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**MINUTES**

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

**Tuesday, January 22, 2019 3:00 p.m.**

**1001 Potrero Avenue, Building 25, 7<sup>th</sup> 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.  
Commissioner Laurie Green, M.D.

Staff: Susan Ehrlich MD, Roland Pickens, Alice Chen MD, Terry Dentoni, Troy Williams, Luke Day MD,  
Karrie Johnson, Leslie Safier, Claire Horton MD, Tosan Boyo, Sue Carlisle MD, Dan Schwager,  
Jennifer Boffi, Virginia Dario Elizondo, Brent Costa, Jessica To

The meeting was called to order at 3:07pm.

**2) APPROVAL OF THE MINUTES OF THE NOVEMBER 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 item.

Commissioner Comments:

Commissioner Chow thanked Mr. Williams for the report.

#### **4) QUALITY MEASURES UPDATE**

Leslie Safier, Director of Performance Improvement, presented the item.

##### Commissioner Comments:

Commissioner Chow asked for more information regarding the types of hospital data included in the Vizient data set. Mr. Williams stated that Vizient data includes academic and university hospitals.

Commissioner Green commented on the antenatal steroid usage at ZSFG and noted that she wants to make sure ZSFG is getting credit for all the patients it treats. Ms. Safier stated that this data represents a sample of cases, not the total number of patients seen. She noted that the Joint Commission accepts data from a sampling of cases due the amount of work it takes to collect the data from charts.

Commissioner Chow asked how the Joint Commission is expected to react to the items in red. Ms. Safier stated that the Joint Commission will require ZSFG to report on its improvement work in relation to the items in red, during surveys.

Commissioner Chow asked if ZSFG has freedom to choose its Electronic Clinical Quality Measures. Ms. Safier stated that ZSFG is using eight measures it expects the Joint Commission to require in the future. She noted that the measures have been built into the EPIC system.

Commissioner Chow noted that ZSFG still has improvement work to do on its “Person and Community Engagement” measures. Dr. Ehrlich stated that these measures are universally difficult for public hospitals because they do not have many of the amenities of private hospitals. The ZSFG data on these measures has improved since its move to the new hospital. She added that this is an area of ongoing quality improvement work.

#### **5) TRUE NORTH SCORECARD**

Jessica To, Quality Data Center Manager, and Brent Costa, Strategic Planning Manager, presented the item.

##### Commissioner Comments:

Commissioner Chow asked for clarification of the score for the “Readiness for EHR Implementation” measure. Dr. Ehrlich stated that ZSFG achieved 7 out of 9 elements; she expects ZSFG to meet this metric in the future.

Commissioner Green stated that the score for the “Daily Management System Implementation” does not give credit to all the good work being done in this area every day. Dr. Ehrlich stated that compliance of this metric requires specific achievement targets; managers in each area must also meet personal targets too.

#### **6) ADVANCING EQUITY**

Tosan Boyo, Chief Operating Officer, and Jeff Critchfield, MD, Chief Medical Experience Officer, presented the item.

##### Commissioner Comments:

Commissioner Chow asked how ZSFG can move its Equity metric forward. Mr. Boyo stated that staff developed next steps, noted in the presentation, at a retreat. He added that not all ZSFG departments are in the same place in regard to equity issues; therefore each department may need different tools and training.

Commissioner Chow asked when staff will be re-surveyed. Mr. Boyo stated that ZSFG is working with the SFDPH on a Department-wide strategy. Dr. Ayanna Bennett, Director of Interdivisional Initiatives, stated that a general survey to all SFDPH staff will include some of the same questions asked by ZSFG.

Commissioner Sanchez commended Mr. Boyo and the ZSFG team for its impactful work.

## 7) **HOSPITAL ADMINISTRATOR'S REPORT**

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

### ZSFG EQUITY SURVEY RESULTS

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From July 30 to August 31, 2018, the ZSFG Equity Council conducted a survey to better understand the broad ZSFG community's assessment of our organizational commitment to diversity. A representative group of more than 1,200 staff at ZSFG participated, surpassing the goal by 25%! The demographics and roles of respondents were a representative sample of ZSFG's workforce. Survey respondents had the opportunity to share whether they had experienced or witnessed disrespect at ZSFG, their understanding of resources available, and to rank ZSFG's commitment to equity. Ranking was done using a tool adapted from Government Alliance on Race Equity.

Town halls will be held to discuss results, insights, proposals to adapt program and make more trainings available. Under guidance of DPH and HR leadership, our Equity Council will be working with SFHN Divisions to develop and test rapid response teams addressing concerns not covered under EEO policy.

### ANNUAL TOY RUN AND CHILDREN'S HOLIDAY PARTY

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For 35 years, the Annual Dudley Perkins Toy Run has supplied toys to pediatric patients and their families at the Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG). Last year, the Perkins family sold the dealership to Rich Gargano, who as a rider for all of his life and someone who cares deeply for the community, has made it a priority to keep this toy run tradition alive and running. On Sunday December 3<sup>rd</sup>, 2019, Rich Gargano and San Francisco Harley Davidson continued this cherished tradition with Santa and members of the Motorcycle clubs of San Francisco (and surrounding counties) by riding to ZSFG with donated gifts. Following the toy donation, riders celebrated the holiday season by singing carols in the lobby of the main hospital. Donated toys were provided to the pediatric patients of Zuckerberg San Francisco during the holiday season.



On Thursday, December 13<sup>th</sup>, the hospital held its



annual Children's Holiday party for pediatric patients and their families. Guests enjoyed a holiday menu and musical performances by Gail Edwards and the Bel Canto Flutes as well as recording artist Naté Soulsanger. Festivities also included the opportunity for guests to make gingerbread houses, have their face painted, interact with magicians, and take photographs with Santa.

### IMPACT-ICU

ZSFG Critical Care Nursing has partnered with the Palliative Care Service and Neurology to introduce the Integrating Multidisciplinary Palliative Care in the ICU (IMPACT-ICU) into the Intensive Care setting. IMPACT-ICU is a model that assists in the identification of patients and families that may benefit from palliative care, and provides a specific methodology to provide bedside nurses with the knowledge, skills and attributes to support patients and families in the processes of palliative care. The education and training utilizes role playing scenarios to develop staff key communication strategies to identify emotions and ways to respond supportively while clarifying and reinforcing information to improve the quality of life after trauma and life threatening illness. IMPACT-ICU has been found to better serve the emotional, spiritual, psychosocial, and physiologic needs of ICU patients by engaging their families and nursing staff in contributing to clinician-family communication and collaborating with medical teams to ensure that patients receive treatments that are consistent with their goals.



### 6M PEDIATRICS CLINIC RECOGNIZED

The ZSFG 6M Pediatric Clinic received a DAISY Team Award in December. The DAISY Award is a nationwide program that recognizes nurses and nursing teams for their commitment to patient care and clinical expertise. Nominees can be identified by patients, families, visitors, providers, and peers. DAISY Award honorees personify ZSFG's True North commitment to Quality and Care Experience. The DAISY Team Award nomination for 6M was submitted by the Child & Adolescent Support, Advocacy & Research Center (CASARC): "The 6M Pediatric Clinic have gone about and beyond to accommodate patients of the CASARC into their busy practice...CASARC greatly appreciates how collaborative they have been, and the gentle nursing care that the 6M nursing staff provides our patients."

### BUILDING 5 SEISMIC RETROFIT UPDATE

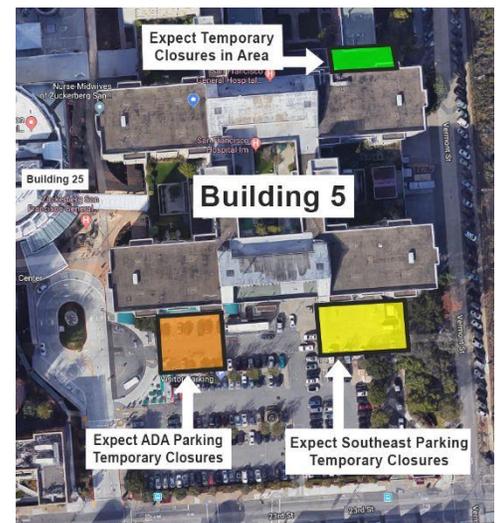
Plans are nearly complete for phase I of a seismic retrofit project in Building 5. Work is expected to begin before the end of January. The seismic retrofit will strengthen the building's columns in the event of an earthquake. Phase I will start on the 3<sup>rd</sup> floor in the 3B unit, which is vacant and under construction for the Rehabilitation Services relocation project. Next, the project will impact parts of the D-wing on the southeast side of the building, and then the C-wing on the southwest side of the building. Some ZSFG staff have been relocated for phase I. Additional staff relocations are expected for other phases of the project.

### PATIENT FLOW REPORT FOR DECEMBER 2018

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

#### **Medical/Surgical**

Average Daily Census was 214.23 which is 106% of budgeted staffed beds level and 85% of physical capacity of the hospital. 20.22% of the



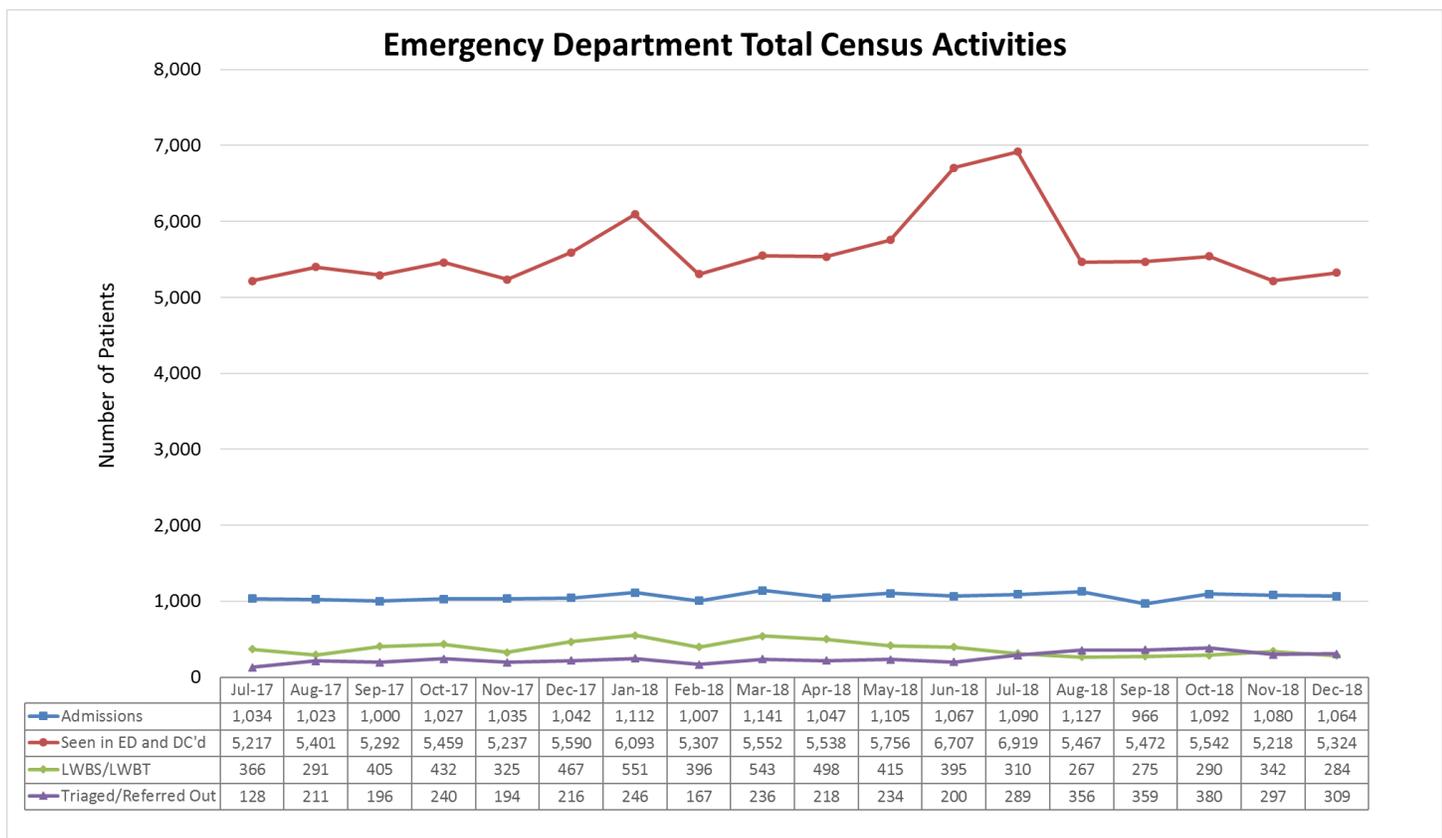
Medical/Surgical days were lower level of care days: 6.37% administrative and 13.85% decertified/non-reimbursed days.

### Acute Psychiatry

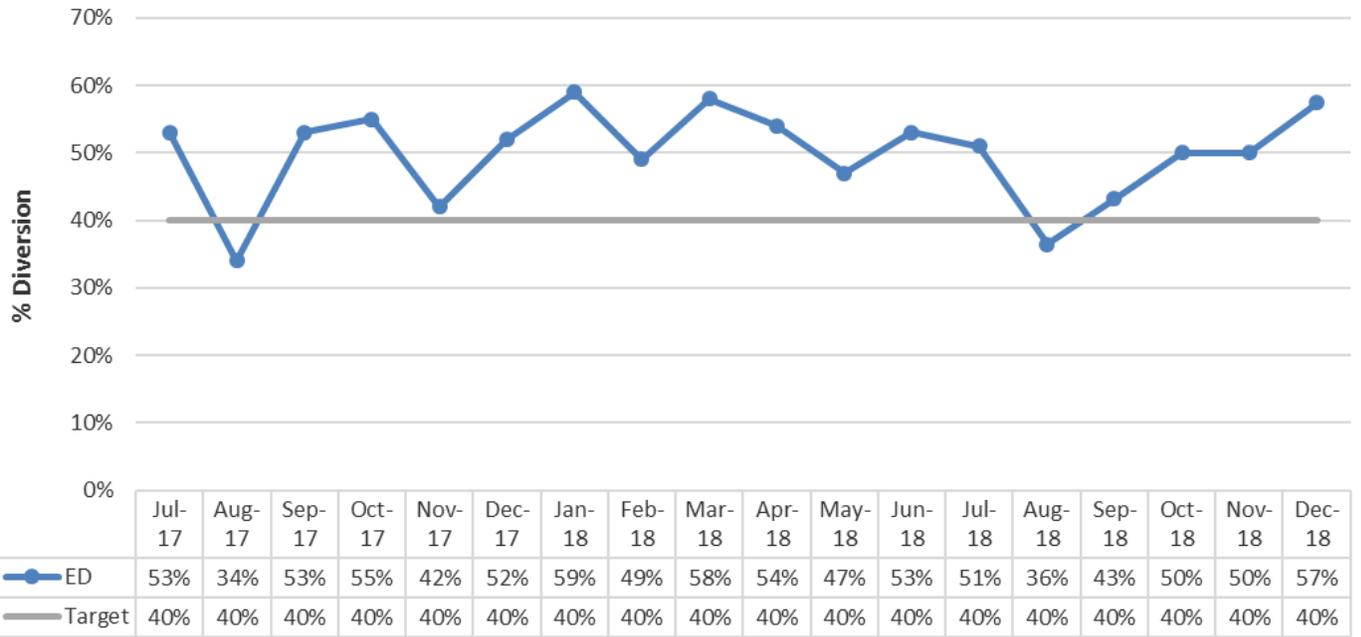
Average Daily Census for Psychiatry beds, **excluding 7L**, was 43.19, which is 98.2% of budgeted staffed beds and 64.5% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.16, which is 73.7% of budgeted staffed beds (n=7) and 43.0% of physical capacity (n=12). Utilization Review data from the INVISION System shows 82.75% non-acute days (73.34% lower level of care and 9.41% non-reimbursed).

### 4A Skilled Nursing Unit

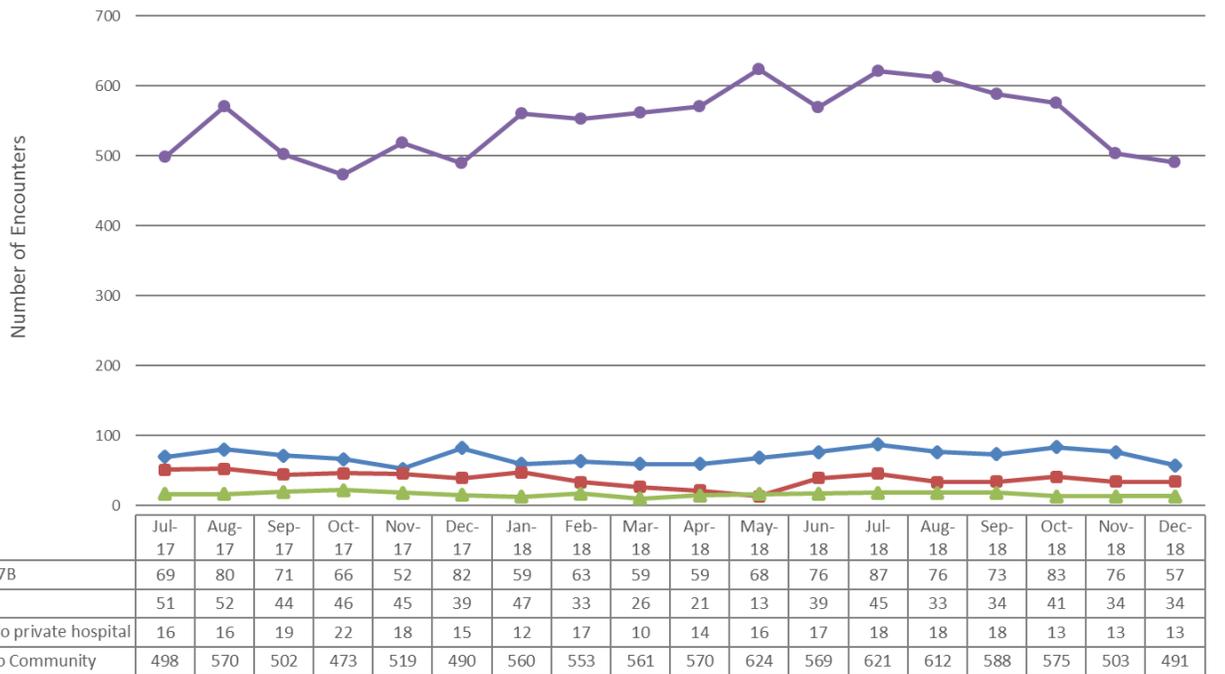
ADC for our skilled nursing unit was 28.58, which is 102.07% of our budgeted staffed beds and 95.27% of physical capacity.



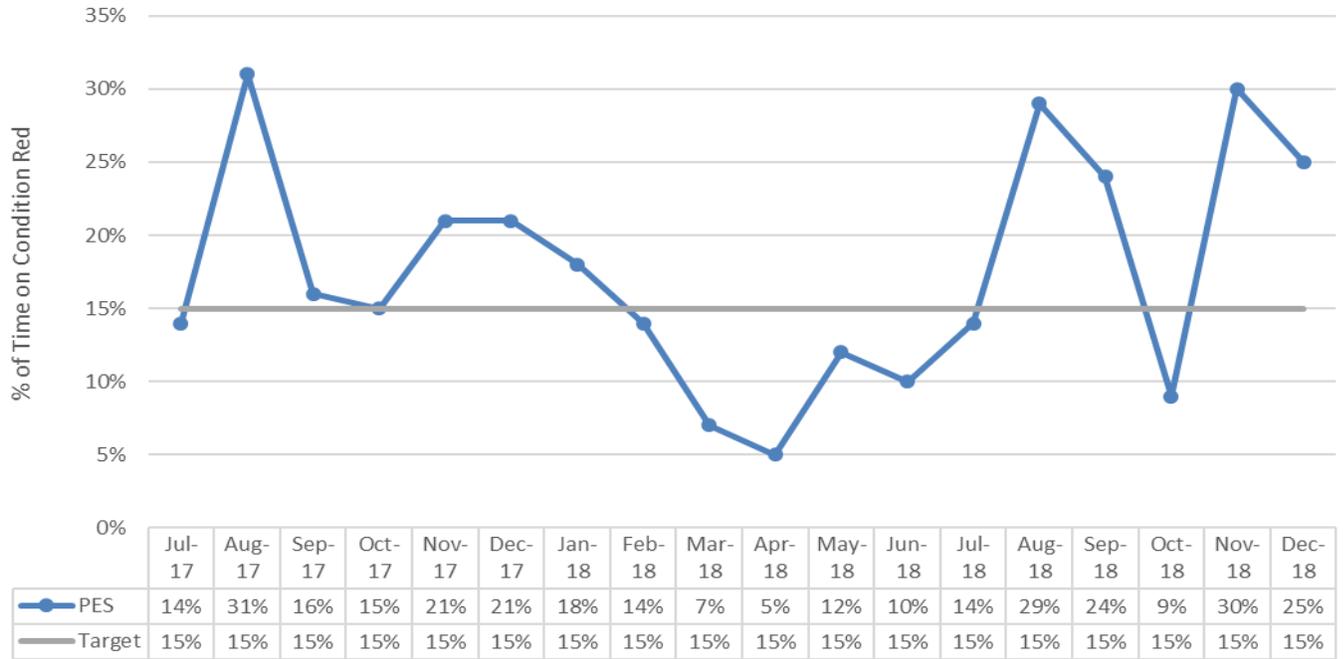
### JCC Diversion Report



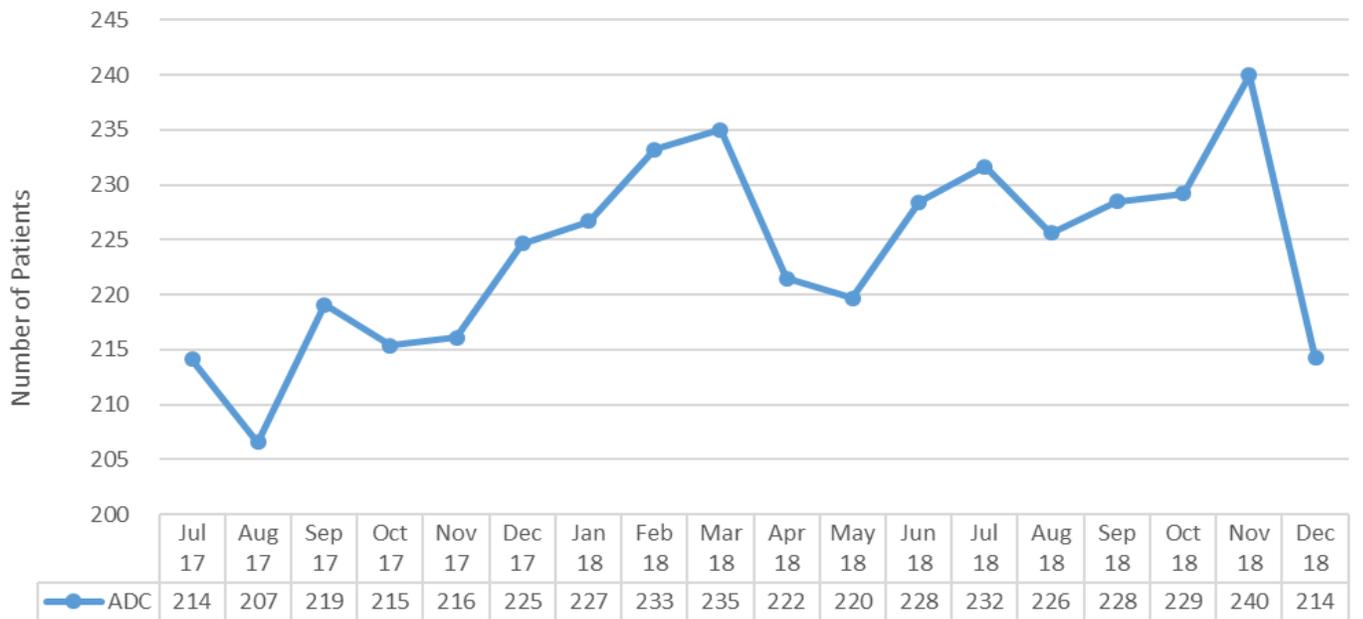
### Psychiatric Emergency Services Activities



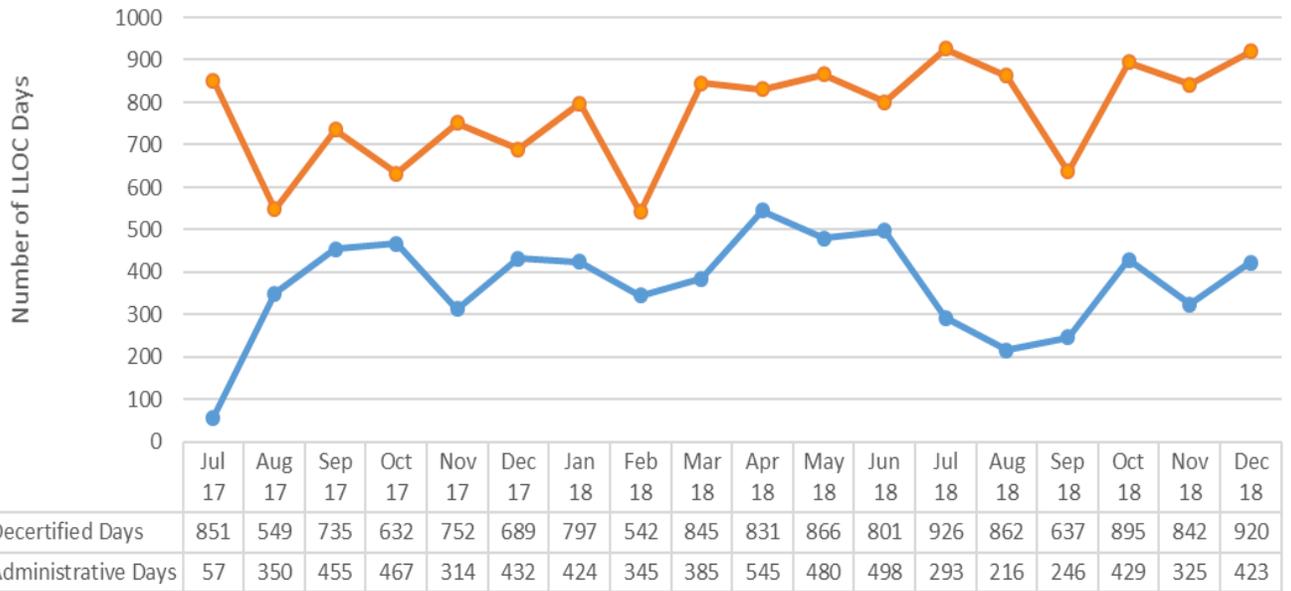
### PES Condition Red



### Medical Surgical, ICU, & MCH Average Daily Census

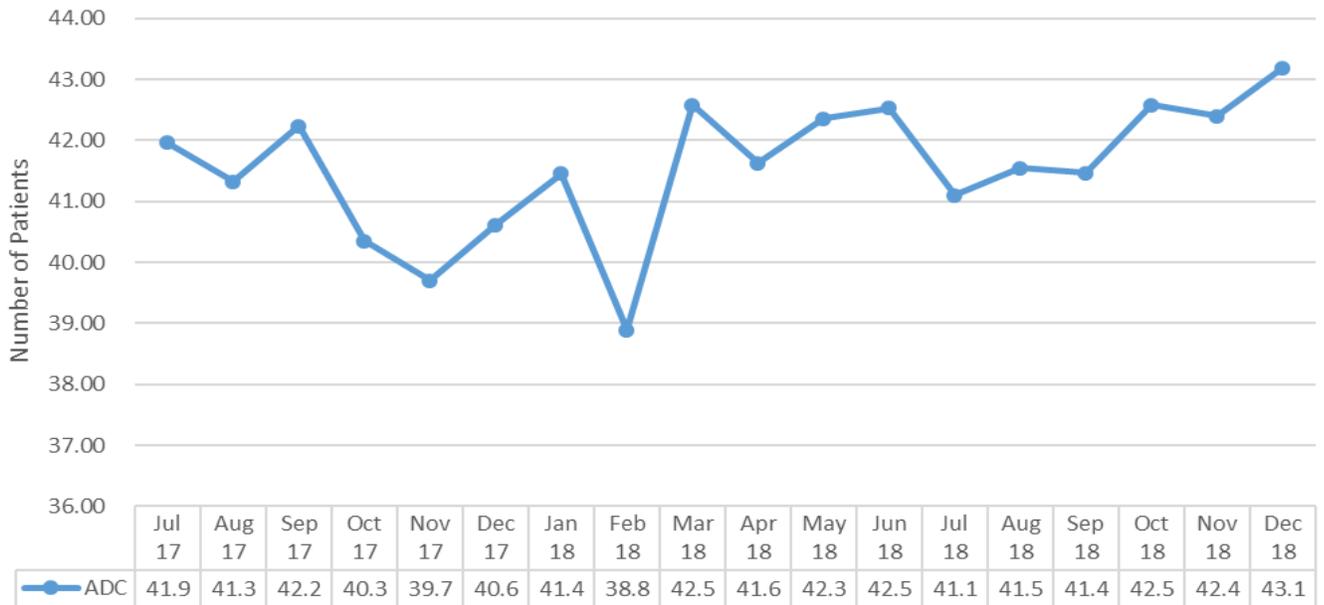


### Medical Surgical Lower Level of Care Days<sup>1</sup>

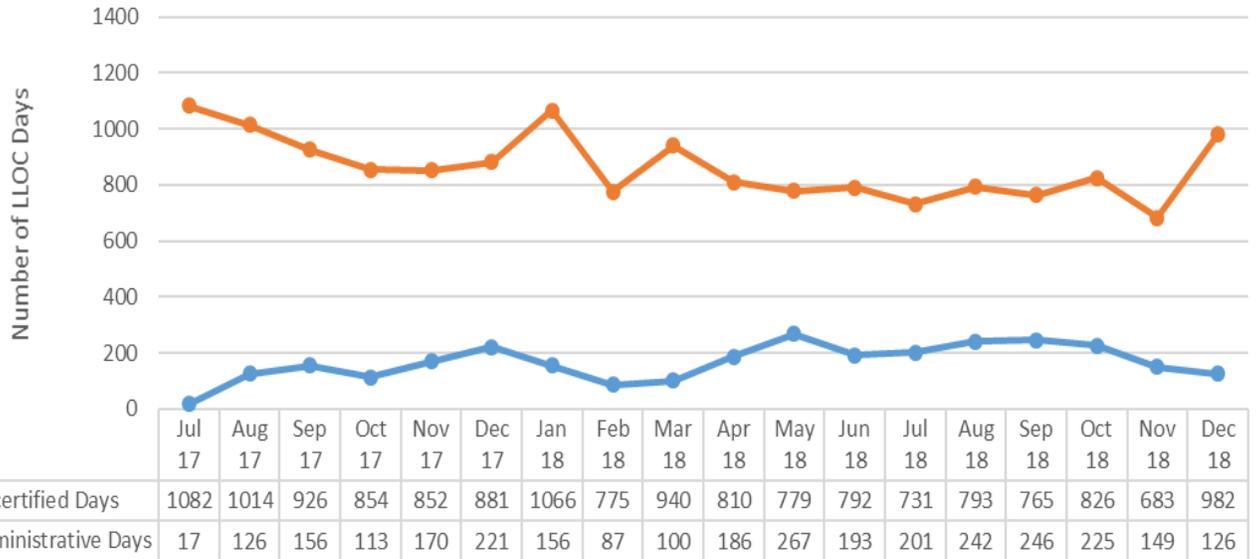


<sup>1</sup>LLOC Days are updated from July 2018

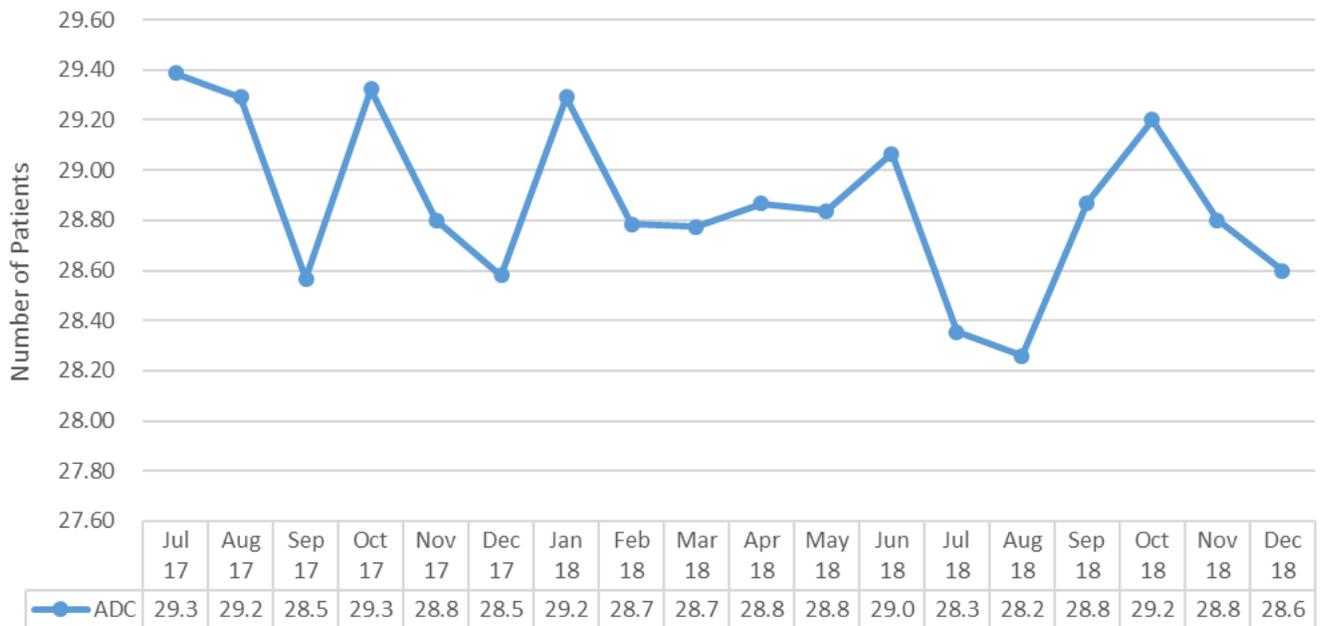
### Acute Psychiatry (7B and 7C) Average Daily Census

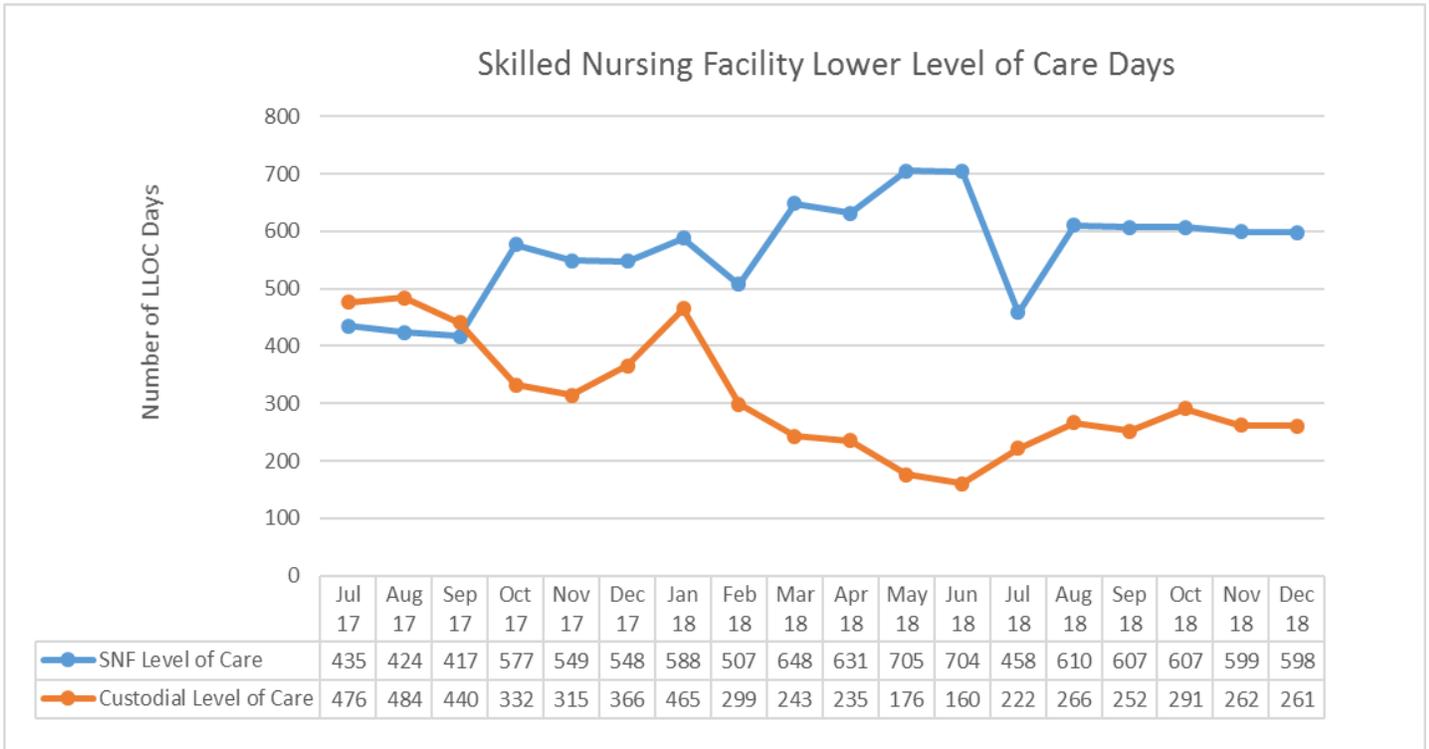


### Acute Psychiatry (7B and 7C) Lower Level of Care Days



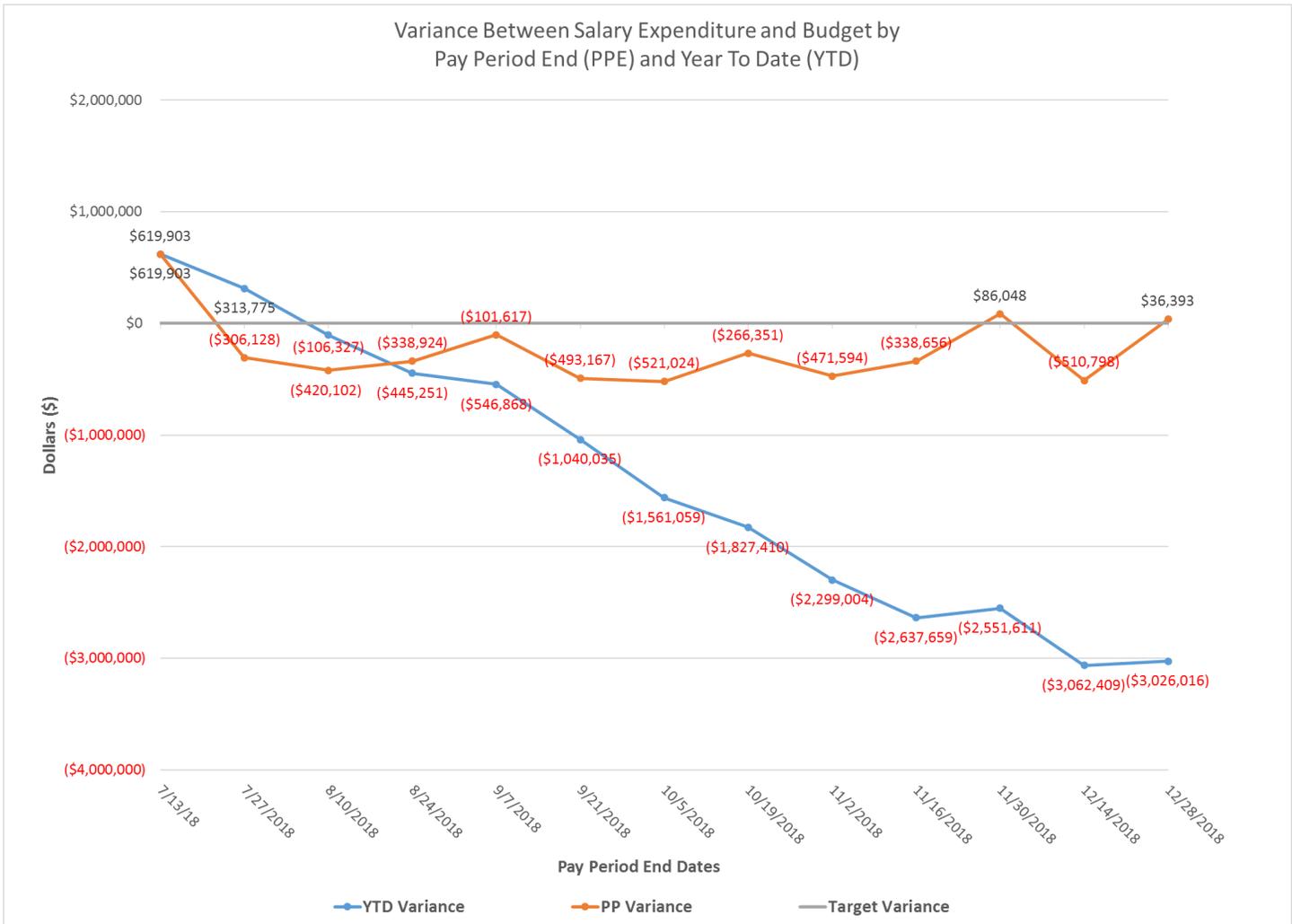
### Skilled Nursing Facility Average Daily Census





Salary Variance to Budget by Pay Period Report for Fiscal Year 2018-2019

For Pay Period Ending December 28, 2018, Zuckerberg San Francisco General recorded a favorable .24% salary variance between Actuals and Budget – specifically, actuals were \$36,393 under budget. For Fiscal Year 2018-2019 year-to date variance through PPE December 28, 2018, ZSFG has an unfavorable variance of 1.55% / \$3,026,016 over budget.



**Public Comment:**

Jeanette Conley, 7C nurse, stated that break coverage is not adequate or consistent. There are no floating unit clerks or CNAs on PM shifts. She added that total-care patients take a lot of time and that this is not factored into staffing plans. She also stated that often there is an assault or need for restraints, often when the acuity level of the ward is high.

**Commissioner Comments:**

Commissioner Green asked how ZSFG’s inpatient data is impacted by elective surgeries. Dr. Ehrlich stated that most of the ZSFG inpatient data/population is driven by the Emergency Department.

Commissioner Chow noted that the Lower Level of Care days data and diversion rates remain high. Dr. Ehrlich stated that the high number of Lower Level of Care Days in the inpatient wards results in boarding patients in the Emergency Department; this also impacts diversion rates.

**8) ZSFG RN HIRING AND VACANCY REPORT**

Karrie Johnson, ZSFG Human Resources, presented the item.

**Commissioner Comments:**

Commissioner Green asked for more information regarding when ZSFG reassesses its staff patterns. Dr. Ehrlich stated that for the past several years, the Mayor has instructed all Departments to add no new FTEs so ZSFG

must be strategic in its planning. She added that once a year ZSFG develops its staffing plan during the SFDPH budget planning process.

Commissioner Green asked if ZSFG or the SFDPH has data to help anticipate sick calls. Ron Weigelt, SFDPH Human Resources Director, stated that sick call rates typically increase in June and December; however, the SFDPH does not have granular data to anticipate sick calls in specific areas of the hospital.

## 9) **MEDICAL STAFF REPORT**

Claire Horton, M.D., Chief of Medical Staff, presented the item.

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

#### **Clinical Documentation Integrity (CDI)**

Ms. Jessie Chen, Director CDI Program, ZSFG, reported updates regarding the CDI program at ZSFG and highlighted the importance and interdependence of complete clinical documentation and coding accuracy. Ms. Chen also discussed its impact on Patient Safety, Quality Reporting/Data, and Revenue. Members are asked to support the program and avail of the services provided, including rounding with inpatient services, identify areas of improvement for services and providers, Individual Provider Data

### **CLINICAL SERVICE REPORT:**

#### **Community Primary Care Service Report** – Yee-Bun Lui, MD, Service Chief

Highlights of the report 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. Most of the clinics provide family-based care, including care of children, adolescents, transitional aged youth, pregnant women and other adults. A number of clinics provide primary care to special populations of focus: geriatric, homeless, adolescent/teens, children and HIV+. For several years now, CPC clinics have Behavioral Health teams embedded in the Care teams. The integration also includes Primary Care Psychiatry and Behavioral Health Homes. Other services include the Medical Respite and Sobering Center, Dental Services, HIV Health Services, Nutrition, Pharmacy, Podiatry, Complex Care Management, and Centralized Call Center, which includes the Nurse Advise Line, Telephone Appointment Providers and New Patient Appointment Unit.
- Credentialed members of the ZSFG Medical Staff – Dr. Lui noted the multidisciplinary members of the ZSFG Medical Staff under CPC, including five acupuncturists as well as more OB/GYN providers who support CPC's New Generation Health Center which opened this year.
- Primary Care True North and Driver Metrics 2018-19 – For each strategy, Dr. Lui presented corresponding True North Metrics and Primary Care Driver Metrics:
  - Safety – 7 Day Post-Discharge Follow UP
  - Quality – Screen all adults for IPV, Depression, and substance abuse (BH Vital Signs). Adolescent Immunizations.
  - Care Experience- Routine appointment access. CG CAHPS courteous and helpful office staff.
  - People Development – Improve Gallup question: In the last six months, someone at work has talked to me about my progress
  - Financial Sustainability –Notes locked on time
  - Equity –Disparity around hypertension control for African Americans (no change).
- 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), Dispersed service locations, 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 ZSFG4 clinics and alignment with Primary Care’s True North, Standard work: Despite significant improvements, there remain gaps in standardizing team-based care model across PC Health Centers and Programs.
- Major Initiatives in 2019 – Continuing transitioning to a value-based care model, Strengthening and standardizing team-based care, Workforce development with emphasis on Lean managerial behaviors; Epic Go Live 08/2019, Lean daily management in Primary Care, and Prop A major capital projects: SEHC, MHHC, CPHC, CMHC, Building 5.
- Dr. Lui provided highlights on PRIME PC Year 3 (FY 17-18). Primary care’s team-based, data-driven approach has been the key driver to its success in value based care, particularly the PRIME Initiative. 34 P4P measures, total incentives available \$34.2 Mil. 20 out of 34 are Primary care related. PC hit all 20 of 20 P4P metric targets. Total PC related incentives earned for PRIME were \$19M. Dr. Lui commended Dr. Ellen Chen, Director of Population Health and her outstanding work in ensuring that PC hit all metric targets. Highlights include:
  - Depression Screening and follow up – Improvement noted from 40.2% to >50.3%; \$1.8M incentive funds.
  - SOGI – Improvement noted from 0% to >24% since March 2018. \$600K incentive funds
  - B/AA HTN Equity - Improvement from 62% to >63.6%. \$600K incentive funds.

Members celebrated Dr. Lui and Primary Care leadership team for the remarkable work undertaken by the Service to improve services provided to the community.

#### Dermatology Service Report – Toby Maurer, MD, Service Chief

The report outlined the following:

- Volume Statistics – The Service has increased access volume by 3000 more patients over the last year with the budget remaining the same at 1.5M.
- Clinical Service – New this year is a real inpatient service with rounding, billing, and documentation. This is in addition to the services provided to 13 CHN clinics, ER/Urgent Care, Referral from all Core Services Inpatient and Outpatient, SF Consortium Clinics and LHH.
- Faculty and Staff
- Teledermatology – 100% of patients in outpatient derm go through telederm triage system first. All referrals are teletriage consults from CHN and ZSFG clinics. For those patient who do not have primary care provider or coming from urgent care/ER, telederm intake and follow up occurs on Ward 92. New this year,
  - ER and Urgent Care to be added to the Service.
  - Jails and adolescent medicine added
  - LHH
  - Positive health
- Derm Resident Telederm – Derm residents learning telederm and communication with primary care providers and specialists.
- Research –Domestic and International Research programs. Dr. Maurer highlighted grants focusing on KS (Kaposi sarcoma)
- 2 UCSF/ZSFG Dermatology Residency Programs – UCSF/ZSFG Dermatology partnering with Markarere University in Uganda and MOI University in Kenya in developing dermatology residency/research programs, and exchange of faculty/residents and medical students. Frist class will be in Sept 2019.

- Committee Work – Full-time faculty are involved in several committees including the American Academy of Dermatology, SFGH and UCSF.
- PIPS-
  - Telederm live clinic wait times
  - Dermatopathology turnaround times for Inpatients
  - Pneumococcal vaccines in immunosuppressed patients
  - TB Monitoring in patients on biologics
  - Melanoma patient – lost to F/u for definitive treatment
- Goals for 2017 –
  - Telederm is not supported by Epic System – how to and when to integrate current system into Epic
  - Support Dermatology Resident Program at ZSFG
  - Support Fellowship Program of International Work in Kenya, Uganda
  - Continue to develop partnership programs for UCSF in General and Dermatology with AMPATH/Uganda
  - Start residency training program in Kenya/Uganda
  - Develop UCSF KS Center for Excellence at ZSFG

Dr. Maurer informed members UCSF is part of AMPATH (Academic Model Providing Access to Health Care), a multi school consortium in Kenya. AMPATH offers great programs in Medicine, Pediatrics, OB GYN and Psychiatry that take place in Eldoret where residents or faculty interested in teaching can go and get an amazing experience.

Members applauded Dr. Maurer for her excellent report and commended the outstanding services, and interaction provided by the Dermatology Service to other Clinical Services. Members also expressed appreciation of the teledermatology services, and its positive impact to the delivery of timely and appropriate care to patients. A copy of the report is attached to the original minutes of the January 14, 2019 Leadership MEC meeting.

Commissioner Comments:

Commissioner Chow asked if telemedicine for dermatology will be supported by EPIC. Dr. Day stated that ZSFG is in active discussions about how to leverage EPIC for tele-dermatology.

Action Taken: The Committee unanimously approved the following:

- Community Primary Care Clinics Service Rules and Regulations
- Dermatology Rules and Regulations
- ZSFG Medical Staff Policies and Procedures: Intraosseous Line Policy and MRI Gadolinium Contract Policy
- Standard Procedures Revisions: OB-GYN SP, Medicine/GI Privilege List, Surgery Privilege List

**10) OTHER BUSINESS**

This item was not discussed.

**11) PUBLIC COMMENT**

Meg Brizzolara, ZSFG Psychiatric nurse, stated that staffing levels went from okay to bare-bones. When the Department was down to one acute unit, nurses were supposed to only have one patient each, but most had 4-5 patients. Nurses were told that there would not have many patients with 1-to-1 assistance needs; however, many patients need total care including lifting. She added that CNAs are pulled from patients to do many other tasks, leaving nurses to complete these tasks. She also stated that Sasha Butler has been retaliated against due to his statements about changing the name of the hospital.

Brian Levardo, Registered Nurse in the Med/Surg unit, stated that he is concerned that Unit 58 is not being staffed and budgeted properly. There is an inconsistent staffing pattern, often using nurses from other units. The staff do not know if the unit will be kept open until late in the afternoon, so it is difficult to plan for the day. He requested guidelines describing the criteria for the unit so that nurses will understand which patients are appropriate.

Jeff Gatt, Nurse in the Med/Surg unit, stated that there is no consistent break coverage or staffing plan for Unit 58. He noted that recently a charge nurse was told to transfer all patients at 5pm because there were not enough staff available; at 7am, the charge nurse was instructed to admit 12 patients. This meant that each nurse had to admit 3-4 patients in a short period of time. He added that the normal standard is to admit one patient in a shift. He added that nurses are unable to fulfill their duties with this type of ratio and it impacts patient safety.

Megan Green, Oncology nurse, stated that the Med/Surg unit flex role was eliminated so patients sit with the charge nurse until another nurse can be found. The charge nurse must leave the post to give patients in dialysis medications. There is no weekend coverage. She added that all of this impacts patient safety and puts nurses in a stressful situation on a daily basis.

Angie, Registered Nurse on the H678 ACE unit, stated that there has not been a flex-nurse on this unit servicing elderly patients for over a year. There has never been a transport nurse assigned to this unit on the weekend; the transport nurse for the weekday shifts is often pulled to give breaks to other nurses. Therefore, each nurse is responsible for figuring out how to transport patients. There are never rounding PCAs; she added that patients in this unit often need total care. Coaches are assigned to watch 1-2 patients but are pulled to do rounds which means nurses must cover the patients during this time. She added that all of this results in patient safety concerns.

Will Carpenter, Emergency Department, stated that the department is under-staffed and the staffing pattern does not reflect the increasing amount of patients. He also stated that ZSFG is losing well-trained nurses to receive higher pay at better staffed Emergency Departments. Although the new ZSFG Emergency Department is four times larger than the old one, the staffing pattern remains the same. He is concerned about patient safety.

Aaron Cramer, Registered Nurse, advocated for transparency of transport data and patient falls data. He noted that through the work of the Patient Falls Taskforce, the hospital has implemented a falls-injury prevention program which has significantly reduced patient falls. He added that when Sasha criticized the Zuckerberg hospital name, he was punished.

Jamie Gonzalez stated that staffing is improving as people are trained but there is consistently not enough staff to cover breaks which leads to nurses filling out a patient safety form. Title 22 is violated by staff covering each other's breaks instead of having flex-and break nurses to fulfill this requirement.

Norlissa Cooper, stated that she tracks Title 22 data on her own. The rounding policy changed several years ago but no guidance was given on how to achieve the correct staffing levels. She added that she is giving ZSFG 30 days to correct staffing violations before providing data to the state.

Commissioner Chow thanked the individuals who made public comment and added that the Committee looks to the ZSFG Executive staff to follow-up on these issues.

## **12) CLOSED SESSION**

- A) Public comments on All Matters Pertaining to the Closed Session
- B) Vote on whether to hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1.

CONSIDERATION OF CREDENTIALING MATTERS

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORT AND PEER REVIEWS

**RECONVENE IN OPEN SESSION**

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. *Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)*

Action Taken: The Committee approved January 2019 Credentialing Report and Performance Improvement and Patient Safety Report. The Committee voted not to disclose other discussions held in closed session.

**13) ADJOURNMENT**

The meeting was adjourned at 6:17pm.