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MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Monday, September 25, 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 9:50 a.m.

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

Staff: Arla Escontrias, Cheryl Austin, Larry Funk, Regina Gomez, Liz Gray, Mivic Hirose, Valerie Inouye, Paul Isakson, M.D., John Kanaley, Lorraine Killpack, Ph.D., Angela Platzer, John Thomas, Adrienne Tong and David Woods, Pharm. D.

Guests: Joanne Holland, RTZ Associates

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 28, 2006

Action Taken: The Committee approved the minutes of the August 28, 2006 Laguna Honda Hospital Joint Conference Committee.

3) EXECUTIVE ADMINISTRATOR'S REPORT

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

ANNOUNCEMENTS/INFORMATION

Regina Gomez

Mr. Kanaley introduced Regina Gomez as LHH's interim Director of Quality. Regina has been working with Serge Teplitsky as the Utilization Manager at LHH and has acted as Serge's back up while he was on leave. Her previous experience includes being the Director of Nursing at the Nob Hill Health Care Center (now called the Paul Tunnell Health Care Center) and the 19th Avenue Health Care Center.

Quality Management

Mr. Kanaley reviewed the new Organizational Structure being recruited for in the Department of Quality. Under this plan, LHH incorporates the two new CNS positions and two new Analyst positions allocated to its budget this year. These added positions should help LHH to better promote Performance Improvement and Regulatory Preparation. In this plan, LHH is adding additional Leadership overseeing or partnering with the Director of Quality to oversee Performance Improvement and Regulatory Preparation. LHH will be hiring into the Assistant Medical Director position with the intent that this position will spend 50% of their time overseeing Performance Improvement & Regulatory Preparation. LHH is also assigning a Nursing Supervisor and a top level individual from Operations and Clinical Support Services to the leadership role. In this 4-way partnership between Quality, Medical Staff, Nursing, and Operations, LHH should be able to obtain complete integration across the Hospital.

STRATEGIC PLAN

FY 2006-2007 –Updates will be coming to the JCC on a quarterly basis (next due October 2006).

FY 2007-2008 – LHH will embark on its Strategic Planning Sessions beginning October 17, 2007. The first day of the planning process will actually be a training session dedicated to the 36 members of the Combined Leadership team of Laguna Honda Hospital (Exec Staff, Med Exec Staff, Nursing leadership, and Leadership of Operations and Clinical Support). This special training session will be based on the “Oz” principle, a session dedicated to “Getting Results through Individual and Organizational Accountability”. This training session will be the kick off of the Organization’s Cultural Changes LHH anticipates facing over the next 2-3 years. The strategic planning will continue with November’s session dedicated to Goals and Priorities for FY 2007-2008, and December’s meeting will be focused on Budget development to support those Goals and Priorities.

BUDGET REPORT

As requested last month, Mr. Kanaley reviewed the Payroll Budget for the first four pay periods of the new fiscal year. LHH is currently \$1.4 million over budget year to date. Please realize this budget report takes the hospital through the pay period in which LHH had its third DHS survey of the year. Leading up to the third survey, everything possible was being done to err on the side of caution when it came to managing behaviorally challenged residents as any Resident to Resident altercation of any kind could have cost LHH its CMS contract. This extra caution included the addition of sitters wherever possibly needed. Once through the survey, immediate review and action was taken regarding the budget expenditures. These actions include the immediate halt of non-

critical overtime, the reduction of “sitter” (coaches) hours for residents who are most likely manageable without sitters, and an in-depth root cause analysis within Nursing, Medicine, and the Clinic Areas as to the reason areas are over budget. Over the first two weeks of review, LHH was able to reduce the number of sitter’s hours from 300 hours per day to 200 hours per day, a reduction of 17.5 FTE’s or \$35,000 per pay period. For those Residents where LHH will not be able to reduce the number of sitter hours significantly, staff will be working on a placement for them at a different level of care. Mr. Kanaley will continue to keep the committee apprised on the success in balancing between Regulatory Requirements and Budget Management. Next month, Mr. Kanaley will try to provide information on the non-labor side of the budget.

CENSUS REPORT

Average for August 2006	
Beds Occupied	1032.45
Beds Held	5.58
Admits	1.81
Total Paid SNF	1039.84
Total Acute Capacity (16)	
M7 Acute Census	2.10
L4 Acute Census	1.26
Total Paid Beds	1043.2

STAFFING REPORT

The Hospital Staff Vacancy rate reported for September 2006 is 10.68%. This month, it is up from August’s report of 10.57 %. LHH’s requisitions have not been released from the Mayor or Controller’s office for several months and may not be until the payroll variance is brought under control. This is not helping LHH in its efforts to stay compliant with state licensing. Mr. Kanaley will keep the committee informed.

REGULATORY REPORT

DHS

On September 12, 2006 Laguna Honda received the Form CMS 2567 from the CA Department of Health Services (DHS) for the 2nd Revisit Survey that was completed on August 16, 2006. The letter from DHS was dated August 23, 2006. Telephone contact had previously been made on September 8, 2006 by LHH to DHS to inquire about the status of the survey report when the facility had not yet received the survey report.

As reported last month, the results of the survey found Laguna Honda Hospital to be in substantial compliance with the federal participation requirements. However, according to the findings by DHS, there were two F-Tag deficiencies that exist with a scope and severity rating of “C” – widespread deficiencies that constitute no actual harm with potential for minimal harm.

The two deficiencies were in the area of Dietary Services (F 362 and F 364).

The Nutrition and Nursing Services Departments have collaborated on a response to the survey findings and will be submitting the POC by the end of the week. An informal dispute resolution (IDR) will also be submitted to refute the findings on the Form CMS 2567. The basis for submitting

the IDR is that the findings identified by the surveyor did not support the finding that the facility failed to comply with the requirements of F 362 and F 364 according to the State Operations Manual (per the Guidance to Surveyor instructions for survey procedure and probes).

Surveyors from the Daly City Licensing and Certification office have not been to LHH since the 2nd Revisit Survey. In fact, their last site visit on self-report investigations was on June 27, 2006. This was a problem for us last year where they saved up all of the self-reports to investigate during the survey process.

In August, LHH received one Class A Citation for a medication error that occurred on June 13, 2005 and one deficiency finding under Title 22 as a result of a self reported resident-to-resident incident that occurred on April 12, 2005. The medication error incident was investigated by Magda Gabali. The latter case was investigated by Arlene Jech and she completed her investigation on April 27, 2005.

Lastly, LHH has received the requested revised Form CMS 2567 following the IDR process for the annual survey report that was completed on February 21, 2006 and will be resubmitting the Plan of Correction to DHS after it has been reviewed by the Deputy City Attorney.

DOJ

There is nothing new to report regarding DOJ.

PATIENT FLOW

Waiting List

Laguna Honda Hospital & Rehabilitation Center had an average waiting list of 27.75 people during the month of August 2006. Mr. Kanaley reviewed the sources of the waiting list.

BOS Quarterly Report

Next due October 2006.

TCM

The TCM report for August will be brought to the meeting directly. Each month, LHH also reviews the number of discharges:

CATEGORIES	RESIDENTS DISCHARGED
Rehabilitation	10
Respite	1
TCM	2
LHH	12
AWOL	2
TOTAL	27

Ms. Gray presented the August TCM report. 22 patients were screened in August, 15 at LHH and seven at SFGH. 17 met the criteria for TCM. 19 patients were assessed, 14 at LHH and five at SFGH. Ms. Gray reviewed the demographics of those screened and assessed. She is concerned

about the disproportionate number of African Americans being admitted to LHH, and this merits further review. Two clients were discharged from LHH/SFGH by TCM in August.

TRANSITION STEERING COMMITTEE

As requested, a report on the status of the Transition Process will be reported quarterly. This report is under development.

Commissioners' Comments

- Commissioner Chow asked why the TCM discharges were so low in August. Ms. Gray said she is re-evaluating TCM staff and 50 percent will receive unsatisfactory reviews, primarily due to low productivity and non-compliance. She will be meeting with all staff. Productivity level is unacceptable. She intends to see a change in this trend.
- Commissioner Sanchez said the staff must understand how critical TCM is to the mission of LHH and DPH. He asked how they are going to be refocused. Ms Gray said she would be reorienting old employees with the new orientation.

Public Comment

- Patrick Monette-Shaw – People need to question if some of the TCM discharges are being discharged to adequate facilities. He said that one patient was discharged to an inadequate SRO and a gentleman committed suicide.

4) LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE

John Thomas, Program Manager, LHH Replacement Project, presented a program update.

Link Building

Turner has completed the 'slab-on-deck' pour. These pours allow the drywall and Mechanical, Electrical and Plumbing rough-in activities to proceed. Layout for wall locations is currently underway. The end walls, which have an architectural finish, are scheduled to be placed in early October.

The Knuckle Building, which connects the H-wing with the Link Building is underway. Erection of the structural steel for this building will begin on September 26 and will be completed by October 6th.

South Residence Building

Turner is continuing to install inserts for support of the Mechanical, Electrical and Plumbing, in advance of the concrete deck pours. Four levels of concrete decks have been placed to date. Wall layout has begun with fireproofing for the steel decks to begin in two weeks.

East Residence Building

Steel erection, which began on July 25th is underway and will be completed by September 22nd. This will be followed closely by the Mechanical, Electrical and Plumbing trades installing inserts and hangers to secure the ductwork and pipes, which will be installed in the months following.

New Hospital Site Improvements

New lights along the Tree Alley have been installed. Trees, lights and irrigation will be installed during September and October.

Existing Hospital Remodel

Phase 1 of the remodel of the existing hospital building received its OSHPD permit on July 7th, 2006. The design team is working on an OSHPD Change Order to address construction phasing and constructability issues prior to releasing the plans to Turner for bidding. Hazardous Materials Abatement could begin as early as December 2006 with the remodel work to follow as early as February 2007. A ‘Topping Out’ celebration (Beam Signing) was held on September 15th and was attended by many residents, staff and interested parties. The next construction tour will be on October 5th at 6 PM.

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

Pictures of the construction site are updated every 20-30 minutes and are available at the following address: <http://www.dph.sf.ca.us/LHHReplace/>

Public Comment

- Patrick Monette-Shaw – The Mayor’s Office of Housing held a meeting of the Assisted Living Committee. Proposition A said the bond money should be used to continue the facility. It did not say anything about housing. Publicity materials describe only a housing plan, nothing about Laguna Honda being a healthcare facility.

Commissioners’ Comments

- Commissioner Chow asked if the project is still a month behind schedule. Mr. Thomas replied that the project is four to six weeks behind schedule, depending on the building. Contractors are looking at various mechanisms to make up time, but that will be difficult with a project this complex.

5) OPERATIONS REPORT

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

DEPARTMENT OF EDUCATION & TRAINING/INFECTION CONTROL

Mask Fit Testing for Bioterrorism Preparedness in Orientation

With increasing focus on pandemic flu and bioterrorism, LHH has been working diligently on preparing staff for respiratory protection. As DET and Infection control staff work to fit test current staff, efforts were made to incorporate new employees into this labor intensive process. DET has incorporated the Occupational Safety and Health (OSH) Respiratory Protection curriculum and Health Screening Questionnaire into Hospital-wide new employee orientation commencing with the September 6th-8th orientation. Once the OSH nurse practitioner clears the staff person medically, they may be scheduled for mask fit-testing using an N95 mask along with other LHH staff. Fit-testing is being provided by DET, Infection Control and other trained LHH staff through an OSH Bioterrorism Preparedness grant. N95 masks are used for respiratory protection from TB, avian flu, pandemic flu, anthrax, SARS, and smallpox. 2006 fit-testing for LHH began in August, beginning

with Facilities Services and Nursing staff. DET continues to facilitate live makeup Respiratory Protection training as part of LHH's Illness and Injury Prevention Program (IIPP). To date, seventy employees have been fit tested.

Infection Control & Bloodborne Pathogen Training

DET and the LHH Infection Control nurse and nurse manager provided live classroom training for all LHH staff in collaboration with nursing education the week of 9/11-15. Training compliance is at 50% overall with make-up classes scheduled. Departments with 80% or better attendance appear below.

INFECTION CONTROL / BBP TRAINING COMPLIANCE	
DET	100%
Materials Management	80%
MDS/ RAI Dept.	100%
Payroll	86%
Radiology	100%
Social Services	87%

HealthStream

The HealthStream database is utilized to track all training, whether live or computer-based and is currently being used to track Fit-Testing Health Questionnaires. New courses for September include a Discharge Planning training module for clinical staff prepared by Quality Management, with technical support from DET. DET routinely assists staff to comply with the regulatory requirements by providing outline templates, assistance in creating PowerPoint presentations, and 1:1 coaching on researching topics and writing curricula. While computer based training has the advantage of broad dissemination, yielding higher compliance rates than live training, some mandatory classes cannot be solely computer based. Live mandatory classes now include Respiratory Protection / IIPP and the BloodBorne Pathogens training. OSHA regulations require interactive training with a presenter who can answer questions in "real time," thereby necessitating live classes.

Organizational Development

LHH is proud to commence Organizational Development training with a September 26th kick-off presented in collaboration with DET and The UCSF Center For The Health Professions for LHH Management Forum participants. Ed O'Neil and his staff will be presenting a three hour overview and discussion of the SYstem for the Multiple Level Observation of Groups (SYMLOG) survey process. LHH plans to use SYMLOG data captured last year to provide leadership staff with information about organizational values and behavior and about how unified and effective staff is in achieving organizational goals. The goal of the presentation is to stimulate discussion about how LHH can best utilize the SYMLOG tool in measuring its performance in organizational effectiveness.

HEALTH & SAFETY

Monthly Surveillance

- No outbreaks reported since June.
- On 8-25-06 Nursing Office reported a case of possible chicken pox on an AM CNA. Kaiser MD confirmed this case on 8-28-06. A line list of any possible S/S of chicken pox was

started on that day. The observation included staff and residents. An information memo was sent out as well. No new cases have been detected.

- A confirmed case of Scabies on F-6 reported on 09-01-06 and one suspicious case reported on 9-8-06. Affected residents were treated with Ivermectin and Elimite lotion with mineral oil. All other residents were treated with Ivermectin and all staff that worked on that unit for the past 45 days Elimite lotion was given. Medical and Nursing leadership was notified. The unit was cleaned and guidelines for scabies care were implemented with clothing and residents belongings. Another case was found on Friday. LHH reported the outbreak to the State. Infection Control is working diligently to contain the outbreak.

Sharp Injury Log Update

- No injuries reported from OSH Clinic for LHH for the period July-September 2006.

Infection Control Rounds

- There have been 44 units/area assessed since April 21, 2006, with an average compliance rate of 93.8%. The lowest compliance rate was 83.3%. Six units were between 83.3% to 90% compliance. All other units scored 90% or higher. A report is sent to the Nurse Managers after completion of the round with the findings so she/he can review the results with her/his 24-hour staff. Some of the most common findings are: inadequate handling of dirty/clean linen, dirty equipment noted in the units, opened food items in the refrigerator not dated, and outdated supplies (expired solutions, lab tubes). All non-compliant issues were immediately corrected. The units will be surveyed semi-annually.

Pandemic Flu Table Top

Gayling Gee, RN, Angela Platzer, RN, Susan Spencer, RN, and Flavia Bayati, RN, participated on the San Francisco Pandemic Influenza Infection Control Tabletop Exercise on 9-14-06. The Tabletop exercise was facilitated by Dr. Yeva Johnson and Pancy Leung, RN, of the DPH Infectious Disease/Bioterrorism Unit, and Mary Ellen Carroll, DPH Office of Policy and Planning. The exercise was extremely well done and San Francisco acute care hospitals were well represented. The LHH Operations group will be referring the issue of Pandemic Flu response to the LHH Health and Safety Emergency Preparedness Subcommittee for follow-up. Two major goals have developed from this tabletop: one is to develop a LHH Pandemic Flu Response policy and procedure, and a second is to do a tabletop or discussion at LHH, possibly at Medical Staff Grand Rounds. As an added note, a brief conversation was had with Dr. Johnson as to augmenting this kind of disaster planning for long term care facilities.

NORTHWEST VALLEY CLEANING

The Goats are back! Sycamore Farms has been awarded this season's contract to utilize their goat herd to clear the unwanted brush, scrubs, plants, & weeds from 22 acres of LHH grounds, which include very steep terrain. The goats will be supervised by goat herders who will stay on site with the goats to monitor cutting activity, moving of fencing, and the goats. The 22 acres is the same area contracted last season. The boundaries are approximately: Laguna Honda Blvd. to the west, Clarendon to the north, Clarendon Knoll Road to the east, and the main path from Forest Hill Station to the south. The goats arrived on Monday, 9-18-06, and are expected to work (graze) for 3 weeks. Additional acreage is being negotiated to include the hilly terrain north of the new East Building down to the bottom of the hill ending at the Fire Station.

NUTRITION SERVICES

E-Coli in Spinach

On Friday 9-15-06, Ed Shiels, Assistant Director, Nutrition Service, learned of the fresh cello packed spinach that was contaminated with E Coli 157 from an early morning (5:00 am) news report and responded immediately. The Production Chef was directed to immediately remove all fresh spinach in inventory from service. Later that morning, another safety alert from a produce supplier indicated that products labeled "spring mix" may contain shredded fresh spinach. All "spring mix" was immediately removed from our service inventory. All recipes that call for use of spinach have been modified.

Until further notice, LHH Nutritional Services will not procure fresh spinach or spring mix.

Inquires have been made by our Cafeteria patrons as to why "spring mix" is not available, and staff have explained that it contains fresh spinach. Staff and residents (our customers) fully understand and have readily accepted the substitute.

Sustainable foods

Through resolution of the Board of Supervisors and subsequent resolution of the Health Commission as well as by Mayoral direction, LHH has responded to the need to support sustainable food as well as improvement in nutrition available to staff and residents alike. Our Nutrition Services Department, led by Steve KoneffKlatt, Assistant Administrator, met last week with several vendors regarding the replacement of some products with organic and locally grown products. We will continue to work with Novation, our purchasing partner, our vendors, and the Office of Contract Administration to further enhance the selection of sustainable foods for our residents and staff.

Vending Machines

LHH Nutrition Service and Dietitian staffs are monitoring the activities of the vending services and are working to bring in more well balanced and nutritious food items for our staff and residents. Our goal is to increase healthy food selections and move toward the recommendations of the **35-10-35 Guideline** from the American Dietetic Association (Fat calories not more than 35% of total calories, saturated fat must be no more than 10% of total calories and sugar must be no more than 35% of total weight). Our resident menu continues to offer high nutritive quality and selections to our residents. Our cafeteria offers similar menus to support the goals of the Health Commission and the Board of Supervisors.

Food Vending Machines

A "Balanced Choice" program from Canteen Vending Services has been implemented in the snack vending machines throughout the hospital. There is a colorful green banner on the inside left of the machine cabinet, announcing the program, and an area on the right side of the each machine an offering of selections in 40% of the rows that meet the "Balanced Choice" criteria of 7 grams or less fat, 260 calories or less and 250 mg sodium or less. There are markers on the slots available that are labeled "Balanced Choice" to assist consumers in choosing more healthy products.

Beverage Vending Machines

Point of Sale signs are now posted on the vending machines (similar to what is used at Kaiser) identifying items that are "Balanced Choice Picks." These multiple beverage machines are stocked with 50% of selections meet lower sugar criteria, including choices such as: Water, Green Tea, 100% Fruit or Vegetable Juice, Sport Drink.

Commissioners' Comments

- Commissioner Chow asked if the scabies outbreak is limited to one unit. Ms. Platzer replied that the outbreak has not spread to other units.
- Commissioner Sanchez asked if there is a website within Laguna Honda or DPH where managers, supervisors and other staff can access information about mask fit testing. Ms. Austin said this information is not currently available on the website, but she will see that this happens.
- Commissioner Chow asked how consumers are responding to the changes in vending machine items. Ms. Austin replied that some residents were not pleased that some of their favorite items were removed from the vending machines. Employees have responded well. The idea is to have alternatives available. So many residents are on special diets, and there was little control over accessing food from vending machines. Mr. Kanaley added that there is a general store on site, run by the resident council, which offers a variety of products.

6) CLINICAL CARE REPORT

Paul Isakson, M.D. and Mivic Hirose, Nursing Director, presented the Clinical Care Report.

Laguna Honda Hospital Plays a Prominent Role at the Educational Conference Presented by the American Society on Aging

At this year's West Coast Autumn Series on Aging that takes place September 25-28, Laguna Honda Clinicians will be offering four separate workshops for professionals in many different sectors of society who work with older adults, their caregivers and their families.

On Monday morning, Gail Cobe, the Clinical Nurse Specialist for the Dementia Program and member of the California Coalition for Compassionate Care will join colleagues from the University of California, Los Angeles and the Sacramento Healthcare Decisions to address *Advanced Care Conversations that Count: What to Expect in the Dying Process*.

Paul Carlisle, MPT, GCS, LHH's Rehabilitation Coordinator, will collaborate with Moira Fordyce, a Clinical Professor of Medicine from Stanford University. They will address fall prevention on Monday afternoon in their intensive *It's All a Balancing Act: Falls and Accidents in the Elderly*.

Tuesday, Paul and Gail will be joined by a physician, a social worker and a psychologist for a full day intensive on *Multidisciplinary Assessments and Teamwork in Geriatrics*.

On Wednesday, three clinicians from LHH's Activity Therapy Department, supported by two Nurse Managers will share their expertise for planning and conducting recreational and therapeutic activities for persons suffering with dementias. Ellen Apolinario BSN, RN, Nurse Manager; Susan Lindsay, MPS, Activity Therapist; Angela Pownall-Elizalde CTRS, Recreational Therapist; Josephine Rapadas, BSN, RN, Nurse Manager and Eileen Stafsberg, Activity Therapist will present *Activity Therapy: A Practical Approach to Meeting the Individual Needs of Persons with Dementia*.

This four-day program attracts over 500 professionals interested in aging who choose from 50 specific programs and staff anticipates that many will choose to hear about the clinical expertise that we have here at Laguna Honda Hospital.

Festival de Las Americas Celebration

September 15 is the anniversary of the independence of five Latin American countries – Costa Rica, El Salvador, Guatemala, Honduras, and Nicaragua when they declared their independence from colonial rule. In honor of Hispanic Heritage Month, the Hispanic-focus unit, E5 initiated the celebration last Friday, September 15th, with invitations to residents and staff throughout Laguna Honda Hospital. A Latino band played traditional music to accompany the dancing performed by the staff and cheerfully joined by some of the residents. The air was filled with delicious aroma of traditional food & drinks, happy sounds of laughter, swaying of bodies and clapping of hands. Amparo Rodriguez, RN, Nurse Manager of E5 and her staff including the Activity Therapists worked tirelessly to make this commemorative event an occasion to remember. The Festival will be celebrated throughout the month.

Cultural Competence Session for Nursing Leadership

On August 30, 2006, LHH was privileged to have Dr. Albert Gaw present a seminar to Nursing Leadership entitled “An introduction to Cultural Competence in Healthcare.” Dr. Gaw is currently the Medical Director for Quality Management for the CCSF, Community Behavioral Health Services.

The goal of the seminar was to initiate a dialogue about the importance of cultural values, beliefs and expectations among themselves and their residents in improving resident care outcomes. Utilizing case examples for his vast professional experience and clinical examples from the nurses present, Dr. Gaw provided practical information and increased insight on how day-to-day encounters with residents generally include the intersect of the cultures of the person’s involved and can influence the success of the intervention.

The seminar positively stimulated the interest of our Nursing Leaders in developing their knowledge of and capacity to apply cultural competency principles in their practice. He has agreed to come back to LHH and meet with us again to explore some of the rudimentary principles of developing cultural competence.

UCSF’s Physical Medicine Rotation for Orthopaedic Surgery Interns

In 2003 a decision was made to coordinate the individual Rehabilitation Services Departments at LHH and SFGH into an integrated program under the medical leadership of a single Chief of Rehabilitation serving both facilities, who would concurrently hold a faculty appointment at UCSF. Dr. Lisa Pascual, who had been LHH’s Chief of Rehabilitation since 1999, was appointed to the joint Chief position in 2003; she is currently an Assistant Clinical Professor in UCSF’s Department of Orthopaedic Surgery.

With this new academic link established, Dr. Pascual and her LHH Physiatry colleagues — Dr. Trinh Tran and Dr. Christopher Hinnant — recognized the importance of establishing a Physical Medicine and Rehabilitation rotation through the Rehabilitation Services Departments at LHH and SFGH to provide future orthopaedic surgeons essential knowledge necessary to their specialty and to enhance their interdisciplinary team management skills to maximize patient outcomes through the full continuum of patient care: from acute care to skilled nursing care to outpatient care.

In 2004, the three physiatrists developed and implemented the Physical Medicine and Rehabilitation rotation; Dr. Pascual is the rotation director. Since then, in collaboration with other physiatry colleagues and faculty within the Department of Orthopaedic Surgery, the rotation experience has been enhanced. UCSF’s first year residents in Orthopaedic Surgery and Surgical first residents in the Orthopaedic Surgery Categorical Track now participate in the four-week mandatory Physical Medicine and Rehabilitation rotation to obtain experience in the care of acute rehabilitation and

skilled nursing rehabilitation patients, and experience in outpatient rehabilitation clinics, with an emphasis on spinal cord rehabilitation, musculoskeletal interventional management, and prosthetics and orthotics. Drs. Tran and Hinnant, due to their teaching activities, hold clinical faculty appointments in UCSF's Department of Orthopaedic Surgery.

7) PUBLIC COMMENT

- Patrick Monette-Shaw – he learned at the assisting living meeting that Louise Renne had come to an agreement with some long-term care advocates where \$15 million would be allocated to assisted living if the advocates would stop opposing the 1200-bed rebuild. Proposition A is about health care for disabled and elderly, not for housing money. If leaders do not deliver as promised, voters will be reluctant to approve another bond.

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 11:00 a.m. Present in closed session were Commissioner Chow, Commissioner Sanchez, Regina Gomez, Interim Director, Quality Management, Liz Gray, DPH Long Term Care Director, Mivic Hirose, Director of Nursing, Valerie Inouye, CHN CFO, John Kanaley, LHH Executive Administrator, Angela Platzer, Director of Clinical Support Services, Adrienne Tong, Deputy City Attorney, David Woods, Pharm. D., Director of Pharmacy and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5 and 1157.6; Health and Safety Code Section 1461; and California Constitution, Article I, Section 1

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

D) Reconvene in Open Session

The Committee reconvened in open session at 11:50 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 11:50 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.