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MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
July 14, 2020, 4:00 p.m.
Remote Meeting via Microsoft Teams Live Event

1. CALL TO ORDER

Present: Commissioner Tessie Guillermo, Chair
Commissioner Edward A. Chow, M.D., Member
Commissioner Laurie Green, M.D., Member

Staff: Michael T. Phillips, John Grimes, Wilmie Hathaway DO, Lisa Hoo MD, Jacky Spencer-Davies, Nawzaneen Talai

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

2. APPROVAL OF MINUTES FOR MEETING OF MARCH 17, 2020

Action Taken: The March 17, 2020 meeting minutes were unanimously approved.

3. GENERAL PUBLIC COMMENT:

There was no public comment.

4. CHIEF EXECUTIVE OFFICER REPORT

Michael T. Phillips, Chief Executive Officer, presented the item.

Commissioner Comments:
Commissioner Green asked for more information regarding staffing related to hiring permanent positions. Mr. Phillips stated all efforts have been made to ensure LHH is fully staffed with a combination of regular LHH staff and registry staff.

Commissioner Chow requested that the Health Commission receive information on the total number of staff and residents who have tested positive for COVID-19 along with the total number of individuals who have recovered.

Commissioner Chow asked if the vacancies in radiology staff is impacting service provision. Mr. Phillips stated that radiology staffing issues have not impacted provision of radiology services.

Commissioner Chow asked for the average acute unit census. Ms. Talai stated that the average census in the acute unit is 3.6.

5. REGULATORY AFFAIRS REPORT

Nawzaneen Talai, Acting Chief Quality Officer, presented the item.

Commissioner Comments

Commissioner Green asked for more information regarding facility related incidents, noting that the number of incidents increased in June. Ms. Talai stated that after many months of sheltering in place without the ability to leave, frustration among the residents can sometimes lead to an increase in incidents.

LHH COVID-19 RESPONSE

John Grimes, Chief Operations Officer, and Wilmie Hathaway DO, Acting Chief Medical Officer, Presented the item.

Commissioner Comments

Commissioner Guillermo asked how the residents are participating in LHH development of COVID-19 related policy decisions impacting the residents' sheltering in place experience. Mr. Grimes stated that the LHH Resident Counsel has been part of discussions of LHH COVID-19 related shelter in place activities. He noted that resident health and safety is the primary consideration when making determinations about sheltering-in-place policies and activites.

Commissioners Guillermo and Chow congratulated the LHH team for doing an effective job of protecting the LHH residents' health during the COVID-19 pandemic.

Commissioner Chow noted that two LHH residents tested COVID-19 positive, then negative, and positive again. He asked the JCC to be updated on these cases.

Commissioner Green asked if LHH residents and staff can be prioritized within the lab system to receive results in a timely manner. Mr. Phillips noted that the length of time for receiving testing results has lengthened at the lab. Dr. Hathaway stated that all LHH resident COVID-19 tests are processed at ZSFG; staff tests are processed at PHL. The ZSFG lab is generally quick with an average turn-around time of 24 hours. The PHL lab results have varied up to four days. LHH is working to decrease the time for the PHL lab results.

6. CONSIDERATION OF HOSPITAL-WIDE POLICIES & PROCEDURES

Nawzaneen Talai, Acting Chief Quality Officer, presented the item.

Commissioner Comments

Commissioner Green stated that she called the phone number listed for making reports in the Drug Diversion Reporting and Response policy and received a voicemail; she suggested that the voicemail be changed to state that information left will be handled confidentially. Ms. Talai stated that the voicemail belongs to a Quality Assurance staff member and agreed to have the outgoing voicemail message changed to be more welcoming.

Commissioner Green asked how EPIC is used to carry out the Drug Diversion Reporting and Response policy. Ms. Talai stated that the LHH Drug Enforcement Taskforce has been utilizing EPIC in its activities related to adherence.

Commissioner Green asked how the primary LHH physician verifies a LHH resident's medications that come from outside of LHH. Dr. Hathaway stated that when LHH residents are admitted from other acute hospitals, LHH pharmacies verify the discharge medicate lists. For those residents coming from home with medications, LHH pharmacy staff verify the medications with the original distributing pharmacy. She added that LHH residents only receive medications from the LHH pharmacy.

Commissioner Chow asked how medication diversion incidents would be handled for review. Ms. Talai stated any events that are not specifically outlined in the Drug Diversion Reporting and Response policy would be reviewed through the Quality Management unusual occurrence process; this may also include the Drug Diversion Taskforce, which would be called to immediately review any incidents.

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

7. CLOSED SESSION

A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

B) Vote on whether to hold a Closed Session. (Action Item)

C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

CONSIDERATION OF MEDICAL STAFF CREDENTIALING MATTERS

CONSIDERATION OF MEDICAL QUALITY IMPROVEMENT

CONSIDERATION OF PERFORMANCE IMPROVEMENT

AND PATIENT SAFETY REPORTS AND PEER REVIEWS

RECONVENE IN OPEN SESSION

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action item)

2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

8. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Committee voted to disclose that it had approved the Credentials Report, Medical Quality Improvement, and Performance Improvement and Patient Safety Reports.

9. ADJOURNMENT

The meeting was adjourned at 6:32pm.