

Lee Ann Monfredini
President

David J. Sánchez, Jr., Ph.D.
Vice President

Edward A. Chow, M.D.
Commissioner

Catherine Dodd, R.N., Ph.Dc
Commissioner

Roma P. Guy, M.S.W.
Commissioner

James M. Illig
Commissioner

Markus Watson, D.D.S.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, February 13, 2007

At

3:00 p.m.

1001 Potrero Avenue

Carr Auditorium

San Francisco, CA 94102

1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:22 p.m.

Present: Lee Ann Monfredini, President
David J. Sanchez, Jr., Ph.D., Vice President
Edward A. Chow, M.D.
Catherine Dodd, R.N., Ph.D.c
Roma P. Guy, M.S.W.
James M. Illig
Markus Watson, D.D.S

Commissioner Monfredini introduced and welcomed two new Health Commissioners, Catherine Dodd, RN, PhDc and Markus Watson, DDS. She requested that the new Commissioners introduce themselves to the public.

Commissioner Dodd stated that it is wonderful to be here, particularly working with Dr. Chow, in that she was an aide to Supervisor Walker when they wrote the bill that created the Commission. She added that she has a fair amount of understanding of the City and County as she worked at SFGH as a UCSF employee directing the Women's Health Center. She also worked for Supervisor Shelley, wrote the lead paint law, worked at Kaiser as the Community Benefits Director, and was appointed to President Clinton's administration when they took up the LHH lawsuit. She comes directly from being the Chief of Staff to now Speaker Nancy Pelosi and is a full time graduate student at UCSF in the Sociology Doctoral program.

Commissioner Watson stated that he appreciated the opportunity to serve on the Health Commission. He stated that he was a Dentist as well as serving as the Health Director of a neighborhood health center.

Commissioner Monfredini also announced the following Joint Commission Committee (JCC) assignments:

Laguna Honda Hospital JCC:

Commissioner Chow, Chair
Commissioner Sanchez

San Francisco General Hospital JCC:

Commissioner Monfredini, Chair
Commissioner Chow

Community Health Network JCC:

Commissioner Illig, Chair
Commissioner Dodd

Population Health and Prevention JCC:

Commissioner Guy, Chair
Commissioner Watson

Budget Committee:

Commissioner Sanchez, Chair
Commissioner Chow
Commissioner Watson

San Francisco Health Authority:

Commissioner Dodd

San Francisco General Hospital Foundation:

Commissioner Sanchez

IHHS Board of Directors:

Commissioner Illig

2) **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 30, 2007**

Action Taken: The minutes were approved without change.

3) **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Watson attended the Budget Committee meeting.

Items for Discussion and Approval

3.1 CHN-Facilities – Request for approval of a new perpetual software license agreement and five year software maintenance agreement with McKesson Information Solutions, LLC, in the amount of \$1,953,161, which includes a 12% contingency, to provide for an upgrade from the existing MATKON inventory control system to the McKesson Pathways Material Management system, for the period of March 1, 2007 through June 30, 2012 (5.5 years).

* Contract summary, Project phases

Commissioner Comment:

- Commissioner Chow asked if this was a replacement of the MATKON product. Kathy Jeung stated that this was and that the MATKON product was outdated. She added that SFGH is one of the only facilities in the nation still using it.
- Commissioner Chow asked if Ms. Jeung has identified funding for the next fiscal year to pay for the contract. Ms. Jeung stated that they had. She added that McKesson provided a significant discount with this contract; equal to almost \$800,000, and that the maintenance cost was built into their operational budget.
- Commissioner Sanchez stated that we need to look at the technological infrastructure of our facilities and evaluate if these systems truly contribute to the value of patient care. He added that if so, he would like to see the data that supports this.
- Commissioner Dodd asked if the City could go in the direction of allowing non-profit partners to contract with us for pharmaceuticals so that they would have some negotiation powers. She also asked when the 90 day clock starts clicking. Dr. Katz stated that he would follow up with Sharon Kotabe to get an answer to that question. Gene O'Connell stated she would also follow up.

3.2 PHP-CHSS - TB Control – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of \$4,949,683, which includes a 12% contingency, to provide operational services of the Francis J. Curry Regional Training and Medical Consultation Center, targeting health care providers, allied health professionals, social service providers, TB and other related training providers, funders interested in TB, and related health concerns throughout the United States, for the period of January 1, 2007 through December 31, 2009 (3.0 years).

* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment:

- Commissioner Chow asked if the CDC was funding this on an annual basis. Dr. Masae Kawamura stated that they are funding this every 5 years. Commissioner Chow asked to confirm that funding was locked in for the next 5 years. Dr. Kawamura confirmed that it was.
- Commissioner Sanchez stated that he knew Dr. Frances Curry and that this is a flagship program and that he looks forward to continuing to see the work that comes out of this center.
- Commissioner Illig asked why the funds are being administered by SFDPH and not UCSF. Dr. Katz stated that the contract presented today only showed what part of the funds were going to UCSF and did not reflect what part of the funds SFDPH was to keep. He added that traditionally NIH funded University's and CDC funded localities.

3.3 DPH-Central Admin – Update on contracting issues.

*Update memo

Public Comment

-Judith Stevenson, Chair of Contract Reform Committee, Human Services Network, came to comment on the process. She stated that the Human Services Network and the Department agree on most of the problems, and how significantly they impact contractors. She added that DPH has shown good will and intent to fix them. As always, the proof is in the pudding, and that there are many items that are still in progress and these will not be demonstrated until the next contract cycle. She also stated that coming to the Commission in March, June and September will be helpful and that she is looking forward to positive results.

-Debbie Lerman stated that she would like to echo Judith's encouraging words and that they appreciate the hard work that DPH has been going through for the last few months. She stated that they have requested that Supervisor Maxwell (original author of the legislation) go ahead and schedule a BOS hearing. Ms. Lerman added that in terms of the survey, there are issues that will come out of that, and that she hopes these issues are followed up on. She added that they would continue to work on the Citywide Contracting Taskforce Review Appellate Panel. She also wanted to encourage the training of Managers and Directors.

Commissioner Comment

- Commissioner Sanchez stated that this process gave an opportunity for everyone to hear where everyone else is coming from. He added that hearing that everyone agrees on the problems is a big accomplishment and that this came out of collaboration. He stated this is an excellent step and he thanked everyone for working on this.
- Commissioner Chow thanked Anne Okubo for the report and stated that the schedule will help keep everyone on target. He also thanked Commissioners Monfredini and Sanchez for their work on this. Commissioner Chow added that he and Commissioner Guy met with the Cultural Competency workgroup to help identify what contractors need to do to identify those issues that are most important.
- Commissioner Dodd asked when we could expect the results of the contract survey. Anne Okubo stated that she would come back to the Commission with the results of the qualitative report in one month. Commissioner Guy added that she felt the whole commission should be apprised of the results. Commissioner Sanchez and Chow stated that this is scheduled to be reported to the whole Commission through the Budget Committee in March and that this is in keeping with the request from Commissioner Dodd.

3.4 DPH-Central Admin – Request for approval of Sole Source designation for Health, Behavioral Health and Support Services provided by non-profit contractors.

* Request memo, List of Providers

Commissioner Comment:

- Commissioner Chow asked how often we put contracts out for bid. He stated that he understands the use of multi-year contracts for good performance and better administration. Anne Okubo stated that it is required by the ordinance to re-bid every 10 years, and that DPH re-bids more often than the charter requirement.
- Commissioner Chow stated that this was an extensive list. He asked if there were other providers than on the list. Ms. Okubo stated that there was, and that essentially most contractors fell into this category. Commissioner Chow asked what happened to new contractors. Ms. Okubo stated that they would bring these new contracts for sole source designation once a year. She added that she would add this to the memo.
- Commissioner Watson asked if the amounts could be listed. Ms. Okubo stated that the amounts change, and that the list is specific to the service not the amount.
- Commissioner Sanchez asked to confirm that this would come to the Commission once a year pertaining to the identification of what would be sole source. Gregg Sass responded that if one were to continue to renew a contract, such as a public works contract, over a long period of time without competitive bidding, it would not be a good policy. In our situation, contractors are more limited and have specific capabilities and we do not get an outpouring of interest in these bids. Mr. Sass added that as we bring these contracts to the Commission each time, the public hearing gives the opportunity to any provider who feels they have been disadvantaged in the bidding process.

- Commissioner Chow stated that the list should show what the contract is for and a title would be helpful. Anne Okubo stated that they could do this, but the list would get really long, and that they would be repeating the contractors over and over.
- Commissioner Illig stated that he understands why we are doing this, but that he is uncomfortable with these contracts not coming back before the Commission before FY 09/10. Secondly, the list of sole source designation seems to list all of the contractors and that it looks bad. He suggested that if there is no immediate need to pass the contracts this week, that Ms. Okubo come back next week with another presentation containing more information. Ms. Okubo responded that she could do that, and that if this didn't pass they would have to RFP every year.
- Commission Monfredini responded that she agreed with Commissioner Illig.
- Commissioner Illig also requested that he receive a list of RFP schedules.
- Commission Guy requested a description of our current process.
- Commissioner Illig stated that what he would like to see is a break out of what services contractors provide, showing how they provide services across the divisions.
- Commissioner Chow stated that as we create the framework to get to the goal of multi-year contracts, in building that document it becomes policy. He stated that while this would happen on an annual basis, we need to work out how to tie it to the services we are really talking about and not just broadly saying "Behavioral Services". He added that we may know what services are exempted, but it is not clear to anyone else. In addition, he requested to see what the normal course per division for asking for re-bid. Commissioner Dodd associated herself with Commissioner Chow's remarks.
- Commissioner Watson asked if he could see a list of all contractors. Commissioner Monfredini asked Anne Okubo to get these lists to Commissioner Watson and Dodd.

3.7 BHS – Request for approval of a retroactive contract renewal with the Regents of the University of California Center on Deafness, in the amount of \$509,593, to provide mental health and substance abuse outpatient services, for the period of July 1, 2006 through June 30, 2007 (1 year).

* Contract summary, Monitoring report summaries, Plan of Correction, Client demographic information form

Commissioner Comment:

- Commissioner Chow asked what portion of the clients the 10 clients represent. Edwin Batongbacal stated that this was a very small part of the contract and that the overall contract was for mental health. Nancy Mosher stated that the 10 clients were for classroom services. Commissioner Chow asked to confirm that there were several programs included in this program. Ms. Mosher confirmed that there were.
- Commissioner Chow asked to confirm that there were two different programs. Ms. Mosher confirmed that there was. Commissioner Chow also asked how many clients were served in substance abuse programs. Mr. Batongbacal stated that there were 21 clients served for about \$3000 per client. He added that for deaf and hard of hearing clients the group model did not work.

3.8 BHS – Request for site approval of Haight Ashbury Free Clinic new "13th Street Drop In Center" Program to be located at 211 13th Street, San Francisco, California 94103.

* Request memo

Commissioner Comment:

- Commissioner Chow asked if this was replacing the McMillan drop-in center. Barbara Garcia stated that it is and that Supervisor Daly asked DPH to reconsider closing the center and look to move it instead. Ms. Garcia stated that they have done this as they had to use the old site for medical respite.
- Commissioner Chow and Commissioner Sanchez asked why they did not receive minutes. Mr. Ellsberg stated that he can get the minutes and that three people came to the meeting and they did not have a problem with the move.
- Commissioner Sanchez stated that there are several services by the old site. Mr. Eckstrom stated that the new site is near the Tenderloin and close to those clients who would utilize the services.
- Commissioner Chow stated that in usual process, the Commission would receive the public notices and minutes of the community meeting. He stated that this is the preferred way to handle a site move.
- Commissioner Illig stated that he would like to ask HAFCI to bring to the Commission a notice of the community meeting, minutes from the meeting and a map showing where the center is moving from and where they are moving to.
- Commissioner Monfredini stated that HAFCI has been doing business with DPH for a long time and asked that they not repeat this omission of material again.

Items for Approval

3.5 BHS-Community Programs – Request for approval of a resolution authorizing the Department of Public Health to retroactively accept a gift of Buprenorphine medication from Reckitt Benckiser Pharmaceuticals, with an estimated monetary value of up to \$300,000, to expand Opiate Replacement Therapy services in San Francisco, for the period of January 1, 2007 through December 31, 2009.

* Request memo, Resolution

3.6 BHS – Request for approval of a retroactive contract renewal with Continuum HIV Day Services dba Tenderloin Health, in the amount of \$164,640, which includes a 12% contingency, to provide adult mental health services targeting HIV positive adults of San Francisco, for the period of July 1, 2006 through December 31, 2007 (1.5 years).

* Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form

Action Taken: The Commission passed the consent calendar with the exception of item 3.4 which was held over to 2/20/2007.

4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

Welcome New Health Commissioners

Dr. Katz introduced Catherine Dodd, R.N., PHDc and Markus Watson, D.D.S., the two newest members of San Francisco's Health Commission. It has been a while since we had either a dentist or a nurse on the Commission. Both Ms. Dodd and Dr. Watson bring rich professional backgrounds and unique perspectives to the Commission. On behalf of the entire Department of Public Health, Dr. Katz extended his warmest welcome to Catherine and Markus.

Tobacco Free

POWER, a funded project of the Health Promotion and Prevention Unit, Tobacco Free Project, is spearheading a campaign calling on Congress to adopt picture-based health warning labels on cigarette packages in the United States. The project held a press conference today at City Hall and showcased Supervisor Daly's resolution before the Board of Supervisors to support graphic health warning labels on cigarettes. The event is titled, "Picture Based Warning Labels: Worth More than a Thousand Words".

Pedestrian Safety

A new public awareness campaign to address the dangers to pedestrians, especially seniors, the disabled and children, resulting from riding bicycles on the sidewalk is starting. A coalition effort led by Senior Action Network, with the Bicycle Coalition, Municipal Transportation Authority/Department of Parking and Traffic, and the Health Department's Community Education Section, the campaign is trying to remind bicycle riders that they are legally required to walk their bikes when on the sidewalk. A number of pedestrians have been very seriously injured in collisions, and many frail seniors are too frightened to walk. Riding on the sidewalk can also be very dangerous for bicyclists, because the sudden transition from sidewalk to street frequently results in riders being hit by motor vehicles. The initial plan is to put up placards in shop windows along popular routes. The signs say "Walk your bike on the sidewalk," cite the municipal code and show multiple users sharing the sidewalk.

Child Passenger Safety

The Department is beginning the second year of a citywide campaign to reduce child passenger injuries and fatalities among low-income and minority communities by raising the community's knowledge of child safety standards. The need for an awareness campaign is based on disturbing data from the trauma registry at SFGH, revealing that 100 % of children who suffered severe injuries from car crashes in 2004 were from minority communities. The main risk problems appear to be from children sitting in the front seat of cars and seatbelt use without car seats. The 2006 campaign will include billboards and targeted TV commercials, along with workshops, demonstrations and free car seat distribution and installation.

Coinciding with National Child Passenger Safety Awareness week, DPH's Child Passenger Safety Program and the CA Highway (CHP) Patrol are providing free car seat inspections on Thursday, Feb 15th from 11:30 -3:30 in the CHP parking lot at 455 8th St.

New Lead Brochure Distributed to Landlords

The Childhood Lead Prevention Program has published the illustrated 16-page *Lead Paint Hazards on Your Property: Quick Guide*, which will be mailed to 55,000 San Francisco rental property owners this week, February 14th-16th. The brochure will help property owners to identify lead paint hazards on their property; avoid complaints and lawsuits from tenants; get updated on lead laws; and learn about free and low-cost help available to reduce lead paint hazards. Many community and City agency stakeholders participated in pamphlet development. Environmental Health-Children's Environmental Health Promotion website will post the pamphlet so that the public can easily link to the many resources provided. Funding for the project was awarded by the State Department of Health Services to promote lead code enforcement. Karen Cohn and Joe Walseth, 554-8893, are the contacts for further information. (A copy is attached to the Director's Report.)

New Community Mental Health Educational Opportunity with CIIS

The California Institute of Integral Studies (CIIS), a university with a School of Graduate Psychology located at 10th and Mission, is in collaboration with the Department of Public Health to offer a new Masters in Counseling Psychology with a Community Mental Health focus beginning next Fall. CIIS President, Joseph Subbiondo, was a member of the Proposition 63 Task Force and was inspired to ensure that CIIS met the ongoing workforce needs of our mental health system of care as well as the needs of consumers. The CIIS staff has been working with DPH and local providers to identify both a curriculum focus and the needs of students. The goal of the new degree program is to increase the number of licensed mental health professionals who have a commitment to the public sector.

Appointment to Shelter Monitoring Committee

Henry Belton, a peer counselor to psychiatric patients at SFGH and a Project Homeless Connect volunteer and former client, was appointed by Mayor Gavin Newsom to San Francisco's Shelter Monitoring Committee last month. Mr. Belton has a strong rapport with the people that he serves because he has a deep understanding of their issues. Mr. Belton has experienced years of homelessness, alcoholism and drug addiction on the streets of San Francisco, yet through all of his challenges has progressed into a position of inspiration and advocacy for disadvantaged seniors and psychiatric patients in his community. A heartfelt thank you to Mr. Belton for the services he provides and congratulations on his appointment to the Shelter Monitoring Committee.

Gordon Lui, SFGH Pharmacist

Gordon Lui, staff pharmacist at San Francisco General Hospital, passed away suddenly and unexpectedly on January 30, 2007. He was 56 years old. Gordon joined the SFGH pharmacy staff in 1984 and functioned extraordinarily well in many roles including pharmacist-in-charge of the now closed outpatient satellite pharmacy. More recently, Gordon was the inpatient pharmacy IV additive service pharmacist where his responsibilities included the training and mentoring of newly hired pharmacy technicians and many young pharmacists. His co-workers and many friends at SFGH will miss Gordon deeply and send heartfelt condolences to his family.

**COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL
FEBRUARY 2007
Health Commission - Director of Health Report
(From 02/12/07 MEC)**

	02/07	07/06 to 02/07
New Appointments	10	145
Reinstatements	0	0
Reappointments	48	301
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	13	86
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0

Deceased	0	1
Changes in Privileges		
Additions	2	38
Voluntary Relinquishments	5	25
Proctorship Completed	17	64
Proctorship Extension	0	1

Current Statistics – as of 02/1/07		
Active Staff	500	
Courtesy Staff	578	
Affiliate Professionals (non-physicians)	209	
TOTAL MEMBERS	1,287	

Applications In Process	22	
Applications Withdrawn Month of February 2007	0	6 (07/06 to 02/07)
SFGH Reappointments in Process Mar 2007 to June 2007	158	

Commissioner's Comments

- Commissioner Guy stated that she wanted to congratulate CIIS for being able to work quickly on this. The President of CIIS stated that he hoped very much that city employees would take advantage of the new program.
- Commissioner Dodd asked if we would also be sending this to commercial property owners. Dr. Katz stated that he would check and let the Commission know.
- Commissioner Chow asked when the last time we saw the LHH appointment list. Dr. Katz stated that he would check and let the Commission know.
- Commissioner Chow asked if the lead pamphlet would be provided in Chinese and Spanish. Dr. Katz replied that these are usually the languages provided, but that he would confirm this.
- Commissioner Chow asked for a computer virus update. Dr. Katz stated that DPH has worked on prioritizing what areas need to be addressed first, such as LHH Admitting. He added that he would follow up with MIS regarding a timeline.

5) AWARDING OF CERTIFICATES OF APPRECIATION

Commissioner Monfredini presented certificates of appreciation with the following narrative:

Today we are honoring staff from both San Francisco General Hospital and the Tom Waddell Health Center for their outstanding care of Abdalla Megahed and their service to the San Francisco Community. Mr. Megahed approached the Department of Public Health with the request that we honor the following people for their contributions to both his personal health and that of others who have received the excellent care provided in our network:

Dr. John McGregor, Cardiologist, SFGH
Dr. Nora Goldschlager, Cardiologist, SFGH
James Eskridge, NP, Tom Waddell Health Center
Mary Mays, NP, Tom Waddell Health Center
Jacquelyn Foos, SFGH

Mr. Megahed has communicated his appreciation to the Commission for having such a caring place to turn to for medical care, despite his status as an immigrant. He has also told us of his desire to build a bridge of learning and tolerance between his home country, Egypt, and his caretakers at the San Francisco Department of Public Health. On behalf of the San Francisco Health Commission, and Mr. Megahed, we thank you for the work that you do and all you contribute to the health and well-being of all San Franciscans.

Public Comment:

-Mr. Abdalla Megahed thanked the Health Commission for making his wish of recognizing the staffs at SFGH and Tom Waddell Health Center come true. He thanked Dr. Katz for providing a place for him to receive care and Anne Kronenberg for her help as well. He also stated that he would like to have those caretakers join him for a trip to Egypt to see his home country.

6) HEALTH AT HOME UPDATE

Kathy Eng, Director of Health at Home, presented the Health at Home update.

Agency Overview

GOALS IN 2005-2006

- To strive toward increased efficiency of services through technology improvements
- To meet all compliance and regulatory standards of DHS and CMS
- To improve agency operations and meet budget objectives
- To increase access and enhance services to the chronically ill client population through the development of Targeted Case Management (TCM) and the Chronic Care PHN Program

ACCOMPLISHMENTS

Technology Improvements

- Beginning July 2005, Health at Home implemented its home care clinical point of care system, Encore (previously known as Novius).
- Forty field staff, managers, and team leaders were trained by Siemens/Delta to use a new clinical documentation system, utilizing laptop computers.
- Policies and procedures were put in place to handle changes in operations and changes that would impact future regulatory surveys and audits.
- Equipment replacement plan is focused on reducing the weight of notebooks in year 2, thereby addressing real and potential ergonomic injuries.
- During the most recent Home Health Agency Licensing Survey in August 2006, the new clinical system aided the agency in passing the survey. Data was easily retrievable and records and standardization of the location of information supported HAH in the documentation review phase of the survey.
- By year's end, June 30, 2006, the projected decrease in visit productivity of 10% returned to the former year' level.

Meeting Regulatory Standards

- Health at Home successfully passed its unannounced three and a-half-day survey from the Department of Health Services, State Licensing Division, on August 21-24, 2006. No “condition-level” citations were found. A plan of correction was submitted for four deficiencies cited during the medical records review, and accepted by the Licensing Office at the end of September 2006.
- OASIS (mandated home health data reporting) continues to be submitted to DHS on a timely basis.
- Patient Satisfaction Surveys are implemented at discharge and data is analyzed and followed up for CQI.

Improve Operations and Meet Budget Objectives

- In spite of increasing volume of Medi-Cal home health clients (resulting in decreased per visit reimbursement overall), HAH continues to provide cost-efficient services to Medicare clients, exceeding the budgeted revenue for these clients
- Despite a reduction in clients eligible for CARE Contract funding, HAH continues to successfully complete all process and outcome objectives of the CARE Contract.
- By standardizing documentation and improving billing procedures, HAH expects to increase billing revenue of TCM services.

Increase Access to Services by Chronically Ill Clients

- Developed Chronic Care PHN services
 1. Relocation and centralization of PHN staff and referral process at 635 Potrero Ave
 2. Centralization of Medical Records
 3. Standardization of Forms and charting to meet State regulations
 4. Centralized data collection, supported by new procedures and new software
 5. Improved billing practices
- Expanded targeted case management services provided by medical social-workers

Services

Home Health Agency

- Skilled Nursing
- Rehabilitation Therapy (Physical, Occupational, Speech Therapy)
- Medical Social Services
- Home Health Aide Services
- Enterostomal Nursing Care
- Palliative Care
- HIV Care

Continuing Care/Aftercare:

- MSW Individualized service plans
- Provide targeted case management on identified emotional/social problems needing intervention
- Link clients to community services and resources
- Coordinate services with community agencies to address clients’ emotional and social needs
- Assist clients in applying for entitlement programs (Medi-Cal, GA, SSI, nutrition programs)
- Bereavement services

Chronic Care PHN Program:

- Conduct comprehensive written nursing assessment and plan
- Provide targeted case management arising from original nursing assessment and on-going periodic review
- Assess health care utilization and relationship to primary care provider and health care specialists
- Link clients to community services and resources
- Provide periodic home visits to evaluate client progress
- Provide education on medical conditions, risk factor counseling, and medication management

	Home Health	PHN
Unduplicated Clients (UDC)	744	601
Total Visits	19,426	3,390
Average Monthly Admissions	64	36
Average LOS	67 days	258 days
Average Visits per Client	26.1	5.6
Discharges	609	359
Visits by Discipline	RN: 54% PT: 17% HHA: 13% OT/ST: 9% MSW: 6%	PHN: 100%
Visits by Payer Source	Medi-Cal: 40% MediCare: 33% Uninsured: 14% CARE Contract: 9% Managed Care: 4%	TCM: 55% Other: 45%
Clinical Staffing (FTE)	18.0 RNs 5.8 PTs 5.0 HHAs 2.6 OTs 3.4 MSW	12.0 PHNs

Due to three consecutive years of receiving Commendable / Exceeds Standards program ratings, Health at Home did not receive a site monitoring visit from HIV Health Services in FY05-06. The following findings, commendations, and recommendations are based on the Year End Report provided to HIV Health Services:

Findings and Commendations:

- The contractor is commended for successfully completing all process and outcome objectives.
- The contractor is commended for maintaining a thorough QA program.
- Having achieved and in some instances exceeded the projections for units of service delivered and unduplicated clients served.
- Developing and administering a simple and easy to follow survey tool and for providing a well written summary and analysis of the survey results. The contractor is also commended for the high level of service satisfaction expressed by clients.

Recommendations:

- None

A home health licensing recertification survey was conducted on Health at Home from August 21-24, 2006. The nurse surveyor from DHS made an unannounced visit to the agency to determine compliance with the State licensing regulations (Title 22) and Federal requirements (Medicare Conditions of Participation for Home Health Agencies). No condition-level issues were cited, and joint visits made by the surveyor with staff during home visits yielded positive comments.

All staff evaluations, competencies and licenses were current. All requested policies and procedures were in order. A review of a sample of fifteen medical records resulted in findings of deficiencies with four standards: 1) Visits did not match orders issued by a physician in 2 cases, 2) No evidence of a home safety plan was documented by the home health nurse in one case, 3) An RN supervisory visit every fourteen days to ensure the quality of home health aide visits was missing in one case, and 4) An initial assessment visit was not done by the nurse within 48 hours of referral in the final case.

The plan of correction was submitted in a timely manner and was accepted and approved by the surveyor within 24 hours of its receipt. Some citations were corrected immediately and others were handled in a short time frame. Education, training, and monitoring activities have been implemented.

The successful outcome of the survey is the result of compliance monitoring measures, quality management activities, and on-going diligence on the part of HAH staff and managers in practicing survey readiness. The electronic point of care system, Encore, proved to be an asset in supporting easy access to documentation, also contributing to the success.

Commissioner Comment:

- Commissioner Illig stated that he was heartened by the satisfaction report and that it should be played up more. He stated that next time he would like to see how HAH is coordinating with the Community Living Fund, IHHS and the Long Term Care Council and how HAH is integrating its services.
- Commissioner Chow asked why a diagnosis of HIV does not show up on the top 10 list. Staff responded that the State does not allow reporting HIV as a primary diagnosis. Kathy Eng added that 25% of the clients have a HIV diagnosis.
- Commissioner Chow asked why the levels of clients in Chinatown/NorthBeach were so low. Ms. Eng stated that one could assume that these clients are using other community resources. Commissioner Chow asked that Ms. Eng follow up on with the utilization of the Chinatown Public Health Center and other Chinatown/NorthBeach primary care providers.
- Commissioner Guy stated that before next year, the CHN JCC should follow up with the HAH issues regarding staffing and space issues. She encouraged Ms. Eng to get this topic on the JCC agenda.
- Commissioner Guy asked how the HAP would affect HAH. Ms. Eng stated that they hoped to see an increase in reimbursement.
- Commissioner Dodd congratulated Ms. Eng on the Patient Satisfaction Survey. She stated that the Board of Supervisors should hear about the Patient Satisfaction Survey and how HAH serves the neighborhoods.
- Commissioner Dodd asked if there were any PT schools in the area to provide a preceptor program. Ms. Eng replied that they have looked at this in the past and that they are considering moving towards this as an option.
- Commissioner Dodd stated that there were several Case Management items in the budget, and that she would like to hear about the consolidation of case management processes. Ms. Eng responded that under Anne Kronenberg and the Office of Policy and Planning, Alicia Neumann has been working on integrating the various case management processes.

7) **FY 07-08 BUDGET REPORT**

Gregg Sass, CFO, presented the fiscal year 07-08 budget report. See Attachment 1.

Public Comment

- Debbie Lerman here to express thanks for incorporating the cost of doing business into the inflationary amount. She stated that this is a great step forward in working with DPH. Ms. Lerman added that last year the real increase of the cost of doing business was around 6% or 7% and that the Human Services Network will be using the advocacy route to try to reach this level of compensation this year. She added that she was glad to see the term “cost of doing business” as opposed to “COLA”. She also thanked Commissioner Illig for his comments regarding fairness.

Commissioner Comment

- Commissioner Dodd stated that she assumed the CMS audit stated that we had too many medical errors, not that we needed another pharmacist. Gene O’Connell stated that this was a complex case and that it was both too many medical errors and the need for the increase of medication reconciliation.
- Commissioner Dodd asked if LHH and SFGH are automated with their medication processes. Gene O’Connell said they are not and that they need more pharmacists to make this happen. Commissioner Dodd added that the US Pharmaceutical Association has guidelines for both pharmacist staffing and recommended technologies.

- Commissioner Illig stated that he was concerned that he was not seeing the process that led to the decision to add numerous staff positions. He stated that every one of these added FTE's needs to be justified. Gregg Sass responded that to fill 1 24 hour FTE you have to add 7 positions. Commissioner Illig stated that what he doesn't see is the context for this decision. Mr. Sass responded that the initial request was larger than this and this is a modified ask. He added that they looked to technological solutions, but there were none as this represented a core clinical need.
- Commissioner Dodd stated that we need to look at looking to technological solutions to medication audits. She stated that her goal is to look to automate medications at LHH and SFGH. John Kanaley responded that LHH is undergoing the process to automate medications and is putting out an RFP for a medication management program.
- Commissioner Chow stated that his concern is reflected in what Mr. Sass was speaking about regarding the staffing up during survey times and that he wants to look at the increasing regulation regarding patient safety and adequate nurse staffing and that we are currently not staffing on budget by shorting in some areas. He stated that in the future he hopes to see that nurses will be able to provide more nursing time as a result of the return of more ancillary services.
- Commissioner Illig stated that in regards to the increase for contractors, it is not fair if you are receiving a grant, that you don't receive an increase. He added that it would probably double the amount allocated for the COLA, but that it is important that contractors are treated equally. Commissioner Illig also asked how much of the increase is for UCSF faculty. Mr. Sass responded that 1.9 of the 5.1 is for UCSF faculty. Commissioner Illig added that UCSF has union agreements that have to be funded as do the contractors. Mr. Sass responded that not everyone who is a contractor will be getting a COLA, particularly those who were competitively bid for their contracts.
- Commissioner Monfredini stated that she would like to see the Disaster Response funded.
- Commissioner Chow stated that he agreed with Commissioner Monfredini. He added that the Disaster Response section needs more information. He also added that these grants need to be prioritized. Dr. Katz responded that these grants were listed for transparency, and that they are not prioritized because that needs to be a process of discussion.
- Commissioner Dodd stated that the tough items were the earmarks and that we need to know how important those are. She added that she would like to see the Commission write a letter to the Gordon and Betty Moore Foundation on behalf of the nurse internship program. Commissioner Monfredini stated that Sue Currin was meeting with them.
- Commissioner Guy stated that she agrees with the direction that Dr. Katz is leading them in. She added that the Commission has one page versions of the rational behind the Disaster Response and that the Commission needs to follow up. In addition, she wanted to see the positive impact the nursing program has created already.
- Commissioner Illig stated that the structural and regulatory issues are not a given for him, and that he wants to see justifications and context for each of these items.
- Commissioner Watson wanted to know if any of the grants were creating revenues. Dr. Katz answered that those grants would be in the revenue neutral section.
- Commissioner Monfredini asked Dr. Katz to make his comments. Dr. Katz stated that he does not believe the budget will be done by the end of the week. He added that this is for the better, as it allows for more time to have public comment. In addition, he stated that this year's budget will be larger than last year, but that it will not be able to include structural increases, and all of the expired grants. He stated that the challenge is that looking at the structural piece; he doesn't see where one can take away.

- Commissioner Illig stated that he would like to see to a list of the Board of Supervisor's add-backs. Commissioner Dodd associated herself with Commissioner Illig's comments and stated that she would like to treat these as grants. Commissioner Chow added that add-backs allow more flexibility in the rest of the budget.

8) **PUBLIC COMMENT**

None.

9) **ADJOURNMENT**

The meeting was adjourned at 7:00 PM.

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.