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**MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER
October 10, 2023, 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, Lucia Angel, Chuck Lamb, Jennifer Carton-Wade, Lily Conover, Lisa Hoo MD, Nawzaneen Talai, Neda Ratanawongsa MD, Sherri Soto, Terry Dentoni, Naveena Bobba MD

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

2. APPROVAL OF MINUTES FOR MEETING OF SEPTEMBER 12, 2023

Public Comment:

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

These 9/12/23 minutes report Mr. Pickens indicated resumption of admissions to LHH are being delayed because of a SHORTAGE in Activity Therapists and Food Service handlers. That's concerning, because LHH's patient census is 226 patients fewer than in December 2021 before LHH was decertified. The Vacancy Reports by FTE show LHH has 2.5 FEWER food service worker vacancies across various job classification codes in October 2023 than it had in vacancies in December 2021; there were 8 food service worker vacancies in December 2021 and now only has 5.5 food service worker vacancies, 2.5 fewer vacancies. And LHH now only has 6 more vacancies in Activity Therapists across job classifications 2586, 2587, and 2588 than it had in December 2021 (11 vacancies in 2021 and 17 vacancies now). With 226 fewer residents, short staffing is a bogus reason to delay resuming admissions. What's the status of hiring LHH's Medical Director?

Action Taken: The LHH JCC unanimously approved the September 12, 2023 LHH JCC minutes.

3. GENERAL PUBLIC COMMENT:

There was no general public comment.

4. EXECUTIVE TEAM REPORT

Roland Pickens, Director and CEO, SF Health Network & Executive Sponsor LHH Recertification Incident Command, presented the item.

Public Comment:

Dr. Teresa Palmer stated that there were 45 patients that no longer met SNF level of care. What is the update on these patients? Are there enough services in the community to discharge people that should not be at LHH?

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

While it's good hearing Tracey Brown and Michael Collins were hired as "Directors of Nursing" for top positions in the North and South Towers, there's no information on whether their Nursing experience is actually in SNF's. The City Controller's payroll database for the FY ending 6/30/23 didn't list either person as having been employed by SFDPH. Why weren't these positions filled as promotions from within LHH or SFDPH? How many years of SNF experience do they each have? How familiar are they with CMS' F-Tag system applicable to SNF's? On slide 5 Infection Control, a "recognition" from your consultant HSAG is essentially meaningless given the millions they've been paid since May 2022 as consultants hired to fix LHH's myriad problems with infection control. Indeed, comparing the monthly "Quality Affairs Reports" for 2022 to 2023 shows that LHH had three more "Disease Outbreak" FRI's in 2023 than it had in 2022.

Carol Bettencourt, Legal Assistance for the Elderly, submitted the following written public comment:

At the September 12, 2023, meeting, Roland Pickens said Laguna Honda is not ready to resume admissions, including due to inadequate staffing. This remains a huge issue, both in terms of its impact on pending recertification and on current residents and people who should be getting admitted. An increasing number of patients have been notified they're eligible for discharge as no longer needing skilled nursing. I'm afraid that this is happening to too many people at risk of transfer trauma and who do continue to need skilled nursing care. This may be a misguided attempt to reduce inappropriately the population to address the staffing shortage. As with deaths after prior transfers, residents pay a high price for this mismanagement. I also remain concerned about the proposed resumption of admission of patients from SF General who have behavioral health or substance use issues and the lack of adequate services for them.

Norman Degelman, submitted the following written public comment:

1. Needed: a system of oversight so repeated profound mismanagement does not result in losing LHH. We would like to hear a plan. 2. Inform us please when CMS &/or CDPH surveyors show up. Per SFPDH, this is related to when admissions will resume, and when a waiver for the 120 bed loss should be submitted. 3. San Francisco residents who have to leave the county for NH care should have priority in SF. Why can't they get priority at LHH? 4. Will LHH again admit hard to place "behavioral" patients to improve "flow" at SFGH? "Behavioral" services outside of LHH are badly needed. Using LHH inappropriately in appropriately jeopardizes Laguna Honda and its current residents, AND the lives of San Franciscans who need wrap around care in other settings. 5. Has CDPH clarified how their failure to keep up with response to LHH complaints will be rectified?

Commissioner Comments:

Commissioner Green is delighted that the two nurse leaders have started work at LHH. She asked for more information on when LHH would be able to wean off the support of consultants after Medicare recertification is achieved. Mr. Pickens stated that LHH hopes to present a sustainability plan to the JCC once Medicare recertification is achieved.

Commissioner Green asked if Mr. Pickens has a sense of whether regulators will view LHH with heightened scrutiny. Mr. Pickens stated that LHH will likely be under extra regulatory scrutiny. He acknowledged the stress of ongoing situation on LHH residents, their families, and staff. He noted that regulators will likely want to ensure quality of services and that regulatory compliance will continue after Medicare recertification is achieved.

Commissioner Green asked for an update on the individuals at LHH who no longer need skilled nursing level of care. Mr. Pickens stated that DPH Behavioral Health Services (BHS) has deployed their placement team at LHH to assist with these placements. A total of 12 individuals from this group have been discharged. He noted that challenges remain in finding appropriate placements. LHH has also partnered with the Department of Aging and Adult Services and the Department of Homelessness and Supportive Housings. He added that there are a few more individuals who are close to being discharged.

Commissioner Guillermo congratulated Mr. Pickens on the two new nursing directors starting at LHH. She asked for more information on their experience. Mr. Pickens stated that both are experienced nursing managers who have backgrounds with helping to turn around troubled facilities. He noted that Ms. Brown also has experience in wound care, which is very important at LHH.

5. HIRING AND VACANCY REPORT

Priya Nayar, LHH HR Operations Director, DPH Human Resources, presented the item.

Public Comment:

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

This FTE reports shows the 2302 and 2303 CNA and PCA classification codes are being combined into one code again. I thought Dr. Chow specifically requested in the past they NOT be combined on these "Vacancy Reports by FTE." They are separate job classification codes in the ASO. Comparing today's "Vacancy Report by FTE" dated October 2023 to the same report for August 2023 (report run date 7/27/23) shows the total number of "Budgeted FTE" positions dropped by 14.3 FTE's (1,485.5 in August to 1,471 in October). Why was there a drop in the total number of Budgeted FTE's across just two months; both should have been based on the ASO passed by the Board of Supervisors for the current Fiscal Year. By contrast, the December 2021 "Vacancy Report by FTE" showed a total of 1,443.9 total Budgeted FTE's, which was 27.3 FTE's less than today's report at 1,471 FTE's.

Commissioner Comments:

Commissioner Green asked if charge nurses and nurse managers are the same classification. Mr. Pickens stated that each of these types of positions has a distinct classification.

Commissioner Green asked for an update on recruitment for nurses. Ms. Dentoni stated that LHH is hiring nurse managers the week of the meeting. LHH is planning a boot camp for charge nurses, nursing managers, and nursing directors to help orient and sustain learning.

6. REGULATORY AFFAIRS REPORT

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

Public Comment:

Dr. Teresa Palmer stated that CDPH is missing in action in terms of following up on the disturbing cases of abuse. She asked for more information regarding the situation.

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

Comparing the Regulatory Affairs Reports from 2022 to 2023 shows there were three more “Adverse Event” “Facility Reported Incidents (FRI’s) and six more “Injury of Unknown Source” FRI’s in 2023 than in 2022. As mentioned, monthly “Quality Affairs Reports” for 2022 to 2023 shows LHH had three more “Disease Outbreak” FRI’s so far in 2023 than in 2022. In 2023, LHH reported it had 5 “Staff to Resident Neglect” FRI’s compared to zero in 2022. In 2023, LHH reported 4 more “Major Injuries” FRI’s than in 2022. In 2023, LHH reported 3 more “Adverse Event” FRI’s than in 2022. In 2023, there were 2 more “Potential Privacy Breaches” FRI’s than in 2022. That’s 23 more major FRI’s reported than in 2022 — and we’re only received nine months of “Regulatory Reports” to date in 2023! It’s worrisome that after the \$40 million spent on consultants, FRI’s are so high.

Commissioner Comments:

Commissioner Guillermo thanked Ms. Mariano for the report.

7. BEHAVIORAL HEALTH IMPROVEMENT PROJECT

Neda Ratanawongsa, LHH Interim Chief Medical Officer, presented the item.

Public Comment:

Dr. Teresa Palmer stated that it is not right to mix dementia patients with active substance abuse patients. LHH has a lot of experience with dementia units. She asked how someone with active substance use is able to be admitted into LHH.

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

The two-column table on page 12 of today’s presentation lists “advantages” to having a behavioral health focused unit. Three of four advantages seem to accrue to staff, not patients. Likewise, 4 of the 5 “disadvantages” accrue to detriments to patients. Aren’t those four disadvantages sufficient enough to kill any further discussion of creating a “Focused” unit to cohort, and segregate, behavioral health patients into at LHH? Don’t those four disadvantages run counter to providing “resident centered care” to promote residents’ well-being? Don’t the disadvantages speak to not providing behavioral health patients with the quality of services they deserve? And do the four disadvantages fly in the face of CMS Phase 3 regulations to provide appropriate behavioral health services within SNF’s? Mr. Pickens claimed a more robust, behavioral health needs analysis focused on expanding Behavioral Health bed capacity in San Francisco was underway. Will the broader workgroup report be presented soon?

Commissioner Comments:

Commissioner Green thanked the team for their advanced thinking and planning. She asked when the pilot results are expected to develop short terms plans and solidify long term plans. Dr. Ratanawongsa stated that LHH hopes to have outcomes to share in the first quarter of 2024. This data would be used to develop a long- term plan.

Commissioner Green asked how long it may take to develop a specialized unit. Dr. Ratanawongsa stated that it will be important to think through the development as LHH continues to look at its admissions process.

Commissioner Green noted that LHH residents with substance use disorders have fallen. She asked if LHH residents with substance use issues do not want to participate in substance use services and counseling, at what point is someone not appropriate for LHH. Dr. Ratanawongsa stated that there is a need to ensure all LHH providers could provide counseling and brief interventions for LHH residents who have this need. The intent is to engage residents with substance use issues through all LHH providers, even if they do not fully engage in substance use services. The priority is the safety and wellbeing of all LHH residents. The San Francisco Health Network strives to find the best fit for the individual and it may not always be LHH.

Commissioner Guillermo appreciates the expertise LHH has been able to bring to San Francisco residents that need assistance and placement; all of this represents a true network. She asked for more information on the care team in a focused unit; how many this model differ than other units. Dr. Ratanawongsa stated that disciplines are similar across all units. Every team member has a role in coming up with the best strategies to assist and treat the resident. The team members have to look at special needs of each resident to find creative strategies to create treatment plans that are tailored to the individual.

Commissioner Guillermo asked how the care plans in EPIC will capture this new work. She noted that the intention is to meet the individual’s need but also to learn on a systemic level so LHH can continue to innovate and adapt. Dr. Ratanawongsa stated that care teams know residents well so the documentation needs to highlight and capture their special needs and the care plan must reflect special needs of each resident.

8. LAGUNA HONDA HOSPITAL POLICIES

Carmen Trinh, Data Analytics Manager, LHH, presented the item.

Public Comment:

Dr. Teresa Palmer stated that she is concerned about policy 24-10. It is extremely important that this policy be tightly written and responsibility assigned to patients must be clear. When a patient is acting out, there is a lot of pressure to not assign a one-to-one coach, which can protect other residents and staff’s safety. It is important to have adequate amount of staff to watch and work with residents. It is important that staff not be retaliated against for insisting that a coach be assigned. If a physician orders a coach, it should be allowed.

Commissioner Comments:

Commissioner Guillermo thanked the LHH team for responses to some of the Commissioners’ written questions and noted that the LHH JCC members look forward to receive additional information from LHH in response to additional questions.

Action Taken: The LHH JCC voted unanimously to recommend 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.

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	70-07	Custom Wheelchairs
2	Facility-wide	27-08	Safe Resident Handling
3	Facility-wide	27-09	Splint Brace Care Management
4	Facility-wide	27-10	Transfer Techniques
5	Facility-wide	22-05	Handling Resident’s Property and Prevention of Theft and Loss
6	Facility-wide	24-02	Promoting/Maintaining Resident Dignity
7	Facility-wide	24-10	Coach Use for Close Observation

8	Facility-wide	24-18	Resident Locator System
9	Facility-wide	25-15	Medication Administration
10	Facility-wide for	27-01	Tracheostomy Speaking Valve: Interdisciplinary Protocol
			Use of the Passy-Muir
11	Facility-wide	27-05	Tracheostomy Management
12	Facility-wide	70-01 C3	Earthquake Response Plan
13	Facility-wide	70-01 C8	Water Disruption Plan
14	Facility-wide	76-02	Smoke and Tobacco Free Environment
15	Nursing	N/A	Laryngectomy Tube Care
16	Nursing	N/A	Change of Shift Hand-Off (Nursing)
17	Nursing	B 5.0	Resident Identification and Color Codes
18	Nursing	I 3.0	Tracheostomy Care
19	Nursing	K 9.0 Att 1	Coordination of Care for Residents on Hemodialysis
20	FNS	N/A	Diet Manual
21	FNS	1.11	Nutritionally Adequate Menus
22	FNS	1.12	Registration of Dietitians
23	FNS	1.13	Drug Food Interactions
24	FNS	1.15	Diet Manual Approved by Medical Staff
25	FNS	1.16	Nutrition Screening and Assessment Documentation In the Electronic Health Record
26	FNS	1.19	Acute Medical/Rehab Admissions/Transfers
27	FNS	1.2	Nutrition Screening and Assessment Documentation for Acute Hospital Admissions in the Electronic Health Record
28	FNS	1.22	Enteral Formulas Availability
29	FNS	1.23	Discharge Diet Instruction
30	FNS	1.25	NPO or Clear Liquid Diet Greater than three days
31	FNS	1.17	Nutrition Assessment as part of the care plan process
32	FNS	1.18	Nutrition Screening & Assessment
33	FNS	1.21	Palliative Nutrition Care
34	FNS	1.24	Care Plans to Address Nutrition Problems

9. 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 Taken: The LHH JCC voted unanimously to go into closed session.

- 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).)
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).

10. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action taken: The LHH JCC voted to not discuss discussions held in closed session.

11. ADJOURNMENT

The meeting was adjourned at 6:01pm.