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Commissioner

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

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MINUTES

**JOINT CONFERENCE COMMITTEE FOR
ZUCKERBERG SAN FRANCISCO GENERAL
HOSPITAL AND TRAUMA CENTER
Tuesday, July 26, 2016 3:00 p.m.
1001 Potrero Avenue, Conference Room 7M30
San Francisco, CA 94110**

1) CALL TO ORDER

Present: Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner David Pating M.D.

Excused: Commissioner Edward A. Chow, M.D., Chair
Commissioner David B. Singer

Staff: Roland Pickens, Terry Dentoni, William Huen MD, Iman Nazeeri-Simmons,
Jeff Critchfield MD, Todd May MD, Alberto Mejia, Ruigie Areualo, Lillian Chan,
Valerie Inouye, Greg Wagner, Leslie Safier, Ravi Mehta, Dan Schwager, Shermineh
Jafarieh, Madeleine Tsao, Jay Kloo, Chuck Lamb, Alice Chen MD, Terry Saltz, Ron
Weigelt, Kim Nguyen

The meeting was called to order at 3:05pm. Commissioner Pating chaired the meeting.

**2) APPROVAL OF THE MINUTES OF THE JUNE 28, 2016 ZUCKERBERG FRANCISCO GENERAL
JOINT CONFERENCE COMMITTEE MEETING**

Action Taken: The Committee unanimously approved the minutes.

3) QUALITY MANAGEMENT AND REGULATORY AFFAIRS REPORTS

Will Huen MD gave the Quality Council Minutes report. Susan Brajkovic gave the Regulatory Affairs report.

Commissioner Comments/Follow-up:

Commissioner Pating noted that on page 6 of the Quality Council Minutes, it indicates that 23% of patients who fall at ZSFG had previously fallen. Dr. Huen stated that ZSFG has been working on several levels to address this issue. He noted that there is a hospital-wide A3 effort to reduce falls. Ms. Dentoni added that members of the Hospital Council have also noted that there has been an increase in falls throughout San Francisco hospitals.

Commissioner Sanchez asked if there is data showing an increase in falls for elderly patients within San Francisco at various types of locations. Dr. Huen stated that the focus of the ZSFG effort is falls that occur on campus.

Commissioner Pating asked for information regarding the renal dialysis survey plan of correction. Mr. Kloo stated that the plan of correction was submitted on 7/20/16 and addressed minor issues found in the survey.

Action Taken: The Committee unanimously approved the summary of the Quality Council meeting minutes.

4) REBUILD/TRANSITION UPDATE

Iman Nazeeri-Simmons, Chief Operating Officer, gave the update.

Commissioner Comments/Follow-up:

Commissioner Pating asked for information regarding the newest bond measure passed in the recent elections. Greg Wagner, SFDPH CFO, stated that that the SFDPH will work with the other City Departments that will be beneficiaries of the bond funds; as bonds are sold, the proceeds will be appropriated by the Board of Supervisors.

Commissioner Pating asked for an update on the OR room 8. Ms. Dentoni stated that the room is fully functional as a catheterization lab. The hybrid functionality is delayed due to the need to rebid the vendor contract. The target date for hybrid functionality is May 2017.

5) HOSPITAL ADMINISTRATOR'S REPORT

Iman Nazeeri-Simmons, Chief Operating Officer, gave the update.

Lean Train the Trainer

ZSFG's third cohort of lean certification training began in June, and will parallel the education track for our current certified leaders called "Train the Trainer". This certification program is designed to train and coach existing lean certified leaders to become master trainers in the lean curriculum. Throughout this year, our certified leaders will review and observe teachings of the different curriculum modules. This group will then teach the next lean certification cohort with coaching support and guidance. Finally, this group will become fully certified as master trainers, allowing us to teach this material and certify future lean leaders internally for the first time ever. Eventually, our goal is for all of our leaders to become certified in performance improvement work. Train the trainer is an important step towards achieving that goal.

Emergency Department Improvement (Kaizen) Workshop in Building 25

During the week of June 27th, the Emergency Department (ED) team held their first Improvement (kaizen) workshop since moving into Building 25. The team focused their improvement efforts around acuity-based flow, team-based care, and how to best optimize their new space to provide compassionate care for our patients.

The Emergency Department aimed to decrease excessive lengths of stay for moderately ill walk-in patients, which averaged 353 minutes during observation periods, to 210 minutes. Moving forward, ED developed additional standard work and will adopt a team-based care approach to serving patients, with nurses designated to specific patients and localized to organized zones, as well as the use of a flow nurse, in order to promote efficiency, safety and patient visibility. Congratulations to the team on a successful week-long improvement event!

ICARE Workshop Commenced at ZSFG

The ICARE workshop curriculum and workshops commenced in April 2016 with the Executive Team as the first cohort. The purpose of ICARE is to introduce ICARE (Introduce-Connect-Ask-Respond-Exit), a service framework based on our values that guides our interactions with patients, their families, and colleagues.

This work aligns with our Care Experience True North strategic goals as we aim to nurture the spirit that inspires people to do this work and contributes to patients' health and well-being across the continuum of care.

The objective of the workshop is for staff to understand the shared responsibility of improving patient and staff experience, learn how to align behaviors with ZSFG's service expectations through ICARE framework, be able to identify how ICARE relates to individual unit/department(s) and understand how to implement this service framework to help achieve an optimal patient and staff experience, and incorporate ICARE into Leader Standard Work

Many thanks to Aiyana Johnson, Jeff Critchfield, and Brandi Frazier for developing the curriculum and leading these workshops.

Risk Management Week Celebrated June 20-24

ZSFG celebrated Healthcare Risk Management Week during June 20-24, 2016. This annual campaign from the American Society for Healthcare Risk Management raises awareness about the critical role healthcare risk managers and safety professionals play in patient safety, patient care practices, quality assurance, safe work environments, and liability. It also promotes solutions to help prevent some of the most common patient safety events. This year's theme, "Making a World of Difference," also recognizes the impact that health care risk managers have on health care. Together healthcare risk managers are Making a World of Difference in health care, advancing patient safety, reducing uncertainty and maximizing value.

We are extremely proud of how our entire staff works every day, along with our Risk Management professionals, to ensure our number one priority of patient safety. We recognize the important role each employee plays in promoting safe and trusted healthcare. As we celebrate this special week, we applaud everyone's safety efforts.

The National Day of Action: Family Sit-In to Disarm Hate with Congresswoman Nancy Pelosi, Congressman Mike Thompson, and Bay Area Members of Congress

To highlight the National Day of Action on Gun Violence Prevention, Bay Area Members of Congress, Nancy Pelosi, Eric Swalwell, Mike Thompson, Mike Honda, Barbara Lee, Jerry McNerney, and Brad Sherman, and survivors of gun violence held a press event on Wednesday, June 29 at 1:00 p.m. PT at the Zuckerberg San Francisco General Hospital and Trauma Center.

The National Day of Action: Family Sit-In to Disarm Hate comes after House Democrats held a historic “No Bill, No Break” sit-in on the House Floor to demand action from Speaker Ryan and House Republicans. During this powerful event that included over 300 individuals and families, many of whom had been personally impacted by gun violence. The attendees encouraged Congress to confront gun violence by allowing a vote on “No Fly, No Buy” and legislation to strengthen background checks.

Office Based Opiate Treatment Program Survey

On June 21 and 22, 2016, one surveyor from The Department of Health Care Services (DHCS) conducted our annual Office Based Opiate Treatment Program (OBOT) survey, and concluded without any findings. He continued to conduct site visits at the CBHS Pharmacy, Tom Waddell Health Clinic, and Potrero Hill Health Center.

Congratulations to the OBOT Program Team for another successful survey!

Patient Flow Report for June 2016-below please find a series of charts depicting changes in the average daily census.

MEDICAL/SURGICAL

Average Daily Census, including Well Babies, was 206.61 which is 106% of budgeted staffed beds level and 82% of physical capacity of the hospital. 9.20 % of the Medical/Surgical days were lower level of care days: 0.95% administrative and 8.24% decertified/non-reimbursed days.

ACUTE PSYCHIATRY

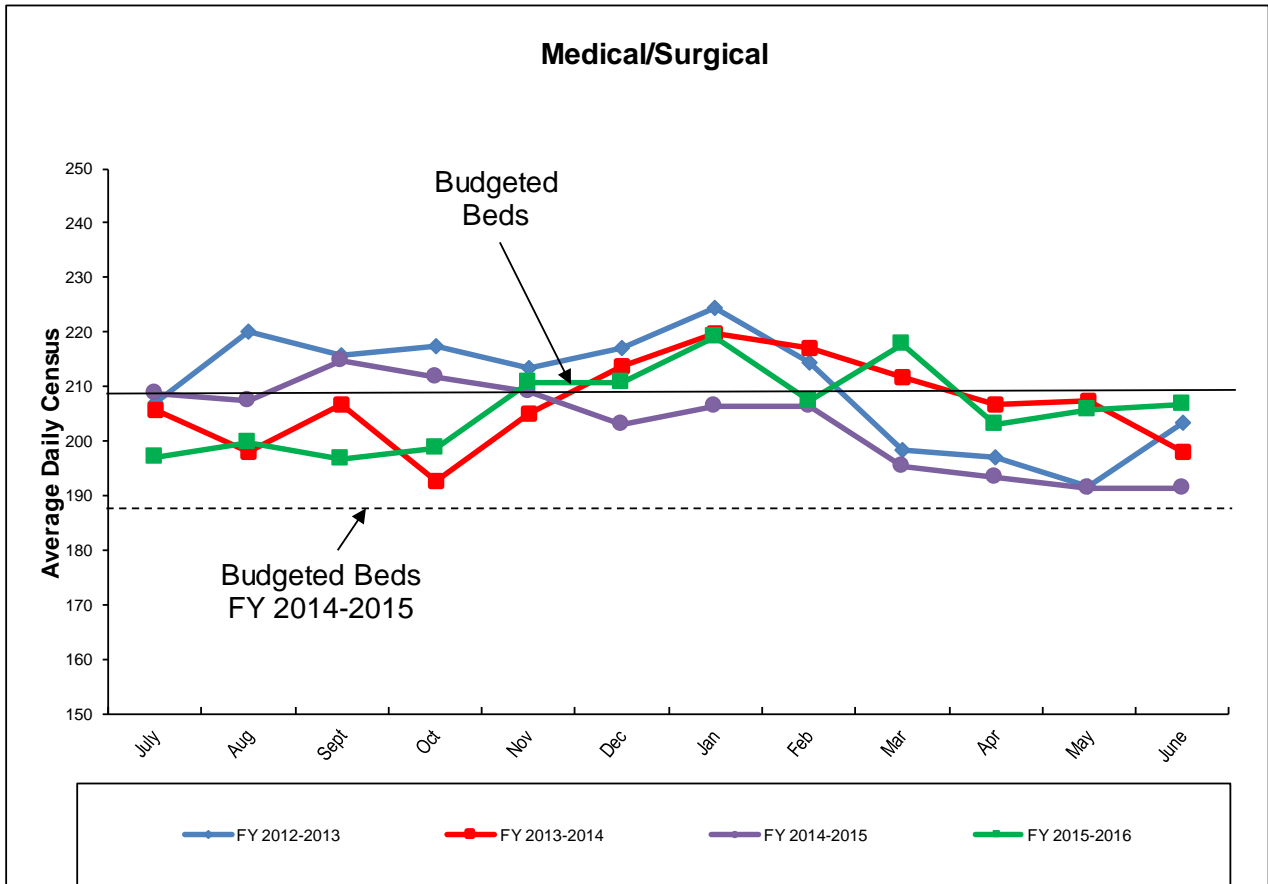
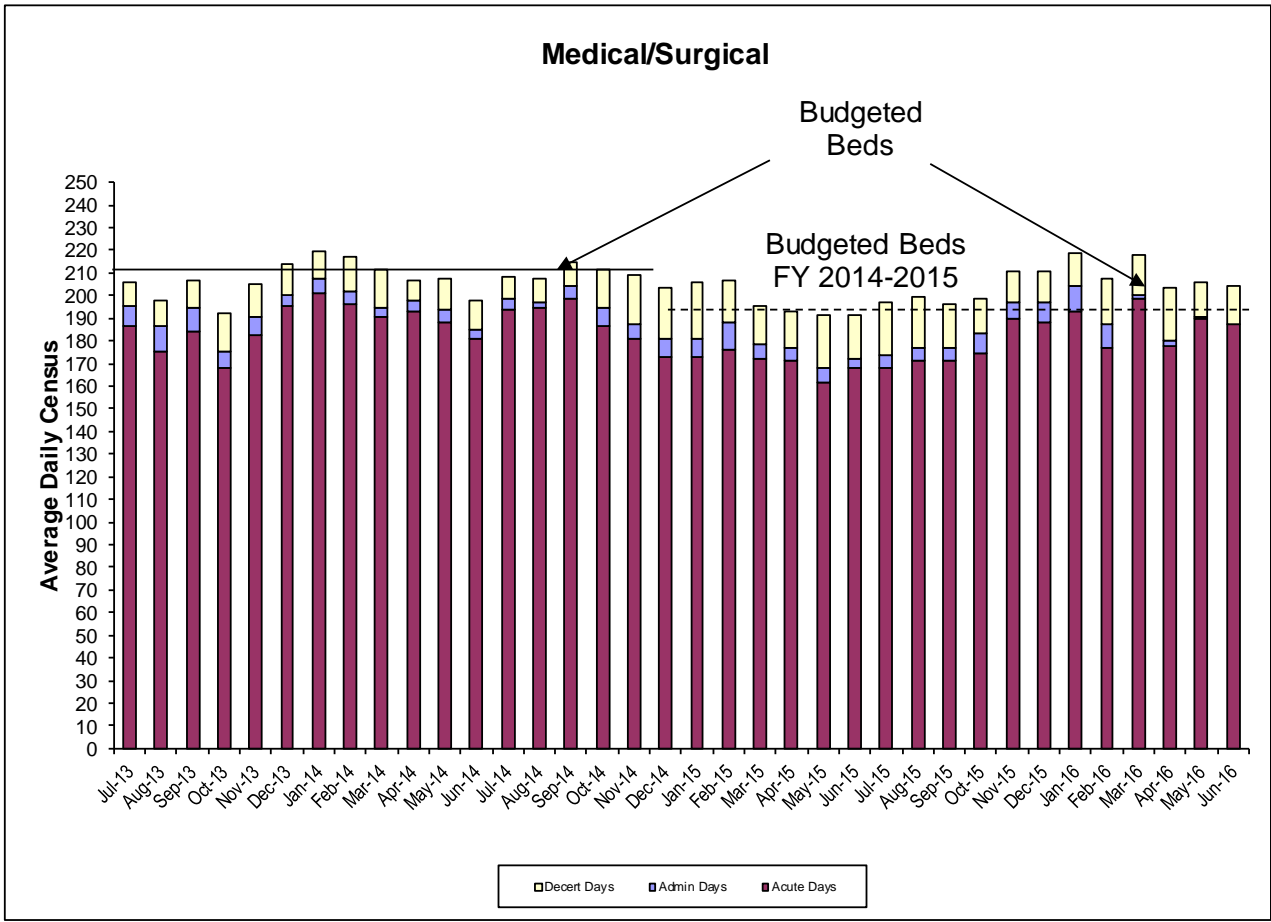
Average Daily Census for Psychiatry beds, **excluding 7L**, was 43.50, which is 98.9% of budgeted staffed beds and 64.9% of physical capacity (7A, 7B, 7C). Average Daily Census for 7L was 5.6, which is 80% of budgeted staffed beds (n=7) and 46% of physical capacity (n=12). Latest Utilization Review data from the INVISION System shows 85.21% non-acute days (84.29% lower level of care and 0.92% non-reimbursed).

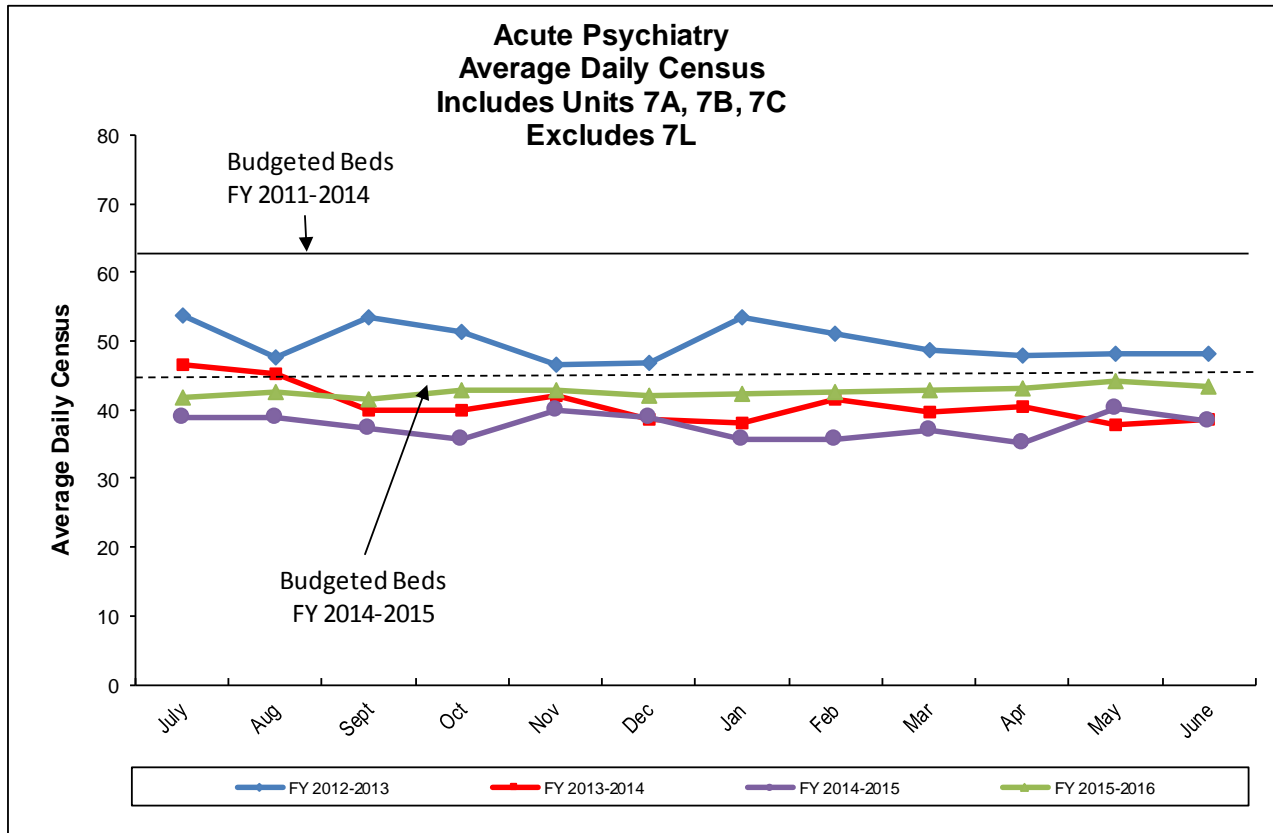
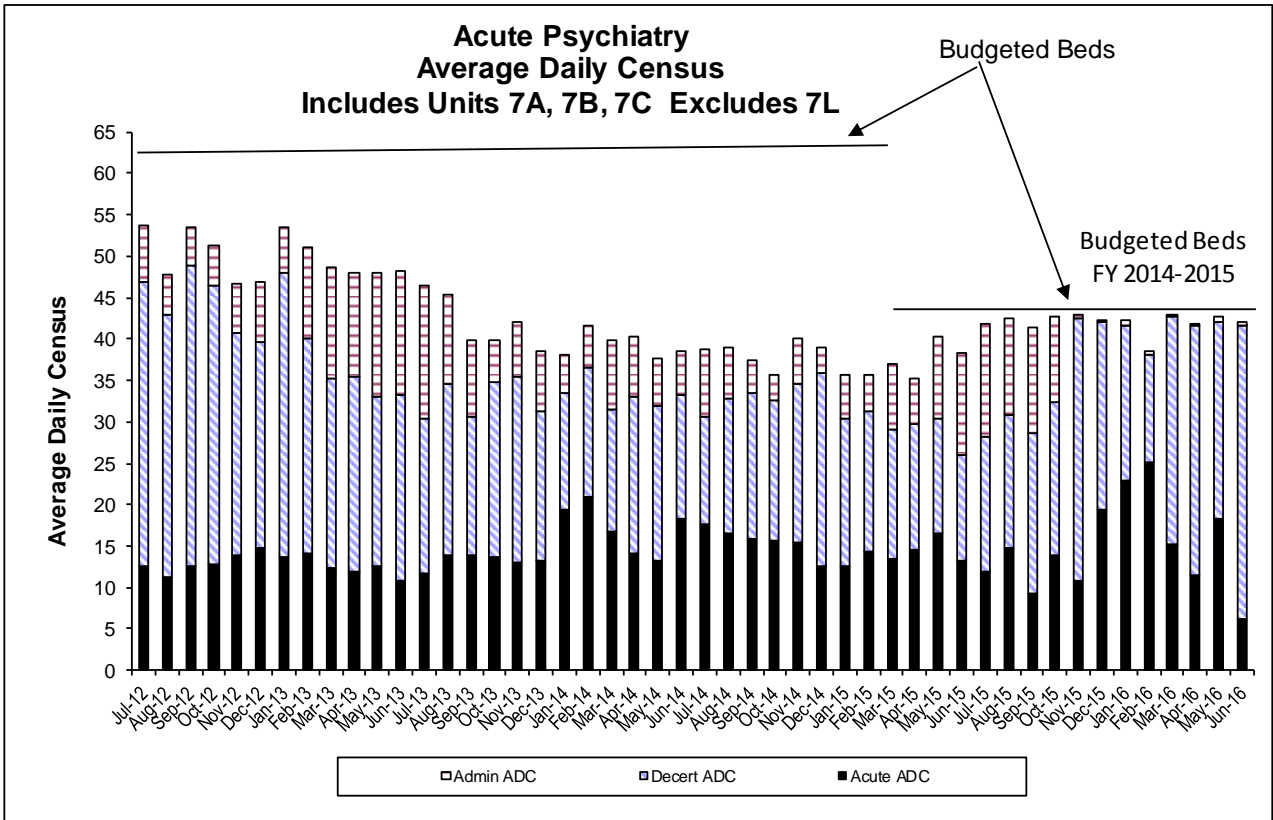
4A SKILLED NURSING UNIT

ADC for our skilled nursing unit was 28.17, which is 100.6% of our budgeted staffed beds and 93.9% of physical capacity.

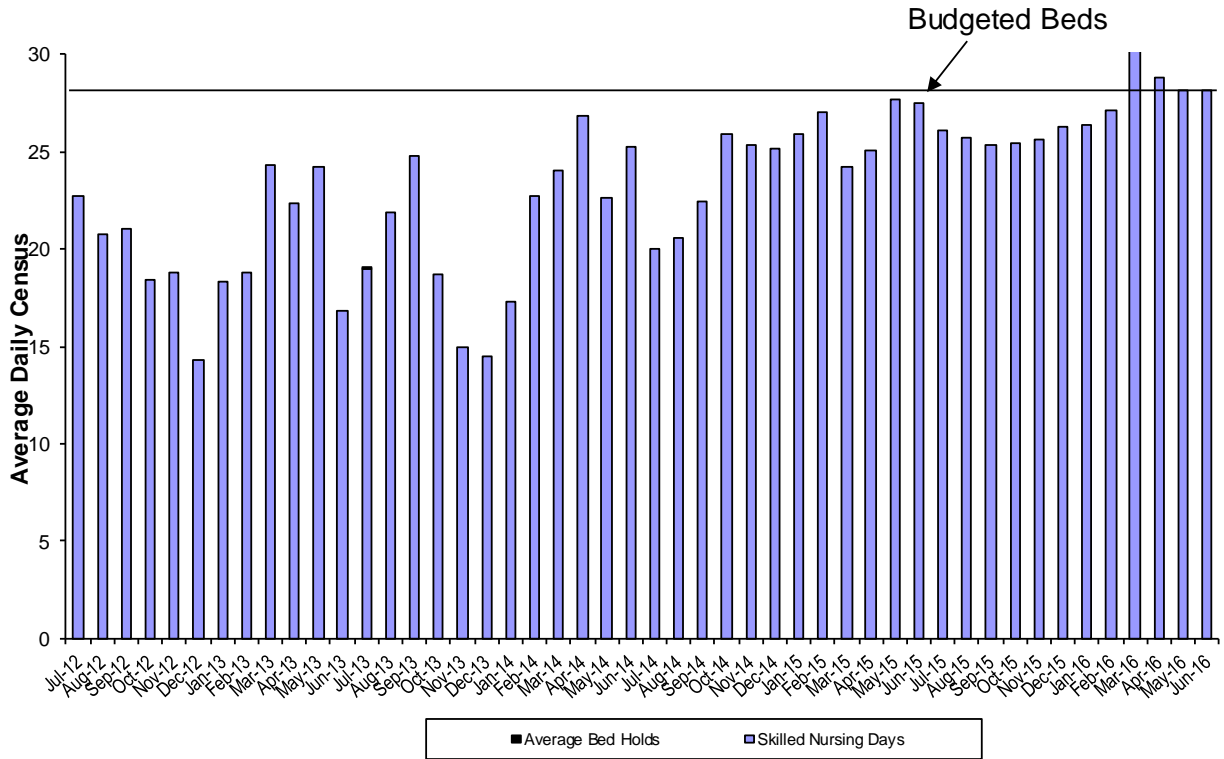
Salary Variance to Budget by Pay Period Report for Fiscal Year 2015-2016

For Pay Period ending June 17, 2016, Zuckerberg San Francisco General recorded a 1.91 % variance between Actual and Budgeted salary cost – actuals were \$253,519 over budget. For variance to budget year-to-date, San Francisco General Hospital has a positive variance of \$3,597,815 /1.1%.

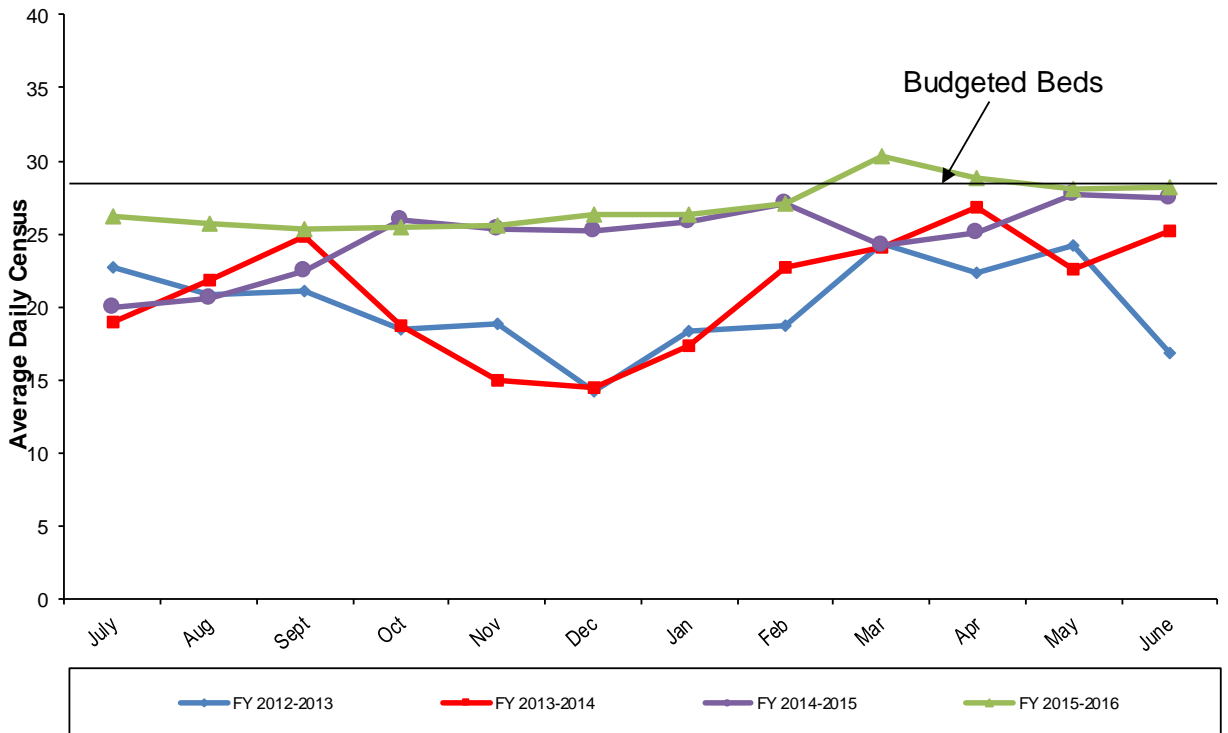




4A Skilled Nursing



4A Skilled Nursing



Commissioner Comments/Follow-up:

Commissioner Pating asked for an update on patient flow issues. Ms. Dentoni stated that relevant staff within the San Francisco Health Network (SFNH) meet weekly to discuss patient placement and patient flow issues. She noted that patients with cognitive impairments and dementia are difficult to place.

Commissioner Pating asked for clarification of the goal for the decertification rates. Ms. Nazeeri-Simmons noted that the number of days that patients have been staying at ZSFG at lower level of care has been reduced by half. She added that the goal should be reevaluated to be less than 10%; this will be discussed in the next round of meetings to set True North metrics.

Commissioner Pating stated that he concerned that the report does not reflect that a large portion of decertified beds is actually providing care to people who are homeless. He encouraged ZSFG to add this type of data description in future reports.

6) PATIENT CARE SERVICE REPORT

Terry Dentoni, Chief Nursing Officer, gave the report.

Professional Nursing for the Month of June 2016

Transition Initiatives:

Nursing department Optimization staff are continuing to collaborate within Nursing and with other departments, working on the new clinical applications and technologies in Building 25. The Optimizers are providing assistance and support fine tuning workflows and helping with the educators on evaluating staff on the new Building 25 competencies.

The Medical Surgical Nursing Division, with multidisciplinary team members, is conducting a Kaizen workshop July 25-29, 2016 to work on improving the medical-surgical flow by removing flow barriers. The improvement request to improve flow include:

- Clearly defining the decision making process (in the ED and Bed Control) to determine where medical-surgical patients are admitted in order to maximize patient cohorting.
- Defining a standard process for identifying lower level of care patients on the acute medical-surgical units at the earliest point in the hospitalization.
- Optimize the use of telemetry by creating protocols and standard work for alarm optimization, telemetry orders and MD/RN communication.

Nursing Recruitment and Retention

During the month of July several of the Nursing Divisions are commencing their training programs:

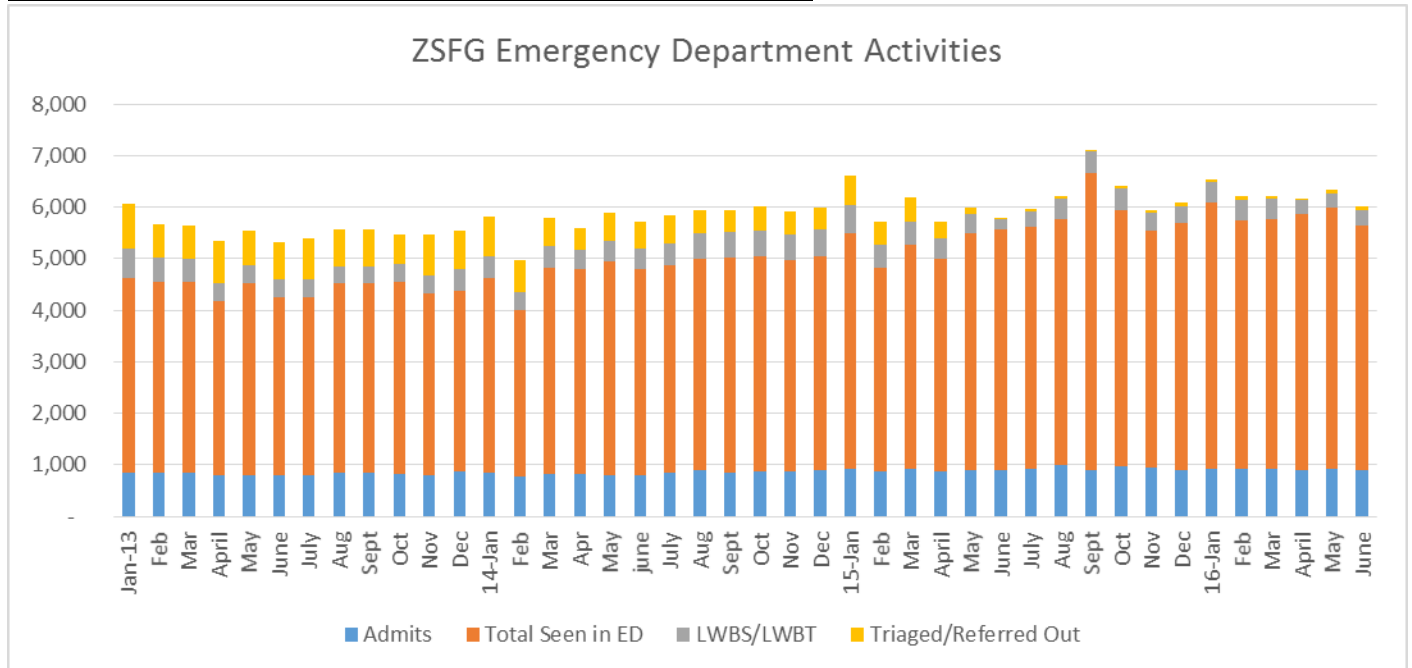
- Family Birth Center is in the midst of training 3 new hires
- Emergency Department training program begins July 25th for 11 new staff
- Critical Care training program begins this month for 5 reassigned nurses
- Medical Surgical Nursing has 30 new staff starting July 29th

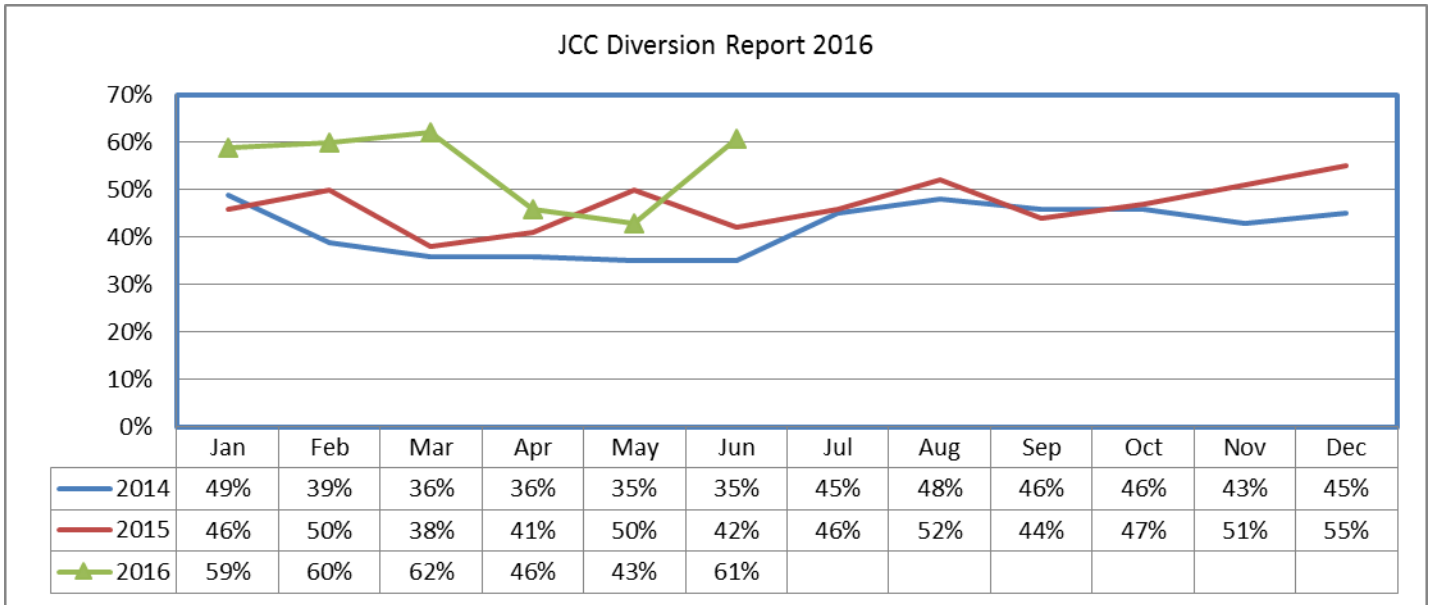
Nursing Professional Development

Emergency Department Nursing Educator, Richard Nepomuceno presented “The Good, The VAD, and The Ugly: Caring for a patient with a Ventricular Assist Device” at the Day of Trauma Case Studies Conference held at Santa Clara Medical Center.

Critical Care nursing educator, Kelly Swift attended the TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety) conference learning about how to translate the communication method into practice and Justin Dauterman, also a Critical Care Educator, attended the Association for Nursing Professional Development Convention July 18-19th where he presented his poster on his Post-Orientation Development for Staff Program.

Emergency Department (ED) Data for the Month of June 2016

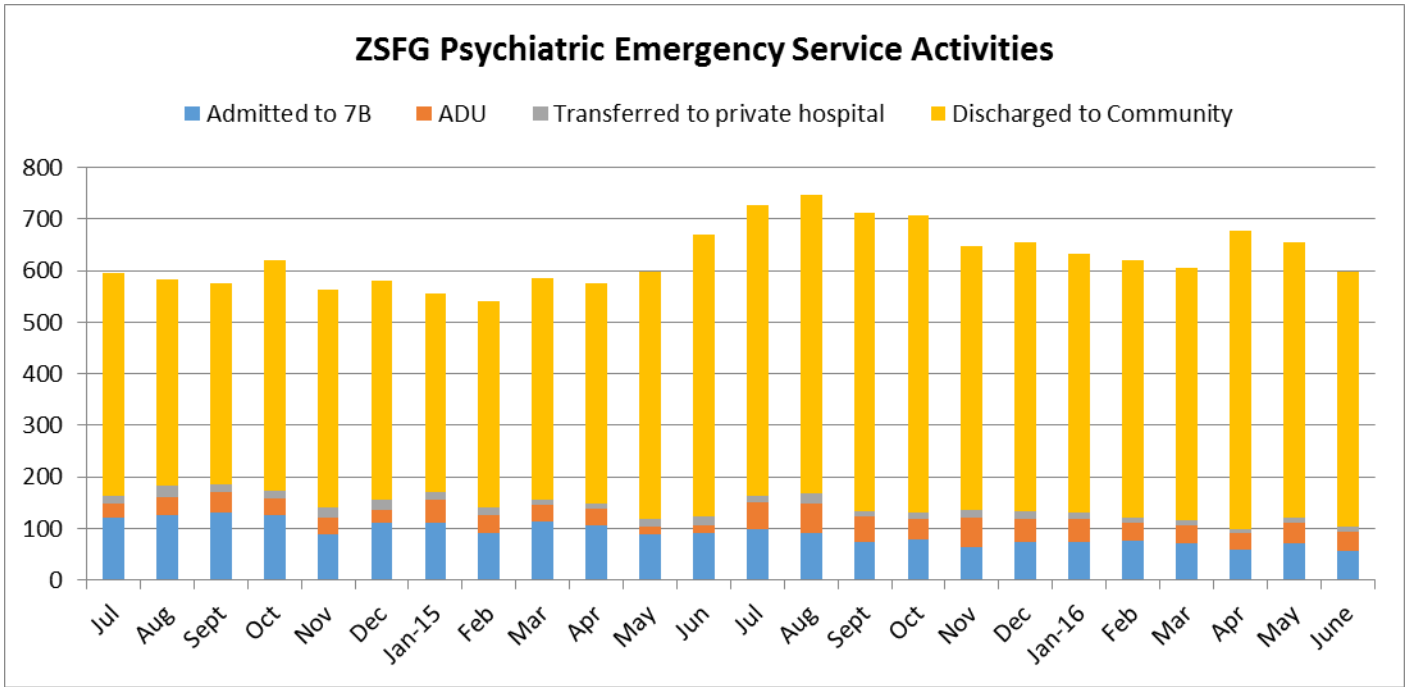




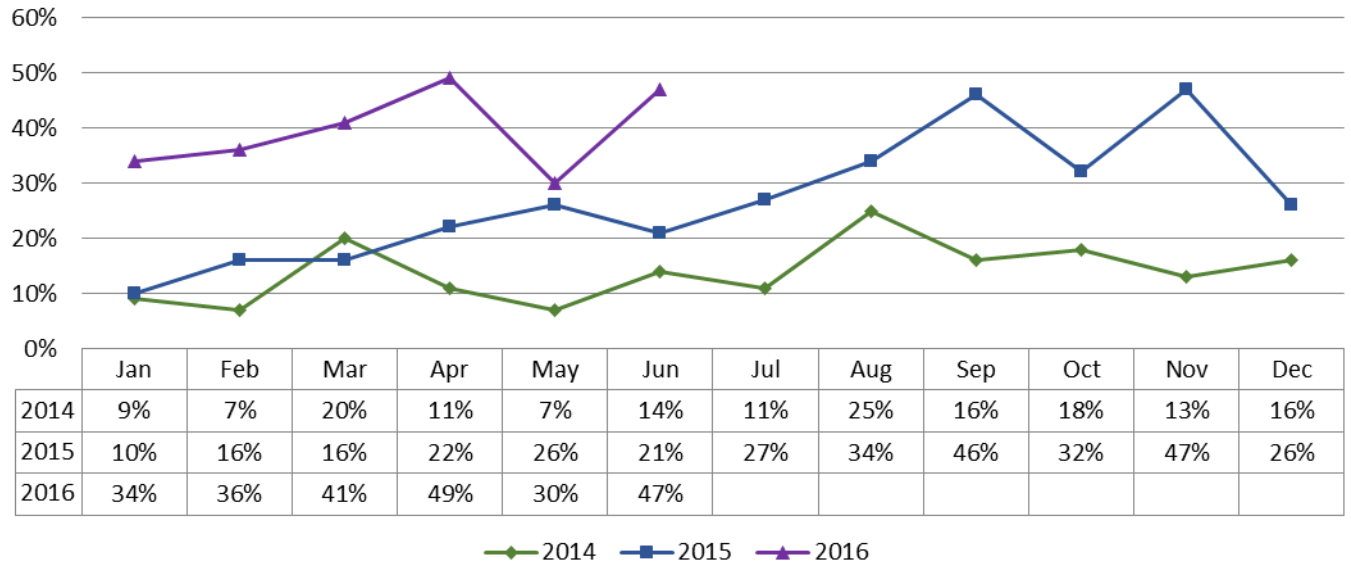
June | 2016

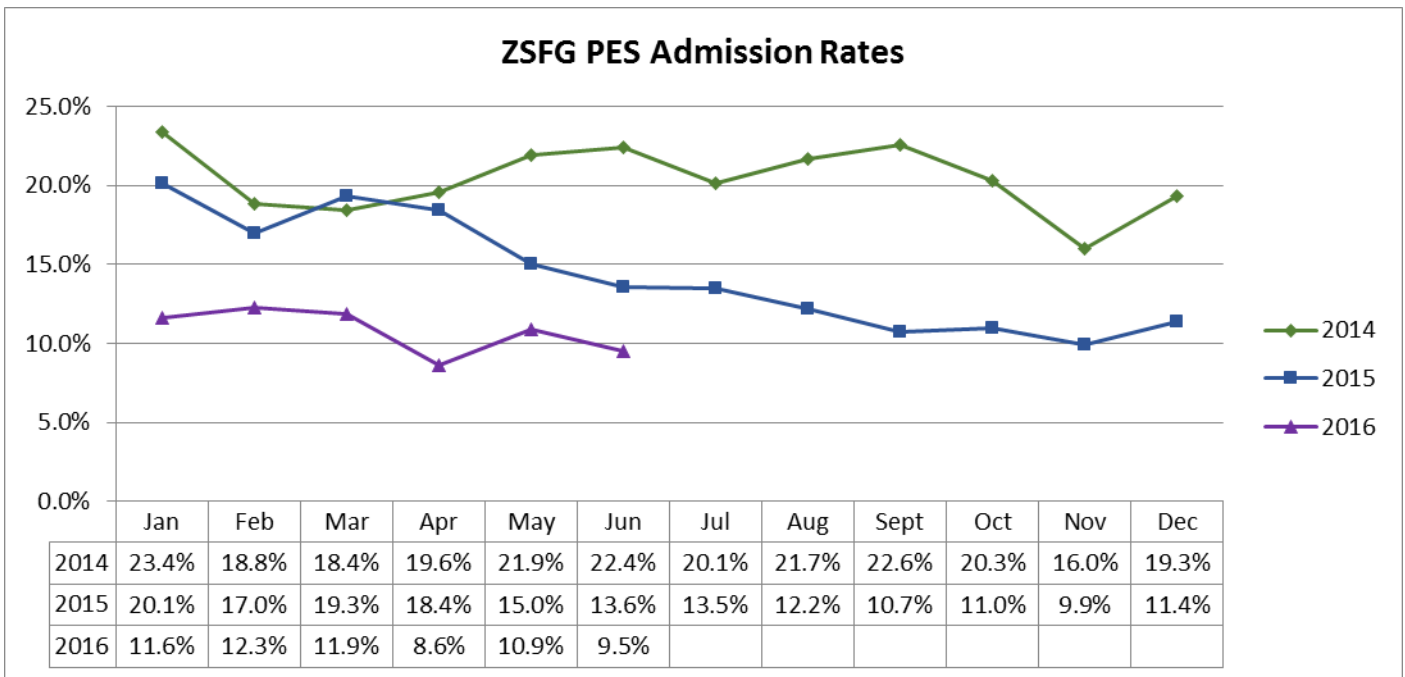
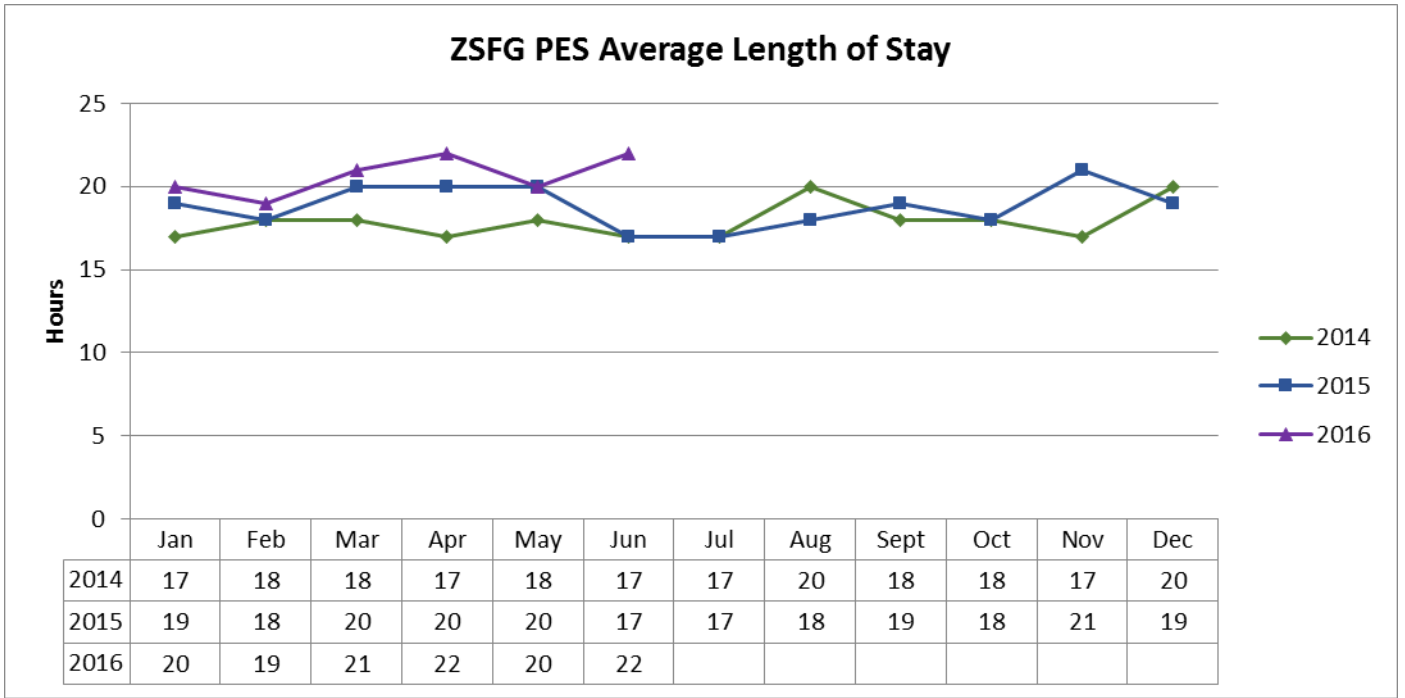
Diversion Rate: 60.7%
Total Diversion: 283 Hours, 53 Minutes (39.4%) + **Trauma Override:** 153 Hours, 6 Minutes (21.3%)
 ED Encounters: 5,713
 ED Admissions: 906
 Admission Rate: 16%

Psychiatric Emergency Service (PES) Data for the Month of June 2016



ZSFG PES Condition Red





Request for Inter-Facility Transfer to PES from other Hospitals

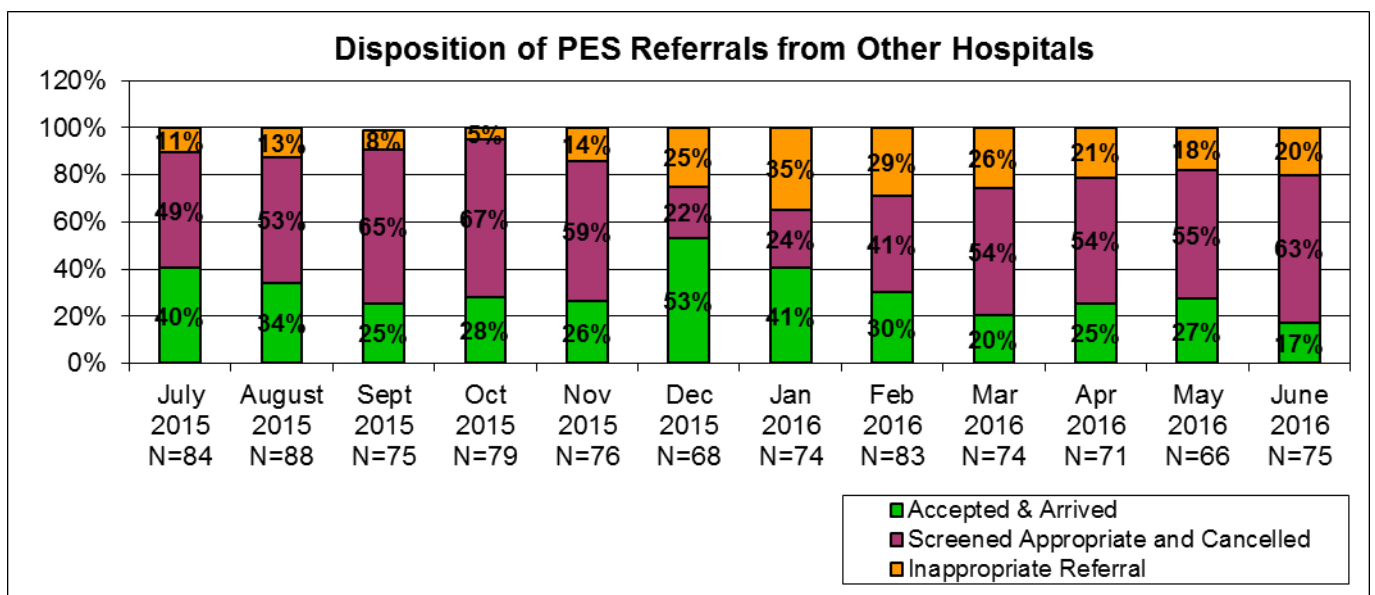
A priority of PES is to improve the timeliness and appropriateness of inter-facility transfers from referring hospitals. The following three types of PES referrals have been observed: Accepted and Arrived, Accepted and Cancelled, and Inappropriate Referral.

Accepted and Arrived Referrals refer to patients that have been approved by PES for admission and are transferred and admitted to PES. The transfer of these patients has been authorized by PES based

on EMTALA regulations as well as the communication of clinical condition between the sending and the receiving physicians.

Screened Appropriate but Cancelled Prior to Acceptance refers to patients that have been screened by a triage nurse and have preliminary approval, but the paperwork has not been reviewed by a physician. Their transfer was then cancelled by the referring facility. This cancellation could be because the referring hospital has decided to place the patient on their own psychiatric unit or because the patient has cleared psychiatrically and the 5150 hold has been dropped.

Inappropriate Referrals refer to patients identified through the PES screening process to be inappropriate for transfer and admission to PES for evaluation and disposition. Common reasons for PES to decline transfer of a patient from a referring hospital are medical status (not medically stable for transfer) and insurance status (e.g., private insurance or out of county Medi-Cal).



ANALYSIS

- No significant change over the past 12 months in the number of requests for transfer from other hospitals to PES.
- June showed an increase in patients who were “Screened Appropriate but Cancelled” (formerly Accepted but Cancelled), up to 63%. This is due in part to the increase in Condition Red this month.
- There was a significant decrease in admits to unit 7B, due to a dramatic decrease in discharges from 7B and 7C. This led to patient flow issues in PES, with longer average length of stay for patients, a large increase in Condition Red hours, and fewer patients accepted from other hospitals.

Commissioner Comments/Follow-up:

Commissioner Pating asked for an update on diversion rates. Ms. Dentoni stated that the ZSFG census has been high and this has impacted the diversion rates.

7) ZSFG RN HIRING AND VACANCY REPORT

Ron Weigelt, Director of Human Resources, DPH, gave the report.

Commissioner Comments/Follow-up:

Commissioner Sanchez noted that the current target goals are low due to the effective efforts of the HR staff.

Commissioner Pating requested information about staff turnover. Mr. Weigelt stated that it was anticipated that some staff would leave when the new hospital opened. He expects the number of staff leaving will be reduced in upcoming months as new replacements are hired to replace staff who have retired.

Commissioner Pating asked if certain types of positions have an increase in retirement or resignations. Mr. Weigelt stated that the vacancies are occurring in all types of positions.

8) MEDICAL STAFF REPORT

Jeff Critchfield, MD, gave the report.

AWARDS/RECOGNITIONS/APPOINTMENTS

“Values in Action” Award –

The “Values in Action” Award recognizes a Zuckerberg San Francisco General Hospital leader who demonstrates the hospital values of learn, improve, engage and care. For this month, the “Values in Action” Award was presented to Dr. Hemal Kanzaria, Emergency Department, by prior awardee, Dr. Mary Mercer. Dr. Kanzaria is being recognized for his dedication and commitment to the ED improvement work, and his steadfast coaching to maintain improvements in patient flow at ZSFG. Dr. Kanzaria, through his collaborative work with the Nursing Staff and other disciplines, was instrumental in the development and implementation of a Fast Track system in the ED for low acuity patients. Dr. Kanzaria is also working with the San Francisco Health Network, where he is the Director of a multidisciplinary team involved in work to improve whole-person care for high-utilizers of health, behavioral and social services. Dr. Kanzaria’s expertise in access to care has been very valuable in improvement work to increase the delivery of high-value care across the network. Dr. Marks commended Dr. Kanzaria’s critical contribution to the development of a fast track system for low acuity patients (ESI 4 and 5) in the ED. The system has reduced the wait time for ESI 4 and 5 patients by an hour from a baseline of over three hours. The LWBS (Left Without Being Seen) rate in the ED has substantially decreased from a baseline of 8.3% in FY14-15 to below the target rate of 6% for the current fiscal year and below 4% in the last three months. This highly impactful work has been sustained on a monthly basis through the critical engagement of ED staff, under the outstanding leadership of Dr. Kanzaria, Dr. Mercer and Dr. Singh. Members congratulated Dr. Kanzaria for the well-deserved commendation.

ADMINISTRATIVE/LEAN MANAGEMENT/A3 REVIEW

Lean Management Education/A3 Review–

Dr. Albert Yu, MD, DPH, DPH Chief Health Information Officer and Lead Physician Executive in the DPH-APeX Electronic Health Record Plan, presented a tactical A3 Review, titled “Realizing Value with

Right Information, Every Time, Anywhere”, which focuses on the implementation of a DPH Enterprise Medical Record over the next few years. Dr. Yu presented each element of the A3, including its background (reason for choice of EPIC, key elements to successfully implement a unified EHR), current conditions, and problem statement, which is “The lack of a unified EHR that currently puts DPH and SFHN at risk because of fragmented care models, unreliable processes, challenging communication channels, scant analytics, effective data governance, disparate clinical systems, and an impending deadline to replace multiple end-of-life systems”. Dr. Yu outlined the goals and targets, analysis (barriers to right information, every time, anywhere), and proposed countermeasures.

Dr. Yu informed members that currently, all efforts are concentrated on securing a contract with UCSF to install, optimize and maintain DPH-APeX that is within proposed budget and timeline by December 2016. Ongoing follow ups are biweekly A3T status update to DPH Executive Cabinet meetings and SFHN Executive Leadership meetings, and biweekly status updated from project initiation phase consultant (Gartner) to IT and Health Informatics Executive Team. Dr. Yu pointed out that if there is a No-Go recommendation for APeX adoption by October 2016, alternative strategies will be assessed.

Dr. Yu provided updates about ongoing negotiations with UCSF regarding the APeX contract, and is hoping that UCSF will be able to present its contract proposal to DPH by the end of September. Final contract approval is targeted by the end of the year, in order to meet the “Go live” deadline in late 2018. Industry and Epic standard for a typical EHR implementation cycle is 18 to 24 months, but DPH is pressured to expedite the timeline due to anticipated contract expirations of multiple applications over the next few years, including some applications which are at risk of decommissioning by vendors all together. More updates will be provided to MEC on a monthly basis.

EHR implementation will come with extraordinary challenges, financial, operational, and technical. Members acknowledged that every single faculty or staff who works at ZSFG will need to be prepared and focused on the significant amount of work that will be needed to execute EHR over the next two or three years.

SERVICE REPORT:

Pediatrics Service Report– Elena Fuentes-Afflict, MD, Service Chief

The presentation included the following highlights:

- Mission Statement - To provide quality health care and trauma services with compassion and respect to children, adolescents, and their families, to educate students, residents, and other trainees to provide outstanding care to underserved patients, to undertake scholarly work to address the health and health care challenges of underserved children and families, and to serve as leaders and advocates for children and families, pediatricians, and trainees.
- Scope of Services – Hospital-Based (Infant Care Center, Inpatient Unit) and Ambulatory-Based (Children’s Health Center). Volume statistics on Deliveries by year 2005-2016, Pediatric Admissions per Year – July to June by Service, and Ambulatory Care Visits (By type and Year 2014-2016) are included. Dr. Fuentes-Afflick also highlighted the Multidisciplinary Assessment Center (MDAC – a special unit within the outpatient service and the only one in the city where a child with developmental concerns can undergo, in one place, comprehensive evaluations and limited treatment services by developmental pediatricians, generalist pediatricians, and occupational/speech/physical therapists), and the Nocturnist Program (Started July 1, 2016,

the program provides 24/7 attending in house, with focus on the nursery for the first three months, and thereafter will expand to the entire scope of pediatric services).

- Structure of the Department, Faculty and Staff – Generalists, Neonatologists, Leadership Roles, Organizational Roles, Awards and Honors, and Specialists. Dr. Fuentes-Afflick expressed pride in the diversity among faculty at ZSFG and noted that 70% of all Pediatric faculty members are female.
- Educational Program/Training Program/Teaching Conferences – Consistent high ratings for the Pediatrics clerkship.
- Performance Improvement and Patient Safety – Improvement work and patient safety activities have focused on the following areas: cycle time, appointment show rates, fluoride varnish for 18 months to 6 years, and documentation of newborn exam.
- Research – Asthma, Developmental Pulmonary Biology, Health Disparities, Medical Education, Neonatal Resuscitation and Oral Health
- Financial Report – \$6.4M Total Revenue 2015-16, 11% Collection Ratio (most of the Pediatric patients are Medi-Cal).
- Strength: Integrated, creative, high-functioning leadership team, “Deep bench” of talented faculty members and dedicated administrative staff.
- Challenges: In the clinical areas - Low MediCal reimbursement, deliveries and inpatient admissions are unpredictable, high outpatient volume but not related to revenue, and limited space for outpatient activities. Other challenges are competition with the Benioff Children’s Hospital, and Medical education assessments (allocated funding support to the Department’s educational program).
- Goals: 2016-2017 goals including: successful implementation of the Nocturnist Program, Inpatient (increase the number of deliveries), Outpatient (implement Pediatric Behavioral Health Integration), Effectively partner with Pediatrics ED and Improved access to care and patient satisfaction) , Academic goals (increase scholarly work, and identify new collaborators).

Dr. Fuentes-Afflick expressed pride in the work undertaken in the Pediatric Clinical Service, and ended the presentation with a review of the Service’s mission statement, which was re-affirmed by the Pediatric faculty and staff at its faculty meeting last month.

A discussion ensued regarding concerns about the decreasing number of deliveries per year, and the projected 1064 deliveries for the current year. This decreasing trend will potentially adversely impact the Service’s provision of care, clinical competency and financial status. Reasons for the decrease are unclear (no data available), but action plans are being undertaken to reach a target of 1200 deliveries in a year, a goal set by the OB-GYN Service and agreeable to the Pediatric Service.

Members thanked Dr. Fuentes-Afflick for her excellent report and outstanding leadership, particularly in the implementation of the Nocturnal Program which is a critical quality of care component in the hospital’s care delivery system.

Commissioner Comments/Follow-up:

Regarding the revised standardized procedures for Orthopedic Surgery, Commissioner Pating noted that Nurse Practitioners (NP) can only need 3 proctored cases before having authority to sign off on

spinal precautions. Dr. Critchfield stated that the CIPD Committee works with the NP to sign-off on each of the proctored case to ensure the staff member can provide the highest quality of care.

Commissioner Pating asked if the consent process is online for NPs; Dr. Crithfield stated that the current system is a hybrid and when the integrated electronic medical system is completed, it will be online.

Action Taken: The following items were unanimously approved:

- Pediatric Clinical Service Rules and Regulations, Policies and Procedures
- Interim service chief
- Online reference form
- Standardized procedures for the Positive Health Program RNs

9) OTHER BUSINESS

This item was not discussed.

10) PUBLIC COMMENT

There was no public comment.

11) 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 AND SAFETY REPORT AND PEER REVIEWS

RECONVENE IN OPEN SESSION

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

Action Taken: The Committee approved the July 2016 Credentialing Report; and the Performance Improvement and Patient Safety Reports. The Committee

voted not to disclose other discussions held in closed session

12)

ADJOURNMENT

The meeting was adjourned at 4:36pm.