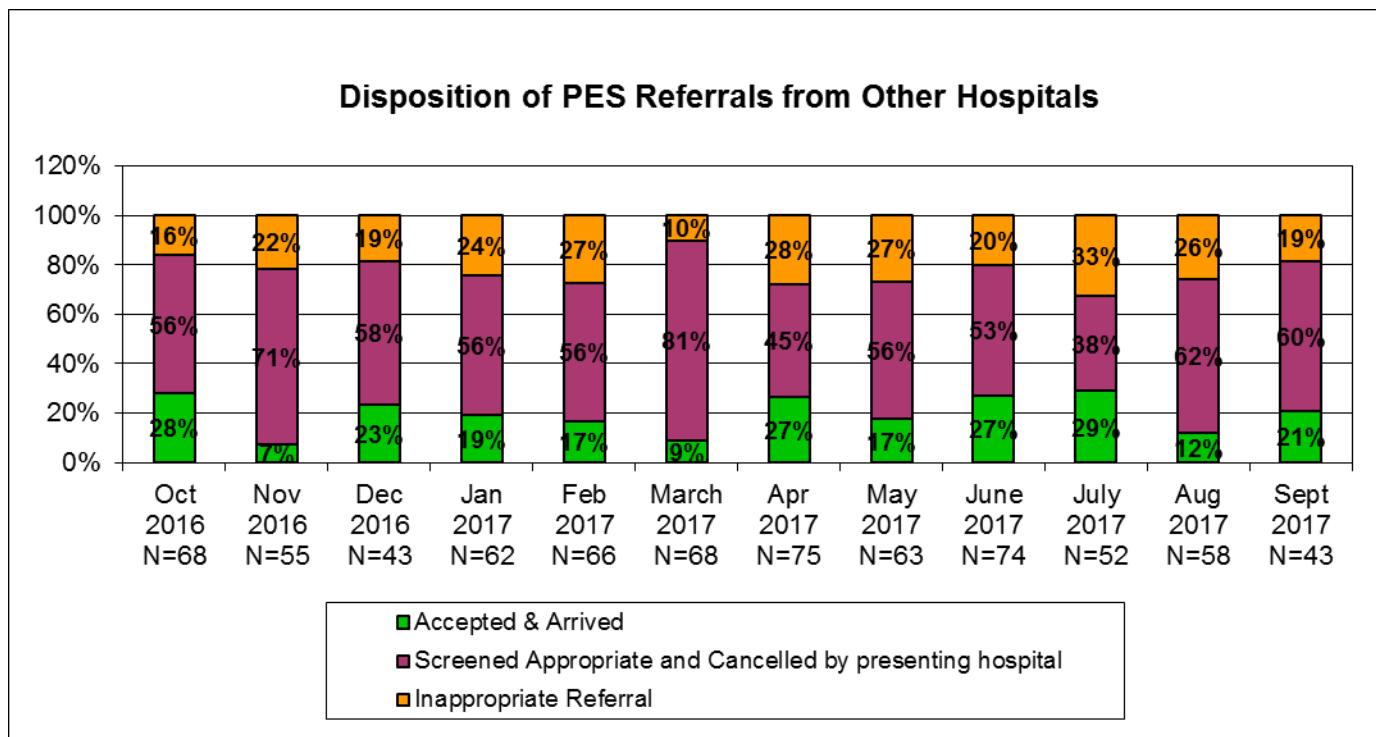
Request for Inter-Facility Transfer to PES from other Hospitals

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).



In September, there was an increase in patients accepted and arrived. There was also a decrease in total referrals from other hospitals. This is likely due to a decrease in Condition Red during September, so fewer patients were diverted to other emergency rooms.

Commissioner Comments:

Commissioner Chow noted that diversion rates continue to be a concern. Ms. Dentoni stated that ZSFG is working diligently to reduce its diversion rate.

11) ZSFG RN HIRING AND VACANCY REPORT

Karen Hill, ZSFG Human Resources, DPH, gave the report.

Commissioner Comments:

Commissioner Pating asked for clarification regarding ZSFG staff plans for an emergency when staff may live in areas that are directly impacted. Ms. Dentoni stated that ZSFG has a database that indicates where staff live so supervisors can attempt to schedule staff not living in areas directly impacted by disaster. Ms. Hill stated that reports can be run by zip code to assist with this planning effort.

12) MEDICAL STAFF REPORT

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

ADMINISTRATIVE/LEAN MANAGEMENT/IMPROVEMENT WORK:

Improvement Work Update:

Observation Medicine (Clinical Decision Unit - CDU)

Presented by: Brenda Oiyemhonlan, MD, Emergency Medicine

Members were reminded that the creation of the CDU is in line with the hospital's Tactical Flow A3 and one of its countermeasures, which is to reduce the number of short stay hospital admissions. The target is to go live in March 2018.

Dr. Brenda Oiyemhonlan joined the ZSFG Medical Staff in July 2017, and will be the Medical Director of the upcoming CDU unit in the Emergency Department of ZSFG. Having completed a fellowship in Administration at Emory University under the direction of Dr. Michael Ross, who is the Chief of Service for Observation Medicine and Professor of Emergency Medicine at Emory, and who is considered one of the prominent thought leaders in Observation Medicine, Dr. Oiyemhonlan expressed eagerness to use her skills and interest in Observation Medicine science to further the ZSFG vision to develop a CDU. Dr. Oiyemhonlan's presentation outlined the following:

- Current Flow Status – 33 % of hospital admissions have an average LOS of 1.4 days representing potentially avoidable admissions which can be addressed by Observation Medicine.
- Reasons for the proposed Observation Medicine – Improve hospital flow by reducing the number of admissions and increased regulatory scrutiny of <24 hours hospital admits which defines a subset of 6-24 hour LOS patients for the CDU.
- Potential Solutions - Most viable option to address patient flow is to manage short stay patients in dedicated observation units with defined treatment protocols.
- Definition of what Observation Services Are, and Are not
- ZSFG CDU Protocols – Conservative list of treatment protocols that will be rolled out at initial opening of CDU
- Observation Unit Leadership Structure – Leadership components, ZSFG CDU Team
- Metrics – Average daily volume, Average LOS, Occupancy Rate, Admission rate/discharge to home rate, ED boarding time, D2D (Discharge to Departure) time, Ancillary Testing, Return Visits, Sentinel events/adverse outcomes

- CDU Areas of Opportunity – Staffing (24/7 Operations) and Specialty Service Buy-in (Timely Diagnostic Reads, Expedited Follow-up, Care Coordination, and clear protocol on Admissions to the Inpatient Unit should patient not meet discharge criteria).

The ZSFG CDU unit in the ED will have eight beds, and will be supported by Nursing and Advance Practice Practitioners, with ED physician coverage 24/7. The CDU's success will depend upon providers' understanding of the appropriate usage of the CDU, and their ability to stay focused on the specific CDU treatment protocols to determine if patient will require further treatment as an inpatient or can be safely discharged from the hospital setting.

CLINICAL SERVICE REPORT:

Orthopaedic Surgery Service Report—Theodore Miclau, MD Service Chief

Dr. Miclau highlighted the Service's Mission (to mend the injured, inspire innovators, and empower leaders to restore lives) and Vision (to provide an interdisciplinary team of physicians, nurses and other health care professionals that deliver the highest level of care for its patients, to improve the outcomes and quality of life for patients in San Francisco and beyond, and to support education, research, and training efforts that improve the care of orthopaedic conditions, and to be a nationally recognized center of excellence for orthopaedic trauma care). Highlights include:

- Service has the highest rate of eReferrals compared to other Clinical Services at ZSFG.
- OI provides additional surgical volume that provides financial support from other hospitals in the Bay Area including St. Luke's Hospital, UCSF Orthopaedic Institute/UCSF Parnassus Campus, San Jose Medical Center, and LHH.
- SFGH Implant Savings Program which started in 2008 continues to generate savings of approximately \$2M per year to the hospital.
- Usage of the OTI Surgical Training Center for academic courses offered by several UCSF/ZSFG Departments and as an outreach for the community like the OTI Jr. Academy. The Center offers a new program, the UCSF Orthopaedic Residency Core Surgical Curriculum. The program, which is first in the country, involves selection of the 20 most important cases in Orthopaedic Surgery, which residents can practice on cadavers in a two year cycle basis.
- IGOT (Institute for Global Orthopaedics and Traumatology) is OTI's main international outreach program, and the goal is to teach people how to do research and education in long standing partnerships. The report outlined IGOT's activities, accomplishments, SMART Courses, Global Partnerships, UCSF/IGOT Resident Electives, and Research Projects.

Goals for 2017-18 include: Develop and promote "UCSF/SFGH Orthopaedic Trauma Institute", including programs for referrals, outreach, and fundraising, Improve efficiencies across all service lines, particularly the clinic and OR and additional Faculty Recruitments (Trauma + Arthroplasty, Spine, Sports, Hand).

Dr. Miclau identified two major challenges facing the Service:

- Finance - if the Service can continually meet its responsibilities to hired faculty and commitments
- Finding continuous funding for its mission driven activities, including research, in a very difficult philanthropic environment.

Members commended Dr. Miclau for his outstanding presentation, leadership, and entrepreneurial spirit. Dr. Marks also thanked Dr. Miclau for his leadership in the CPG.

Commissioner Comments

Commissioner Chow asked if physician observers get fully privileged and credentialed. Dr. Critchfield stated physician observers are credentialed but do not have access to the electronic medical record.

Commissioner Chow asked if this category existed previously. Dr. May stated that ZSFH had a policy but the category was not included in the ZSFG Medical Staff Bylaws.

Regarding the proposed changes to the ZSFG Medical Staff Bylaws:

- Commissioner Pating requested that one sentence be added to the Article 6.2.1 C noting that there is a grievance/appeals procedure regarding the action of the Director of Health to restrict a MEC member's access to key aspects of the ZSFG infrastructure. He noted that section 7.2.2 gives the overview of the process that the MEC will take to review a member's privileges in regard to any incident that prompts the Director of Health to restrict a member's access. The statement he is requesting would be similar-concisely stating whatever the process is on the Director's Administrative side. This may be reference to a policy or procedure that goes into more detail on the matter.
- Commissioner Chow asked that a concise explanation be given to the full Commission at the 11/21 meeting to give context to this Article 6.2.1 C
- Commissioner Chow noted that the increase in liability insurance makes sense but that risk management is sometimes the motivator of these increased amounts, rather than actual need.

Action Taken: The following were unanimously approved:

- MEDICAL STAFF BYLAWS AND RULES AND REGULATIONS
- ORTHOPAEDIC SURGERY RULES AND REGULATIONS
- ANESTHESIA PRE-OPERATIVE CLINIC NP/PA STANDARD PROTOCOL
- PSYCHIATRY NP/PA STANDARD PROTOCOL

13) OTHER BUSINESS

This item was not discussed.

14) PUBLIC COMMENT

This item was not discussed.

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

16) ADJOURNMENT

The meeting was adjourned at 6:37pm.