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MINUTES

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL

Thursday, January 24, 2008

3:00 p.m.

**1001 Potrero Avenue, Conference Room 2A6
San Francisco, CA 94110**

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 3:00 p.m.

Present: Commissioner Edward Chow, Chair

Absent: Commissioner James Illig, Member

Staff: Andre Campbell, M.D., Jeff Critchfield, M.D., Sue Currin, Delvecchio Finley, Myra Garcia, Valerie Inouye, Jay Kloo, Sharon Kotabe, Pharm. D., John Luce M.D., Anson Moon, Kathy Murphy, Gene O'Connell, Marti Paschal, Dan Schwager, Sue Schwartz and Cathryn Thurow (representing Sue Carlisle, M.D.).

2) APPROVAL OF THE MINUTES OF THE NOVEMBER 14, 2007 SAN FRANCISCO GENERAL HOSPITAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee approved the minutes of the November 14, 2007 San Francisco General Hospital Joint Conference Committee.

3) HOSPITAL ADMINISTRATOR'S REPORT

Gene O'Connell, CEO, gave the Hospital Administrator's report.

SFGH&TC Rebuild Town Hall Meeting

San Francisco General Hospital & Trauma Center will hold a SFGH Rebuild town hall meeting from 6:30 – 8:30p.m. in Carr Auditorium on Wednesday, February 13, 2008. The purpose of the meeting is to provide a summary of the work done to date, including an update on the project's progress in the Planning Department. Fong and Chan Architects will present the design concept for the new hospital, including the approved shape of the building, renderings, and basic floor plates. Ron Alameida of the Department of Public Works will explain the EIR process and construction schedule. Marc Primeau will give a presentation on the general obligation bond process. Meanwhile, the hospital user group meetings are continuing with the goal of completing the schematic designs by March 2008. SFGH has also met with the new head of the Planning Department and will present to the Civic Design Committee on January 28, 2008.

Workers' Compensation Clinic Closure

Consistent with the approved Health Commission Budget guidelines to prioritize programs that maintain services for the underserved, DPH issued notice to UCSF that the SFGH Workers' Compensation Clinic would cease operations and funding effective March 17, 2008. Subsequent to this notification several actions have been taken and are planned to ensure an orderly closure of the clinic. It is important to note that the Workers' Compensation Clinic (WCC) is just one of three services offered at the SFGH Occupational Health Service. The SFGH Employee Health Service and the City and County of San Francisco (CCSF) Departments Medical Surveillance/Work Order Clinic Service will continue to operate without interruption in services. The three Employer Clients served by the Workers' Compensation Clinic (the CCSF Department of Human Resources, the San Francisco Unified School District, and the CCSF MUNI/Department of Parking and Traffic) are actively working with SFGH to ensure an orderly transfer of workers' compensation care for their employees.

The following clinic closure actions have been taken and/or are on-going:

1. Gene O'Connell and Roland Pickens, along with DPH Human Resources met with the clinic staff to discuss the clinic closure issues, i.e. why the decision was made, if any employees will be laid off, and how Human Resources will assist employees.
2. Weekly Clinic Closure Meetings (including Employer Client representatives) began on January 16 and will continue until the close of the clinic.
3. In order to provide a coordinated phased closure process that allows for transfer of care to new providers, the last date that the SFGH WCC will see new employee injuries is Friday, February 1; the last date for seeing already scheduled patients and any current follow-up visits for existing injuries is Friday, March 14.
4. The three Employer Clients have provided SFGH with instructions on where to refer their employees for future workers' compensation services. Effective February 1, for any new workers' compensation injuries, employees of the three Employer Clients will receive care either at the provider whom they have previously pre-designated, or at the new provider identified by the Employer as required under current State Workers' Compensation Rules.

We are extremely proud of the services that have been provided by the staff of the SFGH WCC and we welcome incorporating the fine employees into vacant positions within DPH.

2008 Heroes & Hearts Award

Five recipients of the third-annual Heroes & Hearts Award will be honored at the Heroes & Hearts Luncheon on Thursday, February 14, 2008 in Union Square. The Heroes & Hearts Award will be

presented to the following individuals who have demonstrated exceptional and inspirational behavior to another individual or the community as a whole: Alicia Boccellari, Ph.D., UCSF Clinical Professor and Director, Division of Psychosocial Medicine; Robert Brody, M.D., Medical Director for Health at Home; Catherine Dukes, City public safety communications technician and Good Samaritan; Sergeant Bob Guinan, Law Enforcement Special Olympics Torch Run Executive Committee; and Fernando Hechavarria, San Francisco street artist and Good Samaritan. Judith Luce, M.D., Director of Oncology Services, will receive the distinguished "Spirit of the General" award.

Heroes & Hearts is an outgrowth of 2004's Hearts in San Francisco city-wide art installation and fundraiser project. All proceeds benefit the San Francisco General Hospital Foundation and its mission of funding SFGH programs that enhance patient care and comfort. Heroes & Hearts has raised over \$2.5 million for the hospital.

Grants and Awards

SFGH received a grant of \$50,000 from the Richard & Rhoda Goldman Foundation in support of hiring a new bilingual Options Counselor at the Women's Options Center.

Sue Currin, RN, MS, Chief Nursing Officer, and Leslie Holpit, RN, MSN, Nursing Retention and Recruitment, were invited by the Gordon and Betty Moore Foundation to be one of three spotlight presenters at the 2008 Betty Irene Moore Nursing Initiative Summit on February 21, 2008. The invitation is an acknowledgement by the Moore Foundation of the exceptional outcomes achieved through the SFGH RN Mentorship Program.

Patient Flow Report for December 2007

Please find attached a snapshot of the hospital's patient flow activities for the month of December. This report includes the following data: Average Daily Census, Average Length of Stay, Non-Acute Days, Admissions and Discharges, and Diversion rates. We also included some charts that depict our daily census by acute, administrative and decertified days. The goal for this report is to foster a better understanding of San Francisco General Hospital's daily operations and to provide a consolidated view of patient flow. The hospital acquired a performance measure scorecard and project management product from a New York based company, Performance Logic. The web-based product is called Health Commander and will allow us to track data trends and present data in a clearer more user-friendly way.

- Average Daily Census was 430.9, which is 0.4% over budgeted beds and 90% of physical capacity of the hospital.
 - ADC for Medical/Surgical beds was 219.3 – this translates into 104% of budgeted beds and 90% of Medical/Surgical physical capacity.
 - ADC for Psychiatry beds was 81.0, which is 96% of budget and 83% of physical capacity.
 - As depicted in the attached charts, our ADC for Medical/Surgical and Skilled Nursing beds are increasing and decreasing for Psychiatry.
- Average Length of Stay:
 - 5.6 days for Medical/Surgical
 - 12.2 days for acute Psychiatry
 - 27.1 days for our Skilled Nursing Ward

- Projecting for the fiscal year, we see a 1.7% increase in length of stay for Medical/Surgical and 11.3% for Psychiatry beds. This is based on six months and may change significantly as the year continues. The SFBHC is projected for an 8% increase in length of stay but because the number of discharges is small, outliers can really skew the average.
- Non-Acute Days:
 - 12% of the Medical/Surgical bed days (n =839) were non-acute. 10% are administrative days and 2% are decertified days. This is within 1% of the average for the fiscal year to date.
 - Currently, Psychiatry Utilization Review Department is extremely short staffed. As a result, data are available for only 46% of the Psychiatric days. Of these, 34% (n= 853) were non-acute. This figure is lower than the Department's average (>50%) for the last couple of years and will most likely be increased once all days are accounted.
 - Approximately 53% of non-acute days for both Med/Surg and Psychiatry are related to placement (n=781).
- Admissions / Discharges:
 - Total number of admissions was 1,348
 - Total number of discharges was 1,384
 - There were 4,390 encounters in the Emergency Department; 18% resulted in an admission
 - There were 571 PES encounters; 25% were admitted
 - Projecting for the year, we will see a 7.5% increase in Emergency Department encounters and a 7.9% increase in PES encounters.

<u>Admit From</u>	<u>Med/Surg</u>	<u>Psych</u>	<u>SNF</u>	<u>SFBHC</u>
Emergency Dept	725			
Newborn	111			
SFGH Clinic	173		1	
SFGH Surgicenter				
Discharge/Readmit	11	9	17	12
Correctional Fac.		22		
Oth SF Acute Hosp	5			
Labor and Delivery	124	3		
Psych Emerg	2	143	1	
Others / Blanks	1			

<u>Discharge to</u>	<u>Med/Surg</u>	<u>Psych</u>	<u>SNF</u>	<u>SFBHC</u>
Home	927	100	12	
SFGH Psych	22			3
Laguna Honda (new)	35			
Laguna Honda				

(readmits)				
Forensic Fac.	18	32		
AMA	31	4	3	
SFGH SNF	21	3		
Oth SF Acute Hosp	24	1	1	1
Died	37			
Oth Rehab Fac				
SFGH Acute Care		9	2	6
Board and Care	5	3	1	3
Others	52	28		

- Diversion:
 - SFGH had 65 episodes of full diversion, 174 hours, which equates to 23% of the time.
 - PES was on condition red 162 hours or 22% of the time.

Commissioners' Comments

- Commissioner Chow said there do not appear to be a lot of options left to address PES diversion. Ms. O'Connell agreed and said they are looking forward to the community urgent care center opening. Commissioner Chow asked that impact of the changes at Laguna Honda Hospital on SFGH be a monthly topic of discussion.

4) PATIENT CARE SERVICES REPORT

Sue Currin, R.N., Chief Nursing Officer, presented the Patient Care Services Report.

VACANCY RATE

San Francisco General Hospital RN inpatient vacancy rate is defined as a percentage of vacant budgeted full time equivalents (FTE's). In calculating the vacancy rate, open vacant FTE's are divided by the total number of budgeted FTE's (607.3 FTE). The hospitals vacancy rate plays a major role in recruiting and retaining qualified nursing staff. High vacancy rates have been linked to poor patient outcomes and low staff morale. The California Employment Development Department has projected that California's demand for RN's in the coming decade will range from 221,422 to 270,155 to replace retiring nurses and to meet the demand for nursing care. SFGH currently has identified 155 RNs that are eligible for retirement as well as additional RN's needed to meet the demands of state mandated staffing ratios. In anticipation of the looming nursing shortage that is predicted to peak between 2010-2012, SFGH has actively recruited, hired and trained new graduate nurses. We have created a strong recruitment and training program to fill the vacancies of retiring nurses. Key to the success of this program is having available (open and approved) RN positions to hire into.

The Memorandum of Understanding (MOU) between the City and County of San Francisco and Local SEIU - Healthcare Workers Union approved the following increase in FTEs for the 2007-2008 fiscal year at SFGH to meet staffing ratios and provide safe patient care:

Unit Clerks	Nursing Assistant 38.10 6.80	Registered Nurse 38.10	Mental Health Rehabilitation Worker 1.00

These positions remain crucial to the functioning of the hospital and the various programs.

December 2007 2320 RN VACANCY RATE: Overall 2320 RN vacancy rate for areas reported is 1.48%

TITLE 22: MINIMUM NURSE-TO-PATIENT RATIOS FOR HOSPITALS

In 2004, minimum nurse-to-patients ratios were legislated for acute care hospitals. The ratios represent the maximum number of patient that shall be assigned to one licensed nurse at any one time. Licensed nurses include RNs, LVNs, and LPTs. Only licensed nurses providing direct patient care shall be included in the ratios. The ratio must be met at all times, which includes coverage during breaks. Several court challenges have upheld the legislation.

Additional staff, in excess of the prescribed ratios, including non-licensed staff, shall be assigned in accordance with the patient classification system. Title 22 has required patient classification systems for many years prior to the ratio requirements. Patient classification identifies nursing care requirements based on the individual patient's severity of illness, the need for specialized equipment and technology, the complexity of clinical judgment needed to care for the patient, the ability for self care and the licensure of personnel required to deliver the care.

The nurse-to-patient ratio requirements differ by clinical areas and have changed over time. The following table summarizes the requirements:

<u>CLINICAL AREA</u>	<u>2004</u>	<u>2005</u>	<u>2008</u>
Medical/Surgical	1:6	1:5	
Telemetry	1:5		1:4
Step down unit	1:4		1:3
Pediatrics	1:4		
ICU, NICU, PACU, L&D	1:2		
Behavioral Health / Psych	1:6		
OR	1:1		
Post-Partum	1:6		
Mother/Baby diads	1:4		
Well Baby	1:8		
Emergency Dept.	1:4		
Triage	1:1		
Base Station Radio	1:1		
Trauma	1:1		
Critical Care	1:2		

SFGH RATIO STAFFING DATA: By Number of Shifts – 12/01/07 to 12/31/07 - SFGH was able to meet staffing ratios in all areas except in Psychiatry where there were times when the area was unable to cover breaks.

PATIENT CARE DOCUMENTATION

Beginning in January 2007, the PATIENT CARE DOCUMENTATION PROJECT has implemented electronic nursing documentation in the medical-surgical inpatient units. The Invision/LCR components implemented include Vital Signs, Intake and Output, Frequent Assessments, Shift Assessments and the Admission Assessment.

The positive outcomes of the project include improved legibility, accessibility of patient data to providers from any computer, reduced rounding time by providers, improved nursing communication of data, improved screening of nutrition, rehabilitation and suicide risks, and updating the Lifetime Clinical Record (LCR) Home Medication list. Nursing staff have been remarkably resilient and accepting of their new documentation system. Twelve pages of paper documentation have been retired.

The electronic documentation will be rolled out to all inpatient areas. Audit reports are in development. The reports will streamline data collection analysis.

The next documentation components to be developed include an electronic medication administration record and electron discharge planning/instructions.

RN INTERNSHIP PROGRAM

The RN Internship Program began in 2004 as a three year program funded by the Gordon and Betty Moore Foundation for \$2.34MM. The program has three components: training for 50 new graduate RNs from associate degree nursing schools, preceptor and mentor training and “enrichment” for current associate degree and foreign-educated RN staff. Goals for the program include improved retention of new graduate RNs, a lower RN vacancy rate, enhanced clinical and decision making skills for RN staff and improved patient care.

New graduate retention improved from 18% in 2004 to 5.3% for Internship participants at the end of 2007. This reduction represents a substantial cost savings. New graduates reported increased perceptions of support and professional satisfaction as well as improvements in communication and leadership skills. Overall RN vacancy decreased from an average of 11% in 2004 to an average of 5.7% in 2007. RN participants in the program have demonstrated improvements in clinical competency as measured through self evaluation and supervisor’s evaluation. Beginning and advanced preceptor classes had 141 participants and 36 mentors were trained in three years.

The Internship Program expanded to include RN Professional Role development which will be rolled out to all the SFGH RN staff. Professional Role development focuses on the four professional role behaviors of self direction and decision making, use of evidence in practice, transfer of knowledge and provision of care. At present, 361 individuals have participated in the professional role development training. SFGH has made a commitment to the Gordon and Betty Moore Foundation to continue the Internship Program.

The final class for the summer 2007 new graduate nurses is scheduled for February 12, 2008. Nurse Educators are currently meeting to update the new graduate RN Program for all Nursing Specialty Areas.

RECRUITMENT/RETENTION

Planning efforts are currently underway for the new Graduate Program for Spring/Summer hires. The Preceptor class for the Medical-Surgical Leadership Team is scheduled for 01/15/08.

DOROTHY WASHINGTON GALA

San Francisco General Hospital is preparing for the third Dorothy Washington Gala Fund-raiser, benefiting the Dorothy Washington Nursing Educational Fund. Over the past six years 12 scholarships have been awarded to staff nurses to continue their baccalaureate and graduate level nursing education, four nurses will receive the scholarship award for 2008. This years gala, dinner and dance is being held on May 9th at the Westin San Francisco (50 Third Street, San Francisco)

from 6pm-11pm. The SFGH Foundation is actively pursuing corporate sponsors for the event . Individual tickets can be purchased for \$175. Part of the fund-raising efforts will also involve raffle ticket sales to the hospital staff.

2008 EVIDENCE BASED PRACTICE (EBP) FELLOWSHIP

The goal of the SFGHMC Evidence-Based Practice Fellowship Program is to strengthen the evidence based role performance of staff nurses by using practice problems to search for evidence based solutions aimed at improving patient care quality, safety and outcomes.

Practice based on evidence achieves the goals of standardization, reduces variability in practice, and ultimately produces enhanced patient safety, improved satisfaction, reduced care delivery costs, and best patient outcomes. Evidence-based practice (EBP) is the conscientious and judicious use of current evidence to guide decision making in the delivery of health care. Sources of evidence include data from clinical and experimental trials, observational studies, expert opinion, and expert consensus. Such evidence is combined with patient preference, nursing expertise, and unit culture to achieve the best possible outcomes for the patients under our care.

The overall purposes of this program are to:

1. Teach staff how to apply the skills of research utilization, problem identification, and solution testing to promote the adoption of evidence-based practice;
2. Stimulate innovative thinking regarding practices that are efficient and effective in improving patient outcomes;
3. Foster professional growth and development of staff nurses to facilitate recruitment and retention at SFGHMC; and
4. Identify issues and develop improvement strategies to enhance care delivery.

The 2007 EBP projects were well received by the nursing staff. The topics included ventilator associated pneumonia protocol, nurse handoffs at change of shift, sepsis protocol, reduction of seclusion and restraint, and reduction of perineal trauma in laboring women. The 2008 staff nurse EBP project proposals will be submitted to the Chief Nursing Officer by 1/28/2008. Five proposals will be selected for the 2008 program. Advanced Practice Nurses will be selected as Clinical Coaches/ sponsors for five staff nurse fellows.

PSYCHIATRIC EMERGENCY SERVICES

The Purpose of Condition Red is to allow Psychiatric Emergency Services (PES) to decrease both the census and acuity to ensure safety for patients and staff. During condition Red, PES is on diversion. Police and EMS staff are directed to send patients requiring emergent psychiatric treatment to other local hospital emergency departments.

The average amount to hours on Condition Red for 2007 is 211.7 with a high of 379.9 hours in October 2007 and a low of 71.0 hours in September 2007. As of December 2007, the total Condition Red had decreased to 162.5 hours.

SUSAN A. CURRIN, CHIEF NURSING OFFICER RECIPIENT OF THE ASSOCIATION OF CALIFORNIA NURSE LEADERS (ACNL) – 2007 EXCELLENCE IN LEADERSHIP AWARD

Each year, ACNL recognizes nurse leaders for excellence in nursing leadership and advancement of clinical practice who have also made significant contributions to or demonstrated significant support of the nursing profession. Sue Currin has demonstrated such support and is considered a true nurse leader by her ACNL colleagues who nominated her as a result of the many contributions and advancement she has made to the profession. She will receive the award during the 30th Annual

ACNL Conference, *Win, Place or Show: Leadership on Track*, February 10-13, 2007. The awards ceremony is being held on **Tuesday, February 12, 2008**, as part of the Awards Banquet Luncheon. As part of the recognition process, during the conference, ACNL will display a picture of Ms. Currin along with a brief statement about her contributions to nursing.

Commissioners' Comments

- Commissioner Chow said it sounds like the hospital has a split chart, partially electronic and partially paper. Dr. Luce said the currently is a hybrid record. There is a full desire and commitment to a full electronic record. What is holding this back is the money and staff needed to implement the software. Dr. Critchfield added that the steps forward are positive and the additions to the LCR have been strategically chosen. Commissioner Chow asked what is expected from the nurses who complete the fellowship. Ms. Currin said they will continue to work on projects using the same methodology. The hospital supports their continued efforts by allowing them to work one shift per month on the project.

5) MEDICAL STAFF REPORT

Jeff Critchfield, M.D., Chief of Staff, presented the Medical Staff Report.

ANNOUNCEMENTS

- The San Francisco General Medical and Trauma center performed superbly in its care of 2 patients who had been mauled by a tiger at the San Francisco Zoo the evening of December 25th, 2007. Acknowledgement and appreciation to Sue Currin and her staff who were here over the holidays supervising the interaction of the hospital with the international media. Appreciation to Dr. Rochelle Dicker, Bill Schechter and Eric Isaacs for their efforts interacting with the media during the press conference. Through a team effort the patients received excellent care and the mission of the hospital was shared in a very positive light.
- Changes in the leadership of Clinical Services:-
 - Dr. Chris Barton was appointed as Acting Chief of Emergency Medicine. Dr. Barton is Professor of Medicine attending in the SFGH ED for the past 9 years.
 - Dr. James Dilley was appointed as Acting Chief of Psychiatry. He is a Clinical Professor of Psychiatry and a founder and director of the AIDS Health Project in San Francisco.
- There are six ongoing open searches for Service Chiefs. The following members are leading the searches: Dr. Andrew Murr for Ophthalmology, Dr. Kevin Grumbach for Surgery, Dr. James Marks for Emergency Medicine, Dr. Eberhard Fiebig for Psychiatry, Dr. Theodore Miclau for Medicine, and Dr. Philip Darney for Pediatrics.
- Medical Staff Office successfully completed the annual delegation oversight audit administered by the San Francisco Health Plan with a 100% score.

6) CHART PATIENT SATISFACTION SURVEY QUARTERLY REPORT

Sue Schwartz, Quality Improvement Manager, presented an update on the CHART Patient Satisfaction Survey. SFGH received ratings above the CHART average.

Commissioners' Comments

- Commissioner Chow asked how often the CHART results are updated. Ms. Schwartz said this is publicly available data and is updated quarterly.

7) JOINT COMMISSION CORE MEASURE QUARTERLY REPORT

Sue Schwartz, Quality Improvement Manager, presented an update on Joint Commission Core Measures. San Francisco General Hospital is at or above average on almost all core indicators. A few areas where they would like to do better are smoking cessation advice and administration of pneumococcal and influenza vaccinations.

8) PUBLIC COMMENT

None.

9) CLOSED SESSION:

- A) Public comments on all matters pertaining to the closed session

None.

- B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 3:55 p.m. Present in the closed session were Commissioner Chow, Jeff Critchfield, M.D., Chief of Staff, Andre Campbell, M.D., Past Chief of Staff, Sue Currin, Chief Nursing Officer, Myra Garcia, CPCs, CMSC, MSSD Analyst, Jay Kloo, Regulatory Affairs, Sharon Kotabe, Pharm. D., Associate Administrator, John Luce, M.D., CMO, Chair, PIPS, Anson Moon, Senior Health Program Planner, Kathy Murphy, Deputy City Attorney, Gene O'Connell, Executive Administrator, Marti Paschal, Director of Administrative Operations, Dan Schwager, Director of Medical Staff Services, Sue Schwartz, Quality Improvement Manager, Delvecchio Finley, Associate Administrator, Cathryn Thurow, UCSF Dean's Office and Michele Seaton, Health Commission Executive Secretary.

- C) Closed session pursuant to Evidence Code Sections 1157(a) and (b); 1157.7; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

APPROVAL OF CLOSED SESSION MINUTES OF NOVEMBER 14, 2007

Action Taken: The Committee approved the November 14, 2007 closed session minutes.

CONSIDERATION OF CREDENTIALING MATTERS

Action Taken: The Committee approved the Credentials Report.

CONSIDERATION OF PEER REVIEW, QUALITY OF CARE, PERFORMANCE IMPROVEMENT, NATIONAL PATIENT SAFETY GOALS QUARTERLY REPORT AND JOINT COMMISSION ANNOUNCED SURVEY REVIEW

D) Reconvene in Open Session

The committee reconvened in open session at 4:40 p.m.

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 voted not to disclose discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 4:40 p.m.



Michele M. Seaton
Executive Secretary to the Health Commission