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## MINUTES

### JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

**Monday, April 25, 2005**

**9:00 a.m. to 11:00 a.m.**

**at**

**Conference Room A-300**

**375 Laguna Honda Boulevard**

**San Francisco, CA 94116-1411**

#### 1) CALL TO ORDER

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

Present: Commissioner Edward A. Chow, M.D., Chair  
Commissioner James M. Illig, Member  
Commissioner Donald E. Tarver, II, M.D.

Staff: Evonne Arita, Robert Christmas, Arla Escontrias, Larry Funk, Gayling Gee, Mivic Hirose, Valerie Inouye, Paul Isakson, M.D., Michael Lane, Chona Peralta, Tim Skovrinski, M.D., Serge Teplitsky and Adrienne Tong.

Guests: Rick Zawadski and Joanne Holland, RTZ Associates

#### 2) APPROVAL OF MINUTES OF THE REGULAR MEETING OF MARCH 21, 2005

Action Taken: The Committee approved the minutes of the March 21, 2005 Laguna Honda Hospital Joint Conference Committee meeting.

### 3) EXECUTIVE ADMINISTRATOR'S REPORT

Robert Christmas, LHH Operating Officer, presented the Executive Administrator's Report.

#### STRATEGIC PLAN

Work continues on a daily basis for many of the objectives of the strategic goals. As discussed at the March JCC, Mr. Kanaley will report out quarterly on the progress on achieving these goals. There are a number of items that are proceeding well and deserve a brief comment here:

##### *Goal 1: Clinical Programs - Establish a Unified Behavioral Program.*

A last minute budget addition was made to include improved staffing at LHH based on the state licensing findings. This increase includes Activity Therapy staff on the evening shift that was previously included in the Behavioral Health Proposal.

Brenda Austin, Ph.D., Clinical Psychologist and Lorraine Killpack, Ph.D., Clinical Psychologist have been named panel experts to the Prop 63 Steering Committee. LHH will be pursuing funding from Prop 63 for new Behavior Health Programs at LHH for Substance Abuse and elderly Adults.

##### *Goal 2: Safety and Security*

Base budget structural repairs are being made in the DPH proposed budget for security staffing. These repairs allow staffing levels for security to go back to the FY 0/04 level. This staffing level provides for a guarantee of at least two officers on site 24 hours/day, 7 days per week. In addition, this structural repair allows the hospital to staff its visitors I.D. Program 16 hours per day using Cadet services.

Significant progress has been made on cleaning up the homeless campsites on the LHH grounds. Over the past few weeks, notices were provided to the campers with full eviction enforced on April 15, 2005. Clean up work of the area continues over the next month.

##### *Goal 3: Finance*

The ADL conversion to Invision is the short-term I.S. solution that will allow LHH to print reports and track how well the hospital is collecting revenues. This conversion is progressing much more rapidly than expected and is anticipated to be completed by July 1. This I.S. system could provide opportunities for enhanced revenue collection next fiscal year.

##### *Goal 4: Organizational Structure, Communication and Leadership*

The first area that is being addressed focuses on external communication. A renewed LHH website is under design and is moving along rapidly. Additionally, internal and external Town Hall meetings are being scheduled for May with bi-monthly afterwards.

##### *Goal 6: Performance Improvement, Licensing and Regulatory Preparedness*

The written Performance Improvement Plan is developed and partially implemented. Performance indicators are in the Quality Report. This program goal has almost been completed.

##### *Goal 8: Hospital Rebuild*

Mr. Lane will report on that under Item 4.

## CENSUS REPORT

<b>March 2005</b>	
Beds Occupied	10311
Beds Held	9.9
Beds Reserved	9.7
Beds Available	2.9
Clinically block	1.5
C2 Observation	.8
Locked Beds	.4
Isolation Beds	.2
Admits	3.9
<b>Total</b>	<b>1057.4</b>
Total SNF	1063
Total Acute Capacity	16
M7A Beds Census	1.8/10
L4A Beds Census	.9/6
<b>Total Paid Beds</b>	<b>1047.5</b>

## STAFFING REPORT

The Hospital Staff Vacancy rate as of April 5, 2005 was 6.02% down from both March 2005 (6.18%) and January 2005 (6.12%). Although these numbers are improving, significant shortages in the area of Workers Comp and FMLA leaves are posing growing shortages. LHH is waiting for 20 requisitions to be released from the Controller's and Mayor's Office.

## REGULATORY REPORT

As was reported at the last JCC meeting in March, LHH had its annual Licensing and Certification survey which started on March 13, 2005 and continued through March 21, 2005. The main focus of the survey was the area of residents' behavior and related facility practices, including staffing and staff's education and training for managing residents with problem behaviors. Surveyors presented their preliminary findings to LHH staff during exit conference on March 21, 2005. Some of the preliminary findings were categorized as "substandard quality of care" by the L&C team. Daly City L&C administrative staff will review the validity of all findings in order to assemble a final statement of deficiencies. As was proposed at the exit conference, LHH submitted additional information to provide clarification on some findings presented by surveyors and asked Daly City L&C office to reconsider "substandard quality of care" outcome in light of additional information presented. As of 3/19/05 Licensing and Certification has not finalized the statement of deficiencies, however, LHH staff is already working on the plan of correction development for some deficient areas identified by L&C.

In addition to the L&C survey, DHS Life and Safety Unit began its annual Life and Safety Code survey at LHH April 18, 2005. During this survey, DHS inspectors will determine LHH compliance with different fire safety codes and regulations.

Concurrently, LHH continues to address CalOSHA concerns from the 2004 inspection through Workplace Violence Prevention Program development. Mr. Kanaley attached the progress report to CalOSHA for the first quarter of 2005 (on file in the Health Commission Office). The due date for the program development as per LHH long-term abatement plan is January 1, 2006. Staff will continue providing the Committee with a progress report on the program development quarterly.

In March, LHH received a deficiency from the Licensing and Certification for the complaint investigation from 6/08/2004. The deficiency was issued under Title 22 sections Social Services, Patient Transfer and Patient Rights. Mr. Kanaley attached a copy of the statement of deficiencies and LHH plan of correction submitted to L&C on 4/13/05 to his report, which is on file at the Health Commission Office.

### PATIENT FLOW

The Admissions Policy was changed in February and LHH staff is making the transition back to the previous flow rates. Mr. Kanaley expects to see the actual admission source percentages by the end of next week and will report these numbers at the next JCC. The screening process for aggressive behavior is in place and those patients who may pose a threat to themselves or others are being screened away from being admitted to LHH.

LHH is working with the Leadership of DPH to address several unknowns within the department, two of which are presented:

1. Where are those SNF patients that do not meet LHH's screening criteria to receive care?
2. What is DPH Policy on providing care for out of county patients across the continuum? LHH has a policy of not providing care to those patients, but has been doing so over the years.

Community activity continues regarding the patient flow process including presentations by a group called "San Franciscans for Laguna Honda Hospital." Mr. Kanaley has seen a draft ballot initiative they are proposing for the November ballot restricting the patients that can be cared for at LHH.

### FINANCIAL REPORT

Mr. Kanaley's report includes the latest Financial Report. LHH is looking more favorable than last report projecting a \$455,000 deficit for the year.

### TCM REPORT

TCM is up, fully staffed and running, and taking the lead on Discharge Planning for LHH. All potentially dischargeable residents who are expected to be able to be discharged in less than 180 days will be managed by TCM.

TCM has taken the lead effective April 5, 2005 and the hospital is excited to see their program be successful.

An overview of TCM will be presented later in the agenda.

### Commissioners' Comments

- Commissioner Illig said that, with regard to the proposed budget, it is important that the Joint Conference Committee representatives are aware of the details of the budget requests as well as items that were not forwarded to the Mayor for consideration and the impacts they would have on Laguna Honda Hospital. This helps commissioners advocate for and prioritize the cuts. Mr. Christmas will prepare a fact sheet on proposed budget increases, budget reductions and budget modifications.

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

Michael Lane presented the Laguna Honda Hospital Replacement Project update. Based on updated numbers, to date the program is 26% over budget.

As anticipated, bids received in October 2004 for the first three buildings (South, Link and East) were significantly over budget. These bids were \$84M over the April 2003 estimated costs.

By mid-March 2005, the second round of bids was received. No significant impact was made in reducing the cost of the work. Based on the March 2005 results, the project has experienced market escalation at the rate of approximately 2.4% per month. Escalation in the healthcare construction sector appears to be between 2-3% per month for a total of between 36% and 54% over the last 18 months.

On March 29, 2005, the Health Commission accepted the DPW's recommendation to proceed with two of the three buildings that were bid. Bidders will be asked to clarify their pricing for just two building (South and Link) while providing an alternate price on the third (East) building.

The Mayor's Office of Public Finance is continuing with plans to sell the first set of General Obligation bonds in the beginning of May 2005.

Final proposals for the construction insurance were received in January 2005. Additional clarifications were requested by the Risk Management Office staff. A final decision is expected in April.

The program team proceeded with the award of the Testing and Inspection contract. The contract has posted and the consultant is ready to begin work.

Responses to the Request for Proposals (RFP) for a web-based labor tracking software application, which will allow contractors working on the new buildings to enter workforce information over the Internet, have been received. Interviews were held and the program team is waiting to hear from the Office of Labor Standards Enforcement before proceeding with one of the vendors.

The Utility Modifications project is going through the contract close out phase.

The Mass Excavation project is nearing completion.

The abatement and demolition of the valley buildings is complete.

Final reports on the removal of the underground storage tanks are now on file. All work has been completed to the satisfaction of the regulatory agencies involved.

The last series of reviews of the temporary mockups of the resident room, nurse station and med room located in the construction trailer complex are complete and the mockups have been demolished. The General Contractor has begun the process of preparing to occupy this space.

Discussions continue between the City and the unions regarding the relocation of the laundry off-site.

Work continues on finalizing the consolidation of all Furnishings, Fixtures and Equipment into one database. Specifically, meetings were held with the staff to review medical equipment and kitchen equipment.

The team has submitted a fifth round of responses OSHPD's comments on the SB1953 compliance plan. OSHPD had indicated that they would respond to the team's latest submittal by the end of February 2005. They have pushed that deadline out to the end of April 2005.

### Commissioners' Comments

- Commissioner Illig asked the status of the Controller's 30-day report. Michael Lane replied that as of last Friday he was providing financial information to the Controller's Office. His understanding is that the Controller would be meeting with the Mayor soon. Commissioner Illig asked the status of the laundry workers, in terms of next year's budget. Ms. Inouye replied that the positions—most of which are filled—are in the budget. The people are being utilized for other work. Mr. Funk added that there would be another round of meetings next week, and negotiations around the laundry are being conducted within the context of the total program shortfall.
- Commissioner Chow asked how far off the project is from the original schedule. Mr. Lane said the project is approximately nine months behind the original schedule.

## **5) OPERATIONS REPORT**

### CAL OSHA Visit

On April 1, 2005, Laguna Honda Hospital was visited by CAL OSHA Industrial Hygienist, David Gerlach. Mr. Gerlach indicated that he would like to advise representatives from various labor unions regarding the focus of his visit, so LHH invited representatives from Local 790 and Local 250. Mr. Gerlach indicated that he came to LHH as a result of a complaint regarding asbestos on the campus.

Mr. Gerlach asked the following questions:

- Type of inspections conducted with LHH?
- When problems are observed, who is informed?
- If corrective actions are necessary, are they taken?
- Are staffs informed about asbestos at LHH?
- Do staffs receive in-service/training regarding the management of asbestos at LHH?

Mr. Gerlach stated that he would like to return to LHH at some time in the near future when he could meet with LHH's Industrial Hygienist, Arturo DeLeon, to continue discussions regarding asbestos on the campus. The next CAL OSHA visit is scheduled for Thursday, April 21<sup>st</sup>. Mr. Christmas will keep the JCC informed of the survey/inspection.

### DHS-LSC Survey

Monday, April 18<sup>th</sup> LHH was visited by DHS, Life Safety Specialists as part of the annual DHS Licensing Survey. Four surveyors indicated that they would be at LHH for 5 days.

Survey activities include:

- Environmental tours of the Main Hospital & Clarendon Hall
- Review of relevant documents
- Testing of fire alarm systems, sprinkler systems

The survey is expected to conclude on Friday, April 22<sup>nd</sup>.

Mr. Christmas will advise the Joint Conference Committee of all issues/concerns at the next JCC Meeting (April 25<sup>th</sup>).

#### Fire on Fifth Floor

The hospital had a fire on Monday evening, April 11, 2005 at 11:05 PM. The fire was isolated to a public bathroom between the Nursing Administration Offices and ward M5. One of the CNA's, Raul Ramirez working on M6 was the first on the scene with a fire extinguisher and extinguished the fire. (Outstanding response!) No patients/staff were injured. SFFD conducted an investigation and concluded that the fire was unintentionally set, probably by discarding a lit cigarette in the waste can located in the bathroom. To staff's knowledge, no residents were involved in this incident.

#### Homelessness Campers on Property

LHH successfully evicted known homeless campers on the campus as of 4/15/05. Representatives from the Mayor's Office on Homelessness were present to offer services that the homeless occupants could avail themselves. The plan is to clean up the entire area via the use of goats, DPW workers and Park & Recreation. This project is being implemented in response to concerns raised by neighborhood groups.

#### Parking

The paid parking program is in full swing as of March. Special recognition goes to Cheryl Austin, Evonne Arita and Shawn Tuers for their outstanding work.

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

Paul Isakson, M.D., Medical Director; Tim Skovrinski, M.D., Assistant Medical Director; and Gayling Gee, R.N. Co-director of Nursing, presented the Clinical Care Report.

#### Nursing Executive Retreat

On April 8<sup>th</sup>, the Nursing Executive Committee held a retreat, facilitated by Resson Associates. The purpose and themes of the day were 1) to move from yesterday and today to tomorrow and 2) to operationalize two strategic goals. Four objectives, which support LHH's Strategic Plan, were identified for the Nursing Division to work on this year. The objectives are:

- Creating a recruitment and retention committee
- Developing a plan to achieve cultural competency,
- Creating a therapeutic milieu that is conducive to care, and
- Implementing an effective shift-to-shift communication tool

The retreat was a success. The nursing strategic directions developed at this retreat support the Hospital's and the Department's strategic mission and goals. The Nursing Division is very excited in embarking on this journey to accomplish the goals we have identified.

Dr. Isakson added that under the leadership of Dr. Banchero-Hasson, the medical staff is going to have a retreat to address some of the issues that are facing the medical staff.

#### MDS Coordinator Program

A new MDS Coordinator Pilot Program was implemented in the Chronic and Complex Clusters and L4S effective April 1<sup>st</sup>. Each cluster is assigned a designated MDS Coordinator, who will be

responsible for the MDS process in coordination with unit’s interdisciplinary team. Unit registered nurses will also contribute to the MDS process by filling out their designated “nursing assessment” sections in the MDS. This pilot is an enhancement to the previous model for ensuring accuracy and timely completion of the MDS process.

LHH Medical Staff Appointments

Appointments:

- Trinh Tran, M.D. – Physiatry – (Active/Daytime)
- Robert McClellan, M.D. – Orthopedics - (Active/Consultant)
- Elisa Chavez, D.D.S. – Dentistry – (Active/Consultant)
- Thao Vu, OD. – Optometry – (Active/Consultant)

Reappointments:

- Mark Kubik, M.D. – Internal Medicine - (Active/Night & Weekend)
- Jilliann Daly, Ph.D. – Neuropsychology – (Active/Daytime)
- Michael Rodevich, Ph.D. – Neuropsychology – (Active/Daytime)
- Theodore Miclau, M.D. – Orthopedics – (Active/Consultant)
- Shelley Marder, M.D. – Radiology – (Active/Consultant)
- Chris Hinnant, M.D. – Physiatry – (Active/Daytime)
- F. William Heer, M.D. – Surgery – (Active/Consultant)
- Mark Renneker, M.D. – Internal Medicine – (Active/Night & Weekend)

LHH Credentials Year-to-Date Report

7/1/2004 to 04/18/2005

<b>New Appointments</b>	5
Reinstatements	0
Withdrawal	0
<b>Reappointments</b>	28
Delinquencies:	0
Reappointment Denials:	0
<b>Resigned/Retired</b>	8
<b>Disciplinary Actions</b>	0
<b>Restriction/Limitation of Privileges</b>	0
<b>Changes in Privileges</b>	0
Additions	0
Voluntary Relinquishments	0

7) **TARGETED CASE MANAGEMENT UPDATE**

Chona Peralta, Director, TCM, presented an overview of the Laguna Honda Hospital Targeted Case Management (TCM) Program. The TCM report fulfills a requirement of the legal settlement reached between individual residents of Laguna Honda Hospital and the Independent Living Resource Center of San Francisco (plaintiffs) and the City and County of San Francisco and several State departments (defendants). The monthly reports include:

- A description of activities and progress in the establishment of the TCM program;
- Updated information on the implementation of the screening, assessment and service/discharge planning processes;
- Monthly aggregate data reports
- A random sample of screenings, assessments and service/discharge plans completed by the TCM program.

The legal settlement identified a list of data elements required for reporting. The TCM report, generated monthly, describes the 22 required data elements and reports the statistics for each element. Reporting on data elements has been continually refined and expanded over the months and TCM staff are collecting increasingly accurate and complete data.

Rick Zawadski and Joanne Holland from RTZ Associates detailed some of the data elements that are required in the report, including the number of people screened for eligibility for the TCM program, consumer profile information and demographics, information on availability of family/friends supportive of discharge and dates of referral for all community-based services, programs and support, among others.

### Commissioners' Comments

- Commissioner Illig asked why the settlement specifies that RAI-HC (Resident Assessment Instrument for Home Care) be used to screen and assess class members. Mr. Teplitsky replied that it was decided that RAI was the best tool available in terms of discharge planning.
- Commissioner Chow asked if cumulative data is available. Ms. Holland said yes, although as this is a work in process, some of the data elements are new so there is no cumulative history for those. Commissioner Chow would like the monthly updates to include a picture of the overall effort, as well as the monthly snapshot in time.
- Commissioner Illig is concerned that clinicians need to be more productive in terms of billable services. Ms. Peralta said the entire population of Laguna Honda Hospital, as well as those at SFGH who were considered high-risk, were screened by January. TCM is starting the process of re-screening. Commissioner Illig's concern is that the goal of TCM be achieved in terms of assessing everyone who has already been screened. He wants to see that the Department is moving forward. Ms. Tong said that the heart of the settlement is getting people who can live in the community discharged. The City Attorney's Office is working closely with TCM at both Laguna Honda and San Francisco General to make sure they are focused on the key goal, rather than just re-screening people who have no potential for discharge.
- Commissioner Chow wants a report that focuses on the end point: how many people have been screened, how many TCM is now caring for, how many people have been discharged to the community and how many new people have come in. He asked when staff would be able to present this type of information. Dr. Zawadski replied that he could present this information around three to four targeted goals and will report this in three months.
- Commissioner Illig said he thought the intent was that the majority of TCM services would be billable. Ms. Holland replied that TCM billing is exquisitely complicated. Furthermore, TCM discharge planners and social workers would not be able to discharge people without doing work that they cannot bill for.

8) **PUBLIC COMMENT**

None.

9) **CLOSED SESSION**

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

None.

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

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

The Committee went into closed session at 10:55 a.m. Present in closed session were Commissioner Chow, Commissioner Illig, Commissioner Tarver, Evonne Arita, Executive Assistant, Robert Christmas, Chief Operating Officer, Mivic Hirose, Co-director of Nursing, Valerie Inouye, CHN Chief Financial Officer, Paul Isakson, M.D., Medical Director, Tim Skovrinski, M.D., Assistant Medical Director, Serge Teplitsky, Director of Quality Management, 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

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

D) Reconvene in Open Session

The Committee reconvened in open session at 11:15 a.m.

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

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

10) **ADJOURNMENT**

The meeting was adjourned at 11:15 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.**