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## **MINUTES**

### **JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING**

**Monday, October 29, 2007**

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

**At**

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

#### **1) CALL TO ORDER**

Commissioner Chow called the meeting to order at 9:50 a.m.

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

Staff: Cheryl Austin, Arla Escontrias, Larry Funk, Gayling Gee, Regina Gomez, Liz Gray, Mivic Hirose, John Kanaley, Diane Mai-Tran, Thomas Radenberg, Timothy Skorvinski, M.D., Mark Slavin, Hosea Thomas, M.D., John Thomas, Adrianne Tong, Rowena Tran and David Woods, Pharm. D.

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

Action Taken: The Committee approved the minutes of the July 23, 2007 minutes with one correction. On page 5, Commissioners' Comments, line 8, "designed and" was eliminated, so the sentence correctly reads "Dialysis in the outpatient clinic was conceptually programmed."

### **3) APPROVAL OF MINUTES OF THE MEETING OF SEPTEMBER 24, 2007**

#### Public Comment

Patrick Monette-Shaw thanked the Committee for including his extended written testimony in the minutes.

Action Taken: The Committee approved the minutes of the September 24, 2007 LHH JCC with corrections to typographical errors.

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

John Kanaley, Executive Administrator, presented his report.

#### EMPLOYEE OF THE MONTH – Tan Poy Chan

Mr. Tan Poy Chan has worked at Laguna Honda Hospital as a Porter for 19 years and is this year's Environmental Services (EVS) "Employee of the Year Award." Mr. Chan is respected by his peers and is recognized for his outstanding work and his perfect attendance. Mr. Chan is resourceful and always goes the extra mile with a smile to complete a task.

#### ANNOUNCEMENTS/INFORMATION

**Welcome to Marc Slavin,** - Mr. Kanaley introduced Marc Slavin as the Director of Government and Community Relations. Marc's role will be to lead the focus on the third goal of the Strategic Plan "Communications". He will be leading the efforts of the internal and external communications planning and implementation as well as helping with the third objective working with the Interdisciplinary Team improvements in communication. Marc was hired to supplement the good work Arla Escontrias has been doing in maintaining relationships with the neighbors in the community by formalizing an internal and external communications process and by developing and marketing a revamped LHH brand within the community.

**Assisted Living** – The Laguna Honda Replacement Program released an assisted living feasibility study on October 5, 2007. The study recommends construction of four two-story buildings and a single one-story building at the current site of the K, L, M and O wings and a portion of the east parking lot. Each building would house between 25 and 60 residents, a total of 240 people.

The recommendation represents the most affordable option for putting assisted living on the campus, comparable to current market costs for new construction. It is the result of action on a series of cost-cutting measures recommended in the draft version released last August, as well as suggestions from the community input process that followed release of the draft.

The buildings would be constructed to the standards required for a Residential Care Facility for the Elderly – Type II. They could be constructed incrementally as financing becomes available. Estimated cost per building ranges from \$12 – \$23 million. Total escalated project cost is approximately \$168 million.

The recommendation would expand the continuum of care on the campus by providing a much-needed lower level of care for people who need some assistance with the activities of daily living but do not require the interventions provided by a skilled nursing facility. Residents would have access to the Adult Day Health Center and other clinical services on the campus as well as other amenities such as the library, café, and shuttle service to MUNI.

The recommendation is generally consistent with the phasing of the Laguna Honda master plan and appears to be compatible with the parameters of the EIR, subject to review by the Planning Dept.

Community members and hospital residents and staff commented on the recommendation at a town-hall style meeting held at the hospital on October 18 and a follow up meeting is being scheduled for 101 Grove Street the last week of October. Each Commissioner was sent a copy of the study; it is also available on the web site of the Laguna Honda Replacement Program. Hard copies are available from the hospital administration office. Mr. Funk will give an update as part of the Replacement Project Update.

## IS VIRUS UPDATE SEPTEMBER 2007

**Servers** – All problems resolved to date

**Applications** - Access to Microbiology results through LCR has been resolved. Full LCR functionality including printing, may require re-configuration of IE browser settings. Citrix needs to be rolled out to other non-auto logon devices. This is a major project for IS, so we have asked the Medical Director to identify 25 devices that will be manually corrected.

**PCs & Printers** - All problems resolved to date

**Open Tickets and Service Requests** - We have reduced the number of open tickets to about 60. There are several outstanding departmental projects in the queue since before the virus that we have not been able to start. One LHH engineer continues to be on six month FMLA and will return mid-November. Technical staff from SFGH are being deployed on a regular basis to work on LHH issues.

### **Long Term Remediation** -

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

## STRATEGIC PLANNING

The value statement “Our residents come first” has been added to the Strategic Plan. We also re-ordered the goals to respect that our residents come first by naming the quality goal as goal number 1. Multi- Lingual posters will be posted throughout the hospital, including every unit, so that all staff members know LHH’s mission, vision, value and goals. Due to the heavy agenda of the October JCC, Mr. Kanaley is deferring the Strategic Plan Report until the November JCC.

## BUDGET REPORT

**Salary Monitoring** – Mr. Kanaley presented the bi-monthly salary spending report. It shows that for the first six pay periods of the fiscal year, LHH is tracking at \$1.388m over budget and projecting a \$4.871m negative variance by year's end. Many efforts are working toward saving salary expenditures, but not funding the structural issues in the budget is a problem.

## CENSUS REPORT

The data in the distributed report was incorrect. A correct report will be issued at the November JCC.

## STAFFING REPORT

The hospital staff vacancy rate reported as of September 14, 2007 is 8.53% down from September rate of 9.3%.

## REGULATORY UPDATE

### **CDPH**

LHH is currently waiting for a response to the revised General Acute Care Hospital Plan of Correction that it submitted for the August 15, 2007 revisit. CDPH visits on self-reported cases are on-going and for the past month LHH has not received any deficiency findings. LHH has submitted an application to the Daly City Licensing and Certification District Office to add peritoneal services as an optional service in its skilled nursing facility for its residents.

### **DOJ**

The City continues to work with the DOJ on an agreement to resolve the issues related to their onsite visit in March 2007.

## PATIENT FLOW

**Waiting List** - For August 2007, the average number of patients on waiting list was 19. FY to date average is 16.8. The average for FY 06-07 was 14.2.

**Board of Supervisors Quarterly Report** – Mr. Kanaley's report included the BOS quarterly report. Admissions from SFGH are averaging 56% for the year.

## TARGETED CASE MANAGEMENT

The TCM report for September 2007 was attached to Mr. Kanaley's report. Each month, LHH also reviews the number of discharges:

CATEGORIES	NUMBERS
Rehabilitation	8
Respite	0
TCM	4
LHH	3
AMA	1
AWOL	3
Positive Care	6
<b>TOTAL</b>	<b>25</b>

## TRANSITION STEERING COMMITTEE

The Transition Steering Committee Report for October 2007 was attached to Mr. Kanaley's report.

### Public Comment

Patrick Monette-Shaw (submitted in writing) - Last Tuesday's vigil at City Hall — sponsored by PECC and the Independent Living Resource Center — to petition Mayor Newsom to further reduce LHH's currently approved 780 skilled nursing beds comes as a shock. Cutting the already reduced 780 beds spells further disaster. Ironically, the Health Commission is holding a Proposition Q hearing to assess the impact of St. Francis Hospital's plan to close its 34 skilled nursing beds.

Another 120 skilled nursing beds recently closed at the Community Convalescent Hospital. If Sutter Health succeeds closing St. Luke's, another 79 skilled nursing beds face closure. Combined with the planned elimination of 420 of LHH's 1,200 beds, these closures total a loss of 653, or 22 percent, of San Francisco's approximately 3,000 skilled nursing beds, just before an onslaught of people with Alzheimer's — many of them safety-net clients — will face a severe, and worsening, shortage of nursing home capacity in San Francisco.

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

Larry Funk and Marc Slavin presented an update on the Assisted Living Feasibility Study. The report is a product of two things: implementation of next steps that were identified in the draft report and the community outreach process and public comment period that followed the release of the draft. Two primary interest groups were involved in draft: the long-term care advocacy community and the West of Twin Peaks neighbors. The review of the recommendation by both groups has been uniformly positive. There continue to be outstanding issues, including the question of licensure, which the groups are divided on.

Proposition A included \$15 million in seed money for developing and funding assisted living project. Proposition A called for 140 units on the campus, and premised the development of assisted living on the campus to facilitate discharge out of Laguna Honda and out of San Francisco General Hospital and to prevent premature admissions into Laguna Honda Hospital. Proposition A called for assisted living to come at the end of the replacement project.

The study recommends construction of four two-story buildings and a single one-story building at the current site of the K, L, M and O wings and a portion of the east parking lot. Each building would house between 25 and 60 residents, a total of 240 people.

The buildings can be constructed all at once or incrementally as financing becomes available. Estimated costs are: \$363,000 per apartment; \$11.8 million to \$23 million per building. The costs are comparable to current market costs for new construction. Total project cost, including FF&E, is \$168 million. The conceptual project schedule has construction beginning in 2010 and completion and ready for occupancy in 2013.

### Public Comment

Patrick Monette-Shaw (submitted in writing) - Generally, I support the assisted living recommendations in the final Senior Housing Feasibility Report. However, I'd recommended a combination of licensed facilities be developed. I'm glad to see a licensed Residential Care for the Elderly (RCFE) was recommended to care for elderly safety-net residents. But San Francisco also needs a Residential Care Facility (RCF) for younger disabled safety-net clients, such as those with

traumatic brain injuries. And the planned removal of 266 parking spaces from the East Parking Lot is problematic. During a recent Town Hall meeting, the Replacement Project team indicated one option to replace the 226 parking spots might be to construct a parking structure into the hill adjacent to the East Lot; that would involve removing many trees. At a cost of \$20,000 to construct each spot, 226 spots would cost \$4.52 million above the already-strained replacement project budget. Why remove one parking lot to construct another?

### Commissioners' Comments

- Commissioner Sanchez reaffirmed that this end product would fulfill the commitments made in Proposition A. He asked if the total project cost is inclusive of all factors, and if the cost per bed is accurate. Mr. Funk said the cost per bed estimate is in 2007 dollars, and includes only hard construction costs. Once they add soft costs, city overhead, permits, arts and other costs, the total absolute cost is just over \$700,000 per unit. The reason they wanted to develop an estimate in 2007 dollars is because the community had many questions about making these units as affordable as other assisted living units that were recently completed, and wanted to do a side-by-side comparison. Commissioner Sanchez noted that construction estimates can change based on environment. Mr. Funk said the budget includes a 15% contingency.
- Commissioner Chow asked why some of the buildings have a significantly lower cost per bed. Mr. Funk said it could be a function of square footage and/or site location. Commissioner Chow asked if the project could have two different licenses. Mr. Funk said the architectural planning firm has advised that the construction meets RCFE requirements, and therefore also meets lower level licensing standards. These units offer flexibility of unlicensed, licensed or combination of the two. Commissioner Chow asked if there would be a construction cost difference. Mr. Funk said there is no significant difference in terms of construction cost. Mr. Kanaley added that the building cannot be used for SNF licensed beds. Commissioner Chow likes the flexibility to build out units as funds become available. Commissioner Chow asked if the parking costs are in the budget. Mr. Funk said the parking costs are not built in to the project cost. Mr. Funk said the plot plan shows 25 parking spaces. There are 113 additional parking stalls that are not shown in the illustration. There is the opportunity to build an additional 227 parking stalls, at some additional cost, in the immediate vicinity. Commissioner Chow noted that due to emergent issues at the Health Commission, the Assisted Living Project and Rebuild Project will be scheduled for presentation in the coming months but not at the November 13<sup>th</sup> meeting.
- Commissioner Sanchez said there are offsite facilities available for nighttime parking that can be pursued as alternatives. Ms. Austin said they are working on a master transportation plan.
- Commissioner Chow said the final report gives the city a number of options and the ability to afford it.

### Replacement Project

John Thomas presented and update on the Replacement Project. The project has experienced some significant delays over the last six months. There are several key factors that have impacted the program schedule, primarily related to the following:

- Mechanical, Electrical and Plumbing coordination;
- Office of Statewide Health Planning and Development documentation;
- Exterior water proofing;
- Modifications to the security systems

All this puts the project approximately 12 months behind schedule and over budget by \$58 million to \$70 million. The costs are directly related to both the required design changes and the delay. The delay itself accounts for \$12-15 million of the overall cost increase, primarily due to additional staff costs for the contractor, their sub-contractors, City staff and consultants, as well as trade-labor escalation (work performed in a later year than planned) and the Paid Sick Leave Ordinance enacted earlier this year by the City.

Staff is evaluating funding sources that can be used to cover the shortfall, including interest earned to date on the Bond proceeds and additional funds available within the currently approved funding package. Approximately \$15 million in additional interest on the General Obligation Bonds has been earned beyond what was projected in the Controllers report of May 2005. The remaining \$43 million shortfall could be covered through a combination of Tobacco Settlement Revenues, Certificates of Participation (COPs) and scope reduction, primarily related to the two phases of work which have yet to be bid (Remodel of Existing Hospital, Phases 2 & 3 and Existing Hospital Site Improvements).

#### Public Comment

Patrick Monette Shaw (submitted in writing) - the customary Project Update was replaced with a "Status Report," a format previously used before the Citizens' General Obligation Bond Oversight Committee, outlining a new \$5 million to \$6 million problem with "mechanical-electrical-plumbing" being shoe-horned into smaller spaces, a \$3 million to \$4 million exterior waterproofing problem, and a \$2 million to \$3 million "security" systems problem. That totals \$10 million to \$13 million of a reported \$58 million to \$70 million in newly-identified problems. Shockingly, due to a lack of quorum, the GCOBOC's October 25 meeting was cancelled; they've not been presented these new problems. The project's 12-month delay results in cost escalation of \$1.5 million-monthly, totaling \$18 million. Combined with the \$13 million construction problems, this totals only \$31 million, absent details of what's causing the remaining \$27.3 million of the \$58.3 million problem, ignoring the dispute with Turner Construction about whether the problem is actually \$70 million.

#### Commissioners' Comments

- Commissioner Chow would like the cost overruns parsed out among the contributing factors so that it is clear what constitutes the \$53 million cost overrun. The Commission has to understand exactly what cost overruns are due to, what potential sources of funds are available to cover the overrun and the impact of using these funds, and how we are working with the Controller's Office to try to address this issue. Commissioner Chow asked if there was a cap or guarantee when we entered into an agreement with Turner. Mr. Thomas said contracts include a guaranteed maximum price, but there is always the ability to have cost overruns due to change orders and other factors. Mr. Thomas stressed that the schedule delays and associated cost overruns have been put forward by the contractor, but LHH staff has not confirmed these delays.

- Commissioner Sanchez said people were aware of the design deficiency in the exterior wall paint, and asked if other people are being held responsible and contributing financially. Mr. Thomas said there was an agreement between the parties to split the design costs with the architects. The city may pursue the errors and omissions clause of the contract.  
Commissioner Sanchez thanked staff for bringing these problems to the Joint Conference Committee today. Bringing problems to the forefront helps to move things forward.

## **6) OPERATIONS REPORT**

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

### **DEPARTMENT OF EDUCATION & TRAINING:**

#### **Orientation Cultural Competency Content**

DET has added new cultural competency content to the hospital-wide orientation that was piloted on October 3 with ten new employees who gave the content rave reviews. The new content provides a framework for diversity and highlights the importance of the contributions that each individual makes to foster feelings of appreciation, acceptance, and value, as we are empowered to respond to the unique needs of our residents, families, and their loved ones, as well as one another. The goal is to recognize how personal attitudes towards differences influence communication with others and to provide practice in communicating effectively.

#### **Infection Control & Bloodborne Pathogens In-service**

September was LHH's month for annual Infection Control/ Blood Borne Pathogen training for all staff. Most staff participated in training via computer, however the course content is newly created each year to reflect current trends and needs in the topic area. A total of 11 live classes were also provided for line staff general services and for CNAs. Nutrition services line staff are also provided live training with their managers using the hospital-wide content. This year's annual retraining featured a jazzy pink panther "trailer" to introduce the content and to reinforce the importance of handwashing and flu vaccination.

#### **Open House for the LHH Education Center**

DET will be hosting an open house for the newly refreshed education wing. The wing will feature resident art and a photo collection of residents with their comments to support DETs Culturally Effective Healthcare initiative.

### **INFECTION CONTROL**

#### **Influenza Vaccination Campaign**

Laguna Honda Hospital Infection Control staff have initiated the 2007-2008 influenza vaccination campaign with its annual infection control inservice during the week of September 10th. Valuable information about seasonal Influenza was provided. This inservice was followed by a memo to all employees, informing them of new legislation requiring all hospital employees to be vaccinated, show proof of vaccination, or sign a declination form. The vaccination campaign for all employees, volunteers and students started on Monday October 1<sup>st</sup>, with excellent response from all employees. A mobile vaccination cart was set up and moved around the hospital to provide easy access to all Units and Departments. To date, approximately 911 employees, volunteers and students have been vaccinated. Infection Control staff will be initiating the follow-up process on those staff, volunteers, and students for whom there is no record of immunization and survey them for proof of

vaccination or declination due to contraindications. A memo on information and instructions for resident immunization has been distributed by Dr. Eunuice Lo, PharmD, emphasizing the new vaccine Information Statement (VIS) and the new immunization documentation requirements. The resident vaccination campaign is scheduled to begin October 23.

## **7) CLINICAL CARE REPORT**

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

### Health Care Decisions Week

October 29th through November 4th has been designated by the California Legislature as "Health Care Decisions Week." The Bioethics Committee under the leadership of Grace Dammann, MD and Anne Hughes, RN, PhD is sponsoring a number of educational programs for LHH residents, family members, staff and volunteers. Events include providing a blank California Advance Health Care Directive to LHH staff members to use as discussion guide with their loved ones; collaborating with LHH bilingual and bicultural staff members who reviewed low literacy advance directive documents that had been translated into Spanish and Chinese; and providing staff educational programs. For example, Medical Grand Rounds on November 1st will feature September Williams, MD, LHH physician and expert in improving end of life care for African Americans. Activity therapists will facilitate discussions about advance health care directives in the community meetings with residents when appropriate. The Insider will feature an article, "Are you ready?" on the topic. Finally, on Sunday November 4th, an afternoon program for family members, interested residents and volunteers that will include a panel discussion by clergy about the role of faith in end of life decision making and the experience of a family member who was faced with making health care decisions for a loved one.

### Published Article

Please join us in congratulating Anne Hughes, RN, PhD, FAAN, Palliative Care Advanced Practice Nurse, as her dissertation article titled "Everyday Struggling to Survive: Experiences of the Urban Poor Living with Advanced Cancer" was published in the November 2007 edition of the Oncology Nursing Forum. A recipient of the 2007 Oncology Nursing Society (ONS) Excellence in Cancer Nursing Research Award, Anne presented her article at the Oncology Nursing Society 32<sup>nd</sup> Annual Congress in Las Vegas in April of this year.

### September 2007 Quality Measures

The September 2007 CMS Quality Measures Report was attached to the Clinical Leadership Report. LHH continues to be below California and National averages in pressure ulcer rates, physical restraints, urinary tract infection and weight loss.

### Increasing Linguistic Designated Staff

On October 12<sup>th</sup>, led by Willie Ramirez of Human Resources Services, 40 LHH staff successfully took and passed the language proficiency exam. Three Russian-speaking, 23 Spanish-speaking and 14 Cantonese-speaking staff were added to the pool of staff who we access and ask to provide language assistance for our residents.

### Improving Communication with Spanish Speaking Residents

The E5 Spanish Focus Unit Interdisciplinary Team led by Dr. Maria Rivero and Amparo Rodriguez, Nurse Manager have recently completed an English-Spanish translation handbook for use by staff throughout LHH. They saw an opportunity for non-Spanish speaking staff to effectively communicate with Spanish speaking residents and recognized the need for an easy to use

communication tool. On their own initiative, they developed a hand-book of commonly used English/Spanish words and phrases appropriate for LHH.

The new translation handbook provides commonly used phrases and questions, including greetings and other social phrases, helping those using the handbook to communicate in a more socially appropriate manner. The handbook also provides guides to pronunciation when needed for sounds not consistent with English and commonly used “Spanglish” words.

Both Dr. Rivero and Ms. Rodriguez, along with support and review of other team members, spent much of their personal time compiling the list of words, in providing the translation and pronunciation hints, and in bringing the handbook to fruition. They plan to make this available to all LHH units within the next few weeks. Ms Rodriguez will present the handbook at Nursing Quality Improvement Council on November 5<sup>th</sup> along with a discussion and plan on how to most effectively use it. Please join us in congratulating Dr. Rivero and Ms. Rodriguez in this innovative approach to meeting the linguistic and cultural needs of our Spanish speaking residents.

#### DPH Teamsters 856 Nurse Leaders Retreat

The DPH Nursing Leadership Council (NLC) is coordinating its first DPH-wide Nurse Leaders Retreat, specifically for Teamsters 856 Supervising Nurses, including Nursing Directors, Nursing Supervisors, and Nurse Managers. SFGH Executive Administrator Gene O’Connell and Health Commissioner Catherine Dodd will be speaking at the all-day event. In addition, Dr. Katz will present the award recipients of last fiscal year’s DPH Nursing Leadership Pilot Incentive Program. Debbie Tam, RN, BS, Nursing Director and Mozettia Henley, RN, DNS, Nursing Director received the awards from LHH for their leadership in nursing recruitment and nursing education.

Approximately 50 DPH nurse leaders have registered for the retreat on October 29<sup>th</sup>.

#### Online Census Pilot

On November 1<sup>st</sup> we will be piloting on three units (D3, E3 and E6) the online census management functionality in the Invision system. The positive change includes capturing relocations, discharges, admissions and other bed census management functions ontime, realtime. Currently, these bed census activities, if occurring after business hours and on weekends/holiday, are not entered in the system until the next business day. Nursing staff training occurred last week. The goal is to implement throughout the Hospital as we increase the total number of computers on each unit to two. We will continue apprise JCC with our progress.

#### Restorative Program Awards

Through the leadership of Jill LeCount, DET Co-Director and the Restorative Care Performance Improvement Team, Laguna Honda Hospital has been chosen to receive a Hospital Services for Continuing Care (HSCC) Best Practices Award from the California Healthcare Association for our submission entitled Restorative Program Development/Collaborative Restorative Innovations to Enhance Resident Outcomes. The quality and variety of the program impressed the panel judges. Jill attended the HSCC Annual meeting in Marina Del Rey last week to receive the award on behalf of LHH.

Through our collaborative partnership with the Regional Healthcare Occupations Resource Center (RHORC), grant funding was approved for a joint initiative between RHORC, City College of San Francisco and LHH to train 60 CNAs as Restorative Nurse Aides (RNAs). The grant initiative is titled Restorative Nurse Assistant Training: Improving patient outcomes, fostering career ladders for Certified Nurse Assistants, and creating a life-long learning environment in long term care. The initiative includes curriculum development and instruction by City College of San Francisco’s Licensed Vocational Nursing Program faculty, providing the training, and disseminating lessons learned at the state-wide level. The grant funding, \$10K, is funded by the California Community Colleges Chancellor’s Office on Career Education & Economic Development. Two cohorts of 30

CNAs each will be trained in January and February 2008. This is an exciting opportunity for our staff and the Hospital as we continue to enhance and professionally develop our care staff in restorative care programs.

**LHH Medical Staff Appointments**

No appointments in this report.

**8) PUBLIC COMMENT**

None.

**9) CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Committee voted to hold a closed session.

The Committee went into closed session at 11:30 a.m. Present in closed session were Commissioner Chow, Commissioner Sanchez, Cheryl Austin, Assistant Administrator of Clinical and Support Services, Gayling Gee, R.N., Associate Administrator of Clinical and Support Services Regina Gomez, Director of Quality Management, Liz Gray, Director of Long Term Care, Mivic Hirose, Director of Nursing, John Kanaley, Executive Administrator, Thomas Radenberg, LHH Controller, Timothy Skorvinski, M.D., Assistant Medical Director, Hosea Thomas, M.D., Chief of Staff, Adrienne Tong, Deputy City Attorney, Rowena Tran, Director, Administrative Operations, David Woods, Pharm. D., Pharmacy Director and Michele Seaton, Health Commission Secretary.

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

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

D) Reconvene in Open Session

The Committee reconvened in open session at 11:45 a.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

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

**10) ADJOURNMENT**

The meeting was adjourned at 11:45 a.m.



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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.