MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
November 9, 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 Judith Karshmer, Ph.D., PMHCNS-BC, Chair
Commissioner David J. Sanchez, Jr., Ph.D., Member
Commissioner David Pating, M.D., Member

Staff: Mivic Hirose, Barbara Garcia, John Grimes, Maggie Rykowski, Michelle Fouts,
Wilmie Hathaway DO, Debbie Tam, Quoc Nguyen, Loretta Ciccone,
Janet Gillen, Regina Gomez, Michael McShane MD, John Grimes, Donna D’Cruz,
Marcellina Ogbu

The meeting was called to order at 4:01pm.

2. APPROVAL OF MINUTES FOR MEETING OF OCTOBER 13, 2015

Action Taken: The Committee voted unanimously to approve the minutes of the
October 13, 2015 LHH JCC meeting.

3. GENERAL PUBLIC COMMENT:
Dr. Derek Kerr presented and submitted the following public comment:
Today's Administrator's Report won't explain why; (a) 23.3% of Laguna Honda patients
discharged alive actually run off AWOL or AMA, (b) the Acute Care census hovers at all-time
lows; on average,10 of 12 Acute Rehab/Medical beds remain vacant, (c) the Acute Care census
has dropped 49% in 3 years, while Acute Care spending has risen by 73%, (d) results of a
Workplace Violence Survey launched 8 months ago remain hidden. Such troublesome details
are evaded because JCC meetings emphasize boosterism, happy faces, successes, awards and
recognitions. An organization that continually celebrates itself creates a climate where identifying flaws is taboo. For employees, questioning the success story is perilous. For the institution, self-correction is inhibited when everything is reportedly wonderful.

4. **ADMINISTRATOR’S REPORT**
Mivic Hirose, Executive Administrator, reviewed the report.

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

There's an interesting omission in the Draft Annual Report. There's no description of the Joint Conference Committee (JCC) - the Health Commission's oversight venue at Laguna Honda. This is (should be) the primary forum for the public to hear directly what's going on at LHH, to see what Commissioners are doing, and to express their concerns to all. Although the Draft Annual Report displays flattering photos of the Commissioners, it doesn't inform the public about the role of the JCC and the Commissioners. Although there is a section titled: "Community Connections", no advice is given for the community to connect with JCC meetings. The Annual Report should inform the public about the existence and function of the JCC - and invite public participation.

**Commissioner Comments/Follow-Up:**
Commissioner Pating asked for the location of the mural noted in the report. Ms. Hirose stated that the mural is across from the Forest Hill MUNI station; LHH is hopeful it will be completed by the 12/15/15 Health Commission meeting to be held at LHH.

Commissioner Sanchez stated that he was pleased with the draft LHH Annual Report and thanked the staff for their dedication and provision of high quality patient care.

Commissioner Karshmer requested that in the future LHH should note lessons learned from exercises such as the October 15, 2015 Shakeout Drill and the Behavioral Management Clinical Vignettes; she stated that this would enable the Health Commissioner to learn about the drills and relevant issues at LHH.

Regarding the Shakeout Drill, Ms. Hirose stated that the DPH had instructed LHH staff to use a callback list, phoning the last three names on their list to test emergency communication methods with staff. LHH found that the contact information for some staff had to be updated. Ms. Hirose also stated that LHH conducted test drills in April, May and June which indicated that the use of contact lists was effective; 95% of necessary calls were made within 20 minutes and the required forms were filled out to document the process.

5. **RESPITE PROGRAM PRESENTATION**
Janet Gillen, Social Services Director, gave the presentation.

**Commissioner Comments/Follow-Up:**
Commissioner Pating asked if insurance status impacts patient admittance. Ms. Gillen stated that patients must have a skilled nursing need; she noted that MediCal is the primary payer at LHH. Regina
Gomez stated that LHH would approve patients with private insurance but no patients with private insurance have utilized the respite program.

Commissioner Pating asked if LHH has encountered situations in which caregivers did not accept a patient back. Ms. Gillen stated that LHH has not encountered such situations. Ms. Gomez stated that after several stays through the respite care program, some caregivers decide to place the patient at LHH.

Commissioner Sanchez suggested LHH reach out to military families to educate them about this program.

Commissioner Karshmer asked if patients can self-refer to this program. Ms. Gillen stated that patients may self-refer.
Commissioner Pating asked if the program has a set number of beds. Ms. Gillen stated that LHH is flexible with the number of beds it can access for this program. Ms. Hirose noted that the LHH skilled nursing facility is 94% full; making room for the respite care program beds must be planned out in advance. Ms. Gomez stated that not all MediCal managed care plans include respite skilled nursing facility stays.

6. REHABILITATION PROGRAM PRESENTATION
Madonna Valencia, CNO, and Lisa Pascual, MD, Chief of Physiatry, gave the presentation.

Commissioner Comments/Follow-Up:
Commissioner Karshmer thanked the presenters and staff on behalf of the JCC for the informative presentation and impactful work.

7. CONSIDERATION OF ANNUAL REVIEW OF HOSPITAL-WIDE POLICIES AND PROCEDURES
Regina Gomez, Director of Quality Management, gave the presentation. She noted that the table located on pages 1-5 of the presentation material summarizes new policies and proposed changes made to existing policies.

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

8. CLOSED SESSION

Subject Matter: 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 the Medical Staff Credentialing. The closed session began at 5:07pm and the Committee reconvened in open session at 5:21pm.

9. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

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

10. ADJOURNMENT
The meeting was adjourned at 5:22pm.