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MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Monday, August 22, 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 9:05 a.m.

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

Staff: Evonne Arita, Brenda Austin, Ph.D., Ilma Batres, James Budke, M.D., Gale Cobe, Jill Daly, Arla Escontrias, Larry Funk, Bronwyn Gundogdu, Gayling Gee, Liz Gray, Mozettia Henley, Anne Hughes, Valerie Inouye, Paul Isakson, M.D., Derek Kerr, M.D., Michael Lane, Judith London, Ph.D., Lisa Pascual, M.D., Chona Peralta, Maria Rivero, M.D., Gregg Sass, Espie Sorongon, Charles Stinson, M.D., Lawrence Sullivan, Ph.D., Serge Teplitsky, Steve Thompson, M.D., Adrienne Tong, Rowena Tran and David Woods, Pharm. D.

2)

APPROVAL OF MINUTES OF THE MEETING OF JULY 25, 2005

Action Taken: The Committee approved the minutes of the July 25, 2005 Laguna Honda Hospital Joint Conference Committee meeting.

3) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE

Michael Lane presented a project update. The Mayor's Office of Public Finance sold the \$110M and the \$120M series of general obligation bonds in May 2005 for a total of \$230M. Work has begun on the approval process for the sale and appropriation of the remaining \$69M in general obligation bonds. On August 8, 2005 the Board of Supervisors Government and Audit Committee held a follow-up meeting to discuss the Controller's May 19, 2005 report. In early July, General Constructor Turner Construction formally moved their offices into trailers on the Laguna Honda Hospital campus. The installation of micropiles for the Link and South buildings has begun. Weekly Operation meetings are held with hospital managers and Turner construction staff to review construction work and schedule that may impact daily hospital activities. The Hospital's Executive Committee is now holding regular monthly meetings of the Transition Steering Committee that will organize and facilitate the task of moving operations from the existing buildings to the new buildings. The City is proceeding with the construction of an off-site laundry. The City's Real Estate Division continues looking at potential sites in San Francisco. Work continues on finalizing the consolidation of all Furnishings, Fixtures and Equipment into one database. With the exception of minor comments, which are being addressed, the Kitchen Equipment is finalized.

Public Comment

- Pat Sancinito, a patient at Laguna Honda, fears that there are not going to be enough beds at the new Laguna Honda hospital. She would like to know how many beds are being allocated to the elderly and people like herself who need 24-hour care.
- Patrick Monette-Shaw said the configuration of the 780 beds and how they will be allocated has not been determined. The HMS report says San Francisco will need SNF beds. He is here as a SNF advocate and it is time the Commission and others are clear how the beds are going to be used and for what target populations.
- Sister Miriam asked whom the beds are going to be for. The people voted for primarily the seniors and disabled population, not for the psychosocial population.

Commissioners' Comments

- Commissioner Chow said the Mayor, Board of Supervisors and Health Commission have committed to 780 beds, and will continue to discuss additional beds. He asked Mr. Lane to reiterate the plan for the 780 beds. Mr. Lane said the first three buildings will consist of 780 beds, and construction on these buildings is proceeding. Construction on the fourth building is not scheduled to begin until 2008.
- Commissioner Illig asked if the laundry is funded by the bond. Mr. Lane said there is \$1.1 million in bond funds for the laundry. The rest would come from other sources.

- Commissioner Tarver asked how the Soarian project would be implemented in and compatible with the new building. Mr. Lane replied that the Soarian project would be coming on line a little before the new building becomes operational. The RFP he is issuing now is for a number of stand alone systems and to look at a remaining integration issues. He is working with Dave Counter and citywide Department of Telecommunication and Information Systems. Commissioner Tarver encouraged staff that whatever is purchased be flexible enough to accommodate new technologies.

4) **HEALTH MANAGEMENT ASSOCIATES REPORT: RECOMMENDATIONS REGARDING MANAGEMENT OF LAGUNA HONDA HOSPITAL**

Paul Isakson, M.D., Medical Director, began the presentation on the HMA report, saying that this is only the beginning of meaningful dialogue. He asked members of Laguna Honda Hospital clinical staff to attend the meeting to provide the committee with their perspective about where the hospital is and where it should be going. The presentation was broken down into five areas of discussion:

1. LHH leadership strategic planning to address HMA recommendations.
2. Programmatic Issues
 - Acute Care and HIV/AIDS – Dr. Thompson said that is desirable to have some acute medical beds at Laguna Honda Hospital. Patients prefer to stay at LHH, and it helps SFGH with emergency room overcrowding. Having acute care at LHH is a win-win. Dr. Thompson said it is important to have secured beds for AIDS dementia patients and separate out acute patients. People who are not demented are often unhappy with dementia behavior.
 - Rehabilitation – Dr. Pascual said rehabilitation is a very important service at LHH. Much training needs to be done in order to move into a building that is markedly different. There is a demand for services and LHH has been working on a business plan to increase physical therapy, occupational therapy and speech therapy. With regard to staff integration, Dr. Pascual said the cultures of the two medical staffs are very different, so this proposal needs to be evaluated closely and collaboratively.
3. Current investments in infrastructure and training and future needs
 - Nursing Model - Mozettia Henley said there are a number of initiatives and activities to prepare nursing for the move to the new building, including the nursing care delivery model. There is a tremendous need for support and training for nursing IT. Most nursing staff is computer illiterate. They are in the process of building staff competency in this area, but will need more resources.
 - Training – Espie Sorongon discussed training, workforce development, recruitment and retention. LHH is bringing education and training to the bedside. They require 24 hours of training for CNAs and 10 hours of mandatory training for hospitalwide staff. In terms of recruitment, they are working with foreign-born CNAs to become LVNs and have a partnership with nursing schools in the Bay Area to meet the needs of foreign students. The goal is to recruit new graduates to LHH. At the end of the year, LHH will have served as a clinical site for 120 students.
4. Creating a safe and therapeutic environment – Dr. Austin described some of the efforts to enhance the therapeutic environment at LHH. They reorganized the Department of Psychiatry, hold regular

meetings, have assigned clinical nurse specialists to help with care plans and are in the process of developing a safety management and response technique.

- Project SMART – Bronwyn Gundogdu said the goal of the SMART Program is to reduce altercations and assaultive behavior and create a safe environment. Initial training is eight hours, with four hours of annual training. More resources are needed to be successful, including release time, backfill for staff at trainings and a commitment from the governing body.
 - Addressing regulatory, oversight and quality improvement needs in behavioral health planning – Serge Teplitsky said LHH has developed an elaborate quality improvement program, but really need staff support to be most successful.
5. What is the plan for the long-term care (institution-based) continuum of care – Dr. Stinson summarized where institution-based long-term care is heading: San Francisco needs to improve management of services for the disabled in the community, encourage aging in place and prevent institutionalization. But there is a growing dementia population, a growing population of people with things like TBI and drug-induced encephalopathy, a changing face of the AIDS crisis, out-of-county placement, criminal justice SNF needs and a growing MR/DD population. Many people think that LHH is going to meet all of these needs. 780 beds will not be enough to provide the level of separation and secured units that are necessary. The conversion of the Mental Health Rehabilitation Center to the Behavioral Health Center has reduced the number of securable beds. So there are challenges, there must be serious discussions about long-term care and LHH needs to be involved.

Public Comment

- Dr. Derek Kerr stressed the importance of a collaborative process that includes LHH and is led by a long-term care director and a chief operating officer. With regard to the merger of the medical staffs, there are important cultural and legal issues to consider. He noted the benefits of having an acute care unit at LHH.
- Al Groh, Union of American Physicians and Dentists, said there is an obligation to meet and confer with the union regarding the merger. Please keep this in mind.
- Patrick Monette-Shaw said the HMA report has not been accepted by the Board of Supervisors, so it is premature to implement any of its recommendations. The report does not contain any demographics. People need to figure out why SNF patients are being served out of county. It is absurd that 84 percent of LHH patients could live in the community.
- Elizabeth Zirker, Protection and Advocacy, Inc., said San Francisco should rebuild the minimum number of beds necessary after analyzing and committing to adequate community resources.
- Maria Rivero, M.D. said screening is critical to maintaining a safe hospital environment. It must be done by people with experience in violence and risk prevention.
- Judith London, LHH clinical psychologist, said in her experience, the patients she serves could not be served in the community due to the nature and progression of their disease.

Commissioners' Comments

- Commissioner Chow asked if other long-term care facilities have acute care licenses. Dr. Isakson and Mr. Teplitsky replied that Fairmont Hospital in Alameda and the Jewish Home for the Aged in San Francisco have acute care licenses. Commissioner Chow said staff should look at their experiences, as this is one of the HMA recommendations.
- Commissioner Illig said the Health Commission's role is citizen oversight of DPH and he is going to rely on staff expertise to inform him of the specific HMA recommendations. He asked Mr. Lane if the current configuration of the rebuild allows for managing the facility as three separate units. Mr. Lane said the rebuild was not planned with this in mind, but he would defer to hospital staff to determine if, given the configuration we have, this could be done operationally. Commissioner Illig asked if the three buildings could accommodate all of the planned secured beds. Mr. Lane replied that the design process looked at having the capacity for securing five floors. The rest of the building has a programmable access control system. There is flexibility per floor, but not within each floor. Dr. Stinson underscored the need for securable garden spaces, which are critical to dementia/cognitively impaired people. The garden spaces are planned for Clarendon.
- Commissioner Tarver is very interested in learning what is planned at the new facility that improves services to this population. Indeed some of the ideas that were considered but not pursued due to cost can now be reconsidered in light of this new process. Dr. Isakson said that his interpretation of the HMA report was not three different buildings, but three or more operational divisions. He reiterated that if the fourth tower is not built, LHH would lose half of the planned locked beds. In addition, through the planning process each building has a service focus that is reflected in the design. Clarendon's major emphasis was care of dementia. So the question is what was programmatically planned for Clarendon, and how will this be addressed if Clarendon is not built?
- Commissioner Illig asked if there are limitations to using the rest of the space on the LHH campus. Mr. Lane said that half of the 62 acres is designated open space in San Francisco's General Plan. The new and existing building take up the rest of the acreage. Further, any change would require modifying the Environmental Impact Report.
- Commissioner Tarver asked staff to provide information regarding the feasibility of using other areas of the LHH site.
- Commissioner Illig asked if the decision is made to not have acute care at LHH, could that space be used for something else. Mr. Lane replied that it could be used for SNF beds. Commissioner Illig said the HMA reports notes that nursing may be overstaffed at LHH. Mr. Teplitsky said that when compared to other distinct part SNFs, nursing staff at LHH is at the lower end. The issue might be that nursing staff at LHH are performing tasks that are normally done by other types of workers.
- Commissioner Tarver said that some of the topics he wants further information on and discussion about are: the optimal size for the AIDS Unit, training for nursing, optimal budget over the next three years and average out-of-county census.

5) PUBLIC COMMENT

Patrick Monette-Shaw – disability rights advocates see the rebuild only from a civil rights perspective. What is missing from the dialogue is how skilled medical and nursing services are

going to be provided in the community. The TCM project is expensive per discharge and does not have any outcomes. Proposition A said San Francisco needs more SNF beds.

Dr. Lawrence Sullivan, clinical psychiatrist at LHH, said he takes exception to HMA's dislike of large-scale SNFs. LHH has been seen as a flagship institution. And LHH staff has been able to adapt and create new programs to serve diverse populations.

6) **CLOSED SESSION**

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

Patrick Monette-Shaw said the Committee should be discussing the details of the closed session in open session.

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 10:45 a.m. Present in closed session were Commissioner Chow, Commissioner Illig, Commissioner Tarver, Evonne Arita, Executive Assistant, Liz Gray, Director of Placement/TCM, Gayling Gee, Associate Administrator of Clinical and Support Services, Valerie Inouye, CHN Chief Financial Officer, Paul Isakson, M.D., Medical Director, Chona Peralta, TCM Manager, Serge Teplitsky, Director of Quality Management, Adrienne Tong, Deputy City Attorney and Rowena Tran, Executive Assistant to the Executive Administrator.

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 11:20 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.

7) **ADJOURNMENT**

The meeting adjourned at 11:20 a.m.

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.**