

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

Susan Belinda Christian, J.D.
Commissioner

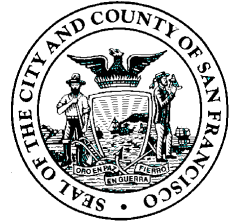
Cecilia Chung
Commissioner

Suzanne Giraud ED.D
Commissioner

Karim Salgado
Commissioner

**HEALTH COMMISSION
CITY AND COUNTY OF SAN
FRANCISCO**

**London N. Breed Mayor
Department of Public Health**



Grant Colfax, MD
Director of Health

Mark Morewitz, M.S.W.
Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday July 2, 2024 4:00 p.m.

101 Grove Street, Room 300

San Francisco, CA 94102 & via Webex

1) CALL TO ORDER

Present: Commissioner Laurie Green, MD, President
Commissioner Susan Belinda Christian, J.D.
Commissioner Cecilia Chung
Commissioner Suzanne Giraud, Ph.D

Excused: Commissioner Edward A. Chow M.D.
Commissioner Tessie Guillermo

The meeting was called to order at 4:03pm.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 18, 2024

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

These 6/18/2024 minutes include my previous testimony LHH's "CCBI" program led by HSAG was a key component of LHH's nine-step "Sustainability Plan" for ongoing compliance with CMS regulations presented at the 4/10/2024 CMS Quality Conference, but the CCBI program was suddenly removed from the eight-step "Sustainability Plan" Pickens presented on 6/18/2024. I didn't mention 6/18/2024 Step #5 in the "Sustainability Plan" Troy Williams presented 4/10/2024 promised "quarterly evaluations by a CMS-designated regulatory expert," also removed by Pickens on 6/18/2024. That's because a new \$3.24 million one-year contract with HMA doesn't mention HMA will perform quarterly reviews, or whether HMA is a CMS-designated quality or regulatory expert. Although HSAG is one of 58 organization CMS designated in its "Network of Quality Improvement and Innovation Contractors" as a quality improvement expert, HMA isn't a CMS designated quality improvement organization. This Commission should be alarmed HMA isn't a CMS-designated quality improvement expert contractor.

Action Taken: The Health Commission unanimously approved the meeting minutes.

3) GENERAL PUBLIC COMMENT

There was no general public comment.

4) DIRECTOR'S REPORT

Grant Colfax MD, DPH, Director of Health, presented the item.

LAGUNA HONDA HOSPITAL IS RECERTIFIED IN THE FEDERAL MEDICARE PROGRAM

Laguna Honda Hospital was approved for Medicare recertification, the final step in securing the future of the facility and keeping residents in their home.

Laguna Honda can continue to accept and support residents regardless of their financial status as the facility will be reimbursed by both Medicare and Medicaid. More than 95% of Laguna Honda residents rely on Medicaid funding for their care. The remaining rely on Medicare funding. Together, the funding sources for resident care at Laguna Honda have been fully restored.

Laguna Honda represents a significant and extensive commitment by San Francisco of publicly funded skilled nursing care for those with limited means. Representing more than 30% of all skilled nursing beds in San Francisco, Laguna Honda provides safety net healthcare services to hundreds of the City's most vulnerable individuals with complex medical and care needs.

Coupled with the successful Medicaid recertification completed in August of 2023, Laguna Honda is now fully recertified in both Medicare and Medicaid, a successful completion to the more than two-year recertification with the Centers for Medicare and Medicaid Services (CMS).

In April 2022, CMS terminated Laguna Honda's participation in Medicare and Medicaid Provider Program. As a result of the termination, Laguna Honda was at risk of closing its doors after 150 years of serving San Francisco's most in need. Laguna Honda responded with a heroic effort that put the health and wellbeing of residents at the center. Laguna Honda staff have made the facility-wide improvements necessary to improve resident care and safety as well as the significant changes to meet the rigorous regulatory requirements and timelines set by CMS.

Laguna Honda staff worked tirelessly to make rapid improvements to operations, culture, and personnel. Laguna Honda completed a facility-wide recertification plan with nearly 1,000 action items. The plan represented an immense amount of work with no stone left unturned. This included extensive trainings on skilled nursing best practices, improved clinical processes such as medicine administration, wound care, and infection prevention and control, improved fire life safety and emergency response programs, the launch of a dedicated resident grievance team, a greatly expanded resident council and much more. Additionally, Laguna Honda hired a new leadership team with decades of combined experience in leading top-performing skilled nursing facilities.

The full recertification of Laguna Honda provides relief to current residents and their families as well as future generations of San Franciscans who can now be assured about the future of Laguna Honda and accessible skilled nursing care in San Francisco.

PUBLIC HEALTH INFRASTRUCTURE PROJECTS INCLUDED IN PROPOSED CITY GENERAL OBLIGATION BOND

Mayor Breed and members of the Board of Supervisors introduced a \$390 million General Obligation Bond that would deliver key health infrastructure, expand family shelter, support street safety and road repaving, and improve public spaces to revitalize San Francisco. Called the Healthy, Safe and Vibrant San Francisco Bond,

the \$390 million bond includes \$205.1 million in critical funding to ensure safe, resilient, and accessible public health infrastructure. Projects include:

- \$66 million in critical repairs at Zuckerberg San Francisco General (ZSFG) and Laguna Honda Hospital;
- \$40 million to seismically retrofit Building 3 at ZSFG;
- \$71.1 million to renovate Chinatown Public Health Center; and
- \$28 million to relocate City Clinic.

A key priority of the department is to operate our hospitals and health centers in safe, modern facilities.

The 2024 Healthy, Safe and Vibrant San Francisco Bond will allow us to continue to offer vital health care services to San Franciscans by fixing aging infrastructure that prevents hospitals and health centers from expanding, improving, and modernizing health services.

Specifically, the bond will fund critical repairs and renovations at our two safety net hospitals – ZSFG and Laguna Honda.

These critical improvements are needed to ensure the hospitals remain operational, effective, and meet strict state and federal regulatory operating requirements to continue to deliver the highest quality care. At ZSFG, the bond includes projects that will ensure the hospital can retain its designation as a Level 1 Trauma Center and move staff out of seismically unsafe buildings.

The bond will also significantly expand ZSFG’s Psychiatric Emergency Services, doubling the number of patients that can be served on a daily basis.

At Laguna Honda, proposed projects are directly tied to federal regulatory operating requirements and include enhancements that will have a direct and meaningful impact to the quality of care we provide to our most in need San Francisco residents who need long term skilled nursing care.

The proposed bond includes a full renovation and seismic upgrade to the Chinatown Public Health Center, our most seismically vulnerable health center. The bond also includes a much needed relocation of City Clinic, a leader and public health model in sexual health services.

Making timely investments in critical repairs and renovations like these protect and preserve DPH assets.

The proposed Bond was approved by the City’s Capital Planning Committee in April, introduced to the Board of Supervisors in May and will be heard at a full Board of Supervisors meeting in July. If approved by the Board, it will go on the ballot this November where it will require two-thirds approval by voters.

DPH PUBLIC HEALTH LAB RECEIVES “HEALTHIEST LABORATORY” AWARD

Congratulations to the DPH Public Health Laboratory who won the award for healthiest laboratory in a local jurisdiction, given by the Association of Public Health Laboratories. This award is given to laboratories that are committed to safety, environmental process, environmental policy and employee health and wellness. Our Public Health Laboratory is an essential component in our mission to protect and promote the health of all San Franciscans, and we are all proud that they have been recognized nationally.

JOINT COMMISSION BIENNIAL LAB ACCREDITATION SURVEY COMPLETE

ZSFG Hospital recently completed a four-day Joint Commission Lab Survey. Low-risk findings were identified, many of which staff corrected in real-time while the surveyors were on-site. These preliminary reports are subject to change as the Joint Commission generates a final report.

The ZSFG Regulatory Team expresses their gratitude to all staff who sprang into action to ensure a smooth survey review that showcased the dedication and compassionate care provided at the hospital. Special thanks to Drs. Barbara Haller, Zane Amenhotep, and Shannon Kastner; lab managers and supervisors Vanessa Arellano and Binh Bui; Roger Mohammed and team from UCSF at ZSFG; Envinia Quinones and Connie Tong from ZSFG Human Resources; Julie Wong and Priyanka Karki from the Department of Education & Training; and Christina Bloom, RN, Nursing Director of the Critical Care Unit.

REPORTS OF RARE, DIFFICULT TO TREAT DERMATOPHYTE INFECTIONS

On June 19, the California Department of Public Health released a [Health Advisory](#) about reports of rare, difficult to treat dermatophyte infections associated with sexual contact in the United States and Europe. The advisory includes important information about the clinical presentation, diagnosis, and management of these infections.

Dermatophytes, including *Trichophyton* species, can cause fungal infections of the skin, also known as “tinea” or “ringworm.” Ringworm is common and typically responds to topical anti-fungal treatment. Worldwide, there have been increasing reports of tinea infections that are resistant to topical or oral anti-fungal medications. Currently, there are two tinea species of particular concern, due to cases identified in the United States:

1. ***Trichophyton mentagrophytes* genotype VII (TMVII)** is a rare dermatophyte that has been reported in France, primarily among men who have sex with men, that can cause highly inflammatory, painful, and persistent lesions, often affecting the anogenital or perioral areas. It may not respond to commonly used topical anti-fungal medications but can be treated using oral anti-fungal medications, including terbinafine. TMVII is reported to be spreading locally in Europe and other global regions. The first known case of TMVII in the United States was reported in June 2024 and occurred in an HIV-negative man in New York City who had sex with men and had recent travel to Europe and California. There have been no confirmed cases of TMVII in San Francisco.
2. ***Trichophyton indotineae*** is an emerging, terbinafine-resistant dermatophyte that has been causing outbreaks of extensive and difficult to treat tinea in southern Asia for several years. Multiple cases of *Trichophyton indotineae* have been identified in New York City. A case of sexually transmitted *Trichophyton indotineae* was reported in April 2024 in Pennsylvania in a woman who developed symptoms in winter of 2022 after travel to South Asia where she had vaginal intercourse with a male partner with an anogenital rash.

Actions Requested of SF Providers:

- Empirically treat patients with tinea that is non-responsive to topical therapies with oral terbinafine.
- Obtain a fungal culture in patients with tinea infections that do not respond to topical anti-fungal or oral anti-fungal medications. If *Trichophyton* species is identified by culture, consider contacting one of the following laboratories for genomic sequencing to distinguish between species:
 - [Wadsworth Mycology Laboratory of the New York State Department of Health](#) (Albany, NY, USA)
 - [Fungus Testing Laboratory of the University of Texas Health](#) (San Antonio, TX, USA)
 - [Center for Medical Mycology of the University Hospitals Cleveland Medical Center](#) (Cleveland, OH, USA)
- Report cases of resistant tinea to SFDPH, particularly if sexual transmission is suspected and the rash affects the anogenital or perioral region by faxing a [CMR](#) (write “resistant tinea” as disease being reported).

Program Contact Information
SFDPH Communicable Disease Section
Tel: 415-554-2860
Fax: 415-554-2848
Email: cdcontrol@sfdph.org

CELEBRATING OUR ZSFG RISK MANAGEMENT TEAM

ZSFG joined the nation in recognizing and celebrating Healthcare Risk Management Week, June 17-21. The Healthcare Risk Management Team at ZSFG plays an essential role in keeping staff and patients safe. The core team includes nurses Emma Uwodukunda (Director), Tess Soltys, Christian Alarcon, Denise Nucum, Amber Johnson, and Mary Lee; Medical Director Jeff Critchfield; Associate Medical Director Mary Gray; and our UCSF at ZSFG risk management colleagues, Marcie Gigena and Carmen Es-hagh. The team works with every department across the campus to identify safety concerns and to better understand and prevent adverse outcomes for the hospital's patients.

The ZSFG Risk Management team also recently celebrated 10,000 SAFE reports through the ZSFG Safety Reporting System since the online tool went live in January 2023. Each entry in SAFE represents a proactive step towards identifying and mitigating potential hazards, ensuring the well-being of patients and employees, and maintaining the highest standards of quality and excellence. It reflects the diligence and dedication of each staff member in prioritizing safety as a core value. This accomplishment is a testament to ZSFG's collective commitment to fostering a culture of safety and continuous improvement within the workplace for staff and patients.

ZSFG RECEIVES LGBTQI+ HEALTHCARE EQUALITY LEADER DESIGNATION

For the second year in a row, the Human Rights Campaign Foundation recognized ZSFG as an LGBTQI+ Healthcare Equality Leader in its annual Healthcare Equality Index. The Human Rights Campaign Foundation is the educational arm of the Human Rights Campaign, America's largest civil rights organization working to achieve equality for LGBTQI+ people.

COVID-19 UPDATE

As of 06/13:

- San Francisco's 7-day rolling average of COVID test positivity is 5.4%.
- Thirty-two percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

As I testified during this Commission's 06/18/2024 meeting, the \$66 million portion allocated for SFGH and LHH in the "Healthy, Safe and Vibrant San Francisco Bond" measure proposed for this November's ballot Dr. Colfax mentions in his Director's report today will fund only 32.5% of the total \$203 million needed for total repairs of both facilities. Pre-publication marketing materials using hyper-vague semantic backflips claim Bond funds for LHH, quote "could allow" funding projects like LHH's rooftop HVAC units, "could fund" replacement of LHH's power transformer, and "could allow" funding of LHH's "emergency waste-holding system." These "could'a, might-ah, maybe-ah" vague claims don't cut it, because there's no actual list of which projects will ACTUALLY be funded. Perhaps NONE of those projects will actually receive any of the bond funds. Unless and until there's a list of which projects will ACTUALLY receive bond funding, I'll be voting against the November bond measure.

Commissioner Comments:

Commissioner Green thanked Director Colfax for the report.

5) SKILLED NURSING AND SUBACUTE CARE TRANSFER REPORTING & PROJECT UPDATE

Claire Altman, MPH, Senior Health Program Planner, and Kelly Hiramoto, Interim Pre-Award Unit Supervisor, presented the item.

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

My chart analyzing three-years of out-of-county discharges is alarming, shown here today. My chart shows somewhere between 2,718 and 9,153 San Franciscans were discharged to out-of-county facilities across 2021, 2022, and 2023 for basic SNF-level of care, excluding subacute care — more likely about 6,000 San Franciscans, were CPMC not alleging its EPIC EHR database can't distinguish between in-county and out-of-county discharges. Other hospitals using EPIC stratify their discharges by county. This long overdue data on out-of-county discharges should be used, in part, to guide policy on use of LHH as an in-county SNF. My sense is when Supervisor Gordon Mar steered Ordinance #77-22 through in 2022, the legislative-intent motive was meaningful analysis of this data and accurate data submission is critical, and desperately-needed, to guide healthcare Master Planning assessment to encourage construction of additional brick-and-mortar skilled nursing facilities in-county to prevent this massive disenfranchisement of San Franciscans to out-of-county facilities.

Commissioner Comments:

Commissioner Giraudo thanked the presenters for the summary and report. She is a seasoned EPIC user at her workplace and is involved on a committee with the EPIC organization to give input. She noted that Ms. Altman stated that because there is no EPIC code for subacute services, it is difficult for hospitals to collect and report this data. She suggested that the DPH request that EPIC add a code for subacute services. Ms. Altman thanked Commissioner Giraudo for the suggestion and stated that she will pass it along to Eric Raffin, DPH CIO. Commissioner Green supported Commissioner Giraudo's suggestion.

Commissioner Green thanked Ms. Altman the all the participating hospitals for the data. She asked for the total number of skilled level nursing beds in San Francisco; this information would help give context to the data in the report. Ms. Altman stated that she would pull that data and send it to Mr. Morewitz to forward to the Commissioners.

6) PREPARING TO RESUME ADMISSIONS TO LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER (LHH)

Sandra Simon, LHNA, MBA, Nursing Home Administrator and Chief Executive Officer, and Albert Lam, MD, LHH Chief Medical Officer and Medical Director, presented the item.

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

Slide #4 in today's "Preparing to Resume LHH Admissions" presentation states LHH plans to have a MAXIMUM of 1 to 5 admissions per week. Because LHH's patient census has plummeted by 293 residents (from 710 on 10/14/2021 to 417 on 6/22/2024), it would take 59 weeks — fully 1.1 years — to return to a census of 710 at 5 per week. But that doesn't include how long each of the planned "pauses" might take between admitting weeks to assess sustainability of admissions, so it might take longer than a single year. This isn't acceptable to San Franciscans needing admission to LHH to avoid out-of-county disenfranchisement! Left unstated is whether the meager 1–5 patient admissions per week applies to each of LHH's 13 "neighborhood units," or the entire hospital. LHH surely can admit more than one patient weekly to each of 13 units, for a total of 13 admissions per week.

Commissioner Comments:

Commissioner Green asked if LHH has considered the individuals who were San Francisco residents in need of a skilled nursing facility while LHH was not accepting new admissions due to the recertification process and are now living in facilities outside of San Francisco. Mr. Pickens stated that the LHH team will look into the feasibility and resources needed to identify this group.

7) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORTS

Commissioner Laurie Green, MD, stated that at the June 25, 2024 ZSFG JCC meeting, the committee reviewed a ZSFG True North Scorecard Update, which includes key quality metrics the hospital is currently tracking. The committee also reviewed standard reports including the CEO Report, Regulatory Affairs Report, Human Resources Report, and Medical Staff Report. The Committee recommended that the full Commission approve the Department of Otolaryngology Rules and Regulation, which are included on the Consent Calendar. In closed session, the Committee approved the Credentials Report and the PIPS Minutes report.

8) FINANCE AND PLANNING COMMITTEE UPDATE

Commissioner Celia Chung, chair, stated that the committee reviewed and recommended that the full Health Commission approve all contract-related items on the Consent Calendar.

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

It's troubling this one-year term \$3.24 million contract to help SFHN establish and maintain critical processes related to LHH's recertification is being awarded to the "SECOND-HIGHEST ranked proposer," HMA. Why isn't it being awarded to the highest-ranked proposer? Why is it for SFHN, not LHH? The "Support Contract" request form states HMA is designated "BACKUP CONTRACTOR." Does that suggest another contract is forthcoming for a "PRIMARY PRINCIPAL CONTRACTOR"? The purpose statement includes "developing interviewing processes for key leadership positions, and developing a transition plan for LHH post-re-certification." That work was already completed. Missing from the "Purpose" is quarterly CMS regulatory expert evaluations promised to this Commission, which HSAG and Troy Williams presented 4/10/2024 in their 9-step "Sustainability Plan" CMS Quality Conference. HSAG is one of 58 organization CMS designated a "Network of Quality Improvement and Innovation Contractors" as a quality improvement expert. HMA isn't a CMS designated quality improvement organization.

9) CONSENT CALENDAR

Action Taken: The Health Commission unanimously approved the following items:

- **July 2024 Contracts Report**
- **Request for approval of a new Professional Services Agreement with The Gubbio Project to provide a day-time safe sleeping and drop-in site. The total proposed agreement amount is \$5,264,000 which includes a 12% contingency for the term of July 15, 2024 through June 30, 2026 (two years).**
- **Request for approval of a new agreement with Netsmart Technologies Inc. (Netsmart) to provide maintenance, support and hosting implementation for the Department's Avatar Electronic Health Records System. The total proposed contract amount is \$5,902,426, which includes a 12% contingency for the term of July 1, 2024, through June 30, 2027 (3 years).**
- **Request for approval of a new Professional Services Agreement with Health Management Associates, Inc. for consulting and analytical services on two projects. The total proposed contract amount is \$272,126 which includes a 12% contingency for the term of May 27, 2024 through June 30, 2025 (1 year).**

- Request for approval of a New Professional Services Agreement with Health Management Associates, Inc. for as-needed support services to the San Francisco Health Network in establishing and maintaining critical processes related to the recertification of Laguna Honda Hospital. The total proposed contract amount is \$3,237,000 which includes no contingency for the term of July 1, 2024 through June 31, 2025 (1 year).
- ZSFG Policies and Procedures:
Request for approval of the following ZSFG-related items, which were recommended for approval by the ZSFG JCC at its June 25, 2024 meeting:
 - Department of Otolaryngology Rules and Regulations

10) OTHER BUSINESS:

Public Comment:

Patrick Monette-Shaw made comments and submitted the following summary:

For “Other Business,” previously this Commission was promised two other reports would be presented. One is on the “LHH Staffing Plan” that was promised to follow the “LHH Sustainability Plan” presented 6/18/2024. Today’s presentation of the “LHH’s Resuming Admissions Plan” doesn’t address the overarching plan for LHH’s “Staffing Plan.” The second overdue report promised months and months ago about a so-called “Workgroup” studying whether or not to split use of LHH’s two patient towers into two uses: One Tower to house traditional elderly and disabled patients needing SNF-level of care, and the other Tower to house patients who need “behavioral health” or “mental health” services. Why hasn’t that second report and potential recommendations on LHH’s two “uses” been presented yet to this Commission? Why was it slowed-walked and not presented before today’s “Admissions Plan” was presented? San Franciscans have waited long enough for the promised “Workgroup” report to be released.

Commissioner Comments:

Commissioner Christian stated that she recently had a conversation with a community member regarding the recent recommendation by the Surgeon General regarding the negative impact of social media on children and adolescents. She noted that for many queer youth, social media is an outlet to community, and others like them. She requested a presentation or more information from the DPH on the impact of social media on children and adolescents, and any relevant planned interventions or public messages.

Commissioner Christian stated that she looks forward to the DPH AI and DEI policy discussion. Mr. Morewitz stated that he is aware Eric Raffin, DPH CIO, and his team have been developing and refining a policy which will come before the Commission at his next DPH IT update.

Commissioner Giraudo, Health Commission representative to the SFGH Foundation, stated that Director Colfax and Jenny Louie, DPH COO, made an informative presentation to the board on the upcoming bond, which will include funding for several DPH projects. She noted that the SFGH board pledged \$100,000 to the effort.

11) CLOSED SESSION

This item was deferred; the Health Commission did not go into 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 California Government Code Section 54957(b) and San Francisco

Administrative Code Section 67.10(b):

**PUBLIC EMPLOYEE PERFORMANCE EVALUATION:
DIRECTOR OF HEALTH, GRANT COLFAX, MD**

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).

12) ADJOURNMENT

The meeting was adjourned at 5:26pm.