

**MINUTES  
OF THE  
HEALTH COMMISSION MEETING**

**Tuesday, April 22, 1997  
3:00 p.m.  
at  
101 Grove Street, Room #300  
San Francisco, CA 94102**

**1) CALL TO ORDER**

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:05 p.m.

Present: Commissioner Debra A. Barnes  
Commissioner Edward A. Chow, M.D.  
Commissioner Roma P. Guy, M.S.W.  
Commissioner Lee Ann Monfredini  
Commissioner Harrison Parker, Sr., D.D.S.  
Commissioner David J. Sanchez, Jr., Ph.D.

Absent: Commissioner Ron Hill

On behalf of the Commission, President Chow presented a special Certificate of Appreciation to Dr. Doriane Miller, who has been with the Department for 9 years.

Dr. Miller, who has served as the Medical Director of the Maxine Hall Health Center for the past three years, has accepted an offer to become a Vice President of the Robert Wood Johnson Foundation. Dr. Miller's association with the Foundation began with their sponsorship of "Grandparents Who Care," a program Dr. Miller helped found when she was a physician at Southeast Health Center. Since that time, Dr. Miller has dedicated her considerable talents to establishing the Maxine Hall Health Center as a vital community resource in the Western Addition. She also has been a member of the Oakland Interfaith Gospel Choir as a soprano.

**2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF APRIL 8, 1997**

Action Taken: The Commission unanimously adopted the minutes of April 8, 1997.

- 3) **DIRECTOR'S REPORT** (Provides information on activities and operations of the Dept.)  
(Sandra R. Hernández, M.D., Director of Health)

### **CENTRAL ADMINISTRATION**

#### **Emergency Preparedness Evacuation Drill**

Occupants of the 101 Grove and 50 Ivy Street complex completed their first unannounced emergency preparedness evacuation drill on April 17, 1997. This was an important step in emergency preparedness for the facility as key response personnel were purposely unavailable to assume critical roles (e.g., medical team leader, command aide, check in leader). Occupants were compelled to rely on their resourcefulness and creativity in organizing a response. This was also the second time the Tom Waddell Center staff evacuated with their clients.

During the drill debriefing, participants expressed frustration and concern about what was a less orderly drill than in the past. Despite the loss in resources, the critical drill objective of accounting for occupants was still achieved in approximately 18 minutes, as compared to 16 minutes in our last drill (October 1996). A complete drill analysis is in progress.

Many occupants assumed new roles allowing them to further develop their expertise as part of the response team. This unannounced drill underscored the need to: re-evaluate our preparedness, implement more frequent unannounced drills, and instill in building occupants a sense of individual ownership and accountability for involvement in future drills.

### **COMMUNITY HEALTH NETWORK**

#### **Denise Rodgers, M.D., Resigned**

It is with sadness that I report Dr. Denise Rodgers resignation effective June 30, 1997. Denise has served SFGH in numerous capacities, including: Attending at Southeast Health Center, Family Health Center Medical Director, Director of Family Practice Residency Program, Senior Attending of 4A-SNF Unit, Attending at MHRF, Chief of Service for Family Practice and SFGH Chief of Staff.

Dr. Rodgers has assumed the position of Associate Dean for Community Health at the Robert Wood Johnson Medical School in New Brunswick, New Jersey. I am sure you join me in wishing her well in her new endeavors!

#### **SFGH Volunteer Recognition Luncheon**

The SFGH Volunteers annual Volunteer Recognition Luncheon will be held May 31, 1997, at Gabbiano's Restaurant, 1 Ferry Plaza, San Francisco. This event is held to honor volunteers, and to recognize their contributions to San Francisco General Hospital. We cordially invite Health Commissioners to attend.

#### **Diversion Statistics - April 1 through 20, 1997**

The Critical Care diverted for 14.7% or 66 hours and 20 minutes. The Emergency Department diverted for 2.2% or 10 hours and 32 minutes.

#### **Violence Prevention Task Force**

The Violence Prevention Task Force (VPTF) is participating in the second annual Walk for Peace scheduled May 17, 1997. VPTF membership includes Community Health Network representatives and Mission District community based organizations. Gigi Gregory, Castro-Mission Health Center, and Greg Johnson, SFGH, are coordinating CHN participation in the health fair portion of the event. They are working with Ethel Newlin from the Community Peace Initiative who is organizing this new addition to the Peace Walk. It is anticipated that the CHN will have a strong presence at the fair with exhibits and information booths emphasizing health promotion, violence prevention and victim related services. Penny Mitchell, Director of Social Work, is spearheading the sign ups and sponsorships for the walk, the proceeds from which will be directed toward violence prevention and intervention activities.

#### National Nurses' Week

A reception honoring the nursing staff at San Francisco General in celebration of National Nurses Week will be held on Thursday, May 8 from 6-8 p.m. in the Hospital Cafeteria.

#### Third Annual Earthquake Fair

The SFGH Emergency Response Committee hosted the Third Annual Earthquake Fair April 7 for staff, visitors and patients. Over 300 people visited information booths sponsored by the Paramedic Division, Earthquake Outlet, SFGH Health and Safety, SPCA, PG&E and the Emergency Response Committee. The purpose of the 3-hour Fair was to better educate visitors and staff on earthquake preparedness at work and at home. Highlights of the Fair included: Typhoon, the SPCA's service dog who helped acquaint everyone to the important role of hearing dogs, PG&E's interactive gas turn-off station, make it yourself home disaster kits and free information kits on preparedness at home and work from SFGH and the American Red Cross.

#### Paramedic Division and SFFD Merger Update

With 70 days to go before the July 1 merger of the Paramedic Division with the Fire Department, implementation teams are orchestrating the final details for the transition of function. Teams composed of members of SFFD, the Paramedic Division and SFGH staff are working on:

- transferring the Paramedic Division's Administration and Education offices from the Plant Building to the SFFD's EMS Division Headquarters at the Presidio;
- combining SFFD's Communication Center with C-MED at the Plant Building;
- completing transition of the 97/98 fiscal year budget;
- moving personnel files to SFFD Headquarters;
- continuing negotiations with Locals 790 and 798;
- selecting the leadership team for the new EMS Division;
- collaborating with SFGH on the development of EMS quality and risk management plans;
- completing inventory systems for medical supplies, equipment and pharmaceuticals;
- bio-medical engineering agreements; and
- clinical site coordination for SFFD's new Paramedic Academy.

Yesterday the Board of Supervisors on first reading, unanimously approved the merger and the transition supplemental budget. Final action will be taken April 28. Announcements are currently pending on the selection of the EMS Chief.

### Long Term Care Pilot Project Task Force

The Long-Term Care Pilot Project Task Force held its kick-off meeting April 18, 1997. The Task Force will develop a comprehensive long-term care plan that stresses community-based alternatives to institutionalization for elderly and disabled adults. This plan will provide the basis for San Francisco's application to participate in the State's Long-Term Care Integration Pilot Program.

The State has already selected Tulare and San Bernardino Counties to participate in the pilot. Under Assembly Bill 1040 the California Department of Health Services is allowed to administer the Long-Term Care Integration Pilot Program in five counties.

### Community Health Network (CHN) Job Fair

To promote internal recruitment of candidates to fill CHN executive level management positions the Community Health Network is inviting DPH employees to attend a Job Fair April 23, 1997 from 10:00 am to 12:00 noon at 101 Grove Street, Room 300. Members of the CHN Leadership Team will be on hand to provide job descriptions and answer questions regarding the twelve positions which include the following: Director of Patient Care Services, Director of Planning and Marketing, Chief Financial Officer, Director of the Office of Integrated Care, CHN Medical Director, Medical Director of Patient Care Services, Specialty Care Administrator, Emergency Care Administrator, Acute Care Administrator, Director of Quality Management, Home Care Administrator, and Marketing Analyst. All interested and qualified employees are encouraged to attend and to submit their resumes. Resumes will also be accepted at any other times prior to the closing date of any position through DPH Human Resources Services.

## **PUBLIC HEALTH**

### Eddy Street Apartments

Progress Foundation hosted the Eddy Street Apartments grand opening ceremonies April 10, 1997. The development, funded by U.S. Department of Housing and Urban Development, the San Francisco Redevelopment Agency and Progress Foundation provides 21 permanent affordable housing units for people with mental disabilities including family units with children.

Residents of Eddy Street Apartments will have the option of participating in support services provided by Progress Foundation under contract with the San Francisco Division of Mental Health.

### Dolores Hotel HUD Announcement of Renewal

The Division of Mental Health Services Conard House, Dolores Hotel grant was renewed for another year by HUD. This transitional supportive housing program for seriously mentally ill has been in operation for over five years and continues to provide up to two years of stabilized housing for DMS clients in a supportive living environment.

### Drs. Katz and Gerberding Publish in *New England Journal of Medicine*

Congratulations to Dr. Mitch Katz, Director of the AIDS Office, and Dr. Julie Gerberding, Director, Epidemiology and Prevention Intervention Center at SFGH, for co-authoring an article on HIV Postexposure Treatment in the April issue of the *New England Journal of Medicine*. As leading AIDS experts, these two physicians are recommending HIV Postexposure treatment of persons exposed to HIV through sexual contact or injection drug use, in the case of isolated high risk exposures. In making their recommendations, the authors also raised several concerns about postexposure prophylaxis. Specifically,

that the perceived availability of treatment will result in some people increasing their high-risk activities. Treatment is recommended only in the context of a comprehensive prevention program that includes counseling, skill-building in use of condoms, negotiation with partners about condom use and substance treatment. The Department maintains a policy on postexposure that seeks to bring persons at high-risk for HIV into care and connects them with ongoing prevention programs, even if postexposure prophylaxis itself is ineffective.

#### Emergency Medical Services - Hospital Diversion Report

I wanted to share in some detail with you, results of the EMS Agency's recently completed 1996 Hospital Diversion Annual Summary Report. Diversion is a process by which Receiving Hospitals can quickly stop ambulances from bringing additional patients to their Emergency Departments when they have reached their total patient capacity either in their Critical Care Units (Critical Care Diversion) and/or their Emergency Departments (Total Diversion). Hospitals use this process as a "breather" while they regroup their resources and achieve disposition of their current in-house patients. "Diversion Suspension" is a process of canceling diversion status for the EMS system. Diversion Suspension occurs when five or more hospitals are simultaneously on diversion. When so many hospitals are on diversion, 911 ambulances cannot expeditiously transport critically ill patients to definitive care. Also, ambulances cannot be freed up quickly enough to answer other 911 calls. The EMS Agency staff member on call attempts to resolve the problem by contacting the involved hospitals and suspending diversion for the system until the situation improves.

During 1996, we saw several new system highs for both diversion activity and diversion suspension. Critical Care Diversion averaged 5.53% in 1996, a slight increase from the five previous years' average of 4.18 % per year. However there was a sharp increase during the month of December to 14.7% from the five previous years' December average of 8.52%, and this resulted in 23 hours and 30 minutes of Critical Care Diversion Suspension. Total Diversion was also up to 1.8% from the five previous years' average of 1.42%, with an increase in December to 3.6%. During the December suspensions, the most frequently cited reason for staying on critical care diversion was a shortage of critical care nurses. The critical care nursing shortage was attributed to in-house staffing shortages, holiday staffing patterns, sick calls, adverse weather conditions and the general unavailability of nursing registry staff to cover in-house staffing shortages. Other reasons cited for both types of diversion were the unavailability of ICU and ward beds due to: in-patient and Emergency Department census over capacity; the closure of facility ICU beds; the need to hold open ICU beds for potential in-house critically ill, or scheduled surgeries.

The EMS Agency has been actively addressing the issue of diversion with the hospitals. The EMSA has presented the issue to the Hospital Council. In response to the Hospital Diversion Annual Summary Report, many hospitals have reviewed and revised their internal diversion standards and plans. The EMS Agency's Receiving Hospital Liaison (RHL) Committee discussed this issue at their last meeting and formed an Ad Hoc Task Force to further investigate the diversion issue and develop a proposed solution.

#### Compressed Natural Gas (CNG) Vehicles

The City's Purchasing Department/Central Shops purchased a fleet of Compressed Natural Gas vehicles and has asked a number of City Departments to test the cars during the next year for efficiencies and to track repair cost. The Bureau of Environmental Health Management met the necessary criteria required by

Purchasing and will be testing one vehicle. There will be three refueling sites in the City, the car must be refueled every 60 miles. The test vehicles are 1997 Ford Contours.

#### Illegal Sale of Turtles

The Bureau of Environmental Health responded to a complaint that two-inch turtles were being sold in a retail store in San Francisco. This is in violation of the California Health and Safety Code which requires turtles be a minimum of 4 inches in diameter to limit the exposure to salmonella inherent in this species.

The field investigation revealed one and two-inch turtles were being sold. The Inspector immediately embargoed approximately 40 turtles at the site and issued a notice to discontinue future sales of this illegal product. Arrangements were then made with the Department of Animal Care and Control to receive the turtles. The Inspector transported the turtles to DACC who made arrangements for the turtles to be given to an entity that would provide proper care.

#### Chinese Language Training in Lead-Based Paint Abatement

The Childhood Lead Prevention Program and City College of San Francisco made history last month by presenting the nation's first 40-hour Chinese language lead abatement certification class. David Lo, Community Health Outreach Worker, was a co-instructor of the class. The training, sponsored by the Lead Hazard Reduction Primary Prevention Program of the Mayor's Office of Housing, educated construction and maintenance workers on the risks of working with lead-based paint and safe rehabilitation of lead-based paint surfaces. Nineteen construction and maintenance workers successfully completed the training.

#### Employee Awarded Safe City Award

Arturo deLeon, LHH Industrial Hygienist, was presented the Safe City Award by Mayor Brown April 17. The Mayor recognized Mr. deLeon's work in reducing hazardous waste and establishing training curriculum. This is the second time Mr. deLeon has been honored with the Safe City Award. I know the Commission joins me on behalf of the Department in offering Mr. deLeon our congratulations.

March statistics for the Department are available in the Commission Office.

#### **4) CONSIDERATION OF A RESOLUTION APPROVING MANAGED CARE OUTPATIENT CONSOLIDATION IN MENTAL HEALTH**

Jo Ruffin, Deputy Director for Mental Health Services; Nancy Presson, Associate Director for Managed Care; and Louise Rogers, Planner, presented the Phase II Implementation Plan for the S.F. Mental Health Plan, (Attachment A).

Public Speakers: Speakers requested a delay in submitting the Implementation Plan.  
Jennifer Freidenbach, Coalition on Homelessness  
Steve Leoni, consumer advocate

Ms. Ruffin recommended to move forward with the October start date; but the Division will continue to receive input from the community into the Plan. She also agreed that access to services has to be expanded and that more mental health funding is needed for the indigent.

Action Taken: The Commission unanimously adopted Resolution #13-97, "Authorizing the Department of Public Health, Division of Mental Health, to Assume Responsibility for Medi-Cal Authorization and Payment of the state/Local Match for all Medically Necessary Mental Health Services for San Francisco Medi-Cal Beneficiaries," (Attachment B).

5) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

6) **DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11(A) AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:**

Pursuant to Government Code Section 54956.8, Conference with Real Property Negotiators.

Properties: St. Luke's Hospital and Ralph K. Davies Medical Center.

Persons Negotiating: Representatives from St. Luke's Hospital and Ralph K. Davies Medical Center.

Under Negotiation: Price \_\_\_ Terms of Payment \_\_\_ Both X

Action Taken: The Commission unanimously voted to conduct a closed session on this item pursuant to Brown Act Section 54956.8 and Sunshine Ordinance Section 67.11.

Discussion and vote pursuant to Brown Act Section 54957.1 and Sunshine Ordinance Section 67.14 on whether to disclose discussions held in closed session.

Action Taken: The Commission unanimously finds that it is in the best interest of the public not to discuss its closed session deliberations.

The meeting was adjourned at 5:10 p.m.

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Sandy Ouye Mori  
Executive Secretary to  
the Health Commission

Attachments (2)