

Laurie Green, M.D.
President

Tessie M. Guillermo
Vice President

Edward A. Chow, M.D.
Commissioner

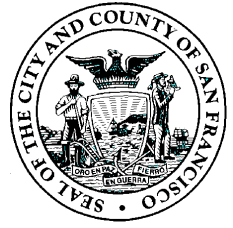
Susan Belinda Christian, J.D.
Commissioner

Cecilia Chung
Commissioner

Suzanne Giraud ED.D
Commissioner

**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

TEL (415) 554-2666

FAX (415) 554-2665

Web Site: <http://www.sfdph.org>

MINUTES

HEALTH COMMISSION MEETING

Tuesday February 20, 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 Edward A. Chow M.D. (Remote participation)
Commissioner Susan Belinda Christian, J.D.
Commissioner Cecilia Chung
Commissioner Suzanne Giraud, Ph.D
Commissioner Tessie Guillermo

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

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 6, 2024.

Public Comment:

Patrick Monette-Shaw submitted the following written public comment:

As I testified to the full Health Commission on 2/6/2024, the 48 LHH residents who no longer have skilled nursing needs are needlessly blockading access to beds for the 45 people evicted in June 2022 but didn't die from transfer trauma who do have SNF needs and may want to return to LHH! LHH staff must expedite resuming "regular operations" and immediately work "harder" to resume admissions. When admissions do re-start, they should NOT happen "slowly." This Commission must re-double efforts to discharge the residents remaining at LHH who don't have SNF level-of-care needs to make room for people who DO have SNF needs. You should work with CMS/CDPH to return those 45 patients who were evicted, not as new admissions, but as patients who shouldn't ever have been forced into mandatory discharges at all. You should do so NOW, not wait endlessly for LHH to become recertified under Medicare!

Action Taken: The Health Commission unanimously approved the February 6, 2024 meeting minutes.

3) GENERAL PUBLIC COMMENT

Christopher Ford Cline has over 25 years of experience working with state and federal investigators on high tech crimes with successful prosecutions at the state and federal level. He has worked with federally funded task forces in the Bay Area and outside the Bay Area. He has hosted conferences on using AI, including pros and cons of using this technology. He noted that a handout was being distributed by the Commission Secretary that includes information about a system dealing with cyber infrastructure, cyber-security, and protecting intellectual property and compliance. This is the number one issue in San Francisco because too many credentials have been given out. He has presented this information in the last 10 days to the Board of Supervisors Committee on Technology and other city officials. This system is contributing to the overdoses, suicides, false medical diagnoses, and increased violence in San Francisco. He urges the Commission to make this a priority by working with Director Colfax and leadership at HSA.

4) RESOLUTION HONORING HALI HAMMER, MD

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

Commissioner Comments:

Commissioner Chung thanked Dr. Hammer for all of her contributions to the DPH and public health community. She added that her community is appreciative of having an ally and the development of culturally competent services.

Commissioner Christian noted that in her short time on the Commission, she has been inspired by Dr. Hammer's work. She wishes Dr. Hammer well in her future endeavors.

Commissioner Girauda thanked Dr. Hammer for helping orient her as a new Commissioner before the pandemic began.

Commissioner Guillermo stated that primary care has a special place in her heart because it is where she began her career. She knows that primary care does not get the focus it deserves, even though it is a focal point for many to receive services. She thanked Dr. Hammer for her leadership for all the years of dedicated service.

Commissioner Chow stated that Dr. Hammer exemplifies the very best of the DPH staff and leadership. He gave special thanks for her leadership in the San Francisco Health Network. He wished her well in her next endeavors.

Commissioner Green stated that primary care is the portal of entry to the system for the most vulnerable San Franciscans; she thanked Dr. Hammer has made the system stronger and easier to access. She expressed gratitude for all of Dr. Hammer's many contributions.

Director Colfax thanked Dr. Hammer for her laser focused leadership on Ambulatory Care, which includes primary care; Maternal Child, Adolescent Health; Jail Health; Whole Person Integrated Care; Healthcare for the Homeless and HIV Health Services. He noted that Dr. Hammer helped establish the Maria X. Martinez Health Resource Center. He noted that within a bureaucratic environment, Dr. Hammer always focused on patient needs.

Action Taken: The Health Commission unanimously approved the resolution. (See Attachment A)

5) RESOLUTION HONORING GREG WAGNER

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

Commissioner Comments:

Commissioner Chow noted that when Mr. Wagner first came to the DPH, there were no reserve accounts; he was able to create this very important reserve account for the DPH. He especially thanked him for his work as Acting Director; at that time Commissioner Chow was Health Commission President. He also thanked Mr. Wagner for his creativity in funding EPIC at the DPH.

Commissioner Guillermo congratulated Mr. Wagner for his appointment as Controller. She thanked Mr. Wagner for choosing to lend his exemplary talents as a civil service leader.

Commissioner Giraud thanked Mr. Wagner for his work at the DPH and the work his team continues to provide complex budget information in very practical terms, which helps the Commissioner fulfill its budget oversight responsibilities. She wished Mr. Wagner well in his new position.

Commissioner Christian is glad Mr. Wagner's has the capacity to take on a position with even more responsibility. It will be helpful for the City Controller to be so familiar with the vital work of the DPH.

Commissioner Chung expressed gratitude for all the years Mr. Wagner has worked at the DPH. Because of Mr. Wagner's skilled leadership, the DPH was able to eliminate a decades-long structural debt and for finding creative ways to fund EPIC.

Commissioner Green noted that it is unusual that Mr. Wagner is a financial wizard who is so kind, committed, and unflappable. The Commissioners can see Mr. Wagner's influence in so many important areas in the DPH. There is no better time for this city to have Mr. Wagner in his new role as Controller.

Action Taken: The Health Commission unanimously approved the resolution. (See Attachment A)

6) HUNTERS POINT NAVAL SHIPYARD UPDATES

Dr. Susan Philip, Health Officer and Director of Population Health Division; and Asa King, Deputy Director of Community Health, presented the item.

Public Comment:

Michael Lyon, Gray Panther and Progressive Labor Party, stated that the city has let the Black population suffer for decades and now the city is letting the Navy declare the shipyard safe for developers to develop the land. It is all about racism and capitalism; the DPH has blood on its hands. The DPH has had a major role in this situation. He demands that Amy Brownell be fired and that the DPH stop cooperating with dangerous windfall projects. He added that there is no way to make those areas safe due to the rising sea level so they should be declared off limits.

Dr. Ahimsa Porter Sumchai, former elected member of the Hunter's Point Shipyard Restoration Advisory Board, founder of the Radiological Subcommittee, contributed to the historical radiological assessment, and founder and principal investigator of the Hunter's Point Biomonitoring Foundation. She advocates for the reinstatement of the Hunter's Point Shipyard Restoration Advisory Board monthly meetings, which would be attended by all the regulators and stakeholders, including the public; this meeting would be funded by the federal government. The 2010 Civil Grand Jury Report identified the defects of the DPH in regard to the Shipyard. She appreciates the DPH's current effort to improve communication with stakeholders. The DPH has a responsibility to exposed active exposures occurring along the western fence line of the Shipyard's most

dangerously contaminated region. Her organization is documenting cancer clusters. She shared in writing the results of 5 years of the Hunter's Point Biomonitoring Foundation's findings. Phase 1 toxic registry contains 75 people, the majority of whom currently live within one half a mile of the base. Exposure is based on how long and how close a person lives to the base. She noted that the fence does not have protective curtains on it although there are people living within 50 feet of this area.

Ann Palechias, Gray Panthers, is glad for the renewed and larger attention to this issue, which is long overdue for the past 50-60 years. An appropriate clean-up effort has been delayed for a long time. In community meetings she has heard survivors over multiple generations who have been impacted. She urged the Commission to keep this as a top issue for the DPH.

Dr. Teresa Palmer stated that there was no mention of one person being exposed or associated health issues from exposure. There is still no curtain on the fence line even though Dr. Sumchai has spoken about this for years. How hard is it to tell the Navy to put up a curtain? No buildings should be on this land. All efforts should be on the clean-up. This presentation sounds like damage control and not real action.

Commissioner Comments:

Commissioner Giraudo thanked Dr. Philip and Deputy Director King for moving forward on the Community and Public Health comments and requests from their August 2023 meeting. She is encouraged with the renewed communication with community and looks forward to future work. She requested a follow-up at the end of each year to the committee or full Commission.

Commissioner Christian thanked Dr. Philip and Deputy Director King for the presentation and work, which is a huge step in the right direction. She urged the DPH to add the word "Advocacy" in future presentations and in their paradigm for this work. She noted that it is the DPH and Commission's responsibility to advocate on behalf of the community's health and wellbeing. She added that the Navy and federal government is responsible for cleaning up the site. San Francisco then decides whether to accept the land. Rising sea water makes the situation complicated because buried toxins may rise to the surface. She asked what the DPH will do with the results of the engagement with community. Deputy Director King stated that the DPH want to establish lines of communication with community stakeholders and lift up community concerns. While the DPH cannot directly address the issue, it can engage the Navy and in real time get responses to community concerns. They noted that the 5-year evaluation shows what should happen and what actually has happened. A key DPH role is to be in the room when the community is receiving information from the federal and state entities, so it can gauge if it is being done in an appropriate and meaningful manner to the community members. Dr. Philip stated that it is difficult to speculate what the DPH will find. If the scientific standard is not being met, the DPH would have a strong voice. She thanked Commissioner Christian for her input and feedback.

Commissioner Chung stated that during her experience as a Human Rights Commissioner, she heard many stories of lack of DPH action in this situation. This is an amazing opportunity for the DPH to advocate for people in San Francisco because there is possible harm being done to residents. It is important to show the harm even if the DPH does not have the authority to clean up the land or make other regulatory changes. She is concerned about those who have already been harmed by possible exposure.

Commissioner Chow stated that he appreciates the presentation and reinvigorated effort to engage the community. It is important that the DPH take the issues it hears to the appropriate regulatory bodies and the Navy to help find information and actionable responses that can improve the situation. He noted the lack of comparable health data for Hunter's Point residents is important to note in the effectiveness of the effort. It is important to also note the focus of this presentation and these efforts are on the Hunter's Point community and residents; the DPH has other health equity initiatives in its effort to address health disparities among the Black/African American residents of San Francisco. He is concerned about the amount of relevant committees

related to the shipyard and is curious if some are duplicative. He also requested an update to the Commission annually so it can monitor progress.

Commissioner Green thanked Dr. Philip and Deputy Director King for the presentation. She noted that the DPH has no authority to test the land or remediation of the land. She requested that an update to the Health Commission after the DPH receives community input on the 5-Year Report. She noted a role for the DPH is to help translate the complex scientific details of the 5-Year Report and to share/translate community concerns to the Navy and other regulatory bodies for more effective communication overall. She requested the update to include how the Navy responds to the DPH and community response to the report.

7) PROPOSITION Q HEARING (FIRST OF TWO PLANNED HEARINGS): DIGNITY HEALTH/ST. MARY'S MEDICAL CENTER AND SAINT FRANCIS MEMORIAL HOSPITAL SALE TO UCSF HEALTH

Claire Altman, DPH Senior Health Program Planner; Daryn Kumar, President and Chief Executive Officer, Saint Francis Memorial Hospital and St. Mary's Medical Center; Suresh Gunasekaran, President and CEO of UCSF Health; and Shelby Decosta, President, UCSF Health Affiliates Network, presented the discussion item.

Public Comment:

Sonia Melara, Director of Rally Family Services, a partnership with St. Francis Hospital and the Family Court, stated the program has served many families over the years. She added that this Prop. Q deserves the Health Commission blessing. UCSF will continue community programs.

Susan Maerki, retired health policy consultant, is interested to improve the outcome of this acquisition. The worse-case scenario is that UCSF may determine not to invest with full seismic compliance due to cost. A possible other outcome, may be for UCSF to right size the investment. She is concerned that once the acquisition is complete, the Dignity hospitals will not be open to Prop. Q and other state regulations. The community needs more information on building issues and community capacity, in addition to financial information since the projections show that the hospitals will show a profit in year two even though they have been losing money for years.

Christian Garcia, Vice President of Planned Parenthood, stated that the organization is in support of the acquisition. The acquisition will open up more availability for gender affirming care, and family planning services, including abortions.

Ruben Chavez, Curry Senior Center Deputy Director, noted that Curry Center has been working with St. Francis Hospital since the Center opened its doors in the early 1970's. Curry Senior Center fully supports the acquisition and has faith UCSF will continue important community work.

Del Seymour, Tenderloin resident for 38 years, stated that this merger makes sense because it is about collaboration. St. Francis hospital services the most traumatized neighborhood in California; the acquisition will ensure the hospital is able to continue serving this community. UCSF has the resources to continue the two hospitals important community work.

Deena Lahn, San Francisco Community Clinic Consortium, voiced support for the acquisition to ensure two of San Francisco's community hospitals will continue to be financially viable and will continue important community services and expand service availability, including emergency room services.

Ann Palechias, Gray Panthers, stated they hope the Commission will monitor all promises that are made by UCSF, and hold them accountable.

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

Wording in Health Commission resolution: "... the Health Commission strongly encourages UCSFH to follow through with its commitments to maintain services and staff, and provide the Health Commission with periodic updates at Health Commission meetings regarding the acquisition and hospital integration process...." Given the cruel past cuts in services to the underserved when hospital systems merge in SF, the Health Commission really must put in some stronger wording here such as: "the Health Commission advocates for the underserved in San Francisco and will closely monitor the fate of much needed programs, services and staff. We request a quarterly update with specific information on services unique to St. Francis and St. Mary's. We hope to find that needed services will be enhanced, and indeed will never be sacrificed to an emphasis on the generation of revenue, ejection of the underserved, and capture of the most lucrative "market share."

Patrick Monette Shaw made verbal comments and submitted the following written summary:

On a personal note, it's extremely important UCSF continue outpatient services at St. Francis Memorial Hospital, where I was diagnosed with squamous cell skin cancer in August 2022 and subsequently had cancer excision surgery performed by Saint Francis Hospital's Chief of Surgery, Dr. Walter Lin, and St. Francis' expert oncologist Dr. Clifford Chew. Dr. Lin specializes in microsurgery; he and his team harvested a skin-and-fat graft from my right thigh to cover the wound remaining on my right cheek following the cancer excision, ensuring adequate blood flow to ensure the graft succeeded. Dr. Lin followed me for a year post-surgery as an outpatient at the Bunke Clinic co-located near the Orthopedic and Sports Medicine Institute on Saint Francis' 11th Floor. Dr. Lin eventually performed a "face lift," restoring my facial symmetry. It's critical UCSF guarantee continued operation of Dr. Lin's clinic, and retain Lin's excellent surgical Chief of Surgery leadership!

Commissioner Comments:

Commissioner Giraudo is concerned that UCSF does not have behavioral health services available for Medi-Cal patients. She is most concerned that UCSFH honor insurance agreements for patients receiving services from programs located at St. Mary's and St. Francis. She would like to add language to the Health Commission resolution for UCSFH to guarantee that it will continue behavioral health services for Medi-Cal patients. Mr. Gunasekaran stated that St. Mary's and St. Francis both have separately negotiated Medi-Cal contracts, which will be maintained in the future. He added that each hospital will continue with its own license.

Commissioner Chung asked how Medi-Cal patients will be referred to UCSFH services. Mr. Gunasekaran stated that UCSFH sees many Medi-Cal medical patients but does not have a contract for Medi-Cal services. He added that UCSFH is committing to creating a spectrum of behavioral health services which accept Medi-Cal reimbursement across its system.

Commissioner Chow asked if data for St. Mary's and St. Francis hospitals will be reported separately. Mr. Gunasekaran stated that UCSFH will consolidate the financial systems and will be able to report data on these hospitals separately than the academic division. He noted that data for the hospitals may be combined in the reporting. Commissioner Chow noted that separate licenses for the two hospitals means separate CMS reaccreditation processes.

Commissioner Chow requested that behavioral programs be included in the Key Transaction Terms included in the presentation.

Commissioner Chow asked if UCSFH is a new entity. Mr. Gunasekaran stated that UCSFH is a new entity.

Commissioner Guillermo stated that she is curious to hear of the CA AG opinion on the sale. As someone with previous affiliation with Dignity and CommonSpirit, she knows both entities worked hard to come together to meet the needs of San Francisco. She believes that what has been said by Dignity and UCSF in the meeting has

been earnest. She noted that the merger has more promise than detriment, but there are a lot of complexities in the purchase. She hopes to see the mission of St. Mary's and St. Francis, to serve the most vulnerable and poor to be expanded in UCSFH. She encouraged a culture audit to align the two entities. She is glad to hear of the plans to expand staffing and number of patients in both hospitals. She is curious about the plan for leadership transition.

Commissioner Green stated that the Health Commission appreciates the volume of work and collaboration that has gone into the planning of the sale. She noted that the aspect of culture is important. She noted that the Commissioners also seem particularly concerned that the outpatient services at St. Mary's and St. Francis continue. She added that the Commission requests updates from UCSFH every six months for the next two years so that the Commission and public continue to hear about the implementation of the plans.

8) LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER (LHH) CLOSURE PLAN AND CMS RECERTIFICATION UPDATE

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

Public Comment:

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

Even when hoped for Medicare Recertification occurs, LHH leaders say that full readmissions will not resume. Please show us the plan for resumption of admissions-at one Health Commission meeting called a "Sustainability Transition Plan." There are references to "tiered" readmissions. What will the "tiers" consist of? San Franciscans in need have a right to know how long they must await a bed. What is the written plan for outreach to survivors of eviction? Outreach to San Franciscans forced out of county for SNF care during this nearly 2 year closure to admissions should occur: what is the plan? A class action suit on behalf of LHH residents is being pursued. Expert testimony attests to decades of bad governance under multiple mayors, Health Commissions, and Directors of SFDPH. How will the governance of Laguna Honda change so that the institution does not return to "biz as usual" once regulators back off?

Patrick Monette Shaw made verbal comments and submitted the following written summary:

Pretending LHH's problems with regulatory compliance will eventually magically straighten out by themselves will NOT solve LHH's noncompliance with regulations! As I testified on 2/13/2024 each Health Commissioner must read the Christopher Cherney "Declaration" in Superior Court Case CPF-20-517064 — the "Tommy Thompson et al." lawsuit — supporting making it a class action case. Cherney's "Declaration" is a damning indictment of this Health Commission's collective abject failures as LHH's "governing body" between 2019 and 2024 involving LHH's patient sexual abuse scandal in 2019. Cherney added: "These [\$30 million in] costs amount to a breach of the LHH Governing Board's fiduciary duty to act in LHH's best financial interest as stated in the bylaws of LHH." We have to consider whether this Health Commission's failures and inactions as LHH's "governing body" will serve as a lesson to effect meaningful change of you as Health Commissioners, lest your continued failures becomes permanent LHH's curse!

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

I am concerned we are not being given more information about when admissions will resume. There have been references to "tiered" admissions. Please show us the plan for resumption of admissions -- what are the "tiers"? We should be given more information about what is being done for the people who were forced to move out of county when Laguna Honda was under threat of closure. I am also concerned that people being told they currently have to leave Laguna Honda because they have been determined to not need skilled nursing care are actually not ready to leave and the alternative placements being offered to them are not adequate or appropriate. These are people who have lived

at Laguna Honda for years and face a severe risk of transfer trauma! They should not be threatened with being forced to leave! We do not want a repeat of the past disaster.

Vivian Imperiale, submitted the following written public comment:

I worked at LHH for over 10 years and know the residents there each have specialized needs and share the need for kind, appropriate care in an atmosphere that gives them a home after a trauma changed the course of their lives. Please bear this in mind at all times. Keep the 780 beds. Re-admit people who were recently sent elsewhere. Organize records of SF residents who should have been admitted to LHH but were sent out-of-county, too far for friends and family to visit. Make arrangements to offer them a bed at LHH.

9) DIRECTOR'S REPORT

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

CELEBRATING HEROES AND HEARTS AT ZSFG

On February 8, I had the pleasure of celebrating 20 years of *Hearts in SF*, an annual event to support ZSFG Hospital hosted by the San Francisco General Hospital Foundation. We celebrated our partnership that continues to have a profound impact on our patient-centered care at ZSFG, while fostering civic pride with beautiful Hearts sculptures throughout San Francisco, all while raising critical funds for the hospital.

I was thrilled to help honor Dr. Hali Hammer who was celebrated at the event on her last day before retirement. As the Director of Ambulatory Care for the San Francisco Health Network, Dr. Hammer received well-deserved accolades for her work to ensure the best care at all our clinics and throughout the Health Network. We applaud her leadership and thank her for everything she has done during her career at DPH.

The event also honored ZSFG's Dr. Andre Campbell for his dedication to excellence in trauma care, increasing diversity, equity, and inclusion and his advocacy addressing gun violence. Reverend Claire Chuck Bohman of ZSFG was recognized for their work attending to the spiritual needs of patients, family, and staff at ZSFG. And, notably, the Bridge and Engagement Services Team, also known as the Best Neighborhoods Team, received the 2024 Community Impact Award. Congratulations to all the exemplary recipients of this year's honors!

And thank you to the San Francisco General Hospital Foundation for their continued support of our safety net hospital that is serving nearly 100,000 people every year.

WINTER STORMS RESPONSE

During the weekend of February 3rd DPH Public Health Emergency Preparedness and Response (PHEPR) staff prepared for and successfully responded to the latest round of winter storms, a combination of atmospheric river and bomb cyclone-type weather events. The storms produced several hours of heavy precipitation and sustained high winds resulting in localized flooding and downed trees and left much of San Francisco without power for several hours. PHEPR staff collaborated closely with the Department of Emergency Management, Emergency Medical Services Agency, Human Services Agency, Department of Public Works (DPW), local hospitals, and other health care system and private sector partners to ensure streamlined emergency response and to protect the health and safety of the public, especially populations that are most vulnerable to the health impacts of winter storms.

BIENNIAL FOOD SECURITY AND EQUITY REPORT

The Food Security Task Force was created by the Board of Supervisors with the purpose of making recommendations on policies and programs to improve food security. Membership of the task force consists of community-based organizations and city departments.

In accordance with [Ordinance 103-21](#), the purpose of the Biennial Food Security and Equity Report is to report out on populations in San Francisco that are food insecure, that are receiving City food-related services, and to summarize what barriers to food security exist. The data that inform this report are collected from several city departments, agencies and community-based organizations.

Current local data reveals that food insecurity remains high, even among households with incomes above San Francisco's median income level, and critically high for low-income San Franciscans. The data also demonstrates that people of color continue to be disproportionately affected by food insecurity. Currently, food programs are not designed or funded to meet all of the food needs of the household, so families may use multiple food programs to obtain the nutrition they need.

For example, the recent RAPID-SF survey administered by the San Francisco Department of Children, Youth, and Their Families to over 600 households in San Francisco with children ages birth to 17 years revealed that overall, 30% were food insecure, despite an average household income of \$130,000 among survey respondents. Food insecurity rates were highest among recipients of Medi-Cal (57%) and CalWorks (90%), and Black/African American families (77%). Families with full-time jobs and benefits are struggling to meet their nutritional needs.

Participation in federal nutrition programs remains much higher than before the pandemic. Between 2020 and 2022:

- CalFresh/EBT participation increased 52%
- WIC participation increased 30%
- SFUSD served 20% more meals

Recommendations from the Task Force include:

1. Support funding structures that promote a holistic approach to food and nutrition security in San Francisco.
2. Eliminate barriers and invest strategically in neighborhoods where structural racism and disinvestment have led to low access to healthy and culturally relevant food.
3. Increase coordination of local governments' programs and policies related to food systems.
4. Elevate the community's voice and participation in the development and implementation of food policy; and
5. Engage the health and housing sectors around food security.

For more information about the report and Food Security Task Force Recommendations, see the [link here](#).

EMS DATA EQUITY CONFERENCE

The San Francisco Emergency Medical Services (EMS) Agency, of which DPH's Dr. John Brown is the Medical Director, participated in the first-ever EMS Data Equity conference recently. The conference was co-sponsored by SF Fire Department, San Jose State University and the Carestart Foundation and brought together EMS researchers and Quality Improvement personnel from all over California. The conference focused on the importance of using EMS data to improve equity in both research and evaluation of care being provided out of hospital to populations in San Francisco and across the state that have barriers to care or are experiencing disproportionate health impacts related to structural racism. Topics included: Health inequities in EMS, opportunities for data equity, and learning community conversation, among others. DPH and SF Department of Emergency Management will be using lessons learned from the conference in their EMS Agency quality improvement and research programs.

PHEPR PARTICIPATION IN THE ASSOCIATION OF BAY AREA HEALTH OFFICIALS ANNUAL EVENT

Building trusted relationships with regional partners and stakeholders is instrumental to enhancing the emergency response capabilities of DPH, San Francisco's health care system and overall community. DPH PHEPR continued to strengthen its regional partner relationships by participating in the Association of Bay Area

Health Officials (ABAHO) Annual event. In early February, ABAHO hosted the event at the UC Berkeley International House in Berkeley, CA. PHEPR joined Bay Area Health Officers and Directors, EMS agency administrators, public health emergency preparedness staff, public health information officers, state and private sector partners, and local emergency management representatives to engage in a scenario-based discussion of a regional emergency response. The discussion revealed several new insights and considerations for how the Bay Area might develop and share information and resources during a catastrophic regional incident. PHEPR participated along-side other representatives from San Francisco, including the San Francisco Health Officer, the Director of Emergency Medical Services Agency, and the DPH Communications Director.

ENVIRONMENTAL HEALTH BRANCH CONTAINS AND PREVENTS DISEASE OUTBREAK

The DPH Environmental Health Branch (EHB) conducts investigations related to foodborne illness outbreaks. Every outbreak is different and requires a unique set of skills from the staff involved to determine if an outbreak is occurring as well as the pathogen that is involved.

Recently, DPH Communicable Disease Control (DPH-CDC) reported two confirmed cases of shigellosis to EHB. Through investigation, EHB Principal Inspector Mary Freschet and Senior Inspector Carlos Barragan determined the two individuals ate at the same SF food facility. Additionally, Marin EHB reported that they had two confirmed cases of shigellosis and EHB was able to determine both Marin residents ate at the same restaurant. Inspector Philips Ossai also learned that his district's FBI investigation complainant also ate at the same food facility, making five (5) total cases.

The EHB inspectors worked with DPH-CDC to formulate a plan for containing a possible disease outbreak. EHB staff conducted an inspection and distributed stool sample kits to food facility employees, approximately 10. EHB bilingual inspectors provided hygiene/handwashing training and instructed staff regarding how to do wellness checks. The restaurant was closed pending the results of the tests. Two members of the staff tested positive for shigella and were not allowed to return to work until they were no longer contagious. Due to the rapid and comprehensive response, the disease outbreak was contained and there have been no further cases reported. Sr. Inspector Carlos Barragan, Principal Inspector Mary Freschet and Inspector Philips Ossai did an outstanding job and we thank them for protecting the health and safety of SF residents and visitors.

DPH STAFF CELEBRATE EQUITY DURING BLACK HISTORY MONTH

This Black History Month, the Office of Health Equity (OHE) and DPH equity leads are hosting a wide range of events that focus on Black/African American health, history and culture. DPH staffers are proud to hold the events (listed below) with the aim of building a culture of equity and inclusion at SFDPH and throughout the city of San Francisco:

- Feb. 21: ZSFG: Soul Kitchen Delights: African American Cooking Demo
- Feb. 22: SFDPH Black Infant Health Program Open House
- Feb. 26: ZSFG: Spiritual Serenity Lounge: African American Wellness
- Feb. 28: ZSFG: Heritage Tour
- Feb. 28: A staff workshop at Maria X. Martinez Health Resource Center will focus on people experiencing homelessness.
- Feb. 28: Primary Care will hold its third annual "Primary Care Black State of Our Union" virtual event.
- Feb. 28: Behavioral Health Services will host an event on the history of hip-hop at South of Market Mental Health clinic.
- Feb. 29: Laguna Honda Hospital employees are invited to join a unity walk.

Learn more about the [Office of Health Equity](#).

COVID-19 UPDATE

As of 02/15:

- San Francisco’s 7-day rolling average of COVID test positivity is 5.6% and there are 43 COVID hospitalizations.
- Twenty-nine percent of SF residents are fully up to date on their COVID vaccinations and have received the updated vaccine.

DPH in the News

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following written summary:

It’s shocking Director of Public Health Dr. Colfax’s “Director’s Reports” NEVER address problems with this Health Commission. Page 13 of the Cherney declaration stated “the [2019 LHH 60-Day] ‘Reform Plan’ [authored by Grant Colfax and Troy Williams] failed because LHH failed to address its colossal failures of governance and management.” Cherney noted [on Declaration page 27] “LHH used no progressive discipline” on LHH staff responsible. This Commission failed to provide meaningful governance over that Reform Plan! Cherney’s Declaration also clearly fingered four of the current Health Commissioners who served during the 2019 patient abuse sex scandal — including Commissioners Edward Chow, Cecilia Chung, Laurie Green, and Tessie Guillermo — who each remain Health Commissioners to this day. Let’s not forget former Health Commission president Dan Bernal who recently resigned! I agree with Dr. Palmer: Shame, shame, on each Health Commissioner whose failed governance contributed to LHH’s decades-long problems!

Commissioner Comments:

There were no Commissioner comments for this item.

10) JOINT CONFERENCE COMMITTEE AND OTHER COMMITTEE REPORT

Commissioner Tessie Guillermo, presented the item. She noted that at its February 13, 2024 meeting, the committee reviewed a LHH recertification update, which was similar to the update given at this meeting. The Committee also reviewed standard reports including Regulator Affairs and Human Resources reports. The committee recommended that the Commission approve the LHH policies on the Consent Calendar. In closed session, the committee approved the Credentials Report and the PIPS Minutes report.

Patrick Monette Shaw made verbal comments and submitted the following written summary:

Cherney’s “Tommy Thompson Declaration,” asserted LHH’s regulatory deficiencies were rare in scope and severity for a SNF, due to “governing body” failures. On Page 10, Cherney asserted this “governing body” Commission communicated to San Francisco’s taxpayers LHH had to have known better, but this Commission allowed LHH to run LHH as it saw fit, anyway. On page 24 Cherney asserts this Commission, as a “governing body” failed to ensure LHH staff or managers were ever held accountable. Cherney’s expert opinion “Declaration” includes noting this Commission’s performance between LHH’s decertification in April 2022 and today’s date calls into question whether sufficient remedial steps have really been taken since the three consultants were brought in to LHH in May 2022 to implement reforms and plans of correction that will actually work to get LHH Medicare re-certified at all. That may explain the delay in LHH not having been recertified by today’s date!

11) CONSENT CALENDAR

Public Comment:

Patrick Monette Shaw made verbal comments and submitted the following written summary:

Obviously, when any LHH patient’s wheelchair becomes inoperable — whether a personally-owned, LHH facility-provided, a standard, or custom wheelchair — due to needing wheelchair repairs, they’re at risk of losing their mobility, and in many cases essentially become bed-bound, reduced to being unable to get out of bed. There have sometimes been reports of LHH patient wheelchairs

malfunctioning without repairs for weeks at a time. Indeed, I recall that CMS/CDPH issued citations against LHH before, during, and after LHH was decertified in April 2022, alleging LHH was neglecting patients' healthcare because their inoperable wheelchairs weren't being repaired in a timely manner. While this Health Commission is theoretically barred from interfering in LHH's day-to-day operations, this Commission should nonetheless recommend that any and all LHH wheelchair policies and procedures include strong language that wheelchair repairs should receive number one priority for use of the LHH patient gift fund to fund patient's wheelchair repairs!

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

- **LHH Policies and Procedures:**

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	70-01 B4	Request for Operating Under a CMS 1135 Waiver
2	Facility-wide	23-01	Resident Care Plan Resident Care Team Resident Care Conference
3	Facility-wide	23-02	Completion of Resident Assessment Instrument Minimum Data Set
4	Facility-wide	26-02	Management of Dysphagia and Aspiration Risk
5	Facility-wide	28-05	Custom Wheelchairs
6	Facility-wide	72-01 B5	Transmission-Based Precautions
7	Facility-wide	72-01 C22	Influenza Immunization
8	Facility-wide	72-01 F04	Linen Handling
9	Facility-wide	24-16	Addendum to Code Blue Policy During Pandemic and Protective Quarantine Appendix 13
10	Facility-wide	72-01 A10	Infection Outbreak Investigation and Surge Response
11	Facility-wide	72-01 C01	Alphabetical List of Diseases/Conditions with Required Precautions
12	Facility-wide	72-01 C20	Monoclonal Antibody Therapy for COVID-19 Infection
13	Facility-wide	72-01 C20	LHH COVID-19 BAM Consent Form
14	Facility-wide	72-01 E04	Central Supply/Materials Management
15	Facility-wide	72-01 E06	Dental Services
16	Facility-wide	72-01 F05	Standard for Refrigeration Equipment
17	Facility-wide	72-01 F13-1	Attachment 1: Non-Critical Resident Care Equipment Disinfectant Exceptions
18	Facility-wide	72-01 F13-2	Attachment 2: Standard Work for Single-Resident Blood Pressure Cuffs
19	Facility-wide	73-07	Aerosol Transmissible Disease Exposure Control Plan
20	Facility-wide	NA	Warfarin Collaborative Practice Agreement
21	CPD	NA	MM and CS Policies and Procedures
22	Food Services	1.64	Preventative Maintenance
23	Food Services	1.67	Dish Machine QC Checklist
24	Food Services	1.139	Pot machine Temperature Checks
25	MSPP	D01-05	Psychotropic Medication Management
26	Nursing	1.0	Oral and Nasopharyngeal Suctioning
27	Nursing	2.0	Tracheobronchial Suctioning
28			LHH Medical Staff Bylaws

12) COMMUNITY AND PUBLIC HEALTH COMMITTEE UPDATE

This item was deferred due to lack of time.

13) OTHER BUSINESS:

There were no Commissioner or public comments on this item.

14) ADJOURNMENT

The meeting was adjourned at 7:43pm.

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 24-03**

HONORING HALI HAMMER, MD

WHEREAS, Dr. Hali Hammer has served the City and County of San Francisco, and the Department of Public Health (DPH) for the entirety of her professional career; and

WHEREAS, Dr. Hammer began her DPH tenure in 1994 as a resident at ZSFG Hospital and has since gone on to serve in multiple leadership positions, most recently as the Director of Ambulatory Care. This leadership role oversees all of DPH's 14 community clinics; and

WHEREAS, Dr. Hammer was a key informant of and eventual key implementer of the 2012 Health Reform Affordable Coverage Act (ACA) Readiness Assessment, commissioned by the City and County of San Francisco's Department of Public Health and Controller's Office, which led to the creation of the San Francisco Health Network (SFHN) as the single integrated delivery system best structured to meet the demands of the ACA. Her early work in this area continues to guide and evolve current DPH SFHN operational improvements; and

WHEREAS, Dr. Hammer has overseen multiple successful renovations of DPH primary care clinics including Maxine Hall, Southeast Health Center, and Castro-Mission Health Center. These renovations have led to increased accessibility and a wider scope of services for the community, including such specialized treatment as wound care and dental care; and

WHEREAS, During COVID, Dr. Hammer was integral in setting up the Shelter in Place system of care, expanding ambulatory care access to COVID resources such as vaccinations and testing to the community and shifting clinical approaches to meet the demands of COVID, for example telehealth care and managed alcohol treatment; and

WHEREAS, Dr. Hammer has built a legacy of service and advocacy to further primary care access for all San Franciscans. She will be dearly missed by her colleagues DPH and her patients, many of whom have had her as their primary care doctor since childhood; and

WHEREAS, Dr. Hammer has been a consummate colleague and public health leader throughout her career. Her enormous dedication and thoughtfulness in strengthening health services for San Franciscans has led to a stronger and more effective safety net health system for primary care, whole person integrated care, maternal child and adolescent health, jail health, and behavioral health.

RESOLVED, That the San Francisco Health Commission honors Dr. Hali Hammer for her outstanding service and leadership and wishes her well in her future endeavors.

I hereby certify that the San Francisco Health Commission at its meeting of February 20, 2024 adopted the foregoing resolution.

Mark Morewitz,
Health Commission Executive Secretary

**HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 24-04**

HONORING GREG WAGNER

WHEREAS, Greg Wagner has served the City and County of San Francisco (CCSF), and the Department of Public Health as an exceptional leader; and

WHEREAS, Mr. Wagner began his CCSF tenure in 2006 as the Mayor’s Budget Director, serving in this role under Mayors Gavin Newsom and Ed Lee; and

WHEREAS, Mr. Wagner joined the Department of Public Health (DPH) in 2011 as the Chief Financial Officer. During his tenure in this position, Mr. Wagner led financial management of key public health and citywide priorities, including the City’s response to the COVID-19 pandemic, a capital program to rebuild Zuckerberg San Francisco General Hospital and multiple outpatient service sites, the implementation of Mental Health SF, and the City’s implementation of the Affordable Care Act; and

WHEREAS, Mr. Wagner was appointed by Mayor London Breed as DPH Acting Health Director. He expertly led the \$3 billion Department, while still fulfilling his duties as Chief Financial Officer; and

WHEREAS, As the current Chief Operating Officer of DPH, Greg oversees the finances and administrative operations of the City’s largest department, including ZSFG and Laguna Honda (LHH) Hospitals, and a citywide network of primary care, mental health, and substance use programs. This has included a key leadership role in the Laguna Honda Hospital recertification effort; and

WHEREAS, Mr. Wagner is known for his humility, ability to synthesize and explain complex bureaucratic processes, calm leadership style, extraordinary competence, and affability; and

WHEREAS, Mr. Wagner has built a legacy of service and leadership to support and improve the lives of all San Franciscans. He will be dearly missed by many at the DPH and in the greater San Francisco public health communities.

WHEREAS, Mr. Wagner has been appointed by Mayor Breed as San Francisco Controller.

RESOLVED, That the San Francisco Health Commission honors Greg Wagner for his outstanding service and leadership, and wishes him well in his new professional endeavor.

I hereby certify that the San Francisco Health Commission at its meeting of February 20, 2024 adopted the foregoing resolution.

Mark Morewitz,
Health Commission Executive Secretary