The Regents of the University of California

HEALTH SERVICES COMMITTEE
July 14, 2026

The Health Services Committee met on the above date at the UCSF Mission Bay Conference Center, San Francisco campus.

Members present: Regents Batchlor, Makarechian, Matosantos, Park, and Reilly; Ex officio members Anguiano and Milliken, Executive Vice President Rubin; Chancellors Frenk, Gillman, Hu, Khosla, and May; Advisory members Good, Laret, Marks, Noonan, and Ong

In attendance: Regents Areias, Cohen, Craven, Hernandez, Hueston, Kounalakis, Melton, Robinson, Sarris, and Tokita, Regents-designate Retana and Roiland, Faculty Representatives Palazoglu and Scott, Staff Advisors Hanson and Hunter Barker, Secretary and Chief of Staff Lyall, Deputy General Counsel Stayn, Executive Vice President and Chief Financial Officer Brostrom, Executive Vice President and Chief Operating Officer Nava, Vice Presidents Henderson and Kao, Chancellors Larive and Muñoz, and Recording Secretary Johns

The meeting convened at 2:05 p.m. with Committee Vice Chair Reilly presiding.

1. **APPROVAL OF MINUTES OF PREVIOUS MEETING**

Upon motion duly made and seconded, the minutes of the meeting of May 5, 2026 were approved, Regents Anguiano, Batchlor, Makarechian, Matosantos, Milliken, Park, and Reilly voting "aye."[1]

2. **APPROVAL OF APPOINTMENT OF AND COMPENSATION FOR BROOKE BALDWIN AS CHIEF NURSING EXECUTIVE, UCSF HEALTH, SAN FRANCISCO CAMPUS AS DISCUSSED IN CLOSED SESSION**

The President of the University recommended that the Health Services Committee approve the following items in connection with the appointment of and compensation for Brooke Baldwin as Chief Nursing Executive (CNE), UCSF Health, San Francisco campus:

A. Per policy, appointment of Brooke Baldwin as Chief Nursing Executive (CNE), UCSF Health, San Francisco campus, at 100 percent time.

B. Per policy, an annual base salary of $700,000.

[1] Roll call vote required by the Bagley-Keene Open Meeting Act [Government Code §11123(b)(1)(D)] for all meetings held by teleconference.

C. Per policy and starting in the 2026–27 plan year, eligibility to participate in the Clinical Enterprise Management Recognition Plan's (CEMRP) Short Term Incentive (STI) component, with a target award of 15 percent of base salary ($105,000) and maximum potential award of 20 percent of base salary ($140,000), subject to all applicable plan requirements and Administrative Oversight Committee approval. The 2026–27 plan year started on July 1, 2026 and ends on June 30, 2027, and Ms. Baldwin's first possible Short Term Incentive award will be determined following the close of the 2026–27 plan year. Any actual award will be determined based on performance against pre-established objectives and will be prorated in Ms. Baldwin's first year of participation based on her hire date.

D. Per policy, standard pension and health and welfare benefits and standard senior management benefits, including eligibility for senior management life insurance upon start date and, after five consecutive years of Senior Management Group service, eligibility for executive salary continuation for disability.

E. Per policy, reimbursement of actual and reasonable moving and relocation expenses associated with relocating Ms. Baldwin's primary residence, subject to the limitations under Regents Policy 7710, Senior Management Group Moving Reimbursement. If Ms. Baldwin voluntarily separates from this position prior to completing one year of service or accepts an appointment at another University of California location within 12 months of her initial date of appointment, she will be required to pay back 100 percent of these moving and relocation expenses.

F. Per policy, eligibility to participate in the UC Employee Housing Assistance Program, subject to all applicable program requirements.

G. For any outside professional activities, Ms. Baldwin will comply with the Senior Management Group Outside Professional Activities (OPA) policy and reporting requirements.

H. This action will be effective as of Ms. Baldwin's start date, estimated to be on or about August 17, 2026.

The compensation described above shall constitute the University's total commitment until modified by the Regents, President, or Chancellor as applicable under Regents policy, and shall supersede all previous oral and written commitments. Compensation recommendations and final actions will be released to the public as required in accordance with the standard procedures of the Board of Regents.

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Vice President Henderson briefly introduced this item for the appointment of and compensation for Brooke Baldwin as Chief Nursing Executive at UCSF Health.

Upon motion duly made and seconded, the Committee approved the President's recommendation, Regents Anguiano, Batchlor, Makarechian, Matosantos, Milliken, Park, and Reilly voting "aye."

3. **QUALITY DASHBOARD REVIEW: AN UPDATE FROM THE UNIVERSITY OF CALIFORNIA HEALTH CLINICAL QUALITY COMMITTEE**

[Background material was provided to Regents in advance of the meeting, and a copy is on file in the Office of the Secretary and Chief of Staff.]

Chief Health Officer Robert Cherry began his presentation of the current Clinical Quality Dashboard by drawing attention to readmission rates. UC Health reviews both planned and unplanned readmissions. A planned readmission might involve a patient needing a two-stage procedure. UC Health was especially concerned about unplanned readmissions. A chart illustrating 30-day readmissions on a calendar year basis from 2020 to 2026 showed substantial decreases in readmissions. This had probably freed up several hundred additional patient beds across the UC medical centers. Seven-day readmission rates might reflect trends in clinical decision-making, but readmission rates for longer periods might reflect social determinants of health, case management opportunities, and coordination of care. Appropriate discharge instructions and a plan of care after discharge were an important part of this process. Each UC Health location developed its own customized strategies and tactics for reducing readmissions. The work by the medical centers to reduce readmissions was impressive in the context of the case mix index, which indicated that during this same period, the acuity of patient conditions was increasing.

Regent Park asked about quality measures on which some of the medical centers scored below the 50th percentile and about the causes of this.

UC San Diego Health Chief Executive Officer Patricia Maysent acknowledged that UCSD Health scored below the 50th percentile on the inpatient mortality index. When patients were approaching the end of life, they were often discharged to a hospital bed in an inpatient hospice. UCSD Health was working with an underperforming inpatient hospice which was operated by an outside entity. UCSD had to proceed with a Request for Proposal process and selected a new hospice provider and has experienced improvement in this area since then. This underperformance by an outside provider was probably the main cause of a low score and UCSD expected this score to improve.

UC Davis Health Interim Chief Executive Officer Michael Condrin commented on the length of stay index, a measure on which UC Davis Health performed below the 50th percentile. Discharging patients was challenging. At this time, there were several dozen patients in the hospital each day who were finished with acute care and no longer needed to be in the hospital, but for whom discharge and placement were a challenge due to behavioral health, addiction, and other social determinants of health. As was the case with other institutions, UCD Health had some patients who stayed for a year or more due to difficulties with placement. UC Davis was discussing this issue with the County of Sacramento, seeking better partnerships and novel solutions for placement in the

community, with increasing psychiatric bed care needs and other barriers to acute care disposition and timely discharge. There were opportunities for increased efficiency and discharging patients earlier in the day, and this has been an area of focus. The length of stay benchmark has improved over the last 24 months but has not yet risen above the 50th percentile.

The readmission rate was also an area of focus at UCD Health. The medical center was improving in this area, but Mr. Condrin recalled that UC Davis cared for patients with complex conditions and served as the safety net hospital for Sacramento County. It was a Level 1 pediatric and adult trauma hospital, an academic medical center with a tertiary and quaternary care mission, provided primary care for a population of 125,000, and had a significant presence in the Sacramento County jail system. UC Davis had a higher-than-desired readmission rate and was probably not using observation status in the emergency department strategically to its advantage. This was an area of intense focus for improvement.

UC Irvine Health Chief Medical Officer Joseph Carmichael discussed the length of stay index measure for his institution. Post-acute services were hard to obtain for patients in the Medicaid population. In general, it can take about 50 attempts to place one Medicaid patient in a skilled nursing facility, and therefore, UC Irvine has found a way to lease its own skilled nursing beds. Another challenge for post-acute services was securing letters of authorization from CalOptima in Orange County, a process that can take a week. Patients might be ready for discharge but have to wait a week. When the discharge request was denied, the process would have to start over again. These were factors that prolonged patient stays.

Regent Park asked about the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) benchmark. Ms. Maysent responded that all the medical centers worked hard on patient satisfaction. One of the major challenges in this area was the need to board patients who have been admitted to the emergency department in alternate spaces. Because the medical centers could not quickly create new spaces, it was a matter of trying to improve the experience of these patients while they waited for a bed. This can be frustrating and difficult for patients.

UCLA Health President Johnese Spisso reported that UCLA has also experienced high levels of patient boarding. The complaints of patients who were waiting in alternate spaces more often had to do with noise levels than with the care they were receiving. These patients also generally did not want to be transferred to facilities outside UCLA, even when a bed was available. UCLA was eager to develop more capacity soon to accommodate patients. The environment of care was challenging, rather than the quality of care.

Regent Park asked about a measure of diabetes glucose control (A1C control) for UC Riverside which was below the 50th percentile. UC Riverside Health Chief Executive Officer Timothy Collins responded that his institution has put into place significant processes and structures associated with an at-risk Medi-Cal population. This population typically did not have good follow-up care and had challenges with purchasing

medications. UCR Health had recently implemented laboratory and diagnostic testing services within its own clinics and expected to see improvements with an insourced service and control of records and appropriate measuring of results. UCR Health had also implemented standing order sets and trained all its physicians on health management systems and tracking this vulnerable population.

Regent Park reflected on these quality measures, some of which, such as length of stay and patient boarding, had been longstanding issues of concern. In order to improve on these measures, she suggested that the medical centers consult with Health Services Committee members, who might be able to assist and advocate on issues that involved other entities. These statistics should motivate the Regents to ask questions and provide help when appropriate.

Regent Anguiano asked if the medical center chief executive officers were regularly monitoring these statistics. If so, she asked how the executives were tracking these benchmarks and if there were other quality benchmarks being reviewed. Ms. Spisso responded that UCLA monitored these benchmarks on a monthly basis. UCLA Health had a more comprehensive dashboard, the so-called "movers dashboard," and monitored its Vizient scorecard as well. Results were communicated to the unit level, so that all department managers in the inpatient hospital units and clinics received them. There was also monthly review of a UCLA Health-wide scorecard, and this information was shared with clinical chairs and division chiefs. UCLA Health also received its national ranking annually among its Vizient peers, and in this context, there were opportunities for detailed analysis and sharing of best practices among institutions. Ms. Maysent added that these measures were a small part of what UCSD Health examined every day in its operations through its medical staff executive committee, governance groups, quality committee, quality council, and the 100 or so committees active at the hospital at any one time. Medical residents and trainees were involved as well. With respect to the Vizient criteria, she noted that even if UC medical centers were making improvements, other institutions might be making more improvements, and UC locations might fall behind on benchmarks; this was always a moving target. The Vizient scorecard was the most effective of various criteria. If UC Health performed well on Vizient measures, other rankings would follow.

Regent Makarechian asked about central line-associated bloodstream infections (CLABSI) and why there had been an increase in the six-quarter trend for UCSF. He asked if the increases had occurred in some practice areas rather than others. UCSF Health Chief Executive Officer Suresh Gunasekaran responded that the central line infection rate increase was a serious problem on which UCSF has been working for the last two quarters. He attributed the problem to variation in standard practice. As patient numbers have increased, with different types of patients on different units, there have been gaps in opportunities to manage central lines in an efficient way. There have been team-based performance improvements. The chart in the background material showed data through the first quarter of 2026. Now, in the second quarter, Mr. Gunasekaran was happy to report that this measure was trending down again. Across 25 benchmarks like this one, numbers tended to rise and fall again. UCSF has performed very well on Vizient measures in recent years, but there have always been opportunities to improve, and this was a perfect example.

He expressed optimism about UCSF's ability to address this concern. The data in the chart pertained to UCSF's adult hospitals. About two years prior, there was a similar issue of CLABSI increases in the UCSF children's hospitals, and UCSF was able to improve its performance through staff retraining and effective use of a central line team.

Regent Makarechian asked if the increase was due to internal causes. Mr. Gunasekaran responded in the affirmative. UCSF wished to continue to strive to be a high-reliability organization and achieve good results on all benchmarks.

In response to another question by Regent Makarechian, Mr. Gunasekaran affirmed that measures concerning in-house infections and harms were part of a patient safety agenda for UCSF. A strong nursing organization was the backbone of being able to ensure patient safety. While the fact that UCSF currently had interim nursing leadership in place might have an indirect effect on this measure, UCSF would like to have systems and processes that were not dependent on a single executive or leader. He reiterated that performance against benchmarks tended to be variable based on patient volumes, the acuity of patient conditions, and continuous improvement efforts. The more complex the care, the more handoffs that occur with patients, and the greater the number of care teams involved, the more the safety strategy would be tested.

Regent Makarechian asked about the ultimate goal regarding CLABSI. Dr. Cherry responded that UC Health strove to prevent CLABSI events from ever occurring and had improved on this measure over the course of many years. CLABSI events were seen as an opportunity for improvement and lessons to be learned. A great deal of peer review took place at all the UC Health locations in order to make events like this as rare as feasibly possible. Dr. Cherry concluded his remarks by emphasizing UC Health's efforts to improve its performance and meet community expectations.

Student observer Calvin Yang reflected on his term as student observer to the Health Services Committee in 2025-26, which was now ending. In his first remarks to the Committee, he shared an ambitious vision for what he hoped to accomplish over the course of the year. Today he would reflect on a few of those efforts. For the UC Berkeley student community, he had secured more than 2,000 doses of emergency contraception, 200 doses of naloxone, and 500 fentanyl test strips to expand access to essential reproductive health and harm reduction resources. At the systemwide level, after learning about the severe funding challenges facing disability services across the University, Mr. Yang worked alongside fellow student leaders to elevate these concerns before the Regents and the Legislature. He was especially proud of the fact that the 2026-27 California State Budget signed by Governor Newsom on June 29 included a one-time $20 million appropriation for UC student basic needs, housing, and disability services. This historic investment was championed by California Senate Budget Chair Sasha Renee Perez and would not have been possible without the tireless advocacy of countless student leaders throughout the academic year. Mr. Yang remained committed to advancing efforts to improve the healthcare experience of UC students enrolled in Medi-Cal. Over the past several months, he had learned directly about these students' experiences in navigating barriers to affordable and accessible health care. He was deeply encouraged that the California Health

Care Foundation has recognized the significance of this issue and invested in studying it, helping lay the foundation for meaningful policy solutions in the months ahead. Over the past ten months, through his work as student observer, interacting with Regents and others, Mr. Yang had come to understand that meaningful change was rarely the result of a single meeting or a single voice, but was built through relationships, thoughtful dialogue, and a shared commitment to listening. He thanked Regents, Student Regents, Office of the President staff, and the Office of the Secretary and Chief of Staff for their help and guidance. He hoped that the Regents, together with partners in the State Legislature and Department of Health Care Services, would continue to advance health equity across the UC system and that the University would continue strengthening support for some of its most vulnerable students, ensuring that every student, including those enrolled in Medi-Cal, had access to affordable, timely, and high-quality health care.

The meeting adjourned at 2:45 p.m.

Attest:

Secretary and Chief of Staff