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## **MINUTES**

### **JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING**

**Monday, January 28, 2008**  
**9:45 a.m. to 11:45 a.m.**  
**Conference Room A300**  
**375 Laguna Honda Boulevard**  
**San Francisco, CA 94116-1411**

#### **1) CALL TO ORDER**

Commissioner Chow called the meeting was called to order at 9:50 p.m.

Present: Commissioner Edward A. Chow, M.D., Chair  
Commissioner David J. Sanchez, Ph.D., Member

Staff: Luis Calderon, Arla Escontrias, Larry Funk, Gayling Gee, Regina Gomez, Liz Gray, Mivic Hirose, Paul Isakson, M.D., John Kanaley, Timothy Skorvinski, M.D., Mark Slavin, John Thomas, Adrienne Tong,

#### **2) APPROVAL OF MINUTES OF THE MEETING OF NOVEMBER 26, 2007**

Action Taken: The Committee approved the minutes of November 26, 2007 Joint Conference Committee meeting.

#### **3) EXECUTIVE ADMINISTRATOR'S REPORT**

John Kanaley, LHH Executive Administrator, presented his report.

## ANNOUNCEMENTS/INFORMATION

### Employee Of The Month

December 2007 - Cam To, Health Information Services (HIS) Team  
January 2008 - Simon Lee, LHH Payroll Division

Mr. Kanaley announced that the Annual Service Awards Dinner is scheduled for February 29<sup>th</sup>.

### IS VIRUS UPDATE NOVEMBER 2007

**Virus:** Staff believes most of the Virus related damage has been remedied. The fall out from the virus attack identified necessary improvements in the system. Many of those fixes are requiring additional wiring and configuration. This part of the report will be discontinued after this final report.

**Software:** Additionally, staff has been conducting a process of identifying priorities for IS systems for the coming years. The IS Steering committee has focused the IS team on projects and work load based on hospital priorities. For Hospital wide systems; The Steering Committee has identified two areas of need:

- A Long Term care system. The Committee reviewed options that are currently available through Invision, and through RTZ, neither appeared to meet the needs of the users. A request was made to fund a new system and a Request for Information (RFI) is being developed.
- The Rehabilitation Software system has seen the end of its useful and supported life. A request for replacement has been submitted through the Capital System.
- An On line Census project is underway, at present 8 nursing units are reporting their daily census data “on line”. As the additional Nursing units get their 2<sup>nd</sup> computers on their units, they too will come on line with their census management.
- Hospital Wide Online UO system is being developed to mirror the SFGH model.
- MD Notes: in order to begin the process, MediScribe needs to be upgraded. This is scheduled for February.

### STRATEGIC PLANNING

The Hospital Combined Leadership team concluded two days of strategic planning on Tuesday, December 11, 2007. From the two day retreat, we reviewed and reaffirmed our Mission, Vision, and Goals for Fiscal years 07/08 and 08/09. We added the value statement, “Our residents come first”, to our Mission Statement Plan. We also re-ordered the goals to respect that our residents come first by naming the quality goal as goal number 1. Multi- Lingual posters will be posted throughout the hospital, including every unit, so that all staff members are reminded of our mission statement.

### BUDGET REPORT

FY 09 Budget – Laguna Honda Hospital and Rehabilitation Center continues to work on its budget initiatives. Following the Mayor’s Instructions for reductions, staff worked diligently on minimizing costs and finding reductions. The combined leadership team, consisting of over 40 of the Hospital’s leaders met to review the current budget for FY08 (the first quarter report by Gregg Sass), the Budget instructions from the Mayor, and the goals of the Hospital.

LHH budget initiatives:

- Structural fixes carried over from last year
- Regulatory fixes carried over from last year
- Revenue
- Revenue neutral proposals
- Reductions
- New funding
  - Laundry
  - Start Up/Transition Funding

After reviewing the current Budget shortfall and reading the Mayor's Budget instructions, the Combined Leadership team decided it was time to move forward with some cost saving ideas that have been discussed but not initiated.

- 1) Closure of Clarendon Hall – Clarendon Hall (CH), with its current census of 115 residents, is slated to close in July 2009 as part of the original rebuild schedule. The idea of closing CH one year early, July 2008, has been discussed and several benefits were identified. In Closing CH 1 year early, it allows for the demolition of CH, and the building of the connector corridor between the Link Building and the East Building. The benefits are:
  - a. Allows all three buildings, South, Link and East, to open simultaneously in 2009, the Benefits of this are:
    - Reduction of coordination of services across two different sets of hospital buildings which we believe will impact the cost of providing quality care to our residents.
    - Savings of \$5 to \$6 million in Project costs associated with finishing the overall project 1 year ahead of the current schedule.
    - Savings of over \$2 million in transition costs associated with having the Link and South building open, while the East is complete and sitting empty.
    - Reduces our current operating budget by \$2.3 million per year.
- 2) After the closure of Clarendon Hall, complete the census reduction to 780 beds. The Rebuild Project is providing Laguna Honda Hospital with three new state of the art buildings to provide care for our residents in an environment that will enrich their quality of life. The bed capacity for the three buildings is 780 beds. In order to solidify our plans for the move into the new buildings, we developed a plan to reduce our census to 780 beds by July, 2009 in preparation for the move into the three buildings beginning October 2009. This reduction in census should also provide a reduction in operating costs. The actual cost has not been determined as of the date of this report, we are estimating the savings to be in the \$2 million neighborhood.

Salary Monitoring – The bi-monthly salary spending reports show that for the first half of the fiscal year, LHH is tracking at \$2.257 million over budget and given its current trend are projecting to be at a \$3.32 million negative variance by year's end. This has improved since Mr. Kanaley reported last month that the projected negative variance would be \$3.82m. The second salary spending report shows a different year end projection of \$1.588 million negative variance. This lower negative variance report is based on an operation plan to get back into our spending allocation by the year's end by reducing our census and operating costs by closing Clarendon Hall over the next 6 months, by July 1, 2008. In addition to the lower negative variance, there is a projected savings to fringe benefits in the amount of \$1.850 million. This brings the payroll variance projections for LHH at the end of the fiscal year to \$0 variance.

## CENSUS REPORT

<b>Average for November 2007</b>	
Bed Occupied	1011.33
Beds Held	7.33
Admits	1.17
Total Paid SNF	1019.83
Acute (Capacity 16)	
M7 Acute Census	2.1
L4 Acute Census	1.17
Total Paid Beds	1023.1
<b>Average for December 2007</b>	
Bed Occupied	1011.26
Beds Held	7.32
Admits	1.55
Total Paid SNF	1020.13
Acute (Capacity 16)	
M7 Acute Census	1.68
L4 Acute Census	0.39
Total Paid Beds	1022.2

## STAFFING REPORT

The hospital staff vacancy rate reported as of January 14, 2008 is 9.42 % up from November rate of 8.11%.

## REGULATORY UPDATE

### CDPH

On January 15, 2008, the facility received a Class “A” citation for a Title 22 patient care issue related to a resident fall on June 5, 2007 that resulted with hip fractures which was also complicated by an allegation of resident abuse. The facility has submitted an acceptable plan of correction and is waiting for a follow-up visit on January 25, 2008.

On January 14, 2008, the facility received a deficiency finding following a self –report of a resident to resident altercation on September 14, 2007.

On December 10, 2007, the facility received a Class “A” citation for a Title 22 patient safety issue that resulted in a resident burn. The follow-up visit was conducted on December 20, 2007 and it was determined that we had completed all corrective actions as stated on the Form CMS 2567.

LHH has recently received a verbal update from CDPH that the revised General Acute Care Hospital Plan of Correction that was submitted on September 5, 2007 for the August 15, 2007 revisit had been accepted, but we have not received the Form CMS 2567-B confirming this information.

LHH has revised its licensing bed count. For the first time, newly enacted legislation requires all hospitals to pay registration fees per bed for licensing renewal, without exemption. Previously, government run hospitals were exempt from the fee. Our license prior to this change as you know had been 1457 beds. Given the significant fees involved in this new legislation (\$309.00 per acute bed and \$250 per SNF bed), LHH has reduced the number of licensed beds to better reflect its current census with 1125 beds. This reduction saved approximately \$100,000 in fees this year and will be adjusted further downward next fiscal year. The total fees assessed are over \$381,000.

### PATIENT FLOW

Waiting List - For December 2007, the average number of patients on waiting list was 7. FY to date our average is 9.3. The average for FY 06-07 was 14.2. The January 2008 quarterly report to the Board of Supervisors regarding patient flow was included in Mr. Kanaley's report.

### TARGETED CASE MANAGEMENT

The TCM report for December 2007 was attached to the report. Ms. Gray introduced Luis Calderon as the new Director of TCM. He previously worked at IHSS. We are very fortunate and we are going to see a new day at TCM. Mr. Calderon is pleased to be here to make sure that people are discharged to the community with everything they need.

Mr. Kanaley thanked Commissioner Sanchez and Commissioner Chow for their guidance to the Committee over the past year.

### Public Comment

- Patrick Monette-Shaw said the reduction of 420 SNF beds will have catastrophic consequences on San Franciscans. Please fund the COPS and build the west tower. There has been no Beilenson to consider not building the west tower.
- Mara Kopp said there is concern that people feel that what they voted on with Proposition A is not happening. They are chipping away at what was promised. She is not against building community assisted living, but we need the services that were promised in Prop. A. Also, the process is hard to follow.
- Karen Fishkin, geriatric social worker, is concerned about the changes at Laguna Honda. She always felt most confident sending her clients to Laguna Honda. Moving people to the community is the best option if done well. But many people cannot be successful in the community. She feels that what is being set up now is not being set up to succeed.
- Larry Bevan, SEIU 1021, is concerned about placement of residents. All SROs are in the Mission, the Tenderloin and South of Market. Do we want to place our vulnerable resident in these neighborhoods? There are not enough community placements and he does not see us getting the resources to create these placements, especially not in the next year.

## Commissioners' Comments

- Commissioner Chow asked how the records at LHH will integrate with the LCR and SFGH's efforts to enhance its electronic record. Mr. Kanaley said they anticipate using the LCR as the main database for information on physicians' notes and other things. Dr. Skorvinski added that they want to start by creating a hybrid chart that can be shared with SFGH, Primary Care, etc. and be compatible with the rest of the department. They hope to gradually go to complete electronic medical report. Mr. Kanaley said they are meeting with Barbara Garcia and SFGH to develop the RFP to ensure it includes all necessary components.
- Commissioner Sanchez asked when the project would be executed. This is one of our top priorities for patient care. Dr. Skorvinski said they hope to roll this out over the next few months.
- Commissioner Chow asked how the PI Steering Committee will enhance what we do. Ms. Gomez said this steering committee will help to bring the program further down to the staff level and incorporate PI efforts into day to day work. Dr. Skorvinski added that this reorganization is also a mechanism to get recommendations that come from the performance improvement teams into the hands of people who can implement these recommendations. Commissioner Chow wants to clarify that they are freezing new admissions, given this year's budget constraints. Mr. Kanaley said this is correct, with the exception of acute rehab, hospice and Positive Care patients.
- Commissioner Sanchez asked how these changes are affecting the cohorts that we have and what the downsides are. Mr. Kanaley said one downside is that there will be a reduction in SNF beds in San Francisco. On the plus side, DPH is committed to the success of the Success at Home Program. A second downside is that there will be staff reductions, with fewer people working on the campus. Finally, it will be a lot more work for the placement team to take residents out of LHH and SFGH and place them into the community. Commissioner Sanchez asked if there has been discussion about the transition dollars that are needed to make these changes a year earlier. Mr. Kanaley said given the general fund cost per day at Laguna Honda and the amount available through the waiver, over the long term it is a cost savings.
- Commissioner Chow asked Ms. Gray how she envisions handling the additional patients transitioning to community care. Ms. Gray said in her role as Director of Long Term Care Services, she has been working very closely with Mitch Katz, Marc Trotz, Sharon Kwong and Gene O'Connell on plans for transitioning people from SFGH. She is working with On Lok to develop a plan for them to provide medical services to DPH beds. They are currently running 17 pilot projects that have been very successful. The other issue is that there are some patients that require SNF level care. They are in discussion with San Francisco and out of county SNFs to secure beds in and out of the city as an alternative. S will still be paying a general fund patch, but this will be less than \$130 per day that is costs for Laguna Honda. They are being very careful to ensure that the quality is built in to any agreement with operators of other SNF beds.
- Commissioner Sanchez said quality must be ensured. There is a high degree of variance among operators and we must make sure to lock our quality expectations into all contracts. Laguna Honda has been a model of quality in terms of quality, education and

due diligence. The Joint Conference Committee meets every month to discuss with clinical and administrative leaders with the focus on quality and this does not happen at other facilities. Ms. Gray said this is a concern and she is looking at setting up a monthly meeting at each facility. Commissioner Chow welcomed Mr. Calderon as Director of TCM.

#### **4) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**

John Thomas presented the update. Construction is 60 percent complete.

South, East and Link Buildings – The exterior shell of the South Residence and Link Buildings are nearly complete and the window installation is underway. Waterproofing and lathing for stucco will begin in February. The installation of the interior wall framing continues in the Link and South Residence Buildings and Mechanical, Electrical and Plumbing installation is underway in all three buildings. The installation of the Interior drywall in the South Residence Building is really making it start to look like a hospital. Although the overall project schedule is currently tracking twelve months late the team is making every effort to not fall further behind schedule.

The Knuckle Building now has concrete floors and the Mechanical, Electrical and Plumbing for the new kitchen and cafeteria is now being installed.

Furniture, Fixtures & Equipment consultants' contract has been approved and together with the Replacement Team they will purchase new furniture and medical equipment for the new building.

Simon Theatre and the Chapel is closed and will reopen in 2 years after structural remodeling and the new bathrooms are complete.

Clarendon Hall – During the last big storm, strong winds ripped the hip wrap that covers and protects the new buildings from the outside elements. The scaffold at the East Residence Building closest to Clarendon Hall buckled but did not collapse and is currently being rebuilt. As a precaution residents living at the eastside of Clarendon Hall were relocated to other units in the building.

Larry Funk presented an update on Transition Planning.

#### Public Comment

- Patrick Monette-Shaw is concerned about the lack of services available in the community and the lead time available to increase services. You need to ensure that services are in place before dumping people into inappropriate situations, and he encourages the Commission to ensure that services are available.

#### Commissioners' Comments

- Commissioner Chow said the East Building sustained a lot of damage in the storms and asked if they are still holding to the timeline to open by the end of 2009. Mr. Thomas said at this point the contractor has not said that they are unable to open at that time. Mr. Kanaley noted that the transition start up budget for the next fiscal year is just over \$4 million and is in the new initiatives budget. In the following fiscal year there will be another \$9 million.

## **5) OPERATIONS REPORT**

Gayling Gee, Associate Administrator of Clinical and Support Services, presented the Operations Report. Ms. Gee discussed the Infection Control Report, including the Monthly Infection Control Surveillance and an update on the Influenza Vaccination and Hand Hygiene campaigns

### **EMERGENCY PREPAREDNESS**

On Thursday evening January 3<sup>rd</sup>, 2008 the Bay Area experienced a major winter storm that included high winds of up to 50-70 mph and large amounts of rain. The storm continued throughout Friday morning January 4<sup>th</sup>. At approximately 8:30am on Friday morning the facility was notified of the following of a power outage Clarendon Hall (CH), damage to the scaffolding adjacent to the CH East Residence Building, torn Hipwrap at various locations in the three new buildings, road closures throughout the campus and East and West elevators at CH were out of service. The emergency generator was activated, giving CH partial power. At 9am John Kanaley activated a partial incident command and briefed the group. An assessment of the situation at CH was immediately done and development of appropriate responses begun.

### **DEPARTMENT OF EDUCATION & TRAINING**

LHH Department of Education & Training (DET) has enthusiastically taken on a key role in organizational development and has begun to implement an innovative plan for achieving initial goals. The team sees organizational development as an ongoing effort to constantly reevaluate needs in order to develop the internal capacity to efficiently achieve our mission and sustain the effort over time. At the core is LHH's mission, vision, values and strategic plan with many specifics identified in DETs Education Strategic Plan. Dec '07-Jan '08 interventions included Culturally Effective Healthcare Program Development and Transition Planning

## **6) CLINICAL CARE REPORT**

Paul Isakson, M.D., Medical Director and Mivic Hirose, Chief Nursing Officer, presented the Clinical Care Report. They welcomed new staff Cherrylyn Fernandes, Volunteer Coordinator, and Carol Baillie, Nurse Manager of the Positive Care Units.

### **The Positive Care Program at LHH**

The Positive Care Program has expanded to 56 beds, from one two units, six months ago (June 2007), thanks to an approved budget initiative for FY '06-'07 by the Health Commission and the Board of Supervisors. The program is currently at full capacity. The program expansion has been helpful in many ways. The Positive Care Program provides access to highly skilled levels of care for persons failing in the community; it relieves SFGH and other community hospitals of acute clients needing skilled nursing care; and the expansion of another unit allows for more space to work with residents having special needs.

Along with the regular schedule of daily activities, the residents are offered art therapy, meditation, community meetings, POZ group (education and support), women's group, SATS group (substance abuse treatment services), pastoral care, as well as ongoing family and one-on-one support.

Bereavement services are offered for anticipatory as well as grief and multiple losses. The Positive Care staff are highly skilled in AIDS care and treatment in all stages of the disease. They offer their expertise to other care providers both inside LHH and when residents are transferred to other facilities.

The interdisciplinary team works closely together and collaborates with community providers, as part of the continuum of care, to ensure proper discharge of the residents to the appropriate settings. Sometimes when residents are admitted with advanced disease, complicated with severe mental illness and years of substance abuse, it's hard to imagine that they will return to the community, yet many do.

#### 2008 Nursing Theme

For three years now, Nursing begins the new year with a theme. This year's theme, chosen by Nursing Leadership and the Nursing Quality Improvement Council, is titled "Partners in Care: Residents and Nurses Collaborating." We will weave this theme to our daily work as well as in our planning efforts.

#### Laguna Honda Hospital joins with the Institute of Aging to educate other Professionals

Laguna Honda Hospital has joined with others in the aging network to support a series of four professional educational programs. The programs Discovering Secrets of the Aging Mind is part the Institute on Aging's (IOA) newest endeavor.

#### Laguna Honda helps to improve Geriatric Care at the State Correctional Facility in San Luis Obispo, California

On November 16, Dr. Bettina Hodel, a psychologist with the Correctional Department, spent four hours with Gail Cobe, the clinical nurse specialist for Dementia Programs, learning about resident care at Laguna Honda Hospital. Dr. Hodel had learned from a colleague, who works at the UCSF Memory Clinic, of Laguna Honda's advances in geriatric and dementia care and she wanted to see them for herself. She visited two dementia units, exchanged ideas with Nurse Manager, Oliva Ignacio and Activity Therapy Supervisor, John Chan.

#### Presentations on Chinese/Hispanic Cultures

Laguna Honda's mission is to provide high quality, culturally competent care to our diverse resident population. In line with this goal, Lan Lee, Nurse Manager of C4 & G4 Asian Focus Units and Amparo Rodriguez, Nurse Manager of E5 Spanish Focus Community, presented valuable information regarding the Chinese American and Hispanic American aged populations. The presentations included cultural beliefs and practices common to both groups, how these beliefs may interact (conflict) with the dominant U.S. medical culture and factors to consider when caring for elderly Chinese/Asian and Spanish Speaking residents.

#### LHH Medical Staff Appointments

##### Appointments:

Wilmie Hathaway, D.O. – Internal Medicine – (Active/Daytime)

##### Reappointments:

Ivan Silverberg, M.D. – Oncology – (Active/Consultant)

Jayum Starks, M.D. – Internal Medicine – (Active/Daytime)

William Boyle, M.D. – ENT – (Active/Consultant)

Eric Jamison, M.D. – Internal Medicine – (Active/Night & Weekend)

Wellman Tsang, M.D. – Internal Medicine – (Active/Night & Weekend)

Myo Chang, M.D. – Internal Medicine – (Active/Night & Weekend)

Victoria Sweet, M.D. – Internal Medicine – (Active/Daytime)

Lydia Lukian, M.D. – Internal Medicine – (Active/Daytime)

Paul Isakson, M.D. – Internal Medicine – (Active/Daytime)  
Eugene LaBarre, DMD – Prosthodontics – (Active/Consultant)  
Michael Hee, M.D. – Ophthalmology – (Active/Consultant)  
Frederick Albrecht, M.D. – Internal Medicine – (Active/Night & Weekend)

Resignations:

Peggy Ching, M.D. – Plastic Surgery – (Active/Consultant)  
Daniel Rybold, M.D. – Internal Medicine – (Active/Night & Weekend)  
Dr. Fridolin W. Heer, M.D. - Surgery – (Active/Consultant)

Commissioners' Comments

- Commissioner Chow said that the Health Commission has four new commissioners and there will be new committee assignments. One of the premier slots is the Laguna Honda Hospital Joint Conference Committee. Commissioner Chow expressed his appreciation for the work that the staff has done in creating and implementing the new vision for Laguna Honda. The institution has a wonderful future. He also thanked the staff for their tremendous work with cultural competency.
- Commissioner Sanchez echoed Commissioner Chow's comments. It has always been an honor to serve on this committee and to see the creativity, challenges, frustrations, compassion and commitment of the staff. This institution is viewed as a world-class program with a focus on patient care and community. It reinforces what this city is about.

**7) PUBLIC COMMENT**

None.

**8) 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 1130 a.m. Present in closed session were Commissioner Chow, Commissioner Sanchez, Luis Calderon, TCM Director, Gayling Gee, Associate Administrator of Clinical and Support Services, Regina Gomez, Director of Quality Management, Liz Gray, Director of Long Term Care, John Kanaley, Executive Administrator, Mivic Hirose, Chief Nursing Officer, Paul Isakson, M.D., Medical Director, Adrienne Tong, Deputy City Attorney and Michele Seaton, 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**

- D) Reconvene in Open Session

The Committee reconvened in open session at 11:50 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.

**9) ADJOURNMENT**

The meeting was adjourned at 11:50 a.m.



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Michele M. Seaton  
Executive Secretary to the Health Commission