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MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Monday, May 22, 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 9:45 a.m. Commissioner Chow announced that the LHH JCC scheduled for June 26th has been cancelled. The next JCC meeting will be Monday, July 24th.

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

2) **APPROVAL OF MINUTES OF THE MEETING OF APRIL 24, 2006**

Action Taken: The Committee approved the minutes of the April 24, 2006 Laguna Honda Hospital Joint Conference Committee meeting with one correction. Page 5, regarding the letter Mr. Kanaley sent to community groups, it should say “Mr. Kanaley added that LHH sent a letter to various community groups informing them that the hospital and contractor have found alternatives to the front lawn parking lot that will work for the next 1 to 1 ½ years. Hopefully we will continue to find alternatives beyond this timeframe.”

3) **EXECUTIVE ADMINISTRATOR’S REPORT**

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

Strategic Plan

FY 2005-2006 – Mr. Kanaley noted that the latest status on the Strategic Plan is attached to his report. Many of the goals LHH set out to complete have been completed; He will review them in detail at the Health Commission meeting on June 20, 2006.

FY 2006-2007 – The Strategic Plan has been finalized for presentation to the Health Commission on June 20, 2006 and was attached to Mr. Kanaley’s report as Attachment B.

Budget Initiatives

Mr. Kanaley thanked the Commissioners for their help and support with increasing the LHH budget for next fiscal year. LHH will carry forward the items it still needs into the next FY budget process and hope for the Commission’s continued support. Although LHH has made significant strides in Nursing, Department of Education and Training, and Quality Improvement staffing, they still have core infrastructure areas in need of improved staffing which they will re-review next year.

Census Report

Average for April 2006	
Beds Occupied	1034.2
Beds Held	7.37
Beds Reserved	3.54
Beds unavailable	2.03
Clinically Blocked	1
C2 Observation	1
Locked beds	0
Isolation Beds	1.75
Admits	1.73
<u>Total SNF</u>	1048.87
Beds Available (1057-1048.87)	8.13
Total Paid SNF	1043.3
Total Acute Capacity (16)	
M7 Acute Census	2.33
L4 Acute Census	0.83
<u>Total Paid Beds</u>	1046.46

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%. With every increase of 1%, staffing levels are reduced by 15 FTEs. The early May Vacancy rate has improved slightly to 8.39%.

Regulatory Report

DHS

On April 20, 2006 LHH received an official response from the Licensing and Certification (L&C) office in Daly City regarding LHH's Plan Of Corrections (POC) for the February annual re-certification survey for the Distinct Part Nursing Facility (DP/NF) and General Acute Care Hospital (GACH).

The letter contained a request for revisions in the facility response on addressing specific resident cases, identification of other residents having potential to be affected, description of systemic changes and compliance monitoring in the F-tags on accidents; specifically with regards to altercations and falls, nursing staffing, nutrition services and resident assessments.

The multidisciplinary LHH team collaborated on the reply and submitted the amended version of the POC on April 25, 2005 for further review and approval by L&C.

On May 7, 2006 LHH received a fax from Gregory Leung at L&C requesting for more changes to be made to the revised Plan of Correction, however, LHH was able to clarify with L&C's administrative staff that the fax was sent in error and the revised Plan of Corrections for DP/NF and GACH were accepted. The confirmation letter was also sent to L&C to support our communication and clarify the issue.

Surveyors from the L&C office in Daly City continue to review outstanding self-reported cases and anonymous complaints. As reported in April, LHH has received written confirmation of no negative findings/deficiencies in a total of **243** self-reported cases that have been investigated by L&C from September 2005 until present time.

There were no site visits from L&C in April; however, LHH received one deficiency under Title 22 "Patient Care Policies and Procedures" as a result of the complaint investigation completed on March 16, 2006. Committee members received a copy of the deficiency with the corresponding LHH plan of correction for their review.

Mr. Kanaley distributed a document he prepared titled "FAQ About Laguna Honda Hospital February 2006 State Survey," (Attachment A).

DOJ

There is nothing new to report regarding DOJ.

CalOSHA

There is nothing new to report regarding CalOSHA.

Patient Flow

Waiting List

Mr. Kanaley presented the waiting list that was averaged over the month of April 2005 with an average of 16.75 people waiting for a bed at LHH.

BOS Quarterly Report

Reviewed January, April, July, and October each year.

TCM

Ms. Gray presented the April 2006 TCM Report. TCM is scheduled to return to court on June 1st. DPH met with the plaintiffs two weeks ago, and at that meeting the plaintiffs demonstrated that TCM has not met its goals. The attorneys worked out a mutually beneficial agreement, and both parties will ask the judge for an extension to sometime between February 2007 and May 2007. There are four major components to meeting TCM's goals. 1) Incorporating the linkage plan into the medical record; 2) adequate office space for TCM at LHH; 3) orientation of all staff on the linkage plan; and 4) development and implementation of the TCM Quality Management plan.

In addition, each month, LHH also reviews the number of discharges. The LHH Data is as follows:

APRIL 2006 TCM/LHH DISCHARGES

SUMMARY

CATEGORIES	NUMBERS
Rehabilitation	8
Respite	4
TCM	6
LHH	7
Miscode	0
TOTAL	25

Commissioners' Comments

- Commissioner Chow asked what the linkage plan is. Ms. Gray replied that it is a document that outlines what is needed for an individual to be discharged into the community. Pieces of it are similar to the nursing care plan. Commissioner Chow asked why DPH has not met the terms of the settlement. Ms. Tong replied that the issue is not the number of discharges, but rather that every patient at LHH should have a linkage plan. This is not the case. It is reasonable to expect that linkage plans will be complete within a year.
- Commissioner Sanchez said the bottom line is that the 1,300 patients at LHH need linkage plans. Is there an ongoing, comprehensive discharge conference where all the disciplines are around the table? Ms. Hirose said that the linkage plan combines the TCM assessment and the LHH clinical assessments and develops a patient-centered discharge plan. Ms. Tong added that another component is that the LHH care plan is manually produced and the new plan is a computer database. Commissioner Sanchez said that over the years various vendors have pitched different computer products, and we are still waiting for results. But as long as the staff believes this will work, he is fully supportive.
- Commissioner Chow asked what happens if a patient is found to have no discharge potential. Ms. Gray replied that everyone will have a linkage plan, and if there is no potential, the plan will include details as to why the patient cannot be discharged. In relation to the strategic plan,

Commissioner Chow asked what LHH is doing to enhance staff's cultural competency. It is unlikely that the demographics of the nursing staff are going to dramatically change. Mr. Kanaley replied that there are two pieces to this effort—education and recruitment. Ms. Gee said an Education Council has been established to tackle these issues. Orientation will include larger chunks of time devoted to resident diversity, and there is on-going cultural training through nursing education, grand rounds, etc. LHH is connected to the Stanford Geriatric Center, which is focused on Hispanic and African American populations. And LHH is tied in with the Hospital Council's African American Health Initiative. Commissioner Chow asked for a follow up report on all of these activities in three months.

4) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE

John Thomas, Program Manager, LHH Replacement Project, presented a program update. The purpose of this report is to provide an update on the Laguna Honda Hospital Replacement Program, specifically the accomplishments to date and the schedule for completion of the new buildings under construction, the South Residence Building, the East Residence Building and the Link Building. The replacement of Laguna Honda Hospital has been ongoing for over five years. Much has been accomplished in that time and many challenges have been overcome in the process. Now, ten months into the construction of the new buildings, the primary challenge is to complete the buildings on time and on budget. The project has expended approximately 15% of the construction budget for the three buildings, and the work is proceeding well. The current schedule for the buildings is as follows:

Building	Completion	FF & E + Move In	Move In
Link	July 2008	4 months	November 2008
South	July 2008	4 months	November 2008
East	November 2008 *	4 months	November 2009
Link-East Connector	September 2009		
Existing Hospital Remodel	July 2008		

* Move-in to the East Residence (ERB) is tied to completion of the connector building between the ERB and the Link Building, which cannot begin construction until the Existing Clarendon Hall residents have moved into the new South Residence and Clarendon Hall is demolished. This will delay the move-in to the ERB by approximately 9 months.

Existing Hospital Remodel permit is expected by June 2006 with bids expected by August 2006. Work could commence as early as October 2006 and is expected to take 18-20 months and will be completed in time for the opening of the SRB and Link Buildings in late 2008.

The New Hospital Site Improvement work is underway with initial work on the access path from Laguna Honda Boulevard to the New Hospital under construction. The West Residence Building (WRB) is on hold pending a decision to move forward.

The Program Budget and Schedule both include this final building as part of the scope of the program. \$482 M is available to complete the work that has been approved to date (Link, SRB, ERB, Existing Hospital Remodel and the New and Existing Hospital Site Improvements.) An estimate of the cost to construct the WRB is shown in the Program Budget attached. This was

arrived at by escalating our most recent cost estimate by 10% per annum to the expected date of construction.

In summary:

Approximately \$105M has been expended to date. The following work has been completed:

- All required planning approvals have been secured.
- Design of the new buildings is complete.
- Legislation was approved to allow for a CM-at-Risk project delivery methodology. Subsequent legislation also allowed submittal of value engineering by bidders.
- All required building permits have been secured from the Office of Statewide Health Planning and Development (OSHDP) for the new buildings.
- Access Improvement Project (new road) at Woodside Avenue is complete.
- Utilities Modifications Project to relocate utilities out of the footprints of the new building is complete.
- Site Work Project to prepare the footprints for the first three buildings in the valley are complete.
- The South, East and Link buildings are under construction.
- Procurement of equipment to operate the new building is proceeding.
- Furniture, fixtures and equipment have been specified for the new facility.

Commissioners' Comments

- Commissioner Chow asked if there is any way to occupy the East Building earlier. Mr. Thomas replied that LHH could analyze having a disconnected structure, but this would be difficult. The connector could be constructed earlier, but only if the decision is made not to build the West Building, and this decision has not been made yet.

5) OPERATIONS REPORT

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

DEPARTMENT OF EDUCATION & TRAINING

Hospital-wide Orientation Pilot

DET unveiled a revised, three-day hospital-wide orientation on May 10-12, 2006. The content was reinvigorated by an interdisciplinary planning team to reflect a more resident centered focus and was expanded from one day to three days to provide sufficient time to cover all topics. The orientation also allows the Hospital to fulfill its commitment to safety training by including a full day of Safety Management and Response Techniques (SMART) training on the third day. Susan Spencer, RN, MS, was the lead educator over the three-day process. There were 22 participants, including 9 new nurses and 3 unit clerks. Overall response to the revised orientation was very positive. The topics were well received and the new staff was engaged during each topic. Evaluations indicated that SMART training, coordinated by Pam Ketznel, RN and Gail Cobe, RN, CNS, was the most popular topic covered. The combined interdisciplinary orientation was very successful, and DET will offer orientation on a regular monthly schedule. A new DPH video stream segment will soon be added, and DET will be planning for computer-based alternatives for as-needed employees who can often only attend one day of classroom training.

Training Compliance

DET has been diligently tracking training compliance, particularly in relation to survey-related curricula. Unit and department-specific training promised on the plan of correction has been provided by the department managers with 100% compliance. Classroom and computer based training has been steadily improving with key survey-related training compliance reported below:

- Restorative Continuous Quality Improvement: 100%
- Plan of Correction Training for Licensed Nurses: 84%
- Plan of Correction Training for C.N.A.s: 71%
- Training compliance for physicians (7 topics): 100%
- Training compliance for administration (7 topics) 100%
- Safety Management & Response Techniques (SMART): 900 + participants as of 5/15/06

The above statistics show strong LHH administrative and leadership support of training, a commitment to safety, and a spirit of cooperation despite challenges.

HealthStream

The strategic goal of having all disciplines up and running on HealthStream computer-based training by 12/31/06 is also well ahead of schedule with all departments now using HealthStream and more participants in each department expected soon. DET will be working closely with Nursing to develop a unit-specific database to facilitate the process and enhance nursing training report capabilities.

Next steps

Jill LeCount, RN, CNS and John Butts, RN, attended the “Advancing Cultural Competence: Best Practices in Cultural Competence” series finale and plans to incorporate “cultural monologues” into LHH training in the near future. The monologues are a creative and compelling way to stimulate paradigm shifts as part of a cultural appreciation experience. DET staff is also looking forward to providing organizational development training during the monthly LHH Management Forum meetings. As part of our strategic plan, DET has been collaborating with UCSF Center for the Health Professions staff to plan ‘just in time training’ as the LHH campus undergoes its current metamorphosis into a brand new physical community for long term care excellence.

Sustainable Food Policy

LHH is a partner in the DPH Sustainable Food Policy for food served at SFDPH events, programs and institutions. The purpose of the Sustainable Food Policy is to ensure that DPH complies with seven City resolutions, all of which provide product procurement goals and guidelines that will contribute to healthy, sustainable food systems and preservation of natural resources. Steve KoneffKlatt, MBA, Assistant Administrator for Nutrition Services and Materials Management, will be taking the lead for LHH in the preparation of a two to five year Sustainable Food Procurement plan for LHH that will integrate the sustainable food criteria and the procurement guidelines outlined in the DPH policy. Steve participated in a May 15th conference call with the DPH group purchasing organization, Novation, along with representatives from SFGH and the SF Department of Environment. Additionally, on May 24th, he and Nutrition Services staff will be attending a round table discussion at UCSF regarding program planning and implementation.

INFECTION CONTROL/HEALTH AND SAFETY

Monthly Infection Control Surveillance

No outbreaks have been reported since April 1st.

Emergency Planning

As part of the City-wide Emergency Planning process, LHH Infection Control staff has initiated the process of having all employees fit-tested for use of N-95 respirators. In the event of an act of bioterrorism or a pandemic flu, the DPH is committed to insuring that staff are adequately trained and equipped to safely provide services in an emergency situation. Angela Platzer, RN, MS, and Flavia Bayati, RN, CNS, are collaborating with the DPH Occupational Safety and Health staff to equip all 1500 LHH employees. The process will occur over the next five months and includes: completing the medical clearance process, training on respiratory protection and conducting fit testing evaluations to insure the right-sized mask for each individual. The staff is in the first stage of delivering and completing the *Respirator Medical Evaluation Questionnaire*. Approximately 600 non-nursing and 400 nursing questionnaires have been completed to date. DPH OSH staff is reviewing the screening forms. Training will commence in July, and fit-testing will begin in September.

6) CLINICAL CARE REPORT

Mivic Hirose, Director of Nursing, presented the Clinical Care Report.

Best Practice Award

The 2006 theme for the Department of Nursing is Make a Difference in the Lives of our Residents. Nursing's strategies for making a difference are: Resident Centered Care; Communication; Cultural Sensitivity, Diversity and Culturally Appropriate care; Nursing Education and Training; and Professional Standards. It was with great pleasure that Dr. Paul Isakson, Mivic Hirose and the Clinical Leadership Team present to Unit O7 the Best Practice Award for Resident Centered Care for the month of May. The work that Unit O7's interdisciplinary team and nursing staff did with one resident touched on all five of the strategic goals. Unit O7 took special care of a resident who was at end-of-life. The team put into place trainings and care plan development strategies that were resident focused since the unit was becoming increasingly palliative care requiring a change in the level of 1:1 care residents required. Not to belabor the activities that occurred to prepare the staff to be more effective with the population of people who need a variety of medical and psychosocial interventions; it's been said "it takes a village to raise a child"; with this resident it took a team of coordinated, committed people that provided the care. The team grew into that. The resident's last days at LHH were filled with hope, contentment, pleasure and potato chips. This had not always been his experience throughout his life.

O'Connell Society Award

Since 2003, the Nursing Leadership Council of the SF Department of Public Health (NLC) has annually presented the O'Connell Society Award. Through the vision, direction and leadership of Gene O'Connell, NLC originated in 1997 as the nursing body which represents nurses and nursing within the Department of Public Health. Thus, this annual award is presented to the candidate whose contributions have strengthened the profession of nursing and the health of residents of San Francisco. For this year, two nurse leaders were selected as recipients of the O'Connell Society Awards. They are Terry Dentoni, Nursing Director at SFGH and Debbie Tam, Nursing Director at LHH. Debbie has worked for DPH and LHH for over 27 years. Debbie's span of responsibilities include overseeing the Admissions Program, Asian Focus and Hospice Units, Recruitment and Retention, and is the nursing representative to the Rebuild Project. She is truly dedicated to her work, the nursing staff and the 1,000+ residents at LHH. This past year, Debbie initiated LHH's Recruitment and Retention Program in conjunction with the nurse recruiter that she hired. To date, all LHH's released RN and external per diem requisitions have been hired onto. In collaboration with the clinical nurse educator and through Debbie's leadership, LHH has also revamped its

orientation program for new nursing staff. As with Debbie's clinical responsibilities, she worked collaboratively with Activity Therapy and Nursing Staff to start a new tradition at LHH in celebrating Chinese New Year. Debbie's past clinical experience includes working as a hospice nurse. She is active in the community as a member of the Citywide Bioethics Committee and is also leading the development of a curriculum for end-of-life care for Chinese patients, in collaboration with the Coalition for Compassionate Care Consortium. This curriculum is expected to spread throughout California this year, with the goal of improving the care for Chinese patients by educating staff.

LHH Employee-of-the-Month Award

John Kanaley and the Executive Team have selected Ghodsi (Goldie) Davary, a nurse leader as our Employee-of-the-Month. Goldie first joined LHH in 1986 and over the years has served in many management roles, including nurse manager of Units E3, O4, and G3, and as an as-needed nursing supervisor providing house coverage on weekends. For approximately six months now, Goldie has transitioned into the role of Screener for Admissions and Bed Control Coordinator. This is both a new role for Goldie personally and a new role for Nursing at LHH. As the Screener for Admissions, Goldie travels daily to SFGH and other hospitals to personally visit referred patients. Goldie has visited every hospital within San Francisco and her visits have taken her as far away as San Mateo. These personal visits not only allow Goldie to make a more informed screening decision but they build a personal working relationship with other facilities and have improved our image in the community as a welcoming place for SNF referrals. In less than six months, Goldie has done an excellent job in helping to increase our census, as well as admissions from the community. During this time we have seen our daily census consistently higher than it has been for a long while. Goldie is flexible in her work, and is an outstanding patient advocate. She has demonstrated great skill in working with multiple departments and many individuals to provide a smooth and effective admission screening and bed placement process.

LHH Nurse Leader Retirement

Lilia (Lillie) Hendrix is retiring after 33-1/2 years at LHH. Lillie has worked as an RN at LHH for 33-1/2 years. She came to LHH from the Philippines, starting as a staff nurse and rising to the position as Nurse Manager 8 years later. She has served in this capacity for the past 25 years. Lillie's major contribution has been her passionate commitment to improving the quality of the nursing care delivered at the bedside. She has been regarded as a valued problem solver and has also been tenacious in minimizing the potential obstacles to achieving resident care goals in an exemplary way. Her service will be missed, however, we wish her success and contentment in her retirement.

LHH Medical Staff Appointments

Reappointments:

Steven Thompson, M.D. – Internal Medicine – (Active/Daytime)

Kirk Essenmacher, M.D. – Internal Medicine – (Active/Night & Weekend)

Julio Pineda, M.D. – Internal Medicine – (Active/Daytime)

Christopher Hinnant, M.D. – Physiatry – (Active/Daytime)

Resignations:

James Budke, M.D. – Internal Medicine – (Active/Daytime)

LHH Credentials Year-to-Date Report

7/1/2005 to 04/20/2006

New Appointments 10

Reinstatements 0
Withdrawal 0
Reappointments 45
Delinquencies: 0
Reappointment Denials: 0
Resigned/Retired 13
Disciplinary Actions 0
Restriction/Limitation of Privileges 0
Changes in Privileges 0
Additions 0
Voluntary Relinquishments 0

7) **PUBLIC COMMENT**

None.

8) **CLOSED SESSION**

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

None.

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

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

The Committee went into closed session at 11:20 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, John Kanaley, LHH Executive Administrator, 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 12:00 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.

9) **ADJOURNMENT**

The meeting was adjourned at 12:00 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment: (1)

***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.**