

James M. Illig  
President

Sonia E. Melara, MSW  
Vice President

Edward A. Chow, M.D.  
Commissioner

Margine A. Sako  
Commissioner

David J. Sanchez, Jr., Ph.D.  
Commissioner

Steven Tierney, Ed.D.  
Commissioner

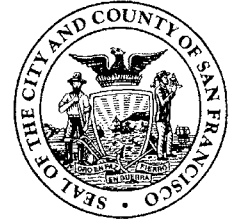
Catherine M. Waters, R.N., Ph.D.  
Commissioner

## HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

Gavin C. Newsom, Mayor

Department of Public Health



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

James M. Soos  
Acting Executive Secretary

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

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

### MINUTES

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

Wednesday, November 19, 2008

2:00 p.m.

Conference Room A300  
375 Laguna Honda Boulevard  
San Francisco, CA 94116-1411

#### 1) CALL TO ORDER

Commissioner Sanchez called the meeting to order at 2:10 p.m.

Present: Commissioner David J. Sanchez, Jr., Ph.D., Chair

Absent: Mivic Hirose, Paul Isakson, M.D.

Staff: Luis Calderon, Arla Escontrias, Larry Funk, Gayling Gee, Regina Gomez, John Kanaley, Timothy Skorvinski, M.D., Debbie Tam (for Mivic Hirose) John Thomas and Rowena Tran, David Woods

#### 2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 15, 2008

Action Taken: The Committee approved the minutes of the October 15, 2008 Joint Conference Committee meeting.

#### 3) EXECUTIVE ADMINISTRATOR'S REPORT

John Kanaley, LHH Executive Administrator, presented his Administrator's report.

## EMPLOYEE OF THE MONTH

### **October 2008 – Pedrito Pedron, Porter**

During the last 2 years Pedrito Pedron has worked as a porter on the 0-4 unit which is considered to be one of most challenging units to maintain in the hospital. Pedrito is respected by his peers, he is resourceful and is recognized for his work and near perfect attendance. Staff and residents appreciate Pedrito because he goes out of his way to complete whatever task that is assigned to him.

## ANNOUNCEMENTS/INFORMATION

In the interest of keeping the Commission informed of news at LHH, Mr. Kanaley sends Commissioners copies of *The Laguna Honda Grapevine*, LHH's biweekly newsletter. This month focuses on the Unit Closures.

## STRATEGIC PLANNING

**Fy09/10 – September 2008** - Strategic planning for the next fiscal year commenced in September with an 8 hour training session for the members of the LHH Combined Leadership Team. The training focused on “The Culturally Effective Healthcare Program Development project” which is a comprehensive approach to reducing health disparities through programming that values diversity and inclusion. The program goes beyond training to include organization-wide changes to job postings, performance appraisals, and key policies and resident documents.

**October 2008** – October's retreat covered (a) Mission, Vision, Values, and Goals, (b) the state of the Current FY Budget and future expectations (c) A working session that focused on each of the 3 current goals:

1. Quality Improvement & regulatory prep – A short discussion regarding the pending DOJ site visit as well as the Annual CDPH survey scheduled for the spring.
2. Transition planning – A large portion of the day was focused on Operational planning for the new building, focusing on “A Day in the life of a Resident” and the staffing interactions with residents, from direct care to ancillary care to operations staff. This continues to refine the operational plans for the new building.
3. Communications – The newly designed website for LHH was previewed, as well as several proposed logos to represent LHH. We will bring forward to the JCC any final recommendations.

### **Fy 08/09**

**Progress reports due February, May, August, and November - Attached (Attachment B)**

**Value** - Our residents come first.

**Mission** - To provide high quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco.

**Vision** - To be an innovative world-class center of excellence in long-term care and rehabilitation.

- Goal 1:** Quality Improvement - *Ensure regulatory compliance, performance improvement, and high-quality care.*
- Goal 2:** Transition Planning - *Develop a systematic approach to successfully build and initiate the operational planning for the new hospital.*
- Goal 3:** Communications - *Establish and improve communication within and outside LHH.*

BUDGET REPORT

**FY 08-09 Salary Monitoring** – Attached (**Attachment C**) is the bi-monthly salary spending report. YTD shows a negative variance of \$ 2,626,530 with a year end projection to be over by \$3.8 million. This is an improvement from last month when we projected a \$4.8 million year end deficit. The majority of the deficit is related to structural problems in our budget, however, we are also over significantly due to uneven decrease in census along with the decrease in staffing levels. As we reduce our census from 930 to 780, we are also budgeted to reduce staff by 173.3 FTE over the fiscal year.

We are currently holding over 40 FTE vacant requisitions, have successfully transferred 30 CNA’s to SFGH in October, are working on 23 RN’s for November, plus a handful of other positions for a reduction of 30 FTE’s in November and are looking for another 30 transfers in December. The City wide retirement enhancement takes affect on January 11, 2009, not knowing the complete impact on this enhancement, LHH will unfortunately have to issue lay off notices on December 1, 2008 with a tentative lay off date of February 1, 2009. Hopefully with the continued natural attrition rate of staffing, and the retirement increase, we will be able to place the majority of staff being displaced from LHH. The present projections show that we will need to issue up to 80 layoff notices. Our hope is to be able to place all of our displaced employees into other positions within DPH as they are such talented and valued staff.

We are also projecting a \$5 million negative variance to our revenue projections due to the rate of our decrease in census. The census is decreasing much faster than anticipated. The State Medi-Cal cuts are projected to be over \$2 million. This is not a very good year fiscally for LHH during its transition into the new Hospital.

CENSUS REPORT

<b>Nursing Unit Census Daily Average for July 2008</b>	
<b>SNF Census</b>	
Beds Occupied:	845.26
Beds Held:	5.77
Admits:	0.77
<b>TOTAL SNF Census:</b>	<b>851.80</b>
<b>Acute Census:</b>	
	capacity (16)
M7 Acute Census:	1.29
L4 Acute Census:	1.0
<b>TOTAL PAID BEDS:</b>	<b>854.09</b>

## STAFFING REPORT

The hospital staff vacancy rate reported this month is 3.14%. This is up from last month's rate of 2.8%. We currently have 44.91 vacant FTE's over and above our salary savings. As we reduce our census, we are also reducing our census. See table below.

1-Jul-08	1-Aug-08	1-Sep-08	1-Oct-08	1-Nov-08	1-Dec-08	1-Jan-09	1-Feb-09	1-Mar-09	1-Apr-09	1-May-09	1-Jun-09
1384.38	1368.57	1352.76	1321.15	1321.15	1305.34	1289.53	1273.73	1257.92	1246.07	1210.50	1210.50

## REGULATORY UPDATE

The Department of Justice has been visiting LHH for the past several days. They are scheduled to be on site from November 13-19. They are reviewing our compliance with the settlement agreement we entered into with them 4 months ago. This visit is a collaborative visit to look for ways we can improve the quality of care and the discharge potential of our Residents.

## PATIENT FLOW

**Waiting List** – As of January, 2008, when we began to no longer accept SNF patients, we have not been maintaining a waiting list. We are still admitting to our Hospice, Rehab and Positive Care units as beds on those units become available.

**Board of Supervisors Quarterly Report** – (Quarterly reports due January, April, July, October)

## TARGETED CASE MANAGEMENT

The TCM report for September 2008 is attached (**Attachment D**). Each month, LHH presents the overall number of discharges. The following are for September 2008:

<b>CATEGORIES</b>	<b>NUMBERS</b>
Rehabilitation	5
Respite	0
TCM	4
LHH	0
AMA	0
AWOL	1
Positive Care	4
<b>TOTAL</b>	<b>14</b>

## TRANSITION STEERING COMMITTEE

### **Progress reports due March, June, September, and December.**

The construction is 75% complete. Substantial completion is scheduled for October 31, 2009 and December 31, 2009.

#### Public Comment

Patrick Monette-Shaw requested that he continue to be on the notification list for Health Commission and JCC meetings. Clarification was made on the source of discharge data presented, which was the TCM Report for October 2008.

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

John Thomas, Project Manager, LHH Replacement Project presented an update on the replacement project.

##### South, East and Link Residence Buildings

The new hospital is approaching 75% complete. Installation of the drywall continues in the Link and South Residence Buildings, and ceiling installation has begun. Mechanical, Electrical and Plumbing installation is underway in all three buildings. Stucco at the Link Building is underway and is scheduled to be complete within two months and the scaffolding will be removed by mid-November. Stucco is currently being applied to the East Residence Building and will be completed by the first of next year. Resident mock up-rooms in the South Residence Building are complete. Permanent power is now available in the Link and South Residence Buildings. The Link Building elevator has been activated as a result; the man-lift on the exterior of the link has been removed. The South Residence Building elevators are scheduled to be activated by the end of November, and the man-lift for the building will then be removed. These activations are key elements in completing the exterior of the new buildings and will improve our ability to maintain climate control throughout the winter.

##### The Knuckle Building

Interior wall framing has been completed. Rough-in of the mechanical electrical and plumbing is nearly completed. Drywall will be installed in October. The permanent loading dock and bulk oxygen storage is under construction.

##### Furniture, Fixtures & Equipment

Consultants continue to work with hospital staff and the Replacement Team to prepare to purchase new furniture and medical equipment for the new building.

##### Clarendon Hall

Superstructure was completed in mid-October. The foundation demolition will progress till early December. The basement voids will be backfilled, and the site will be graded by mid-December.

## Hospital Remodel

This Fall, seismic upgrade construction will begin on the 3rd floor. Elevators 1 & 2 will be permanently out of service. A wall will be built at the eastside of the 3rd floor hallway and in the cafeteria. Moran Hall will serve as the interim cafeteria dining room until the cafeteria is open in the new building. Actual construction dates will be announced later.

### 5) OPERATIONS REPORT

Gaying Gee, Associate Administrator for Operations and Clinical Support, presented the Operations Report.

### DEPARTMENT OF EDUCATION & TRAINING

#### **Organizational Development: Improving Communication through Diversity and Inclusion**

LHH is in the 10<sup>th</sup> month of our “**Culturally Effective Healthcare Program Development**” project and we remain committed to building and sustaining this program as part of the broader DPH effort to reduce disparities through self-awareness and inclusion.

LHH are entering the evaluation phase of this initial “kick-off” year to determine the extent to which training and changes in key organizational documents are affecting cultural attitudes. Staff and residents who have participated in the full day training sessions are participating on a voluntary basis in focused interviews conducted by Dr. Ed O’Neil of the UCSF Center for the Health Professions.

Post-training evaluations and baseline Press-Ganey resident satisfaction survey data will also be analyzed as part of the evaluation phase.

Inclusion and diversity training for 2008 has included:

- ✦ A 1-hour module for all new employees during hospital-wide orientation
- ✦ Six full-day classes entitled “How to Navigate Across Cultures and Sustain Effective Relationships” attended by residents and staff from multiple departments within LHH and DPH (total attendance 129)
- ✦ Six 1-hour sessions provided on request to LHH teams (total attendance 175)

The next full day training will be held on Tuesday, December 2<sup>nd</sup> 8-4 pm in A300 (see flyer)

#### **Organizational Development: Effective Transitions**

DET continues to facilitate staff support during unit closures in collaboration with Human Resources and the Employee Assistance Program (EAP).

In addition, DET has experienced increased requests for tours of the new facility and has recently toured the rehabilitation unit staff, Nursing Education staff, Beauticians, and visitors from California’s state forensics system, who are designing rehabilitation facilities for inmates.

#### **Ongoing Regulatory Training**

Annual regulatory training continues to be provided by DET via live classes and customized HealthStream computer-based training sessions. The most recent training topics were:

- ✦ Workplace Violence Prevention provided in collaboration with Psychiatry and Human Resources staff in October
- ✦ Prevention and Management of Cardiopulmonary Emergencies in November

## **EMERGENCY PREPAREDNESS SUBCOMMITTEE**

### **Mass Immunization Functional Exercise - November 7, 2008**

#### ***1. Emergency Management Elements***

On November 7, 2008 at approximately 0800 hours, the Laguna Honda Hospital's Command Center (HCC) was activated in Conference Room B-102 to manage the vaccination of Laguna Honda Hospital's employees and staff. To add realism to the exercise, the HCC was operated under the play scenario of influenza A outbreak. The HCC used the standardized Hospital Incident Command System (HICS), which is consistent with the Incident Command System (ICS), State of California Standardized Emergency Management System (SEMS), and the National Incident Management System (NIMS).

The HICS system provided for a unity of command, under the Incident Commander. Each of the four sections, Operations, Planning, Logistics, and Finance was staffed to the expanded level, consisting of Section Chiefs and supporting personnel at the Branch and Unit levels.

#### **A. Timeline and Briefings**

The Emergency Management Element of the exercise started with an initial briefing by the Incident Commander and Section Chiefs at 0800. The Vaccination Element of the exercise started at 0900 in Moran Hall. The Incident Commander conducted briefings with HCC staff from 0930 to 0945, from 1045 to 1100, and from 1300 to 1115 hours. The Emergency Management Element of the exercise ended at 1400, which was followed by a 35 minute hot wash.

#### **B. Communications**

Three primary systems were used for communication during the exercise. The California Health Alert Network (CAHAN), which is a web-based alerting system, was used in the HCC to notify exercise players and hospital executive staff about exercise requirements and to provide exercise updates via alphanumeric pagers. Telephones were used to communicate between Moran Hall and the HCC. 800 MHz. radios were used to communicate among the Incident Commander, Section Chiefs in the HCC, Moran Hall and Exercise Controllers.

#### **C. Stakeholder Notification**

The Public Information Officer (PIO) provided event information to the Department of Public Health Public Information Officer and Laguna Honda Employees via phone and e-mail systems.

#### **D. Debrief Highlights**

The following issues were highlighted during the event debrief:

- Employees in the Hospital Command Center performed effectively, using their job aids and vests, consistent with the HICS system.
- The Finance/Administrative Section provided near real-time cost information.
- Additional communication capabilities and technological adjuncts would improve the functionality of the HCC.
- Additional training in HICS and ICS is necessary for all HCC staff to realize optimal performance.

- Laguna Honda Hospital should update its Emergency Operations Plan.

## 2. *Vaccination Elements*

The Vaccination Element of the exercise was conducted in Moran Hall from 0830 to 2000. Triage was done in Moran Hall from 0830 to 1700, then moved to the 5<sup>th</sup> floor Central Supply area from 1730 to 2000. Triage functioned smoothly with no significant problems or delays. Seventy-Five staff from Medicine, Nursing, Infection Control, Clinics, Pharmacy, Facilities, Environmental Services, Nutrition, Sheriff, Education & Training, Activity Therapy, Radiology, Respiratory, Lab, Volunteers participated in the Command Center and Triage/Immunization Center. In the first eight hours of the drill (0830 to 1630) an average of 100 people per hour were triaged for vaccination. This met our goal of triaging/immunizing approximately 100-125 people per hour.

### Triage Breakdown

841	Reported to Triage
580	Employees, volunteers, students vaccinated
261	Employees, volunteers, students completed Declination Forms.

### Vaccination breakdown

CNAs	150
Licensed Nurses	129
EVS/Laundry	41
Nutrition / Dietary	44
All Other Departments	193
Volunteers + Students	8
Miscellaneous	15
Received Vaccination at private MD	<u>91</u>
	671 total vaccinated

## 6) CLINICAL CARE REPORT

Tim Skovrinski, M.D., Assistant Medical Director, and Debbie Tam, RN MS, Nurse Director, presented the Clinical Care Report.

### Medication Safety is a Top Priority at LHH

In the past several years, the facility has funded several initiatives to enhance medication safety and improve staff efficiency in providing care. On July 1, 2007 the pharmacy went live with a new software program known as QS/1. This long term care pharmacy software offers state of the art functionality for prescription processing, pharmacy billing and clinical checking. It also allowed the hospital to move forward with plans to integrate new technology into its medication safety programs.

On November 13 2007, the hospital went “live” with a unit dose pharmacy packaging machine. The new machine packages medication tablets and capsules into individualized bar coded, unit doses. Because it is interfaced with each resident’s prescription profile in the QS/1 pharmacy software, it allows for highly accurate and efficient processing of prescription refills. As units learn to use the “real time” Invision census, they are purchased new medication carts and provided with the safer medication packaging on a 7 day refill cycle. This December, the hospital will pilot 6 new Automated Dispensing Machines (ADMs) or “Omnicells”. The ADMs will improve control and safety of controlled substances, as needed medications and expensive supplies. This will help



Laguna meet acute care regulatory requirements while also testing and de-bugging the proposed medication management system for the new hospital.

Medicare drug plans are changing. Enrollment began November 15 for the new array of drug plans which will go into effect January 1, 2009. LHH is greatly impacted by the changes since almost 70% of LHH residents are covered by Medicare and Medicaid. To allow residents and staff to make informed decisions about their drug therapy, the clinical pharmacy staff led by Michelle Fouts, Pharm.D. and assisted by numerous UCSF Pharmacy students is developing a spreadsheet comparing the formularies of the 2009 Medi-Medi drug plans. The LHH pharmacy will match the formulary information from the plans with each resident's drug regimen. This will allow LHH residents to decide which of the drug plans best suits their needs.

#### LHH Nurse Leader Appointed By Mayor to Dementia Panel

Gail Cobe, our Clinical Nurse Specialist for the Dementia Program has been invited by Mayor Gavin Newsom to serve on the Alzheimer's/Dementia Experts Panel. The panel is charged with developing a plan to address the anticipated crisis as the number of San Franciscans with dementia increases dramatically between now and 2015. The Department of Aging and Adult Services will be leading the panel and will be working in collaboration with Gibson & Associates Research Development and the Mental Health Association of San Francisco.

#### Peer Mentor Pilot Program

In-Home Supportive Services attended September's Resident Council meeting to present their Peer Mentoring Support Program. The program involves people with disabilities who are managing successfully with their disability to share their experiences with other individuals who have disabilities. These Peer Mentors inspire hope for independence and will actively assist LHH residents to attain their dream of living independently. The program is now in the process of being implemented at LHH.

#### Evening Dias de los Muertos

Activity Therapy hosted its first hospitalwide Evening Dias de los Muertos, "Day of the Dead" celebration. The Celebration is a time to remember deceased loved ones and honor their memory personally with altars. Though ceremonies vary from region to region, many offer ancestors gifts of flowers, food, drink, sugar skulls, and other mementos. The Activity Department implemented a social for the residents that included live music and dancing, refreshments plus an altar where residents were able to write the names of loved ones and something special about that person to honor them.

#### Harmony Park

The Smoking Issues Committee (SIC), chaired by Jim Zelaya-Wagner, has successfully led an interdisciplinary effort to improve the third floor smoking area. With help from Gayling Gee and Plant Services, the entire area was resurfaced, reorganized with new benches, and repainted to help improve the safety and comfort of our smoking residents. The residents who use this area then had a community meeting to develop rules to govern this area. In addition, they voted to name the renovated smoking area Harmony Park. This renovation allowed the Hospital to take the next step in its smoking plan. SIC, with the support of Mivic Hirose and Nursing, closed the 5th floor entrance smoking area. This will improve the safety and comfort of all our non-smoking residents and visitors who use this entrance.

LHH Medical Staff Appointments

No information available at this time.

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 4:00 p.m. Present in closed session were Commissioner Sanchez, Luis Calderon, TCM Director, John Kanaley, Executive Administrator, Regina Gomez, Director of Quality Management, Mivic Hirose, RN MS, Chief Nursing Officer, Paul Isakson, M.D., Medical Director, Angela Platzer, MS, Director of Clinical Support Services, Timothy Skorvinski, M.D., Assistant Medical Director and Rowena Tran, Operations Manager.

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

**CONSIDERATION OF QUALITY IMPROVEMENT REPORT**

D) Reconvene in Open Session

The Committee reconvened in open session at 3:25 p.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) **CLOSED SESSION**

This closed session was continued to the September meeting of the Laguna Honda Hospital Joint Conference Committee.

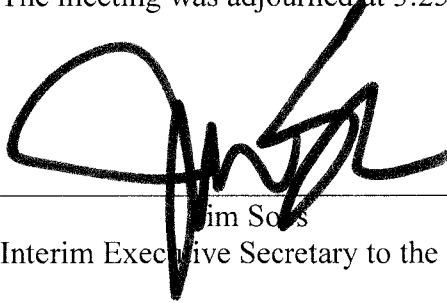
- A) Public Comments on All Matters Pertaining to the Closed Session
- B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)
- C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

**DEPARTMENT OF JUSTICE SETTLEMENT AGREEMENT**

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

**10) ADJOURNMENT**

The meeting was adjourned at 3:25 p.m.



\_\_\_\_\_

Jim Soles  
Interim Executive Secretary to the Health Commission