

**Lee Ann Monfredini**  
President

## HEALTH COMMISSION

**David J. Sánchez, Jr., Ph.D.** CITY AND COUNTY OF SAN FRANCISCO  
Vice President

**Gavin C. Newsom, Mayor**

**Edward A. Chow, M.D.**  
Commissioner

**Department of Public Health**

**Catherine Dodd, R.N., Ph.D.**  
Commissioner

**Roma P. Guy, M.S.W.**  
Commissioner

**James M. Illig**  
Commissioner

**Markus Watson, D.D.S.**  
Commissioner



**Mitchell H. Katz, M.D.**  
Director of Health

**Michele M. Seaton**  
Executive Secretary

**TEL (415) 554-2666**  
**FAX (415) 554-2665**

**Web Site: <http://www.sfdph.org>**

## MINUTES

### JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

**Monday, September 24, 2007**

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

**At**

**Conference Room B102  
375 Laguna Honda Boulevard  
San Francisco, CA 94116-1411**

#### 1) CALL TO ORDER

Commissioner Chow called the meeting to order at 10:05 a.m.

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

Staff: Arla Escontrias, Regina Gomez, Liz Gray, Mivic Hirose, Jill LeCount,  
Thomas Radenburg, Timothy Skorvinsky, M.D., John Thomas.

#### 2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 27, 2007

##### Public Comment

Patrick Monette-Shaw (submitted written summary of his testimony) - These minutes are deficient. I was prevented attending that meeting and submitting written testimony because the agenda e-mailed me and posted to the Internet indicated the meeting was Tuesday, August 28, not August 27.

The August 27 Clinical Care Report indicated a new psychosocial activity therapist was hired to identify dementia cluster residents who might benefit from community reintegration activities in preparation for discharge from LHH. Ironically, opponents of the June 2006 Prop. D hysterically

claimed if that initiative passed, 300 residents with Alzheimer's and other dementias would face forced discharge from LHH. LHH itself now appears identifying dementia cluster patients for discharge, rather than psychosocial cluster residents. One Prop. D opponents' hoax screamed private developers shouldn't be permitted developing housing at LHH. The assisted living draft report suggested turning LHHs' senior housing over to private development. Which is it? The assisted living component should remain a public works project.

Action Taken: The Committee approved the minutes of the August 27, 2007 Laguna Honda Hospital Joint Conference Committee.

### 3) **EXECUTIVE ADMINISTRATOR'S REPORT**

Mivic Hirose, Director of Nursing, presented the Executive Administrator's Report.

#### EMPLOYEE OF THE MONTH – Lucy Luu

Lucy was hired as a clinical pharmacist in September 2003 to assist with clinical programs and the expansion of medication safety technology for the pharmacy. Since returning from maternity leave earlier this year, Lucy has been tirelessly coordinating the conversion of the pharmacies antiquated computer system to the new QS/1 pharmacy software and most recently the set-up of the hospital's new automated packaging machine. Lucy showed great leadership in organizing technical, operational, clinical and educational components of the new software. Her dedication, attention to detail, tenacious nature and calm demeanor allowed the pharmacy to convert over 17,000 prescriptions in an efficient, productive and problem-free manner!

#### ANNOUNCEMENTS/INFORMATION

**LHH Welcomes 600 Goats** – A popular annual tradition at LHH's 62-acre hospital campus, 600 South African Boer goats began grazing September 12th, on the steep hillsides adjacent to the hospital. This is the third year that the goats have helped the city to clear undergrowth. The animals will graze across 22 acres of brush and vines, providing an ecologically sustainable service to clear out heavy undergrowth and help reduce the fire risk that comes with drier weather. The arrival of the goats is timed every year to coincide with the end of the bird nesting season so that fledglings will have a chance to test their wings before the ground is cleared from underneath them. The goats will be at LHH for the remainder of the month. Interested goat-watchers can contact the Laguna Honda Community Affairs Office at 759-4597.

**Assisted Living** – LHH will release the final version of the Assisted Living Feasibility Study Report in the first week of October. The recommendation in the study will reflect the cost reduction measures suggested in the next steps section of the draft report and the community input received during the public comment period. Further community meetings are envisioned for October 2007 to hear feedback on the recommendation.

#### IS VIRUS UPDATE SEPTEMBER 2007

**Servers** - Roche Datacare Blood Glucose server issues have been resolved. Unit Glucose meters for auto data transfer may require replacement of the meters' cradle as well as system upgrade.

**Applications** - Access to Microbiology results through LCR has not been resolved. Full LCR functionality including printing, may require re-configuration of IE browser settings. Citrix needs

to be rolled out to other non-auto logon devices. This is a major project for IS, so we have asked the Medical Director to identify 25 devices that will be manually corrected.

**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 60. There are several outstanding departmental projects in the queue since before the virus that we have not been able to start. One LHH engineer continues to be on six month FMLA and will return mid-November. 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 PLANNING

The value statement, “Our residents come first”, has been added to the LHH Strategic Plan. A poster will be posted throughout the hospital, including every unit, so that all staff members know LHH’s mission, vision, value and goals. This month, the Combined Leadership Team of LHH voted to continue working on the same goals for FY 08-09. The next Strategic Plan report is due in October 2007.

BUDGET REPORT

**Salary Monitoring** – The bi-monthly salary spending report shows that for the first 4 pay periods of the fiscal year, we are tracking at \$917,666 over budget and projecting a \$3,609,999 negative variance by year’s end.

CENSUS REPORT

Average for August 2007	
Beds Occupied	1019.06
Beds Held	6.61
Admits	1.55
Total Paid SNF	1027.22
Total Acute Capacity (16)	
M7 Acute Census	0.94
L4 Acute Census	0.81
Total Paid Beds	1028.97

## STAFFING REPORT

The hospital staff vacancy rate reported as of September 14, 2007 is 9.30% up from August's rate of 8.21%. This shows an increase in vacancies from held requisitions.

## REGULATORY UPDATE

**CDPH** - On September 13, 2007, LHH received a Title 22 deficiency on Patient's Rights for failure to ensure that a resident's discharge from the facility was due to medical reason and that the resident was not given reasonable advance notice.

On September 7, 2007 LHH submitted its General Acute Care Hospital (GACH) Plan of Correction (POC) response and an Informal Dispute Resolution (IDR) request to CDPH for the GACH survey that was conducted on August 15, 2007.

LHH is currently waiting for a response from CDPH.

On September 5, 2007 the facility received a Class "A" citation for a Title 42 Federal Code Regulations Care issue (F323) related to a resident fall incident that occurred on May 28, 2007. A CDPH surveyor was on-site on September 17, 2007 and determined that all corrective actions had been completed as stated on the POC.

**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 August 2007, the average number of patients on waiting list was 16.8. The average for FY 06-07 was 14.2 (**Attachment C**).

**Board of Supervisors Quarterly Report** – The next report is due in October 2007.

## TARGETED CASE MANAGEMENT

Liz Gray presented the August 2007 TCM Report. She and Joanne Holland from RTZ met with Commissioner Chow in an effort to refine the data so that it is most helpful to the commissioners and this committee. Some of the recommendations were made this month, others will be made within the next month, after LHH completes its conversion from ADL to Invision.

Each month, LHH also reviews the number of discharges:

<b>CATEGORIES</b>	<b>NUMBERS</b>
Rehabilitation	10
Respite	1
TCM	3
LHH	7
AMA	1
AWOL	4
Positive Care	0
<b>TOTAL</b>	<b>26</b>

## TRANSITION STEERING COMMITTEE

The Transition Steering Committee Report will be presented in October 2007.

### Public Comment

Patrick Monette-Shaw (submitted written summary of his testimony) - Public testimony during September 21's Mayor's Disability Council (MDC) meeting resulted in that Council modifying one of its resolutions regarding Laguna Honda. They initially claimed LHH serves "only" 1,020 residents annually; public records show LHH serves annually between 1,600 and 1,800 people. Unfortunately, the Council dumbed down its resolution, completely eliminating a precise, or estimated, number of people LHH serves annually, knowing public knowledge of that number might invalidate the MDC's resolution.

MDC Resolution #2 states licensed Residential Care Facilities for the Elderly (RCFE) are costly to build and operate, hence unfeasible. Similarly, on September 20, the Mayor's Long-Term Care Coordinating Council (LTCCC) also wrongly adopted a resolution stating that the RCFE model proposed for Laguna Honda's assisted living units is "incompatible" with the 15 core principles the LTCCC had previously adopted, claiming RCFE's don't offer true "choice." This is completely disingenuous! (*Continued in LHH Replacement Project Update public comments.*)

### Commissioners' Comments

- Commissioners Chow asked Liz Gray and Joanne Holland to respond to Mr. Monette-Shaw's comments about the June 2007 TCM report. Ms. Holland said the number of people who are assessed during a month are different from the people who are being discharged. So the questions are asked to different people. The numbers do not bear any relationship to each other. Ms. Gray said they used to report both sets of data, but now just report the one. Each person is asked at the point of assessment about their desire for discharge. They are then again asked at point of discharge, and asked to all patients at the point of discharge. Commissioner Chow said the report to the JCC is not the same as the report to the Courts. He asked Ms. Gray to come back to the Committee next month to see what should be included in the TCM report to the JCC. Mr. Monette-Shaw asked for the data that shows how many people were assessed in June, and how those people answered the questions about being supportive of discharge. Commissioner Chow said that this data will be brought to next month's meeting.
- Commissioner Chow asked if LHH's personnel costs are similar to last year. Mr. Radenburg said they did an analysis in August to see why they are running so high so early, and a significant part of the issue is step adjustments for nurses. These step adjustments are being only partially funded. Mr. Sass is aware of this and so is the Controller's Office. Commissioner Chow asked the reason for the added medical staff. Dr. Skorvinski said they had experienced a number of years of losing FTEs during the budget process. So Dr. Isakson has hired people on a half-time requisition, but these people need to work longer hours. Further, certain positions, such as psychologists, are put in a number of different cost centers. This can skew data about over- and under-spending.
- Commissioner Sanchez said the Commission supported funding for IT positions at LHH, but these were not approved. As a result he sees that SFGH IT people have been assigned here. So does that mean SFGH is incurring the cost for IT that is being provided to LHH? Mr. Radenberg said yes, and of yet they have not seen a charge back for these services. Commissioner Sanchez said there needs to be ongoing dialogue to solve this problem.

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

John Thomas, LHH Replacement Program Manager, presented the LHH Replacement Project Update.

As of the end of August 2007, construction on the three buildings is now 57% 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 continues in this area. The temporary loading dock construction continues. The temporary loading dock structure will be completed in October which will then permit work to begin on the northern end of the permanent loading dock. The design team is developing a canopy design to protect the staff during bad weather which will be submitted for OSHPD review and Contractor pricing by mid-October.

### **New Hospital Site Improvements**

No progress to report.

### **Existing Hospital Remodel**

Turner proceeded with framing for new fire-rated walls to enclose the stairwell. This work will be completed by late October. Following this, the next phase will be to perform a similar upgrade to stair #1 in the H wing. Work on stair # 1 will require that both Simon Auditorium and the Chapel will be closed by mid September. The closure will remain in effect until the completion of the remodel effort, summer 2009.

### **Furniture, Fixtures & Equipment**

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

### **Assisted Living Feasibility Study**

The final report will be available to the public by October 5, 2007. Additional presentations will be made to the public following the release of the final report

### **Hospital Staff**

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

### Public Comment

Patrick Monette-Shaw (submitted written summary of his testimony) - If that were true, why between September 2004 and September 2007 did the number of RCFE beds in San Francisco increase by 2.2%, and why between May 2003 and September 2007 did RCFE beds throughout California increase by 8%? This would not have happened if the elderly had not wanted RCFE's to be among their "true" choices. Protection and Advocacy Incorporated also wrongly asserts RCFE are more costly to build and operate; if that were true, why were an additional 1,222 RCFE facilities licensed in California during the past four years? Market forces increased this capacity, in part, due to demand for these choices.

Benson Nadell, the State's long-term care ombudsman to San Francisco, noted during a recent meeting of the LTCCC that there are zero ADA-accessible RCFE beds in San Francisco accepting SSI clients. (*Continued in Operations Report public comments.*)

## Commissioners' Comments

- Commissioner Chow said Mr. Thomas took him and Commissioner Sanchez on a great tour of the building. Commissioner Chow noted that the commission was notified concerning the issues about the replacement project and will here an update at a future meeting, tentatively scheduled for November 13<sup>th</sup>.

## 5) **OPERATIONS REPORT**

Jill Lecount, Director of Staff Development, presented the Operations Report.

### DEPARTMENT OF EDUCATION & TRAINING

#### **New Staff**

DET is pleased to announce the arrival of our newest team member, Jose Arreguin. Jose is a Health Worker III with experience as a health educator, including experience in cultural diversity training. Jose is working on a Masters degree in Public Health from San Jose State University. DET was budgeted last year for three Health Worker positions to support DET's hospital-wide work. This is the first of three positions to be filled.

#### **Refreshed Learning Resource Center**

DET has undergone "refreshing" of the A300 Education wing, the "Learning Resource Center". This area of the building will remain as the Education wing after the LHH rebuild, and it now boasts a new look in classically appealing colors. Within 3 weeks, new wood vinyl flooring and new draperies will complete the upgraded look. DET is organizing a photo and art project to decorate the walls with professional-quality black and white photographs of residents and brief biographies along with art work that celebrates the diversity, individuality and importance of the residents served.

#### **Education Strategic Planning**

DET has begun the work outlined in the LHH 2007-2008 Strategic Plan to "Prioritize and implement educational programs to include:

- 4- Leadership Training Change Management
- Computer Training Resident Education
- '1— Cultural Competency Communication'

DET has initiated a department-specific strategic plan outlining overarching goals, objectives, outcomes, baseline, target dates and status. Participation in both the DPH Cultural Competency Task Force and the Citywide Training Committee are helping DET to develop plans that are in line with DPH initiatives and provide a forum for sharing across departments. As a result of DET's participation, LHH will be a part of a November pilot for a DPH-net training calendar. LHH will also be a host site for a Cultural Film Festival, amongst other activities.

### INFECTON CONTROL

#### **PPD conversion on Unit C-4**

In August, Unit C-4 had three residents with positive PPD skin test conversion. The SFGH Tuberculosis (TB) Clinic was notified and consulted on the plan of care for these residents and their family contacts. Contact investigation is still ongoing.

- The first resident who converted had chest x-ray results indicative of presumptive TB and was started on drug therapy and placed on respiration isolation for two weeks. Sputum tests for acid fast bacillus have all been negative up to now.
- The second resident had no signs and symptoms of active TB and a negative chest x-ray. The resident was started on INH and vitamin B6.
- The third resident had no signs and symptoms of active TB and a negative chest xray. Due to her medical condition and per her family's decision, the resident is not receiving TB medications at this time but is being monitored closely by symptom review and repeat chest x-ray as indicated.

### **Scabies case on Unit C-3.**

A 0-3 resident who was previously treated for scabies in July, 2007 is still receiving follow up treatment. A second resident from this Unit was affected and diagnosed with scabies based on symptomatology in September (skin scraping was negative). All residents on the Unit were treated with Elimite cream. Guidelines for scabies management are being followed; all exposed employees were contacted and offered treatment. No other residents/employees were affected! diagnosed with scabies. This case was not an outbreak.

### **Pediculosis case on Unit K-7**

One resident on Unit K-7 was diagnosed with head Pediculosis in September. The resident received treatment and unit disinfection was completed. All residents were checked for pediculosis, and unit surveillance is on-going. No other residents or staff were affected.

## **NUTRITION SERVICES**

### **Resident Galley Dining Service Pilot Project**

Planning for our change from tray service at the resident bedside to Galley Dining Service continues. Steve Koneff Klatt, Assistant Administrator, met with Mivic Hirose, Chief Nursing Officer, and the Nursing Executive Committee to review the plans for Galley Dining Service in the new building. Aspects of the service that were reviewed included an overview of galley service, meal service times, table services, staffing needs and provision of in-between-meal nourishments. In mid-October, a Joint Nutrition-Nursing Task Force will begin its work. Co-chairs selected from Nutrition and Nursing Services will develop the membership, agendas, and activities of this important Task Force, whose charge will be to prepare staff and residents for the eventual opening of the dining rooms and Galley Service in each 60 bed neighborhood of the new hospital. The Joint Task Force will report its activities to the Nutrition Subcommittee of the Pharmacy and Therapeutics Committee.

## **ENVIRONMENTAL SERVICES**

### **Environmental Services Appreciation Week: September 9 — 15, 2007**

The 2007 National Housekeepers Appreciation Week began on September 9 -15, 2007. On Friday, September 14, Maxwell Chikere, Director, and the staff of Environmental Services Department here at Laguna Honda Hospital joined their colleagues across the nation in celebrating and appreciating our staff. The celebration included a buffet luncheon, a video slide show acknowledging LHH staff performing their daily routines, and a raffle of gift items generously donated by John Kanaley, CEO, Mivic Hirose, Chief Nursing Officer, Gayling Gee, Associate Administrator and Cheryl Austin, Assistant Administrator. Management thanked staff for their team efforts, their dedication to LHH residents and for maintaining a cleaner, safer environment for our residents, visitors and staff. Certificates of appreciation were awarded to employees for excellent/perfect attendance, to members of the event planning committee, and to the Environmental Services Employee of the Year nominated by the Department supervisors. This year, the Employee of the Year was Tan Poy Chan. This was the third year in a row that the celebration was organized and directed by EVS line staff; they are commended for their efforts and teamwork in bringing about such a successful event.

## FACILITY SERVICES

### **The Goats are Back!**

LHH welcomed back the goats for the third consecutive year on Wednesday, September 12, 2007. The herd of 600 goats is accompanied by one shepherd and two dogs. The goats have become so well loved by our residents, staff and neighbors as well as something of an annual tradition. The goats will be grazing over the next month on approximately 20 acres of wooded and overgrown land on the campus and clearing the dense foliage of our flourishing blackberry and ivy. The dense foliage has unfortunately become a safety hazard and a hiding place for the homeless; the goats have been the most effective way to clear the growth on the steep LHH hillsides.

### Public Comment

Patrick Monette-Shaw (submitted written summary of his testimony) - As San Francisco's safety net facility serving medically-indigent clients, the Health Commission should ignore the disingenuous claims of PAI, the MDC, and the LTCCC, that RCFE's don't offer true choice by advocating with the Board of Supervisors to build a licensed RCFE-model assisted living facility as part of the LHH Replacement Project.

Shockingly, during the same time frames, capacity in San Francisco's licensed Adult Day Health Care facilities plummeted by 11% for a loss of 100 slots, even while ADHC capacity increased statewide by 18.3% through the addition of 6,558 slots. Why have ADHC slots in San Francisco shrunk, at the same time ADHC capacity increased statewide? This LHH-JCC should also advocate with the full Health Commission and the Board of Supervisors to increase ADHC capacity at LHH, and also advocate for licensed RCFE assisted living capacity on Laguna Honda's campus for San Francisco's safety-net clients.

## 6) CLINICAL CARE REPORT

Mivic Hirose, Nursing Director and Timothy Skorvinski, M.D., Assistant Medical Director, presented the Clinical Care Report.

### <sup>nd</sup> **2 Medicine-Nursing Retreat**

On Monday, September 10th, we held our 2<sup>nd</sup> joint Medicine-Nursing Retreat. Building on the priorities identified at the 1<sup>st</sup> retreat in July, we divided into four groups to brainstorm and create action plans in supporting the Hospital's strategic plan. We focused on: 1) developing a message to staff and residents related to the replacement program, 2) supporting the recommendation to becoming a smoke-free campus, 3) improving our interdisciplinary team process, and 4) prioritizing and beginning to address workflow changes in the new 15-bed households, including but not limited to dining, bathing, medication management and activities. The retreat was attended by over 50 nursing and medicine leaders. The joint planning between the two major clinical divisions, medicine and nursing, furthers are endeavor to create an organizational culture change that embraces teamwork, leadership and open communication.

### **Chinese Specialty Program**

On behalf of the Activity Therapy Department, we are pleased to introduce our newly formed Chinese Specialty Committee, which we are currently calling the "Chinese Club". Our mission is to pool LHH and community resources that meet the leisure, spiritual and communal needs of our Chinese speaking residents at LHH. Our current program goal is to offer Chinese speaking activities at least 1x a week, and to provide this information (in English & Chinese) for the residents and their families. Starting October, we will begin our "Chinese Club" calendar. There are about 49 residents who have been referred to the program and will begin to participate in October.

## **The Dementia Program Receives Kudos**

On September 5<sup>th</sup>, the Dementia Cluster was visited by Ruth Gay, the Director of Public Policy and Edie Yau, Director for Diversity, both from the Alzheimer's Association of Northern California, Cindy Barton from the UCSF Memory and Aging Center and Alzheimer's disease advocate and community activist Sherrie Matza. The visitors were accompanied by Bronwyn Gundogdu, Nursing Director, John Chan, Activity Therapy Supervisor, Chris Geoghegan, Medical Social Worker and Gail Cobe, Clinical Nurse Specialist. The group was introduced by Nurse Manager, Amparo Rodriguez to the M6 Interdisciplinary Team at their regularly scheduled meeting and learned about the wealth of professional resources that LHH has in planning and caring for residents with dementia. Oliva Ignacio, the Nurse Manager for the two secured dementia units, explained how the environment has been designed to be both homelike and orienting. Herminia Perea, CNA, enthusiastically discussed the Bathing Quality Improvement Project that the Dementia Cluster has initiated this year and how it has improved the quality of life for the residents by reducing the stress many persons with dementia experience during bathing. She spoke of innovative interventions she uses in her own practice. As this was happening, Susan Lindsay, Activity Therapist, was engaging residents in an activity and working towards helping them maintain their social skills. Our visitors were impressed and offered many compliments when here and then later added the following kudos in their emails.

## **Independence Day Celebration**

In the month of September, Central America, Mexico and Chile celebrate their independence from Spain. On September 15, 1821 Central America's provinces proclaimed independence from the Spain crown. Our Interdisciplinary Team of the Hispanic Focus Community, Unit E5, with the support of Laguna Honda Hospital Administration, celebrated this important event with the residents, families, friends and employees. We had music, decorations, culturally appropriate food. Residents were able to wear typical dresses and flowers in their hair. The air was filled with delicious aroma of traditional food and drinks.

## **Mid-Autumn (Moon) Festival**

The Mid-Autumn Festival, also known as the Moon Festival, is a popular Asian celebration of abundance and togetherness, dating back over 3,000 years to China's Zhou Dynasty. The Mid-Autumn Festival is one of the two most important holidays in the Chinese calendar (the other being the Chinese Lunar New Year), and is a legal holiday in several countries.

## **LHH Medical Staff Appointments**

No appointments in this report

## Public Comment

Patrick Monette-Shaw (submitted written summary of his testimony) - As a Clinical Care issue, last Friday was World Alzheimer's Day. Caring for LHH's Alzheimer's residents should priority number one during the next 13 years. Last Friday, the *Chronicle* published an excellent Op-Ed piece by William Fisher, CEO of the Alzheimer's Association of Northern California/Northern Nevada, titled "World Alzheimer's Day — where's California's plan?"

Among other things, he noted "more certain by far than bird flu," a "silver tsunami" of Alzheimer's will affect 47 percent of those 85 and older. As you know, San Francisco is projected to have 10,000 people with Alzheimer's over age 85 by 2020, just 13 years from now, 10 years after LHH's new skilled nursing facility opens 420 beds short.

Fisher noted a \$200,000 plan to guide California's Alzheimer's care is stalled in the Assembly Appropriations Committee. Please advocate with Assemblyman Núñez and Senator Perata to move this out of committee. Where's San Francisco's Alzheimer's plan?

7) **PUBLIC COMMENT**

Patrick Monette-Shaw (submitted written summary of his testimony) - San Franciscans need more education about Laguna Honda's programs — including details about the Rehabilitation Services Department's community reintegration efforts. Marc Slavin presented crucial information to the Mayor's Disability Council on Friday, September 21 regarding actual humans at Laguna Honda Hospital. LHH needs to focus less on goats; enough already! LHH should talk more about people being served, and less about goats chomping down leaves.

Mr. Slavin's testimony before the MDC and LTCCC on Thursday September 20<sup>th</sup> and Friday September 21<sup>st</sup> is a step in the right direction, for which he should be commended. The LHH-JCC and full Health Commission should promote more patient-focused stories regarding *people* served at LHH in order to educate the public and the Board of Supervisors about services provided at Laguna Honda Hospital. The Targeted Case Program at LHH was to revise its data format beginning with its August report, but failed revising the report's format.

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 11:30 a.m. Present in closed session were Commissioner Chow, Commissioner Sanchez, Regina Gomez, Director of Quality Management, Liz Gray, Director of Long Term Care, Mivic Hirose, Director of Nursing, Thomas Radenberg, LHH Controller, Timothy Skorvinski, M.D., Assistant Medical Director and Michele Seaton, Health Commission 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 11:45 a.m.

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

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

9) **ADJOURNMENT**

The meeting was adjourned at

---

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.**