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MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Monday, September 26, 2005

9:00 a.m. to 11:00 a.m.

at

**Conference Room A-300
375 Laguna Honda Boulevard
San Francisco, CA 94116-1411**

1) CALL TO ORDER

Commissioner Chow called the meeting to order at 9:05 a.m.

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

Staff: Cheryl Austin, Arla Escontrias, Larry Funk, Gayling Gee, Liz Gray, Mivic Hirose, Valerie Inouye, Paul Isakson, M.D., John Kanaley, Michael Lane, Chona Peralta, Serge Teplitsky, Hosea Thomas, M.D., Adrienne Tong, Rowena Tran and David Woods, Pharm. D.

2) APPROVAL OF MINUTES OF THE MEETING OF AUGUST 22, 2005

Action Taken: The Committee approved the minutes of the August 22, 2005 Laguna Honda Hospital Joint Conference Committee meeting.

3) EXECUTIVE ADMINISTRATOR'S REPORT

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

ANNOUNCEMENTS/INFORMATION

Mr. Kanaley introduced Rowena Tran to the members of the Laguna Honda Hospital JCC. Rowena is the new Director of Administrative Operations. Rowena comes to LHH most recently from a private physician management company called MedAmerica where she worked as an Emergency Department Operations Analyst. In addition, she also worked as an Administrative Analyst in the CHN Planning Department from 2001-2003 and then worked with Mr. Kanaley on the SFGH Rebuild Project in 2004.

HMA REPORT

Mr. Kanaley announced that one of the first suggestions provided in the HMA Report has been implemented. Dr. Katz has implemented an "Integrated Steering Committee" consisting of Mitch Katz, MD, Gene O'Connell, Barbara Garcia, Talmadge King, MD, Hosea Thomas, MD, Anne Kronenberg, Gregg Sass and Mr. Kanaley. The group, less Dr. Katz, has met twice over the past three weeks. It has begun the discussion as to its purpose and the items it would like to address first. So far, the committee has agreed to work together as an integrated system and has identified one of its first objectives, which is to resolve where to place the "hard to place" patients. The committee also agreed to go through the HMA Report recommendations and respond to the report on behalf of the Department. Given that the Department is still formulating its response to the report, Mr. Kanaley asked the JCC to defer reviewing the recommendations until the Department has had a chance to respond.

LHH HEART WALK

Mr. Kanaley invited the commissioners to participate in a big day for LHH on October 14, 2005 for LHH's own Heart Walk Campaign for the American Heart Association. As committee members know, heart disease and stroke are the nation's #1 and #3 leading causes of death among men AND women - and they are NOT age discriminating. Through the Heart Walk, we not only educate people about how to prevent these diseases, but also raise funds to support lifesaving research. This walk will be for staff and residents. Refreshments will be served.

DEPARTURE OF MICHAEL LANE

Mr. Kanaley informed the committee that Michael Lane, DPW Project Manager for the Laguna Honda Hospital Replacement Project, would be leaving the project in early October. Michael has been a great leader in the replacement project and will be a loss to staff. A successor for his position is currently being considered.

STRATEGIC PLAN

As promised, Mr. Kanaley presented the Strategic Plan (Attachment A) in a revised format to include baseline data, performance, targets, and current status. He shortened or summarized some of the goals for simplicity of tracking.

Key Highlights:

Behavioral Health Program: Although staff is going back and forth on the name of the department, improvements are being made. Two clinical psychologists have been hired and additional staff has been assigned to high-risk units for increased activity therapy and resident monitoring. Although the number of reports on behavioral health has increased, staff needs to review the cause of the increase to determine if improvements are being made or if reporting has increased, etc.

Security Enhancements: LHH continues to make improvements on locking doors, increasing the security rounds, and conducting SMART training. Delays in filling SFSD postings are delaying improved visitor ID programs and post awareness. Staff is working with SFSD to fill the vacant positions in October.

Safety Officer: The Safety Officer position is posted and LHH is accepting applications. Interviews of the first few candidates are being scheduled.

Homeless Camps: Progress is being made on the clean up. Mr. Kanaley deferred to the Operations Report for the good work.

Finance: The billing system conversion to Invision is underway. Although no systems changes are ever smooth, he is confident the LHH finance director and his folks will work out the implementation.

Initial indicators are showing that LHH has already overspent in its payroll budget by \$495,000 through 8/12/05. Staff is working to get financials back on track; however, responding to State licensing deficiencies has taken its toll. LHH may need supplemental funding to meet its payroll expenses this year. The exact figure has not been determined.

Organizational Structure: Mr. Kanaley presented the cleaned up organizational charts for the Executive Staff, Nursing, and Operations. These charts are on file in the Health Commission office.

Training: With the reorganization of departments, one of the areas staff is focusing on is the Department of Education and Training (DET). With all the of known compliance issues surrounding training, the implementation of Health Stream, along with the preparation of moving into our first building within the next three years, it is vital that we invest in DET. LHH will need to make investments in both educational and organizational development/organization effectiveness resources. Mr. Kanaley believes the entire way LHH currently provides care and conducts business will change and staff needs to be ready for the change. Currently, DET is conducting a training needs assessment. This along with recent SYMLOG data showing LHH's current culture will be the starting point for building a new "changing organization."

Performance Appraisals (PAs): LHH has not met its goal of being at 80% completion rate for PAs by June 2005; however, moving from 19% to 80% in six months is aggressive. Currently, LHH is at 48%. Mr. Kanaley would be happy to close out the calendar year at 80% completion.

Communication Plan: LHH has completed its internal website and our external website. They also have a draft communication plan in review and a daily nursing report is being piloted.

Information Systems: Progress is being made to increase computer system access by adding cabling and devices out on the floors. Currently, the locations are being identified and the cable bids accumulated. The training room was recently completed to help staff with systems training and access to Health Stream. The new training room has 24 computers.

Performance Improvement (PI): Serge Teplitsky has done an excellent job working with the management and clinical teams to develop the PI Program. The Executive Staff reviewed it in detail this past Tuesday, added a few improved processes to review resident-to- resident and resident-to-staff altercations. To date, the program is in place, targets are set, and monitoring is in place as presented in the Quality Report. Staff education and improvements toward the targets is all that remains. The PI Program is on file in the Health Commission Office.

Regulatory Preparedness: As part of the PI Program, departmental performance indicators are to be developed and monitored to maintain continued regulatory compliance. More details as this program develops.

Human Resources -- Adequate and culturally competent staff: Progress is being made. A nurse recruiter was hired in early August and the hiring process has been reviewed. The staff demographics were compared with our patient population and the demographics of the Bay Area. Although LHH is doing well with hiring and the vacancy rate, it is being reflected in its budget overages.

Replacement Project: See Item 4.

Goal #9—Operational Structure for the New Hospital: This goal is a 3-5 year goal is and is still being flushed out. Mr. Kanaley is not sure what the deliverables will be for this year versus the next 2-5 years. Although this is at the forefront of daily planning, it is still a “to be determined” target for this year.

CENSUS REPORT

Average for August 2005	
Beds Occupied	1015.94
Beds Held	7.61
Beds Reserved	4.81
Beds unavailable	3.06
Clinically Blocked	1
C2 Observation	1
Locked beds	0
Isolation Beds	1.75
Admits	2.55
<u>Total</u>	1026.10
Beds Available	12.03
Total Paid SNF	1026.10
Total Acute Capacity (16)	
M7 Acute Census	3.13
L4 Acute Census	2.19
<u>Total Paid Beds</u>	1031.42

STAFFING REPORT

The Hospital Staff Vacancy rate as of September 12, 2005 was 9.30%.

REGULATORY REPORT

DHS/CMS: At the August meeting Mr. Kanaley reported that on July 29, 2005 Licensing and Certification surveyors announced that they found no deficiencies during their second re-survey and that LHH was found in compliance with all applicable Federal requirements for participation in Medicare/ Medical program.

On August 26, 2005, LHH received an official letter from Centers for Medicare and Medicaid Services (CMS) stating that they reviewed LHH request to evaluate Lahr's claim of financial hardship related to imposition of civil monetary penalty (CMP). As a result of the review, CMS decreased the CMP from \$500/ day to \$ 400/ day effective March 21, 2005 through June 15, 2005, and further reduced it to \$ 100/ day effective June 16, 2005 through July 29, 2005.

LHH also received a decision from the Licensing and Certification office in Daly City on the Informal Dispute Resolutions (IDR) filed by LHH for March and June surveys. The review of both IDRs resulted in elimination of one minor deficiency in the environmental area. All other deficiencies stay as written. LHH is still waiting for the appeal date from CMS to continue its appeal process at the federal level.

CalOSHA: LHH continues to address CalOSHA concerns from 2004 inspection through Workplace Violence Prevention Program development. Attached, please find the progress report submitted to CalOSHA on August 30, 2005 (Attachment D). Next report is due by the end of November 2005. Mr. Kanaley will include a copy of the CalOSHA progress report in LHH report to the JCC in December.

In August and September of 2005 CalOSHA also finalized an investigation started in April 2005 that was focused on the asbestos abatement program at LHH. The investigation resulted in general citation referring to the deficiencies in the current asbestos abatement education. The citation carries fine of \$750.00. The preliminary plan of correction is outlined in the "Operations Report" to the JCC

DOJ: Work continues. There no major updates. Adrienne Tong said there is a meeting with the DOJ on Thursday.

PATIENT FLOW

Mr. Kanaley's included the 2nd Quarter Report of the calendar year 2005 to the Board of Supervisors as an attachment to his report. A copy is available in the Health Commission office.

Liz Gray presented the TCM Report (Attachment B). She has created a committee whose membership is comprised of all programs involved in TCM. This committee meets bi-weekly. Ms. Gray announced that DPH now has the ability to know on a daily basis the availability/status of the each of the approximately 2,400 beds DPH has a part of. This new Internet-based, real time system is a great planning and information-gathering tool. Ms. Gray said that legislation recently passed to increase the number of housing waivers by 500 statewide.

Commissioners' Comments

- Commissioner Chow presented Michael Lane with a certificate of appreciation from the Health Commission. Mr. Lane has been a true asset to and leader on the replacement project, and he will be missed.
- Commissioner Illig is pleased that the Integrated Steering Committee has started meeting to discuss HMA report recommendations. When the recommendations come to the Commission, he would like to see pros and cons for each recommendation. Commissioner Illig is concerned about over expenditures this early in the fiscal year, and asked how this happened. Mr. Kanaley said two main causes are the increased staffing that was required for the licensing surveys, and the fact that on any given day they have less than have the staff that is necessary to do adequate housekeeping, which requires overtime. Commissioner Illig said it is unacceptable that only 19 percent of employees are evaluated annually, and this must change. He asked if LHH does employee and patient satisfaction surveys. Mr. Teplitsky replied that a survey of approximately 160 patients was done in 2003. Currently he is working with an outside firm that does surveys of SNF patients and their families. Commissioner Illig emphasized the importance of staff and patient satisfaction surveys, and incorporating these into the hospital's culture.
- Commissioner Tarver is pleased that the Integrated Steering Committee is underway. He was surprised to see that the only community program representative on the committee is Barbara Garcia. The main emphasis of the report is discharge planning, so he would like broader community representation. He would also like LHH behavioral health to be represented on the JCC. He shares the concern about the budget deficit and performance evaluations. He asked what the biggest impediment is to doing performance reviews. Dr. Isakson said the problem is lack of staff. Commissioner Tarver asked if the patient satisfaction survey is intended to cover the entire population at LHH. Mr. Teplitsky said yes, the idea is to survey the whole hospital. Commissioner Tarver would like to see the results of this survey, as well as the one that Ms. Hirose is doing, reported to the JCC.
- Commissioner Chow said staff needs to make sure the survey tool is appropriate to LHH patients, because the population here is so different from the populations of other SNFs around the country. Commissioner Chow asked if the performance plan is new. Mr. Teplitsky said the document is new, but LHH has been doing pieces of the plan over the past number of years. Commissioner Chow noted that the plan is complex, with many committees, and asked if LHH has the staff, particularly the medical staff, so serve on these committees. Dr. Isakson replied that some committees are as needed, others meeting once a year and others more regularly, so there is enough staff to serve on the committees. Commissioner Chow is very interested in the Integrated Steering Committee's response to the HMA report recommendations. He echoed Commissioner Tarver's suggestion that the steering committee could be broadened to include primary care, mental health and others. Commissioner Chow reiterated the need for performance evaluations. SFGH had this problem, it was intolerable and it was addressed. This needs to be done at Laguna Honda.

- Commissioner Illig asked the status of the Laguna Honda Hospital Foundation. Mr. Kanaley said he met with Louise Renne and Martin Paley, and they felt that it would be best to keep the Foundation in suspension until the climate is better and the number of beds is resolved. Commissioner Illig is very concerned that, of all groups raising money on behalf of the Health Department, this one has no Health Commission representative, or any other connection to the Department.
- Commissioner Chow wants a clear understanding, vis-à-vis the rebuild, what functions would be lost of the 4th building is not built, including number of locked units, programs, etc. Mr. Funk replied that the three buildings that will be built have 180 locked beds. There are options available. Mr. Lane added that the citywide decision on the number and types of beds needs to be made, and then programmatic issues can be addressed.

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

Michael Lane, LHH Replacement Project Manager, presented an update.

On August 9, 2005, the Board approved the sale of the remaining \$69M in general obligation bonds and the assignment of those funds for construction of the East building. The sale of the remaining \$69M in general obligation bonds was completed in early September and the funds are now available to the project. This last bond sale completes the sale of the \$299M in general obligation bonds approved by the voters in November 1999.

The East building contracts have been awarded by the City bringing the number of new beds contracted for construction to 780. This completes the award of all work bid to date. The construction of the South and Link began in July, and the East building in August. Work on all buildings is scheduled for completion in 2008. The remodel of the existing building is scheduled to receive its OSHPD permit in March 2006 with the work scheduled to begin in July 2006 and completion in 2008. Bidding of the West Building is not scheduled to begin until 2008 and proceeding with that building will be contingent on the decision of the Health Commission and the Board of Supervisors.

As mentioned last month, the General Contractor, Turner Construction, has mobilized on site and in September, additional trailers were brought on site to house the Architectural team which will support the construction effort.

Weekly coordination meetings continue with hospital operations staff to coordinate or mitigate any possible impact from the construction project. Monthly Transition Steering Committee meetings also continue in order to plan for the furnishing, occupation and activation of the new buildings.

Mr. Lane said that City Administrator is reviewing candidates for his replacement this week, and will make recommendations to the Mayor. Mr. Lane will make sure that the transition is smooth. Mr. Funk will continue work on the FF&E, which is critical. Mr. Lane has three initiatives that he will get underway before he leaves. The first relates to the remodel of the existing buildings. He has talked to the City Administrator about doing this a different way. The second is to put in place a dispute resolution board. And the third is to prepare his last quarterly status report.

Commissioners' Comments

- Commissioner Illig asked what are the key issues that Commission needs to pay attention to, in addition to the dispute resolution board and OSHPD issues. Mr. Lane said that for the 780 beds, the team is in place and the contracts are in place, so this part of the project just has to be administered. The remodel project is complicated but straightforward. Clearly the other key issue is the decision about the remaining building. Mr. Lane will list all of the issues he is aware of in the next status report.
- All the Commissioners wished Mr. Lane well in his future endeavors.

5) OPERATIONS REPORT

Gayling Gee, R.N., Associate Administrator of Clinical and Support Services, and Cheryl Austin, Assistant Administrator, presented the Operations Report.

SECURITY

A new Siemens security system has been purchased to replace the current camera system. This will provide the campus with new and improved cameras, with improved visual images and the ability to remotely tracking moving objects. The system will also tie in with the card key access system, giving staff the ability to monitor access both by card key entry as well as visualization. Additionally, magnetic contact devices will be installed on all access doors and connected with the security system, so those doors that are propped open will flash on the monitor. Plant Services is working closely with the Sheriff's Department, and together, with the clinical and operations staff of Clarendon Hall, will coordinate an overall plan for securing/locking doors, monitoring and communication. Installation of monitors and cameras will begin September 26. The goal is to incrementally secure building access over time by appropriately redirecting off-hour facility access to main entrances and by locking down the numerous entry points on campus.

While the security budget for LHH has been augmented, the Sheriff's Department has been unable to fill the cadet positions that LHH has requested. Training is currently underway, and Chief Deputy Vickie Hennessey has informed LHH that they should be getting additional cadets in mid-October. Chief Deputy Hennessey is also working to identify one Deputy and two Senior Deputies and one Deputy for assignment to LHH. LHH continues to meet its commitment for officer coverage through its current staff.

NORTH VALLEY CLEAN-UP

The 1,000 goats that attracted so much interest in LHH's North Valley actually turned out to be 300 goats. From July 19 through August 26, they happily ate their way through the foliage of the Valley floor, up to a height of 6 feet. Removal of the foliage revealed a treasure of native plants and long forgotten, developed pathways through the Valley. Realizing the potential for development of a beautiful park, Plant Services, under the leadership of Philippe Taquin, has developed alliances with the Sheriff's Department, the Kids at Risk Program, and Department of Parks and Recreation. The Sheriff's Department's Kids at Risk Program were engaged to help remove the remaining trash from the grounds. This will further pave the way for a consultant from the Parks and Recreation Department to survey the Valley and develop a "map" for the foliage and pathways so that an appropriate on-going maintenance plan can be developed. This plan could further be developed to include Kids at Risk and other similar programs to assist with the on-going maintenance and provide

a community service. When this project began in April 2005, it attracted the attention and concern of both the Audubon Society and the California Native Plant Society because of the disturbance to the ecological system. LHH has successfully come up with a plan to work positively with these issues.

EDUCATION AND TRAINING

Gayling Gee, along with John Kanaley and Larry Funk, attended the Pebble Partner Meeting, sponsored by the Center for Health Design from August 23-26. It was an invigorating experience and highlighted the necessity of developing a process to support and transform LHH staff to embrace the multitude of changes occurring with the new facility. Organizational development for all levels of staff is critical to the success of operations and clinical care in the new facility. The LHH administrative re-organization has placed the Department of Education and Training (DET) in a key position to develop and move this initiative forward. DET is currently reassessing its new responsibilities for hospital-wide, required education, departmental education, hospital orientation, and implementation of Healthstream. Organizational development and training will be another key assignment. Ms. Gee added that she is working closely with Hiroshi Tokubo at SFGH to do a joint four-year contract that provides the capacity to train 7,000 students.

Under the leadership of Jill LeCount, Susan Spencer and Corrina Chen, significant groundwork has been put in to implementing Healthstream. DET has coordinated their efforts with LHH IS and Plant Services to develop the technical aspects of the program. The annual Infection Control content has been “authored” by LHH Infection Control staff, and is ready to be piloted by 7 volunteer departments who have readily available computer access and computer-proficient staff. Staff hopes to learn many lessons in this pilot.

ASBESTOS ABATEMENT PROGRAM

LHH is reviewing and updating its Asbestos Abatement Program. Working closely with Vickie Wells, Director, DPH Occupational Safety and Health, LHH will be augmenting its program with the addition of: 1) initial and on-going asbestos education and training requirements for both supervisory and engineer staff; 2) initial and on-going asbestos awareness training for housekeeping and hospital staff; 3) medical evaluation, respiratory device fit testing, and monitoring for staff involved in asbestos repair and clean-up; 4) guidelines and assignment of exposure monitoring; and 5) development of guidelines for warning signs and labels.

6) CLINICAL CARE REPORT

Paul Isakson, M.D., Medical Director; Mivic Hirose, Director of Nursing, Hosea Thomas, Chief of Staff and Serge Teplitsky, Director of Quality Management presented the Clinical Care Report.

LHH MEDICAL STAFF APPOINTMENTS

Appointments:

Tera Cardone, PsyD. – Neuropsychiatry - (Active/Daytime)

Reappointments:

Ethan Kutzscher, M.D. – Ophthalmology – (Active/Consultant)
Seema Sharma, M.D. – Internal Medicine – (Active/Daytime)
Stephen Bonasera, M.D. – Internal Medicine – (Active/Night & Weekend)
Theresa Berta, M.D. – Internal Medicine – (Active/Daytime)

Resignations:

Steve Lai, M.D. – Internal Medicine – (Active/Night & Weekend)
Harini Chakkerla, M.D. – Internal Medicine – (Active/Night & Weekend)
Dane Chetkovich, M.D. – Internal Medicine – (Active/Night & Weekend)
William Schechter, M.D. – Surgery – (Active/Consultant)

LHH Credentials Year-to-Date Report-7/1/2005 to 09/20/2005

New Appointments	5
Reinstatements	0
Withdrawal	0
Reappointments	10
Delinquencies:	0
Reappointment Denials:	0
Resigned/Retired	8
Disciplinary Actions	0
Restriction/Limitation of Privileges	0
Changes in Privileges	0
Additions	0
Voluntary Relinquishments	0

SMART TRAIN-THE-TRAINER PROGRAM

In collaboration with LHH Nursing Division and SFGHMC Psychiatric Nursing Division, two Clinical Nurse Specialists provided a two-day Safety Management and Response Techniques (SMART) Train-the-Trainer program. The goal of the training was to prepare LHH staff to be able to train other LHH staff in using this method to manage the potentially aggressive behavior with our residents. A total of 24 interdisciplinary staff attended the training. SMART techniques utilize a clinically-based, proactive and least restrictive approach to managing potentially aggressive behavior. The techniques also emphasize providing a safe and therapeutic environment for both patient and staff.

At the close of the training session, an interdisciplinary Steering Committee was formed to initiate the work of establishing the goals and processes by which SMART principles will be integrated into the LHH Healthcare environment. The first meeting occurred this month to develop and plan the training curriculum for staff. Overall this training stimulated and challenged the participants to engage collectively to build consensus and effective teams.

COMPUTER TRAINING

LHH has just commenced its first cohort pilot classes on Day and PM shifts this past month. Students will attend two-hour classes that will be given weekly, taught by City College of San Francisco Information Technology Instructors. Students are excited about this upcoming opportunity to learn a new skill and already are telling their children to share their home computer! Classes occur in the newly remodeled computer lab, which can now accommodate 24 students. Instructors are eagerly embracing this new challenge. The PM instructor said, "I had a lot of fun. The students seem to be enjoying the class as well. I am looking forward to next class."

NURSING COMPUTER EDUCATION PRESENTATION

Mivic Hirose, RN, MSN, CNS, LHH Chief Nursing officer; John Butts, RN, LHH Information Systems Clinical Liaison along with Lorraine Giordano, PhD, Executive Director of Information Technology Consortium presented at the Siemens Innovations '05 Conference August 21-24 in Philadelphia. Laura Blue, RN, BSN, LHH RAI Specialist also contributed to the project but was unable to attend the conference. The title of their presentation was "Healthcare Sector Training: Partnership for an Informatics Trained Workforce." The presentation reviewed the process and some outcomes involved in obtaining and implementing \$500K in grant money to develop training partnerships with City College of San Francisco, Shirley Ware Foundation of SEIU-UHW West and Laguna Honda Hospital to provide education in basic computer competencies for nursing staff at LHH. The presentation was well received by the attendees, and Mivic, John and Lorraine have received several requests for follow up information from conference attendees.

A LUAU AT LHH

The Dementia Cluster staff hosted a Luau for the residents of their cluster on Thursday, August 18th, 1:30pm. The event was held in Gerald Simon Theater with more than 100 dementia residents attending, not including those who dropped in from throughout the hospital. Aside from roast pig and other tropical foods, the residents were treated to fantastic Hawaiian music and dancing. Residents and staff brightened up the event with colorful tropical shirts and moomoos.

NEW NURSING HIRES

The Nursing Division is pleased to have recently hired the following number of nurses to provide direct resident care:

	Full-time	As-needed	On-hold
CNAs	23	40	9
LVNs	3	4	
RNs	4	22 P103	

LHH PARTICIPATES IN LUMETRA'S CALIFORNIA QUALITY CONNECTIONS

In September 2005 Laguna Honda Hospital joined California Quality Connections, Lumetra's healthcare quality improvement program. As California's Quality Improvement Organization (QIO), Lumetra works to improve the quality, safety and integrity of healthcare provided to the State's 4.1 million Medicare beneficiaries. Lumetra partners with providers dedicated to quality improvement, including skilled nursing facilities, hospitals, physician offices, home health agencies and health plans.

LHH worked with Lumetra on past initiatives in the area of pain management and pressure ulcers. LHH's CMS Quality Measures significantly improved in as a result of these collaborative efforts. The past three years, Lumetra has been working with California's skilled nursing facilities in all aspects of quality improvement thorough collaboratives, workshops and telephone-based training sessions and provided tools and resources to improve clinical outcomes. Over the next three years Lumetra will partner with LHH and other California's skilled nursing facilities to improve clinical quality measures and transform organizational culture in the following areas:

- Improving pressure ulcer care
- Physical restraint reduction
- Reducing symptoms of depression
- Improving pain management
- Culture change in long-term care

LHH will utilize existing performance improvement organizational structure to assure multidisciplinary participation in the Lumetra project on all levels. Staff will provide LHH JCC with updates on this exciting venture.

BEST PRACTICE AWARD FOR THE BEST FRIENDS PROGRAM

Laguna Honda's Best Friend Program has been selected by the American Psychiatric Nurse's Association to receive its 2005 "Best Practices in Treatment of Behavioral Disorders Associated with Dementia Award."

This award acknowledges that persons with advanced dementia at LHH have had their quality of life improved as a result of nurses, activity therapists and volunteers working collaboratively. Based upon philosophy described in *The Best Friends Approach to Alzheimer's Care* (Bell & Troxel, 1997), that suggests that what a person with Alzheimer's needs most is a good friend, Laguna Honda's Dementia Program is introducing residents who are at risk for isolation to volunteers who are selected, trained and supported to be Best Friends. While still in its infancy, the program has eight Best Friend Volunteers on three dementia units and a Korean speaking volunteer who will soon begin his orientation. Best Friends share music, have their nails manicured, share jokes, take walks, and share stories. Best Friends bring flowers and smiles.

Gail Cobe, the Clinical Nurse Specialist for the Dementia Program, will travel to Nashville to receive the one thousand dollar award to be used to further the development of the program. She will be representing all the nurses, activity therapists and volunteers who are dedicating their energy and time to those who may or may not be able to express their gratitude.

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 11:15 a.m. Present in closed session were Commissioner Chow, Commissioner Illig, Commissioner Tarver, Cheryl Austin, Assistant Administrator of Clinical and Support Services, Liz Gray, Director of Placement/TCM, Gayling Gee, Associate Administrator of Clinical and Support Services, Mivic Hirose, Director of Nursing, Valerie Inouye, CHN Chief Financial Officer, Paul Isakson, M.D., Medical Director, John Kanaley, LHH Executive Administrator, Chona Peralta, TCM Manager, Serge Teplitsky, Director of Quality Management, Hosea Thomas, Chief of Medical Staff, Adrienne Tong, Deputy City Attorney, Rowena Tran, Executive Assistant to the Executive Administrator, 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 11:35 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 adjourned at 11:35 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.**