MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
May 10, 2016, 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:   Barbara Garcia, Mivic Hirose, Michael McShane MD,
         Chia Yu Ma, Donna D’Cruz, Janet Gillen, Wilmie Hathaway DO, Madonna Valencia,
         Regina Gomez, Adrienne Tong, John Grimes, David Snyder, Lisa Pascual, Yifang Qian
         MD, Maggie Rykowski, Jennifer Carton-Wade, Quoc Nguyen

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

2. APPROVAL OF MINUTES FOR MEETING OF April 12, 2016

Action taken: The minutes were unanimously approved.

3. GENERAL PUBLIC COMMENT:

There was no general public comment.

4. ADMINISTRATOR’S REPORT

Mivic Hirose, Executive Administrator, gave the report.

Public Comment:

Dr. Derek Kerr presented and submitted the following public comment:
Laguna Honda is among the largest Skilled Nursing institutions in the country. It portrays itself as a leading institution, a place of excellence, a recipient of awards and commendations. But unlike other leading institutions, no search is conducted when a key officer - like its Medical Director, steps down. There’s a national organization called AMDA - American Medical Directors Association. It's the
professional organization that certifies Medical Directors in Post-Acute and Long-Term Care. Dr. Colleen Riley once gave a presentation at AMDA’s Annual Convention on LHH’s LEED certification and environment. Yet, the opening for her position is not advertised on AMDA’s website. That means the national community of professional Medical Directors wasn’t approached for qualified applicants. What does that tell you about LHH administration?

Commissioner Comments/Follow-Up:
Commissioner Karshmer asked for more information regarding salary issues in the LHH budget. ChiaYu Ma, LHH Chief Financial Officer, stated that budget projections did not correctly include benefits for part-time and temporary as-needed employees. However, this information is being added in the FY16-17 budget.

5. ACUTE REHAB REPORT
Jennifer Carto-Wade, LHH Assistant Hospital Administrator, gave the presentation.

Public Comment:
Dr. Derek Kerr presented and submitted the following public comment:
The Acute Rehab Service has a long history of failing to recruit referrals. This Commission hasn't received an honest explanation from long-time LHH-SF GH Rehab Director Lisa Pascual. In 2012-13 Rehab Coordinator Jennifer Carton-Wade was "spearheading a team effort to streamline rehabilitation referrals from SFGH" (see handout). Despite their Liaison efforts, the Acute Rehab census fell while costs soared. Now, they announce having "developed liaison role responsibilities"! And, their subordinates will try LEAN methodology. Staff can only streamline internal procedures. Externalities, such as market demands, the performance of competitors, the effectiveness of LHH Rehab leaders, the lack of CARP certification, the cooperation of SFGH discharge planners, and why potential clients shun LHH must be addressed by Management. Tinkering with LEAN and re-treading the Rehab Liaison are confections that maintain the status quo of rising costs without commensurate services - or accountability.

Commissioner Comments/Follow-Up:
Commissioner Pating commended LHH’s performance improvement efforts in managing Acute Rehabilitation Services’ patient flow. He asked for clarification on the most common types of transfers to the Acute Rehabilitation unit. Dr. Pascual stated that the Acute Rehabilitation Services’ admissions are mostly patients who have experienced a stroke or other neurological issues. This patient population receive rehabilitation services for a few weeks and then are discharged to the community.

Commissioner Pating requested that in future reports the JCC receive information regarding the utilization of the unit’s beds.

Commissioner Sanchez commended the staff for its provision of excellent care. He requested that future presentations include information regarding the types of patients and diagnoses.

Commissioner Karshmer asked if the San Francisco Health Network is exploring how to increase referrals to keep network patients within the same system of care as well as maximize revenue opportunity for this unit. Director Garcia stated that the Hospital Council is looking at these types of beds throughout San Francisco. Ms. Hirose stated that LHH is focusing on its internal screening and admissions processes to prepare us in receiving increased referrals and expanding outreach to the community.
6. BEHAVIORAL HEALTH SERVICES REPORT
Dr. Yifang Qian, Chief of Psychiatry gave the presentation.

Public Comment:
Dr. Derek Kerr presented and submitted the following public comment:
Who is the intended audience for this presentation? Clearly not the public. Imagine a citizen wanting to learn what the Psychiatry Service is doing. They check the DPH website and see this power-point presentation - 12 slides of mostly incomprehensible pictures, with just 2 showing information. So one would have to come here in person to find out what they mean. And there’s no way to prepare questions or comments on the content, because it is absent or obfuscated. It appears that the slides are designed to amuse yourselves. Still, nothing is said about the number of patients served, their outcomes or program costs. Yet taxpayers pour millions of dollars into this department every year. The professional time and resources expended on these slides is unworthy of public funds. This is not a satisfactory presentation for a public institution as it lacks any sense of public accountability.

Commissioner Comments/Follow-Up:
Commissioner Pating asked if standardized screening instruments (e.g. Montreal Cognitive Assessment) are used as part of universal screening. Dr. Qian stated that the LHH Admission Committee includes psychiatry staff who looks at possible risk areas, and uses the Initial Risk Assessment form in AVATAR for report

Commissioner Pating asked if there are quality measures that are part of the admission process. Dr. Qian stated that LHH is beginning to implement quality assurance activities in the admission process.

Commissioner Pating asked how confidentiality is dealt with in regard to the substance use team. Dr. Qian stated that staff follows confidentiality regulations including within Avatar notes. She added that there has been more engagement to encourage patients to give consent for the team to communicate directly with primary care teams.

Commissioner Pating asked if a strength-based perspective is used. Dr. Qian stated that all staff have been trained on the ANSA which includes patient strengths.

Commissioner Karshmer asked for an update on the Substance Treatment And Recovery Services (STARS) patients in approximately 6 months.

7. 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 Medical Staff Credentialing. The closed session began at 5:14pm and the Committee reconvened in open session at 5:17pm.
8. **POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION**

   **Action Taken:** The Committee voted to disclose that it had approved the May 2016 Medical Staff Credentialing.

9. **ADJOURNMENT**

   The meeting was adjourned at 5:18pm.