MINUTES

JOINT CONFERENCE COMMITTEE
FOR
LAGUNA HONDA HOSPITAL MEETING

Monday, November 27, 2006
9:45 a.m. to 11:45 a.m.
At
Conference Room A-300
375 Laguna Honda Boulevard
San Francisco, CA  94116-1411

1)  CALL TO ORDER

Commissioner Chow called the meeting to order at 9:50 a.m.

Present:  Commissioner Edward A. Chow, M.D.
Commissioner David J. Sanchez, Jr., Ph.D.

Staff:  John Kanaley, Rowena Chan, Regina Gomez, Gayling Gee, Mivic Hirose,
Adrian Tong, David Woods, John Thomas, Valerie Inouye, Evonne Arita

2)  APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 23, 2006

Action Taken:  The Committee approved the minutes of the October 23, 2006 Laguna
Honda Hospital Joint Conference Committee.
Public Comment
- Patrick Monette-Shaw stated that he noted with interest that the LHH-JCC minutes of October 23 contains on page 9 my recommendation that the LHH Resident Councils should be represented on both the Transition Steering Committee (TSC) and the Assisted Living Project Workgroup, and that both Commissioner Chow and Commissioner Sanchez agreed that the Resident Councils should be represented on the TSC. He stated that he is aware that Robert Neil, the President of the Clarendon Hall Resident Council, has only been invited to attend the Assisted Living Workgroup meetings starting in January. He stated that it’s unclear whether the Main Building Resident Council has been invited. Again, since the TSC is dealing with such issues as the attrition plan and the transition plan that will affect residents, in a resident-centered environment such as LHH, he urged the Commissioners to ensure that at least two residents be appointed to the TSC and be invited to meetings starting in December.

3) EXECUTIVE ADMINISTRATOR’S REPORT

John Kanaley, LHH Executive Administrator, presented the Executive Administrator’s Report.

ANNOUNCEMENTS/INFORMATION

EMPLOYEE OF THE MONTH – Joe Hoeschen
Joe Hoeschen has been employed by the City since 1986 as a Chef. He was first employed as a Chef with the SF Sheriff’s Department and transferred to LHH in 1993.

Joe shares responsibility for supervising approximately (35) employees and is primarily accountable for conducting the inventory, ordering and storage of all food and beverages purchased at LHH. For serving over 3100 meals per day, 7 days per week, that is a lot of ordering. Joe was the only chef on duty for over four months working long hours to maintain coverage.

Joe has gone well beyond the call of duty in covering short shifts, working on catering and special events above and beyond his normal duties. We admire Joe for stepping up to the plate like a true "champ".

ANNUAL SERVICE AWARD DINNER
This year’s annual Service Awards Dinner will be held on Friday, December 1, 2006 at the Italian American Club. We would like to invite the Health Commissioners to join us in celebrating the dedication of our staff being honored that evening. As you know, many employees have been recognized for their services to LHH for 10, 20, 30 and 35 years. They would be honored if you and Dr. Katz could join us in celebrating this commitment to LHH.

STRATEGIC PLAN

FY 06-07 – Next Update in January

FY 07-08 – LHH held its second strategic planning session on Tuesday, November 19th. From this retreat, we have drafted the Mission, Vision and Goals for the FY 07-08. It was a productive day that will lead to the development of our budget priorities for the upcoming budget process. The Commissioners can expect a strategic plan with a new look this coming year.
BUDGET REPORT

Continuing to follow up on the budget expenditures, I am attaching for your review the Payroll Budget for the first nine pay periods of the fiscal year 07 (Attachment A). As you can see, we are currently $2.4 million over budget year to date with a projection to be $4.4 m over by years end. If you look at our biweekly variance in the left hand column, you will see this variance has dramatically improved. We have been working diligently to determine the root cause of this payroll overage and get it back on track. We have determined that three main reasons for the payroll overage: (1) there was a significant increase in the use of sitters as a direct result of the DHS surveys. We increased the number of sitters in use from an average of 12 per day up to over 35 per day in order to better manage some of our behaviorally challenging residents, (2) we opened one of our two closed units in order to increase bed availability for SFGH and the community as well as to focus on specialty care for the MR/DD population. (3) We increased staffing to an average HPPD (Nursing hours per patient day) of 4.1 as per the pressure of the DHS surveys while we are only budgeted for 3.55 HPPD. This increased our staffing levels significantly.

What are we doing to get back on track with our budget overage?

1) Working on care plans to be better able to manage those residents who have been requiring sitters. In the extreme cases where there are residents that require 16-24 hours of one-on-one care, we must determine if LHH is the correct level of care for those residents and are working with Placement to find alternatives for those residents where they can better be managed. To date, have deceased our sitter hours per day from 299 hours to 34 hours per day.

2) I had asked our Clinical leaders, Paul Isakson, MD, and Mivic Hirose, RN, MSN, to recommend a plan to consolidate resources. A decision was made to close S200 in Clarendon Hall. As of October 31, 2006, S200 was closed and the staff reassigned to other units. This provided us with a savings of 26.5 FTE.

3) As we monitor our overtime use, and our budget variance, we are now looking at a budget deficit of approximately 39 FTE. This is being reviewed by nursing to determine what else can be done to get back on target.

We will continue to monitor this payroll variance. On the Non Payroll budget, early indicators show we may be on track for a shortfall of approximately $1 to $1.5 million. This projection is really the result of shortages we had last year that did not get a structural fix.

LHH also received notice of an increase in the MediCal SNF reimbursement rates. There is an approximate $10.88 increase per patient day for all Medi-Cal SNF patients. This projects out to approximately $3.5 million in increased revenue for LHH.

CENSUS REPORT

<table>
<thead>
<tr>
<th></th>
<th>Average for October 2006</th>
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</thead>
<tbody>
<tr>
<td>Beds Occupied</td>
<td>1034.10</td>
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<tr>
<td>Beds Held</td>
<td>5.71</td>
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<tr>
<td>Admits</td>
<td>1.32</td>
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<tr>
<td>Total Paid SNF</td>
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<tr>
<td>Total Acute Capacity (16)</td>
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<tr>
<td>M7 Acute Census</td>
<td>2.10</td>
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<tr>
<td>L4 Acute Census</td>
<td>1.81</td>
</tr>
<tr>
<td>Total Paid Beds</td>
<td>1045.04</td>
</tr>
</tbody>
</table>
STAFFING REPORT

The Hospital Staff Vacancy rate reported for November 2006 is 9.71%. This month, it is down from October’s report of 10.81%. Some of our Requisitions have just been released from the Mayor or Controller’s office although many may not be until our payroll variance is brought under control. This is not helping us in our efforts to stay compliant with state licensing. We will keep you informed.

REGULATORY REPORT

DHS
On October 23, 2006 through October 26; Arlene Jech, HFEN, was on-site to conduct many of the self-reported complaint investigations that we had submitted in prior months.

On November 2nd, 2006, we received a Form 2567 Statement of Deficiencies and Plan of Correction form for a self-complaint investigation that we had reported on October 19, 2006. The Form 2567 indicated that the facility failed to demonstrate compliance with Title 22 Section 72527 (a) pertaining to Patient’s Rights “To be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care of personal needs.”

On the same day, we received a Notice of Intent to Issue a Citation and Notice to Correct a Violation from Jean Solis, HFEN, on a self-reported incident from May 2006. No further update has been received on this case since issuance of the Notice.

Additionally, on November 2, 2006, we received a letter from DHS with the results of complaint investigations that were completed on October 23, 2006 and October 24, 2006. The complaints were in regard to resident rights and quality of care treatment. After completing their investigations, DHS determined that they could not substantiate any violations of the regulations. DHS enclosed a Statement of Deficiencies and Plan of Correction (CMS 2567) indicating that no deficiencies were found during their investigation of 12 self-reported complaint investigations.

On November 7th, 2006 we received a letter from DHS with the results of complaint investigations that were completed on October 26, 2006. The complaints were in regard to resident neglect, rights and quality of care treatment and infection control. After completing their investigations, DHS determined that they could not substantiate any violations of the regulations. DHS enclosed a Statement of Deficiencies and Plan of Correction (CMS 2567) indicating that no deficiencies were found during their investigation of 9 self-reported complaint investigations.

There continues to be many outstanding cases that have not been investigated by DHS for the year 2006. Furthermore, DHS has not responded to our request to provide us with resident names for almost 200 DHS case numbers for which we have received determinations of unsubstantiated complaints. However, it is clear that from July to October 2006, of the 65 self-reported incidents, DHS has only investigated 15 of those cases. Based on our log of self-reports, we estimate that there may still be as many as 125 self-reported cases that have not been investigated by DHS for the year 2006.

DOJ
Last month, Protection and Advocacy, Inc. filed a federal complaint, Chambers, et. al v. City and County of San Francisco, Case No. C06-06346, which is essentially a portion of the Davis case that had been dismissed, related to community capacity for discharge of LHH residents. Shortly after the filing of the complaint, the US Department of Justice renewed communications with the City
Attorney’s Office expressing a desire to revisit LHH to investigate what changes had been made since their last site visit in February 2005 and proposing settlement of issues they perceived as outstanding with a remedial agreement.

**PATIENT FLOW**

**WAITING LIST**
LHH had an average waiting list of 28 people during the month of October 2006. Attached is a list of the sources of the waiting list *(Attachment B).*

**BOS QUARTERLY REPORT**

**TCM**
The TCM report for October is deferred as the data is being transitioned into a newer version of software. Each month, LHH also reviews the number of discharges:

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laguna Honda Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>9</td>
</tr>
<tr>
<td>Respite</td>
<td>2</td>
</tr>
<tr>
<td>Targeted Case Management</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
</tr>
</tbody>
</table>

**TRANSITION STEERING COMMITTEE**

Next due, January 2007.

**Public Comment**
- Patrick Monette-Shaw stated that the October LHH-JCC minutes contains a comment by Commissioner Chow, noting LHH could be an asset during an emergency by providing surge capacity for hospitals across the City, including SFGH. In 2004, Long-Term Care Ombudsman Benson Nadell noted during a Board of Supervisors Hearing that since 1992, San Francisco lost 300 skilled nursing (SNF) beds accepting Medi-Cal clients, due to nursing home closures. Recently, San Francisco Community Convalescent Hospital — a 120-bed SNF predominantly serving women in their mid-70’s — sent notices to its residents that it’s closing. They can’t laterally transfer to LHH’s SNF due to Medi-Cal rules, and will likely all be shipped to out-of-county facilities. Combined with the 420 beds at LHH that won’t be built, that’s a loss of 540 SNF beds under your watch. An unknown number of additional private SNF beds may close in coming years, providing good reason to build the West Tower: Surge capacity.

**Commissioners’ Comments**
- Commissioner Chow stated that it has been an honor working with this committee and that he commends the staff on such achievements as the advancement of the strategic plan.
- Commissioner Chow asked if the 4.4 million deficit number was the goal. John Kanaley stated that this was not the goal but the projection. Valerie Inouye stated that the amount over budget has been trending down. She also stated that when the year started there was a varying amount of over budget costs and that as the year has gone forward, they were able to lower this number. Valerie Inouye also added that there has been an increase in reimbursement rates.
• Commissioner Chow asked when the LHH budget will be submitted. Mr. Kanaley responded that the LHH budget would be completed by the end of the December.

4) **LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**

John Thomas, LHH Replacement Program Manager, presented the LHH Replacement Project Update.

**Link Building**
A temporary roof is being installed which will allow us to work inside the building. The wall framing and Mechanical, Electrical and Plumbing (MEP) rough-in activities are continuing throughout the building. The ground floor concrete slab will be placed before Christmas. The swimming pools walls have been placed.

**Knuckle Building**
The metal decking has been installed and the concrete slabs will poured after Thanksgiving.

**South Residence Building**
Mechanical, Electrical and Plumbing and the wall layout continues to be placed. Scaffolding will be erected on the perimeter of the building in order to begin construction of the exterior walls. A temporary wrapping will be applied to the exterior of the scaffolding to protect the building during the winter months.

**East Residence Building**
Concrete slab placement has begun will continue the end of the year. This will be followed closely by the Mechanical, Electrical and Plumbing trades.

**New Hospital Site Improvements**
The new Tree Allee (ADA pathway) that will lead to the Link Building’s front entrance is taking shape. The Liquidamber trees have arrived and real landscaping has begun! We look forward to seeing our new front yard this spring.

**Existing Hospital Remodel**
Preliminary work is planned to begin in February 2007 at two staircase locations. Once this has been completed, the contractor will be able to begin work in H wing which is anticipated to begin in June, 2007.

**Hospital Staff**
Weekly coordination meetings continue with hospital operations staff to coordinate or mitigate any possible impact from the construction project.

**Public Comment**
- Patrick Monette-Shaw noted Mr. Kanaley’s Budget Report in the October 23 minutes of the LHH-JCC meeting indicated a current trend of increased admissions to LHH of non-ambulatory individuals with complex and chronic medical (CMRC) illnesses. He stated his public records request revealed three floors, containing 180 CMRC beds, will not be built if the West Residential tower is scrapped. He stated that he urged the Commissioner’s to impress upon Mayor Gavin Newsom and Supervisor Sean Elsbernd the critical need for the CMRC beds, including disaster planning and surge capacity, and that the Mayor should not delay the decision regarding the West Tower until after the mayoral election simply for political purposes. He added that when a disaster
happens in San Francisco, the lack of planning to build the 420 West Tower beds will be perceived as far more of a political embarrassment to the City than the potential loss of the SF 49’ers stadium.

Commissioners’ Comments

• Commissioner Chow asked Mr. Thomas to comment on where the replacement project is in regards to the schedule. Mr. Thomas stated that they are two months behind schedule and that they have been unable to make up for the previous delays. Commissioner Chow asked how this would affect the cost. Mr. Thomas responded that there is some potential staffing costs associated with the delay, but the contract bid is already set. Commissioner Chow asked John Kanaley if this affects potential operational plans, and if he is monitoring the fiscal side of the project. Mr. Kanaley responded that they adjust their plans to the projected schedule and that there are several fiscal oversight bodies including the bond committee, Dr. Katz and the controller. Commissioner Chow requested that they meet over this issue in December, and discuss the different types of monitoring of the project.

• Commissioner Sanchez stated that he wanted to make sure they are doing their due diligence regarding quality of the project and the oversight.

5) OPERATIONS REPORT

Gayling Gee, R.N., Associate Administrator of Support Services, presented the Operations Report.

GOLDEN GUARDIAN-CITYWIDE DISASTER DRILL

Laguna Honda Hospital participated in the November 15th state-wide Golden Guardian disaster drill sponsored by the California Emergency Medical Services Authority and the California Office of Homeland Security. The Emergency Preparedness Subcommittee of the LHH Safety Committee was responsible for the overall coordination of the drill. In reviewing our last disaster drill in April 2006, the Subcommittee determined that effective internal and external communication would be a primary focus of the November drill. In preparation for the drill, Steve La Plante, from the DPH Emergency Medical Services (EMS) Agency, came to an Emergency Preparedness Subcommittee and reviewed the use of the 800 MHz radios, emphasizing that these are used primarily for external communication with the DPH Command Center. Cheryl Austin reviewed the use of Nextel radios, emphasizing that these are primarily used for internal communication within LHH. Scenarios and disaster report forms were prepared by the interdisciplinary Subcommittee for activation during the drill.

The Disaster Drill began at 5:25AM. The AM Nursing Supervisors responded to DPH notification of a 7.9 earthquake in the Bay Area by promptly opening an Incident Command Center in the 5th floor Nursing Office. Charge Nurses conducted their Nursing units assessments and Facilities Services initiated their rounds of the buildings and grounds. By 6:00 AM, Operations staff, led by Cheryl Austin, transitioned the Command Center to Room B102, fully activating the Command Center. Nursing, Operations, Medicine, Facilities Services, Nutritional Services, Materials Management, Pharmacy, Human Resources and Security actively participated in this drill. Communication was improved by more effective use of radios and Nextel phones and a better understanding of the roles each person assumed during the drill. The Incident Commander, Operations Chief, Planning Chief and Logistics Chief were effective in determining surge capacity potential by identifying vacant bed capacity and potential triage areas and managing related supply needs. Facilities Services was effective in responding to initial damage to the building and on going problems related to damaged areas. The drill concluded at 10:30 am, and Command Center participants did an immediate de-briefing of the drill.
The Emergency Preparedness Subcommittee will do a more complete assessment of this drill at its December meeting and will use its findings to provide the focus for planning the April 2007 disaster drill.

DEPARTMENT OF EDUCATION & TRAINING

What 3 Emergencies must all LHH staff be prepared for? Heart attack (one occurs every 20 seconds), Stroke (one occurs every 45 seconds) and Choking (a leading cause of pneumonia leading to death in nursing homes). DET provided hospital-wide live and computer-based training on staff response to Cardiopulmonary Emergencies the week of November 6-9. This annual course was revised to reflect new American Heart Association guidelines for 2006.

Hospital–Wide Orientation:

The Oz Principles of alignment around organizational goals, above the line interactions, and personal accountability have begun to be incorporated into Hospital–Wide orientation. This effort was a direct result of DET’s participation in the October 17th LHH leadership training on Oz Principles. The content was well-received by LHH orientees and will be expanded upon for January 2007’s new employee orientation.

More Oz:

DET has taken the initiative to interject the Oz Principles into various training programs hospital-wide by:

- participating in facilitation of the strategic planning retreat with a focus on Oz Principles
- drafting a training proposal delineating plans for disseminating Oz Principles hospital-wide

The proposal includes a poster series, computer-based training, live training for line staff, and follow-up training for leadership staff.

Training Compliance:

One of DET’s 2007 focuses will be the rate of compliance to mandatory hospital-wide courses, such as Compliance, Infection Control, Fire and Life Safety. To that end, DET has drafted a training compliance attachment to each employee’s performance appraisal to help managers track whether or not employees have been compliant with the many mandatory training requirements throughout the year. The form was forwarded to Human Resources for review and will be presented to LHH Leadership Forum for comment.

HealthStream:

In December, DET will begin the rollout of HealthStream computerized learning system to the licensed nurses at LHH. Licensed nursing staff will be able to complete many of the mandatory and regulatory classes on-line and on the unit. This will reduce staff time away from resident care areas to attend instructor-led classes. Nursing Leadership has already been taught how to complete classes and how to track on-line the progress of their staff.

INFECTION CONTROL

Monthly Surveillance:

No outbreaks have been reported for the months October/November. To date, there has been one case of Influenza type A reported from unit O-4. The resident was placed in a private room and appropriate respiratory precautions were taken.
Sharp Injury Log Update:
No sharps injuries have been reported to DPH OSH Clinic for the months of October/November.

Influenza Vaccination Program:
To date, LHH has immunized 789 employees/volunteers/students. The LHH staff vaccination program is still ongoing, utilizing the "Mobile Vaccination Cart" and Medical Clinic staff to offer immunization at various times and places at LHH.
Resident immunization has begun, and the number of residents who receive vaccine will be reported at the next JCC meeting.

NUTRITION SERVICES
On November 15th, the San Francisco Sustainable Food Workgroup met. Members of this group include staff from the Mayor’s Office, DPH Health Policy, LHH, SFGH, Youth Guidance Center, Office of Contract Administration, San Francisco Food Systems and SF Department of the Environment. Many issues were discussed, including the definition of "sustainable food", finding sources for sustainable foods, policy issues regarding purchase of sustainable foods, farmer's markets, priority of locally-grown foods and/or food from small and/or organic farms.
Fresh produce seems to be the easiest sustainable food to add to menus, and many vendors will have product available shortly. Hormone-free milk is already being used within the DPH. Beef, pork and chicken that contain antibiotics seem to be the most difficult items to deal with, due to the current way these animals are raised and farmed.

The Work Group will continue meeting quarterly, again in February. The Work Group plans to discuss several action items, including access by small farms to City buyers. Steve KoneffKlatt, Assistant Administrator, is already actively working with Nutrition Service vendors to bring sustainable products to LHH. Novation has undertaken many activities in support of sustainable foods, and US Foods will add organic fruits and vegetables to its product line beginning January 1st. Laguna Honda's role in the project will contribute to the success of the City-wide program.

MATERIALS MANAGEMENT
Professional Hospital Supply (PHS) has been selected as our new Novation Acute Medical/Surgical Distribution provider. PHS has been our secondary distributor over the past few years and has excelled in meeting our needs. The Novation Distribution agreement is a commitment of 5 years. An extensive evaluation process led by Russell Nakai, Director of Materials Management, culminated in the selection of a vendor who will best assist us in our journey to a "Just in Time" inventory and supply process and in our transition to the new facility. The transition process from our current vendor to PHS has begun with an anticipated completion date of January 30, 2007. This prime vendor change will be seamless and invisible to most.

Commissioners’ Comments

- Commissioner Chow asked if there was any reason to combine efforts with SFGH to purchase materials. John Kanaley stated that Novation Distribution leverages on behalf of hospitals nationwide, so there would be no fiscal advantage to partnering with SFGH.
- Commissioner Chow commented that the scenario sounded very self-contained. Gayling Gee responded that there were 22 locked facility patients that were trying to be transferred to LHH. John Kanaley also added several other facilities that were trying to transfer patients as part of the drill. Gayling Gee added that some other concerns for emergency scenarios include housing
and feeding staff and that she thought they could maintain independently for about 48 hours. She also suggested that LHH do a zip code count to see where staff lives and who would be available during an emergency.

- Commissioner Chow commented that LHH is isolated in the area as the only hospital. He asked if there had been planning for people who came to LHH for emergency care. Gayling Gee responded that they expect the walking wounded to come to LHH for care and that they have drilled this scenario. John Kanaley added that during the drill they tried to figure out exactly how many patients they could take, including transfers from other facilities and the walking wounded. He also noticed during the drill that other facilities were looking to LHH to take patients with behavior health concerns and not for patients who need low-level acute care.

6) **CLINICAL CARE REPORT**

Hosea Thomas, M.D. Mivic Hirose, Nursing Director and David Wood, Pharm.D., presented the Clinical Care Report.

Collaboration with Stanford Geriatric Education Center

Over the past year we have engaged in a collaborative effort with Stanford Geriatric Education Center (SGEC) to explore:

1) Do Unit 04 resident’s perceive that they are cared for or treated differently based on their race/ethnicity?, and
2) Do African American residents perceive that the care they receive on Unit O4 is culturally sensitive?

The theory for this work is based on literature and film work interviewing African American’s in clinical settings to ascertain their perception of the relationship of culture to care delivery. One of our staff, Dr September Williams, has done extensive film work in this area and worked with this collaborative group to design the project.

A team of research assistants provided by the SGEC utilized a focus group methodology for data collection. A total of 27 residents participated in the focus groups interviews. The interview participants included a population that is: culturally diverse (Caucasian, African American, Asian), both female and male, and ranged in age from thirty to sixty years old. The focus group interviews have been completed and the data is currently being analyzed.

Visitors from Korea

On Saturday, November 11, a group from Korea visited Laguna Honda. There were 33 Korean men and women and one translator. They stated that they were corporate heads and health care workers, who learned of Laguna Honda while they were in Korea.

They had flown 12 hours, and when they arrived in San Francisco, they boarded a bus and came to Laguna Honda Hospital! They were very interested to learn about LHH, the population served, admission requirements, healthcare needs and funding. The tour included visits to Simon auditorium, the Chapel, Moran Hall, past the kitchen, into one of the Asian Focus units and then Clarendon Hall. In Clarendon Hall, Activity Therapist John Chan, informed the Koreans about some of the activities in which the residents participate.

Poetry by LHH Residents

Sharon Pretti, a Licensed Clinical Social Worker in the Social Services Department has led a weekly Poetry Class for residents of Laguna Honda since 1996. She has been a committed advocate to the notion that when nursing home residents are given the opportunity for creative expression, be
it poetry, painting, photography, something important happens. A resident is seen as more of a whole person who brings a lifetime of rich experiences to every interaction. Writing poems helps to break the stereotypes of what people are capable of while living in a nursing home. Words that are beautiful, honest and surprising flow from the pens of the poets of the Laguna Honda Poetry Class. Participants are given the tools and encouragement they need to write about the joys, challenges, memories and wisdom they have gained over the course of a lifetime. To celebrate the 10th anniversary of the LHH Poetry Group, please enjoy their latest edition of “Kaleidocope.”

**Nursing Recruitment and Orientation**

We are happy to report that LHH continues to be able to recruit nursing staff. For the month of November, we are pleased to announce that the following complement of nursing staff have completed orientation: five registered nurses, two licensed vocational nurses, and fifteen as needed certified nursing assistants. Acknowledgements go to our Nursing Recruiter, Margarita Polishchuk and Orientation Coordinator, Elizabeth Saiz for their hard work and effort in recruiting and preparing our new nursing staff for work at LHH.

**Commissioners’ Comments**

- Commissioner Sanchez stated that the Buck Foundation may be a good place to seek out funding for geriatric education.
- Commissioner Chow asked how the response has been towards the new employee orientation. John Kanaley responded that the evaluations have been positive and that suggested improvements have been targeted at specific sections.

7) **PUBLIC COMMENT**

None.

8) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

**Action Taken:** The Committee voted to hold a closed session.

The Committee went into closed session at 11:03 a.m. Present in closed session were Commissioner Chow, Commissioner Sanchez, Evonne Arita, Executive Assistant, Gayling Gee, Associate Administrator of Clinical and Support Services, Regina Gomez, Interim Director, Quality Management, Mivic Hirose, Director of Nursing, Valerie Inouye, CHN CFO, John Kanaley, LHH Executive Administrator, Adrianne Tong, Deputy City Attorney, David Woods, Pharm. D., Director of Pharmacy, Rebekah Varela, and Michele Seaton Health Commission Executive Secretary.
C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

FOR DISCUSSION: CONSIDERATION OF QUALITY IMPROVEMENT REPORT
(Quality Improvement Staff)

D) Reconvene in Open Session

The Committee reconvened in open session at 11:44 a.m.

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 voted not to disclose any discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 11:45 a.m.

_____________________________________
Rebekah R Varela
Acting Executive Secretary to the Health Commission

*Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

**Minutes are approved at the next meeting of the Laguna Honda Hospital Joint Conference Committee.