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## MINUTES

### JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

**Monday, April 24, 2006**  
**9:45 a.m. to 11:45 a.m.**  
**at**  
**Conference Room A-300**  
**375 Laguna Honda Boulevard**  
**San Francisco, CA 94116-1411**

#### 1) CALL TO ORDER

Commissioner Chow called the meeting to order at 9:00 a.m.

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

Staff: Cheryl Austin, Arla Escontrias, Larry Funk, Gayling Gee, Liz Gray, Mivic Hirose, Valerie Inouye, Paul Isakson, M.D., John Kanaley, Lorraine Killpack, Ph.D., Chona Peralta, Serge Teplitsky, John Thomas, Adrienne Tong and David Woods, Pharm. D.

Guests: Joanne Holland, RTZ Associates

Commissioner Chow announced that from now on, the meetings would begin at 9:45 a.m.

#### 2) APPROVAL OF MINUTES OF THE MEETING OF APRIL 3, 2006

Action Taken: The Committee approved the minutes of the April 3, 2006 Laguna Honda Hospital Joint Conference Committee meeting.

### 3) EXECUTIVE ADMINISTRATOR'S REPORT

John Kanaley, LHH Executive Administrator, presented the Executive Administrator's Report.

#### ANNOUNCEMENTS/INFORMATION

No new announcements.

#### STRATEGIC PLAN

FY 2005-2006 – Mr. Kanaley noted that the latest status on the Strategic Plan is attached to his report.

FY 2006-2007 – The Strategic Plan is being finalized for presentation to the LHH-JCC in May 2006 and the Health Commission in June 2006.

#### BUDGET INITIATIVES

The LHH Executive Staff continues to ask the Health Commission for support on funding some of their budget initiatives to support the 2006-2007 Strategic Plan. LHH is seeking additional funding in support of the latest DHS/CMS survey findings. The budget proposal being submitted includes some of the items listed on LHH's initial budget initiative requests. Increases cover:

- Additional Activity Therapists (Health Workers) to provide increased activities to our residents, particularly in the Dementia, Complex and Positive Health units where incidents of resident to resident altercations are highest. These AT's will provide an increased range of activities to provide more positive outlets for resident behavior.
- LHH is also being mandated by DHS to improve staff educational programs. The increases follow the original initiative of building the infrastructure of the newly formed Department of Education and Training. The request also includes \$100,000 in external resources to provide outside experts to aid in training program development as per the Statement of Deficiencies.
- Increases in staff for the Quality Management/Performance Improvement Program, inclusive of two Clinical Nurse Specialists and two Analysts to help trend and analyze difficult areas of management and look for performance improvement opportunities.
- Two other positions directly related to regulatory compliance include a Dietician for ADHC and an MEA for Phlebotomy.

#### CENSUS REPORT

Average for March 2006	
Beds Occupied	1025.35
Beds Held	7.26
Beds Reserved	3.54
Beds unavailable	2.03
Clinically Blocked	1
C2 Observation	1
Locked beds	0
Isolation Beds	1.75
Admits	2.52
<u>Total</u>	1040.7
Beds Available	16.3

JCC-LHH Minutes

April 24, 2006

Page 2

Total Paid SNF	1035.13
Total Acute Capacity (16)	
M7 Acute Census	2.55
L4 Acute Census	2.29
Total Paid Beds	1039.97

### STAFFING REPORT

The Hospital Staff Vacancy rate reported as of April 3, 2006 was 8.85%, which is close to the previous rate of 8.92% reported in March 2006. It has risen considerably since June 2005 when the rate was 4.889%. For every increase of 1%, that reduces our staffing levels by 15 FTEs.

### REGULATORY REPORT

#### DHS

Plans of Correction for the three Statements of Deficiencies have been submitted. LHH is waiting for verified acceptance of the plans.

#### DOJ

There is nothing new to report regarding DOJ.

#### CalOSHA

There is nothing new to report regarding CalOSHA.

### PATIENT FLOW

#### Waiting List

Mr. Kanaley reviewed the waiting list for March 2005.

#### BOS Quarterly Report

The BOS Quarterly report showing the sources of admissions, and the distribution of race, age and ethnicity of the resident population was attached to Mr. Kanaley's Report.

#### TCM

Liz Gray reviewed the March 2006 TCM Program report, which was attached to Mr. Kanaley's report. In addition, each month LHH also reviews the number of discharges. The LHH Data is as follows:

### MARCH 2006 LHH DISCHARGES

#### SUMMARY

CATEGORIES	#S
Rehabilitation	11
Respite	4
TCM	6
LHH	6
MISCODE (AMA)	1

TOTAL DISCHARGES	27
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Ms. Gray said she met with Commissioner Monfredini regarding issues around patients successfully transitioning out of Laguna Honda Hospital. Since that meeting, she has met with Anne Hinton, Director of the Department of Aging and Adult Services, to discuss better coordination between DPH and DAAS during transition. She has also met with Mivic Hirose regarding the development of a discharge unit at LHH. This has been a long-term goal and hopefully will come to fruition. In addition, she has been emphasizing to staff that when TCM does a discharge, the TCM case manager must stay intimately involved with the resident until another case manager has actively taken over. This has been the TCM policy, and she continues to enforce it and remind staff of its importance.

Ms. Gray announced that Mission Creek is the next development coming on line, with 51 beds available. This will be the next discharge push and the intent is to fill all of those beds. People can begin moving in in May.

#### Commissioners' Comments

- Commissioner Chow said over the past number of years the Chinese community has built facilities to accommodate people who might otherwise go to Laguna Honda, whereas newly arrived Asian immigrants do not have these resources. This is why he thinks it is worthwhile to compare the number of newly admitted Chinese compared to the number that applied. He also asked staff to make another attempt to break down the "Other Asian" population. Commissioner Chow asked if a follow up report could be generated for the cohort that was discharged to the Plaza to see how well they are doing. Ms. Gray said her staff is developing a quality management program within TCM that will incorporate this kind of data. There is a lot of interest in TCM and DPH to monitor how clients are doing. Commissioner Chow said this should be reported through the CHN JCC. Dr. Killpack said that when there were more substance abuse resources at Laguna Honda, services were provided at Broderick House, which was a common discharge location for LHH patients. This made transition out of Laguna Honda much more successful.
- Commissioner Sanchez noted that the African American population in San Francisco has declined, yet this population continues at the same rate at Laguna Honda, and he would like to understand why. Other entities, including UC and various foundations, are doing a lot of research on this population and Laguna Honda should link to these resources. Ms. Gray agrees and added that DPH has known for a long time that the largest population admitted to locked facilities is African American men. CBHS was successful in getting a grant to fund a program to address this problem. Commissioner Sanchez said the Department must be diligent about preventing this problem at all of its institutions.

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

John Thomas, Program Manager, LHH Replacement Project, presented a program update. Construction of the access path from Laguna Honda Boulevard to West Clarendon Road has been slowed due to inclement weather conditions. This work should be completed in summer 2006.

### *Link Building*

Installation of inserts to support the ductwork, plumbing and electrical elements in the ceiling area continues, to be followed by the installation of reinforcing steel and concrete slabs on deck beginning in May. Fireproofing material will be applied to the steel following deck installation.

### *South Building*

Erection of structural steel for the South Building began on March 16<sup>th</sup> and will continue into May. Work on the underground utilities continued during the month of March.

### *East Building*

With the completion of the Micropile activities in mid-April, at the East Residence, the underground Mechanical, Electrical and Plumbing and foundation construction will commence. The structural steel erection at the East Residence is currently forecast to start by the end of the Second Quarter of '06 with completion of structural steel in September.

### *Existing Hospital Remodel*

Phase 1 of the remodel of the existing hospital building is scheduled to receive its OSHPD permit by July 2006. The third review of the drawings has been completed by OSHPD. Once the permit is received, the project could begin Hazardous Materials Abatement as early as August 2006 with the remodel work to follow as early as September 2006.

Weekly coordination meetings continue with hospital operations staff to coordinate or mitigate any possible impact from the construction project. Hospital staff participates in monthly Transition Steering Committee meetings in order to plan for the furnishing, occupation, and activation of the new buildings. Bidding of the West Building is not scheduled to begin until 2008 and proceeding with that building will be contingent on the decision of the Health Commission and the Board of Supervisors. Pictures of the construction site are updated every 20-30 minutes and are available at the following address: <http://turnerconstruction.oxblue.com/cam1/>

Mr. Kanaley added that LHH sent a letter to various community groups informing them that the ADA accessible path project would be delayed.

### Commissioners' Comments

- Commissioner Chow asked how the remodel of the existing building would be handled. Mr. Funk said this will be a very challenging job, and described the various areas that would be impacted by the remodel, including Moran Hall, the kitchen, medical staff offices and the H-building, among others.

### **5) OPERATIONS REPORT**

Gayling Gee, R.N., Associate Administrator of Support Services, presented the Operations Report.

#### LHH Emergency Preparedness Drill:

LHH participated in the City-wide Emergency Preparedness drill on Wednesday, April 19, 2006. The Hospital Emergency Incident Command System (HEICS) was the model for response, and the LHH goals for the drill were to test out external and internal communication systems. Planning for the drill was carried out under the leadership of Susan Spencer, RN, MS, Director of DET, Chair of the Safety Committee and Chair of the Emergency Preparedness Subcommittee. The interdisciplinary Subcommittee set up the internal disaster drill, developed and distributed yellow

packets with internal disaster scenarios to all clinical and administrative units, assigned staff to ten HEICS Section Chief and Director roles, and designated four observers to critique the Command Center's overall performance. All 60 units/departments responded to the Command Center. All of the devised internal scenarios were responded to in a timely manner.

LHH was also appropriately in communication with the DPH and SFGH Command Centers. LHH accepted responsibility for the following referrals from DPH Central Command:

9:45 am	22 patients from Chinese Hospital
10:40 am	15 ambulatory patients from SFGH
11:00 am	25 patients from Kaiser (along with 6 RNs, 6 CNAs and 2MDs)

Each of these groups of patients were appropriately discussed with LHH Medical and Nursing leadership, and re-locations of existing LHH residents, use of M7 Acute beds and use of the currently closed D3 unit were part of this simulation. All felt we could have actually carried out this simulation in a "real life" situation. The Operations and Clinical Support services, including Facilities, Environmental Services, Nutritional Services, Materials Management, Central Supply, and Telecommunications, also played a key part in the simulation, making the participation in the drill hospital-wide.

As always, the drill taught us many lessons about our existing systems and how to improve them. Additionally, it sparked discussions about creating roving Psychosocial support teams, roving Medical triage teams, use of Simon Auditorium and Moran Hall as shelters, using Red Cross as a support agency to shelter neighborhood residents who may be forced to evacuate their homes. The internal drill was called off at 11:30 am, and a LHH Command Center de-briefing was done immediately. Command Center leadership and observers gave input that will be documented and brought back to both the Safety Committee and Executive Staff for review and discussion. Participation in the drill was enthusiastic across the Hospital. The next LHH Emergency Preparedness Drill is scheduled for November 2006.

#### Commissioners' Comments

- Commissioner Chow asked what role Laguna Honda played in the aftermath of the 1906 earthquake. Mr. Kanaley said some buildings were still standing after the earthquake and these were used to house people. Also, a large number of LHH "inmates," as they were called at the time, were relocated to temporary quarters at the Ingleside Race Track.
- Commissioner Sanchez said the Health Commission, at its last meeting, heard a presentation on the public health response to the earthquake, and there was nothing about LHH. Perhaps Mr. Kanaley could get in touch with Brian Katcher, who has developed the on-line archive, to include some LHH activities. Mr. Funk said that the new facility would have a Laguna Honda Hospital History Room. Ms. Gee noted that very soon, Moran Hall, Simon Auditorium and the cafeteria will be taken off-line as part of the remodel. This means that these areas will no longer be available to use for emergency response. This requires changing response plans to reflect available resources.

#### **6) CLINICAL CARE REPORT**

Mivic Hirose, Director of Nursing, Paul Isakson, M.D., Medical Director and David Wood, Pharm. D., Director of Pharmacy presented the Clinical Care Report.

### Safety Training Update

In the Fall of 2005, LHH began an 8-hour training for clinical and unit staff, including nursing, physicians, rehabilitation, social workers, activity therapists, dietitians, and porters, to teach and practice knowledge and skills in de-escalating techniques. The focus is on using effective communication strategies and use of least restrictive measures. The training program, called Safety Management and Response Techniques (SMART), is taught by 24 LHH clinical staff, including nurse executives, psychologists, social worker, activity therapists, licensed vocational nurse and certified nursing assistants. To date, LHH has provided 32 classes, with over 700 clinical and unit staff attending. There are 14 sessions scheduled through end of June 2006. The goal is to educate and train all LHH staff.

Evaluations from the classes have been positive, reflecting an increase in staff's knowledge and skills in managing and de-escalating situations. LHH will continue to apprise JCC of updates from this important training program.

### Preparing LHH's Workforce for Technology

In a partnership project with the Information Technology of San Francisco, City College of San Francisco and United Healthcare West, the third cohort of computer training classes are in progress. Approximately 75 nursing staff have been attending computer training classes here at LHH, taught by City College of San Francisco instructors. To date, more than 100 nursing staff have completed the computer training program from the first two cohorts. LHH anticipates providing approximately four more cohorts of training classes for our nursing staff who need the skills development. These classes are made possible through grant funding from the Walter and Elise Haas Fund, the State of California Community Colleges Chancellor's Office, Blue Shield of California Foundation and The San Francisco Foundation.

In addition, through advocacy from City College of San Francisco, a 16-week Keyboarding class began in February for LHH staff. Approximately 24 staff have enrolled, with 10 placed on the waiting list. Participants attending are becoming proficient in keyboarding skills.

### LHH Nurse Leader Receives Nursing Research Grant

Through a competitive process, we are pleased to inform JCC that Anne Hughes, RN, MN, FAAN, Advanced Practice Nurse in Palliative Care, has been selected to receive a two-year nursing research grant from the Oncology Nursing Society Foundation. The grant proposal is titled "The Meaning of Dignity to the Urban Poor with Advanced Disease." Anne will be recognized as a grant recipient at the 2006 Oncology Nursing Society Annual Congress in May.

### DPH and LHH Celebration Events for Nurses Week

National Nurses Week begins each year on May 6th and ends on May 12th, Florence Nightingale's birthday. These permanent dates enhance planning and position National Nurses Week as an established recognition event.

Here are a list of events celebrating and honoring our nurses within DPH and LHH.

<b>Date &amp; Time</b>	<b>Event</b>	<b>Location</b>
<i>Tuesday, May 9<sup>th</sup></i> 7:30 a.m. – 8:30 a.m.	Breakfast for LHH AM (Night) Shift Staff	LHH Residents' Library, 3 <sup>rd</sup> Floor

<p><b>Tuesday, May 9<sup>th</sup></b> 1 p.m. – 1:30 p.m.</p> <p>1:30 p.m. – 3:00 p.m.</p>	<p><i>“Making a Difference in the Life of a Client”</i> – Linda Johnson, City College of San Francisco Nursing Instructor, Guest Speaker</p> <p>Reception for Day Shift Staff</p>	<p>LHH, Room B102</p> <p>LHH, Gerald Simon Theater</p>
<p><b>Tuesday, May 9<sup>th</sup></b> 9 p.m. – 10 p.m.</p>	<p>Reception for LHH PM (Evening) Shift Staff</p>	<p>LHH, Room A-316</p>
<p><b>Thursday, May 11<sup>th</sup></b> 4 p.m. - 5 p.m.</p> <p>5 p.m. - 7p.m.</p>	<p><i>“A Practical Approach to Patient Safety”</i> - Susan McDaniel Hohenhaus, RN, BSN, Quality and Safety Consultant, Duke University Health Systems , Guest Speaker</p> <p>Reception and Presentation of the Gene O’Connell and Mildred Crear Society Awards</p>	<p>SFGH, Carr Auditorium</p> <p>SFGH Cafeteria</p>

Integrated Nurse Leadership Program LHH Team Project Presentation

Last year, LHH was one of nine bay area hospitals selected to participate as the first cohort of the Integrated Nurse Leadership Program, funded by the Gordon and Betty Moore Foundation, and operated by UCSF’s The Center for the Health Professions. The goal of the program is to develop more effective nurse and clinical leaders and managers. INLP’s purpose is to teach leadership and management skills to hospital executives, managers, and nursing staff. Through this year-long program, the Center helped the LHH INLP Team develop and design pilot projects, while supporting our leadership and teamwork development to facilitate change, as strategies for improving the work environment, thus impacting quality of care, improving patient outcomes and nursing retention.

LHH’s project was focused on the Positive Care Unit, dedicated to clients who need skilled nursing care and with HIV/AIDS. The purpose of the project was to improve the medication management system with the goal of reducing medication errors.

Just some of the accomplishments range from changing culture, to spreading and leading change, to equipment improvements:

**Culture Change** – The Unit embraced a “Just (blame free) Culture” philosophy in reviewing medication errors. A system was piloted whereby medication errors or near misses were reported anonymously. The data collected provided the team with meaningful information for developing

and advocating for a medication management system that addressed the high volume, high risk and problem prone areas identified from the data.

The team also utilized information gathered from an organizational survey conducted by INLP in 2006. The survey, called SYMLOG, (A **S**ystem for the **M**ultiple **L**evel **O**bservation of **G**roups) provided a viewpoint of LHH staff's perceptions of the current organization's effectiveness and current culture, what is rewarded, and also what is needed in the future for the organization to improve and reach its target of effectiveness. A repeat survey was conducted in April and the data is currently being analyzed. This data will form the basis for our upcoming change management and leadership development sessions for LHH, which is in our Strategic Plan.

**Quality Improvement** – The team focused its efforts in analyzing the transcription and monthly medication renewal processes. These are activities that have not changed much in terms of process steps, in the past decades, within the nursing and medical profession. Through this gap analysis, the team was instrumental in advocating for a systems change to impact quality patient care. David Woods, one of our team members, championed this cause, and the outcome is that we are in an RFQ process to select a pharmacy system that joins four silos (Health Information Systems, Medicine, Nursing and Pharmacy), which are currently working in parallel tracks. This project, when completed, will bring LHH to the 21<sup>st</sup> century in terms of its medication transcription and monthly order renewal processes!

**Equipment** – INLP focused one of its many change management efforts on PDSA (plan-do-study-act) cycles. At the offset of this project, several equipment items were viewed to make improvements for the nursing staff. The first was the installation of an air conditioner in the nursing station. Staff (such as nurses, physicians, other IDT members, consultants) who spent time in the nursing station were thrilled and continue to be pleased that this was one of the tasks (i.e., low hanging fruit) that the INLP team accomplished. The second equipment purchase includes two new medication carts. These carts are currently being evaluated. The results, targeted for the end of this month, will lead to a selection of new medication carts for the entire hospital. The third equipment enhancement, scheduled for late April, is the installation of a supply organization system. Nursing and other clinical staff will benefit from this system, as supplies needed for care will be easily found and accessible. And lastly, the team recommended the purchase of an audio response system to enhance our educational efforts. This system allows audience participation by selecting choices displayed by the instructor, which within seconds, a tally is calculated for the audience to review the results. Based on the quick display of answers, the instructor can then facilitate a discussion and provide the correct/appropriate selection, thereby providing and correcting the audience the intent of the message from the inservice/education session. This type of interaction is now quite common at educational sessions for physicians and academia.

**Leadership Sessions** – The INLP team attended three off-site sessions with the other hospital members of the INLP participants. These sessions focused on personal and team leadership development as well as change management and quality improvement techniques. In addition, the INLP Staff came to LHH in January to provide an all-day session on team effectiveness, change management and quality improvement, to 45 nursing and clinical leaders.

These are just some of the major outcomes that were attributed to LHH participating in the INLP program.

On May 18<sup>th</sup>, INLP's first cohort of 9 hospital teams, including LHH, will give a presentation of accomplishments for the past year. The all-day event will be at: Mission Bay Community Center at UCSF, 1675 Owens Street, San Francisco, CA 94143.

LHH Medical Staff Appointments

Appointments:

- John Lang, PhD. – Psychology - (Active/Daytime)
- Michael McShane, M.D. – Internal Medicine – (Active/Daytime)

Reappointments:

- Judith London, Ph.D. – Psychology – (Active/Daytime)
- Lorraine Killpack, Ph.D. – Psychology – (Active/Daytime)
- William Corn, M.D. – Neurology – (Active/Consultant)
- Larry Sullivan, Ph.D. – Psychology – (Active/Daytime)
- R. Trigg McClellan, M.D. – Orthopedic Surgery – (Active/Consultant)
- Victoria Behrman, M.D. – Internal Medicine – (Active/Daytime)
- Gregory Fung, M.D. – Internal Medicine – (Active/Consultant)
- Serena Yee, O.D. – Optometry – (Active/Consultant)
- Hosea Thomas, M.D. – Internal Medicine – (Active/Daytime)
- Daniel Rybold, M.D. – Internal Medicine – (Active/Night & Weekend)
- Craig Hou, M.D. – Neurology – (Active/Consultant)
- Erika Zipf-Williams, Ph.D. – Psychology – (Active/Daytime)
- Lisa Hoo, M.D. – Internal Medicine – (Active/Daytime)

Resignations:

- D. Christian Sonne, M.D. – Radiology – (Active/Consultant)
- Deborah Davidson, NP – OB & Gyn – (Active/Consultant)

LHH Credentials Year-to-Date Report, 7/1/2005 to 03/20/2006

New Appointments	10
Reinstatements	0
Withdrawal	0
Reappointments	41
Delinquencies:	0
Reappointment Denials:	0
Resigned/Retired	12
Disciplinary Actions	0
Restriction/Limitation of Privileges	0
Changes in Privileges	0
Additions	0
Voluntary Relinquishments	0

Dr. Isakson said he has been conducting teaching tours at Laguna Honda. Last week he hosted 10-11 students from UCSF and at the end of the week some SFGH residents. This week he will have hospitalists from SFGH.

7) **PUBLIC COMMENT**

- Patrick Monette-Shaw (written summary of testimony submitted) – last year Ed Harrington indicated the West residence tower of 420 beds could be funded by COPS and that the Health Commission needed to make a decision by December 2005. Now Mr. John Thomas has indicated the COP discussion will occur over the summer and he’s indicated to me that the application to the State needs to be submitted in January 2007. But Supervisor Alioto-Pier is proposing to raid the tobacco settlement account to create a community living fund administered by the Department of Aging and Adult Services, not by DPH. She is proposing to remove the word “trust” from Ed Harrington’s proposed “trust fund.” Before the TSR account is depleted, the funding for the West building should be secured. Otherwise Alioto-Pier has the cart before the horse.
  
- Howard Chabner sad the new admissions data does not include gender data, which he has unsuccessfully tried to get. It is curious that the failed survey is not on the LHH JCC agenda. There have been more violence incidents during the period of the survey than at any time in the hospital’s history. Also, survey results are not posted at the 5<sup>th</sup> floor entrance. Commissioner Chow noted that the LHH JCC has discussed the survey issues.

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 10:55 a.m. Present in closed session were Commissioner Chow, Commissioner Sanchez, Cheryl Austin, Assistant Administrator of Clinical and Support Services, Gayling Gee, Associate Administrator of Clinical and Support Services, Liz Gray, DPH Director of Placement, Mivic Hirose, Director of Nursing, Paul Isakson, M.D., Medical Director, John Kanaley, LHH Executive Administrator, Lorraine Killpack, Ph.D., Director of Psychiatry, Chona Peralta, TCM Manager, Serge Teplitsky, Director, Quality Management, Adrienne Tong, Deputy City Attorney and David Woods, Pharm. D., 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

**FOR DISCUSSION:**      **CONSIDERATION OF QUALITY  
IMPROVEMENT REPORT**  
(Quality Improvement Staff)

D) Reconvene in Open Session

The Committee reconvened in open session at 11:30 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 11:30 a.m.

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Michele M. Seaton  
Executive Secretary to the Health Commission

**\*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.**