City and County of San Francisco
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Minutes for Joint Conference Committee for Zuckerberg San Francisco General Hospital and Trauma Center

Date and Time

June 22, 2026 3pm

1. Call to Order

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

Excused: Commissioner Susan Belinda Christian, J.D.

Staff: Susan Ehrlich MD, Gillian Otway, Emma Moore, Mary Mercer MD, Hemal Kanzaria MD, Eric Wu, Angelica Journagin, Sabrina Robinson, Adrian Smith, Emma, Perez, Jennifer Magnusson, Emma Uwodukunda, Recca Jackson, MD, Kelly Brandon

The meeting was called to order at 3:11pm.

2. Approval of the Minutes of the ZSFG JCC Meeting of April 27, 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 April 27, 2026, minutes.

3. Regulatory Affairs Report

Emma Moore, MSN, RN, Regulatory Affairs RN, presented the item.

Public Comment:
Jessica Pessicow commented that recurring sexual-assault allegations and pressure-injury events reflect systemic issues needing better prevention, monitoring, and education. She stated that training should include both clinical and non-clinical staff. She urged increased staffing in regulatory roles to strengthen quality-control structures. She added that preventing adverse events reduces long-term financial burden through lower insurance costs and fewer investigations.

Commissioner Comments:
Commissioner Chow asked for clarification regarding the December workplace-safety event and whether CDPH had issued any deficiencies. He asked how the event was categorized across CDPH, Joint Commission, and Cal/OSHA reports and why it appeared differently in the systems. He requested more detail about the timeline regarding final resolution and upcoming reporting. He asked whether future updates would be provided to the committee. Ms. Moore stated that CDPH issued no deficiencies, and Joint Commission findings were resolved and in the monitoring stage. She explained that Cal/OSHA handles worker-safety matters and that the city attorney is involved. She confirmed future updates would be provided.

Commissioner Chow asked how survey activity aligns with patient-care categories and where the 4086 workplace-safety event appears in regulatory documentation. He asked whether the event, once resolved, would appear in future compliance tracking. He also asked about distinctions between clinical deficiencies and employee-safety investigations. Ms. Moore stated that the 4086 event is visible as a self-reported December event and was closed without deficiencies. She clarified that Joint Commission reviews patient-safety issues, while Cal/OSHA reviews employee-safety issues. She confirmed that Cal/OSHA matters may remain active for an extended period.

President Green asked why the Board of Registered Nursing (BRN) appeared more frequently in recent reports. She asked what initiates BRN involvement, whether complaints are anonymous, and how BRN coordinates with the hospital. She also asked about the typical duration of BRN investigations and how final determinations are communicated. Ms. Moore explained that BRN investigations stem from patient, coworker, or institutional reports and may also arise from diversion concerns. She stated investigations often last years and final outcomes are not shared because BRN reviews individual licensees. She clarified that ZSFG only provides records when subpoenaed.

4. ZSFG Hiring and Vacancy Report

Jennifer Magnusson, Hiring and Selection Manager, presented the item.

Public Comment:
Jessica Pessicow stated that heavy reliance on temporary or per-diem staff contributes to turnover, retraining costs, and reduced continuity of care. She urged increasing full-time roles to attract long-term candidates. She recommended updating the City careers webpage to make departmental needs clearer. She also suggested evaluating whether certain administrative roles could be consolidated into clinical roles for efficiency.

Commissioner Comments:
Commissioner Chow asked about registry-staff usage across departments and requested more frequent reporting for budget oversight. He asked whether social-worker vacancies reflect hiring barriers or increased patient needs. He questioned whether staffing in public-health clinics aligns with the vacancy report. He also asked how registry staffing fluctuates relative to patient acuity. Gillan Otway, ZSFG Chief Nursing Officer, stated registry-use data will now be shared monthly with commissioners. She explained that social-worker shortages reflect both workforce scarcity and heightened patient needs. She confirmed RN registry use mainly addresses leave coverage and increased psychiatric acuity.

President Green asked how registry use in primary care and jail-health services is documented. She asked why certain categories show increases and whether they represent expanded services or temporary coverage. She requested clarification of acronyms in the report. She also asked if MEA

registry reductions reflect new staffing patterns. Ms. Otway stated registry data represent multiple departments submitting monthly information. She noted MEA registry decreased as emergency-department staffing needs changed. She stated psychiatry will soon hire new permanent staff that should decrease registry dependency.

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 commented on the value of the medical-staff meeting and asked how ZSFG collaborates with statewide public-hospital partners. He questioned how rising observation-status cases reduce revenue and how the hospital will manage financial targets. He asked about the impact of sepsis-pathway activation and accuracy. He also asked how workforce recognition supports overall hospital performance. Dr. Ehrlich explained that collaboration with statewide partners strengthens advocacy for public-hospital funding. She stated observation-case increases reduce payments, but detailed reviews are underway. She confirmed early sepsis-pathway data are promising and additional financial analysis will be shared.

Commissioner Green asked how sepsis metrics will account for pathway activation versus diagnosis. She questioned the accuracy of the MOUD metric and suggested revising it to include long-acting injectables. She asked whether occupancy trends can be more clearly separated by ICU, med-surg, and lower-acuity units. She also asked about how documentation affects denial rates. Dr. Ehrlich stated sepsis pathways require several months of data before trends are clear. She acknowledged MOUD metrics need revision because long-acting injectables are not captured. She confirmed that occupancy details can be shared monthly and denial-rate misclassifications are being corrected.

6. Perinatal Care Innovations at ZSFG

Ana Delgado, CNM, Assistant Director of Inpatient Obstetrics; Dominika Seidman, MD, Medical Director Team Lily; Kelly Brandon, RNC, Perinatal Clinical Nurse Specialist, presented the item.

Public Comment:
Jessica Pessacow expressed gratitude for the programs and asked about outreach to patients across different hospitals. She stated that early engagement reduces preterm birth and urged broader coordination with CBOs. She emphasized the importance of housing stability for pregnant patients. She also praised mental-health and substance-use support integrated into prenatal care.

Commissioner Comments:
Commissioner Chow asked how Team Lily coordinates with community-based organizations to reach unsheltered pregnant patients. He asked whether pre-term birth data will reflect medically indicated versus spontaneous pre-term deliveries. He asked how centering-pregnancy models differ between Spanish-speaking cohorts and Team Lily populations. He also asked about hepatitis-B vaccination practices and screening equity for Asian communities. Dr. Seidman explained that Team Lily uses a citywide referral line shared across shelters, EDs, clinics, and outreach teams. She stated that

preterm-birth tracking is underway and centering models complement Team Lily care for stabilized patients. She confirmed hepatitis-B newborn vaccination is standard and prenatal education ensures high acceptance.

President Green thanked the perinatal presenters for their excellent and innovative work. She sought clarification about the relationship between Solid Start and Team Lily, asking whether Team Lily was formally part of Solid Start or whether it functioned as an affiliated initiative. She also asked whether the perinatal innovations: Team Lily, Solid Start navigators, nursing addiction-liaison training, and the People's Collective operate under a single umbrella program or whether they are separate initiatives. President Green then asked specifically whether Team Lily accepts non-Black and non-Latinx patients, and whether Asian Pacific Islander patients with difficulty accessing prenatal care are eligible. She raised a public-health concern regarding declining federal recommendations for universal hepatitis-B vaccination at birth and emphasized the importance of maintaining strong hepatitis-B vaccination practices, particularly for families in Asian communities.

Dr. Seidman responded that Team Lily is not part of Solid Start but was originally developed with Solid Start's support, and Solid Start functions as a DPH/UCSF program that fills gaps in perinatal services through mental-health providers, navigators, and wrap-around support. She clarified that the initiatives presented are independent programs, not housed under Solid Start. She emphasized that Team Lily accepts all pregnant patients who have significant barriers to care, including Asian Pacific Islander families. She stated that hepatitis-B vaccination is standard newborn care at ZSFG, that prenatal education helps parents understand its importance, and that vaccine acceptance rates among patients are high.

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 observer access is managed and whether visiting trainees meet HIPAA training requirements. She questioned operative-note timeliness compliance and asked whether trauma-certification requirements remain aligned with ACS standards. She also requested clarification of NP and PA scope-of-practice definitions and confidentiality rules for affiliated professionals. Dr. Mercer stated that observer access follows formal HIPAA and compliance processes. She noted high compliance rates for operative-note timeliness. She confirmed ACS trauma requirements are reflected in current service rules and confidentiality rules follow existing City policy.

Action Taken: The ZSFG JCC unanimously approved the following items:

- Orthopaedic Surgery Rules and Regulations
- Otolaryngology Rules and Regulations
- Anesthesia Standardized Procedures
- Credentialing Manual
- CPC Nurse Practitioner/Physician Assistant standardized procedures

8. ZSFG Medical Staff Bylaws

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

Public Comment:
There was no public comment on this item.

Commissioner Comments:
President Green stated that she had concerns about possible legal vulnerabilities within the medical staff bylaws. Because bylaws are foundational governing documents, she emphasized the importance of ensuring provisions are clear and shield the hospital from exposure. She specifically raised questions about processes for affiliated professionals, observing that the bylaws should clearly articulate how peer review, oversight, and procedural pathways differ for contracted or affiliated clinicians compared to directly credentialed medical-staff members. She also asked whether bylaws should include explicit confidentiality-agreement requirements for support staff involved in medical-staff functions, such as those who attend meetings or handle sensitive information. She noted that bypassing confidentiality documentation could pose risk given the sensitive nature of peer-review discussions.

Dr. Mercer thanked President Green for her detailed review and stated that the bylaws had been revised to incorporate all prior committee feedback. She explained that both Article 3 and Article 17 already reference existing City and DPH policies requiring confidentiality, and they cite the relevant California peer-review protection statutes (Evidence Code §§1156–1157). Because those protections apply automatically, she stated that additional confidentiality language in the bylaws was not legally required at this time. She added that all DPH employee, including medical-staff-services personnel and support staff must complete HIPAA and compliance training as a condition of employment, which addresses the confidentiality expectations raised. Dr. Mercer also said that a deeper review of peer-review processes for affiliated professionals would occur during the upcoming bylaws-committee work cycle, with support from the City Attorney and specialized outside counsel. She proceeded to request approval to advance the bylaws to the full Health Commission, noting that both the Medical Executive Committee and the full medical staff had already adopted the revisions.

Action Taken: The ZSFG JCC unanimously recommended that the full Health Commission approve the revisions to the ZSFG Medical Staff Bylaws.

9. Other Business

Public Comment:
Jessica Pessicow urged the hospital to seek targeted support from the Chan Zuckerberg Initiative to improve patient experience, access, and insurance diversity. She raised concerns about reductions in urgent-care hours and stated that decreased access will increase ED congestion. She described unresolved facility issues, including pests and broken charging stations. She requested updated campus maps and asked that JCC meetings be archived publicly like full Health Commission meetings.

Commissioner Comments:
There were no Commissioner comments or questions for this item.

10. Public Comment

Jessica Pessicow stated that emergency-department triage standards require repeated reassessment for patients waiting more than four hours, which she believes is not consistently occurring. She stated that equipment outages, such as inoperable charging stations, hinder communication and patient safety. She

asked that the meeting format allow public comment after commissioner discussion. She reiterated the need for transparency and improved electronic access to meetings.

11. 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.

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.

12. Adjournment

The meeting was adjourned at 6:32pm.