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MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Thursday, October 28, 2004

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

at

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

1) CALL TO ORDER

Commissioner Umekubo called the meeting to order at 9:00 a.m.

Present: Commissioner John I. Umekubo, M.D., Chairperson
Commissioner James M. Illig, Member
Commissioner Lee Ann Monfredini – arrived at 9:25 a.m.

Staff: Brenda Austin, M.D., Cheryl Austin, Monica Banchero-Hasson, M.D., Paul Carlisle, Robert Christmas, Arla Escontrias, Larry Funk, Gayling Gee, Mivic Hirose, Valerie Inouye, Paul Isakson, M.D., Derek Kerr, M.D., Lorraine Killpack, M.D., Michael Lane, Michele Olson, Maria Rivero, M.D., Tim Skovrinski, M.D., Charles Stinson, M.D., Serge Teplitsky and Adrienne Tong.

2) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF AUGUST 24, 2004**

Public Comment

- Patrick Monette-Shaw requested that the Committee return to its previous format for noting public comment in the minutes.

Action Taken: The Committee approved the minutes of the August 24, 2004 meeting of the Laguna Honda Hospital Joint Conference Committee.

3) **APPROVAL OF MINUTES OF THE REGULAR MEETING OF SEPTEMBER 23, 2004**

Action Taken: The Committee approved the minutes of the September 23, 2004 meeting of the Laguna Honda Hospital Joint Conference Committee. The misspelling of Virginia Leishman's name was corrected.

4) **EXECUTIVE ADMINISTRATOR'S REPORT**

Larry Funk, LHH Executive Administrator, presented his report.

Census Report

The hospital census remained relatively stable for September with an average daily census of 1028. The average daily census year-to-day through October 25th was 1029. The Admissions/Screening Committee and the Utilization Management (UM) Committee are prepared to increase the census to budgeted staffing level of 1060 as the winter months approach.

Staffing Report

The Hospital staff vacancy rate as of October 1st has decreased to 7.64%, down from 9.9% in September. The Hospital is experiencing the positive effects of personnel requisitions being approved by the City. All Divisions are expediting the hiring process, and making every effort to operate at budgeted staffing levels.

Targeted Case Management (TCM) Staff Update

In collaboration with the TCM leadership, (Liz Gray and Chona Peralta) the Hospital leadership has scheduled biweekly meetings to support the successful implementation of TCM program. The purpose of the meetings is to create a forum for open communication between the TCM staff and all members of the LHH Interdisciplinary Care Teams, and to resolve any issues affecting the smooth implementation of this important program. Staff provided the committee with a copy of the September TCM report for review and information (Attachment A).

Regulatory Report

Follow up on State Licensing & Certification's Visit: Staff reported at the last meeting that a team of five State L&C Surveyors were on site between September 14th & 23rd conducting investigations on a number of self reported cases and complaints. The L&C Team provided an exit briefing on September 23rd at which time they reported no major findings. They did however report that some minor deficiencies might result in the need for a Plan of Corrections (POC) to be developed. Staff will keep the JCC apprised of the action taken by State L&C and our response.

Cal-OSHA Citation Issued

Mr. Funk provided a written report on the Hospital's recent interaction with Cal-OSHA in follow up to his prior verbal reports to Commissioners Umekubo and Illig, and Dr. Katz. On September 29th, Garrett Brown, M.P.H., and Janice Prudhomme, D.O., M.P.H., Medical Officer, representing Cal-OSHA, provided an exit debriefing to LHH staff and LHH union representatives to outline the outcomes of the staff's complaint investigation related to the LHH Injury and Illness Prevention Program (IIPP). The investigation began in July and focused on the areas of resident to staff violence in the workplace and the exposure control plan. Six citations were issued ranging from "general" to "serious" on the severity grid (below is a summary of the original citations*).

On October 14, hospital representatives met for an informal conference with Cora Gherga, Cal-OSHA District Manager. The informal conference is a part of the Cal-OSHA due process, where there is an opportunity to discuss the alleged violations, classification of the violations, abatement strategy and proposed monetary penalties. During this conference, LHH was successful in reducing the number of citations from six to three, and the monetary penalties from \$11,895 to \$6,525. The Cal-OSHA office issued the amended citation summary last Friday and the hospital will be receiving it shortly.

In order to abate these citations, LHH has successfully implemented the plan of correction for the Exposure Control Plan citations. The hospital is working with Vickie Wells, Director of Occupational Safety and Health at DPH, and the Cal-OSHA District Manager to obtain Cal-OSHA approval for the longer term abatement plan to implement a training program focused on preventing violence in the workplace at LHH. Staff will provide the JCC with periodic reports on the progress in abating the remaining citation.

New Admissions Data

At the last JCC meeting the Commissioners requested data describing the sources of new Admissions to LHH so that effect of the Patient Flow Project could be clearly understood. That data is provided in the Quality Assurance (QA) and Utilization Management (UM) Report. Staff will review that data with the committee during the meeting, and it is attached as Attachment B.

Legislative Update

The Governor has signed SB1325 into law, which codifies in statute the self-governance principles of Hospital Medical staffs. This new State law also provides a means of resolving disputes between hospitals and their governing bodies and medical staffs through the courts after other reasonable efforts have been exhausted. Attached is a joint statement on SB 1325 issued by the California Medical Association (CMA) and California Health Association (CHA) for review and information of the JCC (Attachment C). The Commissioners, medical staff members and administrators should be aware of this new law, and apply the process in those rare instances where it might be necessary.

LHH Administrator Elected to CHA HSCC Board of Directors

Mr. Funk reported that Serge Teplitsky, LHH Assistant Administrator and Director of Quality Management, has been elected to a three-year term (2005-2007) on the Board of Directors of CHA Hospital Services For Continuing Care (HSCC). The HSCC represents the interests of the 250 DP/NF hospitals throughout the State. Mr. Teplitsky's active participation in the leadership of this association is in the interest of Department of Public Health (DPH) and LHH since a primary goal of the association is to protect the financial, regulatory and legislative interests of DP/NFs of which LHH is the largest in the State. Congratulations to Mr. Teplitsky on his recent election to this important position.

Administrative Transition

Staff has initiated a smooth administrative transition process for the Hospital. Mr. John Kanaley and Mr. Funk had a productive meeting on October 18th during which they discussed the significant administrative issues needing attention. Dr. Katz and Mr. Kanaley attended the LHH Executive Committee meeting on October 19th to share their thoughts about the future direction of the Hospital. Mr. Funk has assured Mr. Kanaley and Dr. Katz that he will continue to be available to support them in any way necessary in order to effect a smooth and professional transition in the Executive Administrator's Office.

Effective November 1st, Mr. Funk will begin devoting his full time attention to the LHH Replacement Project, and developing a work plan to assure timely occupancy of the new facility. Mr. Funk said it has been an honor and privilege serving as Executive Administrator for the past six years and eight months.

*Summary of Citations
Laguna Honda Hospital
375 Laguna Honda Blvd., San Francisco, CA
September 2004

<u>Cite</u>	<u>T8 CCR</u>	<u>Violation</u>	<u>Penalty</u>	<u>Abate</u>
General				
2-1	5193 (c)(1)(B)	Bloodborne pathogens program text missing required elements	\$560	30 days
2-2	5193 (c)(1)(D)	Annual review of bloodborne program not conducted as required	\$560	30 days
2-3	5193 (g)(2)(B)	Annual bloodborne pathogens training missed for at least 9 exposed employees	\$280	30 days
Regulatory				
2-4	5193 (c)(2)(D)	Sharps Injury log incomplete	\$375	3 days
<u>Serious</u>				
1-1	6170 (c)(4)	No water in fire sprinkler system at the time of a fire on site on March 3, 2004	\$3,375*	Abated
3-1	3203 (a)	Workplace violence prevention aspects of IIPP not effectively implemented	\$5,060	10 days
Total penalties			\$10,210	

Information Memorandum

- Information regarding the necessary components of workplace violence prevention programs.

* = Original \$5,060 penalty issued in August reduced to \$3,375 as result of an informal conference.

Commissioners' Comments

- Commissioner Umekubo thanked Mr. Funk for his service as Executive Administrator, and is pleased that Funk is continuing with the replacement project.

Public Comment

- Patrick Monette-Shaw – written summary attached*

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

Michael Lane, Project Manager, gave an update on the Laguna Honda Hospital Replacement Project. The Board of Supervisors approved legislation that gives the Replacement Project Team more flexibility in bid evaluation. Of the approximately 25 bid packages that have been received, approximately 12 are 30%-100% over budget. Mr. Lane has directed his team to work closely with the individual contracts to look at scope, unit pricing, logistics and other factors and identify corrective actions.

Commissioners' Comments

- Commissioner Umekubo asked if there are any other potential risks to the project. Mr. Lane said he continues to work with OSHPD to get Increment 2 permits, which they hope to have in the next two weeks. He is concerned about OSHPD's ability to oversee the contract. The field inspection process has the ability to cause significant work delays. LHH has paid a lot of money in fees for these services, and will continue to stay on top of OSHPD on this issue.

Public Comment

- Patrick Monette-Shaw – written summary attached*

6) **OPERATIONS REPORT**

Robert Christmas, LHH Chief Operating Officer, presented the Operations Report.

Laundry Services

LHH staff continues to collaborate with Labor and the Mayor's Office to finalize the location of the LHH Laundry Facility.

LHH recently completed its first year of contracting for Laundry Services (Sept. 03- Sept. 04). As with any new service, LHH has had its share of "bugs" with the laundry processing, collection and distribution. To this end, staff meet regularly with nurse managers, listen to their concerns and use this forum to recommend various performance improvement initiatives.

LHH recently took a team, representing Local 250, Laundry and Nursing personnel to visit the plant that processes the LHH laundry. All participants were impressed with the overall operation, and each took away some ideas/comments that should result in continuous improvement in the provision of quality laundry services.

Mr. Christmas will keep the Committee informed regarding discussions with the Mayor's office.

Security

As Mr. Christmas stated in his September report, LHH continues to make small, nonetheless significant enhancements to the overall security/safety of the campus.

A shuttle/escort services for staff and visitors has been implemented, currently transporting within various buildings and parking spaces on the campus. Furthermore, staff plans on expanding this service to neighboring public transportation sites, (Glen Park BART Station and Forest Hills Municipal Station, as soon as resources will allow.

In addition, staff plans on expanding the visitor identification program-utilizing workers on temporary disability. By utilizing these designated workers, staff will be able to expand hours, up to eight additional hours, at the most busiest visitor entrance.

Many thanks to Arleen Lum and Willie Ramirez of the Human Resources Department for their assistance.

Parking

Staff continues to work on the full implementation of the paid parking program. Some of the policy issues under discussion:

- Reciprocal parking for other DPH employees
- Parking assessments for part time clinical consultants, i.e., Ortho, Rehab
- Feasibility of implementing per deem parking for interested staff
- Implementing a lottery system that would allow for a "fair" allocation of available spaces.

Staff plans a full implementation of the paid parking program within this calendar year.

Ms. Austin updated the Committee on the telephone upgrade. One new feature is the 911 emergency feature. With the new system, any phone that calls 911 automatically alerts the LHH operator, in addition to going to 911.

7) CLINICAL CARE REPORT

Paul Isakson, M.D., Medical Director; Tim Skovrinski, M.D., Assistant Medical Director; Gayling Gee, R.N. and Mivic Hirose, R.N., Co-directors of Nursing, presented the Clinical Care Report. Dr. Isakson introduced Dr. Monica Banchero-Hasson, the new chief of staff. He updated the Committee on the availability and distribution of the flu vaccine. LHH received 200 doses of the vaccine and administered it to high-risk staff and patients that frequently leave the facility. They hope to get additional doses soon, and then will vaccinate the whole house.

The clinical team then presented an update on LHH's role in the long-term care continuum for the San Francisco Community (Attachment D).

Dr. Isakson presented the LHH Medical Staff appointments and the year-to-date Credentials Report.

Commissioners' Comments

- Commissioner Illig asked if there is still a problem with SFGH not transferring acute rehabilitation patients with Medicare to LHH. Dr. Skovrinski replied that they continue to receive no Medicare

acute referrals from SFGH. Commissioner Monfredini said she would follow up on this issue with the Nursing and Executive staff at SFGH.

- Commissioner Illig asked how many people are in the substance abuse treatment program. Dr. Killpack, who runs the program, said 135. Commissioner Illig asked if LHH allows continued use of substances in the hospital. Mr. Funk replied that patients cannot use while in the hospital unless they qualify for Prop. 215, medical marijuana. In practice, however, people do use in the hospital and staff works with people on the on-going consequences.
- Commissioner Monfredini asked how many patients are active users. Dr. Killpack said an estimated one third of patients continue to use, but LHH has never had the resources to proactively assess the entire population. Dr. Skovrinski added that he believes approximately 60 percent of patients have a substance abuse history. Commissioner Monfredini asked if doctors and nurses help identify patients with substance abuse problems. Dr. Isakson said there is a lot of education with the medical staff, and patients with episodes are referred.
- Commissioner Illig would like the issue of substance use of LHH patients to come back to the JCC for a more detailed discussion. Commissioner Illig thanked the staff for the excellent report of current of needs. He would like to have specific, measurable outcomes for these programs. He would also like a presentation about where LHH fits into the overall community-based continuum of care, including TCM patient flow, community partners, etc.
- Commissioner Monfredini said the continuum is very important, and LHH needs to be part of it. Commissioner Monfredini said the goal is to get as many people healthy and back into the community, and continue to be a home, with a warm, family environment, to people who cannot go back to the community. Dr. Banchemo-Hasson said all physicians and staff are committed to giving care for all San Franciscans but are concerned that they do not have the resources to have a safe environment with quality of care.

Public Comment

- Patrick Monette-Shaw – written summary attached*
- Dr. Derek Kerr – in order to optimize our role in the long-term care continuum, we need to address three silos that have recently arisen: the “other people” silo; the “information silo”; and the “silo of fear.” Anything the Commission can do to open up these three silos will be appreciated. (Dr. Kerr submitted a copy of his testimony, which is on file in the Health Commission office).
- Dr. Maria Rivero – She is happy to hear that the Commissioners are concerned about outcomes because decisions have led to OSHA citations, increased substance abuse and other things. Decisions are fiscally driven, not clinically driven. The Health Commission must maintain quality standards and a joint LHH/SFGH clinical forum is needed. (Dr. Rivero submitted a copy of her testimony, which is on file in the Health Commission office).
- Dr. Lorraine Killpack – there are three units with high levels of substance abuse—M5 admitting unit, Rehab. Unit and the HIV/AIDS unite. It is not uncommon that patients come over from SFGH with drug paraphernalia.

- Ed Warshauer, Local 790 – there are three problems: current patient mix and an ability to safety care for them; future patient mix, and a public policy discussion about what this should be; and the rebuild, which we have to do everything possible to build as originally planned.
- Dr. Grace Dammon – LHH has had the flexibility over the past 100 years to provide quality care, and the staff needs this flexibility in the future. The staff is really constrained right now. Staff understands that social rehabilitation is, and always has been, part of the LHH mission. But there needs to be a dialogue around this.

8) PUBLIC COMMENT

- Patrick Monette-Shaw – written summary attached*
- Sister Miriam – it is hard for families to take care of the elderly. Taking care of the homeless at Laguna Honda will not save money.

9) CLOSED SESSION

THIS ITEM WAS CONTINUED TO THE NEXT MEETING OF THE LAGUNA HONDA HOSPITAL JOINT CONFERENCE COMMITTEE

- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- 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
 - 1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
 - 2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) 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 11:40 a.m. Present in closed session were Commissioner Illig, Commissioner Monfredini, Commissioner Umekubo, Cheryl Austin, Health Information Services, Monica Banchemo-Hasson, Chief of Medical Staff, Robert Christmas, Chief Operating Officer, Larry Funk, Executive Administrator, Gayling Gee, Co-director of Nursing, Mivic Hirose, Co-director of Nursing, Paul Isakson, M.D., Medical Director, Jonathan Lee, Deputy City Attorney, Tim Skovrinski, M.D., Assistant Medical Director, Adrienne Tong, Deputy City Attorney, Serge Teplitsky, Director of Quality Management and Michele Olson, Health Commission Executive Secretary.

- C) Closed Session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**CONFERENCE WITH LEGAL COUNSEL REGARDING
LITIGATION MATTERS, ULRICH V. CCSF, FEDERAL
COURT, CASE NO. C99-5003**

- D) Reconvene in Open Session

The Committee reconvened in open session at 11:55 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).)
3. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

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

11) ADJOURNMENT

The meeting was adjourned at 11:55 a.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments: (4)

***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.**

Written Summaries of 150 Words or Less that have been Submitted by the Members of the Public

Patrick Monette-Shaw, Agenda Item 4, Executive Administrator's Report (150 words)

I am presenting a copy of a petition to Health Commission President Edward Chow with a copy to Mayor Newsom. The petition is signed by 447 employees of LHH who believe Mr. Funk has performed admirably as LHH's Executive Officer, and we believe he should be reinstated as our CEO. Mr. Funk is a nationally recognized advocate for long-term care skilled nursing facilities such as LHH, and is highly regarded nationally for his skills and dedication to SNF's. Mr. Funk has striven to work collaboratively with LHH's staff, and is dedicated to listening to the advice of his subordinates. This petition, like the separate "vote of no confidence" petition languishing on the desk of a City Supervisor, asserts that top management in DPH is unwilling to listen to middle managers and line staff; both petitions reflect that DPH employees are concerned about the management of the Department of Public Health.

Patrick Monette-Shaw, Agenda Item 5, LHH Rebuild Project Architect's Report (150 words)

The LHH Replacement Facility Project Manager, Michael Lane, just indicated that not all of the bids have been received for the 42 bid packages. We were told earlier the bids were due back in mid-October, and here at the end of October, bidders appear to be dragging their feet. Mr. Lane indicated he will present his recommendation on downsizing LHH at the full Health Commission meeting November 16. I am presenting copies of a fact sheet from the Committee to Save LHH, which outlines the plans to downsize LHH from the 1,200 beds promised voters who passed the 1999 Proposition A bond measure for financing the new hospital. This report is posted on the Internet at www.stopLHHdownsize.com. The public is being kept in the dark about the plans to downsize LHH, and are unable to consider carefully the consequences of opening a much smaller replacement hospital. This secrecy must stop.

Patrick Monette-Shaw, Agenda Item 6, Operations Report (150 words)

Mr. Christmas, our COO, addressed the LHH laundry. It is unfortunate that the Replacement Project Manager, Michael Lane has left this meeting after his presentation. I bumped into Mr. Lane at a recent Board of Supervisors Finance Committee hearing, and asked him about the news that the Mayor has indicated the \$6 million budgeted for purchasing a building in San Francisco's city limits for the laundry must come from the LHH Replacement Project budget. Lane indicated at the time that he was unaware that the Mayor had indicated the funds were to come from Lane's budget. That \$6 million, coupled with the \$44 million cost overrun estimate prepared by Turner Construction Company, brings the project shortfall to a staggering \$50 million. It seems there is a big pink elephant in the room, and the elephant is the \$50 million that this Committee has failed to discuss openly, or at all.

Patrick Monette-Shaw, Agenda Item 7, Clinical Care Report (150 words)

Health Commissioner Monfredini, who is not a member of JCC, indicated the presentation about LHH's role in the long-term care continuum for San Francisco contains too much information and excessive data. She wants it pared down to a "laser-scopic" view when it is presented to the full Health Commission on November 16. Monfredini also issued a veiled threat to LHH staff, claiming the train has pulled into the station, LHH staff must get on board with the changing mission expected by Dr. Katz, because the train is about to leave the station. Has Mayor Newsom,

switchman, thrown the switch, diverting the train from going toward a long-term care skilled nursing home, and now the tracks are headed toward solving his homeless problem, instead? If Ms. Monfredini is unwilling to look at the data, then she's heading toward a train wreck like the one that derailed the Mental Health Rehabilitation Facility.

Patrick Monette-Shaw, Agenda Item 8, Public Comment (150 words)

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