

File No. 120349

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Rules

Date 6/7/12

Board of Supervisors Meeting

Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget Analyst Report
- Legislative Analyst Report
- Youth Commission Report
- Introduction Form (for hearings)
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Award Letter
- Application
- Public Correspondence

OTHER

(Use back side if additional space is needed)

- Form 700
- _____
- _____
- _____
- _____

Completed by: Linda Wong

Date 6/4/12

Completed by: _____

Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714**



Application for Boards, Commissions and Committees

Application for Appointment to: SF Health Authority and SF Community Health Authority
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): *n/a seat 3*

Name: Susan A. Currin

Home Address: Amigo Lane, Walnut Creek, CA

Zip: 94596

Home Phone: (925) _____

Occupation: Chief Executive Officer

Work Phone: (415) 206-3517

Employer: City & County of SF, DPH, San Francisco General Hospital

Business Address: 1001 Potrero Avenue, San Francisco, CA

Zip: 94110

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence): Walnut Creek, CA

Please state your qualifications (attach supplemental sheet if necessary)

Resume attached.

Education:

University of California, San Francisco, CA - Masters of Science, Nursing
San Francisco State University, San Francisco, CA - Bachelors of Science, Nursing

Business and/or professional experience:

30+ years with the Department of Public Health San Francisco

Civic Activities:

- Chair, San Francisco Hospital Council
- Executive Board, CAPH
- Board Member, San Francisco General Hospital Foundation

Ethnicity: (optional) Irish and Japanese

Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: 2-2-12 Applicant's Signature: (required) _____

Susan A. Currin

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

STATEMENT OF ECONOMIC INTERESTS

Date Received
 Official Use Only

*hand-delivered
 3/14/12 by
 Robert
 Garrison*

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 CURRIN SUSAN A.

1. Office, Agency, or Court

Agency Name

DEPARTMENT OF PUBLIC HEALTH

Division, Board, Department, District, if applicable

SAN FRANCISCO GENERAL HOSPITAL

Your Position

CHIEF EXECUTIVE OFFICER

▶ If filing for multiple positions, list below or on an attachment.

Agency: SAN FRANCISCO HEALTH AUTHORITY

Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

State

Multi-County _____

City of SAN FRANCISCO

Judge or Court Commissioner (Statewide Jurisdiction)

County of SAN FRANCISCO

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2011, through December 31, 2011.

-or-

The period covered is _____ through December 31, 2011.

Assuming Office: Date assumed _____

Leaving Office: Date Left _____ (Check one)

The period covered is January 1, 2011, through the date of leaving office.

The period covered is _____ through the date of leaving office.

Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: _____

Schedule A-1 - Investments - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule B - Real Property - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

1001 POTRERO AVENUE, SUITE 2A5

SAN FRANCISCO

CA

94110

DAYTIME TELEPHONE NUMBER

(415) 206-3517

E-MAIL ADDRESS (OPTIONAL)

sue.currin@sfdph.org

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 13, 2012
 (month, day, year)

Signature *Susan A. Currin*
 (File the originally signed statement with your filing official.)



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714**

Print Application

Application for Boards, Commissions and Committees

Application for Appointment to: SAN FRANCISCO HEALTH AUTHORITY
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat 5

Name: John W. Grossman, III

Home Address: Commodore Dr. Richmond, CA Zip: 94804

Home Phone: 570-_____ Occupation: Administration

Work Phone: 415-355-2220 Employer: SF Community Clinic Association

Business Address: 1530 Bryant St #450, SF, CA Zip: 94103

Check All That Apply:

A citizen of the United States. At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence): Costa Costa City

Please state your qualifications (attach supplemental sheet if necessary)

30 years experience in health care
Extensive knowledge of health care policy, planning, finance, services
Representative of SF Non Profit Community Health Care & First Clinic

Education:

MSW - Master Social Work, Rutgers University
MA - Master of Arts, Psychology, Rowan University

Business and/or professional experience:

Health Care Administration & Health Care Administration Council

Civic Activities:

Ethnicity: (optional)

Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: 11/30/05 Applicant's Signature: (required) John W. Grossman, III

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) GROSSMAN (FIRST) John (MIDDLE) Wesley

1. Office, Agency, or Court

Agency Name SAN FRANCISCO Health PLAN
SAN FRANCISCO Health Authority
 Division, Board, Department, District, if applicable _____ Your Position Board Member

► If filing for multiple positions, list below or on an attachment.

Agency: SAN FRANCISCO Health Authority Position: Board Member

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of SAN FRANCISCO
 City of SAN FRANCISCO Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2011, through December 31, 2011.
 -or- The period covered is 1/1/2011 through December 31, 2011.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 The period covered is January 1, 2011, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." ► Total number of pages including this cover page: _____

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
1550 Bryant St # 410 SAN FRANCISCO CA 94103

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(415) 355-2220

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/8/12 Signature _____
 (month, day, year) (File the originally signed statement with your filing official.)



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714**



Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco Health Authority Governing Board
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat 6

Name: Eddie W. Chan

Home Address: Avondale Road

Zip: 94010

Home Phone: (650)

Occupation: President & CEO

Work Phone: (415) 391-9686

Employer: North East Medical Services (NEMS)

Business Address: 1520 Stockton Street

Zip:

Check All That Apply:

A citizen of the United States.

At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes: No: (Place of Residence): Hillsborough, CA

Please state your qualifications (attach supplemental sheet if necessary)

Board member and representative of San Francisco Community Clinic Consortium

Education:

BS, University of California, Berkeley

Pharm. D, University of California, San Francisco

Business and/or professional experience:

Clinical Operations Manager for Kaiser Permanente in South San Francisco, CA; President & CEO of NEMS

Civic Activities:

Ethnicity: (optional)

Sex (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once completed, this form, including all attachments, become public record)

Date: 2/7/2012 Applicant's Signature: (required) Eddie Chan

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Date Received
 Official Use Only

Please type or print in ink.

NAME OF FILER (LAST) Chan (FIRST) Eddie (MIDDLE) W.

1. Office, Agency, or Court

Agency Name San Francisco Health Plan Governing Board Board Member
 Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of San Francisco
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2011, through December 31, 2011.
- or-
- Assuming Office: Date assumed _____
- Candidate: Election Year _____ Office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2011, through the date of leaving office.
- The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

- Schedule A-1 - Investments - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 1520 Stockton Street San Francisco CA 94133
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (415) 391-9686

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/26/12
(month, day, year)

Signature Eddie Chan
(File the originally signed statement with your filing official.)

Name _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3075-3077 Market Street

CITY
San Francisco

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 11 DISPOSED / / 11

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED / / 11 DISPOSED / / 11

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ % None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____



**SAN FRANCISCO
HEALTH PLAN**

Here for you

201 Third Street, 7th Floor • San Francisco, CA 94103
(415) 547-7800 • FAX (415) 547-7821 • www.sfhp.org

RECEIVED
BOARD OF SUPERVISORS
2009 JAN 14 PM 4:05
BY

January 8, 2009

Kay Gilbengay
Interim Clerk of the Board
Board of Supervisor Office
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

Dear Ms. Gilbengay:

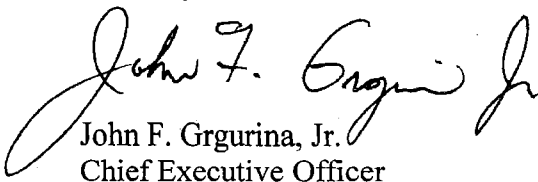
The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

I certify to you that Eddie Chan, as President & CEO for North East Medical Services, is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code Section 14087.36(k)(1)(d) which permits the appointment of a "person employed in the senior management of community clinic consortium and (B) the San Francisco Administrative Code Sections 69.1 et seq. Enclosed please find a letter from the President and Chief Executive Officer of San Francisco Community Clinic Consortium designating Eddie Chan to serve on the San Francisco Health Authority Governing Body. Additionally, Eddie Chan has provided a statement indicating a willingness to serve and this statement is also enclosed. I request that you schedule a public hearing as soon as possible on the appointment of Eddie Chan to the San Francisco Health Authority Governing Body.

We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,


John F. Grgurina, Jr.
Chief Executive Officer

Enclosure



San Francisco Community Clinic Consortium

1550 Bryant Street, Suite 450 • San Francisco, CA 94103 • Phone 415/355-2222 • Fax 415/865-9960 • www.sfccc.org

December 11, 2008

John F. Grgurina, Jr.
Chief Executive Officer
San Francisco Health Authority
201 3rd Street, 7th Floor
San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36(k),(1),(D) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Consortium Clinic hereby designates Eddie Chan to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

A handwritten signature in black ink, appearing to read 'John Gressman', written over a horizontal line.

John Gressman
President & CEO of the San Francisco Community Consortium Clinic

cc: Eddie Chan

**CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD
OF THE SAN FRANCISCO HEALTH AUTHORITY**

December 11, 2008

I, Eddie Chan, as a representative of the San Francisco Community Clinic Consortium, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.

Eddie Chan (SIGNATURE)

12/23/08 (DATE)



**Board of Supervisors
City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, Room 244
(415) 554-5184 FAX (415) 554-7714**

Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco Health Authority Governing Board
Name of Board, Commission, Committee, or Task Force

Seat # or Category (If applicable): Seat 14 District: _____

Name: David Woods

Home Address: Cedar Hill Drive, San Rafael, CA Zip: 94903

Home Phone: 415 _____ Occupation: Pharmacist

Work Phone: 415-206-2332 Employer: City and County of San Francisco

Business Address: SFGH, 1001 Potrero Ave, Pharmacy Room 1P2, San Francisco, CA Zip: 94110

Business E-Mail: david.woods@sfdph.org Home E-Mail: _____ @comcast.net

Check All That Apply:

A citizen of the United States. At least 18 years old on or before Election Day.

Not in prison or on parole for a felony conviction

A resident of San Francisco Yes. No: (Place of Residence): Marin County

Please state your qualifications (attach supplemental sheet if necessary)

See Attached Resume

Education:

See Attached Resume

Business and/or professional experience:

See Attached Resume

Civic Activities:

See Attached Resume

Ethnicity: (optional) _____ Sex: (optional) M F

Have you attended any meetings of the Board/Commission to which you wish appointment? Yes No

For appointments by the Board of Supervisors, appearance before the RULES COMMITTEE is a requirement before any appointment can be made.

(Applications must be received 10 days before the scheduled hearing.)

(Please Note: Once Completed, this form, including all attachments, become public record)

Date: 2/5/12 Applicant's Signature: (required) David Woods Ph.D.

Please Note: Your application will be retained for one year.

FOR OFFICE USE ONLY:

Appointed to Seat #: _____ Term Expires: _____ Date Seat was Vacated: _____

**CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD
OF THE SAN FRANCISCO HEALTH AUTHORITY**

March 2012

**I, David Woods, Pharmacy Director for the Department of Public Health am willing
to accept appointment to serve on the Governing Board of the San Francisco Health
Authority.**

David Woods PharmD (SIGNATURE)

2/5/12

(DATE)

J. DAVID WOODS, PHARM.D.
Assistant Clinical Professor of Pharmacy, UCSF

— Cedar Hill Drive
San Rafael, CA 94903
(415) — (Home)

EDUCATION

1988-1989	Long Beach Memorial Medical Center ASHP-accredited residency Long Beach, CA	Clinical Residency
1984-1988	University of California School of Pharmacy San Francisco, CA	Pharm. D.
1979-1984	University of California Davis, CA	B.S. Zoology
1981-1982	University of Bath Bath, England	

EXPERIENCE

2010 - present **CHIEF PHARMACY OFFICER**
San Francisco Department of Public Health
San Francisco, CA

Responsible for managing pharmaceutical services for the Community Health Network (CHN) of the Department of Public Health (DPH), including San Francisco General Hospital and Trauma Center, Laguna Honda Hospital, Jail Health Services, Community Behavioral Health Services, and Community Oriented Primary Care services. Responsible for operational & clinical services relating to the CHN and DPH pharmaceutical services network

- Manage pharmaceutical services and pharmacy staff throughout the CHN and DPH
- Develop and monitor pharmaceutical services budgets throughout DPH
- Plan and coordinate network-wide clinical pharmacy services
- Coordinate formulary decisions throughout the network
- Coordinate network-wide compliance with legal and regulatory requirements and standards for all aspects of pharmaceutical care
- Provide leadership and oversight for all DPH Pharmaceutical Services quality and performance improvement programs
- Lead decisions regarding network-wide purchasing and contracting transactions

2011: Nominated by the Municipal Fiscal Advisory Committee for the team award for Public Managerial Excellence Award as an innovator in city government.

2011: Pharmacy Leadership Institute, Project Mentor for 2011 Class

2003 - 2010

DIRECTOR OF PHARMACY

Laguna Honda Hospital and Rehabilitation Center
San Francisco, CA

Responsible for managing pharmaceutical services at Laguna Honda Hospital, a 780 bed Long-Term Care facility within the City & County of San Francisco's Public Health System. LHH Executive Staff member. Responsible for operational & clinical services relating to pharmacy:

- Quality performance & improvement activities
- Medication Error reduction evaluation and improvement
- Staff performance improvement and evaluation
- Health technology planning and implementation for SNF setting
- Developing and reviewing the pharmacy budget
- Dept Health Services (CDPH) licensing & certification process.
- Implementing strategies to improve drug use in the LTC environment
- Interviewing/hiring
- Developing realistic Pharmaceutical Policies that meet legal and licensure requirements

Actively involved with Pharmacy & Therapeutics Committee, which includes P&T activities such as formulary management, drug use evaluation, and medication error and adverse drug reaction analysis and reporting. Committed to building positive relationships with the Hospital and Medical Staff and to fostering high value medication management programs. Co-chair of the Master Move Planning Committee. Move Day "Incident Commander" for resident (patient) and departmental moves into the new hospital (the largest hospital move in California history).

2010: Selected for the Pharmacy Leadership Institute at Boston University's Executive Leadership Center

2008: Selected for the Wharton Executive Management Program for Pharmacy Leaders

March 15, 2005: Department of Public Health Employee Recognition Award for "Exceptional Service and Outstanding Performance"

March 15, 2005: Department of Public Health Team Recognition Award for "Exceptional Service and Outstanding Performance on the Clarendon Hall Demolition Project Planning Team"

1999 - 2003

FORMULARY MANAGER

Community Health Network of San Francisco
San Francisco, CA

Responsible for managing formulary issues at San Francisco General Hospital, coordinating the PBM benefit for over 30,000 outpatients without insurance, and for formulary & clinical continuity for the CHN sites (SFGH & affiliated clinics, Laguna Honda Hospital, Forensics, Community Mental Health Services):

- Coordinate monographs for formulary review
- Develop hard copy & on-line formularies
- P&T Committee activities: SFGH- secretary, Laguna Honda Hospital, CMHS.
- Develop guidelines to improve evidence-based practice (Acute MI, GI disorders, Outpatient Management of DVT, Dofetilide, Drotrecogin)
- Review non-formulary requests
- Coordinate information & Formulary Newsletters
- Develop and implement strategies for appropriate and cost effective drug use
- Other Committees: CHN Pharmacy Council- secretary, Formulary Review - secretary, Antibiotic Advisory, Medication Use & Safety, Nutrition, UCSF P&T

1997- 1999

DIRECTOR OF PHARMACY

Palm Drive Hospital
Sebastopol, CA

Healdsburg General Hospital
Healdsburg, CA

Managed operational and clinical activities for Pharmaceutical Services (via Owen Health care) at these two small community hospitals. Directly supervised a staff of 10 pharmacists and pharmacy technicians. Responsible for daily operations which included:

- Implementing strategies to improve drug use
- Pharmacy Newsletters
- Quality performance & improvement activities
- Staff management & evaluation
- Anesthesia and anti-infective usage programs
- Empiric antibiotic algorithms
- Formulary management
- Drug Use Evaluation
- Medication error analysis & reporting
- IV to PO conversion programs
- Improved reporting of microbiologic sensitivity data
- Surviving two JCAHO surveys (June 1998) with Medication Use scores of "1", substantial compliance

Named Owen Health Care "New Director of the Year", 1998 (West Region)

1995- 1997

SUPERVISOR, INPATIENT PHARMACY

San Francisco General Hospital
San Francisco, CA

Managed operational and clinical activities for Pharmaceutical Services in the Inpatient Pharmacy. Directly supervised a diverse staff of 27 clinical & staff pharmacists, and pharmacy technicians. Multi-disciplinary collaboration to implement new systems which included the opening of a new 27 bed acute care SNF, implementing a new recording and distribution system for controlled substances, implementing a Unit Dose system for the hospital's newly revitalized 40 bed neonatal intensive care unit. Inpatient Pharmacy computer system Implementation manager. Project manager for the implementation of 32 computerized Unit Dose medication dispensing centers (Sure-Med).

1989-1995

CLINICAL PHARMACIST

San Francisco General Hospital
San Francisco, CA

Critical Care drug monitoring: Shared responsibility for initiating and maintaining clinical drug monitoring for patients in the Surgical Intensive Care Unit. Activities included ICU team rounds, pharmacokinetic monitoring, and patient specific drug consultations. Initiated the SICU teaching program for UCSF Pharmacy students. Responsible for initiating pharmacist participation on the "code blue" team. Shared clinical responsibilities for inpatient antibiotic order review and follow-up. Co-authored chapter on Infectious Disease Therapy in the Critical Care Setting, published in 1995.

1988-1989

CLINICAL PHARMACY RESIDENT

Long Beach Memorial Medical Center
Long Beach, CA

Clinical experience: Intensive care, medical and surgical therapeutics; pediatrics, oncology, home health care, and ambulatory care.

REFERENCES Available upon request

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Woods Joseph David

1. Office, Agency, or Court

Agency Name
 City and County o San Francisco
 Division, Board, Department, District, if applicable
 DPH: SFGH
 Your Position
 Chief Pharmacy Officer

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State
 Multi-County _____
 City of San Francisco
 Judge or Court Commissioner (Statewide Jurisdiction)
 County of San Francisco
 Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2011, through December 31, 2011.
 -or-
 The period covered is _____ through December 31, 2011.
 Assuming Office: Date assumed _____ Office sought, if different than Part 1: _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2011, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
 Total number of pages including this cover page: _____
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
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 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
 -or-
 None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 SFGH, 1001 Potrero Ave, Room 1P2 San Francisco CA 94110
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
 (415) 206-2332

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3/26/12
(month, day, year)

Signature [Signature]
(File the original signed statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF BUSINESS ENTITY
Johnson and Johnson

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Abbott Labs

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Medco Health

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmacy Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Express Scripts

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmacy Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Sanofi ADR

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

Comments:

San Francisco
BOARD OF SUPERVISORS

Date Printed: December 17, 2009

Date Established: December 15, 1994

Active

HEALTH AUTHORITY - SAN FRANCISCO

Contact and Address:

Valerie L Huggins Executive Assistant

201 Third Street, 7th Floor
San Francisco, CA 94103

Phone: (415) 615-4235

Fax: (415) 547-7824

Email: vhuggins@sfhp.org

Authority:

Welfare and Institutions Code Sec. 14087.36; Added by Ordinance No. 408-94, approved 12/15/94; Administrative Code 69.1 et seq.

Board Qualifications:

The Health Authority-San Francisco consists of nineteen members, 14 voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board are as follows: one member of the board or any other person designated by the Board; one shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California; one senior manager, San Francisco General Hospital; one senior manager, St. Luke's Hospital; two employees in senior management of either private nonprofit community clinics or a community clinic consortium, nominated by San Francisco Community Clinic Consortium; two physicians nominated by San Francisco Medical Society; one nominee of San Francisco Labor Council; two persons nominated by the beneficiary committee of health authority, one of whom shall be a Medi-Cal beneficiary; two persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or activities of the Health Authority nominated by program committee of the Health Authority; one person nominated by San Francisco Pharmacy Leadership Group. In addition, one of the members appointed must also be a registered nurse [See Sec.14087.36(k)(1)(A),(G), or (H) of the California Welfare and Institutions Code-also Administrative Code Section 69.1]

The composition of the other five members consist of the following: The Mayor shall appoint

San Francisco
BOARD OF SUPERVISORS

one voting member to serve at the pleasure of the Mayor. The Director of Public Health, the Director of Mental Health, and the Chancellor of the University of California at San Francisco shall each serve as a voting member or appoint a designee to serve at his or her pleasure. The Health Commission shall appoint a non-voting member to serve at its pleasure. Each member throughout their term shall be a resident or be employed within the geographic boundaries of the county.

The term of office for each member appointed by the Board shall be three years commencing at 12:00 noon January 15, 1995; provided that at the initial meeting the members appointed by the Board shall draw lots to determine seven members whose initial terms of office shall be for two years and the member or representative of the Board of Supervisors shall serve at the pleasure of the Board. Each member shall remain in office at the conclusion of that member's term until a successor member has been nominated and appointed. Following the initial staggering of terms, each of those members shall be appointed to a term of three years except the member who shall be a member of the Board or any other person designated by the Board. The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority for the vacant position and upon receipt of the nomination schedule a hearing before the appropriate Committee of the Board for consideration of an appointment.

The Health Authority has been established as the Local Initiative under the Medi-Cal program. The Health Authority is to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate, and to ensure preservation of the safety net. The Powers and Responsibilities are stated in Section 69.3 of the Administrative Code.

Reports: None specified.

Sunset Clause: None