

Meeting agenda



**City and County of San Francisco**  
**Daniel Lurie, Mayor**

**San Francisco Department of Public Health**  
**San Francisco Health Commission**  
**Daniel Tsai, Director of Health**

**President**

Laurie Green, MD

**Commissioners**

- Tessie Guillermo, Vice President
- Edward A. Chow, MD
- Susan Belinda Christian, J.D.
- Suzanne Giraudo, ED.D
- Judy Guggenhime
- Karim Salgado

**DPH Director of Health**

Daniel Tsai

**Health Commission Secretary**

Mark Morewitz, MSW

# Minutes for Joint Conference Committee for Zuckerberg San Francisco General Hospital and Trauma Center

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## Date and Time

April 27, 2026 3pm

## Agenda items

### 1. Call to Order

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

**Staff:** Susan Ehrlich MD, Gillian Otway, Emma Moore, Mary Mercer MD,  
Hemal Kanzaria MD, Eric Wu, Angelica Journagin, Sabrina Robinson, Adrian Smith,  
Emma Perez, Jennifer Magnusson, Christopher Ross, Radha Rai

The meeting was called to order at 3:03pm.

### 2. Approval of the Minutes of the ZSFG JCC Meeting of March 23, 2026.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

Action Taken: The ZSFG JCC unanimously voted to approve the March 23, 2026, minutes.

### 3. Regulatory Affairs Report

Emma Moore, MS, RN Director of Regulatory Affairs, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

Commissioner Chow asked whether any recent or upcoming regulatory changes would materially affect hospital operations and requested clarification on how compliance monitoring is being tracked across departments. He also inquired whether there were specific areas where surveyors had identified vulnerabilities that required additional follow-up. In addition, he asked whether staffing constraints were affecting the hospital's ability to meet regulatory documentation standards. Ms. Moore reported

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that no new regulatory findings required corrective action and that current monitoring systems were operating effectively. She added that no staffing barriers had been identified that would impair regulatory compliance.

### **4. ZSFG Hiring and Vacancy Report**

Emma Perez, DPH HR, presented the item.

#### Public Comment:

There was no public comment on this item.

#### Commissioner Comments:

Commissioner Chow asked for clarification on hiring-freeze impacts across classifications with vacancy rates above 10 percent. He noted that many units showed pending requisitions rather than active interviewing and questioned whether hiring managers consistently identify roles that should move forward. He asked how prioritization is coordinated between finance, HR, and departmental leadership. Finally, he inquired about when updated vacancy data reflecting new approvals would begin to appear. Ms. Perez explained that current delays reflect the citywide prioritization process, requiring roles to be validated as patient-facing before moving forward. They noted that HR does not select which positions advance; leadership and finance determine priority, and HR executes once approval is received. Updated vacancy numbers will become clearer in the next fiscal year after positions are reauthorized.

### **5. ZSFG Chief Executive Officer's Report, Emergency Department Newsletter and BERT Newsletter**

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

#### Public Comment:

There was no public comment on this item.

#### Commissioner Comments:

Commissioner Chow asked for clarification regarding the trends in ICU census, noting the simultaneous rise in ED visits and reduced ICU average daily census. He questioned whether this reflected a change in patient acuity or if shorter lengths of stay were driving the shifts. He also asked whether reduced boarding was affecting throughput and overall patient flow. In addition, he sought further explanation of how observed ICU trends align with ventilator data. Finally, he requested insights into what factors staff believe are still under investigation regarding ICU utilization patterns. Dr. Ehrlich explained that ICU admissions have not declined; instead, ICU length of stay has decreased by approximately one day, lowering average census. She clarified that ED volume continues to rise and admissions have not dropped, indicating no evidence of lower patient acuity. Reduced ED boarding and improved throughput are contributing to smoother flow, while staff continue to analyze drivers of the ICU length-of-stay reduction.

President Green commended the reduction in diversion but asked how ongoing trends correlate with triage process improvements and reduced left-without-being-seen rates. She also inquired whether the unusually low diversion rates in April align with long-term system improvements or temporary operational factors. Additionally, she asked staff to comment on how increased ED daily volume continues to be managed without significant surges in patient bottlenecks. Dr. Ehrlich stated that improvements in triage and reductions in boarding have meaningfully increased ED capacity to manage

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higher volumes. She noted that diversion reductions represent sustained progress rather than a temporary fluctuation. She emphasized that operational alignment, reduced inpatient length of stay, and improved lower-level-of-care transitions all contribute to ED stability.

### **6. ZSFG Strategic Planning & Deployment**

Hemal Kanzaria, MD, Chief of Performance Excellence; Christopher Ross, MSIE, Director of Operational Excellence; Raha Rai, Strategic Planning Manager, presented the item.

#### Public Comment:

There was no public comment on this item.

#### Commissioner Comments:

Commissioner Chow asked how the strategic planning process ensures that frontline staff who often face intense operational demands, can meaningfully participate in improvement cycles. He questioned what safeguards exist to prevent strategic-planning work from becoming an added burden rather than an integrated part of daily operations. He also sought clarification on how improvement work is prioritized so staff are not overextended by competing initiatives. Additionally, he asked how department leaders ensure that performance-improvement expectations are aligned and not duplicative across committees such as PIPs and strategy teams. Dr. Kanzaria explained that strategic planning activities are intentionally embedded within existing meetings, huddles, and workflows to reduce additional workload. He emphasized that improvement work is meant to enhance efficiency and reduce burdens, not add new layers of responsibility. He noted that alignment is a current priority, with explicit efforts underway to synchronize strategy work, PIPs, and daily management systems. Dr. Kanzaria affirmed that ensuring all staff see the value of this work is central to the model.

President Green expressed appreciation for the human-centered aspects of strategic planning and asked how AI tools can be integrated without weakening interpersonal communication. She questioned how AI insights are validated and whether they risk overshadowing frontline observations. She also raised concerns about potential misinterpretation of AI-generated conclusions. Finally, she emphasized the importance of balancing innovation with patient-centered reality. Dr. Kanzaria explained that AI is used to supplement, not replace. Lean methods and frontline engagement. He highlighted that all AI outputs undergo human validation and are paired with direct observation, huddles, and team-based analysis. Dr. Kanzaria emphasized that AI primarily enhances the speed and depth of data review while keeping decision-making grounded in clinical experience and collaborative input.

### **7. Medical Staff Report**

Mary Mercer, MD, Chief of Medical Staff, presented the item.

#### Public Comment:

There was no public comment on this item.

#### Commissioner Comments:

President Green asked how proctoring responsibilities are assigned for obstetric privileges, especially when Family Medicine clinicians assist in deliveries alongside OB-GYN faculty. She sought clarity on whether supervision standards differ by specialty. She also requested more detail on how volume sufficiency is monitored to ensure residents receive adequate obstetric experience. Finally, she asked whether privilege documents explicitly address co-management roles in perinatal settings. Dr. Mercer stated that Family Medicine and OB-GYN jointly participate in proctoring, with OB-GYN always

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supervising cesarean sections. She confirmed that delivery volumes are monitored to ensure resident competency and that faculty will follow up with additional details. She emphasized that collaborative practice structures are reflected in the privilege framework.

Commissioner Chow expressed concern about whether the draft Medical Staff bylaws provide sufficient flexibility for credentialing clinicians who may arrive to assist during a large-scale city emergency but are not part of DMAT or federal emergency teams. He asked how ZSFG would handle local clinicians seeking to provide urgent assistance and whether accepting credentials from other accredited California hospitals should be explicitly permitted. He also cautioned that overly narrow criteria could hamper emergency responsiveness. Dr. Mercer acknowledged the concern and stated that she will work with legal counsel to ensure the language allows appropriate flexibility without compromising safety. She noted that DMAT-type teams undergo pre-verified identity and malpractice screening, but agreed to explore options that allow more rapid onboarding of qualified clinicians in a disaster. He and Dr. Mercer agreed to meet prior to the next ZSFG JCC meeting to discuss other comments he has on the draft document.

Commissioner Christian asked for clarification about the distinction between NP-103 and NP-104 statuses. She requested assurance that ZSFG does not grant independent NP-104 privileges and that bylaws language prevents confusion. She also asked whether future state law changes would remain compatible with ZSFG's practice framework. Finally, she inquired whether additional clarifying language would be helpful for operational consistency. Dr. Mercer confirmed that ZSFG grants only NP-103 supervised privileges and does not authorize NP-104 independent practice. She explained that references to state law in the bylaws ensure alignment with future regulatory shifts. She agreed that additional clarifying language may be useful and will consider revisions.

Action Taken: The ZSFG JCC unanimously recommended that the full Health Commission approve the following items: Family and Community Medicine Rules and Regulations and the CPC Nurse Practitioner 103 Privilege list

## 8. Other Business

### Public Comment:

There was no public comment on this item.

### Commissioner Comments:

There were no Commissioner comments on this item.

## 9. Public Comment

There was no public comment on this item.

## 10. Closed Session:

- A) Public comments on all matters pertaining to the Closed Session

There was no public comment on this item.

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

Action Taken: The Committee voted unanimously to go into closed session.

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- C) Closed Session pursuant to Evidence Code sections 1156, 1156.1, 1157, 1157.5, and 1157.6; Health and Safety Code section 1461; California Government Code Section 54954.5(h); 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 the Credentials Report and PIPS Minutes Report in closed session and voted to not disclose discussions held in closed session.

## **11. Adjournment**

The meeting was adjourned at 5:52pm.