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**MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND
REHABILITATION CENTER
October 11, 2022, 4:00 p.m.
Remote Meeting via Webex Event**

1. CALL TO ORDER

Present: Commissioner Tessie Guillermo, Chair
Commissioner Edward A. Chow, M.D., Member
Commissioner Laurie Green, M.D., Member

Staff: Baljeet Sangha, Chuck Lamb, Claire Horton MD, Julie Cline, Karrie Johnson, Lily Conover, Lisa Hoo MD, Lucia Angel, Nawzaneen Talai, Prasanthi Patel, Terry Dentoni, Arnulfo Medina, Glenn Levy, Zoe Harris, Charles lamb, Jennifer carton wade, Lily Conover, Terry Dentoni

The meeting was called to order at 4:02pm.

2. APPROVAL OF MINUTES FOR MEETING OF SEPTEMBER 13, 2022

Action Taken: The Committee unanimously approved the September 13, 2022 minutes with the amendment noted above.

3. GENERAL PUBLIC COMMENT:

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

A records request response has revealed replacing LHH's Kitchen floor will cost \$4,449,720 but no information has been provided about the project timeline or when the project will be started. What's taking so long to respond to a records request about the freezers in LHH's Kitchen having been broken down for months and LHH may have had to rent freezer truck(s) parked in LHH's parking lot? Have the freezers been replaced yet? If so, at what cost? During LHH's kitchen floor replacement project a vendor will presumably be required to provide food and meal delivery to LHH's residents that meets State standards, including menus that address appropriate diets, texture modifications, variety, and cultural and resident preferences. Has an RFQ or RFP been issued seeking qualified vendors to provide food and meal delivery to LHH's residents? Has a vendor been selected? What's taking so long to respond to this records request?

4. EXECUTIVE TEAM REPORT

Baljeet Sangha, Laguna Honda Hospital CMS Recertification Co-Incident Commander, presented the item.

Public Comment:

Donna DEufemia submitted the following written comment:

I want to personally add my positive comment to the positive changes happening at LHH. Pretty soon it will be a model in the industry for good care, the kind you can rest easy about your loved one being there. So this plan for coming into compliance is clearing working! The problem that remains, obviously, is the looming date of Nov 13, 2022, when "patient discharges are set to resume and Medical will cut the funding." Does anyone understand the terror that this causes all involved? It is cruel, to say the least. What possible good reason could there be to continue this??? I align with the lawsuits by the Renne Group, the Gray Panthers, my loved one and just plain human decency, to permanently uncouple and stop any further transfers of patients from LHH. Please do everything in your power to stop this travesty. It must stop.

Dr. Derek Kerr submitted the following written public comment:

Laguna Honda's Facility Assessments should help align hospital resources with patient care needs. The 2022 Facility Assessment fails to do this. It doesn't explain why patients are admitted and treated. The patient "Care Requirements" listed on slide #4 show the top 10 "Primary Diagnoses". A Primary Diagnosis refers to the main reason a patient is admitted. Instead of highlighting dementia, stroke, heart failure, cancer, traumatic injury, or AIDS, we are told the "primary diagnoses" include; constipation, insomnia, hypertension, hyperlipidemia, vitamin D deficiency, and diabetes without complications. These are not primary diagnoses and none require hospitalization. Indeed, such ailments belong in outpatient clinics. This March, State surveyors found that 12% of LHH patients had Substance Use Disorders and faulted LHH Facility Assessments for omitting that fact. That omission persists despite the State's warning. Unless revised, this Facility Assessment won't reflect the severe disabilities managed by LHH staff.

Patrick Monette-Shaw provided verbal comment and submitted the following written summary:

On June 14 Pickens presented LHH's *Tentative Recertification Timeline* on slide #7 to the Board of Supervisors. LHH flunked its own first mock survey in July. The second mock survey was supposed to happen three months ago in early August. It's shocking now seeing at this late date LHH has decided to postpone its second mock survey! Today's slide #11 shows only 8 LHH neighborhoods — just 60% — are in infection control re-certification survey compliance as of 9/30/22! CMS was scheduled to conduct LHH's first facility survey at the end of August. LHH-JCC hasn't discussed whether LHH has submitted CMS' re-enrollment forms initially planned for submission in mid-August, and hasn't discussed when CMS' first LHH re-inspection survey will occur. How far behind schedule is having the first CMS re-inspection conducted and re-certification completed? LHH hasn't indicated whether CMS has extended funding to care for LHH's remaining 591 residents beyond November 13.

Dr. Teresa Palmer stated that she is grateful for the trainings LHH are getting. She is concerned to know the estimation of timing for the next mock survey and recertification survey. She asked if there is new information regarding CMS backing off of the closure plan and cutting the 120 beds, which would be a disaster due to the lack of SNF beds in the area.

Melanie Grossman, social worker, asked for a status update on the flow project and whether LHH will be able to evaluate patients themselves for admissions in the future.

Michael Lyon, Gray Panthers, is glad to hear that the recertification effort is underway. He urged the DPH to push the city to buy board and care facilities and other resources to enable folks who can age at home to do so in order for LHH to support only those who are truly in need. He added that the city must supply mental health and

substance services and beds so that LHH is not used for these purposes.

Commissioner Comments:

Commissioner Chow is happy to see the number of separations decrease this month on the Vacancy report. He asked if the new herbal supplement policy would impact the storage and consumption of herbal tea, which is used in many Asian cultures. He asked if the Phase 3 regulations are contained in the current CEP trainings. He also asked if staff are still required to be tested for COVID-19. Mr. Sangha stated that LHH is proud that vacancies have decreased and noted that 38 staff were hired in the last month. The current CEP trainings include information on the revised phase 3 regulations; he noted that CDPH is always currently training surveyors on Phase 3 regulations too. Dr. Hoo stated that LHH requires a USP approval for herbal supplements to ensure a certain level of quality. She added that many families bring herbal teas to be consumed on a visit and take it away when they leave. She added that herbal soups and teas are not restricted in the new LHH policy. Dr. Horton stated that the LHH pharmacists have been consulted in regard to this policy development. She added that only a handful of LHH residents have requested use of herbal supplements. LHH has ceased visitor COVID-19 screening. There is a step-down plan regarding staff and resident screening; weekly testing is conducted of both groups. Then the plan is to move to only testing those with symptoms or for contact tracing of known cases, per CDC and CDPH guidelines. Commissioner Green asked when surveyors will require that Phases 3 regulations will be implemented. Ms. Talai stated that surveyors may ask about Phase 3 regulations in their next round of surveys.

Commissioner Guillermo stated her appreciation for the thoughtful answers provided to these complex questions. She asked how culture change is being tracked, especially for staff who may appreciate when their suggestions are implemented. Ms. Sangha stated that daily huddles are an opportunity to acknowledge staff contributions and indicate when staff suggestions have been implemented. However, there is currently no central tracking.

Commissioner Guillermo stated that if a suggestion triggers a whole-system change, it may be good to acknowledge and celebrate this throughout the organization.

Commissioner Guillermo requested a Commissioner briefing on the Phase 3 regulations so the LHH JCC members have a better understanding of the work ahead.

5. REGULATORY AFFAIRS REPORT

Nawzaneen Talai, Chief Quality Officer, presented the item.

Commissioner Comments:

Commissioner Guillermo suggested that a roadmap of all the elements that impact LHH would be helpful to the LHH JCC members to best understand how everything interfaces. Ms. Talai stated that she will develop such a roadmap. She noted that the phase 3 regulations are simply a revision of previous regulations. The CEPs are taken from the state operation manual and made into concrete tools.

6. PRESENTATION: FY 21-22 FACILITY ASSESSMENT

Nawzaneen Talai, Chief Quality Officer, presented the item.

Commissioner Comments:

Commissioner Chow noted that the report is extensive and shows the incredible work conducted throughout at areas of LHH each day. He suggested that the full report be shared with the public in the future to ensure LHH gets credit for all its wonderful work. Commissioner Guillermo supported Commissioner Chow's suggestion.

Commissioner Green noted that the list of most prevalent diagnoses does not reflect the complexities of LHH patients. Ms. Talai stated that they are rethinking reporting culture and looking at EPIC to determine how best to move forward.

Commissioner Guillermo stated that at the 10/4 Health Commission meeting, during the DPH Office of Health Equity update, the Commission heard that LHH has been a guiding star for the San Francisco Health Network in regard to its equity work.

7. CLOSED SESSION

- A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).
- B) Vote on whether to hold a Closed Session. (Action Item)
- C) Closed Session Pursuant to Evidence Code Sections 1156, 1156.1, 1157, 1157.5, 1157.6, and 1157.7; Health and Safety Code Section 1461; San Francisco Administrative Code Sections 67.5, 67.8, 67.8-1, and 67.10; and California Constitution, Article I, Section 1.

CONSIDERATION OF MEDICAL STAFF CREDENTIALING MATTERS

CONSIDERATION OF MEDICAL QUALITY IMPROVEMENT

CONSIDERATION OF PERFORMANCE IMPROVEMENT AND PATIENT SAFETY REPORTS AND PEER REVIEWS

QUALITY IMPROVEMENT MEDICARE RECERTIFICATION UPDATE AND QUALITY IMPROVEMENT CLOSURE PLAN UPDATE

RECONVENE IN OPEN SESSION

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non-Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action item)
2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

8. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

DISCUSSION AND VOTE IN OPEN SESSION TO ELECT WHETHER TO DISCLOSE ANY PORTION OF THE CLOSED SESSION DISCUSSION THAT IS NOT CONFIDENTIAL UNDER FEDERAL OR STATE LAW, THE CHARTER, OR NON-WAIVABLE PRIVILEGE (SAN FRANCISCO ADMINISTRATIVE CODE SECTION 67.12(A)); AND POSSIBLE DISCLOSURE.

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

9. ADJOURNMENT

The meeting was adjourned at 6:54pm.