

James M. Illig
President

Sonia E. Melara, MSW
Vice President

Edward A. Chow, M.D.
Commissioner

Margine A. Sako
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

Steven Tierney, Ed.D.
Commissioner

Catherine M. Waters, R.N., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health



Mitchell H. Katz, M.D.
Director of Health

Jim Soos
Acting Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Wednesday, April 22, 2009
4:00 p.m.
Conference Room A300
375 Laguna Honda Boulevard
San Francisco, CA 94116-1411

1) CALL TO ORDER

Commissioner Sako called the meeting to order at 4:10 p.m.

Present: Commissioner Margine A. Sako, Chair; Commissioner Illig, Member

Absent: Commissioner Sonia A. Melara, M.S.W., Member

Staff: Luis Calderon, Arla Escontrias, Delvecchio Finley, Regina Gomez, Mivic Hirose, Valerie Inouye, Marc Slavin, Debbie Tam, Hosea Thomas, Adrienne Tong, and Rowena Tran, David Woods

2) APPROVAL OF MINUTES OF THE MEETING OF JANUARY 21, 2009

Action Taken: The Committee approved the minutes of the January 21, 2009 Joint Conference Committee meeting.

Public Comment

Patrick Monette Shaw commented that the minutes of January 21, 2009 did not reflect changes to scheduling of the LHH-JCC meetings from a quarterly to a monthly basis.

3) INTEGRATED HOSPITAL REPORT

Mivic Hirose, Interim Executive Administrator; Marc Slavin, Director of Government & Community Relations; Debbie Tam, Interim Chief Nursing Officer, and Delvecchio Finley, Interim Associate Administrator of Clinical and Support Services presented the Integrated Hospital Report.

EMPLOYEES OF THE MONTH – JANUARY TO MARCH

January 2009 – G4 (Asian Focus) Unit Staff

The G4 Nursing Team was nominated Employees of the Month for their extraordinary care of an extremely medically-complex middle aged resident whose nursing care needs far exceeded the ‘typical’ day-to-day performance in a skilled nursing facility, and whose actions on his behalf embody resident-centered, customer service. The G4 nurses responded with flexibility and diligence to address his complex nursing care needs in spite of his scheduled medication regimen, in collaboration with the unit physician, dietitian, social worker, clinical pharmacist, activity therapist, and advance practice nurses.

February 2009 – Sandra Sprague, Physical Therapist

Sandra Sprague has helped rehabilitate many of the Rehabilitation Unit residents, a majority of whom achieve the goal of returning to the community after their course of physical rehabilitation.

Sandra participates in Hospital leadership projects, like the “Falls/Restraints Reduction Performance Improvement Team,” and the “Bed Census Project.” She also has taken on lead roles in some of the innovative Rehabilitation Services Transition Team programs, like the “Therapeutic Pool and Fitness Center,” in preparation of the move into our new facilities. Sandra is a Clinical Instructor to Physical Therapy interns from UCSF, Samuel Merritt College, and the University of Southern California. As a mentor, Sandra freely shares her academic and professional knowledge with every student assigned to her for training. She has the innate energy to get involved with projects for the betterment of the Physical Therapy Department and Laguna Honda’s residents, now and in the future.

March 2009 – Angela Platzer, Nurse Manager

Angela has faithfully served at Laguna Honda Hospital and Rehabilitation Center for 20 years. Angela has contributed significantly to improve procedures and protocols to enhance the operations of her Departments. Angela’s institutional knowledge and willingness to adapt to change make her an invaluable resource as we build towards the future of operations at LHHRC.

ANNOUNCEMENTS/INFORMATION

Executive Leadership Changes –

John Kanaley, 1957-2009

LHH continues to mourn the loss of John Kanaley, our Executive Administrator, who died suddenly at age 51 on March 19, 2009. John's commitment to the residents and his kindness and wisdom as an administrator made him a dynamic and effective leader for Laguna Honda Hospital and Rehabilitation Center. The affection for John as an individual and the respect for him as a professional were evident in the many tributes to him during his memorial service at LHH on March 27th, in which hundreds of visitors came to honor and remember him along with our residents and staff. The hospital thanks the Health Commissioners for coming to the memorial, honoring John, and sharing their sympathies with us.

His leadership and his friendship will be missed. John set the direction for LHH's future and LHH staff will continue to honor him by staying true to LHH's mission and vision, successfully meeting its strategic goals, and maintaining its organizational value that "Residents Come First".

Interim Appointments

As former Chief Nursing Officer (CNO) at LHH, Mivic Hirose is now serving as Interim Executive Administrator. She is assuming an immense role as the hospital continues to grieve for the loss of John Kanaley and reinvents itself as a dynamic system ready to occupy and manage a world class long term care and rehabilitation facility. Amidst major organization changes and challenges, she has picked up where things left off and look forward to leading LHH into the future.

She has asked Debbie Tam to assume the role of Interim CNO. Ms. Tam has been at LHH for 30 years, is a Nursing Director, and a respected clinical leader in DPH (a recipient of the Gene O'Connell award). She currently chairs the Patient Care Committee with the transition planning to the new building. She has comprehensive knowledge of our nursing operations as well as a legendary commitment to getting the job done. Debbie comes to the position of CNO with a consistent history of promoting organizational effectiveness and quality improvement.

Delvecchio Finley, San Francisco General Hospital's Associate Administrator for Support and Diagnostic Services, joined the Laguna Honda executive team as Interim Associate Administrator for Clinical and Support Services on April 3, 2009. Delvecchio brings strong administrative credentials and a collaborative work style to the job. Please join me in welcoming Delvecchio to the LHH community.

Bed Capacity Reduced to 855

Effective April 1, 2009 LHH has reduced its total licensed bed capacity to 855 beds, comprising of 45 general acute care and 810 skilled nursing facility beds. The 45 general acute care classification is comprised of 30 rehabilitation center and 15 unspecified general acute care beds. The licensed bed reduction allows LHH to convert one of its former resident care units for Health At Home that will be moving to the LHH campus by the end of the fiscal year.

Health at Home Relocating to LHH

Plans are on schedule to relocate the DPH Health at Home Program to the LHH campus. The move will consolidate their operations from two separate sites (635 Potrero Ave. and 45 Onondaga) to Unit F5. The move will take place in two phases and it is scheduled to be completed by the end of the fiscal year.

Security Program

LHH is working to comprehensively improve security throughout the campus. We have formed a new Security Management Committee to oversee and evaluate security issues. This committee has developed a new security management program. It is reviewing and revising existing security policies and creating new security policies. It is also revising its approach to prevent security incidents on campus. Finally, the committee is working to program and activate the advanced electronic security infrastructure for the new hospital buildings, which includes over 80 color digital cameras and many electronically doors and panic alarms. We believe these enhancements will help improve the security and safety for all those who live or visit Laguna Honda Hospital.

Emergency Management Program

In preparation for the move to the new hospital buildings, we have begun an ambitious revision of our emergency management program. Some notable changes include developing a new Hospital Emergency Operations Plan, which will be consistent with the Department and City's Emergency Operations Plan; pre-identifying and training key administration and disaster personnel in the Hospital Incident Command System; installing communications and command equipment in our Hospital Command Center; and improving our ability to alert and communicate with key personnel during emergencies. Together, these changes will help allow Laguna Honda Hospital being able to protect and continue to provide care to our residents, provide a safe workplace for our employees, and care for residents from the local community who may come to LHH for care.

National Public Health Week Event

Jill LeCount, Michael Mikolasek, and Shannon C. Smith of the Department of Education and Training (DET) presented LHH's two-time award winning Culturally Effective Health Care Program Development project at the Department of Public Health Diversity and Inclusion program on April 8th, 2009. The event was dedicated by Commissioner Illig to the memory of John Kanaley, LHH CEO who passed away unexpectedly on March 19th, 2009. John Kanaley was commended for his leadership of LHH's cultural competency program, which grew out of strategic planning goals for improving communication and developed into an award winning model under the guidance of project lead, Jill LeCount. Ms. LeCount encouraged participants and others throughout DPH to use the value statements LHH inserted into job postings and performance appraisals and invited participants to LHH's 8-hour Diversity and Inclusion training. The education team believes the state and national awards for the program serve to affirm that LHH is very much on the right track, yet they are humbly aware that much more needs to be done to achieve the vision of eliminating disparities. Commissioner Chow delivered closing remarks at the event complimenting LHH on making significant progress and inspired participants to continue to support cultural competency initiatives, particularly during these troubled economic times.

Introducing Sister Elizabeth Johnson

Sister Elizabeth Johnson is now the coordinator for all Catholic Programs here at LHH. She is taking the place of Sister Miriam Walsh who retired after twenty-eight years of service. Sister Elizabeth grew up in Jamaica and is a member of the Canossiana Daughters of Charity. She comes to LHH well prepared for her work having both a degree in Nursing and several units of Clinical Pastoral Education (CPE). CPE is a course in studies specifically for Hospital Chaplains. She worked for three years in the UCSF system as a Pastoral Counselor and has served as a volunteer

here at LHH. We are very fortunate to have someone here with her experience and education. Sister Elizabeth is much welcomed and we look forward to many years of successful service.

The Laguna Honda Grapevine

Mivic presented copies of the LHH newsletters dated since January 2009.

CENSUS REPORT

Nursing Unit Census Daily Average for March 2009

Nursing Unit Census Daily Average for March 2009	
SNF Census	
Beds Occupied:	784.00
Beds Held:	5.43
Admits:	0.61
TOTAL SNF Census:	790.04
Acute Census:	capacity (16)
M7 Acute Census:	1.14
L4 Acute Census:	0.93
TOTAL PAID BEDS:	792.11

PATIENT FLOW – Now Accepting New Admissions

In January, 2008, we began to no longer accept SNF patients, in order to limit our admissions as we needed to downsize in preparation of moving to our new facility. We continued to admit to our Hospice, Rehab and Positive Care units as beds on those units became available.

We are now accepting new admission referrals to the other units, however we continue to maintain a high occupancy rate. Consequently new admissions will be limited. Laguna Honda is also adding an important step in its admission screening and intake process. As of April 1, 2009, the Diversion and Community Integration Program (DCIP) of the Department of Aging and Adult services will review all referred individuals who are eligible for care at LHH. This review will determine if diversion to less restrictive, community-based alternatives is possible. The goal is to provide access to resources to improve long-term care in San Francisco. The outreach memo has been sent to San Francisco Community Hospitals and Programs by the LHH Admissions and Eligibility Department.

Board of Supervisors Quarterly Report

The average percentage of admissions from San Francisco General Hospital for the 1st quarter of 2009 was 56%. This represents a steady decline since the policy was changed in February 2005.

TARGETED CASE MANAGEMENT

The TCM report for January, February and March 2009 for LHH discharges is to be distributed at the JCC meeting by TCM Director Luis Calderon. The following are the overall number of monthly discharges for January, February and March of 2009:

CATEGORIES	JANUARY 2009 Discharges	FEBRUARY 2009 Discharges	MARCH 2009 Discharges
<u>Rehabilitation</u>	5	7	6
Respite		0	0
TCM	3	1	4
LHH	1	0	
AMA	0	0	0
AWOL	2		1
Positive Care	3	3	3
TOTAL	14	11	14

LHH REPLACEMENT PROGRAM REPORT

As of the end of March 2009, construction on the three buildings is just over 80% complete. With the exception of the Electrical bid, due April 14th, LHHRP has received bids for the remainder of Phase 1 of the Remodel for H wing during this quarter.

South Residence

Ceiling grid has been installed through level 4, followed by installation of flooring in the resident rooms and light fixtures. The first galley serving room has been tiled on level 2 (photo below), along with the remainder of non-patient bathrooms and tub rooms on level 2. The South Residence Building man-lift was removed in mid-January and the final exterior work on this building is underway. Heating & hot water boilers and air handling units will be started up in May. By the end of the quarter the contractor was completing the installation of the window-wall at the Link where the man-lift had been.

Pavilion Building (formerly known as The Link Building)

The Link Building, now called "The Pavilion" finishes are continuing on pace with the South Residence Building. Permanent roof was installed during this quarter. By the end of the quarter the contractor was completing the installation of the window-wall at the Link where the man-lift had been. Link building finishes are continuing on pace with the South Residence Building. Permanent roof was installed during this quarter.

North Residence Building

The North Residence exterior finishes are also nearing completion. Scaffolding has been removed from all but the southern face which is anticipated to be completed by the end of April 2009. The interior sheetrock installation is complete and the contractor is focusing on completing the documentation of the seismic

anchorage of all above ceiling mechanical, electrical and plumbing. Once complete, focus will shift to ceiling installation followed by other finishes.

New Hospital Site Improvements

Work continued on several site improvements projects including the farm building & greenhouse located in the east valley behind the link building and the revisions to the tree allee located at the entrance to the hospital. Work continues at most of the building courtyards, focusing on the hardscape and irrigation. Work on the Woodside Ramp will begin in the next quarter which will provide ADA access from Woodside Road to Wing A of the existing hospital.

TRANSITION PLANNING REPORT

As we begin the second quarter of 2009, the level of resident and staff excitement about moving into the new hospital facility next year continues to grow. The South Residence and Pavilion are now within seven months of substantial completion which is scheduled for October 31, and the North Residence is on schedule for completion just two months later on December 31. The April 2009 Transition Planning Implementation Timeline provides a visual dashboard instrument for monitoring major activities required for successful project completion.

The construction work inside of the new facility is moving rapidly with installation of interior finishes such as painting, flooring, tile work and lighting fixtures. Some cabinetry and appliances have been delivered to the job site and are awaiting installation. Work on the exterior of the buildings has also accelerated this quarter, highlighted by the grading of the East Meadow and construction of the farm and greenhouse foundations, along with pathways and some landscaping being installed in the therapeutic gardens.

As staff and visitors tour the new buildings, they are now able to get a much better prospective on the appearance of the finished environment, and have positive comments which generate additional enthusiasm.

As reported in January, the Hospital began exploring the feasibility of improving the operating efficiency of the Nutrition Service Department through the installation of a cook chill food preparation system. After thorough analysis of this option, the Hospital ascertained that this modified program would require an additional \$5-6 million investment, and could potentially delay substantial completion of the Pavilion. Therefore, the Hospital decided to rule out the cook chill option and continue with the social dining galley service as originally planned.

During the first quarter of 2009, the Hospital continued its due diligence through monthly committee meetings with our transition planning consultants. Some of the major activities and highlights are summarized below.

1.) Streamlining the Planning Structure. The Hospital Executive Committee streamlined the planning structure and meeting schedule since we are now within 12 months from the targeted move date of the first week of April 2010. The streamlining included the merger of the Facilities Start Up / Commissioning and Logistics Subcommittees which will be consolidated into the Fit-Up Committee. The Hospital also created a new Move Master Planning Committee to coordinate all the logistics involved with the transition into the new facility. These structural improvements should

reduce the number of meetings required while maintaining the quality of the deliverable work products.

2.) Initiating the Furniture, Fixtures and Equipment (FFE) Procurement Process

The Hospital has scheduled regular meetings with the Purchasing Department leadership to manage and monitor the procurement of all items required for the new facility. The Hospital is making every effort to hire a new Assistant Materials Coordinator who will collaborate with our Materials Management Department, consultants, and Purchasing staff to spearhead the FFE procurement effort. We have been advised that the FFE funding (approximately \$40.2M) will be available by May 1st which will allow the extensive 6-9 month procurement process to begin. All items to be procured have been prioritized according to their required lead time. The initial purchasing efforts will focus on equipment needed on the jobsite for installation by the General Contractor, and the IT and PBX equipment required for the Data Network and Telephone Switch. Procurement is one of the most important activities for the second quarter of 2009, and we will monitor this activity closely.

3.) Moving and Storage Company Request for Proposal (RFP)

During this quarter the Project Team completed production of an RFP to solicit proposals from qualified vendors to provide receiving, warehousing and moving services for all the FFE for the new facilities that will not be shipped directly to the Hospital due to storage space limitations. The RFP is under review by the Purchaser's office and should be let for public bid in the near future. We anticipate having the successful moving company selected and contracted by July, and at that time that company will join the Move Master Planning Committee work effort.

4.) Activation of the IT Server Room and PBX Switch Room

The DPH IT staff and DTIS staff have invested significant time in developing and refining specifications and a Bill of Materials of all equipment required for these two rooms which are among the most complex in the new facility. This staff has coordinated closely with the General Contractor, and is prepared to begin installing the technical systems and equipment upon delivery to the job site. The project schedule requires each of these areas to be complete by late summer, so this item will continue to receive support and close monitoring.

5.) Completion of Signage System Specifications

Hospital staff, in conjunction with our signage consultant, have completed the review and approval of signage for the new facility, including the new patient room number coding system. The approved specifications will be transmitted to the General Contractor for fabrication and installation prior to the substantial completion dates. In keeping with the Hospital's philosophy of being resident centered, the Executive Committee engaged all residents in the naming of the Household Units in the North and South Residences. Proposed Household names and an opportunity for suggesting additional names were published in the Grapevine so the entire Laguna Honda community could participate in creating part of the new Hospital by casting their vote. With all the votes tallied, the majority preferred naming the Households in the North Residence by popular California tree names; Cedar, Cypress, Juniper and Redwood. The South Residence households will be named after local or California landmarks with the ballot winners being Buena Vista, Marina, Pacifica and Sierra. The Hospital is delighted the residents have had yet another opportunity to help craft their new home.

6.) Pebbles Research Project Update

During the first quarter the Hospital initiated the two research projects which received start up funding from the Laguna Honda Foundation: The Quality of Life Study, and the Business Case

Study. Dr. Uriel Cohen, research consultant, has convened several meetings with Hospital staff to assist in defining the parameters of the studies. We expect that the scope, metrics and methodologies for both studies will be completed by June, so that after required approvals the pre-move data collection can begin. After the move into new facility, similar post-occupancy data will be collected, analyzed and documented. The Hospital intends to disseminate the results of the research to improve the design and functionality of future facilities, and to explore opportunities to refine the operation of the new LHH facility. We will continue to provide periodic status reports as the research progresses.

7.) Change Management Trainings

The Department of Education and Training has been coordinating a number of training events to support an effective transition, which is all the more crucial in the face of loss that LHH has experienced over the last few months. Some of the recent events include:

- ✚ Monthly Leadership Forum extended sessions on Transition and Change with consultant and trainer Santalynda Marrero and Jill LeCount.
- ✚ 1 hour interactive Transition and Change modules with interdisciplinary groups, provided several times each month during LHHs' full-day SMART and Dementia training.
- ✚ In-service for over 350 C.N.A. staff with monthly Transition Modules such as virtual tour, culture change, and inclusionary interventions
- ✚ Facilitation training in preparation for community meetings about transition with Activity Therapists

8.) Transition Communications

We have convened a group of interested parties to work on transition communications. Participants include the Department of Public Health, the Department of Public Works, Turner Construction Co., Anshen + Allen Architects, and the Center for Health Design. The group is pooling resources and talents to work on media planning, materials production, and event planning.

9.) Areas of Focus for the Second Quarter 2009

For this quarter, the Hospital's Transition Steering Committee will focus on the following high priority items.

- Assuring release of the \$40.2M FFE funding.
- Mobilizing staffing resources for the procurement team and begin purchasing all the FFE.
- Mobilizing staffing resources for the IT and PBX teams and focusing on the purchase and initial installation of the IT Server PBX Rooms.
- Refining the Security Plan for assuming responsibility of the 3 new buildings by the substantial completion date.
- Mobilizing staffing resources for the Plant Services Department in preparing to assume operational responsibility for the 3 new buildings by the substantial completion dates.
- Refining the resource requirements and plans for preparing the Education and Training Program and the Licensing and Certification Compliance Program.
- Continuing to communicate progress reports and additional work requirements to the Hospital Community

In summary, the Hospital believes the Replacement Project is in a very sound position to successfully continue the Transition planning process through 2009. Critical to the success of this effort is the timely provision of the FFE Budget to allow procurement to begin immediately, and the timely provision of required Transition Budget staff positions to perform the one-time additional workload required by a project of this magnitude. With those essential resources provided, the Hospital will have all the elements to assure a safe and successful move of all residents into the new

facility on schedule. We look forward to providing future progress reports to the Laguna Honda Joint Conference Committee.

COMMUNICATIONS REPORT

The intention of the communications program is to help build a collaborative and innovative organization by providing reliable, accessible and constructive information. The following are some of the projects that we have developed and implemented through this program.

Resident Involvement in Strategic Planning

A management team led by Mivic Hirose meets regularly with the officers of the Resident's Council to solicit input on quality of life and transition-related topics. Following several months of weekly meetings, the participants have settled on a bi-monthly schedule. In addition, residents now regularly participate in programs of the Department of Education and Training to add their voices to the training curriculum.

Website

A new hospital web site is now live at lagunahonda.org. The site was designed by Molly Duggan Associates, the firm that built the DPH website. It features information on the history, services, and future of Laguna Honda, with a look and feel inspired by the open and accessible design of our new buildings.

Brochure

A new general purpose brochure is available from the communications office. The brochure focuses on the community orientation of the new Laguna Honda, including its dedication to resident reintegration and to fostering a community environment on the campus. (Copies will be available at the JCC meeting.)

Message Points Bulletin

A bi-monthly bulletin summarizing key issues discussed at meetings of the executive staff is distributed to all members of the Management Forum via email. It assists in the communication of organizational priorities to managers, supervisors and line staff. **(Attachment H)** A new hospital policy establishes regular departmental staff meetings to communicate information and solicit feedback.

Tours

Twice-weekly construction tours are now underway for staff members. The tours provide a general introduction to the buildings and orient employees to their new work environment. The tours are proving to be consistent morale boosters.

Welcome Flyer

A one-page introduction to the new Laguna Honda is now available to help orient visitors to the work and mission of the organization. The flyer is distributed to community members and civic groups touring the construction site.

QUALITY OF CARE REPORT

Restorative Nursing Assistant Program Graduation

On April 16, 2009, a graduation ceremony was held at Laguna Honda Hospital's Moran Hall. Forty-four certified nursing assistants received their certificates for completing the two-day course for Restorative Nursing Assistant. This certification enhances the skills of the certified nursing assistant by providing theory and skills to improve clinical competencies and knowledge to meet the needs of residents who have restorative nursing needs. This training will help to improve residents' ability to function related to activities of daily living, prevention of contractures, prevention of falls and many other areas.

This class was made possible through a partnership with City College of San Francisco. Congratulations to all of the graduates for a job well done.

Closure of Units K7 and O7

Reducing the overall census of LHH to 780 residents (including acute care patients) is one of many actions necessary to prepare LHH for the move into new buildings next year. On Thursday, April 16th, the last unit in the old buildings scheduled for closure, K7, part of the Chronic Care/High Support Program, will have relocated all remaining residents to other LHH care units. This successful endeavor was the result of the collaborative effort of the IDT members led by Dr. Lukian and Nurse Manager Kathleen Maxwell. On February 15, 2009, Unit O7 closed and the residents were relocated to other care units with the support of a dedicated IDT led by Dr. September Williams and Nursing Director Mercy Devasconcellos who worked hard to assure that their residents were relocated to units best able to meet their needs.

The process of resident relocation is carefully planned, and involves residents, family, and staff. Relocating even one resident requires assessing their care needs, evaluating units with the capacity to meet the resident's particular needs, providing comprehensive clinical information about the resident to the new care team (IDT), and finally supporting/evaluating the resident's adjustment after the relocation, by nurses known to the resident and their family. When closing an entire unit, this process occurs 20 or more times and is completed over many months. Relocation to another unit, with new staff and new resident community members can be stressful to residents and to their families, therefore engaging them in the process and supporting them for a time after the relocation is essential.

Closing a unit also means the dislocation of staff who may have worked together as a team for years. Prior to closure, staff members must juggle meeting residents' ongoing needs with the staff's anxiety about their future work assignment. In this aspect, the IDTs of K7 and O7 also excelled. Many thanks to O7 and K7 for a job well done!

New Investigator Award

Anne Hughes, RN, PhD, Advanced Practice Nurse in Palliative Care received the Hospice and Palliative Nursing Association's (HPNA) New Investigator Award at the Annual Assembly of HPNA and the American Academy of Hospice and Palliative Care Medicine in Austin Texas on March 28, 2009. Dr. Hughes was recognized for her potential on beginning her research career, and studying a vulnerable population, the urban poor, at the end of life. Dr. Hughes has received other awards recognizing the importance of her research, the Oncology Nursing Society 2008 Excellence in Cancer Nursing Research and UCSF School of Nursing 2008 Distinguished Dissertation Award.

Nursing Division Focuses on Improving Resident Care through Comprehensive Care Plan Reviews

During the months of January and February, nursing directors, clinical nurse specialists, and nurse educators partnered with RAI specialists to review the care plans and related documentation for 51 selected residents. Residents were selected because of the number of their quality indicators and their complex medical and nursing needs

Using a newly revised audit tool, each of the twenty one nurse reviewers spent 2-5 hours per resident. The review included interviewing residents, nursing staff, other team members, and examining medical records to ensure that risks and actual problems were care planned appropriately.

The goal for this quality improvement project was to improve the planning and delivery of care. The objectives to provide each IDT with specific resident feedback, determine compliance baselines and identify areas in need of continuing education and oversight were met.

Resident Satisfaction Survey

As part of our efforts to measure and improve the quality of life of our residents, LHH will conduct its second patient satisfaction survey in June 2009. We have contracted with MyInnerview, a highly acclaimed research company that specializes in measuring performance and quality in long-term care and aging services. The comprehensive survey will measure satisfaction on all aspects of the resident experience at LHH – everything from activities, to cleanliness, to meals, to nursing and physician care – in order for us to identify ways of improving the quality of our care and services. With plans to conduct the survey annually for at least 3 years, it will also allow us the opportunity to compare resident satisfaction before and after the move into the new hospital.

Research Efforts with the UCSF School of Nursing

LHH is collaborating with UCSF School of Nursing (SON) researchers to conduct clinical research as LHH prepares to transition from its current 19th century designed buildings, into one of the most modern health care facilities in the country. LHH Foundation leaders, Derek Parker, Louise Renne, and Dr. Mitch Katz approached SON Dean Kathleen Dracup to explore this research partnership. The LHH Foundation has agreed to provide start up funds, or seed money, to enable the UCSF researchers to secure larger competitive grants from the NIH, AHRQ and philanthropic foundations. Dr. Mary Blegen, is the lead SON investigator; she is Professor of Nursing whose program of research includes patient safety and quality of care. Joining Dr. Blegen, is Dr. Meg Wallhagen, Professor of Nursing and Director of UCSF Hartford Center for Excellence in Gerontological

Nursing whose research interests include noise and hearing impairments in older adults. Mary Louise Fleming, RN, PhD and former Director of Nursing at LHH is the SON LHH Project Coordinator. Eric Collier, RN, PhD, postdoctoral fellow is the 4th member of the UCSF SON research team. LHH staff members who have been collaborating with the researchers include Mivic Hirose, Interim Executive Administrator, Larry Funk, Associate Administrator and Pebbles Research Project liaison, Regina Gomez, Director of Quality Management, Jill LeCount, Director of DET, Rowena Tran, Director of Administrative Operations, and Anne Hughes, RN, PhD, APN/Palliative Care. After securing IRB approval, the researchers plan to collect baseline measurements prior to the move for comparison post move. The UCSF SON-LHH research partnership has the potential to inform long-term care in the US, and will advance LHH's vision to become a national leader in long-term care.

Regulatory Compliance

2008 Regulatory Training Compliance reports were redistributed to executive leadership and managers. The overall compliance rates were already over 80% in January and the reports serve as an incentive to get as close as possible to the 100% mark.

DET welcomed Environmental Services and Food Services lines staff to computer-based training with a March 2009 kick-off event. Staff has expressed great enthusiasm for, what is for some, a new-found skill in using computers. Compliance with mandatory training is expected to escalate significantly as a result.

LHH Medical Staff Appointments

January 1, 2009 – March 31, 2009

Appointments:

Denten Eldredge, DPM – Podiatry – (Active Consultant)
David Young, M.D. – Plastic Surgery – (Active Consultant)
William Kennedy, D.O. – Internal Medicine – (Active/Night & Weekend)

Reappointments:

Emile Daniel, M.D. – Surgery – (Active/Consultant)
Tera (Cardone) Bonara, PsyD – Neuropsychiatry - (Active/Daytime)
Eric Stamps, DPM – Podiatry – (Active/Consultant)
James Reed, M.D. – Gastroenterology – (Active/Consultant)

Resignations:

Alan Pao, M.D. – Internal Medicine – (Active/Night & Weekend)
Iling Chen, M.D. – Internal Medicine – (Active/Daytime)
Derek Allen, M.D. – Radiology – (Active/Consultant)
Ian Zlotolow, DMD – Dentistry – (Active/Consultant)

4) PUBLIC COMMENT

Patrick Monette-Shaw commented that there appears to be discrepancies in the data that is reported on pages 2, 3 and 4 of the first quarter 2009 TCM Report.

5) 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 4:00 p.m. Present in closed session were Commissioner Illig, Luis Calderon, TCM Director, Mivic Hirose, Executive Administrator, Delvecchio Finley, Interim Associate Administrator of Clinical and Support Services, Regina Gomez, Director of Quality Management, Valerie Inouye, CHN Chief Financial Officer, Debbie Tam, RN, Chief Nursing Officer, Hosea Thomas, M.D., Interim Medical Director, Adrienne Tong, Deputy City Attorney, Rowena Tran, Operations Manager, and David Woods, Director of Pharmacy.

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 5:05 p.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.

6) **ADJOURNMENT**

The meeting was adjourned at 5:05 p.m.

Jim Soos
Acting Executive Secretary to the Health Commission