MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
October 13, 2015, 4:00 p.m.
Administration Building, Conference Room B102
375 Laguna Honda Boulevard
San Francisco, CA  94116-1411

1. CALL TO ORDER

Present:  Commissioner David J. Sanchez, Jr., Ph.D., Member
Commissioner David Pating, M.D., Member

Excused:  Commissioner Judith Karshmer, Ph.D., PMHCNS-BC, Chair

Staff:  Mivic Hirose, Maggie Rykowski, Colleen Riley MD, Michelle Fouts,
Wilmie Hathaway DO, Debbie Tam, Quoc Nguyen, Edward Guina,
Janet Gillen, Regina Gomez, Michael McShane MD, John Grimes, Donna D’Cruz

The meeting was called to order at 4:11pm.

2. APPROVAL OF MINUTES FOR MEETING OF SEPTEMBER 8, 2015

Action Taken:  The Committee voted unanimously to approve the minutes of the
September 8, 2015 LHH JCC meeting.

3. GENERAL PUBLIC COMMENT:
Dr. Derek Kerr presented and submitted the following public comment:

Laguna Honda (LHH) is licensed as an Acute Care Hospital with a Distinct Part SNF, yet its
acute care census is microscopic. In 2010, LHH sought $950,000 in taxpayer funds, promising
to boost its acute medical census from "1.5 - 2.0 patients/day" to 5/day, thereby enhancing
revenues by $1.76 million annually. Instead, the average daily census fell to 1.1 in 2013, then
0.75 in 2014, and 0.72 by mid-2015. Medical Director Colleen Riley doesn't address this decline. Similarly, Rehab garnered City resources by promising to boost its acute census - and revenues. But its census dropped; from 2.21 in 2013 to 1.23 in 2014 and now 0.89. Rehab Director Lisa Pascual evaded the decline in her 9/8/15 Annual Report, offering tactics that failed previously. Neither acute unit serves 1 patient/day. How low should they go before Commissioners make inquiries? JCC meetings should consider taxpayers.

4. **CLOSED SESSION**

   **SUBJECT MATTER:**  
   MEDICAL QUALITY IMPROVEMENT  
   MEDICAL STAFF CREDENTIALING  
   PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORTS

   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 the Medical Quality Improvement, Medical Staff Credentialing, and Performance Improvement and Patient Safety Reports. The closed session began at 4:17pm and the Committee reconvened in open session at 5:06pm.

5. **POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION**

   **Action Taken:** The Commissioners voted to disclose that they had approved the Medical Quality Improvement Report, October 2015 Credentialing Report, and the Performance Improvement and Patient Safety Reports.

6. **ADJOURNMENT**
   The meeting was adjourned at 5:07pm.