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MINUTES

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

March 12, 2019, 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., Chair
Commissioner Edward A. Chow, M.D., Member
Commissioner James E. Loyce, Jr

Excused: Commissioner Tessie Guillermo, Member

Staff: Mivic Hirose, Grant Colfax MD, Roland Pickens, Alice Chen MD, John Grimes, Madonna Valencia, Michael McShane MD, Wilmie Hathaway DO, Lisa Hoo MD, Lena Yee, Kate Durand, Jennifer Carton Wade, Loretta Cecconi, Nawzaneen Talai, Angela Pownall-Elizalde, Basil Price, Peter Rosel, Regina Gomez, Quoc Nguyen, Dave Woods, Michelle Fouts, Michael Ford, Ketkesone Siharat. Arnulfo Medina

The meeting was called to order at 4:04pm.

2. APPROVAL OF MINUTES FOR MEETING OF FEBRUARY 12, 2019

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, presented the item.

Public Comment:

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

Previously, this Committee addressed the low census on the Acute Rehab Unit, and a Kaizen exercise was organized to boost referrals. Not yet addressed is the very low census on the Acute Medical Unit - just 0.18 patients/day last year. That means this 6-bed unit is empty most of the time. Yet, nurses have complained that doctors treat acutely ill patients on SNF wards. That burdens the limited SNF staff and pulls them away from their non-acute patients. Plus, LHH loses revenue because reimbursement is 3 times higher on Acute. One reason for the low census is that transferring patients to Acute involves much paperwork for doctors. There may be other reasons for the under-utilization of the Acute Medical Unit. But we won't know unless Commissioners ask about it. Lastly, AWOL and AMA discharges have risen to 28% of community discharges, despite assurances that they were declining last year.

Commissioner Comments:

Commissioner Chow requested that AMA and AWOL data be trended to show data for the last several years. He also asked that future reports include data on the reasons why these patients chose to leave and where they chose to go.

Commissioner Chow congratulated LHH for having a lower rate of patient pressure ulcers than the state average. He asked for the goals related to pressure ulcers. Ms. Gomez stated that the ultimate goal is to have no pressure ulcers. She added that some patients have pressure ulcers when admitted; if they persist, they can count against LHH in CASPER scores.

5. TRUE NORTH EMPLOYEE SAFETY: PREVENTION OF RESIDENT HANDLING INJURIES AND WORKPLACE VIOLENCE INCIDENTS

Kate Durand, Workplace Safety and Emergency Management Director, presented the item.

Public Comment:

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

LHH's policy on Workplace Violence identifies 4 types; 1) stranger v. employee, 2) resident/visitor v. employee, 3) employee v. employee, 4) relative v. employee. These categories aren't addressed in JCC presentations. So we don't know who perpetrates violence. Also, the prevalence of violence may be under-reported. That's because the percentages are derived from surveys of a minority of employees - 272 in 2015 and 437 in 2018. Further, the percentages of impacted workers are based on the total number of "Facility Occupants". If these "occupants" include 760 patients, that inflates the denominator and reduces the calculated percentage of affected staff. When reporting violence against employees, the denominator should be employees - not all occupants. We can't tell if the data are complete. Most violent incidents are documented in Unusual Occurrence reports. Employee-to-employee violence is reported to HR. Other cases are handled by Security Services. Were these sources included?

Commissioner Comments:

Commissioner Sanchez thanked LHH staff for the presentation and important work.

6. LAGUNA HONDA EPIC IMPLEMENTATION

Michael McShane MD, Chief Medical Officer; Madonna Valencia, Chief Nursing Officer; Michele Fouts, Associate Health Informatics Officer and Pharmacy Director, presented the item.

Commissioner Comments:

Commissioner Chow stated that he is pleased LHH will be part of the EPIC initial rollout.

Commissioner Sanchez commended LHH staff for their hard work. He congratulated the Network for coordinating across the DPH system for this process.

7. CONSIDERATION OF HOSPITAL-WIDE POLICIES & PROCEDURES

Lena Yue, Administrative Analyst, presented the item.

Commissioner Comments:

Regarding policy 29-08 "Unrepresented Residents and Epple Procedure," Commissioner Chow asked if the City Attorney reviewed the policy. Mr. Medina stated that the City Attorney's office worked with LHH for many months on the policy.

Commissioner Chow asked for clarification of the acronym, "DNAR." Dr. Fouts stated the acronym stands for "Do not attempt resuscitation," and noted EPIC uses this term in its system. Mr. Medina added that the acronym derives from the American Heart Association.

Regarding policy 73-05, "Workplace Violence Prevention Program," Commissioner Chow asked for context of why the policy was revised. Ms. Durand stated that the state regulations gave specific language regarding language requirements to be included in the revised policy.

Commissioner Loyce asked if the Employee Assistance Program (EAP) staff utilize trauma informed systems. Ms. Durand stated that the EAP does have expertise dealing with trauma and uses trauma informed systems.

Regarding policy 22-12 "Clinical Search Protocol," Commissioner Chow asked if staff have been trained to conduct searches. Ms. Valencia stated that nurses conduct the searches only if there is a possible patient safety issue. Staff conducting the search may ask Sheriff staff to be on stand-by; she added that clinical staff are trained in de-escalation techniques. Mr. Medina added that Sheriff staff may only conduct a search if there is a known probable cause.

Commissioner Chow asked for clarification regarding the outcome of confiscated cannabis. Ms. Valencia stated that any cannabis found is disposed in a sink by two staff. Mr. Medina stated that the state law decriminalizes cannabis from being prosecuted at the state level, but it remains illegal under federal law.

Action Taken: The Committee unanimously voted to approve the policies and procedures.

8. 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, California Evidence Code §§ 1156, 1156.1, 1157, 1157.5, 1157.6 and 1157.7; San Francisco Administrative Code § 67.5; and California Constitution, Article I, Section 1.]

SUBJECT MATTERS:

- 1. MEDICAL STAFF CREDENTIALING
- 2. PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORTS

- D) Reconvene in open session

Action Taken: The Committee voted unanimously to conduct a closed session to consider Medical Staff Credentialing and Performance Improvement and Patient Safety Reports. The closed session began at 6:19pm and the Committee reconvened in open session at 6:58pm.

9. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Committee unanimously voted not disclose information discussed in closed session.

10. ADJOURNMENT

The meeting was adjourned in memory of Jose Manual Haros Carrasco at 6:59pm.