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**HEALTH COMMISSION
CITY AND COUNTY OF SAN
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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday, August 27, 2024 3:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

1) CALL TO ORDER

Present: Commissioner Edward A. Chow, M.D.
Commissioner Susan Belinda Christian, J.D.
Commissioner Laurie Green, M.D.

Staff: Grant Colfax, Gillian Otway, Emma Moore, Emma Uwodukunda, William Huen MD, James Frieberg, Mary Mercer, Neda Ratanwongsa, Kim Walden, Hemal Kanzaria, Eric Wu, Priya Nayar, Angelica Journagin, Alexander Shoemaker

The meeting was called to order at 3:02pm.

**2) APPROVAL OF THE MINUTES OF THE JULY 23, 2024
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL JOINT
CONFERENCE COMMITTEE MEETING**

Mr. Morewitz noted that Commissioner Chow requested that the minutes be corrected to show he chaired the meeting.

Action Taken: The ZSFG JCC unanimously approved the July 23, 2024 minutes, with the correction noted above.

3) REGULATORY AFFAIRS REPORT

Alexander Shoemaker, ZSFG Regulatory Affairs, presented the item.

Commissioner Comments:

Commissioner Christian asked for more information about the hand hygiene issue. Mr. Shoemaker stated that the staff person was working food prep, dropped something, picked it up, and threw it away, but did not change the gloves. The staff person received coaching after the incident.

Commissioner Green thanked Mr. Shoemaker for the report. She asked if the ZSFG team is aware what Facility Related Incidents (FRI) are still left from FY22. Mr. Shoemaker stated that the graph shows anonymous complaints from FY23-24;

only 1 anonymous complaint remains from FY22. Regarding FY22, he noted that there is still a large number of uninvestigated FRIs from that year.

Commissioner Green asked for more information regarding the size of the Regulatory team. Mr. Shoemaker stated that the team is comprised of 8 staff members.

Commissioner Chow noted that LHH created a report that indicates the number of FRIs still outstanding over a period of years.

4) OPTIMIZING PATIENT CONNECTIVITY: SYNERGIZING ACCESS AND FLOW ACROSS THE ZSFG CAMPUS

Gillian Otway, R.N., Chief Nursing Officer, and Gabriel Ortiz, M.D., Chief Medical Officer, presented the item.

Commissioner Comments:

Commissioner Christian asked for more information regarding the ZSFG partnership with the San Francisco Health Plan. Dr. Ortiz stated that ZSFG partners with the Health Plan regarding CalAIM enhanced case management (ECM) activities. He noted that case managers meet with medical staff to develop creative plans to support patients in community settings. This prevents sole reliance on placing patients in long term care placements. This will help the patients with appropriate discharge plans and could decrease the number of Lower Level of Care (LLOC) patients at ZSFG. He noted creativity is necessary since there are not adequate number of treatment beds in the community.

Commissioner Chow noted that in 2022 the number of LLOC patients was 30 people per day; the number is now 68 people. He noted that each year the ZSFG JCC hears that staff are working creatively to find solutions and noted it is a difficult task without adequate community resources. Dr. Ortiz noted that the temporary closure of LHH to new admissions impacted ZSFG LLOC numbers in regard to those needing skilled nursing care. He is hopeful that LHH opening up to new admissions will assist ZSFG in regarding to LLOC patients with skilled nursing needs. He added that the CalAIM ECM program and other resources will hopefully be useful too. Commissioner Chow noted that it is important for ZSFG to assess LLOC behavioral health needs because some of this cohort would not be appropriate for regular skilled nursing facilities, such as LHH.

Commissioner Green asked for information regarding the impact of SB43, which changed the regulations in California for conserving an individual. Dr. Ortiz stated that ZSFG has not seen a huge impact on the number of people brought to the hospital. He said there has been an increase in temporary conservatorships. He added that it has been difficult to find suitable placements for these individuals. None of this cohort have been placed in facilities due to lack of resources so the ZSFG team has used creative solutions to place the individuals in the community.

Commissioner Green asked if there is a central database or system that staff use to find available community resources. Ms. Otway stated that EPIC has played a key role in understanding the full range of a patient's needs through assessments.

Commissioner Christian asked if there is an ZSFG feedback loop to the legislators in regard to how SB43 is working. Director Colfax stated that San Francisco is one of only two counties in the state that are implementing SB43. Mayor Breed issued an Executive Order to have a SB43 working group to gather and analyze data that will be shared with the state regarding the San Francisco experience of implementation. He noted that there are issues of overcrowded hospitals and lack of locked beds in California. It will take state policy and action to expand the possibilities to creating new locked beds. Commissioner Christian stated that she is glad to hear there is a pathway for San Francisco to provide feedback and data to the state and legislators.

5) REVENUE CYCLE OPTIMIZATION

Eric Wu, MPA, Chief Financial Officer; Hemal Kanzaria, M.D., MSc, Chief of Performance Excellence, presented the item.

Commissioner Comments:

Commissioner Green asked for more information regarding payors for ZSFG patients. Mr. Wu stated that 80% of the ZSFG patients are with the San Francisco Health Plan.

Commissioner Green noted that many health plans are using AI, resulting in a higher rate of denials. She asked if ZSFG or the SFHN has gotten guidance from consultants on how to approach this situation most effectively. Dr. Kanzaria stated that ZSFG is exploring possible automated payment platforms which result in a lower denial rate.

Commissioner Green asked if ZSFG explores a reason for denial by a payor. Dr. Kanzaria stated that ZSFG strives to admit patients for the right level of care according to CMS Medicare guidelines. He stated that the ZSFG patient mix brings complexities. For example, joint replacement is no longer an inpatient procedure. However, many ZSFG patients are unhoused. It is difficult to participate in rehab and recover properly from a joint replacement if there is no stable housing. Because ZSFG ensures proper care, including recovery, for its patients, it does not get reimbursed for a significant portion of surgery patients.

Commissioner Green asked how advocacy can help make positive changes to this situation. Dr. Kanzaria stated that ZSFG and the Network are partnering with Medicare/Medicaid and local health plans to help problem solve denials.

Commissioner Christian asked what observation of services means on slide 9. Dr. Kanzaria stated that some patients need diagnosis or treatment but do not need inpatient care. ZSFG had previously focused its efforts on Medicare patients and in the last 7 months has expanded to Medicaid patients.

Commissioner Chow stated one of the denials can relate to the number of days in service. He asked if the San Francisco Health Plan has a concurrent review process. Dr. Kanzaria stated that ZSFG conducts a care coordination review on every patient every day to ensure patients need inpatient care. He noted the San Francisco Health Plan also conducts its own review of patient care too.

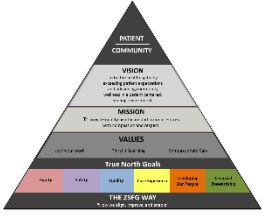
Commissioner Chow asked if the ZSFG team declares that a patient does not meet criteria for inpatient care, does ZSFG staff expect to get a denial. Dr. Kanzaria stated that if ZSFG self-declares that a patient may not meet criteria, ZSFG will likely reclassify the patient as Lower Level of Care. He added that when ZSFG receives a payment denial while the patient is there, it can appeal the decision.

6) ZSFG CHIEF EXECUTIVE OFFICER'S REPORT, EMERGENCY DEPARTMENT NEWSLETTER AND BERT NEWSLETTER

Susan Ehrlich, M.D., Chief Executive Officer, presented the item. She noted the following information regarding the partnership with the San Francisco Health Plan:

- A) The Plan doesn't pay high enough to attract local skilled nursing facilities. ZSFG and the San Francisco Health Network have been in active discussions with the Plan, which says the state pays them a fee and that is what they offer a reimbursement. The Plan is initiating an incentive plan for one local skilled nursing facility.
- B) She has seen a direct impact of CalAIM on her patients. For example, due to CalAIM, one patient living in an SRO now has a visiting nurse to organize the patient's medications and engage with a secure chat to update Dr. Ehrlich if there are any medical issues.
- C) Patients can now receive Medi-Cal-funded home case management. ZSFG started a case management team to help plan for patients' discharge out of the hospital

Report Updates



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- 4. Optimizing Patient Access and Flow

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- 6. America's Essential Hospitals Welcomes 2024-2025 Fellows Class

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- Psychiatric Emergency Services Activities
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- Lower Level of Care

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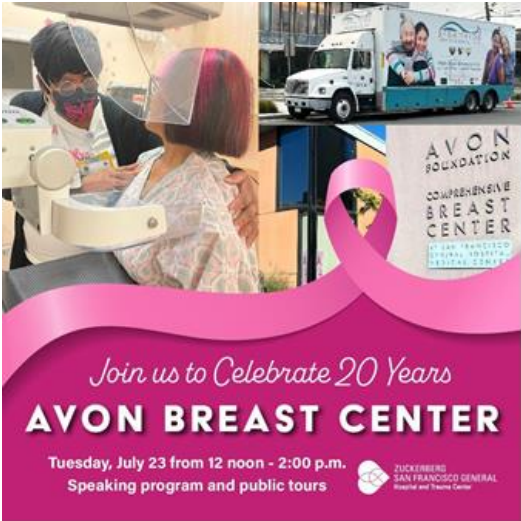
- Salary Variance

Data Updates



EQUITY

1. AVON Breast Center 20th Anniversary Celebration



Every year, the Avon Breast Center team of 16 staff members perform as many as 10,000 exams. The comprehensive program includes breast imaging, evaluation, and treatment with state-of-the-art imaging technology and diagnostic equipment that increase efficiency and reduce wait times. The Center is designed for comfort and privacy, offers genetic counseling and testing, culturally-sensitive research, education, navigation, and support to advance breast cancer control for underserved people in our community. The Mammovan provides a bridge to care in the community, meeting patients where they are and providing mammograms for those who would be less likely to access care at the Breast Center and are more at risk for cancer diagnoses. What truly makes the Breast Center special is the continuum of care provided by our dedicated staff. The care navigators provide emotional support while ensuring our patients -- especially our non-English-speaking patients -- understand their

diagnoses and treatment options.

On July 23, AVON Breast Center held a celebration to honor the incredible staff who 20 years ago had the vision to create a center that provided the best experience and most current technology to patients, regardless of their ability to pay, their gender, or immigration status. The event also paid tribute to all the ZSFG radiologists, technologists, navigators, medical assistants, schedulers, oncologists, and surgeons who ensure that patients receive comprehensive support from testing to diagnosis and treatment.

To open the celebration, Mary McGinty, Director of Imaging and Pathology at ZSFG, hosted a moving speaking program in the Center's Serenity Garden that included Dr. Grant Colfax, director of DPH, Chief of Radiology Mark Wilson, MD; Lori Strachowski, MD, radiologist and AVON Breast Center co-founder; and Chief of Breast Imaging Bonnie Joe, MD. A longtime patient of the Breast Center, Maria Gallardo de Herrera, shared her story through Alba Centeno, one of the Center's technologists who translated Spanish-to-English for Maria.

Afterwards, patients, staff, and leaders toured the Center's beautiful facility, enjoyed delectable treats by Chef Mike and team, and reunited with colleagues and old friends.



EQUITY

2. Equity and Innovation Grantee: Sensory Rooms and Healing Alternatives

Equity and Innovation Grantee Annette Pinto, Director of the Psychiatric Occupational Therapy (OT) Department, has made significant strides in the Dept. of Inpatient Psychiatry's quest to address mental health and enhance patient care by introducing sensory rooms as a healing alternative for patients at ZSFG.

Nestled in units 7B and 7C, these sensory rooms are a sanctuary for patients seeking relief from their mental health symptoms and aims to reduce seclusions and restraints by providing therapeutic alternatives. Picture a room where soothing bubble tubes create a tranquil ambiance and night projectors cast gentle, mesmerizing lights. The tactile walls and flower wall garden invite touch, providing a sensory experience that helps ground and relax patients. Weighted blankets and animals offer comforting pressure, while DVD players and sound machines fill the room with calming sights and sounds. A rocking chair adds a rhythmic, soothing motion, enhancing the room's therapeutic effect.



This initiative highlights the transformative power of the Equity and Innovation Grants (EIG). These grants enhance the hospital's ability to explore forward-thinking solutions that prioritize equity, inclusivity, and holistic well-being. The sensory rooms at ZSFG are not just a physical space—they represent a commitment to compassionate and supportive mental health care, setting a new standard for treatment and patient experience.

Since 2005, the EIG program has distributed 550 grants totaling over \$13.5 million but has also catalyzed trailblazing initiatives at ZSFG that improve the health and well-being of all San Franciscans. In its growth, this grant program has become a pivotal nexus, fostering collaboration that extends far beyond its initial scope. The flexible funding and support provided over the years continue to evolve, addressing the diverse needs of patients and providers at ZSFG. A recent \$2 million donation from BMO to the SFGH Foundation will allow ZSFG providers to continue to advance equity, innovation and quality through the EIG program, support capital needs and the Hearts in SF fundraiser.

CARE EXPERIENCE

3. Pediatric Asthma & Allergy Clinic Celebrates 25 Years of Service

Aimed at addressing vital social determinants of health for children with asthma, the Pediatric Asthma & Allergy Clinic (PAAC) offers wraparound care, including behavioral health, nutrition support, and specialized asthma education - through a unique model of care which pairs patients up with a Community Health Worker (CHW) who offers clinic and home visits, education and case management.



Patient receives information about the Asthma Action Plan from Silvia Raymundo, CHW



Patient gets a high-five from Kimberlee Honda, FNP and Asthma Clinic Director



Patient's lung being heard by Christine Mayor PNP and Assoc. Asthma Clinic Director

As the only pediatric asthma clinic within DPH, the PAAC sees over 700 children annually and conducts nearly all home evaluations for children with asthma within the referral network. They provide comprehensive clinic management including spirometry, allergy skin testing, and food allergy evaluation.

The PAAC's pioneered this medical-social model of care after participating in an innovative prevention program at SF State University, "Yes We Can: Creating An Urban Asthma Partnership in 1999." Over the past two decades, the clinic's CHWs emerged as program champions, building community trust through educational workshops for foster parents, schools and public health nurses.

The PAAC's comprehensive model has earned national awards including The US Environmental Protection Agency's 2018 National Environmental Leadership Award in Asthma Management and the 2007 Ambulatory Pediatric Association Health Care Delivery Award from San Francisco Health Plan.

CARE EXPERIENCE

4. Optimizing Patient Access and Flow

Optimizing access and flow at ZSFG is especially challenging, given the diverse needs of our patient population that go beyond basic medical care, including housing, food, substance use disorder treatment, and more. Optimizing access and flow is critical, as it enhances efficiency, maximizes resources, and ensures patients receive the right care in the right place at the right time.

As part of the strategic plan for access and flow, ZSFG has aimed to decrease ambulance diversion rates, reduce wait times for specialty care appointments, and reduce non-acute inpatient care days. More recently, ZSFG has started working on decreasing the number of patients in the ED who leave without being seen and reducing wait times for add-on cases in the operating room. Doing well with these metrics is an important indication that ZSFG is doing well overall with access and flow.

While these issues remain challenging, ZSFG has made great effort in the last year. In March, ZSFG reached the 50 percent ambulance diversion target and now is ambitiously aiming for 35 percent going forward. ZSFG is also just a few percentage points away from meeting the target for specialty appointment wait times.

This hospital wide effort to meet the targets is a collaboration between many departments across the campus where innovation and preparation are key factors.

- In the Emergency Department, having a better staffed department helps enormously with reducing ambulance diversion and patients leaving without being seen. ZSFG has also implemented waiting area triage improvements to see patients more quickly and effectively and, when appropriate, direct patients to Urgent Care or Primary Care.
- In Peri-Op, they are addressing the reasons for late first case start times in order to maximize our OR capacity overall.
- Med-Surg has been working closely with the Department of Care Coordination to reduce length of stay, increase discharge timeliness, and work with our network partners and the San Francisco Health Plan to ensure appropriate and timely discharges. Recently, the “overlap diagnosis” pilot project was launched to ensure that the patients are distributed more evenly across care teams.
- Specialty Care continues to optimize appointments through video visits, and specific clinics will be adding night and weekend hours.
- Care Coordination has implemented a “complex care team” that works with the inpatient medical and nursing teams to ensure patients have the best discharge plans to meet their needs. They also play a role in expediting procedures and diagnostics to decrease length of time spent in the hospital. Epic tools have been developed to support visual management of the discharge process.
- 4A-Skilled Nursing Facility has been working to discharge patients early in the day to maximize the chance of patients moving from inpatient units to the SNF.

DEVELOPING OUR PEOPLE 5. New ZSFG Leadership: Gillian Otway, Chief Nursing Officer

Susan Ehrlich announced the appointment of Gillian Otway as the permanent Chief Nursing Officer for ZSFG. Gillian is well-known on campus: she has been an exceptional nursing leader at ZSFG since in 1998. Her leadership journey at ZSFG has extraordinary depth and breadth and has included serving as: Project Coordinator for our hospital-wide patient classification system; Nursing Supervisor; Acting Nurse Manager for the 6C Birth Center; Nurse Manager for the 5A AIDS/Oncology Unit; Nurse Manager for Retention and Recruitment; and Nursing Director for Maternal Child Services and Nursing Administration: all culminating in her assignment as ZSFG Interim CNO for the past two and a half years.



While in these roles, she has led our teams successfully through many major events, the move to the new hospital, Building 25; through Epic go-live; and the Covid pandemic. Most recently, she did an outstanding job leading the nursing management team through nursing contract negotiations, cementing herself as a savvy, knowledgeable, and well-respected City leader.

As Chief Nursing Officer, she will be the leader of over 1000 nurses on campus, the largest single group of nurses in the Department of Public Health. She will serve in a dyad leadership role with the Chief Medical Officer, Dr. Gabe Ortiz, for all clinical services on campus, and will be one of the co-strategic leaders for the Access and Flow initiative. She will serve as a member of the ZSFG Executive Team, which as a group is responsible for the overall strategy and operations for the hospital and work towards achieving the organization’s True North goals.

DEVELOPING OUR PEOPLE

6. America's Essential Hospitals Welcomes 2024-2025 Fellows Class

America's Essential Hospitals recently welcomed the largest class in the 36-year history of its Fellows Program: 50 rising leaders from 27 essential hospitals, who will explore best practices in leadership, diversity and inclusion, policymaking, and other topics. Among the members of this year's cohort is Angelica Journagin, JD, MHA, ZSFG Chief Administrative Officer and Nader Hammoud, MBA, SFHN Vice President for Support Services.



The fellows began their year-long program with a session at the association's annual conference, VITAL2024, June 17 to 19, in San Diego. The program, established in 1988, provides strategic leadership and advocacy training to help member hospitals develop and inspire their high-potential staff. Designed for senior clinical and administrative personnel, the program has produced more than 750 alumni, including CEOs, other hospital executives, and national health care thought leaders.

“The Fellows Program helps the next generation of essential hospital leaders grow as effective and passionate voices for their patients, community, and hospital,” said Kalpana Ramiah, DrPH, MSc, vice president of innovation and director of Essential Hospitals Institute, the association's research, education, and leadership development arm.

DEVELOPING OUR PEOPLE

7. Kaizen Promotion Office (KPO) Leadership Announcements

The Kaizen Promotion Office welcomed their 2024-2025 cohort of Physician and Management Fellows. Their perspectives, diverse experiences, and commitment to continuous improvement will be invaluable as ZSFG works to advance our mission of fostering a culture of problem solving and improving the health of our patients



Grace Chen, RN, CNS, CRRN, DSD
Clinical Nurse Specialist, DPH IT



Taylor Clark, MD
Associate Professor, Pediatrics



Dana Freiser, RN, BSN, BA
Patient Safety Nurse, Quality Management



Carolyn Hendrickson, MD, MPH
Associate Professor, Pulmonology & Critical Care



Melanie Molina, MD, MAS
Assistant Professor, Emergency Medicine (LHS/E-Star Fellow)



Nandini Palaniappa, MD
Associate Professor, Anesthesia and Perioperative Care

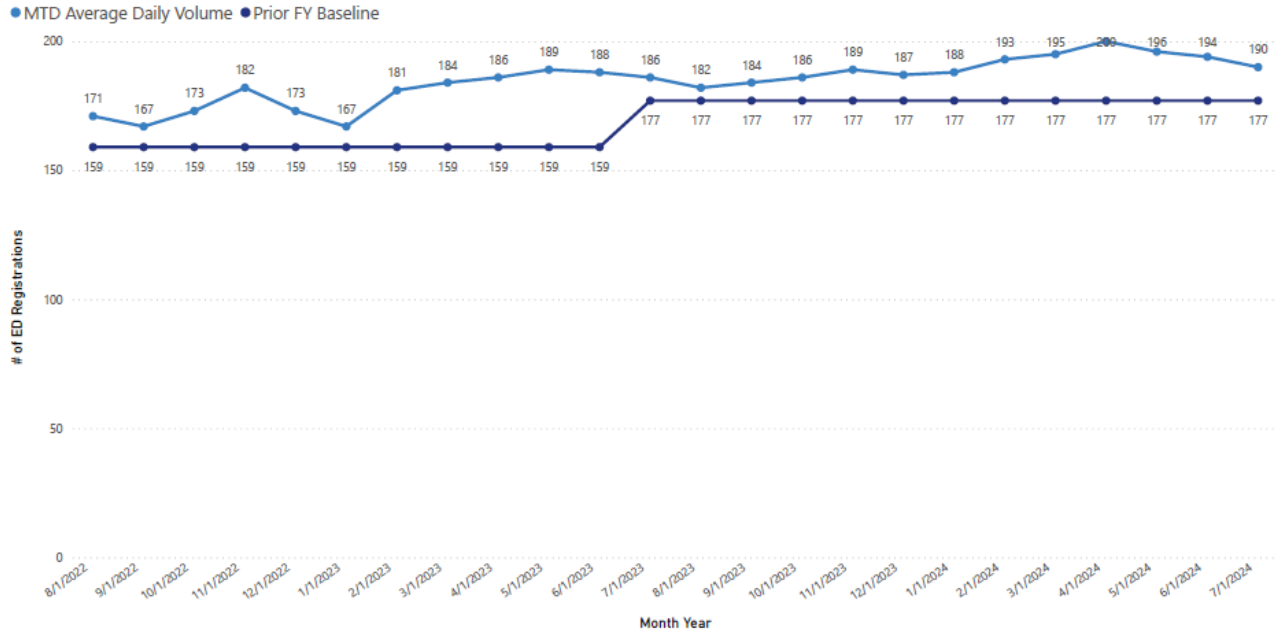
and community.



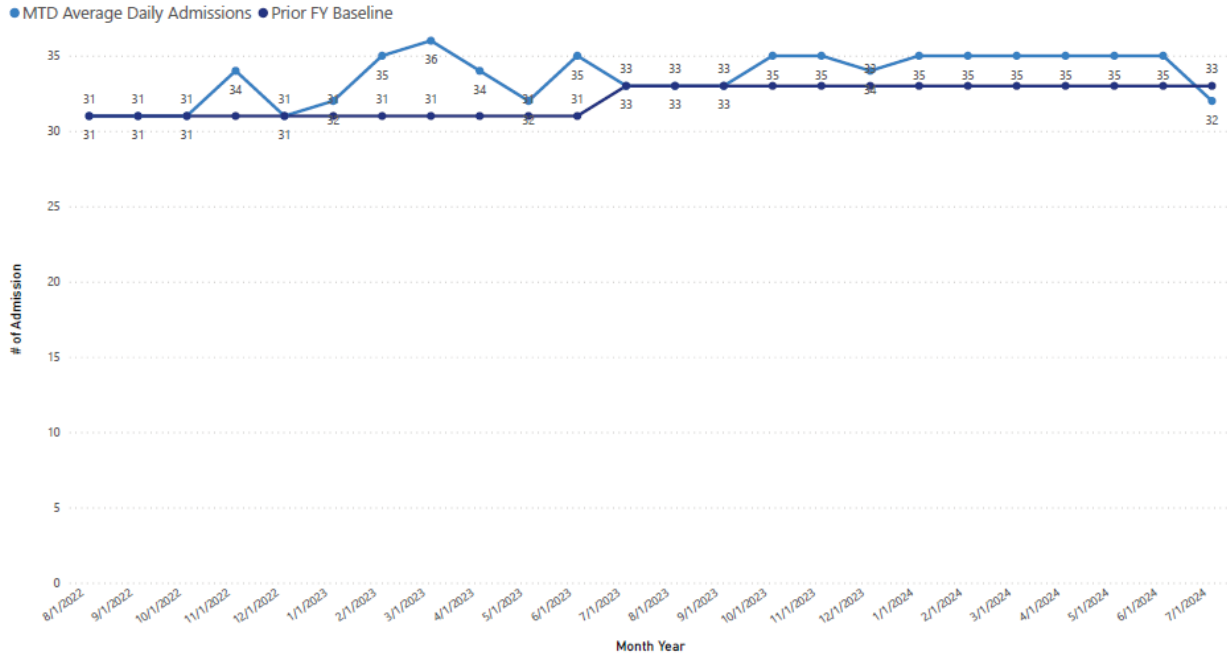
The Kaizen Promotion Office also shared that Christopher (Toff) Peabody accepted the role of Associate Medical Director, joining core leadership in leading operational improvement projects, providing clinical expertise to cross-functional strategic teams, developing training programs, and supporting the dissemination and promotion of ZSFG improvements.

QUALITY Emergency Department Activities

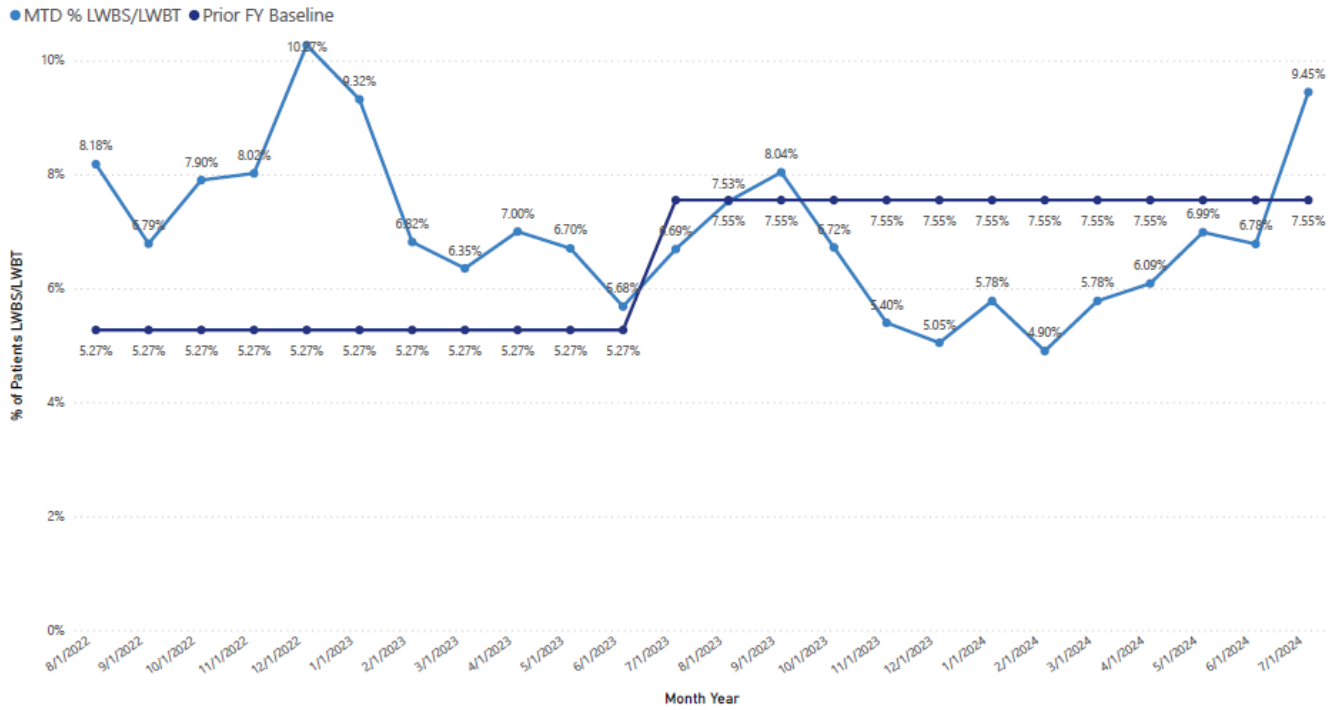
Average Daily Volume



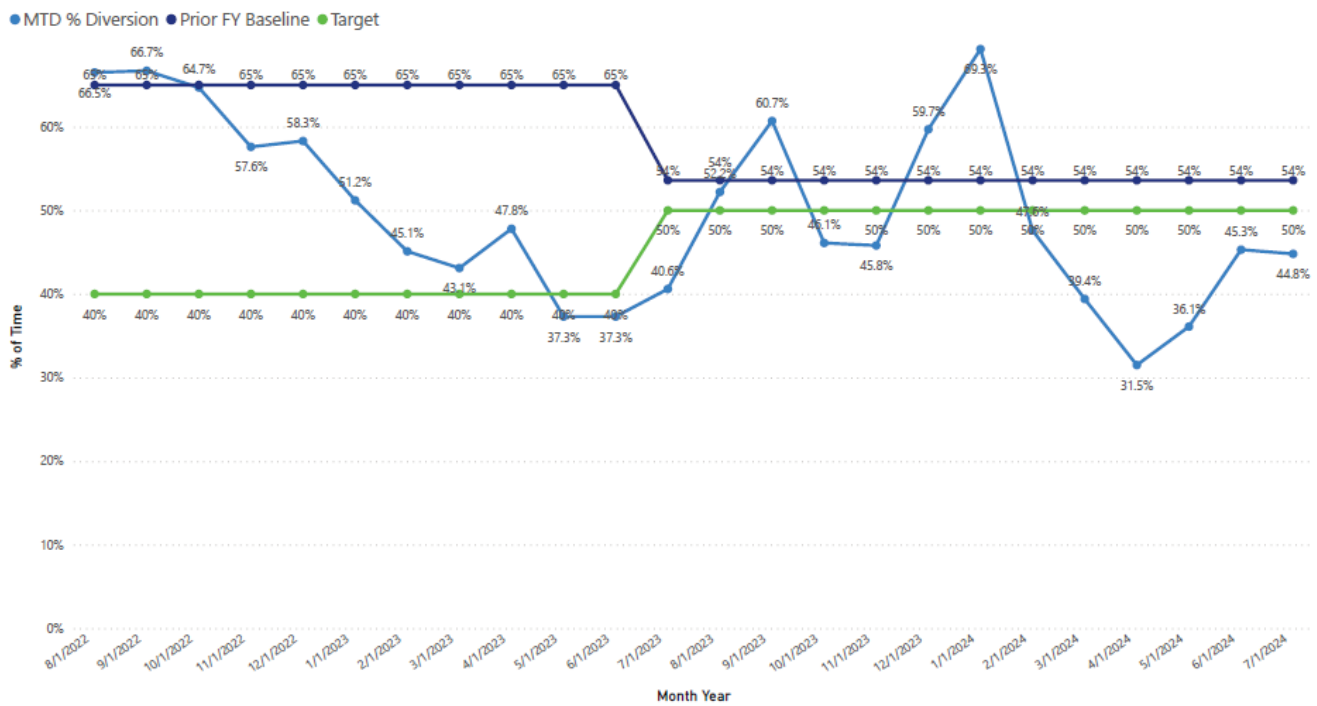
Average Daily Admissions from ED



% LWBS/LWBT

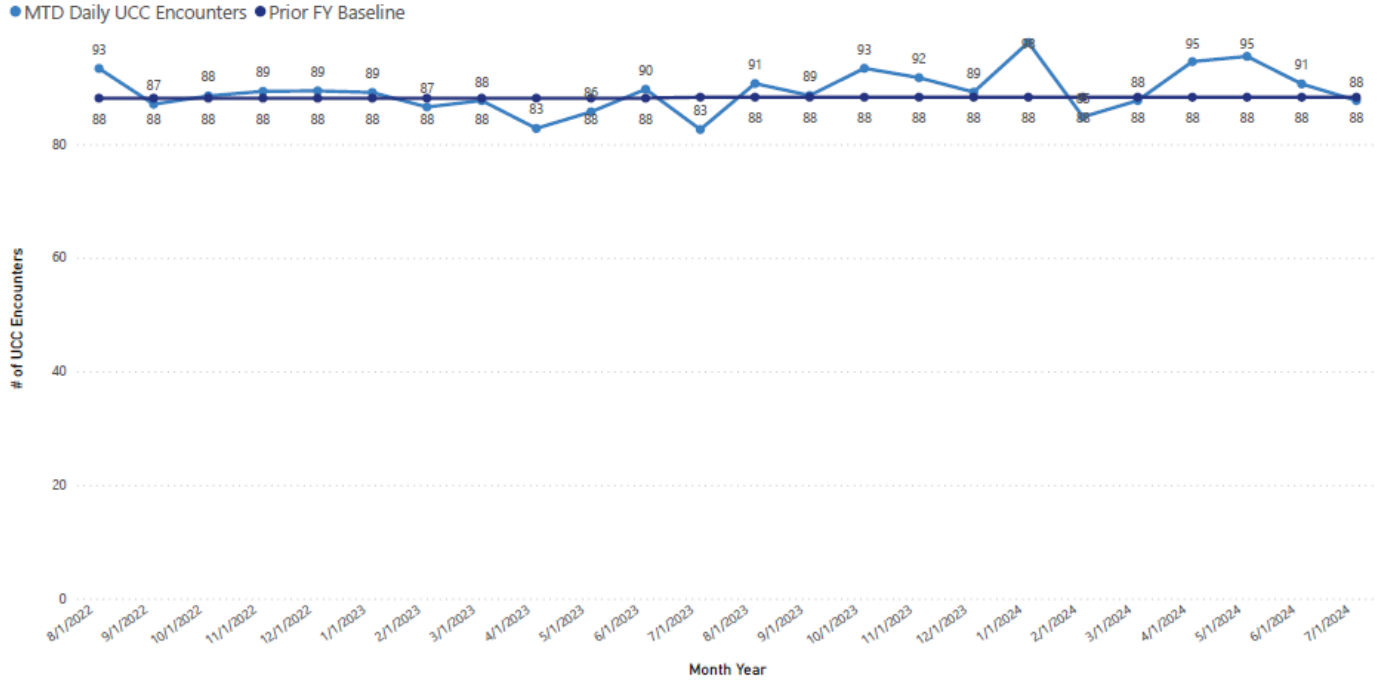


% Diversion

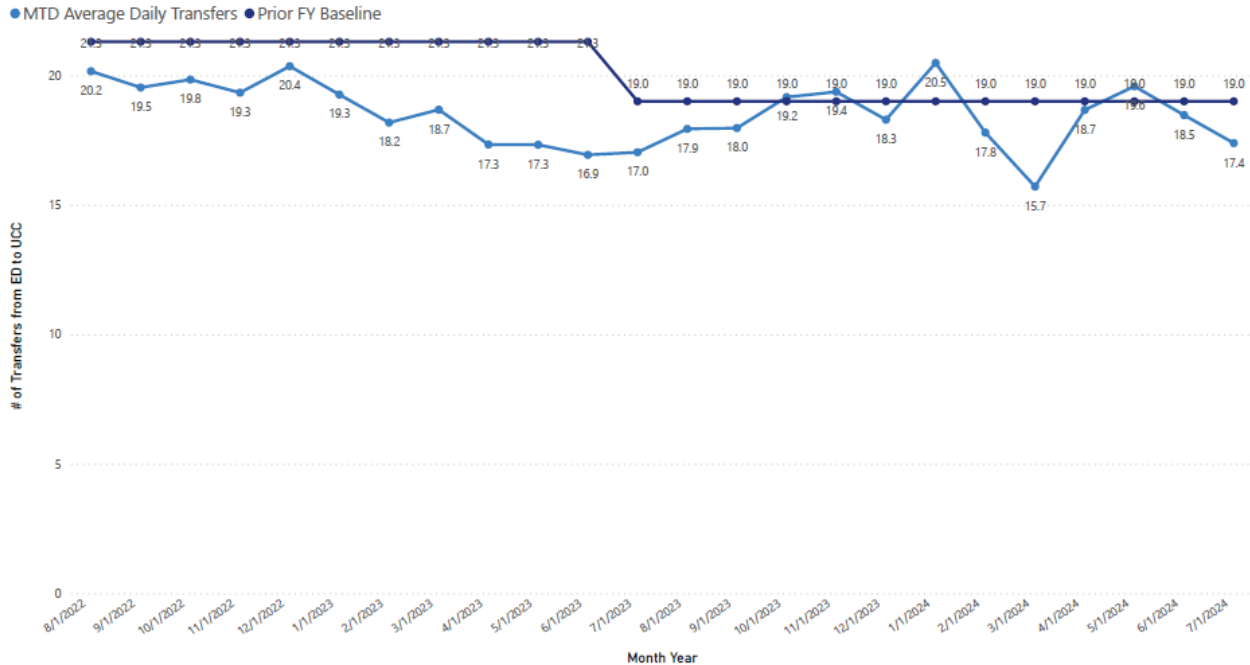


QUALITY Urgent Care Clinic Activities

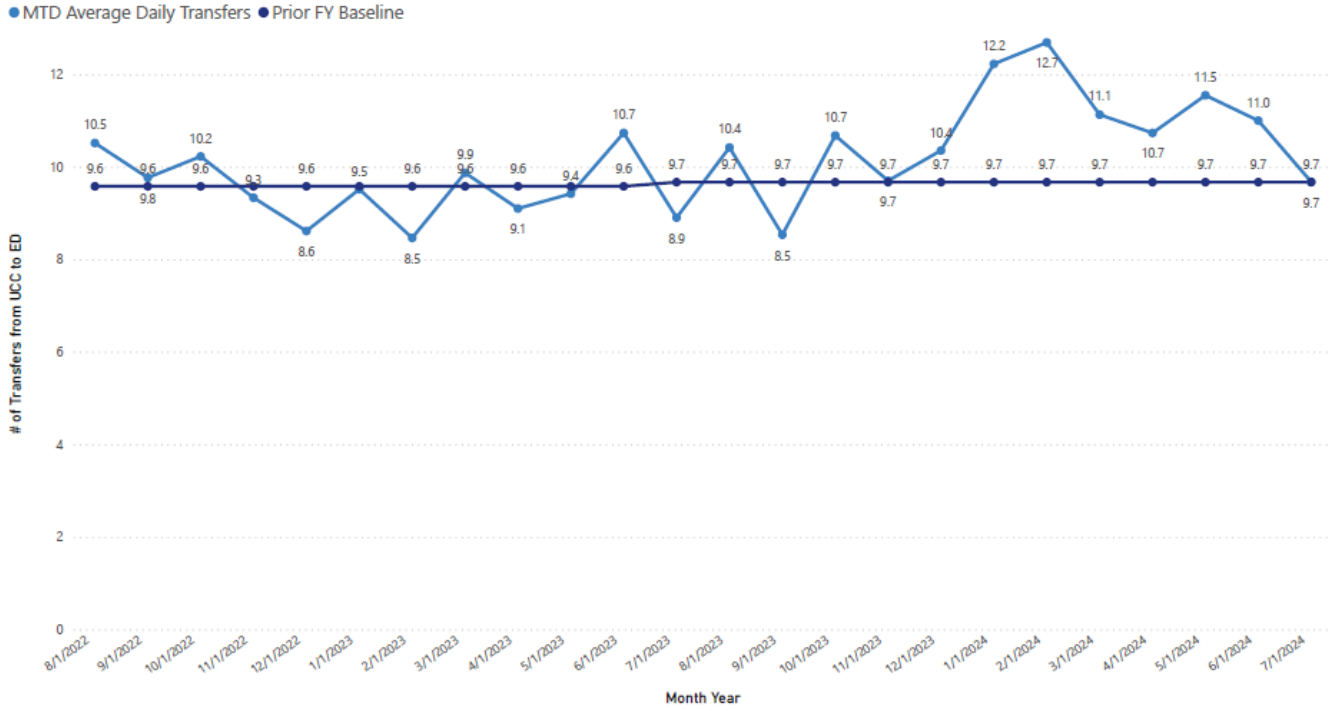
Average Daily UCC Encounters



Average Daily Transfers from ED to UCC

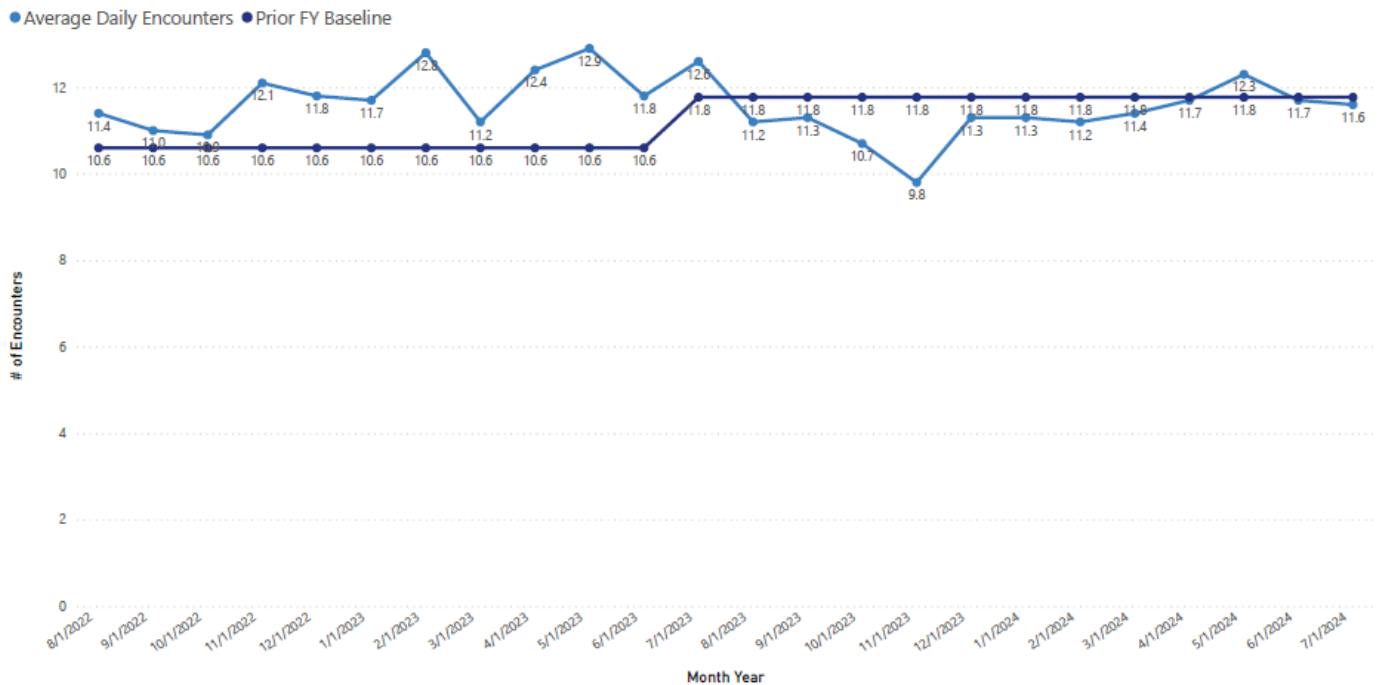


Average Daily Transfers from UCC to ED



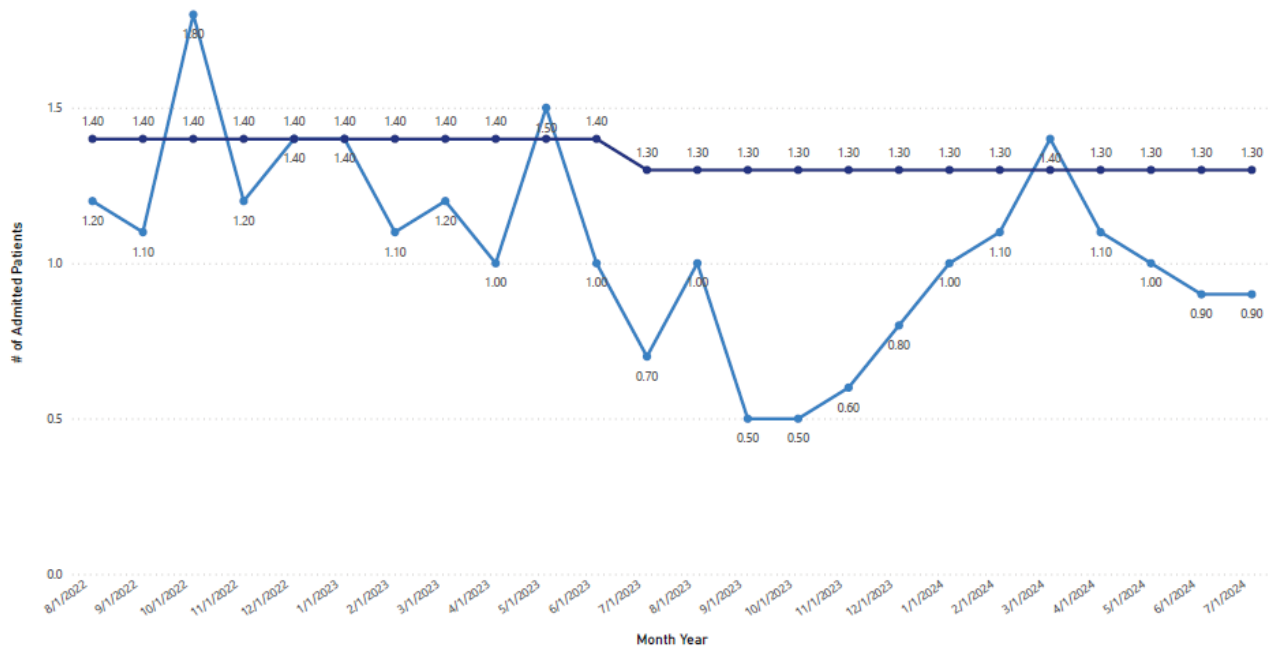
QUALITY Psychiatric Emergency Services Activities

Average Daily PES Encounters



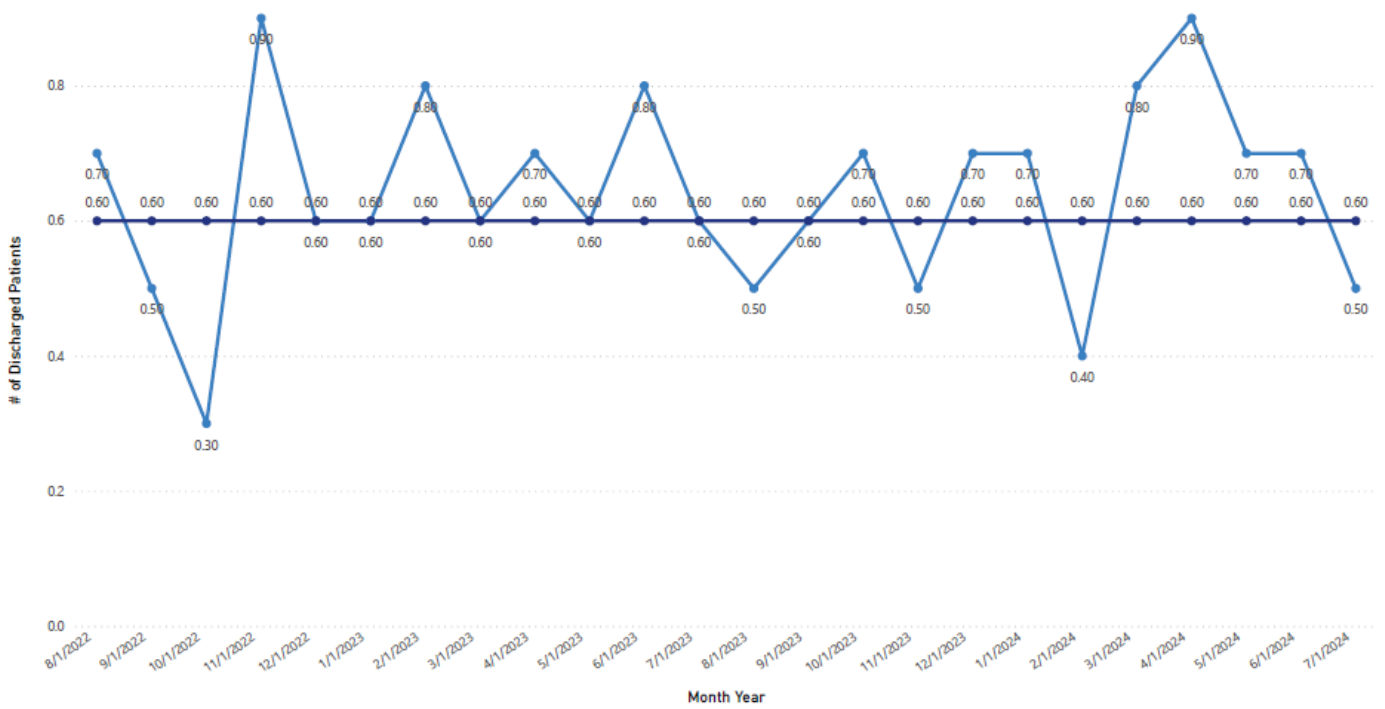
Average Daily Admissions to Inpatient Psych (7B & 7C) from PES

● Average Daily Admissions ● Prior FY Baseline



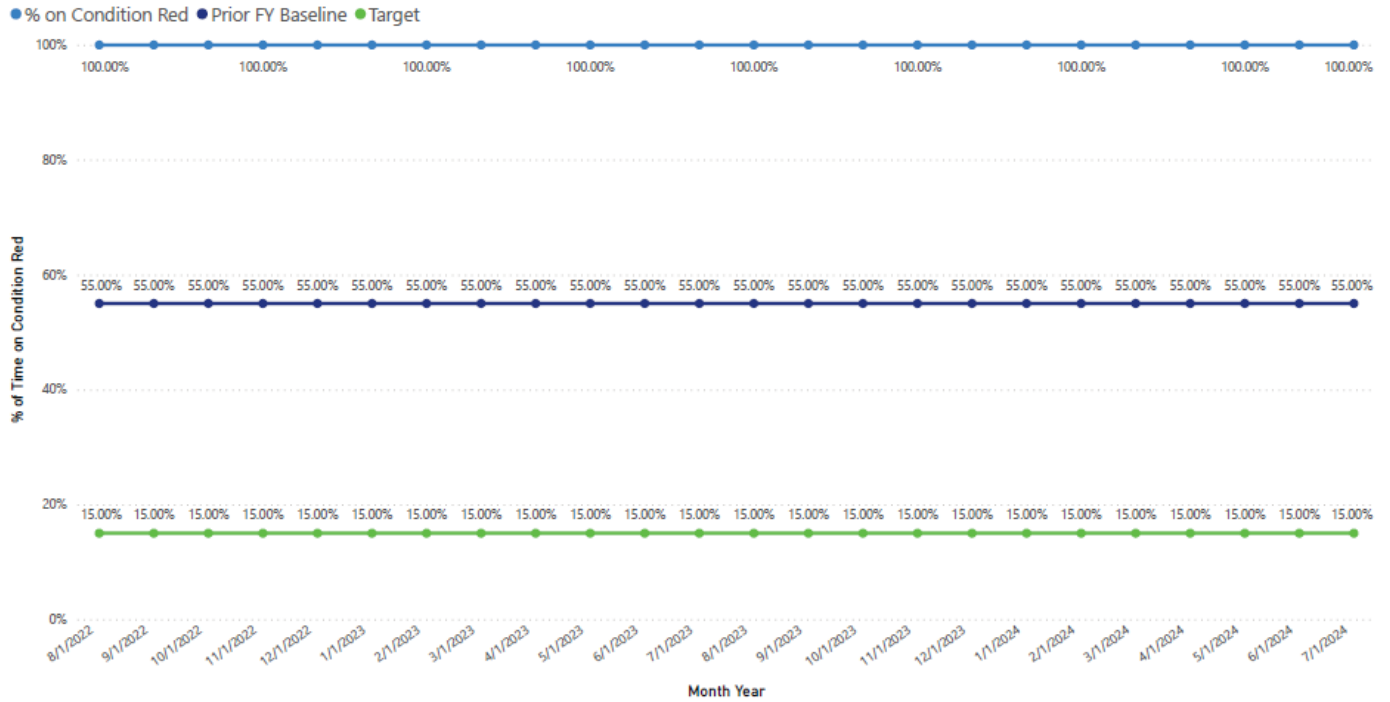
Average Daily Discharges to Dore Urgent Care Clinic (DUCC)

● Average Daily Discharges ● Prior FY Baseline



PES Condition Red*

*We're using condition red as an external communication tool to signal that patients can't directly come to PES



QUALITY Average Daily Census

MEDICAL/SURGICAL

Average Daily Census of Medical/Surgical was 189.8 which is 110.99% of budgeted staffed beds and 103.15% of physical capacity. 43.26% of the Medical/Surgical days were lower level of care days: 7.69% administrative and 35.56% decertified/non-reimbursed days.

INTENSIVE CARE UNIT (ICU)

Average Daily Census of ICU was 30.80 which is 110% of budgeted staffed beds and 53.10% of physical capacity of the hospital.

MATERNAL CHILD HEALTH (MCH)

Average Daily Census of MCH was 34.10 which is 113.67% of budgeted staffed beds and 81.19% of physical capacity of the hospital.

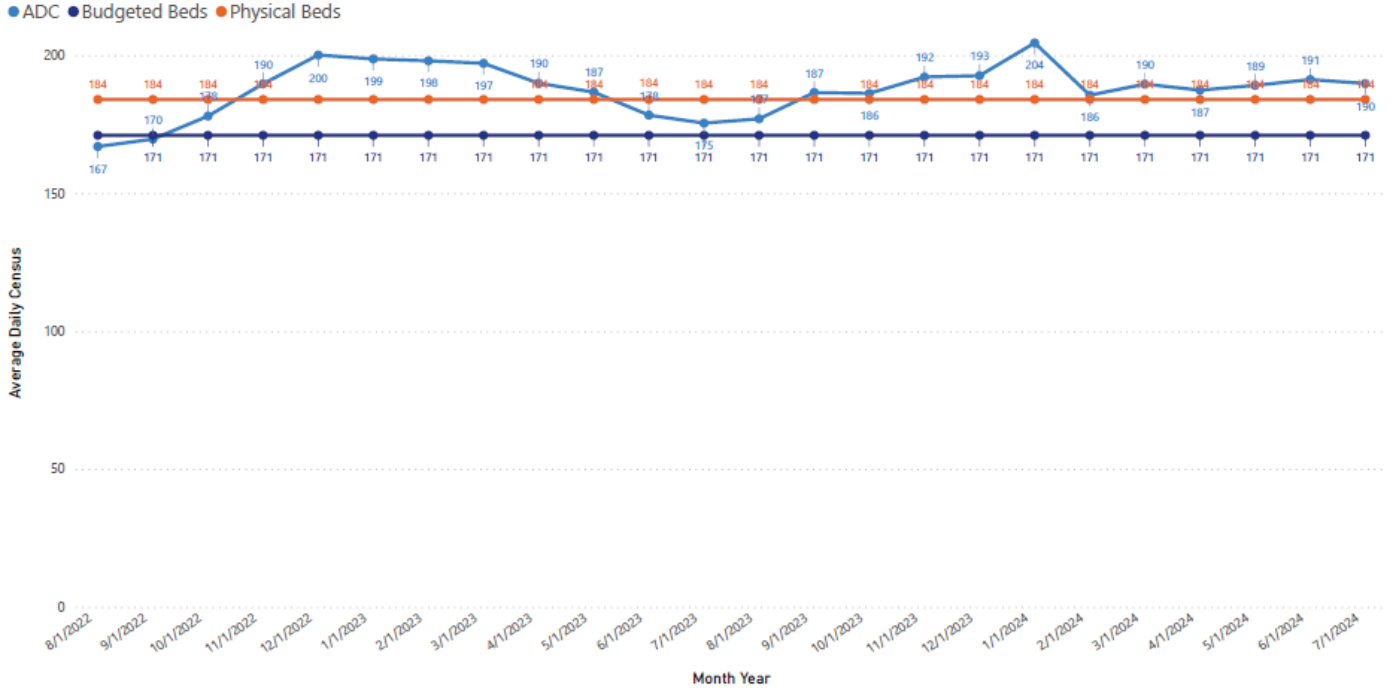
ACUTE PSYCHIATRY

Average Daily Census for Psychiatry beds, excluding 7L, was 42.80 which is 97.27% of budgeted staffed beds and 63.88% of physical capacity (7B & 7C). Average Daily Census for 7L was 5.9, which is 84.29% of budgeted staffed beds (n=7) and 49.17% of physical capacity (n=12).

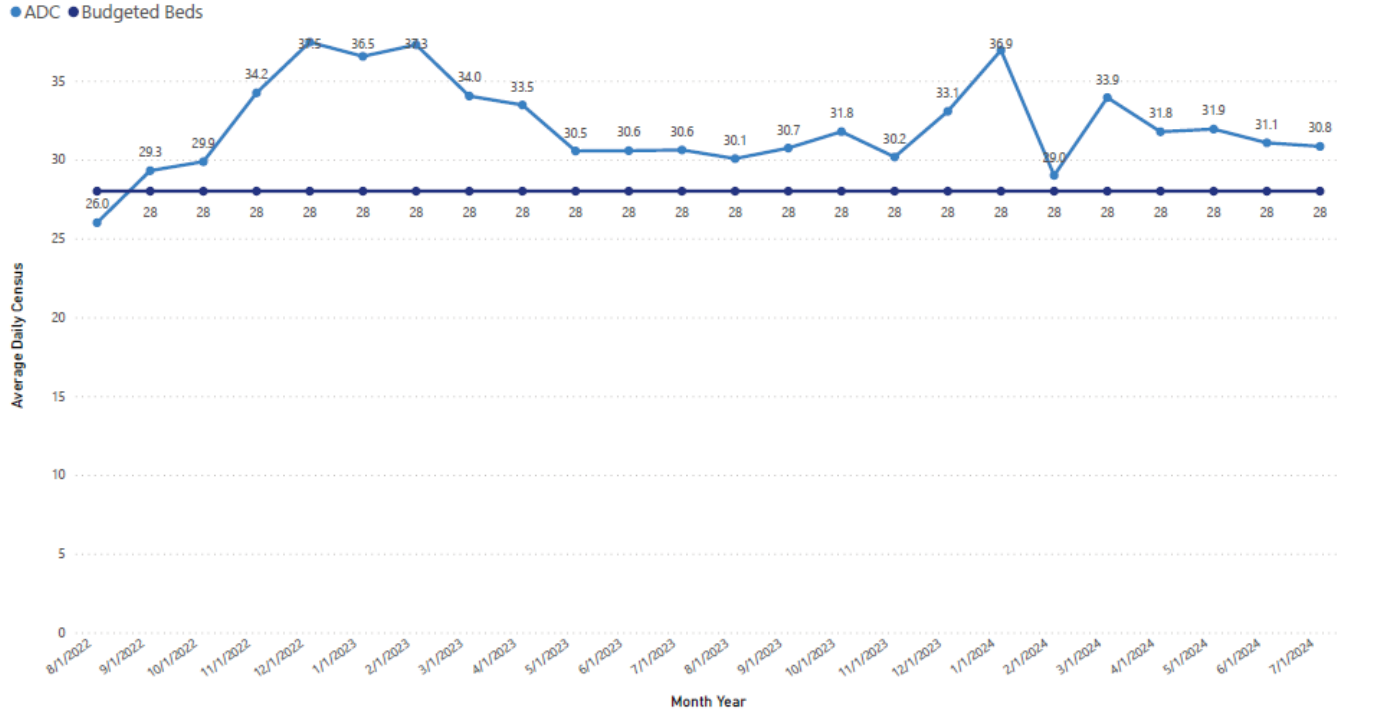
4A SKILLED NURSING UNIT

Average Daily Census for our skilled nursing unit was 14.50, which is 51.79% of our budgeted staffed beds and 48.33% of physical capacity.

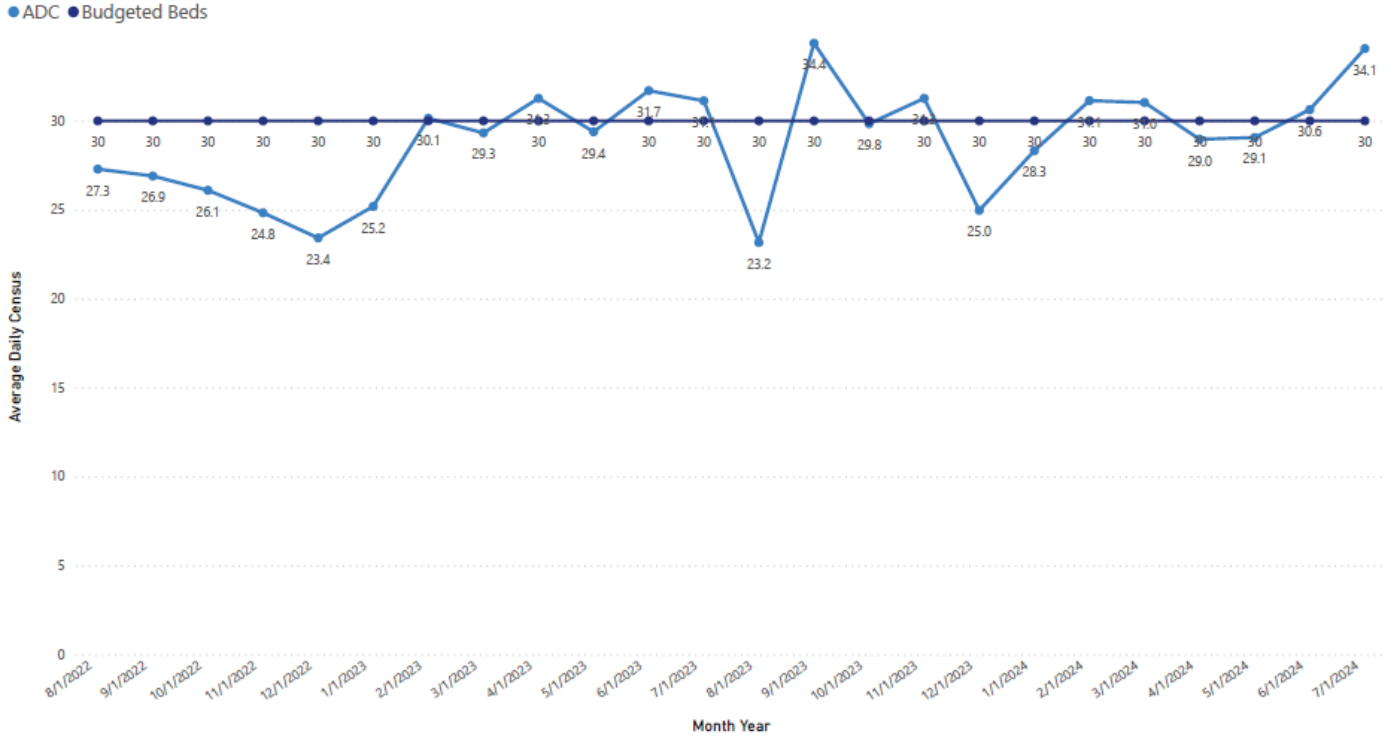
Medical Surgical (incl. ED/PACU Overflow) Average Daily Census



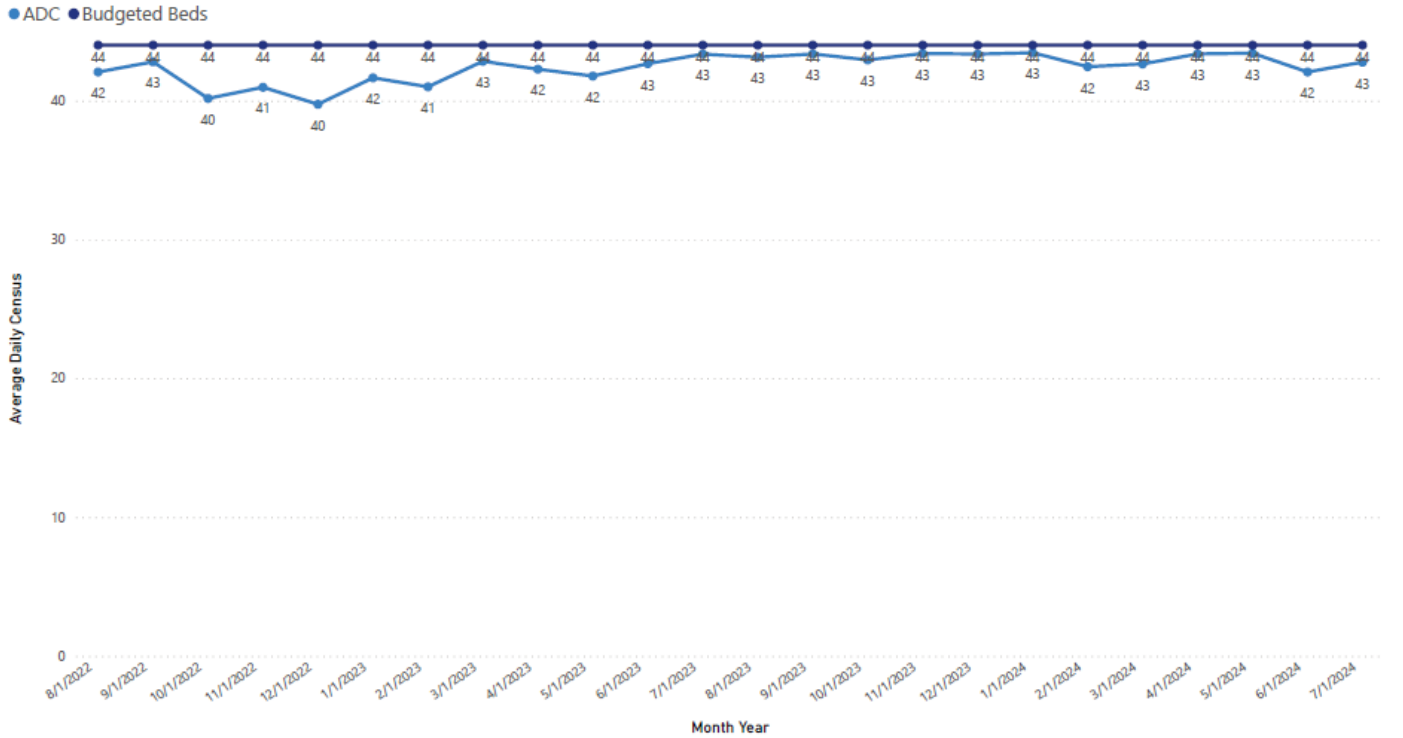
Intensive Care Unit Average Daily Census



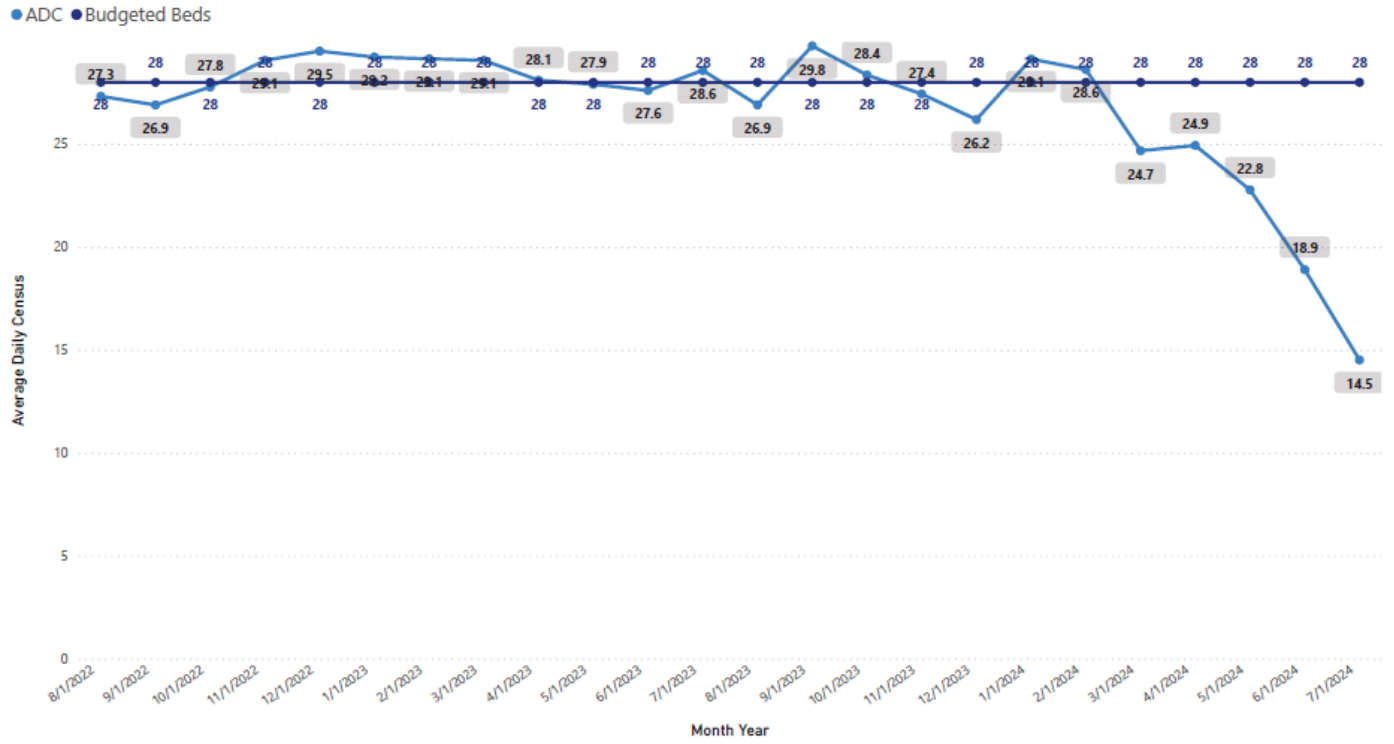
Maternal Child Health Average Daily Census



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

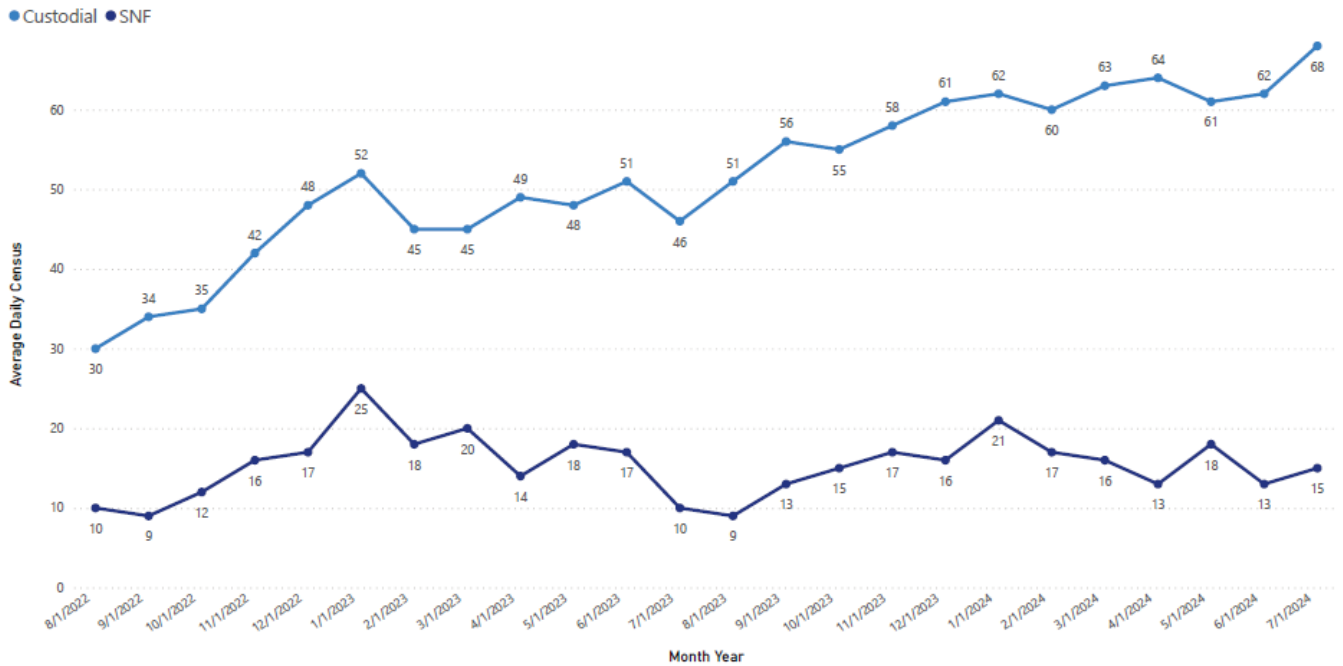


4A Skilled Nursing Facility Average Daily Census

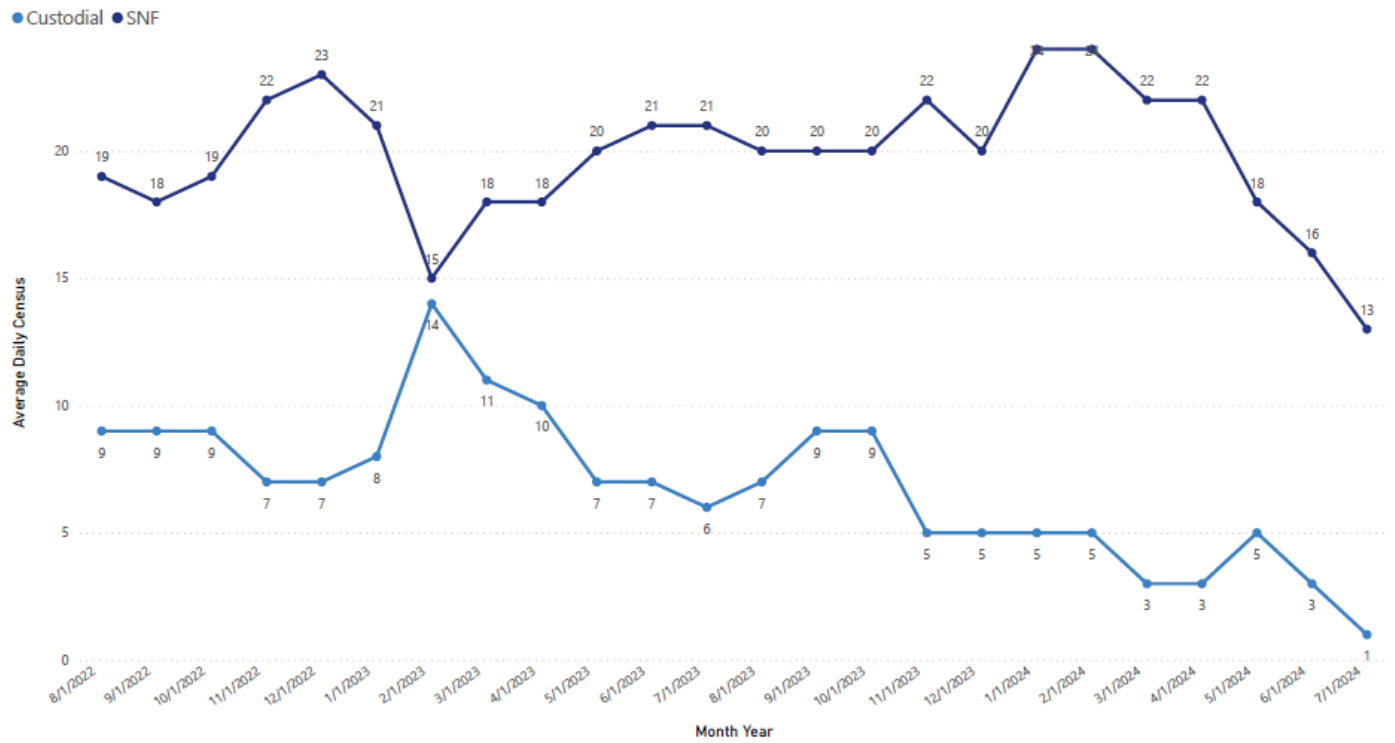


QUALITY Lower Level of Care Average Daily Census

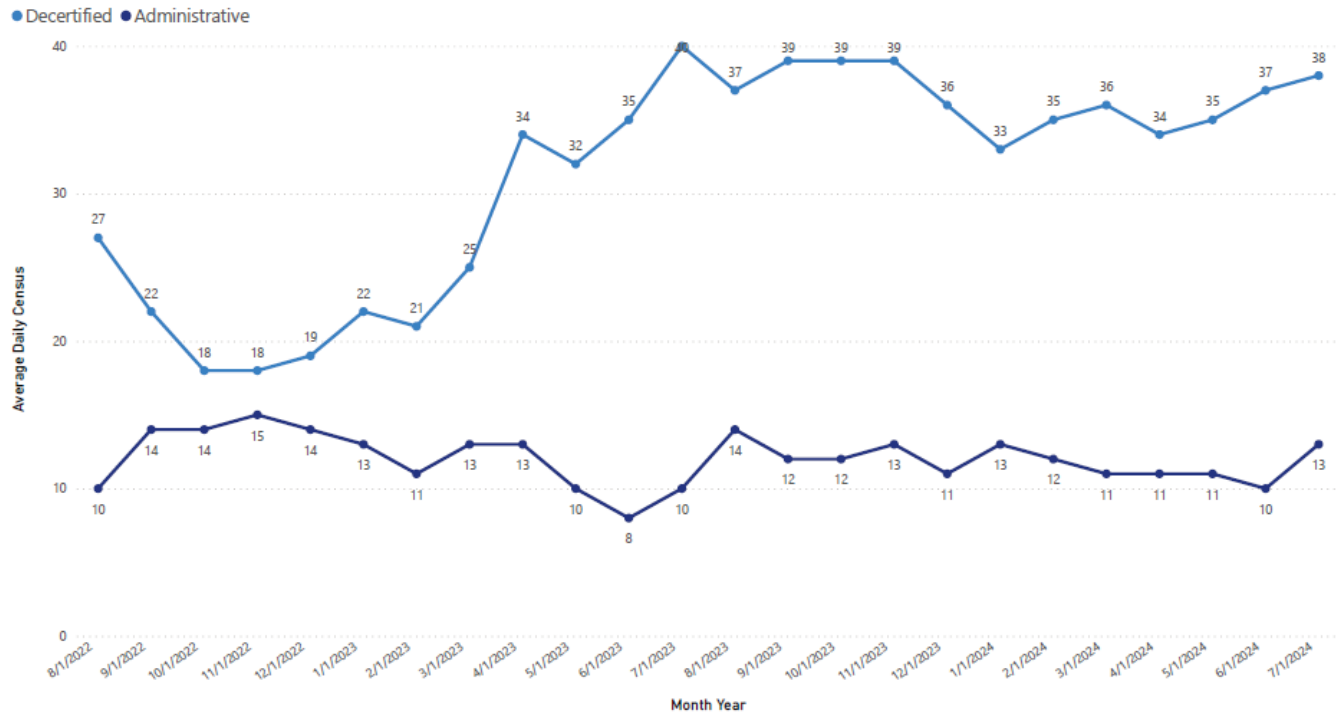
Medical Surgical Lower Level of Care Average Daily Census



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



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

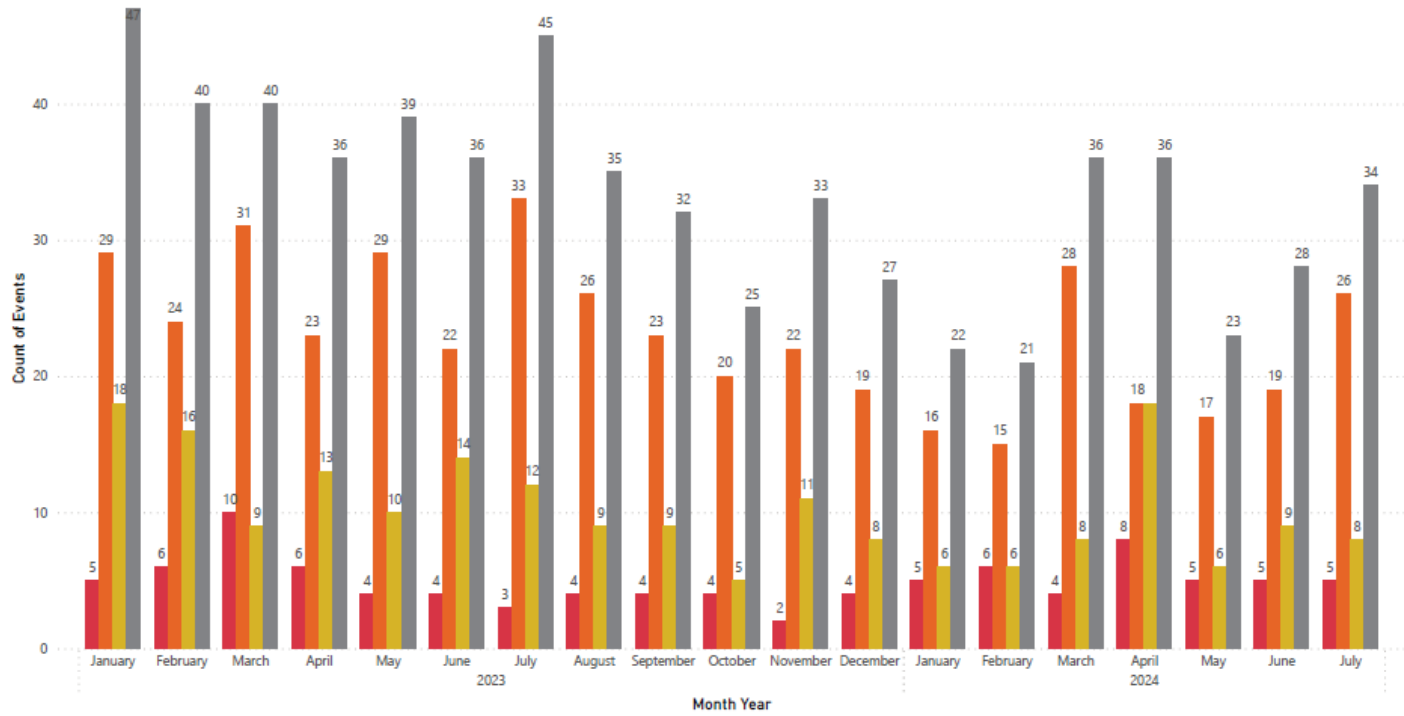


SAFETY Workplace Violence Activity

*Workplace Violence data is from ZSFG's SAFE system

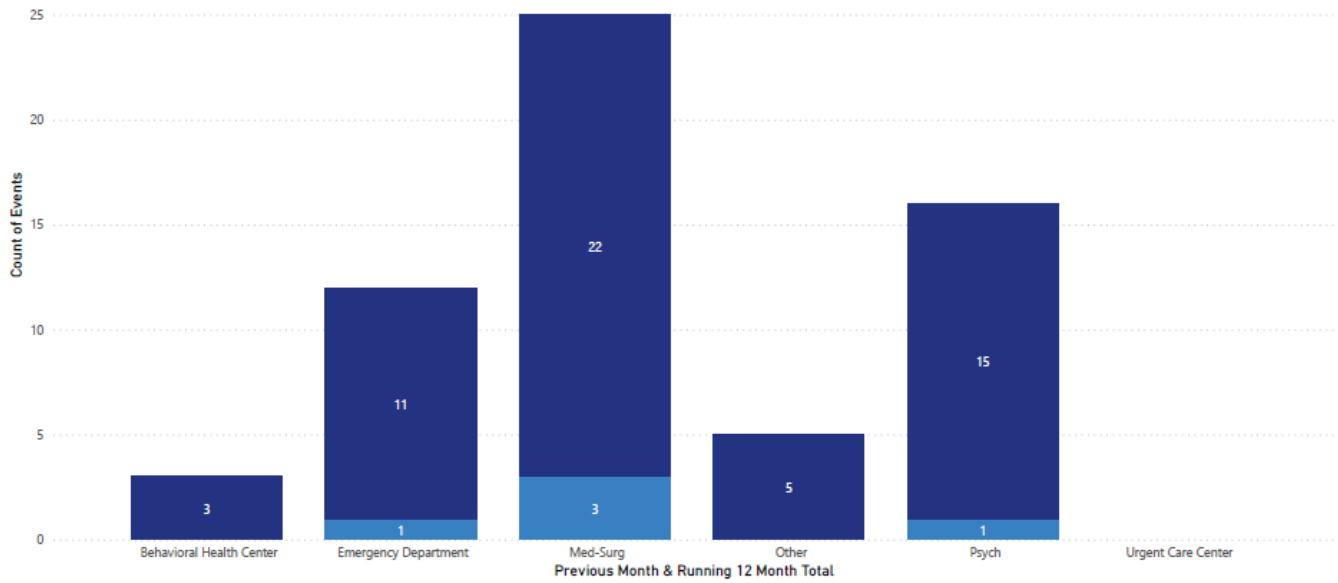
ZSFG Workplace Violence Physical Assaults with Injury CY 23 - 24

● Physical Assaults with Injury (E-I) ● Total WPV Physical Events ● Total WPV Verbal Events ● Total WPV Events



ZSFG Workplace Violence Physical Assaults with Injury (Running 12 month total & previous month)

● Previous Month (2024-07) ● Running Total (Previous 12 Months)



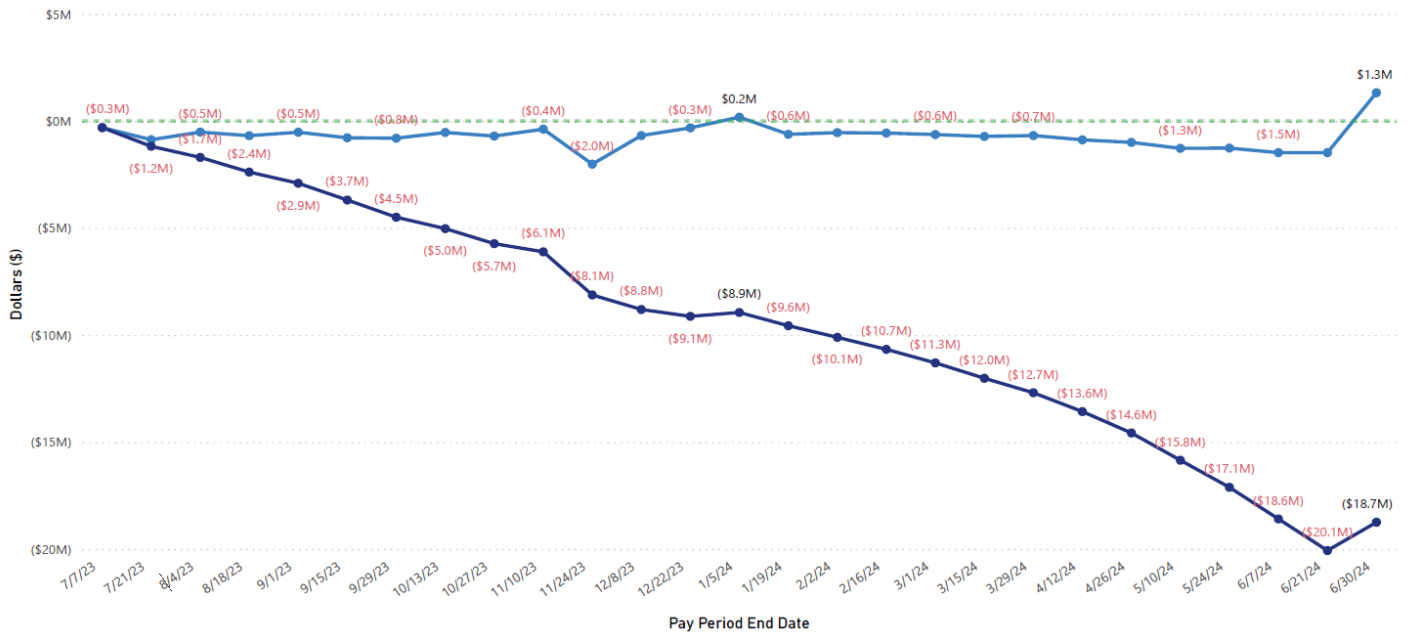
FINANCIAL STEWARDSHIP

Salary Variance

Variance Between Salary Expenditure and Budget by Pay Period (PP) and Year to Date (YTD)*

*Please note that COVID-19 costs are now a part of ZSFG operations and budget

● PP Variance ● YTD Variance



*Please note that Salary information is being updated for FY4/25

Commissioner Comments:

Commissioners Green and Christian stated that they appreciate the new metrics.

Commissioner Chow appreciates the new metrics but requested that some of the quantifiable data be maintained and reported to the ZSFG JCC.

7) ZSFG HIRING AND VACANCY REPORT

Emma Perez, SFDPH Principal Human Resources Analyst, presented the item.

Commissioner Comments:

Commissioner Green asked if the 2328 Nurse Practitioner position is difficult to recruit due to its specialist category. Ms. Perez stated that some specialty positions are difficult to recruit. She noted that Human Resources is attempting to apply lessons learned from the nursing hiring efficiencies to other categories of positions.

8) MEDICAL STAFF REPORT

Mary Mercer, M.D., Chief of Medical Staff, presented the item.

Commissioner Comments:

Commissioner Green stated that she is concerned about hiring Neurologist medical staff to cover the needs of ZSFG and UCSF medical training needs. She noted that the cost of living in San Francisco/Bay Area is high and recruitment can be difficult. She understands that this is a priority for both ZSFG and UCSF.

Commissioner Chow noted that medical residency restrictions continue to be an obstacle to all ZSFG Departments. He asked if these limitations have impacted the resident training opportunities. Dr. Mercer stated that there are concerns that ZSFG/UCSF ensure volume and diversity of cases to have adequate training. Patient safety issues have driven the regulatory changes, which addressed medical resident and trainee sleep deprivation.

Action Taken: The ZSFG JCC unanimously approved the Neurology Rules and Regulation revisions.

9) OTHER BUSINESS

This item was not discussed.

10) PUBLIC COMMENT

This item was not discussed.

11) CLOSED SESSION

- A) Public comments on All Matters Pertaining to the Closed Session

Action Taken: The ZSFG JCC voted to hold a 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 ZSFG JCC voted to not disclose discussions held in closed session.

12) ADJOURNMENT

The meeting was adjourned at 5:31pm.