1) **CALL TO ORDER**
Present: Commissioner Edward A. Chow M.D., President
Commissioner David B. Singer, Vice President
Commissioner Cecilia Chung Commissioner
Commissioner Judith Karshmer, Ph.D, PMHCNS-BC
Commissioner David Pating, M.D.
Commissioner Belle Taylor-McGhee (Arrived at 4:27pm)

Excused: Commissioner David J. Sanchez Jr., Ph.D.

The meeting was called to order at 4:09pm.

2) **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 21, 2015**

   **Action Taken:** The Health Commission unanimously approved the minutes of the April 21, 2015 Health Commission meeting.

3) Barbara Garcia, Director of Health, gave the report. The full report can be viewed at: [http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp](http://www.sfdph.org/dph/comupg/aboutdph/insideDept/dirRpts/default.asp)

**Hummingbird Place – Peer Respite Now Open**

Mayor Lee and Director Garcia were the first to visit Hummingbird Place, a Peer Psychiatric Respite, when it opened its doors on April 20, 2015. Located at 887 Potrero, Hummingbird Place will provide respite to clients in need of a safe space to rest and consider healthy options. Staffed by Peers and CNAs, clients can come and engage in onsite activities, talk to Peers or just relax. The program is designed to work with individuals who are not quite ready to engage in treatment or are in need of a safe space to go to instead of seeking out urgent/emergent care. This respite will function as a daytime, closed referral center.

Mayor Lee and Director Barbara Garcia co-sponsor the CARES Task Force, a 21-member advisory body charged with developing a range of policy and programmatic recommendations designed to serve those residents with the most challenging symptoms. A year after the Task Force was established, state funding was approved to
support bringing a new service to San Francisco – Hummingbird Place – which provides a secure and safe environment within the community for those that need support staving off a crisis. After it has been up and running for a period of time, DPH will run an evaluation to quantify success, and bolster arguments to get more state and federal funding to expand these services elsewhere in the City.

Be sure to hold your patients’ Protected Health Information (PHI) as precious as you hold their well-being. High-profile health care data breaches are on the rise and expected to increase with the use of new technologies employed by criminals. The need to reduce the ways that patient data can be compromised is greater than ever.

It is SFDPH policy to comply with state and federal laws governing the protection and confidentiality of PHI in any form, including paper. PHI should only be used, accessed, or disclosed in accordance with the DPH policies. Be mindful to never take printed material containing PHI out of the worksite without a specific business need or without prior authorization. If you must transport PHI, ensure the documents are secure and with you at all times. Doing your part as a health provider can go a long way to protecting patients even after they have been cared for within our Network.

Staff should notify their program supervisor and their Privacy Officer immediately of any suspected breach of patient privacy. Notices, inquiries, concerns, or questions about Privacy may be directed to the Office of Compliance and Privacy Affairs’s toll-free hotline number at 1-855-729-6040, or directly to the following individuals:

- Maria X Martinez - Chief Integrity Officer, Director, Office of Compliance and Privacy Affairs, 415-554-2877
- Jill LeCount - Privacy Officer, Laguna Honda Hospital 415-759-4500
- Maggie Rykowski - Privacy Officer, SFGH Campus 415-206-4294
- (CBOs) - Please notify your program’s Privacy Officer
- (Human Service Agency) Dan Kelly - Privacy Officer, 415-557-5871

Homeless Prenatal Program Annual Gala
This year’s Homeless Prenatal Program’s (HPP) Annual gala will celebrate the rich history of the Mission District, while underscoring the Homeless Prenatal Program’s mission to break the cycle of childhood poverty. With the theme: Our House, Our Mission, this year’s event will present curated collaborations with local artists. Exhibitions will showcase portraits of HPP clients by Janet Delaney, whose photographs are currently showing at the deYoung Museum; an unveiling of new work by Ivan Lopez, owner of Artillery Apparel Gallery; and limited edition screenprints by Marsha Shaw, manager of Mission Grafica.

Being honored at the gala will be long-time supporter and community advocate, Dr. Daniel Wlodarczyk, attending Physician at San Francisco General Hospital & South East Health Center. Former Medical Director of Healthcare for the Homeless. Dr. Dan has played an integral role in promoting public health in San Francisco. His humility and unwavering commitment to the city’s most vulnerable citizens is an inspiration to be celebrated by the community he has helped create.

Joseph Pace Receives Jan Bailowitz Award
Congratulations to Joseph Pace on being chosen as the 2015 recipient of the Jane Bailowitz, MD Award! The Medicine Service established this award in 2010 to recognize a volunteer faculty for his/her outstanding contributions and assistance to the Medical Service at SFGH. This is a tremendous and very well-deserved honor. Joseph is recognized for his inspiring, incredible work with students and residents and for his mastery of the art of primary care.

Thank you for your significant contributions to the Medical Services and to San Francisco General Hospital. We appreciate all you do for your patients, the communities we serve, your staff, and the learners who gain so
much from their time with you. The 2015 SFGH Medicine Faculty Awards will be presented on Tuesday, May 19, at 1 pm in Carr Auditorium following Medicine Grand Rounds.

Commissioner Comments/Follow-Up:
Commissioner Chow asked for more information on the Hummingbird Place program. Director Garcia stated that the program uses a peer model and provides a day program; funding comes from the Mental Health Services Act. Commissioner Chow requested an update on the program when evaluation data is available.

4) GENERAL PUBLIC COMMENT
There was no public comment.

5) FINANCE AND PLANNING COMMITTEE
Commissioner Chung, Committee chair, stated that the Committee reviewed the May 2015 Contracts Report and recommended that the full Health Commission approve the report. She also noted that during the “Emerging Issues” item, the Committee heard that the SFDPH electronic medical record system timeline may change. This topic will be an item on the June 2, 2015 Finance and Planning Committee agenda.

6) CONSENT CALENDAR

Action Taken: The following was unanimously approved by the Health Commission:
• MAY 2015 CONTRACTS REPORT

7) RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO RECOMMEND TO THE SAN FRANCISCO BOARD OF SUPERVISORS TO ACCEPT AND EXPEND RETROACTIVELY A GIFT OF $400,000.00 AND ANOTHER GIFT OF $100,000.00 FROM DR. MILKA ROLS
Mivic Hirose, LHH Executive Administrator, presented the resolution.

Commissioner Comments/Follow-Up:
Commissioner Singer congratulated Laguna Honda Hospital for the gift. He asked for clarification on why the request is to expend the gift retroactively. Chia Yu Ma, LHH Deputy Finance Officer, stated that the check was received several weeks ago; CCSF accounting practices require that the check be deposited immediately in the LHH Gift Fund checking account. However, because of the amount of the gift, approval by the Health Commission and Board of Supervisors is required prior to expending the funds.

Commissioner Chow extended the Health Commission’s gratitude to Dr. Rols for the generous gift and invited her to a future Health Commission meeting to thank her.

Action Taken: The Health Commission unanimously approved the resolution. (See Attachment)

8) PROPOSITION Q HEARING: CLOSURE OF SKILLED NURSING FACILITYBEDS AT ST. MARY’S MEDICAL CENTER
Sneha Patil, SFDPH Policy and Planning Health Planner, and Abbie Yant, Dignity Health Vice President Mission Advocacy and Community Health, gave the presentations.

Commissioner Comments/Follow-Up:
Commissioner Chow asked for information regarding the availability of community skilled nursing facilities (SNFs). Ms. Yant stated that there are 17 SNFs in San Francisco. She added that St. Mary’s will likely discharge its patients to these facilities or to the patients’ homes.

Commissioner Pating thanked Ms. Patil and Director Garcia for the SFDPH presentation; he also thanked Ms. Cheung and Ms. Yant for the St. Mary’s Medical Center (St. Mary’s) presentation. He asked why St. Mary’s SNF
has a census of 7 when their SNF is licensed for 32 beds. Ms. Cheung stated that St. Mary’s hospitalists began following patients transferred to community SNFs which reduced the need for a higher census at St. Mary’s.

Commissioner Pating asked if St. Mary’s beds are only for short-term stays and whether ventilator support is a service offered. Ms. Yant stated that the St. Mary’s SNF beds are used only for short stays with an average of 12.6 days; she added that no ventilator support is included in the SNF services.

Commissioner Pating asked if there are benefits of a hospital-based SNF compared to a community SNF. Ms. Cheung stated that a hospital SNF has a higher staff-to-patient ratio; a hospital SNF is therefore more expensive to run.

Commissioner Pating stated that he is unsure if he agrees with the SFDPH recommendation that the closure of the St. Mary’s SNF will be detrimental to health care services in San Francisco. He noted that the SNF has only 7 patients and a low average length of stay.

Commissioner Pating asked Ms. Cheung if St. Mary’s is committed to helping the San Francisco community solve the issues related to planning services for an aging population. Ms. Yant stated that all the hospitals in San Francisco are interested in solving this issue. She also stated that she sits on the Long Term Care Coordinating Council and understands that no entity is currently taking leadership of the city-wide planning process for skilled nursing services. She added that she is unsure if Baby Boomers will want to be placed in institutions and therefore the current array of SNFs in San Francisco may not meet the future needs of its aging population.

Commissioner Singer stated that there is a nation-wide effort to more effectively and efficiently provide post-acute care; he noted that only 5% of SNF beds in the United States are in acute settings. He asked for clarity on the trend in San Francisco for SNF beds. Director Garcia stated that she is happy that St. Mary’s has taken steps to begin to manage patients effectively in lower levels of care with its use of hospitalists in community SNFs.

Commissioner Singer stated that San Francisco needs to ensure that people who need post-acute services are provided the highest quality and lowest cost options. He noted that hospital-based SNFs are the highest costing SNF beds. The Health Commission does not want to slow down the transition of an unnecessarily high-cost service to a lower costing services if there is no change in quality of services provided to the patients. He also stated that he does not think the St. Mary’s SNF closure will be detrimental to the health care services in San Francisco. Ms. Patil stated that as hospital-based short-term SNF beds close, this may impact the availability of long-term SNF beds for which there is already a long wait list in San Francisco and the Bay area.

Commissioner Chow asked if the SFDPH has data to show the number of short-term SNF beds in San Francisco. He noted that there is a considerable difference between hospital short-term and long-term SNF beds. Ms. Patil stated that she will look into whether this data is available.

Commissioner Chow encouraged the Health Commission to focus its discussion on the short-term impact of the closure of St. Mary’s 7 SNF beds on the San Francisco post-acute care spectrum.

Commissioner Karshmer suggested that the discussion should not focus on beds but instead the range of short-term and long-term skilled nursing care needs. She encouraged creativity when the planning process begins for this city-wide initiative.

Commissioner Chung stated that the Health Commission appreciates the two presentations and added that the Commission wants to do all it can to reduce the risk of re-admittance to hospitals. She asked if the SFDPH has re-admittance data for SNF patients in San Francisco. Ms. Patil stated that data shows that ¼ of community SNF patients are re-admitted to hospitals.
Commissioner Chung asked if SNF placement outside of San Francisco for San Francisco residents is common due to lack of local SNF beds. Ms. Yeant stated that placing SNF patients outside the county is not ideal for many reasons including transportation to medical providers and distance from patients’ families.

Commissioner Chung stated that cultural competency is important to address at community SNFs; she added that members of the transgender communities have communicated with her that stays in community SNFs have been uncomfortable due to lack of sensitivity. She also stated that San Francisco needs to look more closely at what the Baby Boomers will want in terms of skilled nursing care. She requested that this be a future topic at a Health Commission meeting.

Commissioner Pating suggested that the draft resolution be revised so that the first “Resolved” statement indicated that the closure would not have a detrimental impact on the short-term health care services in the community. He added that language could also be added to indicate that the collective loss of skilled nursing services should be addressed now through a planning process to include the SFDPH, hospitals, Long Term Care Coordinating Council, and the Department of Aging.

Commissioner Pating stated that future Proposition presentations to the Health Commission should break out short-term and long-term needs.

Commissioner Chow stated that the City Attorney’s office will have to be consulted in regard to the suggestion to add language to the Health Commission’s determination.

Commissioner Chow suggested that language should be added to the “Whereas” section of the resolution indicating that a community planning effort for post-acute care is needed. He also requested that a “Whereas” be added indicating that St. Mary’s has already begun activities to effectively transition patients to the community through its use of hospitalists in community SNFs.

Commissioner Chow suggested that the language of Proposition Q be reviewed to ascertain if it can be made more relevant and effective.

Director Garcia thanked the Health Commissioners for their creativity in working with the Proposition Q language constraints. She encouraged Dignity Health to continue to work with the SFDPH to assist in planning for post-acute services in San Francisco.


Mark Primeau, SFDPH Capital Projects and Kevin Beauchamp, UCSF Director of Physical Planning, presented the resolution.

**Commissioner Comments/Follow-Up:**
Commissioner Singer asked if a helicopter landing pad could be added to the roof of the building to enable helicopters to bring trauma patients to SFGH. Mr. Primeau stated that it may be possible but added that he is unsure that UCSF would be open to adding this feature to a research building. He also stated that neighborhood groups opposed the idea to add a helicopter landing area to existing SFGH buildings in the past. Director Garcia stated that the SFDPH will approach UCSF with the idea.
Commissioner Singer stated that it is important to appropriately appreciate the importance of UCSF research conducted on the SFGH campus for many years. Director Garcia added that the UCSF research projects are key to recruiting the top physicians at SFGH.

**Action Taken:** The Health Commission unanimously approved the resolution.

10) **SFDPH BUDGET FY 15-17 PROPOSAL**
Greg Wagner, SFDPH CFO, gave the presentation.

**Commissioner Comments/Follow-Up:**
Commissioner Chung if there is a distinction between the abbreviations EMR and EHR. Mr. Kim stated that both refer to an integrated electronic health record system; he noted that in the future the SFDPH will use the abbreviation EHR.

Commissioner Singer congratulated the SFDPH for its incredible finance performance and requested that further guidance be provided to the Health Commission at a later time regarding the Health Commission’s responsibilities regarding oversight of the SFDPH budget.

Commissioner Singer asked for information regarding the revenue risks related to the SFDPH General Fund budget. Mr. Wagner stated that $200M Disproportionate Share Hospital (DSH) community pool funds come through the 1115 Waiver. Two possible outcomes related to the Waiver are that the SFDPH could have a reduced level of funding due to more hospitals participating; the other is the ability to retain San Francisco Health Network patients which impact maintenance of capitated revenue. Mr. Wagner also noted that the SFDPH budget is reliant on the General Fund which is impacted by changes in the economy. He added that the SFDPH continues to prepare for economic shifts.

Commissioner Pating congratulated the SFDPH for finding $42M of savings within the existing budget to devote to the SFDPH EHR system.

Commissioner Pating asked for more information regarding the projection of increased Mental Health expenditures in FY16-17. Mr. Wagner stated this increase is due to restoration of planned reductions to community programs that have adopted in prior budgets; as these funds are restored, it may seem like the budget items are increasing but it is actually an avoidance of cuts. Mr. Wagner also noted that there are additional funds coming through the Mental Health Services Act to the SFDPH.

Commissioner Pating asked for clarity on the expansion of the Population Health Division (PHD) budget. Mr. Wagner stated that in addition to new positions to strengthen the infrastructure of PHD, the EHR project and the Business Intelligence Unit are housed within PHD.

Commissioner Taylor-McGhee asked how the SFDPH primary care clinics will be impacted in the two-year budget. Mr. Wagner stated that during the past two years, the SFDPH focused on increasing staffing for the health centers to accommodate the anticipated increase in patients due to the Affordable Care Act implementation. Last year’s budget included an initiative to open a new primary care site; because this initiative did not move forward, the budget has been reduced for this year. Additional reductions in the primary care budget are due to the length of time it takes to hire staff; the proposed budget reflects the cost of a realistic hiring plan.

Commissioner Chung asked where SFDPH housing programs fit into the proposed budget. Mr. Wagner stated that the SFDPH housing programs are organized under the Population Health Division budget.
Commissioner Chung asked how San Francisco rent increases are impacting the cost of SFDPH housing programs. Director Garcia stated that the SFDPH owns or has master leases with most of the buildings that contain its housing programs. She added that SFDPH master leases are 5 years with an option for a 5 year extension. She also stated that the SFDPH will be exploring housing program options for the aging population.

Mr. Wagner stated that the SFDPH has been working with the Mayor’s and Controllers’ Offices on a multiyear budget strategy to fund the EHR program. They have agreed to allow the SFDPH to budget an additional $25M over what was initially anticipated. This will enable to SFDPH to capture revenues for the EHR project.

Commissioner Chow thanked Mr. Wagner and Director Garcia for their work with the Mayor’s office and the Board of Supervisors on the SFDPH budget process; he gave special thanks for their successful efforts to fully fund the SFGH Rebuild project.

Director Garcia recognized SFDPH managers whose efforts have greatly contributed to the successful planning for the SFDPH budget.

**Action Taken:** The Health Commission unanimously approved the FY 15-17 SFDPH Budget.

11) **OTHER BUSINESS**
This item was not discussed.

12) **JOINT CONFERENCE COMMITTEE REPORTS**
Commissioner Chow, SFGH JCC Chair, stated that at the April 28, 2015 meeting, the Committee:
reviewed the following open session items:
   a. The Quality Management and Regulatory Affairs Reports
   b. Hospital Administrator’s Report
   c. Patient Care Services Report
   d. SFGH Hiring and Vacancy report
The Committee also discussed the following reports:
   e. SFGH Rebuild Project and Transition activities
   f. Lean/Management System Update
   g. San Francisco Behavioral Health Center Update
As part of its review of the Medical Staff Report, the Committee approved:
   h. The Revised Anesthesia Privilege List
   i. Emergency Medicine Service Rules and Regulations
   j. Opthalmology Service Rules and Regulations
In closed session, the Committee approved:
   k. The Credentials Report
   l. PIPS Minutes

13) **COMMITTEE AGENDA SETTING**
This item was not discussed.

14) **ADJOURNMENT**
The meeting was adjourned at 6:20pm.
RESOLUTION AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO RECOMMEND TO THE BOARD OF SUPERVISOR TO ACCEPT AND EXPEND RETROACTIVELY A GIFT OF $400,000.00 AND ANOTHER GIFT OF $100,000.00 FROM DR. MILKA ROLS.

WHEREAS, Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) is part of the San Francisco Health Network operated by the Department of Public Health, a safety net and community hospital, with a mission to provide high quality, culturally competent long term care and rehabilitation services to the diverse population of San Francisco;

WHEREAS, Dr. Milka Rols worked at Laguna Honda from 1980 to 1996 as a staff physician, observing - first hand - the special needs of patients at end-of-life care and the dedication of hospital staff;

WHEREAS, Dr. Milka Rols has donated two gifts to Laguna Honda totaling five-hundred thousand dollars ($500,000.00): a gift in the amount of four-hundred thousand dollars ($400,000.00) to be distributed to the Resident Gift Fund for the benefit of all hospital patients at the end-of-life/hospice care, and another gift in the amount of one-hundred thousand dollars ($100,000.00) to be distributed to the Employee Development Fund for quality improvement, education, and training;

WHEREAS, the Laguna Honda Resident Gift Fund is used to benefit hospital patients, including providing comfort and support for all hospital patients who are at end-of-life care; and

WHEREAS, the Laguna Honda Employee Development Fund is used to provide for the training and development of hospital employees, including staff quality improvement, education, and training; therefore be it

RESOLVED, that the Health Commission recommends that the Board of Supervisor accept and expend retroactively both gifts of cash in accordance with the intent of Dr. Milka Rols – a gift in the value of up to $400,000.00 donated to Laguna Honda Resident Gift Fund for all end-of-life/hospice patients and another gift in the value of up to $100,000.00 donated to the Laguna Honda Employee Development Fund for the quality improvement, education, and training of hospital staff; and be it

FURTHER RESOLVED, That the donations will be accepted and expended consistent with San Francisco Administrative Code Sections governing the acceptance of gifts to the City and County of San Francisco, including San Francisco Administrative Code Sections 10.100-305 and 10.100-201.

I hereby certify that the San Francisco Health Commission at its meeting on May 5, 2015, adopted the foregoing resolution.

Mark Morewitz, MSW
Health Commission Executive Secretary