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MINUTES

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL MEETING

Monday, November 28, 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, Mivic Hirose, Valerie Inouye, Lorraine Kilpack, Ph.D., Paul Isakson, M.D., John Kanaley, Chona Peralta, Serge Teplitsky, Adrienne Tong and David Woods, Pharm. D.

Guest: Rick Sowotski, RTZ Associates

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 24, 2005

Public Comment

- Patrick Monette-Shaw – The minutes do not reflect some discussion from the last meeting. Committee members should have asked for more detail about discharges, transfers and patients who died since 1999.

Action Taken: The Committee approved the minutes of the October 24, 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

LHH Residents' Art Work On Display At The De Young Museum

Mr. Kanaley attended the Grand Opening Celebration of the de Young Museum, where 20 LHH residents presented their work as part of the Art with Elders display. Many of the residents whose artwork was on display were in attendance and recognized for their work. It was a wonderful occasion. The artwork is on tour and is currently displayed at Macro Media Building, at 600 Townsend Street in San Francisco. Mr. Kanaley's report cover includes images of select paintings by talented LHH residents who are part of the Art with Elders program.

LHH Volunteers Holiday Show

Mr. Kanaley invited the commissioners to the 47th Annual LHH Volunteers Holiday Show on Friday, December 9th from 2:00 – 3:30 PM in our Gerald Simon Memorial Auditorium. Emcees Fred Lacrosse and Terry Loury welcome back Joe Lerer as Santa and will be introducing a cross-section of Bay Area performers who will entertain the residents of the hospital. The show celebrates the hundreds of volunteers who serve throughout the year at Laguna Honda and bring joy and affection to the hospital's residents. Staff would be honored to have the commissioners in attendance.

HMA REPORT

As the Commission knows from the Health Commission meeting of November 15, 2005, the Department of Public Health has responded to the Health Management Associates (HMA) Report. Staff is happy to discuss any of the responses with you at this time. The response was attached to the report. A copy of the response is available in the Health Commission Office.

Of interest to note, there is no reference to the recommendation to combine the medical staff of SFGH and LHH. When Mr. Kanaley brought it up to the HMA consultants at the Integrated Steering Committee meeting, he was informed that this was not a recommendation, but an item for discussion in the future. He thought this should be clarified.

The Integrated Steering Committee has continued to meet. Attached are the mission and vision statements of the committee (Attachment A). To date, the Integrated Steering Committee has begun developing a Placement Committee, a Capital/Space/Program Committee, and a Medical Staff Advisory Committee. Mr. Kanaley will continue to keep the committee informed.

LHH FOUNDATION

Mr. Kanaley had lunch with Louise Renne to discuss the suspense of the LHH Foundation. Ms. Renne believes there is still too much unrest to support any fundraising at this time. They discussed

ways to proactively improve the image of LHH in the media and community and have agreed to work together on this prospect. He will keep the committee informed.

STRATEGIC PLAN

As work continues on the current Fiscal Year Goals, LHH has begun identifying FY 2007 Goals. The leadership teams of LHH recently had two retreats on October 18th and November 15th to review the current FY Goals and develop the Goals for next year. The leadership teams included Executive Committee, Medical Executive Committee and representatives of Nursing Executive Committee. There will be a total of three retreats over the October-December time frame with the outcome to be a Strategic Plan for FY 2007 and a budget proposal to support that plan.

CENSUS REPORT

Average for October 2005	
Beds Occupied	1019.77
Beds Held	7.26
Beds Reserved	3.39
Beds unavailable	3.13
Clinically Blocked	1
C2 Observation	1
Locked beds	0
Isolation Beds	1.75
Admits	2.03
<u>Total</u>	1027.76
Beds Available	11.04
Total Paid SNF	996.91
Total Acute Capacity (16)	
M7 Acute Census	3.26
L4 Acute Census	1.87
<u>Total Paid Beds</u>	1032.07

WAITING LIST

Attached is a table indicating the number of patients waiting to be admitted to LHH, the proposed number of admissions and the sources of admission as of November 18, 2005 (Attachment B). It also provides data on new admits and re-admits from the prior week.

STAFFING REPORT

The Hospital Staff Vacancy rate as of November 7, 2005 was 7.94%, which is up from the 7.54% in October 2005.

REGULATORY REPORT

There were no complaint investigation surveys performed at LHH by the Department of Health Services in October. LHH continues to negotiate with CMS regarding the amount of the penalties for the surveys in 2005. LHH continues to address CalOSHA concerns from the 2004 inspection through the development of the Workplace Violence Prevention Program. The program implementation deadline is January 1, 2006. A hospital wide policy and procedure on prevention of the workplace violence at LHH is being developed as a final step in this year long process.

PATIENT FLOW

As requested by the commissioners, in reference to the Quarterly Board of Supervisors Report, Mr. Kanaley looked into drilling down on the “Other Asian” and Russian populations. Unfortunately, these statistics are not available.

TCM

Attached, please find the October 2005 Targeted Case Management Report (Attachment C). Mr. Kanaley provided additional information to the written report. There were 21 patients discharged from Laguna Honda in October. Nine were from Rehabilitation, three from Respite, three through TCM, four through LHH’s Department of Social Work and one self-discharge. A committee is working to improve data collection and sharing between TCM and other LHH discharge planning work, for example LHH social work.

Mr. Kanaley noted that Dr. Lorraine Kilpack has joined the Joint Conference Committee.

Commissioners’ Comments

- Commissioner Chow said the TCM report is a good snapshot for October but what is missing is a summary of total work to date, for example accumulated discharges. The JCC asked for year-to-date report. Mr. Sowotski said he would get this information for the committee.
- Commissioner Tarver said the number of patients diverted from LHH through TCM is a critical piece of information that should be included in the monthly updates.
- Commissioner Illig is concerned about three policy issues related to TCM. First, how well DPH responds to the Davis settlement. Part 2 of the lawsuit is still a possibility. Second, productivity within DPH. There are 12 FTEs doing two discharges per months. Third, how well DPH integrates across divisions. TCM is the bridge and is an example of how well or how inadequately the department is integrated. Ms. Peralta said TCM is working closely with Public Advocates, Inc. (PAI) and the City Attorney’s Office. With regard to productivity, October was a very busy month. Each caseworker has four to five clients. Many LHH residents need a lot of assistance getting ready for discharge and the number of discharges is low, but a lot of work is being done. Staff is in constant contact with advocacy groups, the Mayor’s Office of Housing and LHH social work.
- Commissioner Tarver said the JCC wants to know what beds are available throughout the department. So given that the RFP for this effort is going to take awhile, and the committee wants data, this will have to be done manually. Commissioner Tarver commended the positive trend in LHH patients desiring to return to the community. The waiting list is more modest than he had expected. The fact that there is not a long waiting list needs to be publicized to the community. Regarding TCM, when clients are not accepted to the referrals, are there follow-up discussions and back up plans? Ms. Peralta said there are follow-up discussions, beginning with the reasons why the person was denied.
- Commissioner Illig said the TCM report should be broader than LHH TCM activities. It should encompass the entirety of TCM’s work. Commissioner Illig said the HMA report states that there are enough services in the community. The report has specific recommendations that Dr. Katz has not responded to. Commissioner Illig wants a specific response to the specific recommendations, with pros and cons. He encouraged the Integrated Steering Committee to continue to respond to the recommendations.

- Commissioner Chow asked Ms. Tong for her thoughts on TCM. Ms. Tong said TCM has a very close relationship with PAI. TCM is meeting the letter of the law in terms of the settlement. There have been barriers to the database and discharge planning.
- Commissioner Illig asked for follow up on two specific questions about the LHH Foundation. First, what happened to the money that was raised, and when will LHH get it. Second, there needs to be a link between the foundation and the department, and how is this accomplished.
- Commissioner Chow echoed these concerns. People donated money to LHH. This needs to be accounted for and their donations acknowledged and sequestered.
- Commissioner Tarver said the HMA response must be expanded. DPH has TCM plus other efforts. Long-term care residents are served by a broader spectrum of programs, be it LHH social work, SFGH social work or others.
- Commissioner Chow said the response HMA report is a good first response. He is pleased with the development of subcommittees, which is where much of the work will get done. Commissioner Chow is interested in how all of this is going to be pulled together between TCM and the long-term care coordinator.

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

Mr. Kanaley said there was no report this month. There is still no announced project manager. The project is continuing with Don Condon as the interim director.

Public Comments

- Patrick Monette-Shaw said the minutes are being dumbed down. Regarding the rebuild, beds are being cut without any grasp of demographic data. The Commission specifically asked for a white paper last March. Eight months later there is still no white paper. The Health Commission needs to look at discharge data for the past 10 years to see the full picture about who has used the facility. There needs to be an MOU with the LHH Foundation.

Commissioners' Comments

- Commissioner Tarver asked if TCM notes are integrated with other note taking. Ms. Peralta replied that LHH has access to TCM notes, but there is separate charting. Ms. Tong added that staff is working on this issue. Medical Records has agreed to add the TCM information to the charts, and staff is now working to operationalize this.

5) **OPERATIONS REPORT**

Gayling Gee, R.N., Associate Administrator of Clinical and Support Services, and Cheryl Austin, Assistant Administrator, presented the Operations Report. The focus of this month's Operations Division report is on current and future Information Systems. As part of the LHH Strategic Plans for FY 05/06 and 06/07, Operations will continue to develop and implement system applications that enhance and support the operations of the hospital, the safety and security of residents and staff, and the quality of data to support clinical care. As staff prepares for the transition to the new facility, the goals are to maintain integration with both legacy and new systems in order achieve

and support Convergent Technology. This is no small task, as LHH always “thinks outside the box” in developing applications that meet special needs. This challenge continues as staff plans for a facility that will truly be “state of the art”.

Some of the current systems have been developed to meet specific needs and requirements. In some instances, these systems have resulted in LHH’s applications becoming the vendor’s systems standards. LHH will continue to “push the envelope” in order to develop cutting edge technology that continues to define Laguna Honda Hospital as a “Center of Excellence”.

DEPARTMENT: FACILITIES

Vendor: Siemens

Application: Hospital Security Cameras

Installation: 2005 - Implementation in progress

Usage: 24 hour monitoring of internal/external hospital activities from a designated central location. The Siemens system replaces the existing security system, providing clearer images and enhanced ability to remotely control and rotate cameras to focus on suspicious activity. The new system also links to exterior duress buttons, to be installed along the perimeter of the staff parking lot to summon assistance, if needed.

Vendor: Alarm Lock

Application: Trilogy Card Key System

Installation: 2003 Upgrade: 2005

Usage: A proximity reader system for entry access (via chip imbedded in staff ID badge). Trilogy is programmed to monitor entry and selectively allows/denies access based on job class/security clearance criteria. The 2005/06 Security Plan will integrate and expand installation of both Siemens and Trilogy systems.

Vendor: Siemens

Application: Hiplink

Installation: 2005 - Implementation in progress

Usage: An automated fire alarm messaging notification system that will send alerts to designated emergency staff pagers, cell phones, radios and PC’s. Hiplink will streamline and facilitate timely notification of all staff and improve response time to fire alarms.

Vendor: Four Rivers

Application: Facilities Work Order System

Installation: 2003 Upgrade: 2005 - Enterprise System

Usage: Processes, tracks and monitors all facility work orders. The system will streamline and facilitate notification of staff and improve response times and completion of work orders.

Vendor: Yamas

Application: Boiler Control Monitoring System

Installation: 2005

Usage: Monitors boiler operations for current buildings and new buildings as they come up.

Vendor: Siemens
Application: Fire Alarm System

Installation: 2003
Usage: Monitors all of the fire alarms in within the facility.

Application: Building Maintenance System

Installation: 1993 Upgrade: 2002
Usage: Controls all of the facility pumps and electrical systems.

DEPARTMENT: PARKING & TRANSPORTATION

Vendor: Ventek
Application: Parking Fee Collection

Installation: 2005 - Implementation in progress
Usage: Automated collection of all parking fees and distribution of hangtags. Ventek provides for per-diem parking for visitors and volunteers and for monthly payment of staff parking by cash, debit, credit or smart cards via wireless technology. Fees will be automatically deposited in a LHH account and free the cashiers and parking collection staff (LHH Operators) from this labor intensive process. Ventek will provide detailed reports and reconciliation of all monies collected. It will be integrated with HealthStream and Trilogy systems, allowing staff to use their ID badge for parking payment, computerized training access and card key access.

DEPARTMENT: TELECOMMUNICATION SERVICES

Vendor: US Mobility
Application: Metrocall Hospital Paging System – Enterprise System

Installation: 2000 Upgrade: 2005 - Implementation in Progress
Usage: Telephone and text paging system for all hospital personnel. System is critical in supporting both routine and emergency staff paging. The upgrade will be integrated with the Siemens Fire Alarm and Hiplink automated messaging and notification system.

Vendor: Avaya
Application: Avaya Fax Message Manager

Installation: 2005 - Implementation in Progress
Usage: Allows staff to receive and send hard copy and voice faxes from both desktop and remote locations. Supports the Board of Supervisor initiative to implement integrated faxing technology.

DEPARTMENT: HEALTH INFORMATION SERVICES

Vendor: Clinical Data Systems
Application: Physician Order Processing

Installation: 1990 Upgrade: 2002
Usage: Captures new hand-written physician orders and recapitulates renewal of monthly orders. Generates monthly computerized printed physician orders, medication and treatment administration records. Allows staff to review and process approximately 34,000 resident/patient orders per

month. HIS staff has performed this unique process since 1970. In the future, all medication orders will be processed by the new pharmacy system.

Vendor: PDM Systems

Application: Winscribe - Physician Digital Dictation

Installation: 1989 Upgrade: 2005 - Implementation in progress

Usage: Allows physician to dictate all resident/patient reports via hospital telephone or designated remote locations. New system will utilize voice recognition technology and integrate the digital dictation into the resident's LCR records.

Vendor: Quadramed

Application: Concurrent Qualitative & Quantitative Clinical Record Analysis

Installation: 2004 - Beta Testing Upgrade: 2005 - Implementation in progress

Usage: This application was developed by LHH HIS in 1996, submitted for R&D from 1998-2000, beta tested in 2003, re-designed for use on a PDA and is currently being implemented. The application was presented as a new Quadramed product in Washington in May, 2005. This is truly an example of our ability to "think outside the box", based on the unique and comprehensive monitoring requirements that are performed monthly on all 1035 LHH residents' clinical records. It will eventually be expanded to an Enterprise application for both LHH and SFGH.

Application: Clinical Record Coding & Abstracting

Installation: 2005 - Implementation in progress

Usage: This application will be used to code, monitor and track all resident/patient inpatient and outpatient clinical diagnosis and documentation. This is an Enterprise application for both LHH and SFGH. While this application is an upgrade for SFGH, LHH is in the process of again expanding the system capabilities to meet the specific clinical documentation needs of our resident/patient requirement. This gives us the ability to collect, monitor, and track data and to report accurate, valid and reliable data and statistics that support our clinical interventions and care.

DEPARTMENT: NUTRITION SERVICES

Vendor: CBORD Group, Inc, Ithaca, New York.

Applications: Food Service Management (FSM) - Diet Office - Nutritional Support Service

Installation: May 1987 - Food Service Management; August 1980 - Diet Office

Upgrade: 2005 - Implementation in progress.

Usage: FSM - Food items are ordered from inventory per stick needs and from demand generated by the needs of the department. Orders are generated based on the actual needs of each resident and "rolled up" into an overall order for daily tray line and cafeteria service. Once the order is determined, CBORD creates a purchase order, which is then transmitted electronically to our prime vendor for foodstuffs and faxed to other departments. The prime vendor electronically confirms the pending delivery. Products are delivered "just in time" and at desired quantities to support the use and cooking needs of the kitchen. Inventory, spoilage and waste are held to a minimum. FSM estimates savings of over \$4,000,000 over the past 17 years.

Usage: Diet Office - CBORD holds the basic information necessary for best service the resident. Diet Office manages the clinical diet, allergies and food preferences so that a daily menu of three

meals can be created for each resident. Once the dietitian has interviewed residents, information is placed into the computer, and all considerations noted above are used to create an acceptable menu for the resident. Dietitians maintain clinical notes in CBORD on residents receiving enteral feeding and other nutritional supplements.

Future Usage: Materials Management – Materials Management is exploring the use of CBORD as a management system for distribution of products to and within LHH. Implementation – 2006.

Transitions

Ms. Gee and Ms. Austin announced the appointment of John Butts, RN, as the DET Nurse Educator. John has extensive psychiatric nursing experience as a staff nurse, charge nurse and Nurse Manager with SFGH and LHH for the past 17 years. He has also served at the Mental Health Rehabilitation Facility (MHRF) as the Director of Quality Management/Risk Management/Utilization Review and later as Director of Utilization Review/Medical Records. John joined LHH in 2003 as the LHH IS Clinical Liaison RN. As DET moves forward with Hospital-wide education and Healthstream implementation, John will complement this direction with his IS background and experience.

They also announced the appointment of Russell Nakai as LHH Materials Manager. Russell comes from Stanford University Medical Center, where he was the Operations Manager for both Stanford and Lucille Packard Hospitals. Russell brings 16 years of experience in Materials Management to LHH. His expertise in running large supply chain operations will be of enormous benefit to LHH as it continues to upgrade its systems and make the transition to the new facility.

Healthstream

The Department of Education and Training (DET) has completed its third month of HealthStream implementation with the following November accomplishments:

- Authorship of the Emergency Preparedness content;
- Initiation of Emergency Preparedness training;
- Addition of 32 students (Adult Day Health Center and Administrative staff) for a total of 255 students;
- Authorship of a third, mandatory, hospital-wide class on Cardiopulmonary and Choking Emergency Response for December initiation;
- Initiate groundwork to add Facilities staff as students for December training.

Compliance Rates for Infection Control Class: (as of 11/22/05)

- Start date: 10/7/05
- Students: 223
- Completed: 59.64% (IS is 100%)

Compliance Rates for Emergency Preparedness Class: (as of 11/22/05)

- Start date: 11/2/05
- Students: 255
- Completed: 40.78%

Thanks to Susan Spencer, Jill LeCount and Corrina Chen for their perseverance in developing the program.

Golden Guardian Drill Participation

The California Golden Guardian regional emergency response drill was conducted on Tuesday, November 15, 2005. As this was also the date of the planned, off-site LHH expanded Executive Staff Planning Retreat, the responsibility for the LHH Command Center was assigned to Diana Kenyon, Buildings and Grounds Supervisor. Diana conducted the LHH drill expertly at 10:06 am, when the DPH OPS initiated radio checks. She assumed the role of Incident Commander and initiated the LHH Commander Center. Viktor Kirienko, Acting Facilities Director, Chris Lai, Food Service Manager, Maxwell Chikere, Environmental Services Director, and Sgt. Timothy Overall, Sheriff Department, each assumed HEICS roles and assisted Diana in the response.

Influenza Vaccination Program

The LHH Influenza Vaccination campaign began on October 11, 2005. Under the leadership of Amy Narciso, LHH Infection Control Nurse, Angela Platzer, Operations Nurse Manager, and Eunice Lo, PharmD, a very successful campaign was administered. Thank yous are also in order for the LHH Nurse Managers and Nursing staff that administered the vaccinations to the residents.

- No. Residents vaccinated.....948 (of 1047)
- % Residents vaccinated.....90.5%
- No. Staff vaccinated.....755 (of 1500)
- % Staff vaccinated.....50.3%

- No. Volunteers vaccinated.....24
- No. Students vaccinated.....17
- Total Vaccinations.....1,744

Dr. Isakson added that LHH had its first case of Influenza A on Thanksgiving day. The entire ward got prophylaxis. The ward responded well.

Medical Waste Management Inspection

LHH was inspected by the SFDPH Environmental Health Section on November 3, 2005. This inspection was conducted to insure that the LHH Medical Waste Management Plan was in compliance with State Health and Safety Codes. Both Medical Waste disposal sites and Underground Storage Tanks were inspected, and no violations were found. LHH Environmental Services and Facilities Departments participated in the inspection preparation.

Impact Of Delays In The Requisition Process

LHH Plebotomy Services: Despite vigorous efforts on the part of Dr. Paul Isakson, Angela Platzer, Nurse Manager, John Kanaley and Gayling Gee, we were unfortunately unable to bring on board our funded, FY 2005/06 new Medical Exam Assistant (MEA) positions prior to the ending of the UCSF Affiliation Clinical Laboratory Service Agreement. Through the Affiliation Agreement, the UCSF Clinical Laboratory Medicine provided seven day a week coverage for phlebotomy services. The two new positions, while approved by the Controllers Office, were held by the Mayor's Office. Only after repeated requests were the requisitions released. Because processing of City employees takes 5 to 10 working days, we anticipate both new employees will not begin service until December 5. Additionally, the As Needed MEA requisition, which will be essential to provide the full seven-day coverage, is also pending approval. As a result, LHH will be experiencing gaps in phlebotomy service. Angela Platzer has issued a modified schedule of coverage and is working with Dr. Isakson and the medical staff to address specific issues. Fortunately, the two new phlebotomists are experienced and the start-up time should be minimal. Delays in the requisition

approval process have also impacted our ability to hire sufficient porters, food service workers, and the Safety Analyst.

Combined Charities

Steve Koneff Klatt, Assistant Administrator, led the LHH Combined Charities effort, as he does every year. The 2005 Goal was \$70,000. LHH employees donated \$36,066; 52% of the goal. In all, there were 236 donors with an average of \$153 per donor. The 2004 contribution level was \$26,814. The largest single donor was Cheryl Austin. Thanks to Cheryl for her generous contribution, and thanks to all 236 donors toward the 2005 Combined Charities. Thanks also to Steve for his dedication each year to this worthy effort!

LHH Employee Recognition Banquet

The LHH Employee Recognition Banquet will be held on Friday, December 2, 2005 at the Irish Cultural Center.

Ms. Austin provided information about some of the community groups that use Gerald Simon Auditorium. SF Soundware has used the auditorium for many years. New Leaf as an Outreach for Elders program, and the IT Bookman Community Center booked the auditorium for its dinner and fashion show.

Public Comment

- Nancy Wuefel, member of the Park, Recreation, Open Space Advisory Committee (PROSAC). She would like to learn more about the trails that are proposed for the campus, and asked whom she should be in contact with. She is specifically looking for information about timeline, budget, source of funding, long-term maintenance requirements and what are the expectations about the Recreation & Parks Department participation. Mr. Kanaley said he and Ms. Gee will be her contacts, and can get her more information. There is not really a budget for this effort. Ms. Escontrias has been working with both the PUC and Rec. and Park about a possible bike trail.

Commissioners' Comments

- Commissioner Illig commended staff for contributing to the combined charities campaign.
- Commissioner Chow said vendor initiatives and facility initiatives are very interesting. It is excellent that these will be ready for the new facility. He asked if employees get paid for doing HealthStream courses on the computer. Ms. Gee said they allow staff the time to do the course, and it is managers' responsibility to carve out time for staff. Online courses give flexibility to both managers and staff. It was a huge transition to move from the traditional classroom setting. Commissioner Chow asked what the goal is for staff vaccination. 50% seems low. Ms. Gee said they would like to have 100% of staff vaccinated. She has not asked staff if they received the vaccine through their private provider, and she will explore this issue more.

6) CLINICAL CARE REPORT

Paul Isakson, M.D., Medical Director; Mivic Hirose, Director of Nursing and David Woods, Pharm. D., Pharmacy Director, presented the Clinical Care Report.

DPH Nurse Leader Retirement

Please join us in congratulating Mary McCutcheon, RN, MS, LHH Nursing Supervisor, on her retirement from DPH after 27 years of public service. Mary is well known throughout DPH as a nurse leader who has dedicated her work with the vulnerable population. Mary worked at SFGH's Emergency Department as a staff nurse, as a Nurse Manager for the Family Health Center Clinic and as the Director of Client Services for Health at Home. Mary was actively involved with the initiation of DPH's Nursing Leadership Council, which she chaired from 2000-2002. In 2002, LHH was fortunate to recruit Mary as the PM shift Nursing Supervisor. In this role, Mary has successfully developed a preceptorship and mentorship program for nurse managers who were interested in the role of as needed nursing supervisors on the PM and AM shifts. Mary has also contributed greatly to the improvement of the hospital's abuse investigation and reporting process. And most of all, she is a catalyst for change and has made great strides in making improvements on the PM shift to benefit residents and staff. Mary is well respected and will be missed by DPH staff, peers and colleagues. Please join us in thanking Mary for her 27 years of dedication and service to the Department.

Specialty Care Unit To Open At LHH

Consistent with LHH's vision to be a center of excellence in providing a continuum of care that integrates residents in the least restrictive setting, thereby supporting their highest level of independence, LHH is developing a new specialty care unit to better meet the needs of residents who are substantially challenged by cerebral palsy, epilepsy, autism, or mental retardation. The unit, E3, is currently being refurbished and is targeted to open in mid-December.

With a goal of increasing collaboration between LHH and Golden Gate Regional Center (GGRC), GGRC's Assistant Chief and two caseworkers toured the unit with LHH staff on November 8th. They were very supportive of the plans.

Kathy Maxwell, RN, former Nurse Manager of the acute and SNF Rehabilitation units, has been chosen to manage the specialty unit and to use her rehabilitation skills and experience to ensure a focus on promoting residents' highest levels of independence. The unit has a large day room that will be used for activities and social dining. Plans are currently underway to convert a former smoking room into a "life skills" training area, complete with a washer and dryer for residents to practice such skills as personal laundry.

In consultation with GGRC, the color scheme in the sleeping areas was chosen to provide a sense of calmness, with more stimulating colors chosen for the day room and solarium. Interdisciplinary teams are working closely with the selected residents and their families to prepare them for the move, as well as getting input on services and programs that the residents would like to have.

AHRQ-QIO Collaborative "On-Time Prevention of Pressure Ulcers"

LHH has been selected to participate in a collaborative project with the Agency for Healthcare Research and Quality (AHRQ) and Lumetra, the quality improvement organization for CMS. The project is titled "On-Time Prevention of Pressure Ulcers" and will focus on redesigning the daily workflow of clinical staff teams to optimally utilize standardized data elements and integrate best practices for pressure ulcer prevention into the staff's daily work. Our participation will contribute to findings that will impact resident safety and quality outcomes for the long term care population. Espie Sorongon, RN, MS, NP will be LHH's project manager for this collaborative.

World AIDS Day

On December 1, 2005, LHH will celebrate World AIDS Day. The Unit O4 interdisciplinary team is coordinating the celebration on their unit. Representatives from the community have been invited as well as LHH staff. The event will be held between 1 pm to 4 pm on Unit O4. As part of the celebration, Unit O4 will be renamed as the Positive Care Unit at LHH.

Medicare D Preparation

Starting January 1, 2006, Medicare prescription drug coverage will be available to everyone with Medicare. Approximately 700 residents now receive benefits from both Medicare and Medi-Cal (a.k.a. Medi-Medi's). On January 1, 2006 their drug coverage will change from Medi-Cal to a Medicare Prescription Drug Plan (PDP). If they do not enroll in a particular PDP, then Medicare will automatically enroll them into one of ten plans available to Medi-Medi's in California. Laguna Honda Hospital has compared the formularies for these ten plans and has identified three plans that best match the pharmaceutical needs of LHH residents. Between now and January, LHH staff will educate residents and practitioners about their options so that this transition can be accomplished as smoothly as possible.

Commissioners' Comments

- Commissioner Illig asked if LHH residents would have a co-pay under the Medicare D program. Dr. Woods said this provision impacts 7-10 patients who are strictly Medicare. Medi-Medis in a long-term care facility do not have co-pays. Commissioner Illig asked if GGRC is responsible for MMDDs, and can DPH get them to pay for the new unit. Ms. Tong said that LHH receives Medicare and Medi-Cal for these patients with the provision not to get other money. GGRC has said that if LHH has a setting that meeting their needs, they would pay for it.

7) PUBLIC COMMENT

Patrick Monette-Shaw hopes that Commissioner Illig thinks the MOU with the LHH Foundation is a good idea. The decision about 1,200 beds cannot be based on a house of cards. The TCM report is based on flawed data. There is no white paper from Dr. Katz. Has anyone analyzed the acuity of community long-term care facilities and the acuity of LHH patients? He heard that plans have already been made for reducing 420 beds.

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 10:50 a.m. Present in closed session were Commissioner Chow, Commissioner Illig, Commissioner Tarver, Cheryl Austin, Assistant Administrator of Clinical and Support Services, Gayling Gee, Associate Administrator of Clinical and Support Services, Mivic Hirose, Director

of Nursing, Valerie Inouye, CHN Chief Financial Officer, John Kanaley, LHH Executive Administrator, Chona Peralta, TCM Manager, Serge Teplitsky, Director of Quality Management, Adrienne Tong, Deputy City Attorney, David Woods, Pharm. D., Director of Pharmacy and Michele Seaton, Health Commission Executive Secretary.

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

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

- D) Reconvene in Open Session

The Committee reconvened in open session at 11:40 a.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

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

9) **ADJOURNMENT**

The meeting was adjourned at 11:40 a.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: (3)

***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.**