



CIVIL SERVICE COMMISSION CITY AND COUNTY OF SAN FRANCISCO

CIVIL SERVICE COMMISSION REPORT TRANSMITTAL (FORM 22)

Refer to Civil Service Commission Procedure for Staff - Submission of
Written Reports for Instructions on Completing and Processing this Form

1. Civil Service Commission Register Number: _____ - _____ -
2. For Civil Service Commission Meeting of: March 16, 2026
3. Check One: **Consent Agenda**
4. Subject: Report Back - Personal Services Contract # DHRPSC0005116
Supplemental Non-Registered Nurse Clinical and Clinical Support Staff
Resources
5. Recommendation: Adopt the report.
6. Report prepared by: Reanna Albert, PSC Coordinator, Department of Public Health
Telephone number: reanna.albert@SFDPH.org
7. Notifications: PSCreview@seiu1021.org
8. Reviewed and approved for Civil Service Commission Agenda:

Human Resources Director:

Date:
9. Submit the original time-stamped copy of this form and person(s) to be notified
(see Item 7 above) along with the required copies of the report to: **Executive Officer, Civil
Service Commission, 25 Van Ness Avenue, Suite 720, San Francisco, CA 94102**
10. Receipt-stamp this form in the ACSC RECEIPT STAMP≡
box to the right using the time-stamp in the CSC Office.

<u>CSC RECEIPT STAMP</u>



San Francisco Department of Public Health

Daniel Tsai
Director of Health

City and County of San Francisco
Daniel Lurie
Mayor

DATE: February 25, 2026

TO: Sandra Eng, Executive Officer, Civil Service Commission

FROM: Reanna Albert, PSC Coordinator, Department of Public Health

RE: Report Back for DHRPSC0005116 Supplemental Non-Registered Nurse Clinical and Clinical Support Staff Resources

At the Civil Service Commission meeting on May 5, 2025, the Civil Service Commission conditionally approved DHRPSC0005116 for Supplemental Non-Registered Nurse Clinical and Clinical Support Staff Resources, subject to a six-months monitoring and to include discussions on supplemental non-registered nurses reporting in monthly meetings. Attached is our status report for the contract.

We hope that this addresses the Commission's request. Please let us know if there are further questions. I can be reached at reanna.albert@sfdph.org.

Attachments:
Status Report
DHRPSC0005116
Notice of Action

cc: Troy Williams, Chief Nursing Officer, SF Health Network, DPH
Jonathan Lyens, Director of Contract Strategy, Policy, Planning and Development
Claudia Nehme, Nursing Leadership Analyst
My Lan Do Nguyen, Manager of Contractual Pre-Award, Compliance and Training Services
Letania Ferreria, Pre-Award Unit Analyst | Junior PSC Coordinator



PSC 5116 Supplemental Non-Registered Nurse Clinical and Clinical Support Staff Resources

for San Francisco Health Network

Report Back to the San Francisco Civil Service Commission

Thank you for this opportunity to update the Civil Service Commission (CSC) on the San Francisco Department of Public Health’s (SFDPH) continued oversight and improvement work for non-RN nurse clinical and clinical support staff registry usage across SFDPH. Our data-driven oversight processes in conjunction with strong efforts to recruit and retain nursing support staff are illustrated by the large decrease in registry utilization since implementation of the oversight protocols in March of 2024.

The current PSC was approved for \$12.5 million dollars in May 2025 for one year utilization (duration July 1st 2025 – June 30th 2026). The current expenditure is approximately \$1.8 million dollars, which is 14% of the approved PSC amount.

Below is a graph that represents non-RN nurse clinical and clinical support staff (collectively referred to as ancillary) registry hours aggregated by week. Please note that at the start of new registry contracts with new registry agencies, there is a brief dip in registry hours as assignments transition between agencies, which explains the brief dip at the start of July 2025. Weekly ancillary nursing registry hours have trended up in the last six months. This slight upward trend reflects the fluid state of registry usage and the stabilization of registry usage under the oversight processes. Fluid and nimble responses to staffing needs are crucial in a complex, integrated, safety net healthcare network. Staffing changes and challenges require quick response to ensure patient and staff safety in a system that is operational 24 hours a day, 7 days a week. While registry remains fluid, our oversight protocols ensure that there are no registry staff hired ad-hoc by departmental managers or directors. Registry requests are submitted and discussed thoroughly between nursing leadership, finance, and HR. Decision rational is based on nursing departmental needs and ensuring safe conditions for our patients and permanent civil service ancillary nursing staff. As a result of the ongoing diligent work to monitor and efficiently utilize registry, weekly ancillary registry hours have decreased by 68% (as of January 2, 2026) since the initiation of the registry oversight protocols in mid-March 2024.



Additionally, SFDPH continues to track and work towards hiring and retaining ancillary nursing personnel. In the past six months, vacancy rates in several ancillary nursing classifications have decreased. Below is a table to show the month-by-month vacancy rates in the classifications covered in the PSC.

Job Classifications	25-Jul	25-Aug	25-Sep	25-Oct	25-Nov	25-Dec	26-Jan
1428 Unit Clerk	11.31%	3.29%	4.93%	4.93%	6.58%	8.22%	6.58%
1429 Nurses Staffing Assistant	5.18%	2.66%	7.98%	7.98%	7.98%	2.66%	0.00%
2302 Nursing Assistant	21.57%	4.82%	4.82%	5.99%	7.17%	9.52%	9.52%
2303 Certified Nursing Assistant	5.14%	4.72%	4.91%	5.57%	5.88%	6.57%	6.03%
2310 Surgical Procedures Technician	40.91%	33.33%	27.78%	27.78%	27.78%	33.33%	33.33%
2312 Licensed Vocational Nurse	16.36%	15.88%	14.88%	13.88%	15.73%	14.73%	10.34%
2430 Medical Assistant	10.10%	4.54%	4.74%	5.14%	5.55%	5.55%	1.98%
2920 Medical Social Worker	8.02%	13.04%	13.04%	13.04%	13.04%	16.30%	16.30%

*July 2025 includes positions marked for deletion

Registry continues to be a critical tool that fills needs in times of staffing challenges. DPH utilizes registry to ensure safe working environments for our staff to provide the best care for our patients. Registry serves to support nursing; however, the need and value of permanent nursing staff is at the core of SFDPH’s healthcare services. We are committed to maintaining oversight and clear reporting regarding registry usage. Our standard processes include weekly reports to track and trend registry assignments across DPH and monthly reviews to discuss registry across departments including Labor Relations, HR, Finance, and Nursing. Through this work, we successfully make data driven registry decisions and consistently assess our current needs to ensure low registry usage promoting accountability and continuous improvement.

In addition to standardized procedures, we are committed to transparency with our union partners regarding registry utilization. Per the approval granted by the Civil Service Commission and to ensure data sharing with our union partners, our monthly meetings have continued since the granting of the new PSC. December and January meetings have been postponed due to the activation of the Incident Management Team. We will resume our monthly meetings Thursday February 19th continuing to invite both SEIU RN and SEIU Citywide representatives to review and discuss monthly vacancy data and registry utilization data.



Questions and Answers

Question 1: The contracts executed under the PSC since the last report, including duration.

Answer:

- Cross Country Staffing
- Tryfacta

Duration for the contracts is through June 30, 2026.

Question 2: The types of services rendered under the approved PSC since the last report.

Answer: The types of services rendered include registry CNA, LVN, MEA, Unit Clerk, Nursing Staffing Assistant and MSW.

Question 3: The amounts expended under the contracts executed under the approved PSC since the last report.

Answer: \$1.78 Million since initiation of new PSC and contracts (initiation July 1st 2025).

Question 4: Whether there have been any new classifications created that can perform the work, or whether any such efforts are underway.

Answer: No new classifications have been created who can perform the supplemented work; however, the SFHN Human Resource Department has prioritized the hiring of PCS staff to fill vacancies to alleviate the requirement of registry usage. We also continue to supplement staffing using overtime and per diem staff.

Question 5: The identities of any potentially affected unions.

Answer: SEIU RN and SEIU Citywide



Question 6: The progress made, (e.g., the extent of the scope of work accomplished) under the contract since the last report.

Answer: As previously highlighted, registry is an industry standard that remains important to protect our patients and SFHN civil service staff. As this contract is meant to supplement permanent civil service staff, it is not a traditional time-restricted or deliverable-based contract. It is meant to supplement work when unforeseen circumstances cause a reduction in our permanent staff manpower and to ensure safe working environments for the best care to our patients. Therefore, this contract operates on an as-needed basis and changes according to the flow of staffing challenges. Our intention is to continue reducing the utilization of registry where appropriate while also taking advantage of it as a resource to support our staff when needed. We maintain rigorous monitoring and continuous assessment of registry needs appropriately identified by nursing leadership and further vetted by Troy Williams, the CNO of the SFHN along with partners in finance and HR. Multiple levels of oversight ensure that the work meets our needs, and more importantly, that we identify internal processes to cover our staffing challenges prior to resorting to registry.

Question 7: Additional information requested by the Commission.

Answer: N/A please see update on pages 1-3.

Personal Service Contract Summary (PSC Form 1)

PSC Basic Information

Submitting Department: DPH

Submitted By: Reanna Albert

Department Coordinator: Reanna Albert,
reanna.albert@sfdph.org

Project Manager: Troy Williams

ServiceNow Number: DHRPSC0005116

Version: 0.01

Version Type: New

Brief description of proposed work: Supplemental Non-Registered Nurse Clinical and Clinical Support Staff Resources

Review Type and Reason

CSC Review Required: Yes

CSC Review Reason(s):

- Requires CSC Approval by Amount

Amount

PSC Amount: \$12,500,000

Does contract include items other than services?: No

Duration

Is PSC by Duration or Continuing: Duration

PSC Duration (Months): 12

Funding

Funding Source: City Funds

Special circumstances related to funding: No

Scope of Work

Clearly describe scope and detail the services to be performed: Contractors will provide the San Francisco Health Network (SFHN), which includes San Francisco General Hospital (SFGH), Laguna Honda Hospital (LHH), and Ambulatory Care Services (includes Jail Health Services, Primary Care, Whole Person Integrated Care, Maternal Child Adolescent Health, HIV Health Services) a continuous, reliable source of intermittent, supplemental non-registered nurse (RN) registry clinical nursing staff and clinical support staff to backfill staffing in times of staffing challenges to ensure safe and high-quality patient care.

Why are these services required and what are the consequences of denial?: Services are required to ensure SFHN facilities can maintain patient care and reduce adverse outcomes during

unpredictable or temporary staffing shortages. It is a priority for the Department of Public Health (DPH) to have permanent civil service staff caring for the patients in our facilities and programs. However, some circumstances such as high patient census surge, leaves, and/or vacancies, may cause staffing shortages. To ensure the safest conditions for SFHN employees and patients during such scenarios, SFHN relies on non-RN registry clinical staff and clinical support staff. Denial of services would compromise patient care and safety, increase the risk of adverse outcomes, and prevent the Department from maintaining required nurse-to-patient ratios during unexpected staff shortages.

Has your department contracted out these services in the last three years?: Yes. See attached list of contracts entered into for these or similar services in the last 3 years.

How many contracts?: 2

Why have you not hired City employees to perform the services?: DPH has continued to hire for all the job classifications mentioned in this request. However, despite using civil service employees, staffing shortages still occur due to factors such as excess leaves, vacancies, and high patient census surges. The use of supplemental non-RN clinical and clinical support staff resources is a healthcare industry standard and is only used when all other avenues of staffing have been exhausted. In times of urgent staffing needs, it is important to have a reliable and skilled source of supplemental non-RN clinical and clinical support staff resources to ensure patient care is not jeopardized. Additionally, the use of registry resources is monitored by SFHN nursing leadership daily and weekly, as well as in monthly collaboration with SEIU representatives.

Board and Commission Approvals

Will any contracts under this PSC require department Commission approval: No

Will any contracts under this PSC require Board of Supervisors approval: No

Justification

Q1 - Are there any regulatory or legal requirements supporting outsourcing of this work?:

No

Q2 - Does performing these services cause a conflict of interest?: No

Q3 - Are these proprietary services City is not authorized to do?: No

Q4 - Does City lacks necessary facilities/equipment?: No

Q5 - Are the services required on a temporary basis or on a long-term basis?: Long-term Basis

Q5a) Are the services required on an as-needed, intermittent, or periodic basis?: Yes

Q5a1) Why are the services required on an as-needed, intermittent and periodic basis?: The services are required on an as-needed basis during times of staffing shortages. In alignment with healthcare industry standard, the Department expects the intermittent need to be ongoing.

Q5b) Do the services require specialized expertise, knowledge experience?: Yes

Q5b1) Describe the specialized skills and expertise required to perform the services: For clinical staff, a valid discipline specific license or certification and/or basic life support certification is required. Required skills and expertise are consistent with the requirements for permanent civil service hires. All licenses must be up to date and valid throughout the duration of the contract.

Q5c) Does City have classifications with the required specialized skills or expertise?: Yes

Q5c1) Identify the classifications: 2303 - Certified Nursing Assistant, 1429 - Nurses Staffing Assistant, 2312 - Licensed Vocational Nurse, 2302 - Nursing Assistant, 1428 - Unit Clerk, 2430 - Medical Evaluations Assistant, 2920 - Medical Social Worker

Q5c2) Does the Department have employees in these classifications?: Yes

Q5c3) Why are they not able to perform the services?: Civil service classifications already exist, and as the Department continues to hire more candidates into permanent civil service positions, there are still circumstances that lead to staffing challenges. Supplemental non-RN clinical and clinical support staff resources are necessary for intermittent, temporary, as-needed services to provide back-up coverage during times of unexpected high patient census, employee leaves and vacancies or when civil service staff are otherwise unavailable to meet the full need of SFHN facilities. It is standard practice in the healthcare industry to retain reliable and skilled supplemental non-RN clinical and clinical support staff resources in the event that any of the aforementioned staffing challenges arise and require coverage.

Q5d) Will contractor directly supervise City employees?: No

Q5e) Will contractor train City employees?: No

Q5e1) Explain why training of City employees is not required: Training of City employees is not required because this request is for augmentation of existing staff with clinical nursing and clinical support staff in times of staffing shortages.

Q5f) Is there a plan to transition this work back to the City?: No

Q5f1) Explain why the work will not be transitioned back to the City: This work is for intermittent and temporary staffing to meet operational needs and coverage gaps. While DPH prioritizes the use of permanent civil service staff at every opportunity available, the ongoing need for supplemental staffing aligns with healthcare industry standards and is expected to be ongoing across SFHN facilities.

Additional information to support your request (Optional):

Union Notifications

Job Class(es): 2303 - Certified Nursing Assistant, 1429 - Nurses Staffing Assistant, 2312 - Licensed Vocational Nurse, 2302 - Nursing Assistant, 1428 - Unit Clerk, 2430 - Medical Evaluations Assistant, 2920 - Medical Social Worker

Labor Unions: 250 - SEIU 1021, 790 - SEIU, Local 1021, Misc

Labor Union Email Addresses: PSCreview@seiu1021.org, PSCreview@seiu1021.org

Union Review Sent On: 2/4/2025

Union Review End Date: 4/5/2025

Union Review Duration Met On: 4/5/2025

Post Union Notification

04/08/2025

DPH [DHRPSC0005116] was approved by CSC on 2025-05-05

From The Civil Service Commission <ccsfdt@service-now.com>

Date Wed 5/7/2025 10:02 AM

To Williams, Troy (DPH) <troy.williams@sfdph.org>; Albert, Reanna (DPH) <reanna.albert@sfdph.org>



CIVIL SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

NOTICE OF CIVIL SERVICE COMMISSION ACTION

Hello Reanna Albert,

At its meeting on **2025-05-05 14:00:00 PDT**, the Civil Service Commission had for its consideration the DPH PSC [DHRPSC0005116].

The Civil Service Commission, APPROVED PSC [DHRPSC0005116] on 2025-05-05.

CSC Approval Type: Conditional Approval Granted

Relevant Comments:

Report Back Date: 2025-11-03

Report Back Reason: Adopted the report and approved the request for #DHRPSC0005116 v0.01 subject to a six-months monitoring and to include discussions on supplemental non-registered nurses reporting in monthly meetings. (3-0)

If this matter is subject to Code of Civil Procedure (CCP) Section 1094.5, the time within which judicial review must be sought is set forth in CCP Section 1094.

NOTE: It is important that a copy of this action be kept in the department files as you will need it in the future as proof of Civil Service Commission approval. Please share it with everyone responsible for follow-up.

CIVIL SERVICE COMMISSION

Sandra Eng | Executive Officer

PSC Summary

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Record Number: DHRPSC0005116 v 1.0

Description of Proposed Work: Supplemental Non-Registered Nurse Clinical and Clinical Support Staff Resources

Request Type: New

Approval Type: CSC Approval

CSC Review Reason(s):

- ✔ CSC Approval by Amount

Submitting Department: DPH

Dept PSC Coordinator: Reanna Albert

Dept PSC Coordinator Email: reanna.albert@sfdph.org

Dept PSC Coordinator Phone: +1 (415) 557-6693

DHR Admin/Reviewer: Suzanne Choi

CSC Admin/Reviewer: Lavena Holmes

PSC Amount: \$12,500,000.00

PSC Duration (months): 12

Funding Source(s): City Funds

Scope of Work: Contractors will provide the San Francisco Health Network (SFHN), which includes San Francisco General Hospital (SFGH), Laguna Honda Hospital (LHH), and Ambulatory Care Services (includes Jail Health Services, Primary Care, Whole Person Integrated Care, Maternal Child Adolescent Health, HIV Health Services) a continuous, reliable source of intermittent, supplemental non-registered nurse (RN) registry clinical nursing staff and clinical support staff to backfill staffing in times of staffing challenges to ensure safe and high-quality patient care.

Job Class(es): 1428 - Unit Clerk, 1429 - Nurses Staffing Assistant, 2302 - Nursing Assistant, 2303 - Certified Nursing Assistant, 2312 - Licensed Vocational Nurse, 2430 - Medical Evaluations Assistant, 2920 - Medical Social Worker

PSC Justification(s)

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- ✔ Services required on an as-needed, intermittent, or periodic basis
- ✔ Services requiring specialized expertise, knowledge experience

[Take me to the PSC Record](#)

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