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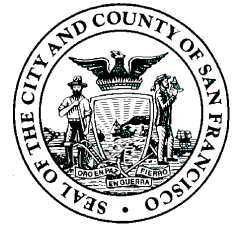
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**MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
July 9, 2024, 4:00 p.m.
101 Grove Street, Room 300
San Francisco, CA 94102 & via Webex**

1. CALL TO ORDER

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

Excused: Commissioner Edward A. Chow, M.D., Member

Staff: Roland Pickens, Sandra Simon, Jennifer Carton-Wade, Lily Conover, Lisa Hoo MD, Daniela Kim MD, Nawzaneen Zahir, Carmen Trinh, Naveena Bobba MD, Grant Colfax, MD, Priyar Nayar, Diltar Sidhu, Albert Lam, MD

Commissioner ~~Chow~~ Guillermo called the meeting to order at 4:02pm.

2. APPROVAL OF MINUTES FOR MEETING OF JUNE 11, 2024

Public Comment:

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

The 6/11/2024 minutes report Roland Pickens stated Dr. Lam and Sandra Simon were working on a "Staffing Plan Strategy" presentation for resuming admissions to LHH, for presentation at an upcoming LHH-JCC meeting. Why hasn't that "Staffing Plan" been presented to this JCC yet? When will it be presented? What's the delay? These minutes accurately include my 150-word written comment in the LHH-JCC's 5/14/2024 minutes in which I testified Commissioner Green asked for information regarding lessons learned from the CCBI and whether HSAG left a written report on the CCBM initiative. In response to Green, Baljeet Sangha said he "hoped" HSAG would provide a summary of the initiative. I asked where is HSAG's summary document? And I assumed Health Commission Secretary Mark Morewitz would have worked to obtain HSAG's final report for Green. I later learned the initial RFP which chose HSAG in 2023 required HSAG to submit a "final report."

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Action Taken: The LHH JCC unanimously approved the June 11, 2024 meeting minutes.

3. GENERAL PUBLIC COMMENT:

Jim Mcfee stated that he would like to see proof that the LHH recertification process was valid.

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

It has long occurred to me to ask why there's an SFGH-JCC, and an LHH-JCC, but there's no JCC for the San Francisco Health Network (SFHN). After all, the SFHN was stood up and created, I think back in 2013, to pull SFDPH's 13 or so community health centers for primary care and mental health clinics under an "umbrella" network dubbed the SFHN. We never hear in any JCC setting oversight of the primary care and mental health clinics operating under the SFHN umbrella. This suggests this Health Commission may also not be providing sufficient oversight in this Commission's role as the "governing body" over those primary care and mental health clinics. Why is there no similar public oversight of how the SFHN is managing those primary care health centers? It's high time this Commission created an SFHN-JCC, which appears to be long overdue.

4. EXECUTIVE TEAM REPORT

Sandra Simon, Chief Executive Officer and Nursing Home Administrator, presented the item.

Public Comment:

Susan Englander, Harvey Milk LGBTQ Democrat Club and former nurse, stated that she believes in care planning and careful planning, neither of which seems abundant at LHH. There are empty LHH beds waiting to be filled. Regarding the past incidents at LHH, integrity needs to be a priority. She felt the report given at the meeting was pollyannaish and should be more realistic. She urged admissions to continue as soon as possible.

Dr. Teresa Palmer made comments and submitted the following summary:

Isn't over two years enough of no admissions, expensive consultants, and efforts to hire and train staff? Less than 410 residents remain from the original 769 beds. Upon initiation of admissions, the admission rate will be so slow that it will take years to fill the empty beds. Nursing home admitting, with individualized care planning are routine nursing home functions. The current regulations have, for the most part, been in place since 2016. The delay in filling beds indicates SFDPH leaders are not able. So many San Franciscans are in need of nursing home care both in, and because of the LHH shutdown, including those displaced out of county. And WHY is there no submission of the promised waiver request to resume use of the 120 beds? This was due after June 20. Why is there silence on resuming use of those 120 beds?

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

Slide #2 in today's "Executive Team Report" announces LHH is planning a staff celebration this summer to celebrate LHH's recertification. It takes a lot of hubris even think about, or plan holding, a "celebration" for staff — ... but pointedly not for LHH's residents before admissions resume and LHH gradually returns to full 769-bed patient capacity. It's shocking no mention was made about inviting LHH's patients to the celebration. Will they be invited? This reminds me of disgraced former LHH CEO Mivic Hirose having hosted a summer holiday party in 2009 only for staff, a celebration paid for from the "LHH Patient Gift Fund." Slide #5 says SFHN patients will be the third priority for admissions once they gradually resume. It was just announced SFGH's SNF patients will also receive priority admissions to LHH while SFGH's SNF is undergoing seismic retrofit. Have SFGH SNF patients already been admitted to LHH already?

Commissioner Comments:

Commissioner Green thanked Ms. Simon for the report and appreciates seeing the new LHH leaders. She asked if there is an estimate regarding the time it will take to reassess former LHH residents for readmission. Dr. Yu stated that these folks and/or their decision makers will fill out applications. As soon as applications are received, the review process will begin. LHH has been in touch with some of the former residents. Only those that meet skilled-nursing care criteria will be considered for readmission.

Commissioner Green requested a graph to track those LHH residents who are no longer meet skilled nursing level criteria.

Commissioner Guillermo acknowledged that this is the first LHH JCC since recertification was achieved. There has been unprecedented learning and growth of LHH, DPH, and San Francisco Health Network staff. She noted that there will be ongoing challenges and learning. It is gratifying that LHH staff members have risen to the challenge.

5. HIRING AND VACANCY REPORT

Priya Nayar, DPH Human Resources, presented the item.

Commissioner Comments:

Commissioner Green congratulated staff on the low vacancy rate. Commissioner Guillermo added that she hopes LHH can keep the vacancy rate low. Director Colfax noted that the DPH nursing vacancy rate went from 12% to 0%.

Commissioner Guillermo requested a separate document listing the positions in numerical order so it is easier to read.

6. REGULATORY AFFAIRS REPORT

Geraldine Mariano, Director of Regulatory Affairs, presented the item.

Public Comment:

Susan Englander, Harvey Milk LBGTQ Democrat Club and former nurse, is concerned about the reliable regulatory oversight and neglected use of beds at LHH. She is concerned that CDPH has not investigated all past complaints, so issues may linger. She noted that inappropriate admissions of drug addicted people led to some of the major failures at LHH. She urged the restart of admissions.

Dr. Teresa Palmer provided comments and submitted the following summary:

There are ongoing delays in investigations of complaints/incidents at LHH by CDPH(the state) and a continuing substantive backlog of complaints going back years. Shouldn't City leaders be meeting with State and Federal leaders about this ongoing problem and reporting to us, the public, who pays for and needs these beds? Delayed or absent investigations and citations has gone on long enough! A continuing lack of regulatory oversight will absolutely predispose to a repeat of horrendous neglect and mis-use of Laguna Honda. Reliable regulatory oversight (prompt inspections of problems and citations) is an incentive to run a tight ship at LHH for the historically incorrigible SF Health Network/ upper SFDPH management. Without this, even a well meaning Nursing Home Administrator and Director of Nursing will be under huge political and economic pressure to mis-use LHH beds-or not use them at all as is happening now.

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

Today's "Regulatory Affairs Report" is troubling, for a number of reasons. First, it's shocking to see another Facility Reported Incident (FRI) of a probable "Privacy Breach," most likely involving a breach of patient "Protected Health Information" (PHI) under HIPAA. Over the past 26 months these "Regulatory Affairs

Reports” have listed six “Privacy Breach” FRI’s. CDPH fined LHH \$250,000 for one “Privacy Breach,” in 2022, and fined LHH an additional \$220,000 for three “Privacy Breach” violations in December 2023. If this new “Privacy Breach,” receives a deficiency it may lead to another \$250,000 penalty. Second, today’s report indicates there were a total of 11 resident-to-resident cases of abuse during June 2024. Compared to previous “Regulatory Affairs Reports” presented to this LHH-JCC dating back to April 2022 before LHH was decertified, these 11 cases are the highest reported during the past 26 months. Why have they suddenly shot up to pre-decertification levels?

Commissioner Comments:

Commissioner Green asked if each LHH resident COVID-19 case considered an outbreak. Ms. Zahir stated that every disease requires a report; the threshold used to be 1 resident and now it is 2 residents or 1 resident and 2 staff cases. She added that during and outbreak, LHH must send a daily count of cases to CDPH.

Commissioner Green noted that CDPH has not cleared out all past facility ~~rated~~ reported incidents. Ms. Zahir stated that LHH spoke to CDPH before the JCC meeting; CDPH asked LHH to send its list so the lists can be reconciled. Ms. Zahir hopes by August the lists can be reconciled.

7. LAGUNA HONDA HOSPITAL POLICIES

Carmen Trinh, Director of Performance Improvement, presented the item.

Commissioner Comments:

Commissioner Green noted that she did not see a specific timeline for investigations for abuse and recommended that this be added. Ms. Zahir stated that 5 working days is specified in regulations; staff education teaches about this regulation. Mr. Pickens noted that San Francisco Health Network leadership has requested that when LHH makes changes to its policies, that related standard work be reviewed and revised accordingly, and cross-referencing may be helpful.

Action Taken: The LHH JCC recommended that the full Health Commission approve the following, with the understanding that LHH JCC members’ questions and comments will be addressed prior to the full Health Commission approval.

June 2024

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	22-01	Abuse and Neglect Prevention, Identification, Investigation Protection, Reporting and Response
2	Facility-wide	24-16 Appendix 5	Code Blue Appendix 5 Code Blue Record
3	Facility-wide	24-16 Appendix 6	Code Blue Appendix 6 Code Blue Drill Record
4	Facility-wide	24-16 Appendix 7	Code Blue Appendix 7 Code Blue Drill Record
5	Facility-wide	25-11	Medication Errors and Incompatibility
6	Facility-wide	75-01	Security Management Plan 2022-2023
7	Facility-wide	75-15	Security Records Retention and Disclosure Policy
8	EVS	90-01	Environmental Services
9	EVS	II	Environmental Services
10	EVS	III	Environmental Services Organizational Chart
11	EVS	V	EVS Staff General Information
12	EVS	VI	Performance Guidelines

13	EVS	VII	Work Rules
14	EVS	XIII	Patient, Residence Care Areas
15	EVS	XVIII	Microfiber Damp Mopping Cleaning
16	EVS	XX	Privacy Curtain Replacement
17	EVS	XXII	EVS Temporary Services
18	EVS	XXIII	Environmental Services – Management of Electronic Equipment
19	MSPP	001-03 and PMA Admissions Project Flowchart	Laguna Honda Acute Medical Unit Admission Guidelines
20	Nursing	A 9.0	Sick Leave Intermittent FMLA Tardy Call – In
21	Nursing	B 6.0	Items at Bedside
22	Nursing	B 7.0	Nursing Care of Resident with Seizure
23	Nursing	D 4.0	Care of a Prosthetic Eye (Artificial Eye)
24	Nursing	D9 3.0	Bed Stripping and Terminal Cleaning
25	Nursing	D9 8.0	Charging of Electric Wheelchair
26	Nursing	E 5.0	Enteral Nutrition Support
27	Nursing	F 5.0	Nursing Management of Urinary Catheters
28	Nursing	F 6.0	Ostomy Management
29	Nursing	G 1.0	Vital Signs
30	Nursing	H 1.0	Collection of Urine Specimen
31	Nursing	H 6.0	After Hours STAT Blood Draw
32	Nursing	J 6.0	IV Maintenance
33	Nursing	D5 2.0	Limb Care following Amputation
34	Nursing	D5 6.0	Elastic & Anti-Embolism Stockings
35	Nursing	D9 6.0	Water Pitchers
36	Nursing	F 4.0	Application of Condom Catheter
37	Nursing	M 2.0	Guideline for Prevention, Assessment and Management of Residents at Risk for Dehydration
38	Nursing	M 3.0	Medi-Therm II Hyper/Hypothermia Machine
39	Nursing	M 4.0	Protocol for Personal Laundry and Use of Washer and Dryer Machine
40	Nursing	M 6.0	Transport Gurney Protocol
41	Nursing	M 7.0	Electric Medical/Surgical Bed Protocol
42	Nursing	M 8.0	Electronic Wheelchair Scale Protocol
43	Nursing	M 16.0	Protocol for Resident Escort Off Hospital Grounds
44	OC	TBD	Outpatient Clinic Vacation Request & Approval
45	OC	TBD	Outpatient Clinic Sick Call
46	OC	A2	Outpatient Clinic Appointment System
47	OC	A3	Outpatient Clinic Flow and Activities
48	OC	A5	Nurse and Resident Call System
49	OC	A6	Clinic Staff Licensure & Certification
50	OC	B1	Simple Surgical Procedures in Outpatient Clinic
51	OC	B2	Protocol for Flame Use for Denture Molding in Patients Who are on Chronic Oxygen in Dental Suites

8. 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 QUALITY IMPROVEMENT

CONSIDERATION OF MEDICAL STAFF CREDENTIALING MATTERS

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).

9. 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 LHH JCC voted unanimously to not disclose discussions held in closed session.

10. ADJOURNMENT

The meeting was adjourned at 5:43pm.