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MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Thursday, January 27, 2005
9:00 a.m. to 11:00 a.m.
at
Conference Room A-300
375 Laguna Honda Boulevard
San Francisco, CA 94116-1411

1) CALL TO ORDER

Commissioner Umekubo called the meeting to order at 9:05 a.m.

Present: Commissioner John I. Umekubo, M.D., Chairperson
Commissioner James M. Illig, Member

Staff: Monica Banchero-Hasson, M.D., Robert Christmas, Arla Escontrias, Larry Funk, Gayling Gee, Mivic Hirose, John Hollingsworth, Valerie Inouye, Paul Isakson, M.D., John Kanaley, Luenna Kim, Kathy Murphy, Michele Olson, Gregg Sass, Tim Skovrinski, M.D. and Serge Teplitsky.

2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF DECEMBER 23, 2004

Action Taken: The Committee approved the minutes of the December 23, 2004 Laguna Honda Hospital Joint Conference Committee meeting.

3) **EXECUTIVE ADMINISTRATOR'S REPORT**

John Kanaley, LHH Executive Administrator, presented his report.

STRATEGIC PLANNING

The third retreat was scheduled for January 25th. This retreat focused on defining the goals for the next 18 months. As the JCC may recall from last months meeting the work to date was:

<i>Mission</i>	<i>Vision</i>	<i>Goals (to be finalized)</i>
As part of the Department of Public Health safety net, the mission of Laguna Honda Hospital is to provide high-quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco.	Laguna Honda Hospital will be a center of excellence in providing a continuum of care that integrates residents in the least restrictive setting, thereby supporting their highest level of independence.	Goal 1) Clinical Programs Goal 2) Safety/Security Goal 3) Finance Goal 4) Information Systems Goal 5) Human Resources Goal 6) LHH Replacement Project Goal 7) Community Relations and Leadership Goal 8) Performance Improvement, Licensing & Regulatory Preparedness

Mr. Kanaley distributed to the Committee the Eighteen-Month Strategic Plan – Mission, Vision, Goals that resulted from the most recent retreat (Attachment A).

CENSUS REPORT

DATE: NOVEMBER 2004		DATE: DECEMBER 2004	
Beds Occupied	1032	Beds Occupied	1041
Beds Held:	7.9	Beds Held:	9.1
Beds Reserved	5.2	Beds Reserved	4.8
Beds Unavailable	5.9	Beds Unavailable	4.5
C2 Observation:	1.9	C2 Observation:	.5
Clinically block:	2	Clinically block:	2
Locked beds:	2	Locked beds:	2
Isolation beds:	0	Isolation beds:	0
Admits	3	Admits	3.2
Total	1054	Total	1062.6
Total SNF Capacity:	1064	Total SNF Capacity:	1064
Total Acute Capacity:	16	Total Acute Capacity:	16
ADC Acute	5	ADC Acute	4.9

STAFFING REPORT

The Hospital Staff Vacancy rate as of January 1, 2005 was 6.56% down from 7.64% in October 2004. The Hospital has been on a hold pattern for several months, as position requisitions are not being released from the Mayor's Office. Of particular need are the Clinical Psychologist, Nursing Supervisor, Nursing Assistants, LVN and Assistant Materials Coordinator positions.

TCM REPORT

Attached for is the December 2004 monthly report by TCM (Attachment B).

REGULATORY REPORT

At the October JCC meeting staff reported on Licensing and Certification visit to LHH in September 2004. Five state surveyors were on site between September 14th and 23rd conducting investigation on a number of self reported cases and complaints. The visit resulted in minor findings summarized in the statement of deficiencies received by LHH in December. All four deficiencies were addressed by LHH through the Plan of Correction, which was approved by Licensing and Certification office on December 21, 2004.

LHH has begun its preparation for the annual Licensing and Certification survey. The annual survey is expected between February and May of 2005 and determines whether LHH meets the minimum Medicare and Medicaid quality and performance standards. Concurrently, the Life and Safety Code survey is conducted by fire safety specialists from the California Department of Health Services and evaluates overall safety of the facility environment. LHH preparation will involve review of deficiencies from 2004 surveys with corresponding plan of correction, review and analysis of current LHH Quality Indicators and any issues related to compliance with Life and Safety Code.

PATIENT FLOW

Data describing sources of new admissions will be reported in Quality Assurance (QA) and Utilization Management (UR) report.

As the Committee is aware, the issues and effects of the new Admission Policy continue within the staff and community. Attached is a FAQ sheet attempting to answer questions in the community (Attachment C). Mr. Kanaley anticipates having a community meeting on February 23rd at LHH to help address questions the community may have. There may also be a town hall for staff during February.

FINANCIAL REPORT

Attached is the list of Capital Equipment and Capital Projects requested for FY 05/06 (Attachment D). The Committee will see LHH's operating budget as presented at the Health Commission meetings.

Mr. Kanaley said that at the retreat the team discussed the January 21, 2005 article in the San Francisco Chronicle regarding the Laguna Honda Hospital admissions policy. Mr. Kanaley met with Dr. Katz to express the concerns of executive leadership that Dr. Katz's comments negatively impacted the hospital staff, and asked that Dr. Katz apologize for his comments and meet with executive and medical staff. Dr. Katz has proposed a cooling off period, mediation and a letter of apology. Monica Banchero-Hasson, Chief of Staff at Laguna Honda Hospital, read a letter that is going to be submitted to the Chronicle by the medical staff (Attachment E.)

Public Comment

- Derek Kerr, M.D., speaking in reference to the San Francisco Chronicle article, said professionals have the obligation to treat others with respect and civility, or at least common courtesy. Dr. Katz's words went below the minimum of decency and fairness, and the Health Commission should be concerned. (Dr. Kerr submitted a copy of his testimony, which is on file in the Health Commission office).
- Maria Rivero, M.D., is concerned about the statement in the newspaper that the change to the admissions policy has saved \$1.7 million. She said the methodology used to arrive at this number is flawed, and the tracking system is inaccurate. Laguna Honda staff had been assured that data from the tracking system would not be used for fiscal analysis. (Dr. Rivero submitted a copy of her testimony, which is on file in the Health Commission office).
- Patrick Monette-Shaw was very disturbed by the newspaper article. If Dr. Katz is professionally frustrated, how does he think the staff at Laguna Honda feels when being called ignorant and racist? Dr. Katz must issue a formal apology to Laguna Honda staff and copy the San Francisco Chronicle. Mr. Monette-Shaw is also concerned about Mr. Sass's financial analysis.

Commissioners' Comments

- Commissioner Illig deeply regrets that the Chronicle article and Dr. Katz's comments have become the issue. He does not want an argument in the newspaper about the goals and future of Laguna Honda Hospital. This diverts attention from the job everyone needs to get behind, which is that Laguna Honda has been neglected and everyone needs to work to transform the institution to meet future needs. With regard to the 18-month strategic plan, Commissioner Illig appreciates indicators and outcomes, and said there should be baselines by which to measure outcomes. Mr. Kanaley replied that there are baselines available, and he and his staff will work to get these details. Commissioner Illig asked for copies of Plans of Correction for citations the hospital receives. Commissioner Illig would also like more detail on TCM, and asked that Liz Gray present an in-depth overview of the report at a future meeting.
- Commissioner Umekubo said he thought the gap was getting closer, but now there has been a step backward. He would like to see mediation as soon as possible. With regard to the strategic plan, he asked who is responsible for seeing that goals are met. Mr. Kanaley replied that each member of the leadership team has been assigned a goal. Although many people will be working on implementation, one person will be ultimately accountable.

4) **APPROVAL OF THE LAGUNA HONDA HOSPITAL MISSION AND VISION STATEMENT**

John Kanaley, LHH Executive Administrator, presented the Laguna Honda Hospital Mission and Vision statement.

MISSION: As part of the Department of Public Health safety net, the mission of Laguna Honda Hospital is to provide high-quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco.

VISION: Laguna Honda Hospital will be a center of excellence in providing a continuum of care that integrates residents in the least restrictive setting, thereby supporting their highest level of independence.

Public Comment

- Howard Chabner* (See attached statement of 150-words or less)
- Patrick Monette-Shaw – Line staff are not being consulted about policy. Therefore what we have is executive committee fiat. This is a public institution, not Dr. Katz’s private SNF. Please reject the mission statement until there is a public forum to get input, and restore the term “long-term.”
- Sister Miriam – all Proposition A propaganda focused on care for elderly residents.

Commissioners’ Comments

- Commissioner Illig said that an institution like Laguna Honda should be at the very end of the continuum, and people who need long-term care should live in the community. Laguna Honda is an institution that provides continuing care as part of a continuum, not a nursing home. He urged Mr. Chabner to get involved in the newly formed Long Term Care Coordinating Council. Commissioner Illig wants the public to know that the Director of Health is not making changes on his own, but with the Health Commission’s approval. He said that social rehabilitation is a new way of looking at care, and people needs to understand what it is—a treatment mechanism that helps soften the edge of institutions.
- Commissioner Umekubo said one of the problems that impacts San Francisco is that nursing homes are not being built, either publicly or privately. We do not have enough resources for either the elderly or the younger people who need long-term care. Until lawmakers finance health insurance for everyone, and adequate long-term care facility financing, the challenges are more than San Francisco can handle.

Action Taken: The Committee approved the Laguna Honda Hospital Mission and Vision Statement.

5) **LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**

Larry Funk, Laguna Honda Hospital Replacement Project, presented a replacement project update.

BUDGET

Bids were received at the end of October for 27 trade packages for the first three buildings. These bids have been reviewed by the team and discussed with the bidders.

- 10 of the trade package bids are under budget and acceptable. Final review and any minor adjustments are under way.
- 10 of the trade package bids are over budget and staff is in the process of requesting pricing on value engineering proposals from subcontractors.
- 7 of the trade package bids are significantly over budget and are being re-packaged and re-bid in an effort to increase competition.

In general, the healthcare sector is experiencing bid results that are up to 30% over 2003 estimates. This trend is reflected in the Laguna Honda bid results to date. The seven trade packages that are being re-packaged exceed this general trend.

TIMING ON A DECISION REGARDING THE SIZE OF THE FACILITY:

- Trade package bids that were received in October and are valid for 90 days (January 2005).
- In order to preserve the bids that are acceptable, they need to be incorporated into a contract with the General Contractor in January.
- New bids for trade packages that are being re-bid will not be received until late January to mid February 2005.
- Because, by mid January, they will not have the results of the re-bids, which are needed in order to make a decision about the scope (as in number of beds) of the facility, all bids that are acceptable and awarded in January will be for the full scope of the work (no reduction in size).
- If, after receipt of the re-bids, it is determined that a reduction in the size of the facility is required, it can be addressed at that time, i.e., mid to late February, through a deductive contract modification.

SCHEDULE

OSHPD has also advised the Program Team that they intend to implement a pilot project at the site, which will attempt to expedite reviews of field changes in response to the team's concerns regarding the delays involved in such reviews.

Completion and activation of the new boiler room has been completed. The replacement team would like to acknowledge the proactive involvement of the Hospital's Plant Service and Nutrition Services staff who made this cut over successful.

BUILDING PERMITS

State building permits have been issued by the Office of Statewide Health Planning & Development (OSHPD) for the foundations and structural framing for the four new buildings (South, Link, East and West). These are referred to as the Increment 1 permits.

State building permits for Increment 2, the remaining work in the four new buildings, are in the final stages of being issued. Approved drawings have been issued and the actual permit is being processed.

City of San Francisco building permits are required for the New Hospital Site Improvements (Site Package 2) and the Existing Hospital Site Improvements (Site Package 3). Review comments for the Site Packages have been received and a resubmitted set of documents has been submitted to the City for their final review.

LAUNDRY RELOCATION

The City is exploring relocating the laundry to a City-owned facility in San Francisco rather than in a leased facility in South San Francisco. A number of potential facilities have been identified and discussions are ongoing with the union.

The team has initiated discussions with the City's Real Estate office to relocate the purchased laundry equipment from a warehouse facility in Hayward to a less expensive space in San Francisco or South San Francisco.

CONSTRUCTION INSURANCE

An RFP was issued for insurance proposals for the project from insurance brokers who would administer an Owner Controlled Insurance Program (OCIP) and from the General Contractor who would administer a Contractor Controlled Insurance Program (CCIP).

The Proposals received on July 6 were from Turner and Willis. The City subsequently decided to not pursue a loss-sensitive program. Consequently, all proposals were rejected and new proposals for cost guaranteed programs only are being requested. The Risk Management Office and the City Attorney's Office have resolve the remaining issues and proposals are scheduled to be received on January 21, 2005.

TESTING AND SPECIAL INSPECTION

The legal challenge to the selection process has been submitted and has been reviewed by the program team and the City Attorney's Office. A final recommendation to proceed with the firm selected has been received from the City Attorney's Office. A contract is being sent to the successful firm.

SB1953 COMPLIANCE

The team has prepared a response to OSHPD's Backcheck #4 comments regarding Laguna Honda's SB1953 Compliance Plan.

COMMUNITY RELATIONS

The Program Team attended a December 16, 2004 community meeting at St. Brendan's church. The discussion centered around patient flow issues and the use of Tobacco Settlement Revenue Funds.

FURNITURE FIXTURES & EQUIPMENT

The information for the furniture, medical, and kitchen equipment has been consolidated into one database for budgeting and managing the equipment procurement. The preliminary reports were completed this quarter and another round of detailed reviews are underway with the hospital staff.

Public Comment

- Patrick Monette-Shaw – It will cost \$5 to \$6 million to buy a building for the new facility. The laundry should be built at Laguna Honda, where DPH already owns the land.

Commissioners' Comments

- Commissioner Umekubo asked when the final bid information would be available. Mr. Funk said the final bids are due on February 17th. It will take approximately a week to compile the results. They will present information at the February LHH JCC, and then recommendations to the Health Commission in March.

6) OPERATIONS REPORT

Robert Christmas, LHH Chief Operating Officer, presented the Operations Report.

PARKING

As stated in the December 23, 2004 report, LHH planned to implement a full Paid Parking Program at LHH by January 1, 2005.

Mr. Christmas said staff conducted a lottery on January 4th, which resulted in over 300 staff not being eligible to park on the campus. Staff decided, therefore, to postpone the implementation of the full Paid Parking Program until March 1, 2005. This additional time would allow them to explore and implement some mitigating measures, i.e., assisted parking (valet parking); increase car pools; expansion of the current shuttle service to and from public transportation sites (Glen Park Bart Station). Mr. Christmas feels the realization of all these measures will allow them to accommodate all staff who need to bring their personal vehicles to work. He will keep the Committee informed of the progress.

SECURITY/SAFETY

Staff continues to work towards enhancing the Safety/Security program at LHH. Some measures: Card Key Access-which will limit unauthorized access to over 55 doors on the campus; CCTV at the main ingress and egress points; Duress alarms at all major parking areas as well as at all heavily used pedestrian walkways; Increased lighting throughout the entire campus; Escort service for all staff who must travel to various remote areas on the campus. If resources allow, staff plans to expand the current visitor identification program by eight hours per day, seven days per week.

Mr. Christmas will keep the Committee informed regarding our progress.

LAUNDRY

Staff continues to work with the Mayor's Office to explore possible alternatives to out sourcing the Laundry Services.

EQUIPMENT REQUEST FY 05/06

The prioritization list of equipment that was submitted for consideration as part of the FY 05/06 budget requests is enclosed in the Executive Administrator's Report (see Attachment F). Please note that many of the equipment requests are of the patient safety, quality of care category.

7) CLINICAL CARE REPORT

Paul Isakson, M.D., Medical Director; Tim Skovrinski, M.D., Assistant Medical Director; Gayling Gee, R.N. and Mivic Hirose, R.N., Co-directors of Nursing, presented the Clinical Care Report (Attachment G).

Commissioners' Comments

- Commissioner Illig asked if LHH has a connection with the UCSF School of Nursing. Ms. Hirose said that Laguna Honda is a partner with the geriatric section of the School of Nursing. Staff highlighted other rotations, orientations and partnerships.
- Commissioner Umekubo hopes the future holds formal residency programs because Laguna Honda is a treasure chest of training.

8) PUBLIC COMMENT

- Patrick Monette-Shaw – in response to Dr. Katz's inability to control is level of frustration, the Violence in the Workplace Prevention Work Group will be asking all Laguna Honda staff to have zero tolerance for verbal abuse. The Health Commission needs to convey to Dr. Katz their displeasure at his comments.

- Howard Chabner – Admissions from San Francisco General Hospital are way up and this means more people from out of county are ending up at Laguna Honda. A facility that is paid for with San Francisco taxpayer dollars should not have people from out of county.

9) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 11:20 a.m. Present in closed session were Commissioner Illig, Commissioner Umekubo, Monica Banchero-Hasson, Chief of Staff, Robert Christmas, Chief Operating Officer, John Kanaley, Executive Administrator, Gayling Gee, Co-director of Nursing, Mivic Hirose, Co-director of Nursing, Paul Isakson, M.D., Medical Director, Luenna Kim, Senior Personnel Analyst, Kathy Murphy, Deputy City Attorney, Tim Skovrinski, M.D., Assistant Medical Director, Serge Teplitsky, Director of Quality Management and Michele Olson, Health Commission Executive Secretary.

C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

CONSIDERATION OF QUALITY IMPROVEMENT REPORT

(Quality Improvement Staff)

D) Reconvene in Open Session

The Committee reconvened in open session at 11:55 a.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Committee voted not to disclose any discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 11:55 a.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (6)

***Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.**

****Minutes are approved at the next meeting of the Laguna Honda Hospital Joint Conference Committee.**

Written Summaries of 150 Words of Less that have been Submitted by the Members of the Public

Item 4 – Written Statement of Howard L. Chabner - An elderly relative has lived at Laguna for many years. Reject the proposed mission statement. It omits any mention of long-term care; even the word “care” is absent. It emphasizes Laguna’s integration into the Health Department, instead of its unique, distinct status. These huge changes are part of an attempt to change Laguna from a nursing home to a social rehabilitation center. San Francisco greatly needs long-term care facilities for disabled and elderly people with serious medical conditions. Laguna Honda has met this need well for decades. I ask each member who votes for the statement to state for the record where they think poor, working class and middle class San Franciscans who need long-term care should go. To learn the facts, go to www.stoplhhdowntsize.com. Please protect Laguna residents, continue its historic mission and stop betraying the voters who approve the rebuild bond.