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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday, June 22, 2021 3:00 p.m.
REMOTE MEETING VIA WEBEX EVENT**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D., Chair
Commissioner Laurie Green, M.D.

Excused: Commissioner Susan Belinda Christian, J.D.

Staff: Susan Ehrlich MD, Claire Horton, MD, Adrian Smith, Aiyana Johnson, Andrea Turner, Jennifer Boffi, Karrie Johnson, Lisa Winston MD, Lukejohn Day MD Michael Gerchow, Sue Carlisle MD, Terry Dentoni, Troy Williams, Casie Aniya, Dan Schwager, Christopher Ross, Susan Brajkovic, Daphne Nguyen

The meeting was called to order at 3:08pm.

2) APPROVAL OF THE MINUTES OF THE MAY 25, 2021 ZUCKERBERG FRANCISCO GENERAL JOINT CONFERENCE COMMITTEE MEETING

Action Taken: The Committee unanimously approved the April 27, 2021 meeting minutes.

3) REGULATORY AFFAIRS REPORT

Adrian Smith, Chief Quality Officer, presented the item.

Commissioner Comments:

Commissioner Chow asked for clarification regarding the acronym, "AVS." Mr. Smith stated that the abbreviation stands for "after visit summary."

Commissioner Chow thanked Mr. Smith for the report.

4) SAFETY A3 PRESENTATION

Lisa Winston, MD, Chief of Staff, Adrian Smith, RN MSN, Chief Quality Officer, and Leslie Safier, MPH, Director of Performance Improvement, presented the item.

Commissioner Comments:

Commissioner Chow asked if it makes sense to develop a new workgroup to focus on reducing patient fall rates. Ms. Safier stated that it is challenging to create a new group outside of the quality work structures that already exist. She added that it may make sense to have the ZSFG experts in falls to go to the wards for monitoring and teaching staff.

Dr. Ehrlich stated that the rise in falls at ZSFG was preceded by EPIC implementation and the COVID-19 pandemic; she noted that during this time hospital safety metric goals were not as focused upon.

Dr. Winston stated that reducing harm to patients is the highest priority and added that frontline staff will be engaged in this improvement work. Mr. Smith stated that he and Ms. Dentoni have been discussing the partnership of nursing and quality staff in making these improvements.

Commissioner Green noted that the issue of falls is a conundrum because each patient scenario is distinct.

5) TRUE NORTH SCORECARD UPDATE

William Huen, MD, Associate Chief Medical Officer, and Chris Ross, MPH, Strategic Planning Manager, presented the item.

Commissioner Comments:

Commissioner Green asked for more information regarding the bed turn-around metric. Ms. Dentoni stated that patient discharge times impact the ability of Environmental Services staff to get the room ready for another patient. She noted that additional staff have been added on shifts that coincide with standard patient discharge times to improve the metric. Patients generally are discharged around 3:30pm or 4pm, which is also the change of shift time for the Environmental Services staff.

Commissioner Green asked if the Environment Services staff work 8 or 12-hour shifts. Ms. Dentoni noted that the Environmental Services staff work 8-hour shifts.

Commissioner Green commended ZSFG for the increase in the metric indicating that staff would recommend ZSFG to friends and family members. She asked how many staff responded. Ms. Johnson stated that the survey was last conducted in 2019 with a response rate of 54% with 2,500 responses. She noted that the DPH Human Resource Department has contracted with a new vendor and will be resurveying staff this year.

Commissioner Chow asked for more information regarding inpatient and outpatient service surveys. Ms. Johnson stated that CMS mandates that paper surveys be sent to individuals who receive inpatient services. She noted that ZSFG also conducts real-time surveys with this population. Those who participated in either inpatient or outpatient services receive an email after discharge; if they do not respond in 48 hours, a reminder phone call is made and if there is still no response within 24 hours, a text message is sent.

6) QUALITY CORE MEASURES UPDATE

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

Commissioner Comments:

Commissioner Green asked if ZSFG leadership feels that CMS has categorized the hospital appropriately, as it relates to patient data comparison. She asked how ZSFG might address the high acuity of its patients and social determinants. She also asked if other hospitals are putting patients on observation status to avoid readmissions. Ms. Safier stated that ZSFG advocated that ZSFG patient data be categorized with dual eligible for Medicare and MediCal, but CMS did not agree. Dr. Day stated that with EPIC, ZSFG is now able to put patients on observation status and have that noted in the electronic medical record. He added that ZSFG is conducting a PDSA for Medicare patients, hoping the study will move the hospital in the right direction.

Commissioner Green asked why Medicare/MediCal is not a patient category. Ms. Safier stated that she will do more research on why CMS has not chosen to use this category.

Commissioner Chow noted that the national average for pneumonia days is 5 and ZSFG shows 54. Ms. Safier stated that there was a patient in the Emergency Department with 30 days within the last discharge. She noted this is very common for the ZSFG patient population because of higher incidences of severe infection, dementia, major psychiatric disorders, and other complexities that lead to patients returning to the hospital.

Commissioner Green asked if it would be helpful to move ZSFG to a different tier so there are not so many CMS metrics. Ms. Safier stated that when ZSFG patients go to other hospitals, CMS continues to track the data. CMS does not give ZSFG a choice in the tier in which it is categorized.

7) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT AND EMERGENCY DEPARTMENT NEWSLETTER

Susan Ehrlich, MD, Chief Executive Officer, presented the item.

SAFETY

1. COVID-19 Demobilization

As San Francisco begins to move into our “new normal,” ZSFG has begun COVID-19 demobilization. And while the organization is ready to surge up if necessary, ZSFG has initiated the following changes to prepare for our new future.

Safer Return Together Order

On June 11th, San Francisco released a new Health Order – the Safer Return Together Order – which largely reflects the State’s retirement of the covid-19 tier system and the State’s reopening in general. This order rescinds many of the previous orders and directives relating to COVID-19 and went into effect at 12:01am on June 15th. Some of the major changes from the new order are as follows:

- Local capacity limits are lifted: there are no local capacity limits on businesses, gatherings, or activities.
- Vaccination is required for personnel in certain high-risk settings (e.g. acute care hospitals such as ZSFG).
 - Individuals are strongly urged to get vaccinated as soon as they can.
 - Certain high-risk settings with large numbers of vulnerable people will be required to ascertain vaccination status of personnel and require vaccination with limited exemptions. This requirement is triggered 10 weeks after the federal government grants full authorization to any COVID-19 vaccine.
 - There are limited exemptions for personnel who cannot receive the COVID-19 vaccine due to medical or religious reasons. However, personnel who are exempt must wear N95 masks and test negative once a week to work on-site in a high-risk setting
 - DPH will provide an online sample vaccination ascertainment and declination form.
- Face coverings will not need to be worn in certain scenarios.
 - Fully vaccinated individuals will no longer need to wear face coverings in businesses or other public areas except in some limited settings where the CDC recommends (e.g. healthcare settings).
 - Face coverings will no longer be required outdoors.

Because ZSFG is governed by Cal/OSHA as well as the state and local health orders, we await Cal/OSHA’s updated regulations and at this time are not changing our masking, meeting, distancing or COVID-related policies or practices in response to this order at this time.

Decreased Staff Vaccination Hours

On June 1st, our staff vaccination clinic transitioned from the Wellness Center to Occupational Health Services. Because the majority of our staff have already received the vaccine, ZSFG was able to downsize our staff vaccination clinic and decrease the hours to Tuesdays from 8:00am-11:00am via scheduled appointments only.

As we learn more about our teams’ needs once vaccinations are required, we will re-examine how to meet these needs with clinic appointments, roving vaccine teams or other strategies.

Updated Meeting Guidance

On June 2nd, ZSFG's Infection Control team released new, approved de-escalation measures for in-person meetings. The following guidelines were outlined:

- 1) Indoor meetings with masks continue to be allowed, provided that 6 feet of distance can be maintained between attendees. The number of attendees is based on the size and configuration of the room. No food and drinks are permitted.
- 2) Patient education and support groups can meet indoors with masks, provided that 6 feet of distance can be maintained between attendees. No food and drinks are permitted. The maximum number of participants is 15. Patients will need to follow standard screening protocols, including confirmation that they have an appointment on campus.
- 3) People are permitted to eat together informally outdoors. Those who are not vaccinated should maintain 6 feet of distance from others.
- 4) Scheduled outdoor gatherings are permitted on campus as long as they do not exceed 25 attendees (e.g. on the Building 25 rooftop). Attendees will wear masks but may remove them while eating or drinking. Per San Francisco guidelines, attendees will also maintain a 6-foot distance.

The team will re-evaluate these guidelines every two weeks or as necessary as rules change.

Many thanks to all our staff for their incredible work throughout and beyond the pandemic, as well as their unwavering dedication to one another, our patients and community!

SAFETY 2. Vaccinating San Francisco

On May 19th, San Francisco celebrated one million COVID-19 vaccines! Of those 1 million doses, ZSFG contributed to over 120,000 of them. On May 31st, San Francisco reached another milestone of providing at least one dose of the vaccine to 70% of the city's population. That, in addition to 77% of San Franciscans over the age of 12 and 89% of those over the age of 65. ZSFG was again a major contributor to these statistics, providing nearly 20% of all San Francisco vaccinations and nearly 66% of all vaccines provided by the SFHN.



To continue our patient vaccination efforts, on Saturday May 29th and June 5th, ZSFG hosted Family Day events to promote COVID-19 vaccinations throughout the community. These events were open to anyone over the age of 12 and took place from 9am-3pm on campus. Thanks to our many sponsors, live entertainment, food and giveaways were offered to those receiving the vaccine.



Our deepest gratitude to Lukejohn Day, Chief Medical Officer, and the teams who have come together to make this possible and ensure our community has access to the COVID-19 vaccine.

SAFETY

3. Visit from Governor Gavin Newsom

On Thursday, June 10th, Governor Gavin Newsom, State General Attorney Rob Bonta, Mayor London Breed, Executive Director of the Giffords Law Center, Robyn Thomas, and President of the Brady California Organization, Mattie Scott, visited ZSFG to announce California's official appeal of the federal ruling to overturn the longtime ban on assault weapons in the state. All parties gave incredibly moving speeches about the importance of appealing this ruling and the positive impact that the state's standing ban has made on the lives of Californians.

To further emphasize these points, ZSFG Trauma Surgeon, Dr. Andre Campbell, delivered a very powerful speech, in which he offered his unique perspective on the issue, as someone who has witnessed the terrible results of gun violence, for over 20 years at our organization. Governor Newsom closed out the conference by thanking frontline staff who continually respond to these horrific events.

Many thanks to Dr. Campbell for representing ZSFG in this important endeavor and to all the amazing guests for visiting our campus and speaking on this vital issue.



DEVELOPING OUR PEOPLE

4. Special Edition of the Nursing Newsletter

May 6-12 was National Nurses Week! To celebrate this occasion, ZSFG's Nursing Leadership issued a special edition of their Nursing Newsletter, *The Stetho-Scoop*, on May 20th.

This special issue included a video thank you message from our Chief Executive Officer, Chief Nursing Officer, Chief Medical Officer, and Nursing Directors. The leaders expressed their gratitude to our nursing staff for their incredible dedication to San Francisco's patients and communities and for being the heroes they truly are.

Additionally, this newsletter highlighted the DAISY Award honorees, O'Connell Society Award winner, and the Robert Lull, MD Award winner. The DAISY Award is a nationwide program that recognizes nurses and nursing teams for their commitment to patient care and clinical expertise. The following staff were nominated for the Daisy Award by their peers: Nasrin Aboudamous, Robert Alvernaz, Gretchen Arcia, Avel Ascencio, Patrice Martin, Jennifer Siruno, and Santiago Tan. The following DAISY Award Honorees are those who personify ZSFG's True North Commitment to Quality and Care Experience: Chinelo Amah, BSN, RN, Jude Guide, MSN, RN, Rachel Liberto, BSN, RN, Rakhee Patel, RN, and Elizabeth Saunders, MHA, BSN, RN.

The O'Connell Society Award is presented to Nurse Leaders whose professional contributions have significantly improved care delivery, patient outcomes, and community health. Identified by their peers and colleagues, award recipients have demonstrated their skills as advocates, change agents, leaders, and mentors while embracing and modeling the art and science of Nursing. This year's awardee is Sara Cole, BSN, RN, CNRN, Stroke Program Coordinator.

Lastly, the Robert Lull, MD Award was established in 2004 by the ZSFG Medicine Service to recognize a faculty member/provider in a specialty other than Internal Medicine for excellence in teaching and dedication to providing exceptional consultation to patient care on the Medicine Service. This year's honoree is Tanvi Bhakta, MSN, RN, CNL, Nurse Manager for H66/68 & H47.

Much appreciation to all our wonderful nursing staff for their unwavering commitment to each other, our patients and community!



DEVELOPING OUR PEOPLE

5. 10th Anniversary of the Wellness Center

On June 15th, ZSFG's Wellness Program celebrated their 10-year anniversary! ZSFG Community Wellness has successfully providing innovative, culturally, and linguistically accessible wellness programs and services for our staff, patients, their families, and all San Franciscans since 2011.

In honor of this incredible milestone, the Wellness Program hosted the 10 Working Days of Wellness event, from June 2nd through June 15th. Throughout the week, they offered COVID-friendly yoga classes, strength training classes, and massages for staff on the Building 25 rooftop. To conclude the celebration, on June 15th, they hosted a half-mile wellness walk, which is marked through and around the campus. Staff can use the stickers to guide their wellness walks throughout the year.

Many thanks to our Wellness Program for their amazing work over the past 10 years. ZSFG is deeply grateful for their continued efforts to promote health and wellness for our patients and staff!

DEVELOPING OUR PEOPLE

6. Annual Medical Staff Meeting



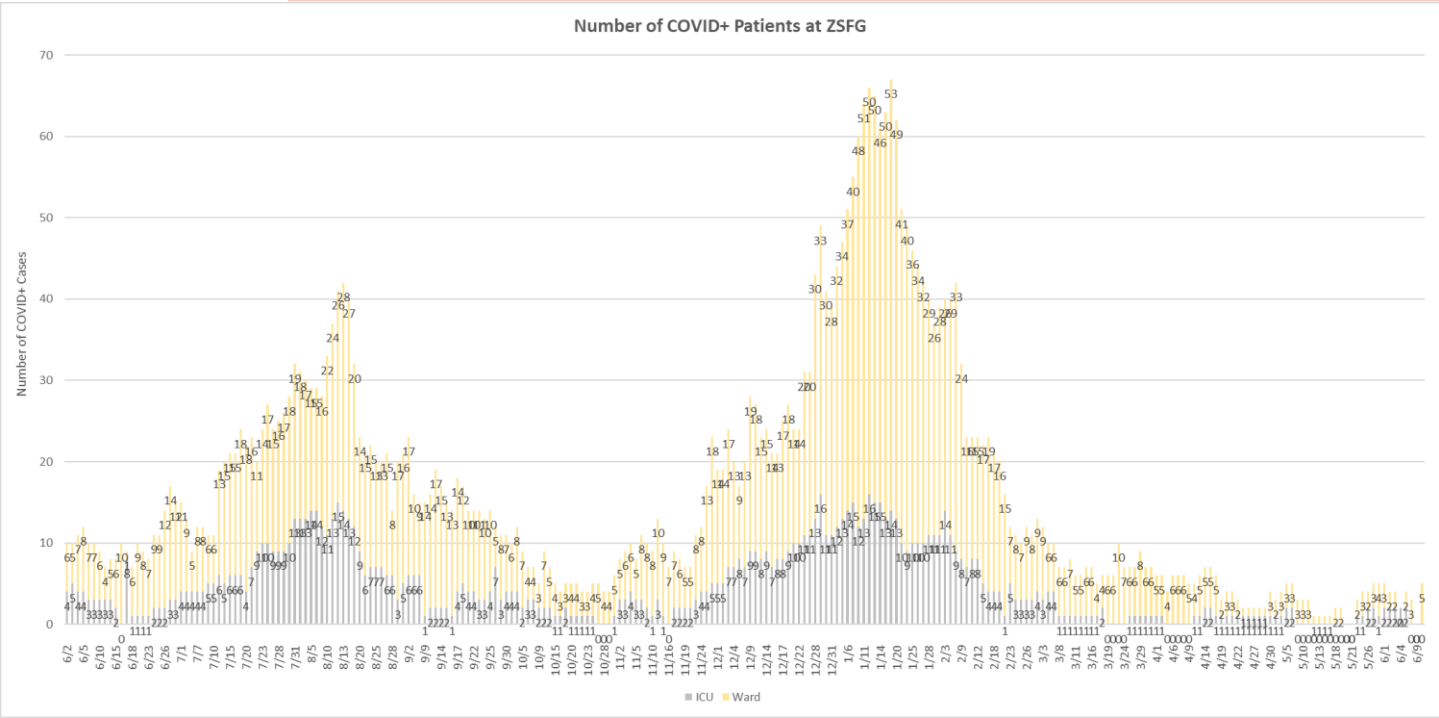
2021 Rapaport Awardee
Diane V. Havlir, MD

In early June, UCSF held their Annual Medical Staff Meeting. Doctors Grant Colfax, Edward Chow and Talmadge King expressed their deep gratitude for our medical staff. Additionally, the Community Primary Care and Krevans awards were presented to our accomplished resident physicians. The final award of the night is always given to the Rapaport Awardee, an award named after Eliot Rapaport, a cardiologist who devoted more than 40 years of his life to SFGH in a number of leadership positions, including Vice Dean of UCSF at SFGH. Presented by Sue Carlisle, this year's award went to Diane Havlir, Chief of the HIV, Infectious Diseases and Global Health Division here at ZSFG.

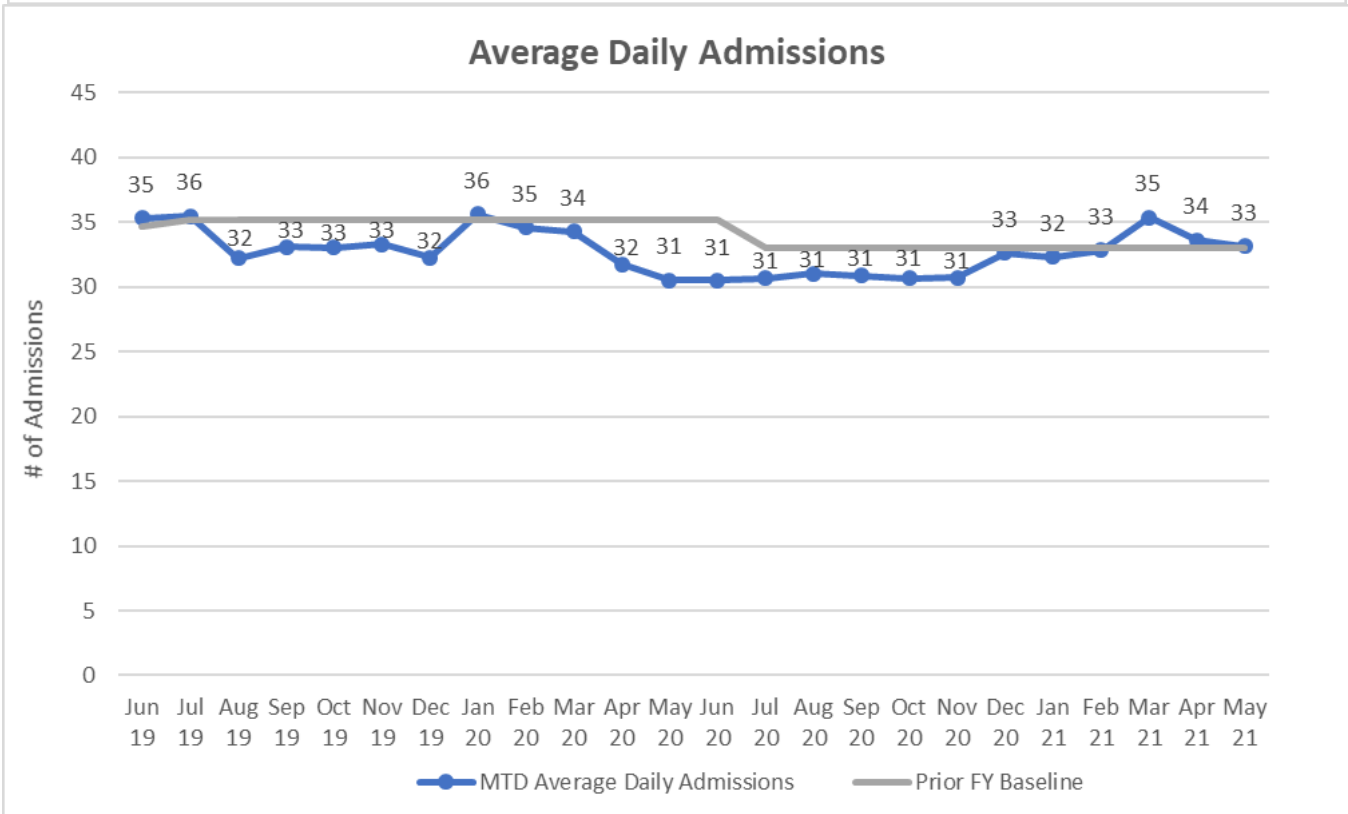
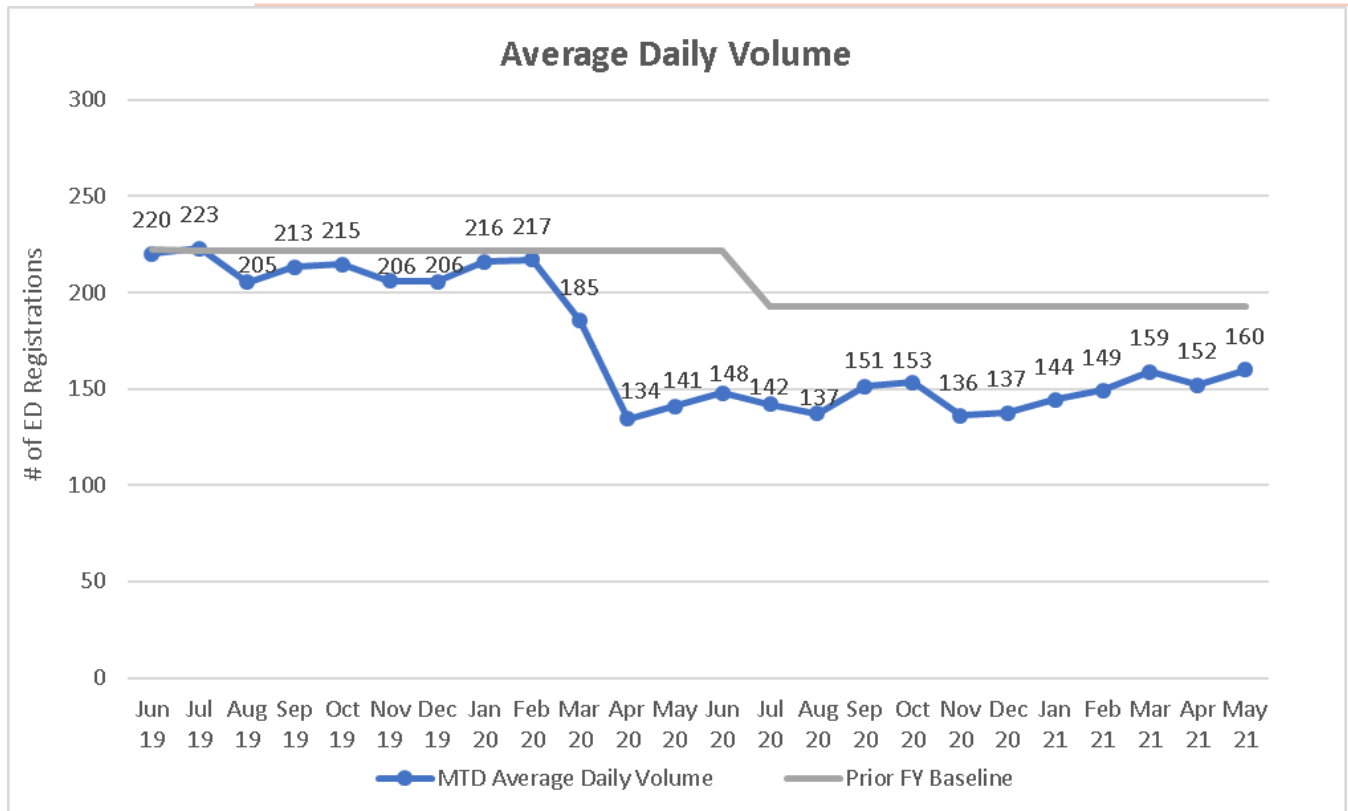
Diane's had a truly remarkable life and career. Most notably she has focused her career on the underserved and vulnerable, and saved lives around the world through her work in HIV/AIDS and now with Covid-19. She truly represents the best of what ZSFG and our partnership with UCSF is all about: exceptional and compassionate care, teaching and research with a local, national and worldwide impact.

Much appreciation to all of ZSFG's medical staff for their continued excellence in serving San Francisco's patients!

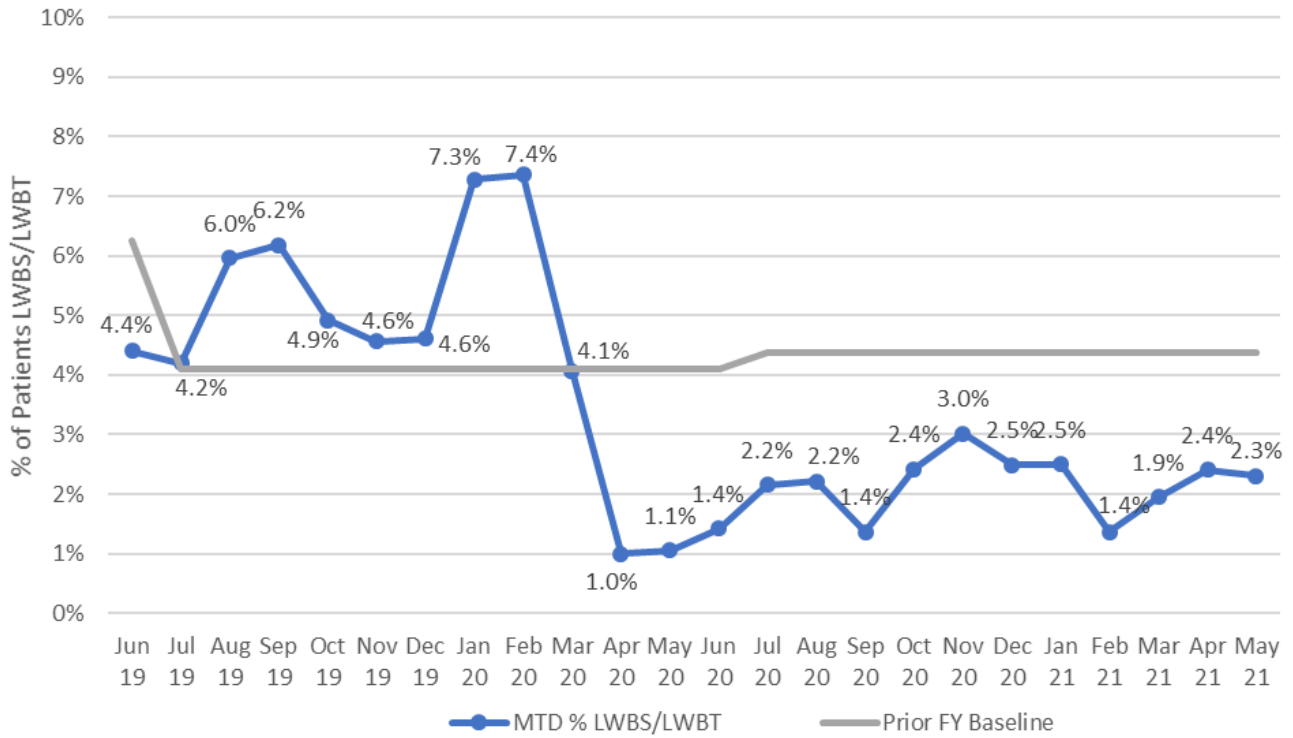
QUALITY ZSFG COVID+ Patients



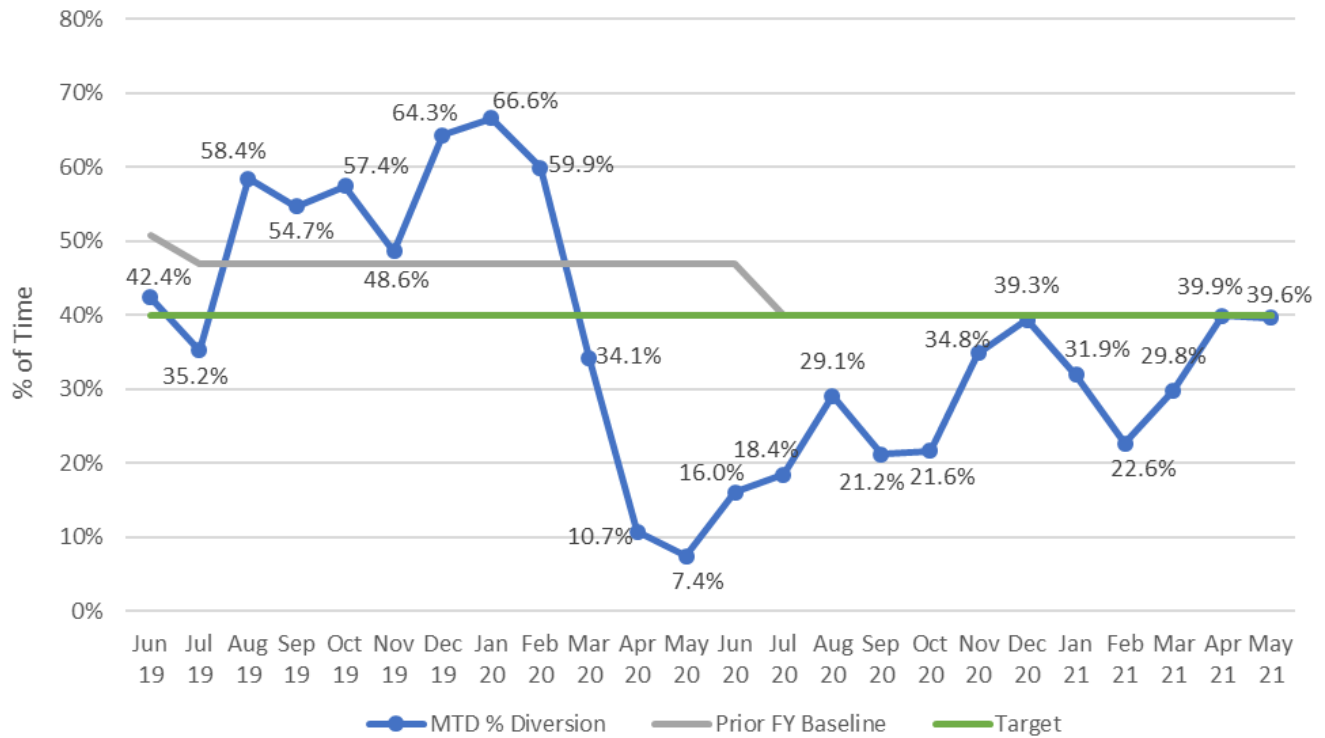
QUALITY Emergency Department Activities



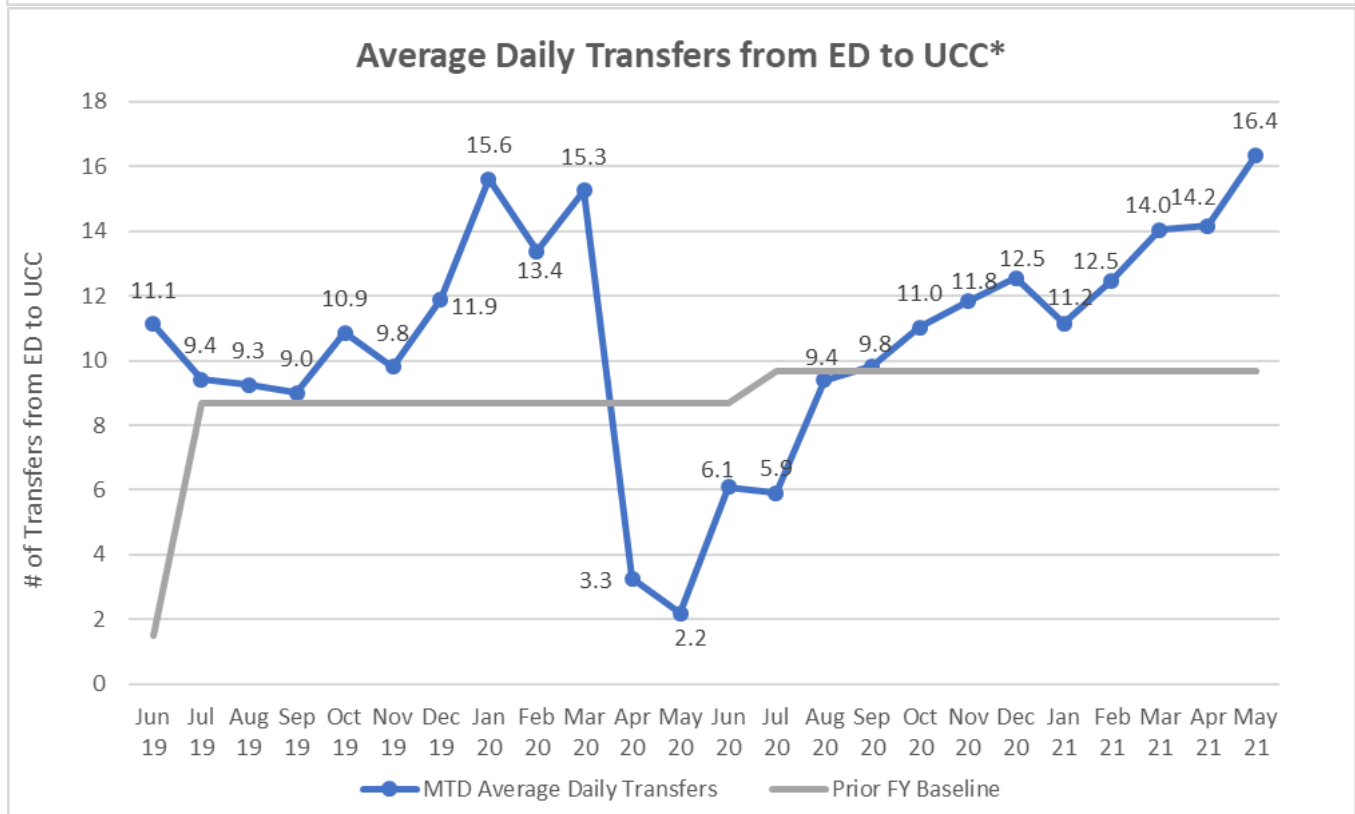
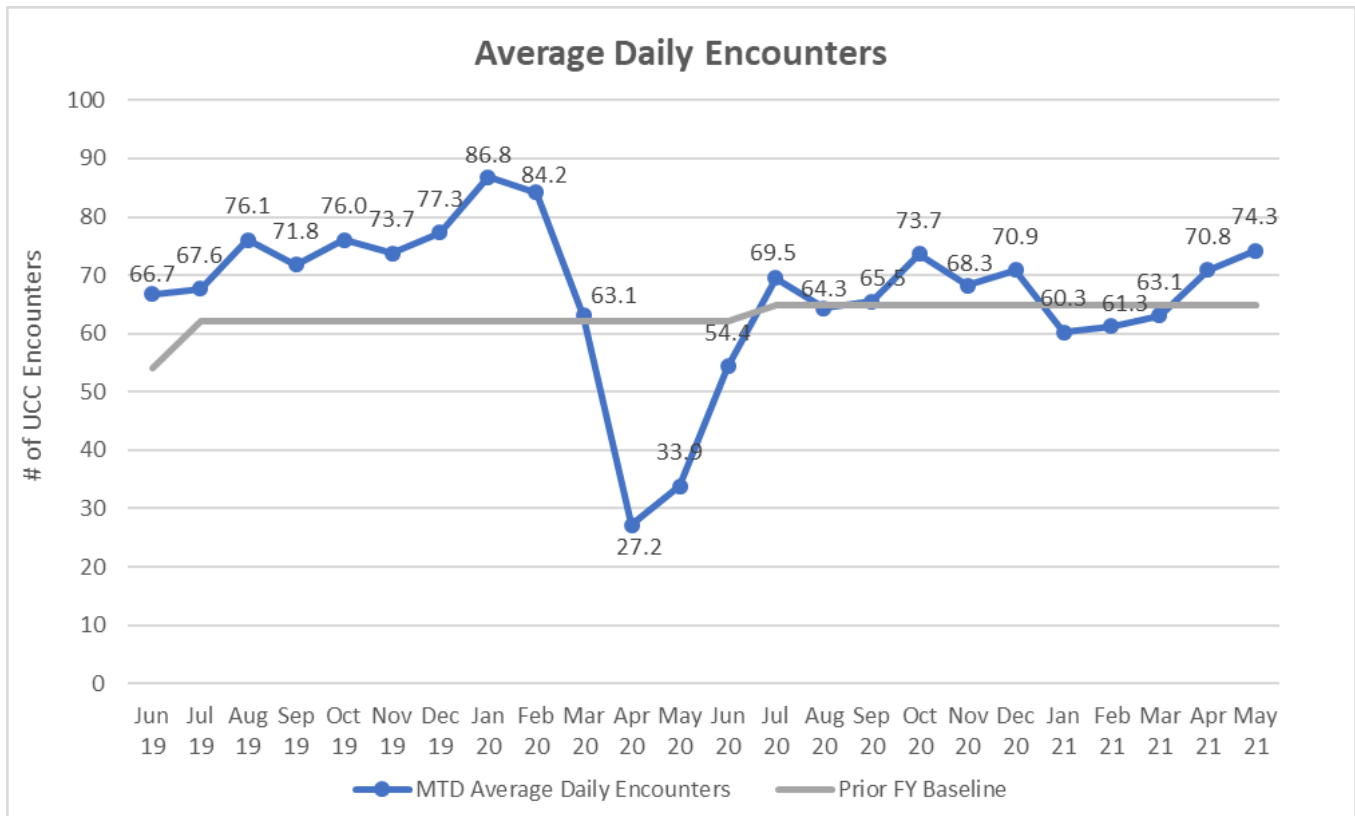
% LWBS/LWBT



% Diversion

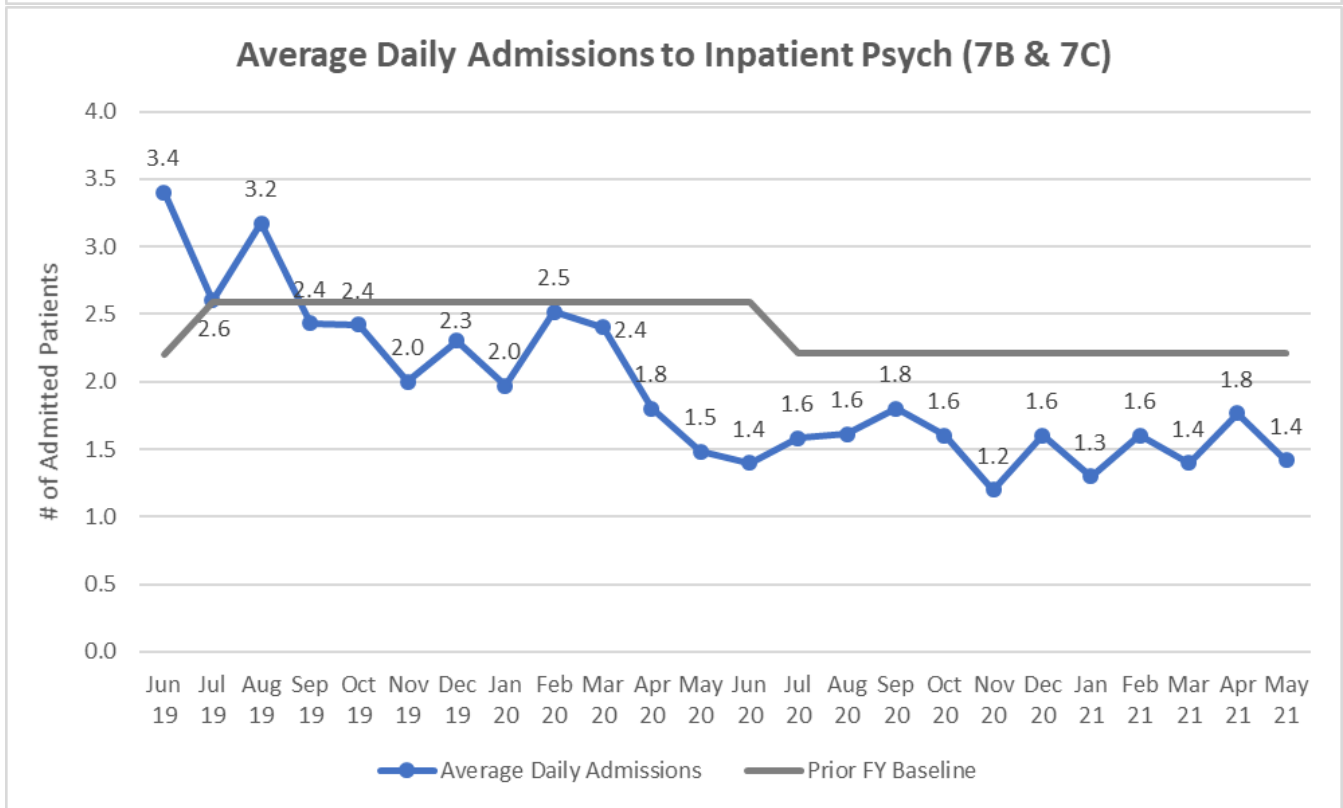
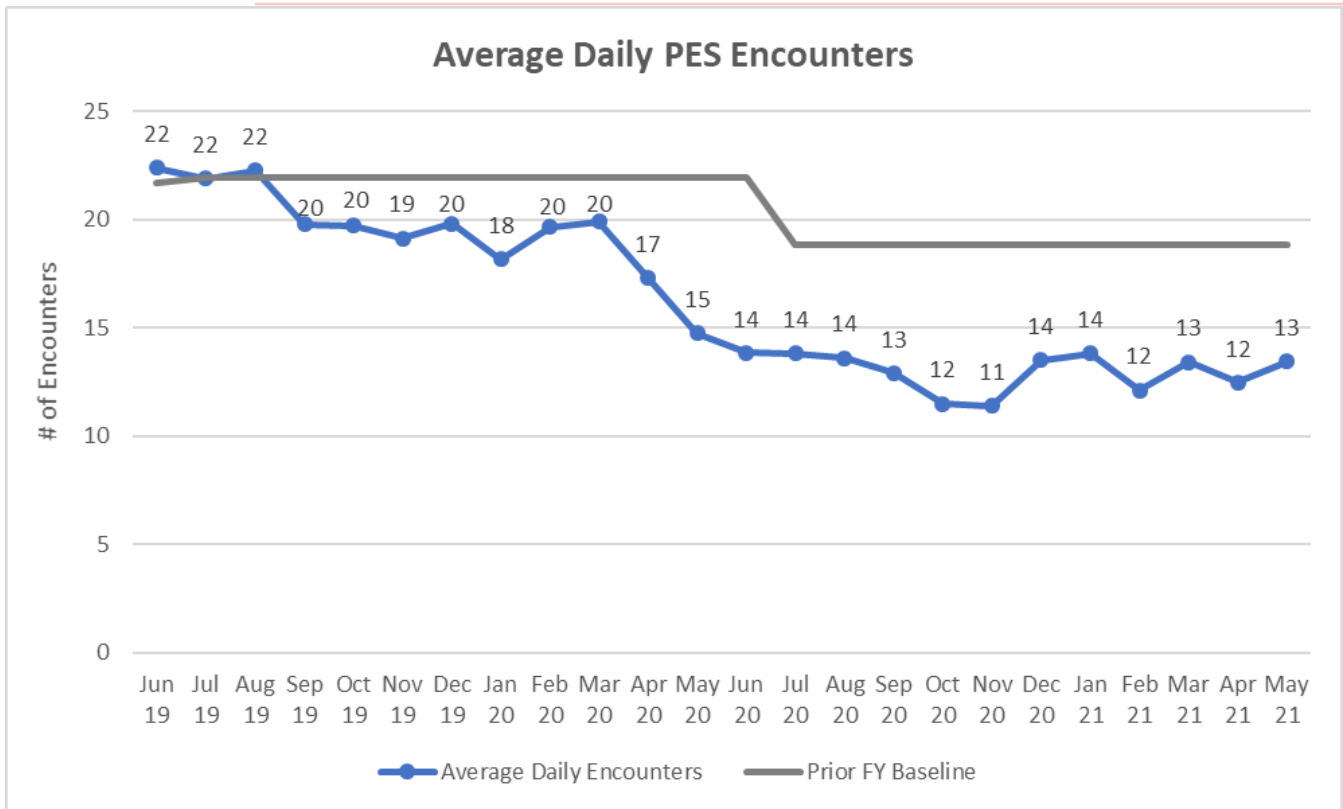


QUALITY Urgent Care Clinic Activities

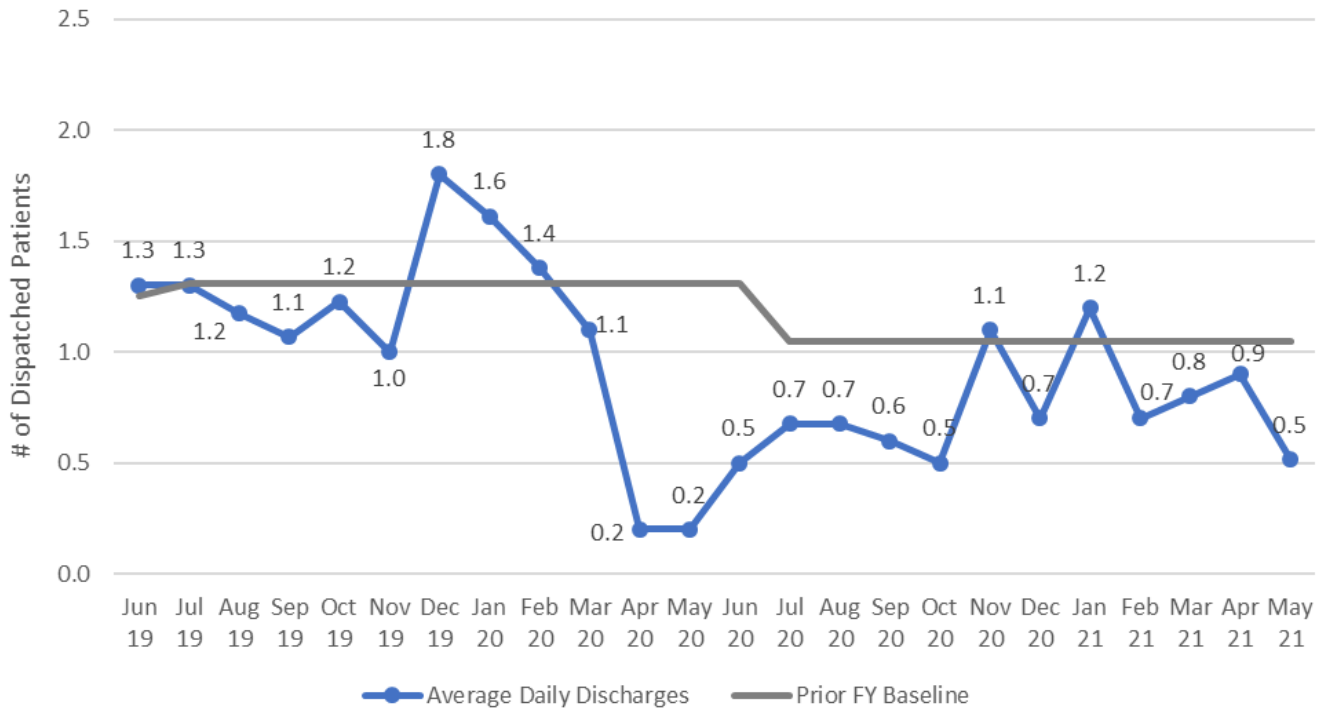


*UCC to ED Transfers data is currently being validated and will be available next month.

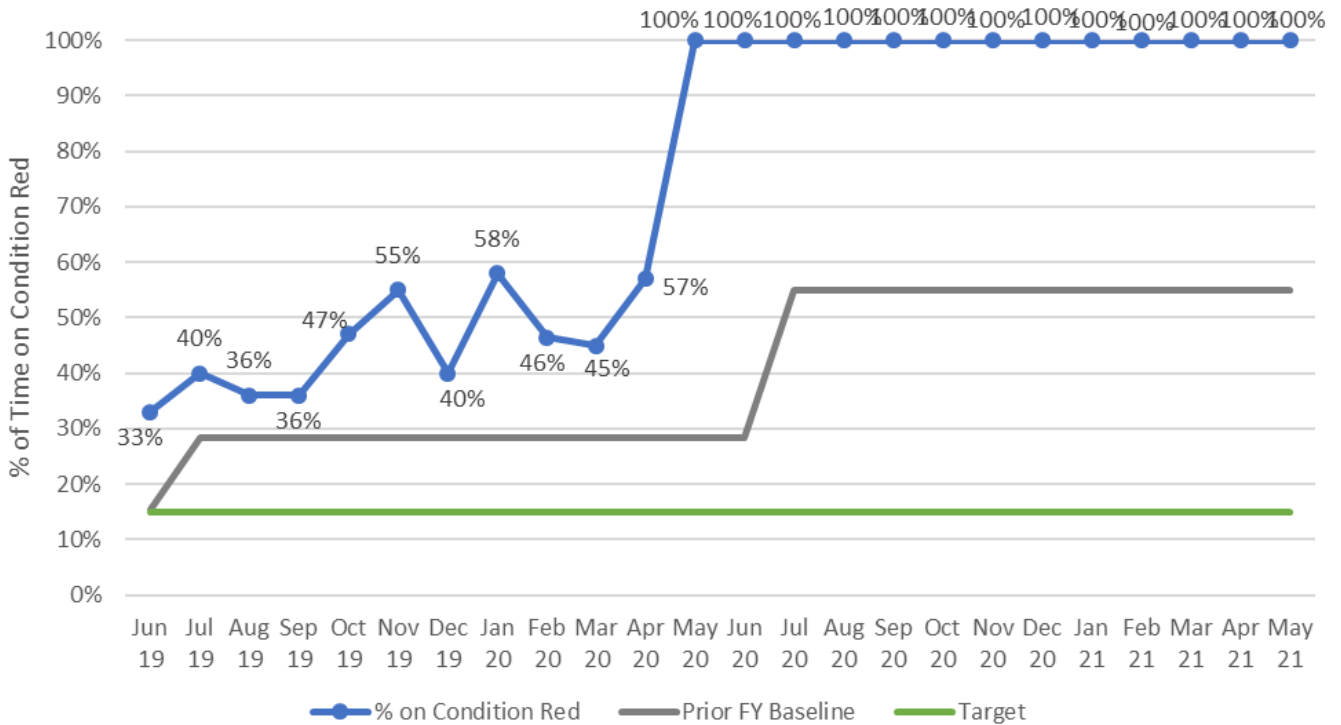
QUALITY Psychiatric Emergency Services Activities



Average Daily Discharges to Dore Urgent Care Clinic (DUCC)



PES Condition Red*



***We are using condition red as an external communication tool to signal that patients can not directly come to PES. They must be cleared by ED first.**

QUALITY Average Daily Census

MEDICAL/SURGICAL

Average Daily Census of Medical/Surgical was 164.32 which is 105.33% of budgeted staffed beds and 91.80% of physical capacity. 16.63% of the Medical/Surgical days were lower level of care days: 6.32% administrative and 10.31% decertified/non-reimbursed days.

INTENSIVE CARE UNIT (ICU)

Average Daily Census of ICU was 30.19 which is 107.83% of budgeted staffed beds and 52.06% of physical capacity of the hospital.

MATERNAL CHILD HEALTH (MCH)

Average Daily Census of MCH was 24.90 which is 83.01% of budgeted staffed beds and 59.29% of physical capacity of the hospital.

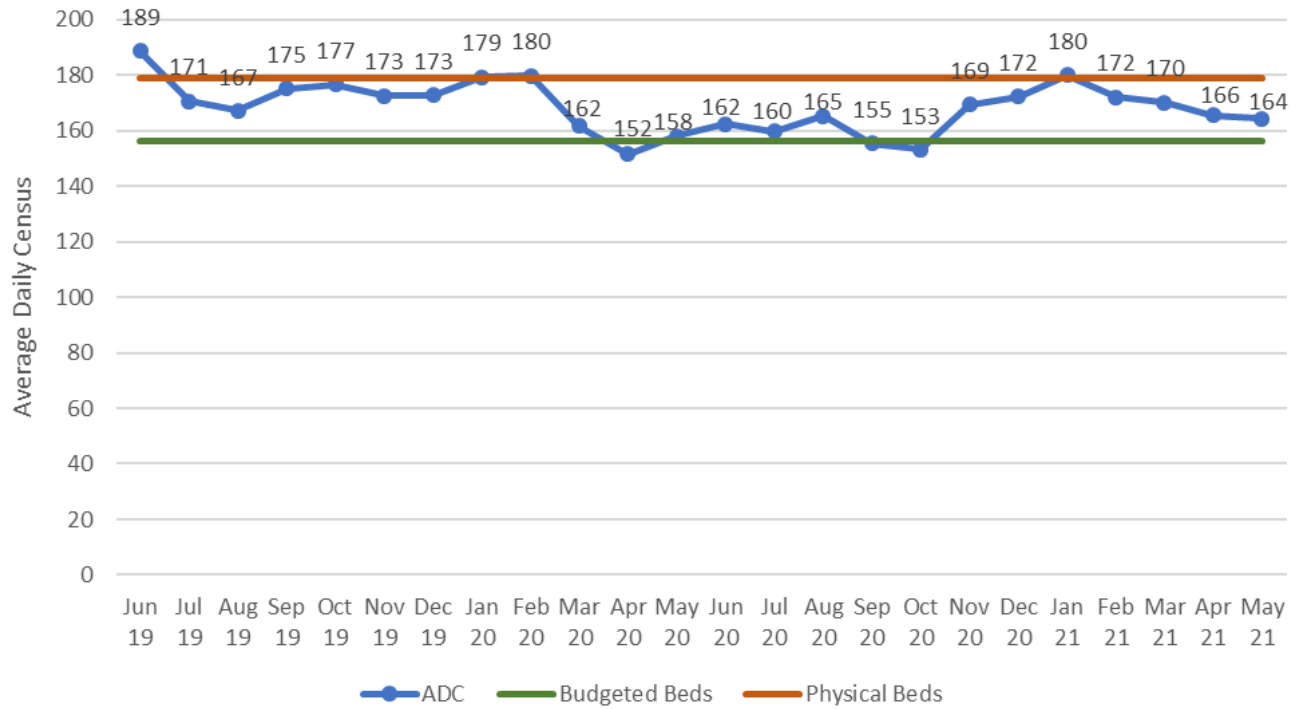
ACUTE PSYCHIATRY

Average Daily Census for Psychiatry beds, excluding 7L, was 40.90, which is 92.96% of budgeted staffed beds and 61.05% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.68, which is 81.11% of budgeted staffed beds (n=7) and 47.31% of physical capacity (n=12). Utilization Review data shows 86.83% non-acute days (30.76% administrative and 56.07% non-reimbursed).

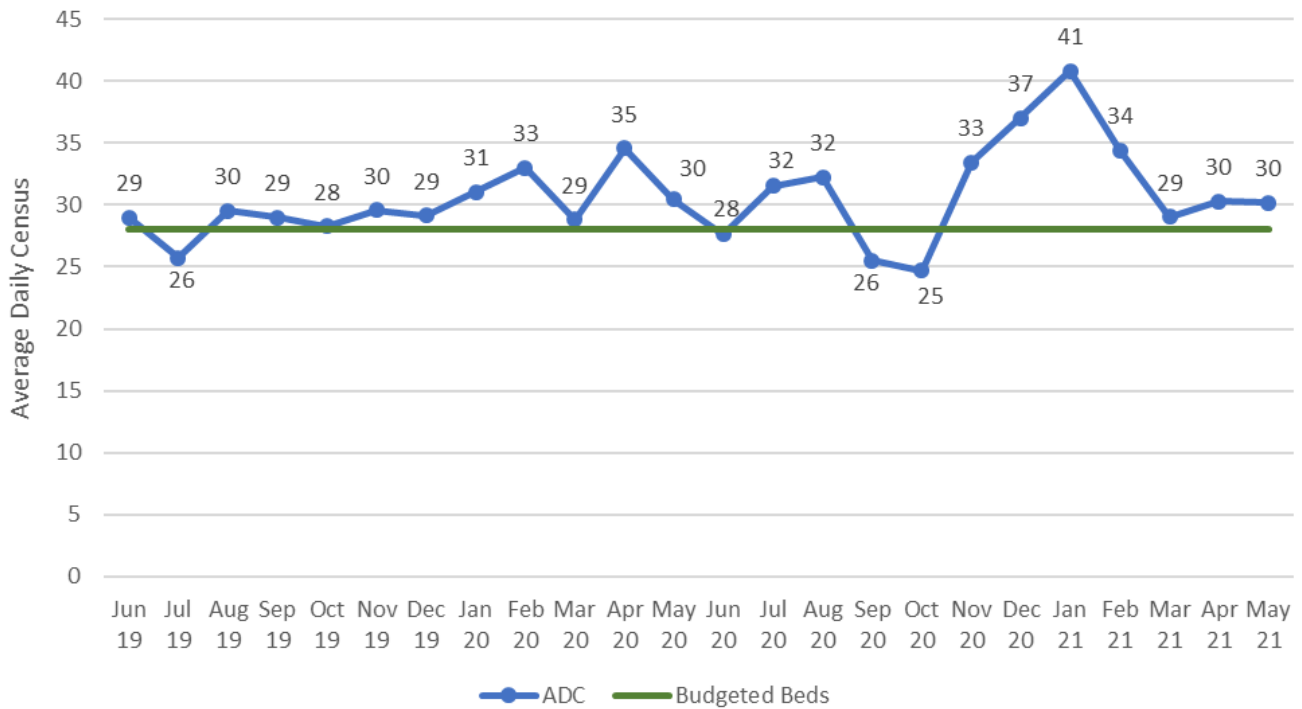
4A SKILLED NURSING UNIT

Average Daily Census for our skilled nursing unit was 29.19, which is 104.26% of our budgeted staffed beds and 97.31% of physical capacity.

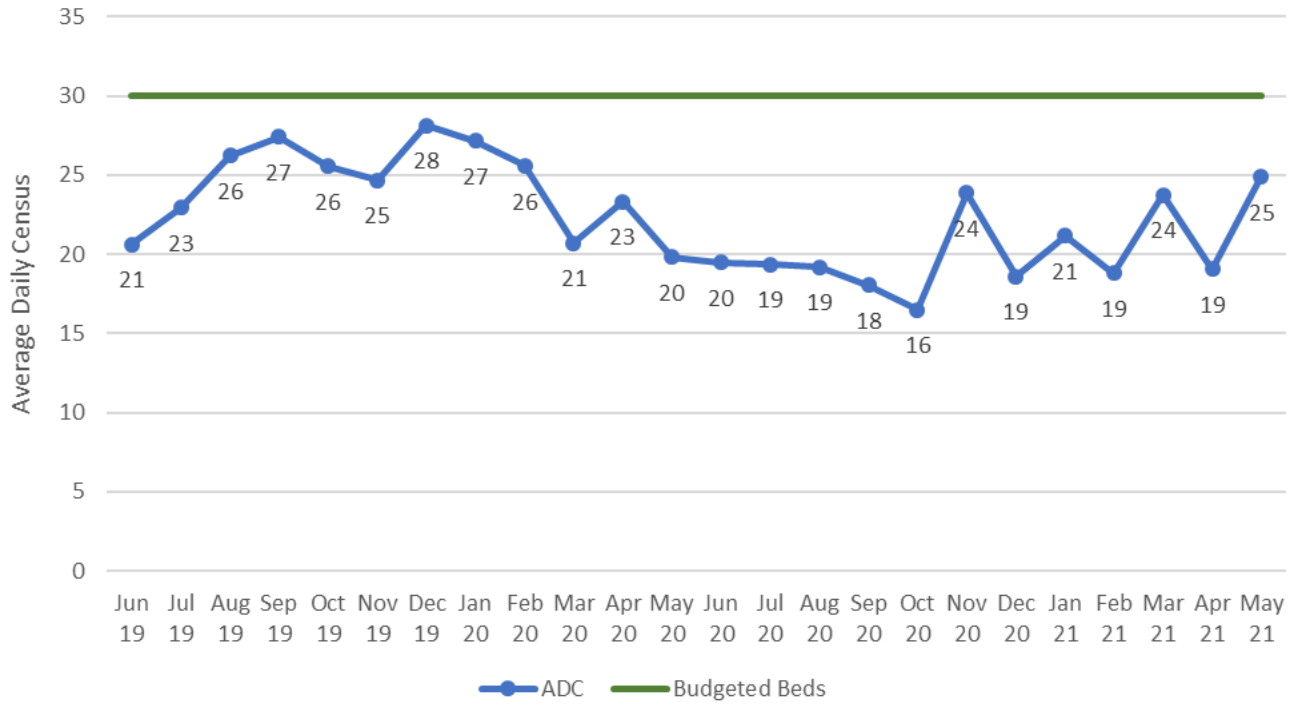
Medical Surgical (Incl. ED/PACU Overflow) Average Daily Census



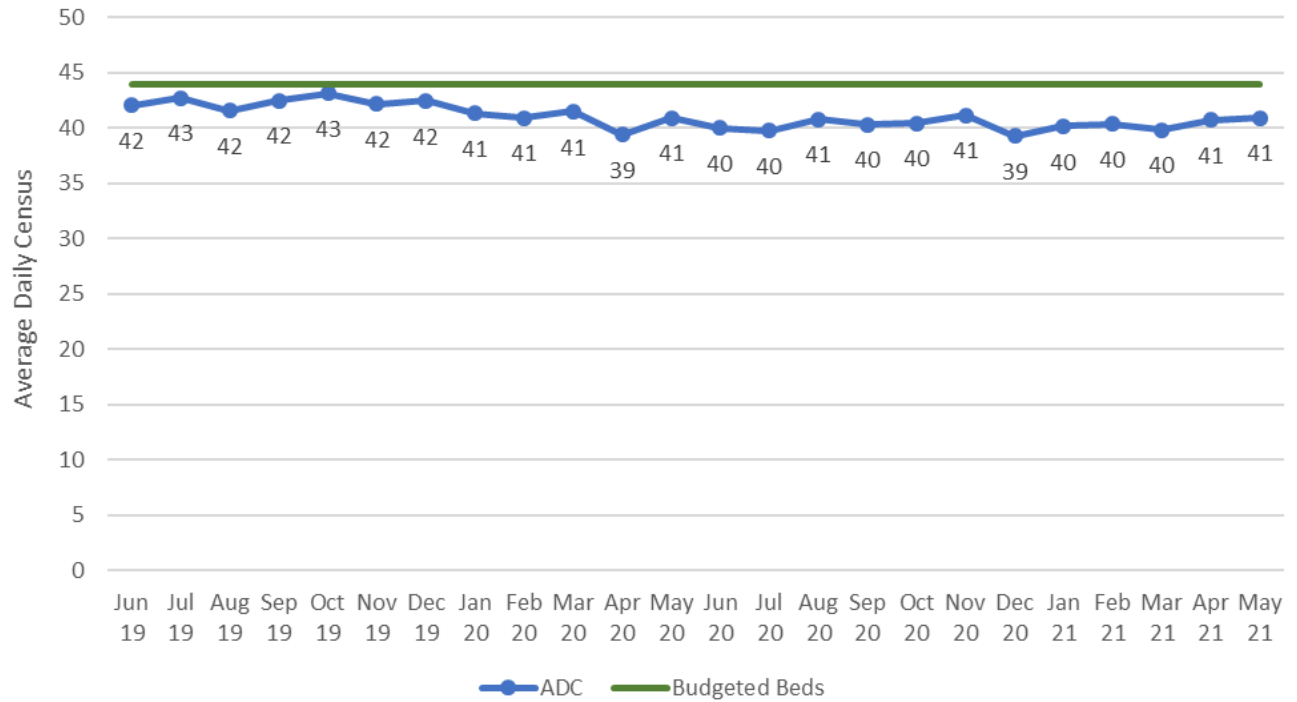
Intensive Care Unit Average Daily Census



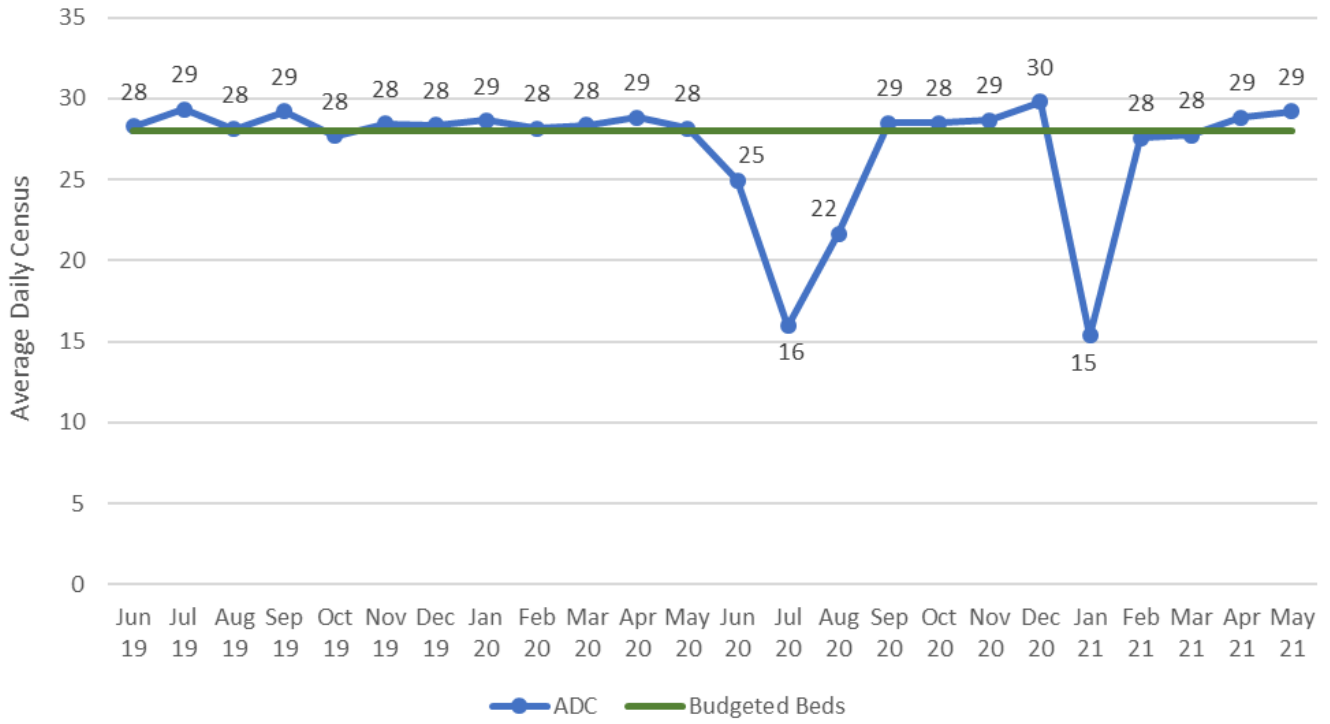
Maternal Child Health Average Daily Census



Acute Psychiatry (7B & 7C) Average Daily Census

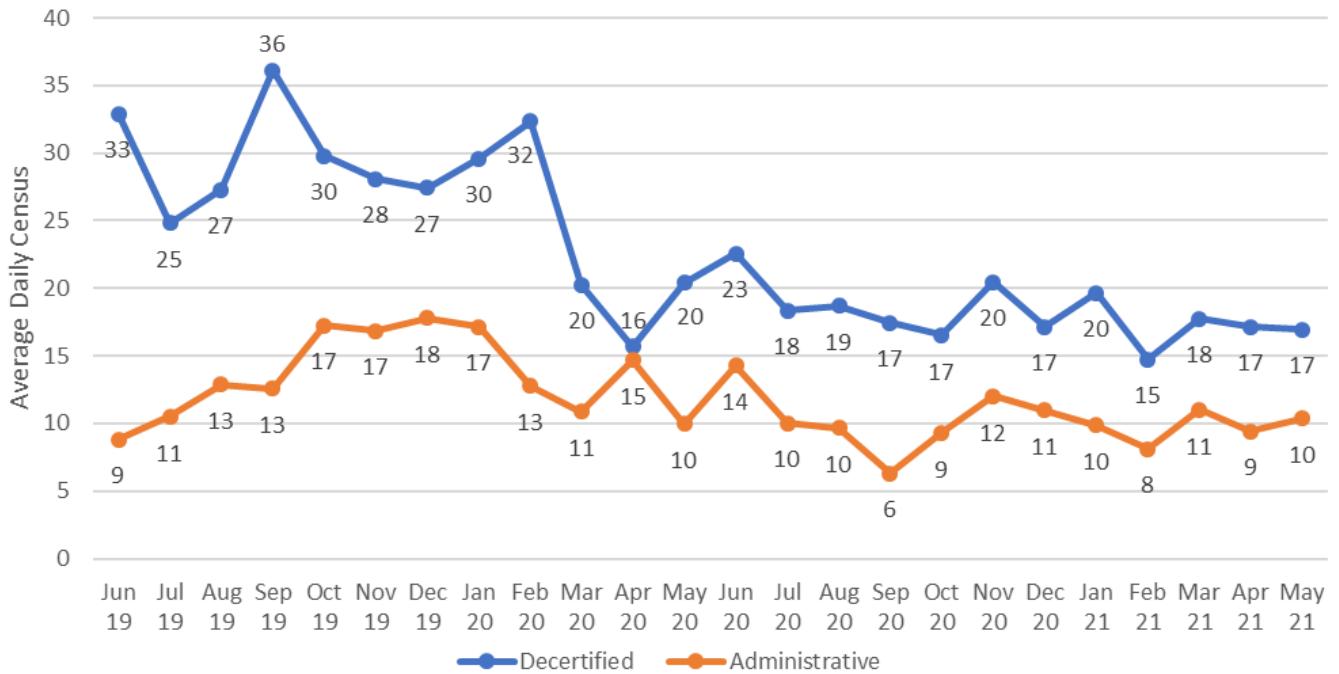


4A Skilled Nursing Facility Average Daily Census

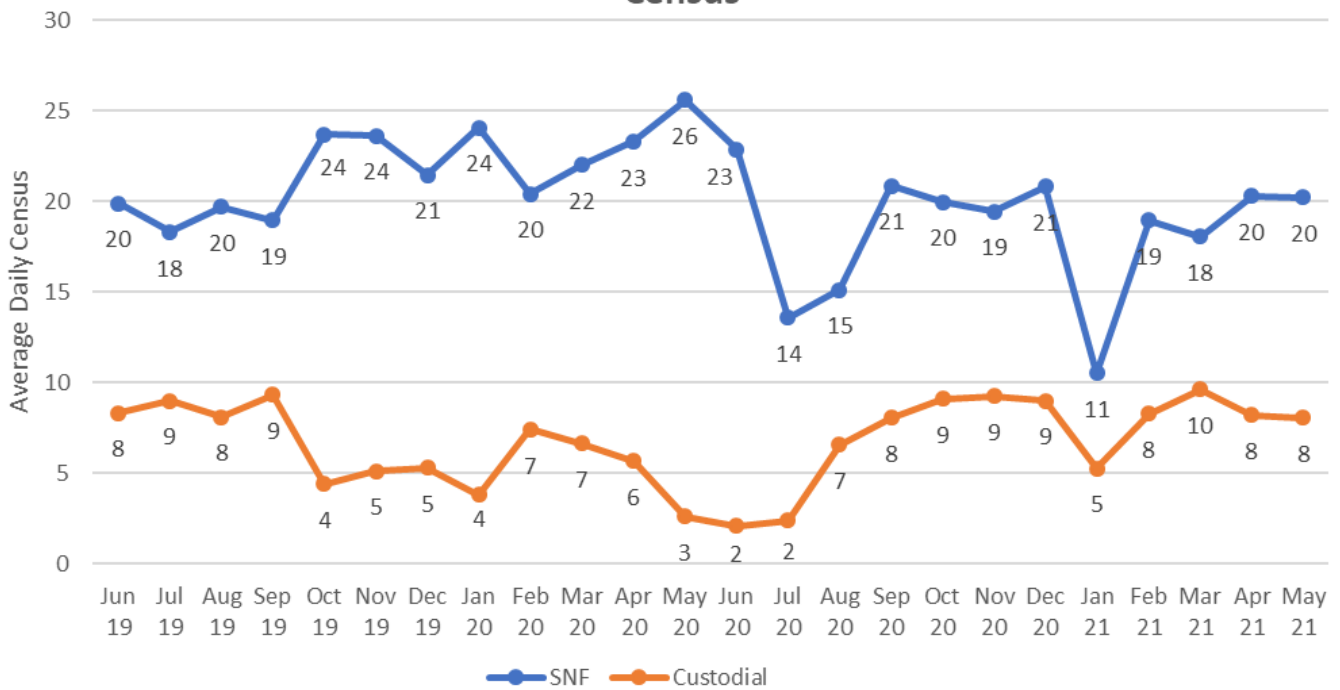


QUALITY Lower Level of Care Average Daily Census

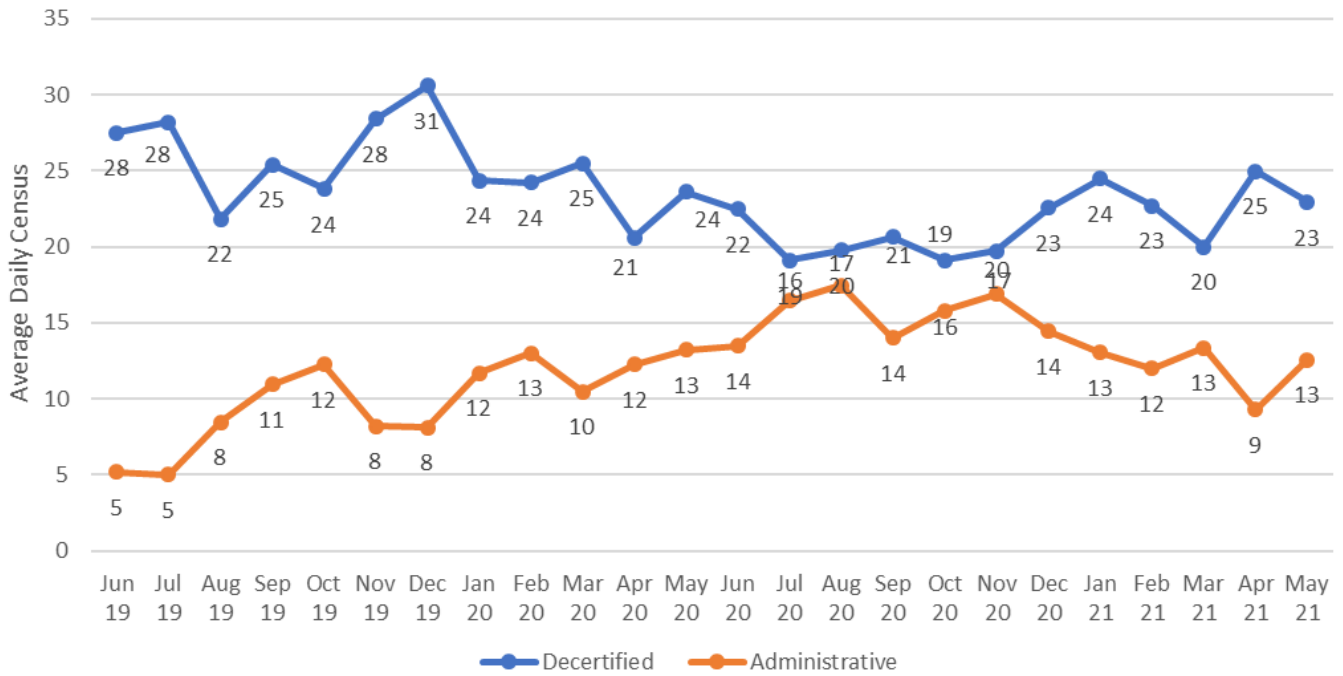
Medical Surgical Lower Level of Care Average Daily Census



4A Skilled Nursing Facility Lower Level of Care Average Daily Census

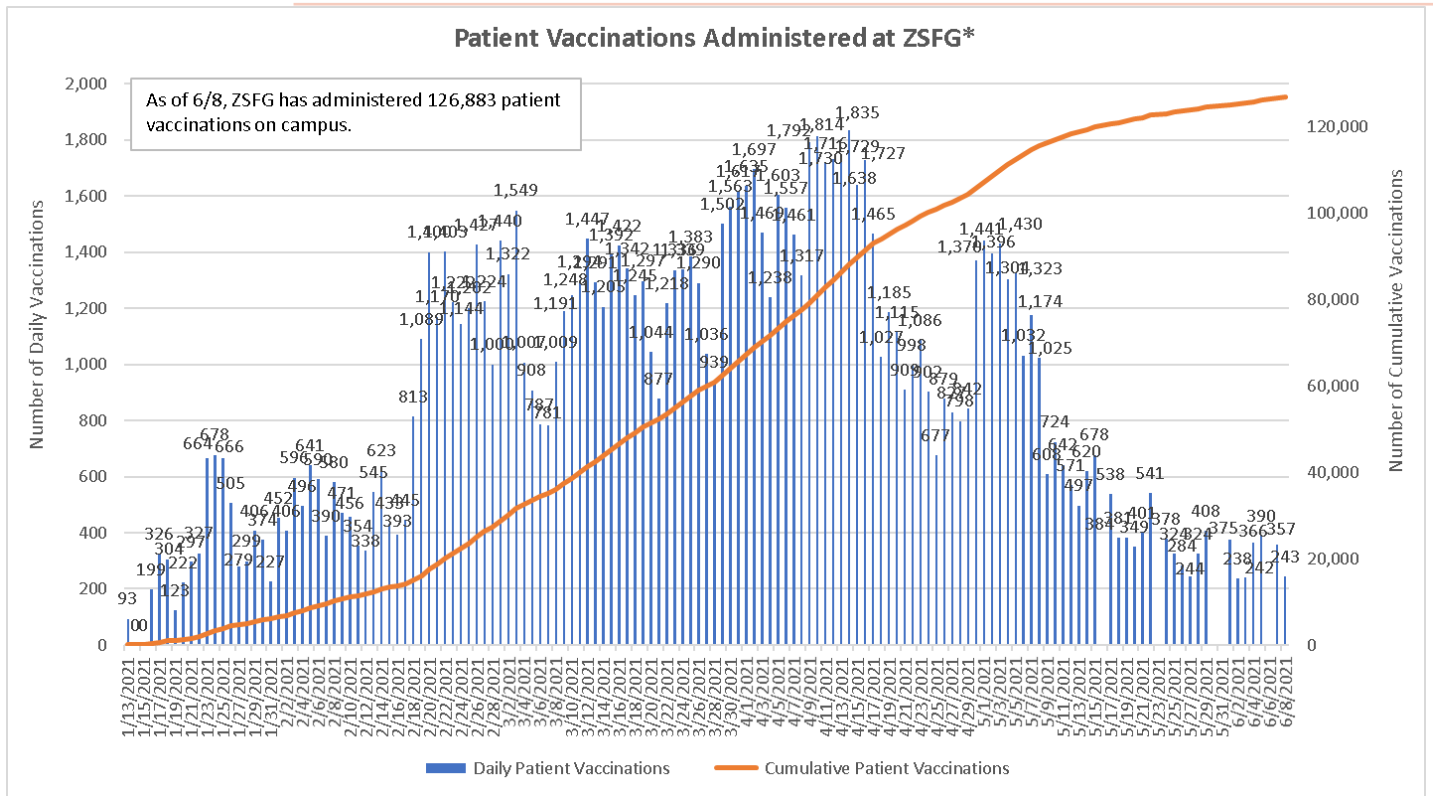


Acute Psych (7B & 7C) Lower Level of Care Average Daily Census

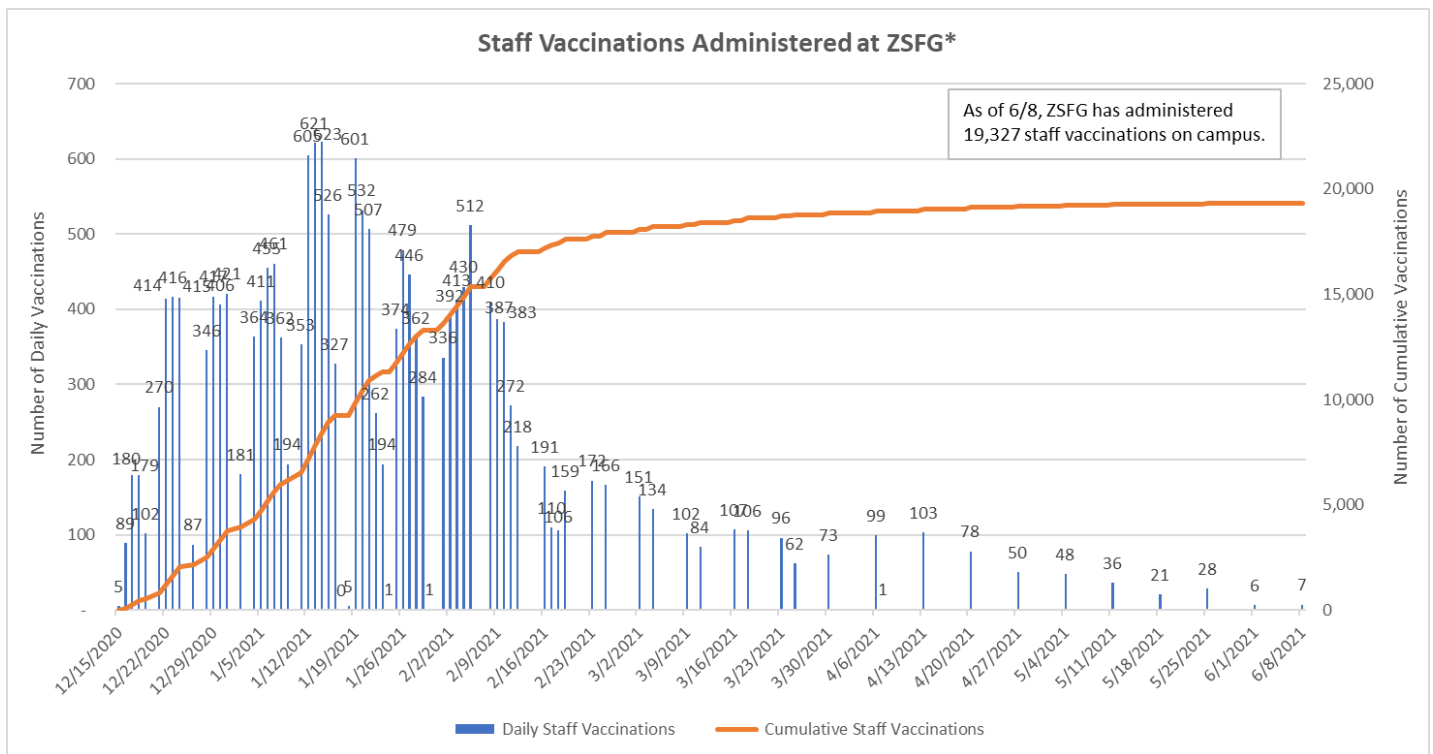


SAFETY

COVID-19 Vaccinations Administered at ZSFG



*Includes network-wide patients and members of the community.

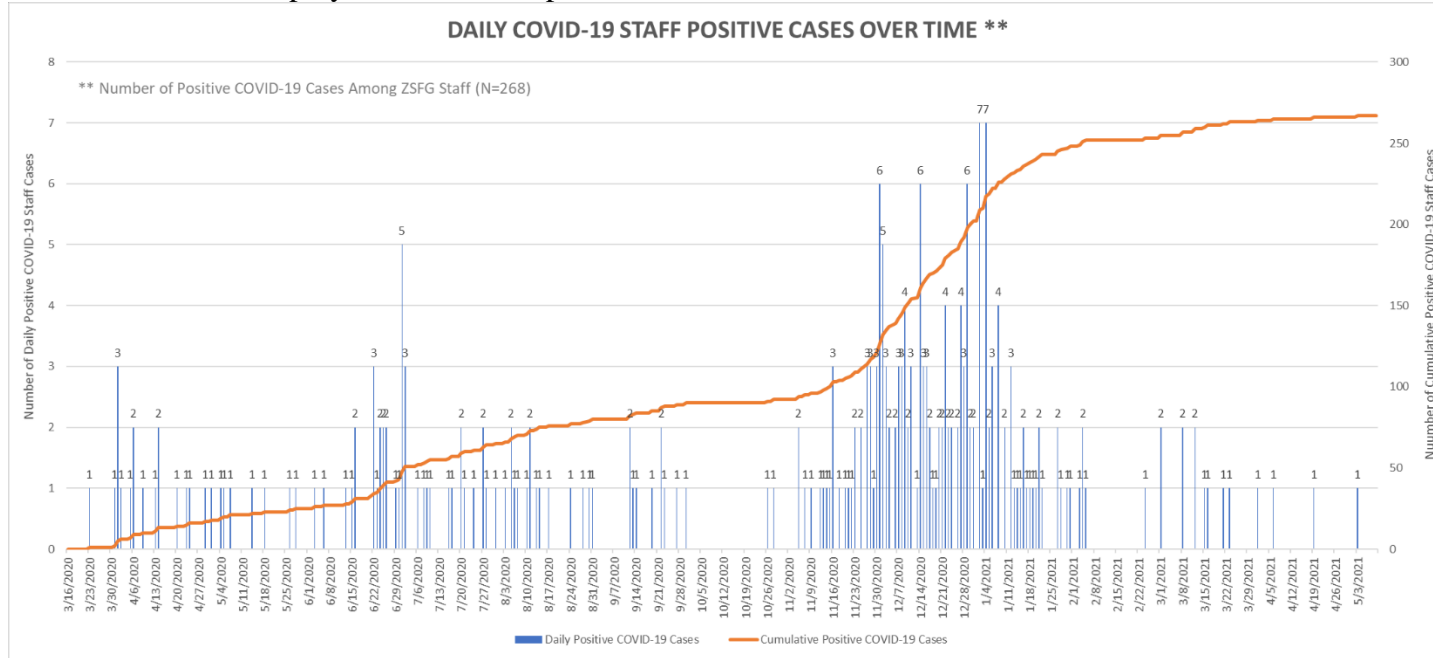


*Includes network-wide staff. Also, on 3/25/21, the Staff Vaccination Clinic decreased their days of operation to Tuesdays only.

SAFETY

Occupational Health COVID+ Staff Cases

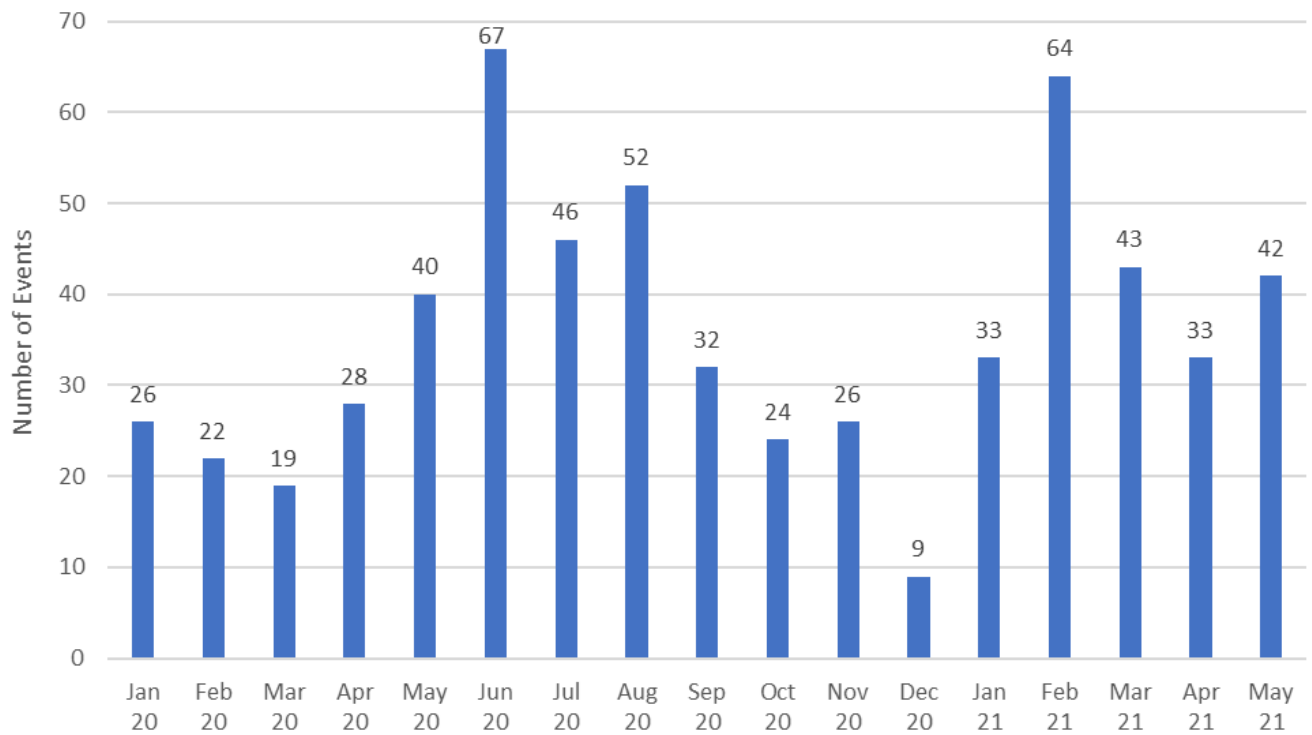
As of June 10, 2021, 268 ZSFG employees have tested positive for COVID-19.



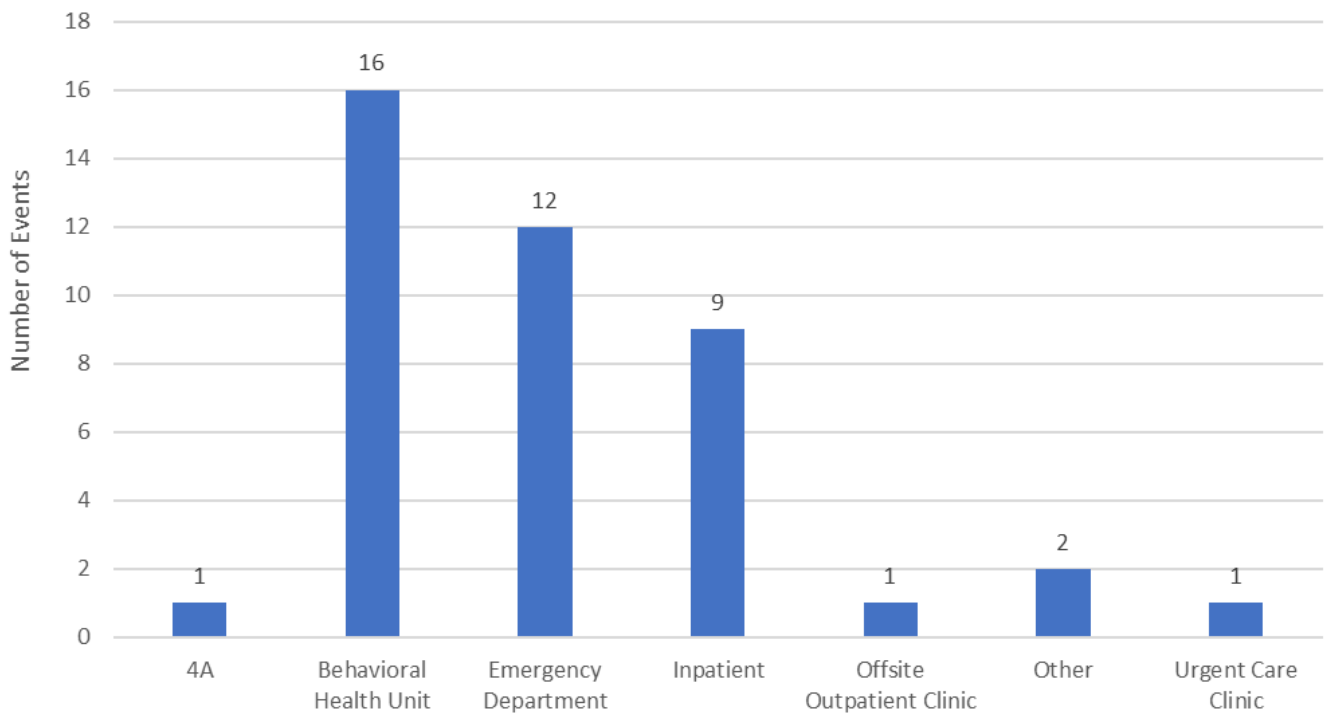
SAFETY

Workplace Violence Activity

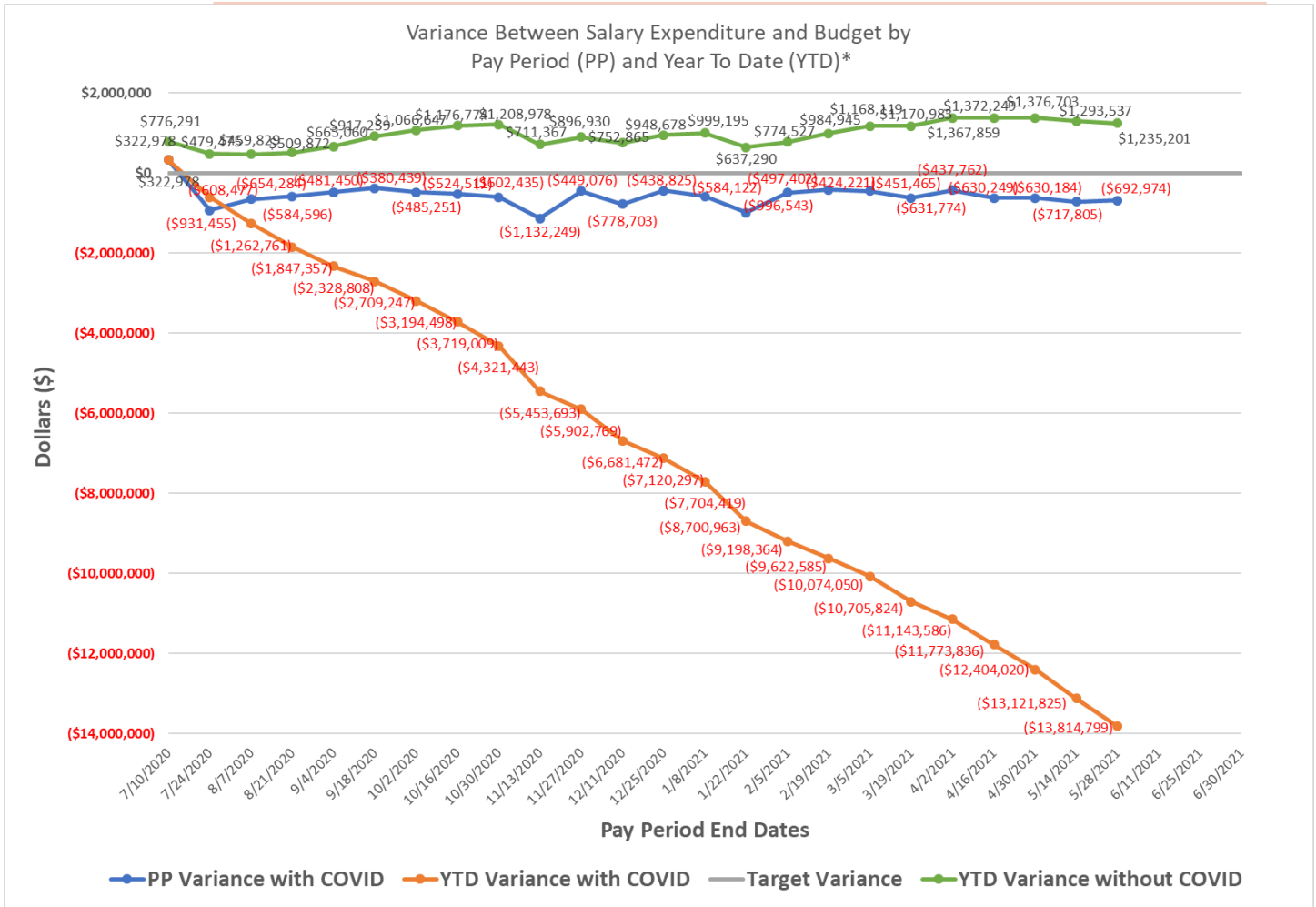
Total Events by Month



Total Events by Location - May 2021



Salary Variance



*Please note that the COVID-19 and other labor costs have not yet been separated out of our operating fund to be charged to the COVID-19 budget. Therefore, these variances will appear inflated. Below are the rough estimates for the expenses contributing to the inflated variance. The green line (above) represents what our YTD salary variance would have been without the pandemic.

No.	Cost	Amount
1	COVID Temp Hires (unbudgeted)	\$3,000,000
2	H48 COVID Staffing	\$2,800,000
3	H52	\$350,000
4	H58 (Non-COVID Census Project)	\$2,700,000
5	COVID Sick Time	\$6,200,000
	TOTAL	\$15,050,000

Commissioner Comments:

Commissioners Chow and Green noted that the ZSFG Medical Staff dinner was inspirational.

Commissioner Chow noted that diversion rates are increasing again. Dr. Ehrlich stated that the Caddy program is going through changes at the command center which are impacting these rates. She added that as Emergency Medical Services Administration moves from DPH to DEM, there will continue to be changes.

Commissioner Green asked how the Caddy program will change when it moves to ZSFG Building 5. Dr. Ehrlich stated that the DPH is evaluating the program over time to better understand what changes need to be made to improve its effectiveness.

Commissioner Chow noted that the lower level of care data shows improvements from last year. Dr. Ehrlich gave credit to the DPH Transitions team, who did a tremendous job.

8) ZSFG HIRING AND VACANCY REPORT

Karrie Johnson, Departmental Personnel Officer, DPH, presented the item.

Commissioner Comments:

Commissioner Green asked how the Surgical Procedures Technician impact the ZSFG operating room procedures. Ms. Dentoni stated that the technicians assist with labor, delivery, and c-sections. She noted that these staff assist the registered nurses, who can circulate as needed. There is 1 RN and 1 technician assigned to the operating rooms.

9) MEDICAL STAFF REPORT

Lisa Winston, M.D., Chief of Medical Staff, presented the item.

ADMINISTRATIVE/IMPROVEMENT WORK

eGFR Reporting/New Cystatin C Test

MEC members were briefed about forthcoming changes to calculate and report eGFR and the start of the new Cystatin C test targeted to go live on June 28, 2021. Dr. Barbara Haller, Chief, Laboratory Medicine, and Dr. David Pearce, Division Chief, Nephrology, discussed the new process and noted that the changes are seen as interim positive solutions, pending guidance from the ASN (American Society of Nephrology)-NKF (National Kidney Foundation) Task Force.

CLINICAL SERVICE REPORT:

Department of Pediatrics Service Report – Elena Fuentes-Afflick, MD, MPH, Chief of Service

Department's Vision: The ZSFG Pediatrics is a catalyst that partners with the community to optimize the health and well-being of children, youth, and families in San Francisco.

Details of the report are as follows:

I. Scope of the Clinical Service

A. Structure of the Department/ Clinical Service and Leadership – Along with Dr. Elena Fuentes-Afflick as Chief of Service, Dr. Shonul Jain serves as the Vice Chief of Service and Ms. Emily Leang as Division Administrator. Other members of the leadership team were also recognized.

B. Hospital-based Clinical Work

1. Infant Care Center (H24)

- a. Certified Community Level III Neonatal ICU- The Center has 12 NICU beds, 1 isolation room, 5 well baby beds, and 14 dyad rooms. In collaboration with OB Department, dyad care is provided where infants stay most of the time with moms (less time at Infant Care Center).
- b. Deliveries by Year (2005-2020) – The number of deliveries has been a concern for Pediatrics and OB for many years. The volume of 1K deliveries is considered to be the threshold for robust educational and training experience for both trainees and staff. In 2020, there were only 1,002 deliveries. Deliveries in 2021 may fall below 1K in line with the national trend.
- c. Breastfeeding – In 2020, ZSFG was #1 in breastfeeding among all California Prime hospitals. Such was a result of improvements in exclusive breastfeeding promotion.

- d. Highlights – These include implementations of multidisciplinary mock codes (essential for high risk deliveries), NICU Shared Reading Program, and others.
 - e. Advancing Level III NICU care – These include improved access to pediatric echocardiography (Mission Bay), improvements to neonatal code cart in ED, among others.
 - f. California Perinatal Quality Care Collaborative (CPQCC) - The Department, a recipient of the 2021 Gold Star Award, provides data on its various clinical outcomes.
2. Inpatient Pediatric Unit (H26)
- a. Patients - The Unit has 8 beds in providing care for medical patients and co-management of surgical patients. Some patients may be admitted to Neurosurgery ICU, Trauma ICU, and Med-Surg units (adolescents).
 - b. Care Team – The core group has 9 hospitalists, 2 pediatric chief residents, and 3 visiting attendings. The second-year residents receive an important clinical experience with the sole formative leadership experience during the second year of residency.
 - c. Pediatric Admissions per Year from June-May (2016-2021) – The inpatient volume has been a concern over time. Due to the pandemic, the number of admissions significantly declined in 2020-21. A noted factor was the suspension of in-person instruction (no social contact) with children not getting afflicted with respiratory infection; during COVID, respiratory admissions dropped from 20% to 4%. However, there were stable admissions for traumatic and orthopedic injuries.
 - d. Highlights – These include implementation of clinical pathway for asthma which resulted in decreased length of stay, extended universal screening of social determinants of health to inpatients, among others.
3. Nocturnist Program
- a. Service – The program provides 24/7 attending in house. The nocturnist covers every part of the hospital and is available to consult on patients wherever they may be.
 - b. Highlights – The team focuses on teaching that incorporates procedural curriculum, an area of concern in many programs including the pediatric residency program. The program will reach its 5-year anniversary in July 2021.
- C. Ambulatory-based Clinical Work – Children’s Health Center/CHC (6M)
1. Staff – The center is composed of diverse staff members including leadership team, providers, specialists, eligibility team, and nursing team.
 2. Clinical Services – These are Primary Care, Urgent Care, and Specialty Care.
 3. Patients – There are about 7,500 primary care patients with 74% of Hispanic/Latinx ethnicity (a growing proportion of Latino patients) and 44% of patients <5 years old.
 4. Total Clinic Volume (2019-2020 vs 2020-2021) – There were about 30K patients in 2019-2020 followed by a small reduction to about 27K patients in 2020-2021. The decline was attributed primarily to less patients for Urgent Care due to the pandemic. The use of telehealth visits for both primary care and urgent care has allowed continued service to patients during pandemic.
 5. CHC Clinics Rooted within Community
 - a. Bridges Clinic – This is a very important program that allows provision of services for complex families. There is collaboration and support of multiple community partners in various categories (i.e., medical, legal, mental health, school, and community/social support). Family navigators help patients with case management, and they provide connections to essential resources.
 - b. Healthy Steps (Integrated Behavioral Health) - This program was launched in 2019 with support from Solid Start and the Stupski Foundation. The program’s 3 tiers are the following:
 - Tier 1 (Universal Screening) – focuses on maternal depression (important for both mothers and babies); developmental assessment at 9,18, and 30 months; and ACES screening
 - Tier 2 – involves standardized referrals for women at high risk for maternal depression in partnership with HealthySteps Specialists(HSS) who can do brief interventions and connect women to resources
 - Tier 3 (highest risk and smallest group) – involves engagement of HSS with PCPs during the visits to obtain right information for the specialists which helps them provide appropriate resources for the parents

- c. ZSFG Health Advocates (Social Needs Screening) – This program is in partnership with the Family Health Center. About 40 volunteers are trained annually with more than 300 individuals trained since the program’s inception in 2013. A referral-based intervention strategy is utilized, and families are counseled for what they might qualify for. Every referred person is screened for social, legal, and economic needs. In the past 12 months, 1,200 families were referred including 900 monolingual Spanish speakers. The connection rate to services was 85% with housing, food, and utility bills as most common needs.
6. COVID-19
 - a. Number of COVID-19 positive CHC patients – Based on national data, COVID-19 has largely not been a pediatric disease, and the experience in San Francisco reflects such. The highest number of positive tests among CHC patients peaked in July-August 2020 and December 2020-January 2021.
 - b. COVID deployments – Dr. Naomi Bardach has been deployed to help in the state and will return to ZSFG in July 2021. Also, Dr. Tonya Chaffee has supported the DPH Community Health Programs for Youth. Dr. Sohil Sud, a hospitalist, has been deployed to the Response Team until the end of the year.
 - c. Clinical Response – Apart from implementation of Telehealth, there were other COVID clinical responses including social in-reach by calling families and using QR codes to link to online resources since beginning of the pandemic; rapid testing clinic in December 2020; among others.
 - d. COVID Community Support
 - Backpacks with Schools Supplies - With a grant, 1K backpacks were filled with school supplies and distributed to support distance learning of patients.
 - Patient Pantry – To address food insecurity among families, CHC collaborated with OB in establishing a patient pantry stocked with food and household necessities which were distributed over time.

II. People

A. Faculty and Staff

1. Net Promoter Score (Pediatrics Provider Experience Survey 2020) – The Department positive feedback as a recommended place for work and as a place for clinical work; Score was a bit lower for the metric “as recommended place for clinical care”.
2. Providers – There are 23 full-time generalists including 4 hires for the past 2 years who work at both inpatient and outpatient units. Also, there are 8 part-time generalists and 2 visiting hospitalists (CDC). New hires in Neonatology and Administration were noted. There is a robust and enthusiastic group of specialists. Moreover, the chief residents are essential members of the team.
3. Faculty Awards and Honors – A summary of the numerous awards was presented with acknowledgement of Dr. Susan Fisher-Owens (AAP’s Section on Oral Health 2020 National Oral Health Service Award), Dr. Naomi Bardach (2020 Faculty Mentoring Award), and Dr. Jyothi Marbin (2021 Holly Smith Award).
4. Leadership Roles – Leadership in the UCSF and ZSFG Department of Pediatrics, and External Organizations were noted to include:
 - Dr. Mabel Chan is the UCSF Representative to the AAMC’s Council on Faculty and Academic Societies,
 - Dr. Susan Fisher-Owens’ role on California’s Oral Health groups
 - Dr. Elena Fuentes-Afflick elected as Home Secretary of the National Academy of Medicine and as a new member of AAAS in 2020.
 - Dr. Jyothi Marbin became the Director of UCB-UCSF Joint Medical Program in March 2021.

B. Educational Program

1. Students – They are medical (preclinical “Bridges” students and clinical students), nursing, and nurse practitioner students.
2. COVID’s Impact on Students – Students were prohibited from caring for COVID+ patients or PUIs until 4/2021. With creativity on use of space and experiences offered to students, there was a successful provision of meaningful experiences. The temporary pause in sub-interns will be lifted later in the summer.

3. Residents – A robust series of education experiences is offered to both Pediatric and Family residents, including close collaboration with Emergency Medicine.
4. Training Program - Training programs and conferences are also provided; the ZSFG-based mock code program which is conducted in every unit was highlighted.

C. Equity

1. Faculty and Resident Diversity – In comparison to 2019 data, there were increased proportions of female faculty to 79% and URM faculty to 21% in 2021. The information on residents was also conveyed.
2. Equity Leadership – The roles of Drs. Anda Kuo and Alma Martinez were acknowledged.
3. Advancing Equity Programs within Clinical Units
 - a. Infant Care Center – The programs include the Perinatal and Pediatric Equity Taskforce (in collaboration with the Family Birth Center) and Social Determinants of Health Task Force (universal screening and linkage to services), among others.
 - b. Children’s Health Center – The Center was selected as 1 of 12 clinics to participate in the Accelerating Child Health Nationwide Learning Community, a transforming practice with health equity and family focus. Also, Journey Mapping is ongoing to improve care process, and CCI Resilient Beginnings Network serves to improve approach to trauma-informed care and service to community.
 - c. Culture of Advocacy – In collaboration with other departments, the Department’s initiatives include letter writing, public comments, and numerous mobilizations around election time.

III. Performance Improvement and Patient Safety Initiatives

- A. Exclusive Breastfeeding Rate – In comparison to prime hospitals, ZSFG’s rate was at 80% for FY20. Also, the Department was highly successful in meeting the prime target of 74.6% for the months of Aug 2019 to April 2021.
- B. Implementation of New Scoring System for Neonatal Abstinence Syndrome (NAS) – With increased maternal opioid use disorder rates, one baby in the US is diagnosed with NAS every 19 minutes. A new scoring system was implemented, resulting in lower need for treatment with morphine, decreased length of stay, and decrease in number of days where morphine treatment was required.
- C. CHC Clinical QI Scorecard – There were multiple efforts which involve immunizations, STI screening, behavioral health vital signs, among others. Details on immunization were relayed as follows:
 1. Immunization Rates – Over the pandemic, immunization rates were maintained at CHC (though there was a decline in immunization rate for young children under the age of 2 years in California and US).
 2. Childhood Immunizations (December 2020-May 2021) - The CHC’s 2019 childhood immunization rate of 83.8% has been consistently sustained for the noted period (83.5% in May 2021). However, racial disparities for Black/African American patients are concerning and currently being addressed.
 3. Adolescent Immunization Rates (Dec 2020-May 2021) – The decline in the adolescent immunizations was mitigated through targeted efforts, but the lower rates among African American adolescents are concerning akin to the group’s childhood immunization rates.
 4. Immunizations during Urgent Care – Vaccination in Urgent Care Clinic was highly effective with about 10% of adolescent vaccines delivered during visits. This information abstract will be part of the American Public Health Association meeting in November.

IV. Committee Engagement and Research – The faculty members are highly engaged in various committees. Also, the scholarly work falls in a number of areas with much progress in medical education (i.e., anti-racism efforts, interview process, simulation, and others). Research papers were published in multiple journals during the last year.

V. Financial Report- The FY 2020 Budget is almost \$10M, 79% of which arise from affiliation agreement with various sources of funding. The collection ratio has improved with slightly above 20% in 2019-20 due to increased efforts on documentation.

VI. Summary

- A. FY21 Accomplishments
 1. Updated vision and mission
 2. Increasing research and scholarly work

3. Education innovation stimulated by COVID
 4. Clinical initiatives involving adaptation to COVID across all clinical areas, establishment of plan of safe care protocol for infants with substance use, creation of new hospital CPS policy to address structural racism, universal social needs screening for inpatients, and expansion of routine vaccination
 5. Strengthened community ties and outreach during COVID
- B. Strengths
1. Faculty and staff
 2. Leadership team - manifested its partnership and creativity
 3. Robust services rooted in community engagement
 4. Commitment to diversity and equity
 5. Dedication to education mission and programs
 6. Growing research program
- C. Challenges
1. Clinical –unpredictable inpatient volumes, low medical reimbursement, and spotty subspecialty support
 2. Data – need hospital support for the reporting requirements associated with PIPS, CPQCC, and CCS accreditation
 3. Balancing increased operational demands with faculty members’ work-life challenges amidst pandemic circumstances
- D. Goals
1. Patient care – pandemic recovery phase; pediatric COVID-19 vaccination campaign; improved transition from inpatient to outpatient setting; sustainability of innovative programs in behavioral and social needs screening and support; and increased access to specialty care services at ZSFG
 2. Financial well-being – a constant priority that includes funding over-the-cap contributions
 3. Integration of QI efforts across all settings
 4. Faculty and staff wellness
 5. COVID-19 re-opening and recovery

Commissioner Comments:

Commissioner Chow asked if there have been recent pediatric COVID-19 cases that have resulted in hospitalizations. Dr. Winston stated that only a handful of children have been hospitalized, noting that most of these cases involved prior medical issues.

Action Taken: The following were unanimously approved by the committee:

- Community Primary Care Rules and Regulations
- Pediatric Rules and Regulations
- Pediatrics Privileges List

10) OTHER BUSINESS

This item was not discussed.

11) PUBLIC COMMENT

There was no public comment.

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 REPORTS 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 June 2021 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 6:07pm.