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**London N. Breed Mayor  
Department of Public Health**



**Grant Colfax M.D.**  
Director of Health  
**Mark Morewitz, M.S.W.**  
Executive Secretary  
TEL (415) 554-2666  
FAX (415) 554-2665  
Web Site: <http://www.sfdph.org>

**MINUTES  
JOINT CONFERENCE COMMITTEE MEETING FOR  
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER  
September 10, 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 Tessie Guillermo, Chair  
Commissioner Laurie Green, MD, Member  
Commissioner Edward A. Chow, M.D., Member

Staff: Grant Colfax MD, Maggie Rykowski, John Grimes, Michael McShane MD,  
Wilmie Hathaway DO, Lisa Hoo MD, Lena Yee, Loretta Cecconi, Nawzaneen Talai, Troy  
Williams, Quoc Nguyen, Glenn Levy, Michelle Fouts, Adrian Smith, Denise Payton, Karen Hill,  
Basil Price, Roland Pickens, Jennifer Carlton Wade, Edward Guina

The meeting was called to order at 4:02m.

**2. APPROVAL OF MINUTES FOR MEETING OF AUGUST 13, 2019**

Action Taken: The August 13, 2019 minutes were unanimously approved.

**3. GENERAL PUBLIC COMMENT:**

There was no general public comment.

**4. ADMINISTRATOR'S REPORT**

Maggie Rykowski, Acting Executive Administrator, presented the item.

Ms. Rykowski noted a correction on the LHH Finance Report; revenues are \$9.3 million more than budgeted.

Public Comment:

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

Something new in this month's Administrator's Report; an acknowledgement that the 48 AWOL cases represent a 50% increase over the prior year. Almost 1 in 3 community discharges (31.6%) fled from

LHH by going AWOL or signing out AMA. Oddly, this surge in escapees isn't explained. One wonders if it's even being addressed internally since the trend hasn't improved. It would be helpful for Commissioners to ask why this is happening and to get solid answers. Otherwise, it looks like this failure in patient care is being ignored because it benefits the Flow Project or some other non-clinical agenda. Also, the Theft-Loss Report shows 16 cases in the first 3 months of 2019 compared to less than 4 cases on average in the prior 6 quarters (Range = 0-6/quarter). No explanation for this quadruple increase. Without a diagnosis, how will LHH treat Thefts - or AWOLs?

Commissioner Comments:

Commissioner Chow suggested that a footnote be added to the "Community Discharge Dispositions" on page 3, to show how many of LHH residents categorized as "AWOL" returned to LHH.

Commissioner Chow requested that data for LHH deficit and surplus financial data be put on a graph so the Committee can review trends over time.

Commissioner Green asked for more information regarding the increase in new hires and increase in separations. Ms. Hill stated that there was a surge of resignations and hiring before the EPIC implementation.

Commissioner Chow noted that the Gift Fund Report shows that only half of the budget was spent. He noted that during his recent tour of N1 and N2, several staff recommended an increase of activities within these neighborhoods for residents who are less likely to participate in activities offsite; he recommended that LHH consider using some of the LHH Gift Fund funds on these types of resident activities in the upcoming year.

Commissioner Guillermo recommended that the LHH Gift Fund continue to be monitored and tracked efficiently to ensure available funds are utilized for resident use.

**5. REGULATORY AFFAIRS REPORT**

Troy Williams, Acting Director of Quality Management Director, and Adrian Smith, Acting Director of Regulatory Affairs, presented the item.

Commissioner Comments:

Commissioner Chow requested a graph be developed to track and show trends in the type of regulatory complaints.

Commissioner Green noted that it is difficult to link specific regulatory cases to surveys.

Dr. Colfax stated that as LHH changes its culture, there may be an increase in the volume of incidents reported.

Commissioner Guillermo stated that the Committee will continue to monitor the regulatory trends as the LHH internal staff culture shifts.

**6. FY18-19 SECURITY MANAGEMENT PLAN ANNUAL ASSESSMENT FOR LAGUNA HONDA HOSPITAL**

Basil Price, DPH Security Director, presented the item.

Public Comment:

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

The Security Management Plan is informative. Battery incidents quadrupled to 34 in 2018-19. Over the previous 3 years, the average was 8 Battery cases/year (Range= 7-9/yr). We are told that these Battery incidents comprised 79% of the Serious Incidents reported. Notably, there was a 54% increase in Serious Incidents compared to the 3 previous years. Despite this dramatic increase in Battery cases, the written report doesn't provide an explanation for, or analysis of, this apparent

increase in violence. The same problem of data without analysis was noted in the AWOL and Theft/Loss reports. Increasing problems are reported and data piles up - without explanations pointing to specific remedies.

Commissioner Comments:

Commissioner Green noted that ZSFG made great improvements in its relationship with the Sheriff's Department and encouraged LHH to utilize lessons learned from that experience. She requested information regarding specific goals for LHH improving its relationship with the Sheriff's Department. Mr. Price stated that the goal is to improve effectiveness and visibility of Sheriff's staff at LHH. Commissioner Guillermo requested a follow-up on improvements made with the Sheriff's Department in approximately six months.

Commissioner Chow asked what is being done to reduce the serious verbal and physical altercations at LHH. Mr. Price stated that Risk Management investigates each report; findings are documented. He added that a report card is being developed to track trends in these cases. Mr. Williams added that it may be helpful to also track regulatory complaints that were found to be unsubstantiated.

Commissioner Chow asked for more information about plans to reduce the number of cases of altercations and violence involving residents. Mr. Price stated that Sheriff's Deputies will be increasing their visibility because they can be a deterrent to resident-to-resident incidents. Having deputies walk the hospital halls also brings them closer to incidents when there is need for a quick response.

Commissioners Guillermo and Chow requested that the data, when possible, include trends from previous years and footnotes to indicate when data systems have changed. These revisions will make the data easier to interpret for the reader. They requested that the report be revised with these changes.

Commissioner Guillermo stated that she is hopeful that filling Sheriff vacancies, developing measurable goals for the LHH relationship with the Sheriff's Department, and increasing visibility of the Sheriff's at LHH, will bring impactful improvements.

Commissioner Chow noted that resident safety is of ultimate importance and recommended the development of specific prevention goals for resident-to-resident and resident-to-staff safety.

**7. EPIC IMPLEMENTATION UPDATE**

Madonna Valencia, Chief Nursing Officer; Michael McShane, Chief Medical Officer; and Michelle Fouts Pharm.D., Associate Chief Health Informatics Officer and Pharmacy Officer, presented the item.

Commissioner Comments:

Commissioner Green congratulated the LHH Epic team and all the staff for the incredible first stage of implementation. She noted that LHH's needs are distinct then most EPIC facilities because it is a long-term care facility.

Commissioner Guillermo thanked the LHH staff for its success in implementing EPIC.

Commissioner Chow noted that it is important to remember that connection to LHH residents is the priority and to not get focused on the screen when interacting with patients. Because many residents live at LHH for long periods of time, their relationships with the staff are very important to their quality of life. Dr. Fouts stated that EPIC will be rolled out at bedside; ZSFG will be working with LHH staff to develop new practices with patients as they acclimate to this new EPIC-related clinical dialogue.

Dr. Colfax expressed gratitude for the LHH team and noted that EPIC can enhance patient care and make issues such as pharmacy practices more efficient for increased patient safety.

## **8. CONSIDERATION OF HOSPITAL-WIDE POLICIES & PROCEDURES**

Lena Yue, Administrative Analyst, presented the item.

### Commissioner Comments:

Regarding "LHHPP 22-12 Clinical Search Protocol," Commissioner Green asked how residents react to these searches and asked for more information regarding the impact on the resident-to-staff relationship. Mr. Guina, LHH nursing, stated that the charge nurse conducts the search and does so in a way that is not aggressive; he noted that there is often a friend or family member present with the resident when they return to LHH from the community.

Commissioner Green asked if the charge nurse would be someone that the LHH resident knows. Mr. Guina stated that the charge nurse is known by the residents; residents are introduced to the policy before they leave so they are prepared for questions and a possible search.

Commissioner Chow asked if there is training provided to the LHH staff to conduct these searches. Ms. Talai stated that trainings have yet to be developed; she noted that she will follow-up with the Committee as the trainings are developed and implemented.

Regarding "LHHPP 22-01 Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response," Commissioner Green noted that she attempted to call the numbers listed on page 9 of the policy and none answered after hours. She added that it takes courage for someone to call the numbers to report an issue and leaving a message does not seem appropriate. She asked that LHH make sure the information in the policy is accurate. Ms. Yee stated that LHH staff will work to correct this information and related practices.

Commissioner Green stated that she is concerned that policies are only reviewed annually and noted that information, such as phone numbers or regulatory requirements, may change in that time. Ms. Yee stated that the minimum requirement for review of policies is once a year but many policies and practices are reviewed on an ongoing basis by individual staff and LHH committees.

Regarding "LHHPP 21-21 Electronic Health Record Downtime," Commissioner Chow asked which staff checks the "Downtime" computer to ensure it is working properly. Ms. Talai stated that this computer is currently not checked daily and noted that LHH will develop practices to ensure this is done.

Action Taken: The Committee unanimously voted to approve the 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, 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.]

### **MEDICAL STAFF CREDENTIALING**

D) Reconvene in open session

Action Taken: The Committee voted unanimously to conduct a closed session to consider Medical Staff Credentialing. The closed session began at 5:44pm and the Committee reconvened in open session at 5:47pm.

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

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

**11. ADJOURNMENT**

The meeting was adjourned at 5:47pm.