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MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Monday, August 27, 2007

9:45 a.m. to 11:45 a.m.

At

**Conference Room A300
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.

Present: Commissioner Edward Chow, M.D., Chair

Absent: Commissioner David J. Sanchez, Jr., Ph.D., Member

Staff: Arla Escontrias, Gayling Gee, Regina Gomez, Lenora Jacobs, John Kanaley, Lorraine Killpack, Ph.D., Thomas Radenburg, Tim Skorvinski, M.D., John Thomas, Rowena Tran, Adrienne Tong and David Woods, Pharm. D.

2) APPROVAL OF MINUTES OF THE MEETING OF JULY 23, 2007

Action Taken: The Committee deferred the approval of the July 23rd minutes to the September Laguna Honda Hospital Joint Conference Committee meeting.

3) EXECUTIVE ADMINISTRATOR'S REPORT

John Kanaley presented the Executive Administrator's Report

Employee of the Month – Yolanda Huertas

Yolanda Huertas has made outstanding contributions at Laguna Honda Hospital by developing an innovative approach to delivering care to the complex and sometimes difficult residents she serves in C-3 Psycho Social Ward. Yolanda leads a number of activities that are offered to residents who either cannot or do not leave her unit. The outcome of her efforts have shown an increase in appropriate interpersonal interactions among residents, an increase in the number of residents engaged in purposeful activity, increased self esteem of the residents and increased sense of emotional well-being among residents. More importantly, since the initiation of this additional program augmentation, resident-to-resident altercations significantly decreased in the first 60 days and falls significantly decreased after the first 90 days of implementation. Ms. Huertas' commitment to resident care is exemplary; hence she is the Laguna Honda Hospital (LHH) Employee of the Month for July 2007.

ANNOUNCEMENTS/INFORMATION

Mayor Newsom Visits Laguna

On Thursday August 2, 2007, Mayor Gavin Newsom made a formal visit to LHH to meet with residents, staff, and toured the construction site with LHH neighbors. The Mayor met with resident Frank Ahern, who was excited about meeting the Mayor because Frank used to work with the Mayor's father on a committee many years ago. After a fifteen minute chat with Frank, the Mayor visited Paul Hendrickson, the Main Building's Resident Council president. Paul gave the Mayor a copy of his new poetry book, *Consider These ...*. Paul commented that the Mayor is very down to earth and easy to talk with. Paul went on to say "I could easily just hang out with him." The Mayor walked through the halls surprising everyone, talking and taking pictures with staff and residents. While in the Main Building, he visited the General Store and commented on the great prices and he also stopped by the cafeteria for a cup of coffee.

The Mayor toured the construction site with 15 neighbors who have been involved with supporting the Replacement Program by attending meetings in the community and at City Hall for last 6 years. The Mayor also met with Bob Neil, former president of the Clarendon Hall Residents' Council. While walking thru the hospital the group spontaneously dropped in on Dr. Christina Lee's baby shower.

Assisted Living Meeting

LHH's assisted living project team issued a draft feasibility study on August 2, 2007. The study reports construction costs ranging from \$148 to \$207 million for the five options studied. It recommends a number of possible cost-cutting steps, which the team is now exploring. Fifty community members met at the hospital library on August 15th to ask questions and to offer comments on the report. The meeting included residents, staff, neighbors, union representatives, and community health advocates. It produced constructive and beneficial feedback reflecting a diverse array of opinions. The central topics of discussion that emerged at the meeting included the cost projections, the number of residents the facility would serve, the city's decision-making process, and whether a licensed or unlicensed facility is the more appropriate model of care.

The project team will convene a second meeting in the DPH auditorium on August 27th at 2 pm. The deadline for public comment is September 4th. A final report is due out by the end of

September. It will reflect consideration of cost-cutting options and input from the community meetings. The study is posted on the DPH and hospital websites. Hard copies were distributed by mail or hand delivery to community members who have been following the process. The report is also on file at the main library and the West Portal branch.

IS VIRUS UPDATE AUGUST 2007

Servers - Facilities HipLink server issues have been resolved.

Applications - Access to Microbiology results through LCR remains an issue. Installation of the kiosks first on the 8 innovation units and then the remaining units will resolve this issue. Citrix needs to be rolled out to other non-auto logon devices in order for this to be resolved. This is a major project for IS, so we have asked the Medical Director to identify 25 devices that will be manually corrected.

L & M Drives – Resolved

PCs & Printers - Resolved - There are no issues related to the virus attack.

Open Tickets and Service Requests - We have reduced the number of open tickets to about 80. There are several outstanding departmental projects in the queue since before the virus that we have not been able to start. There have been a number of turnovers among the HP contract desktop support staff. New contractors require orientation and supervision. One LHH engineer is taking FMLA and will be on leave for 3-6 months. Technical staff from SFGH are being deployed on a regular basis to work on LHH issues.

Long Term Remediation -

- 1) Replacement of aging equipment through the capital equipment process. We are using an SFGH IS analyst to bring the current inventory database up to date. We will then be able to implement a yearly replacement policy.
- 2) IS staffing increase: 1 Principal Engineer and 1 Desk top Support. Not funded for FY 07-08, redeploying staff from SFGH.
- 3) LHH IS Steering Committee is undergoing a six month strategic planning process to identify the future of the systems and support necessary to transition us into the new buildings. We anticipate being complete by December 2007.

STRATEGIC PLAN

The next report due in October.

BUDGET REPORT

4th Quarter Year End Financials

At last week's Health Commission meeting, Gregg Sass, DPH CFO, presented the 4th quarter financial reports for the Department. Mr. Kanaley announced that there is a \$4,158,000 surplus from LHH. This unexpected positive variance is due to increased revenue collections most of which is due to the increased reimbursement rate.

Salary Monitoring

The bi-monthly salary spending report. It shows for the first two pay periods of the fiscal year, LHH is tracking at \$399,000 over budget and projecting a \$4,000,000 negative variance by year's end.

CENSUS REPORT

Average for June 2007	
Beds Occupied	1011.77
Beds Held	5.9
Admits	2.13
Total Paid SNF	1019.81
Total Acute Capacity (16)	
M7 Acute Census	0.61
L4 Acute Census	0.9
<u>Total Paid Beds</u>	1021.32

STAFFING REPORT

The hospital staff vacancy rate reported as of August 2007 is 8.21 % up from July's rate of 7.5 %. This shows an increase in vacancies from held requisitions.

REGULATORY UPDATE

DHS - On August 15, 2007 two CDPH Surveyors were onsite to conduct a revisit GACH survey. They reviewed documents related to the Plan of Corrections, toured the Acute Care units and the Nutrition Department, and reviewed 4 closed medical records. The Surveyors indicated that they had several similar concerns related to the findings from the first survey but that they would review the documentation that they have gathered before making their determination.

On July 31, 2007 the facility received a Class "B" citation for a Title 22 Patient Care issue related to the provision of necessary fluids for hydration. The follow-up visit was conducted on August 13, 2007 and it was determined that we had completed all corrective actions as stated on the Form CMS 2567.

On July 31, 2007, the facility also received an Intent To Cite involving a resident fall incident, and a previously issued Intent To Cite related to a resident discharge incident was rescinded upon further investigation by CDPH.

Weekly CDPH visits on self-reported cases are on-going and we continue to receive no deficiency findings on other complaint/incident investigations.

DOJ - The City continues to work with the DOJ on resolving the issues related to their onsite visit In March 2007.

PATIENT FLOW

Waiting List - For July 2007, the average waiting list was 12.3. The average for FY 06-07 was 14.2.

Trend Data - In looking at July – September data for how long individuals are waiting on the list, Mr. Kanaley said the raw data that is presented doesn't not seem to have an easy summary. The data shows the time each patient has waited from acceptance; however, this does not show when the patient is actually ready for admission. For example, the person may be accepted to LHH, but may still be in acute need. Further refinement of the report is necessary. The range of wait time goes from 2 days to 48 days.

BOARD OF SUPERVISORS QUARTERLY REPORT

Next due in October.

TCM

Mr. Kanaley's report included the July 2007 Targeted Case Management Report. Joanne Holland from RTZ said there are some changes to how some of the data is being provided in the report. Next month additional changes will be made based on input from Commissioner Chow.

Each month, LHH also reviews the number of discharges:

CATEGORIES	NUMBERS
Laguna Honda Hospital	2
Rehabilitation	9
Respite	0
Targeted Case Management	1
Positive care	5
AMA	0
AWOL	3
Total	20

TRANSITION STEERING COMMITTEE

The Transition Steering Committee Report will be presented in October.

Commissioners' Comments

- Commissioner Chow asked what the timing and budget are for the Assisted Living project. Mr. Thomas said there is no set budget. \$15 million was set aside as seed money to get the project going with the expectation that funds would be raised from grants, HUD and other sources. In his 2005 report regarding the replacement project, the Controller identified \$120 million available from SB 1128, with \$60 million toward assisted living and \$60 million going toward community resources. So they had envisioned a budget not to exceed \$120 million. Obviously the price of the five options came in much higher, and they are looking at ways to try to bring the numbers down, at ways to identify other sources of funding, and other activities to make the project more realistic. Commissioner Chow asked when the decision needs to be made in order to not impact the rebuild project. Mr. Thomas said they will move into the first two buildings mid-2009, and another year is required to build the link structure. Construction would have to be started by that time. Commissioner Chow will present the status of the Assisted Living Project at the next Health Commission meeting. Commissioner Chow said the Health Commission received an update on the budget at the last Health Commission meeting. He wonders why sitters have become important again. Mr. Kanaley said in this month, four

individuals were 5150ed to PES, which is a high number. LHH staff met with PES about this. LHH is trying to help SFGH decompress, and one approach to reducing the number and managing the readmittance of 5150s is to use sitters until an appropriate discharge could be made. In addition, they find they need more sitters for more aggressive patients on the AIDS unit. Commissioner Chow appreciates the issue of patient flow and the monthly wait list report. How is it that we accept someone who is not ready to come, and then not admit someone who is ready? Dr. Skorvinsky said part of the issue is how the computer system tracks the patients on the list. Another component is when the social worker finds that a patient is able to be cared for at a lower level of care. There is also the circumstance that someone is accepted to come, but refuses, as well as people who are accepted but are waiting to be conserved. Each of these circumstances contributes to an inflated waiting list. SFGH Social Services prefers to keep the patient on the waiting list so that, even if they are acutely ill, they will have a place when ready. Commissioner Chow asked if this prevents someone else from coming in. Dr. Skorvinsky said no. The placement team reviews patients at SFGH everyday. If someone is ready, they come over. No one is displaced because of the queue.

4) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE

John Thomas, LHH Replacement Program Manager, presented the LHH Replacement Project Update. As of the end of July 2007, construction on the three buildings is now 54% complete. Installation of the interior wall framing continues in the Link and South Residence Buildings and Mechanical, Electrical and Plumbing installation is underway in all three buildings. The contractor is striving to improve the weather proofing of the exterior in order to commence installation of drywall. The Schedule is currently tracking nine months late.

Knuckle Building

MEP rough-in has begun in this area. The temporary loading dock construction is underway. The temporary loading dock will be completed in late summer which will permit work to begin on the northern end of the permanent loading dock.

New Hospital Site Improvements

No progress to report.

Existing Hospital Remodel

Abatement work was completed on Stair #4 in mid-July. Turner proceeded with framing for new fire-rated walls to enclose the stairwell. This work will be completed by late October. Once completed, the next phase will be to perform a similar upgrade to stair #1 in the H wing. This stair is adjacent to the Chapel and Simon Auditorium and the nature of the work will require that both facilities be closed by mid September. The closure will remain in effect until the completion of the remodel effort.

Furniture, Fixtures & Equipment

We anticipate that the contract with Criterion Systems will receive a notice to proceed in early September.

Assisted Living Feasibility Study

The Consultant released a draft document for public review on August 1, 2007. A public meeting was held on August 15th to hear comments from the public and interested stakeholders. The final report will be ready at the end of September.

Hospital Staff

Weekly coordination meetings continue with hospital operations staff to coordinate or mitigate any possible impact from the construction project.

Commissioners' Comments

- Commissioner Chow asked about the project's budget. Mr. Thomas said that to date they have executed about \$6 million in change orders with Turner. This is not so much of a problem. Where they see problems is in long-term risk, and are now trending that the overall program could be over budget. \$9 million in contingency budget available. They would need to identify other funding sources to cover anything beyond \$9 million. He will prepare a monthly financial tracking report.

5) **OPERATIONS REPORT**

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

INFECTION CONTROL

Outbreak Report

There were no outbreaks reported in the month of July and the first three weeks of August.

Surveillance Report

One resident from Unit C3 was diagnosed with scabies in July. The affected resident and roommate (sharing semi-private room) were treated with Ivermectin. The guidelines for scabies management followed; all exposed employees were contacted and offered Elimite cream. Concerned employees with skin rashes/itching were referred to their personal physicians. No other residents/employees were affected/diagnosed with scabies. This single case was not considered an outbreak.

No further cases of Influenza A were reported since May 18, 2007. There were a total of fifteen cases reported during this past Influenza season which extended from October 2006 through June 2007. A total of four residents were affected by RSV during this past season.

APIC Conference

The annual Association for Professionals in Infection Control and Epidemiology (APIC) conference held in July was attended by three LHH staff: Angela Platzer, RN, MS, Director of Clinical Support Services, Flavia Bayati, RN, CNS, Infection Control Nurse and Gayling Gee, RN, MS, Associate Administrator. The conference provided us with an opportunity to bring information back to LHH regarding various Infection Control topics. A recurrent theme at the conference was a recent MRSA prevalence study commissioned by APIC. The one-day snapshot study found that 46 of every 1,000 patients from participating facilities were colonized or infected with MRSA. The study results were 8-11 times higher than previous estimates from different hospital samples using incidence data. This study prompted us to reevaluate our approach on how best to address MRSA issues in the future. This discussion also coincides with a study Dr. Toby Maurer is initiating to evaluate the prevalence of MRSA at LHH and will provide a basis for developing strategies for addressing MRSA in a long term care facility.

The Conference attendees and members of the LHH Infection Control Team, including Drs. Paul Isakson, Tim Skovrinski, Vickie Young and Eunice Lo, met at a half-day planning session to discuss

key topics from the conference and implications for improvement and development of the LHH Infection Control Program. The following Infection Control objectives for FY 2007-2008 were identified by the Team:

Infection Control Objectives for FY 2007-2008

1. LHH Pharmaceutical Services will continue to monitor antibiotic usage facility- wide and report quarterly findings/ trends to Infection Control Committee.
2. LHH Infection Control Team will increase staff participation in the Influenza Vaccination Program from 50% to 75%. All employees who do not receive vaccine must complete a declination form.
3. LHH Infection Control staff will identify and evaluate available computerized infection control tracking tools/programs that will streamline case-finding, tracking and report-writing capabilities and best meet LHH long term care needs. A key component of the program must be compatibility with the Invision system in order to instantly report and continuously monitor identified infections.
4. LHH Infection Control staff will “step-up” the Fall 2007 Hand Hygiene campaign to incorporate “best practices” that were presented at APIC. Staff will also re-evaluate the types of hand hygiene products used in the facility and increase their placement to increase their use.
5. LHH Infection Control staff will update LHH Infection Control policies based on new regulations on isolation room guidelines, pandemic influenza response, and immunization policies that were presented at APIC.
6. LHH Infection Control staff will develop and focus on additional strategies to
 - Reduce bladder infections house-wide, and
 - Track and evaluate MRSA infections.
7. LHH Infection Control Team will evaluate and develop recommendations for enhancing surveillance report writing.

EMERGENCY PREPAREDNESS

This summer, two emergency preparedness classes were offered to LHH: 1) Incident Command System (ICS) and National Incident Management System (NIMS) training, taught by Lan Wilder at San Francisco General Hospital; and 2) Hospital Incident Command System (HICS) Train-the-Trainer, sponsored by the California Hospital Association (CHA).

ICS and NIMS

Twenty-four staff from LHH Operations, Medicine and Nursing took advantage of the ICS and NIMS class taught at San Francisco General Hospital. This class was designed to familiarize LHH staff with core concepts and principles of ICS, recognize the importance and application of ICS in the hospital and healthcare setting, and learn the components of NIMS. ICS is designed to provide logistical and administrative support to operational staff during an emergency or disaster. NIMS improves coordination and cooperation among respondents through application of national standards across jurisdictions and function. Students attending this class completed an online test and received a certificate from FEMA verifying that the student had satisfactorily demonstrated knowledge and understanding of ICS and NIMS.

HICS

Twelve LHH Operations, Medicine and Nursing staff also attended a two day HICS Train-the-Trainer class. This class was designed to: 1) facilitate understanding of a standardized emergency response system and the role of hospitals during an emergency situation, 2) highlight the differences

between the former Hospital Emergency Incident Command Systems (HEICS) and the new HICS version, and 3) enhance knowledge of the application and uses of HICS. HICS focuses on an all hazards systems approach. Flexible and scalable management tools are designed to be used in any type of emergency or any geographic area. A major emphasis was placed on preparation for emergencies and partnering with those in the surrounding community. Understanding and using HICS during an emergency is important in providing a common structure for coordinating a hospital's response, defining roles and responsibilities, and facilitating community responder communication. Participants of the HICS Train-the-Trainer program will attend a de-briefing meeting of the LHH Emergency Preparedness Subcommittee on August 29 to review the class and assist in the planning of the October 25, 2007 City-wide Emergency Preparedness Drill on pandemic influenza.

NUTRITION SERVICES PROJECT UPDATES

- CBORD software conversion is moving along. We still anticipate conversion in October 2007.
- The M4 pilot for the proposed Galley service is progressing nicely. New dishwashing equipment has been ordered, and we anticipate testing the Galley service sometime in October, 2007.
- LHH participation in the City-wide Employee Giving Campaign, "Combined Charities", is currently in the planning stages, with a kick off campaign scheduled in October. The Combined Charities drive will run through Thanksgiving. Last year, LHH donated \$49,686 to Combined Charities. There were also 36 leadership givers (pledging \$500 or more) from LHH. The City-wide total donation was over one million dollars!

Commissioners' Comments

- Commissioner Chow asked why they were focusing on bladder infections. Dr. Skorvinsky said they are seeing that pathogens in the urine are becoming resistant to antibiotics and they are trying to implement steps to avoid this. They are trying to keep catheters to a minimum.

6) CLINICAL CARE REPORT

Lenora Jacobs, Director of Nursing Operations and Tim Skorvinsky, M.D., Assistant Medical Director, presented the Clinical Care Report.

Welcome to Dr. Tim Skovrinski, Dr. Jim Budke and Dr. Wilmie Hathaway

The Medical Services Division is pleased to welcome back Dr. Tim Skovrinski as Assistant Medical Director after a 2-year leave of absence while he tested the waters in Hawaii. We are also pleased to have back with us Dr. Jim Budke on a Proposition F part-time basis and to welcome Dr. Wilmie Hathaway as an attending physician. These additions are most important during a period of time when we have a number of physicians away on extended leaves of absence.

Welcome to Psychosocial OT Nicole Kunibe

In June 2007, Nicole Kunibe, Psychosocial Occupational Therapist (OT), joined the Dementia Cluster to assist in enhancing programming for residents with impaired cognition and memory. Nicole is the second psychosocial occupational therapist to work at LHH and the first to work strictly with a dementia population. As a psychosocial OT, Nicole will work on enriching the functioning of residents who have unstructured daily routines.

Computer Training Classes at LHH

On August 15th, we began another City College of San Francisco course on computer applications here at LHH, where we serve as a site for this semester. The course will focus on fundamentals of word processing, creating and using spreadsheets, doing presentations, managing personal information and communication via e-mail. The class meets every Wednesday from 4 pm to 6:30 pm and will continue through December 19th for a total of 45 instructional hours. The class is very popular as 41 participants registered, including staff and volunteers.

Nursing Newsletter

We are pleased to share with you our Summer newsletter. The newsletter is also available on our website. We hope you enjoy reading the Nursing Notes.

RN Refresher Program Graduation

LHH hosted Jewish Vocational Services and City College of San Francisco's RN Refresher Course Graduation on August 15th. The RN Refresher Course is a three-month class designed to help U.S. trained nurses reenter the nursing field and assist foreign nurses to move along the nursing career ladder. LHH also served as a clinical rotation site for this course. John Kanaley and Debbie Tam, Nursing Director, spoke at the event. LHH has benefited greatly as 13 of our new RNs were formerly LVNs who participated in this program.

LHH Medical Staff Appointments

Appointments: None

Reappointments:

Seema Sharma, M.D. – Internal Medicine – (Active/Daytime)

Robert Rushakoff, M.D. – Endocrinology – (Active/Consultant)

Randall Low, M.D. – Cardiology – (Active/Consultant)

Resignations: None

LHH Credentials Year-to-Date Report

7/1/2007 to 8/21/2007

New Appointments	0
Reinstatements	0
Withdrawal	0
Reappointments	3
Delinquencies:	0
Reappointment Denials:	0
Resigned/Retired	0
Disciplinary Actions	0
Restriction/Limitation of Privileges	0
Changes in Privileges	0
Additions	0
Voluntary Relinquishments	0

Commissioners' Comments

- Commissioner Chow asked what is going to happen to the statue in front of the hospital. Dr. Skorvinsky said the wrist was repaired a few years ago. Ms. Gee said there has been

talk about having someone come out and evaluate the statue to see whether it is deteriorating. Mr. Kanaley will follow up on this.

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 11:05 a.m. Present in closed session were Commissioner Chow, John Kanaley, Executive Administrator, Regina Gomez, Director of Quality Management, Lenora Jacobs, Director of Nursing Operations, Tim Skorvinsky, M.D., Assistant Medical Director, Adrienne Tong, Deputy City Attorney, Rowena Tran, Director of Operations, David Woods, Pharmacy Director 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

D) **Reconvene in Open Session**

The Committee reconvened in open session at 11:40 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 Item)

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

9) **ADJOURNMENT**

The meeting was adjourned at 11:40 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.**