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MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

March 10, 2015, 1:00 p.m.
Administration Building, Conference Room B102
375 Laguna Honda Boulevard
San Francisco, CA 94116-1411

1. CALL TO ORDER

Present: Commissioner Judith Karshmer, Ph.D., PMHCNS-BC, Chair
Commissioner David J. Sanchez, Jr., Ph.D., Member
Commissioner David Pating, M.D., Member

Staff: Mivic Hirose, Roland Pickens, Michael McShane MD, Wilmie Hathaway DO, Idy Chan, Chia Yu Ma, Christine Hanson, Debbie Tam, Michelle Fouts, Colleen Riley MD, Adrianne Tong, Lorretta Cecconi, Regina Gomez, Madonna Valencia, Janet Gillen

The meeting was called to order at 1:04pm.

2. APPROVAL OF MINUTES FOR MEETING OF FEBRUARY 24, 2015

Action Taken: The Committee voted unanimously to approve the minutes of the February 24, 2015 LHH JCC meeting.

3. GENERAL PUBLIC COMMENT:

Public Comment:
Dr. Derek Kerr presented and submitted the following written public comment:

Last year, Laguna Honda (LHH) cheered its leap from a 3-star Medicare rating to 4 - even 5 stars. In 2013 52% of US nursing homes boasted 4 or 5 stars. By 2014 80% were all-stars - including LHH. Call it star-inflation. Nobody mentioned that the ratings were based on unverified self-reported data.The 8/24/14 NY Times reported; "Medicare Star Ratings Allow

Nursing Homes to Game the System". Nobody mentioned Medicare's warning that; "The information should be interpreted cautiously" - and with data from Long-Term Care Ombudsmen and State Surveys. LHH should display Medicare's warning. At the July 2014 JCC-LHH meeting, a whopping 33% loss in linen inventory was reported. No explanation for this $130,000 loss. A 5-month investigation by the Controller's Whistleblower Program ensued. Today, Mivic Hirose announces there was a "miscount" and $49,000 worth of hospital linen was recovered.

4. ADMINISTRATOR'S REPORT

Mivic Hirose, Executive Administrator, gave the report.

Public Comment:

Dr. Derek Kerr presented and submitted the following written public comment:

Last year, 19.2% of LHH discharges went AWOL/AMA - a new high. One in 5 discharges - 64 patients - ran away. Did they even want to be at LHH? If so, why did they flee? Were they swept into LHH by the Flow Project? If they had Skilled-Nursing needs, what happened to them? Were they cognitively impaired and at risk of harm? Commissioners should request information about these runaways. The "Contracting 101" tutorial for LHH managers won't halt corruption. Former Health Director Mitch Katz pocketed $30,000 in fees from Health Management Associates - while HMA worked for DPH. CBHS boss Bob Cabaj's contract with Davis Ja, PhD was revoked for conflicts of interest. LHH's COO Mike Llewellyn awarded jobs to a favored contractor. Contract corruption features top officials who know the rules. The real problem? Subordinates are afraid to expose misconduct because LHH retaliates against whistleblowers. LHH needs "Whistleblowing 101".

Commissioner Comments/Follow-Up:

Commissioner Pating suggested that it may be more effective to develop a data dashboard, including CMS-related star measures, that the JCC reviews every two months. Ms. Hirose stated that the LHH Executive staff are working with the San Francisco Health Network Business Intelligence Unit to develop these types of reports.

Commissioner Pating requested additional information on the discharge/AWOL data included in the report. Ms. Gillen, Director of LHH Social Work, stated that all discharges that are "AMA" or "AWOL" are carefully reviewed. She noted that a majority of this group comes from the HIV and rehabilitation units and are seeking substances.

Commissioner Pating asked how discharges are implemented with "AWOL" and "AMA" patients. Ms. Gilen stated that patients are formally discharged if they do not return to LHH after midnight. She also stated that a high number of patients who are considered "AWOL" return to LHH.

Commissioner Pating asked how eClinicalWorks will be used at LHH when a integrated electronic medical record (EMR) is chosen. Dr. Fouts stated that when an EMR is chosen for the San Francisco Health Network, LHH will migrate to that system.

Commissioner Sanchez stated that he hopes the efforts to hire SFGH nurses will also benefit LHH vacancies.

5. FY2014-2015 2ND QUARTER GIFT FUND BALANCE REPORT

ChiaYu Ma, Deputy Finance Officer, gave the report.

Commissioner Comments/Follow-Up:
Commissioner Karshmer thanked Ms. Ma for the report.

6. THERAPEUTIC OUTINGS PROGRAM REPORT

Christine Hanson, Director of Wellness and Therapeutic Activities, gave the report.

Public Comment:
Dr. Derek Kerr presented and submitted the following written public comment:

> *Residents enjoy excursions, but a 35% increase in resident outings is huge. Field trips are labor intensive, yet no staffing increases are mentioned. Since bus trips require stamina and alertness, hundreds of frail, cognitively impaired residents can't participate. Are Activity Therapists being pulled away from their home Wards - and their lower functioning residents - to accommodate those who benefit from excursions? If so, how do you ethically justify this redeployment of therapeutic activity resources?*

Commissioner Comments/Follow-Up:
Commissioner Pating asked Ms. Hanson to elaborate on the staffing model and intended outcomes. Ms. Hanson stated that neighborhood activity therapists and nursing leaders decide which residents will participate based on their functional level and ability to participate. A CNA and a driver escort the residents on the outing. Due to the range of functional ability in patients and the goals set for each individual, the outcomes vary. Mr. Pickens, Director of the San Francisco Health Network, suggested that for any patients who are participate in occupational therapy could be given a pre-and post outing survey to measure impact.

Commissioner Sanchez thanked Ms. Hanson for the presentation and added that it is very important for everyone to have an opportunity to visit pleasant and familiar places.

7. HEALTH AT HOME ANNUAL REPORT

Idy Chan, Director of Client Services, gave the report.

Commissioner Comments/Follow-Up:
Commissioner Pating asked if the Health at Home (HAH) budget is part of the LHH budget. Ms. Hirose stated that HAH has a separate budget. She added that two years ago HAH moved to the LHH campus.

Commissioner Pating asked if it is possible to lower the General Fund contribution. Ms. Chan stated that MediCal pays only $75 a visit which does not cover the cost of services; she added that most new patients are covered through MediCal. Medicare pays $4,000 per episode which includes several visits. She also stated that in addition to service provision, the cost of HAH administration and reclaiming funds is also important to keep in mind when considering the overall HAH budget. Ms. Ma stated that HAH allows patients to be discharged to a home environment which is costs less and allows beds to open up at LHH and SFGH.

Commissioner Pating asked how the implementation of the Affordable Care Act has impacted HAH enrollment. Ms. Chan stated that HAH is enrolling more MediCal patients. She also stated that third-party payers are most strict on making sure there is authorization prior to HAH enrolling individuals.

Commissioner Pating asked if it is possible to use paratransit services to assist home-bound patients to get to San Francisco Health Network outpatient clinics. Ms. Chan stated that home health restricts patients to home care and does not allow a mix of outpatient and home services.

Commissioner Sanchez thanked Ms. Chan for a comprehensive report which shows HAH and the San Francisco Health Network is reaching a diverse and wide-range of San Franciscans.

8. CONSIDERATION OF HOSPITAL-WIDE POLICIES & PROCEDURES

Regina Gomez, Director of Quality Management, gave the report.

Commissioner Comments/Follow-Up:
Commissioner Karshmer thanked Ms. Gomez for the report.

Action Taken: The JCC unanimously approved the hospital-wide policies and procedures.

9. CLOSED SESSION

MEDICAL STAFF CREDENTIALING

A) Public comment on whether to convene in closed session and all matters pertaining to the proposed closed session.

B) Discussion and vote in open session on whether to conduct a closed session. (Action)

C) [Possible closed session pursuant to California Health and Safety Code § 1461 and Evidence Code § 1157.]

D) Reconvene in open session

The Committee voted unanimously to conduct a closed session to consider staff credentialing. The closed session began at 2:31pm and the Committee reconvened in open session at 2:38pm.

10. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Commissioners voted to disclose that they had approved the March 2015 Credentialing Report.

11. ADJOURNMENT

The meeting was adjourned at 2:39pm.