Supervisor Tony Hall
City Hall

July 1, 2004

Dear Supervisor Hall

Following the City Services Committee Hearing of June 24th, 2004 on " Patient Placement at Laguna Honda Hospital" a group of physicians and psychologists concerned with this issue decided to meet weekly to prepare informational packets for your review. This approach was proposed at a well-attended meeting of the Medical Staff, participation was open to all (7 volunteered) and garnered uniform approval. In this **Information Packet #1**, we are covering 2 important issues;

PROGRESS ON THE LHH ADMISSION POLICY

Enclosed are 3 versions of our Admission Policy. "**A**" is the original which had evolved over many years and incorporated amendments and exclusions related to safety concerns expressed by the Department of Justice. "**B**" is the version imposed by Dr. Mitchell Katz without input from the medical staff, and which was rejected by the Medical Staff and the Medical Executive Committee. We consider it "unauthorized" although it was posted and currently remains on the DPH website as a public document. "**C**" is the current revision, approved by our Medical Executive Committee which integrates features desired by the DPH and SFGH, while retaining LHH's commitment to home-bound patients in need of urgent care whom we have traditionally admitted on a priority basis.

Although our medical staff and our elected Medical Executive Committee approve of version "**C**", it has yet to gain approval by the Hospital Executive Committee. On 06-22-04 it was tabled by Larry Funk, CEO because he wanted more time to study it, and to review it with Dr. Katz. On 06-29-04 it was again tabled, this time by Robert Christmas, COO who was chairing the Hospital Executive Committee in Larry Funk's absence. Mssrs Funk and Christmas wish to secure Dr. Katz's approval before the Hospital Executive Committee makes any decision. We maintain that the approval process should go through the Hospital Executive Committee, then the Health Commission, and finally to Dr. Katz. We are disturbed by the repeated intrusions of Dr. Katz in the decision-making process of established LHH committees. Why should we even have committees if Dr. Katz decides what and how they should deliberate?

PATCHING SFGH PATIENTS WITH LHH MEDICAL SERVICE FUNDS

When SFGH has a patient whose medical needs cannot be met within the DPH system, that patient is sent to a specialized out of county facility. Payment is "patched", traditionally from the DPH budget. Recently, Dr. Katz decided that patients we could not safely accommodate at LHH, but who needed long-term care would be "patched" with

funds taken from the small budget allocated to the **Medical Service** at LHH. We consider this decision to be a pressure tactic, and our legal advisor Lynn Carman, JD believes it is illegal.

While Dr. Katz states this approach is a "compromise", we believe it is a thinly-veiled ultimatum to either admit these patients or go bankrupt as a Medical Service. We decline to admit an average of 2 dangerous patients a month from SFGH. Over time we will have to lay off doctors and cut services to our patients in order to "patch" patients whose expenses should be covered by the DPH budget as a whole. A new contract with the University of Pacific Dental School that would provide comprehensive dental care to LHH patients is now threatened by the depletion of our Contract Fund by this "compromise".

Targeting the small LHH Medicine Service budget is punitive and unwise. However, despite your own admonitions to Dr. Katz on June 24th, this pressure tactic continues via his deputies Anne Kronenberg and Penney Mitchell (See attached e-mails). We urge you to consult with the City Attorney on this critical issue.

Preview of **Information Packet #2**

Next week we will complete a detailed analysis of DPH data showing that Dr. Katz's presentation about the "bottleneck of 35 patients awaiting SNF placement at SFGH" made at the June 24th Hearing was unsound. We will also show how the spike in 5150s, or emergency psychiatric discharges from LHH in March 2004 was related to the "Flow Project".

Submitted by; Derek Kerr, MD –Hospice & Palliative Care Service
Maria Rivero, MD – Admitting Ward
Brenda Austin, PD – Psychosocial Units

A: Original Policy

ADMISSION TO LHH AND RELOCATION BETWEEN LHH SNF UNITS

POLICIES:

1. LHH will accept and care for San Francisco residents who meet skilled nursing facility (SNF) care criteria (see priorities and exclusions below) and are at least 16 years of age. Prospective residents are welcomed at LHH regardless of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, disability, HIV status or related condition, marital status, political affiliation, or age (over 16).
2. All applicants for admission to LHH shall be screened prior to any admission decision.
3. LHH shall assess the physical, mental, social and emotional needs both of newly accepted applicants and of current residents to determine whether each resident's care unit environment is best able to meet these needs.
4. LHH shall centrally coordinate in-Hospital relocations in a timely manner to maintain the facility census and to minimize the potential for adverse impact on the resident.
5. LHH shall appropriately notify residents and their surrogate decision-makers of plans for relocation within the facility.

PURPOSES:

1. To assure that all San Francisco residents in need of skilled nursing, acute or rehabilitation services who are admitted to LHH receive compassionate and competent care in the appropriate service setting.
2. To appropriately allocate Hospital resources.
3. To provide a standard procedure for placement or relocation of residents within the facility.

ABBREVIATIONS:

A&E: Admissions and Eligibility Department
BCC: Bed Control Coordinator
IDT: Interdisciplinary Team

PART A ADMISSIBILITY AND SCREENING PROCEDURES

1. The Administrator of Laguna Honda Hospital shall determine which outside care levels receive priority. Only the Administrator may modify this prioritization, which currently is:

   1st Persons not in a medical facility, who cannot receive adequate care in their present circumstances.

   2nd Patients at San Francisco General Hospital.

   3rd Persons referred by a City/County welfare or health agency.

   4th Patients at another San Francisco medical facility.

   5th Persons who are residents of San Francisco, but who are presently in a medical facility or private circumstances outside of San Francisco.

2. With the exception of admission to acute care units M7A and L4A, all admissions must meet SNF-level criteria as defined by Title 22.

3. **Hospitalwide exclusion criteria:**
   - communicable diseases for which appropriate isolation facilities are not available at LHH
   - persons under police hold
   - mental illness or developmental disability requiring an organized program of active psychiatric intervention, according to Title A of the California Administrative Code, paragraph 278.2(1), (b), (c)
   - need for most types of chemotherapy
   - ventilator or BiPAP
   - TPN (total parenteral nutrition)
   - active medical problem requiring ICU care
   - primary psychiatric diagnosis without coexisting dementia or other medical diagnosis requiring SNF or acute care
   - highly restrictive restraints
   - significant likelihood of unmanageable behavior that endangers safety or health of resident or others, such as
     - ◊ actively suicidal
     - ◊ violent or assaultive behavior
     - ◊ criminal behavior including but not limited to possession of weapons, drug trafficking, possession or use of illegal drugs or drug paraphernalia
     - ◊ sexual predation
     - ◊ elopement or wandering unless admitted to a secure unit or a unit with wanderguard

4. Screening of candidates for admission:

   4.1 Referrals to the Rehabilitation, AIDS and Hospice units are screened by attending physicians on those units.

   4.2 All other resident referrals shall be reviewed by a Screening Committee (or subset thereof) that includes the following or their designees: M5 Admitting Physicians and Nurse Manager, Medical Director, Director of Nursing, Bed Control Coordinator (BCC), Director of Social Services, Utilization Management Coordinator, Admissions Coordinator, and others as appropriate.

   4.3 The Screening Committee may ask a LHH behavioral specialist to evaluate potential admissions who have behavioral or psychiatric problems prior to deciding on admission.

   4.4 Referrals to the psychosocial units will be screened by the Screening Committee and the psychosocial treatment team.

   4.5 Decisions about restriction of residents' movements throughout the facility must be made in accordance with each resident's individual needs and preferences and with the participation of the resident or surrogate in the placement decision and continuing care planning.[1] Residents lacking capacity for placement decisions may not have their

[1] "If the stated purpose of a unit which prevents residents from free movement throughout the facility is to provide specialized care for residents who are cognitively impaired then placement in the unit is not considered involuntary seclusion, as long as care and services are provided in accordance with each resident's individual needs and preferences rather than for staff convenience, and as long as the resident, surrogate, or representative (if any) participates in the placement decision, and is involved in continuing care planning to assure placement continues to meet resident's needs and preferences." CMS Guidance To Surveyors, LTC Facilities/ State Operating Manual F223 (b).

B. Dr. Katz's Revision - Rejected by LHH medical Staff

ADMISSION TO LHH AND RELOCATION BETWEEN LHH SNF UNITS

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2. All applicants for admission to LHH shall be screened prior to any admission decision.
3. LHH shall assess the physical, mental, social and emotional needs both of newly accepted applicants and of current residents to determine whether each resident's care unit environment is best able to meet these needs.
4. LHH shall centrally coordinate In-Hospital relocations in a timely manner to
   - optimize utilization of resources,
   - optimize bed availability for new admissions, and
   - minimize the potential for adverse impact on the resident.
5. LHH shall appropriately notify residents and their surrogate decision-makers of plans for relocation within the facility.

PURPOSES:

1. To assure that all San Francisco residents in need of skilled nursing, acute or rehabilitation services who are admitted to LHH receive compassionate and competent care in the appropriate service setting.
2. To appropriately allocate Hospital resources.
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PART A ADMISSIBILITY AND SCREENING PROCEDURES

1. Admission priorities are listed below. Exceptions require specific approval of the Administrator of Laguna Honda Hospital (or designee).

   1st Patients at San Francisco General Hospital ready for discharge to SNF level of care will be admitted before persons in categories 2-5 below.

   2nd Persons not in a medical facility, who cannot receive adequate care in their present circumstances.

   3rd Persons referred by a City/County welfare or health agency.

   4th Patients at another San Francisco medical facility.

   5th Persons who are residents of San Francisco, but who are presently in a medical facility or private circumstances outside of San Francisco.

2. With the exception of admission to acute care units M7A and L4A, all admissions must meet SNF-level criteria as defined by Title 22.

3. **Hospitalwide exclusion criteria:**
   - communicable diseases for which appropriate isolation facilities are not available at LHH
   - persons under police hold
   - mental illness or developmental disability requiring an organized program of active psychiatric intervention, according to Title A of the California Administrative Code, paragraph 278.2(1), (b), (c)
   - need for most types of chemotherapy
   - ventilator or BiPAP
   - TPN (total parenteral nutrition)
   - active medical problem requiring ICU care
   - primary psychiatric diagnosis without coexisting dementia or other medical diagnosis requiring SNF or acute care
   - highly restrictive restraints
   - significant likelihood of unmanageable behavior that endangers safety or health of resident or others, such as
     - ◊ actively suicidal
     - ◊ violent or assaultive behavior
     - ◊ criminal behavior including but not limited to possession of weapons, drug trafficking, possession or use of illegal drugs or drug paraphernalia
     - ◊ sexual predation
     - ◊ elopement or wandering unless admitted to a secure unit or a unit with wanderguard

4. Screening of candidates for admission:

   4.1 Referrals to the Rehabilitation, AIDS and Hospice units are screened by attending physicians on those units.

   4.2 All other resident referrals shall be reviewed by a Screening Committee (or subset thereof) that includes the following or their designees: M5 Admitting Physicians and Nurse Manager, Medical Director, Director of Nursing, Bed Control Coordinator (BCC), Director of Social Services, Utilization Management Coordinator, Admissions Coordinator, and others as appropriate.

   4.3 The Screening Committee may ask a LHH behavioral specialist to evaluate potential admissions who have behavioral or psychiatric problems prior to deciding on admission.

   4.4 Referrals to the psychosocial units will be screened by the Screening Committee and the psychosocial treatment team.

   4.5 Decisions about restriction of residents' movements throughout the facility must be made in accordance with each resident's individual needs and preferences and with the participation of the resident or surrogate in the placement decision and continuing care planning.[1] Residents lacking capacity for placement decisions may not have their

[1] "If the stated purpose of a unit which prevents residents from free movement throughout the facility is to provide specialized care for residents who are cognitively impaired then placement in the unit is not considered involuntary seclusion, as long as care and services are provided in accordance with each resident's individual needs and preferences rather than for staff convenience, and as long as the resident,

C: Proposed Integrated Policy - Approved by LHH Medical Staff.

ADMISSION TO LHH AND RELOCATION BETWEEN LHH SNF UNITS

POLICIES:

1. LHH will accept and care for San Francisco residents who meet skilled nursing facility (SNF) care criteria (see priorities and exclusions below) and are at least 16 years of age. Prospective residents are welcomed at LHH regardless of race, color, creed, religion, national origin, ancestry, sex, sexual orientation, disability, HIV status or related condition, marital status, political affiliation, or age (over 16).
2. All applicants for admission to LHH shall be screened prior to any admission decision.
3. Admission to LHH shall be by an active member of the Medical Staff and is solely at the discretion of such member. (LHH By-Laws and Title 22)
4. LHH shall assess the physical, mental, social and emotional needs both of newly accepted applicants and of current residents to determine whether each resident's care unit environment is best able to meet these needs.
4. LHH shall centrally coordinate in-Hospital relocations in a timely manner to
   - minimize the potential for adverse impact on the resident,
   - optimize utilization of resources
   - optimize bed availability for new admissions.
5. LHH shall appropriately notify residents and their surrogate decision-makers of plans for relocation within the facility.

PURPOSES:

1. To assure that all San Francisco residents in need of skilled nursing, acute or rehabilitation services who are admitted to LHH receive compassionate and competent care in the appropriate service setting.
2. To appropriately allocate Hospital resources.
3. To provide a standard procedure for placement or relocation of residents within the facility.

ABBREVIATIONS:

A&E: Admissions and Eligibility Department
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PART A ADMISSIBILITY AND SCREENING PROCEDURES

1. Admission priorities are listed below. Exceptions require specific approval of the Administrator of Laguna Honda Hospital (or designee).

   1.1. 1st Priority:
   - Persons at home, persons who are wards of the Public Guardian and persons who are clients of Adult Protective Services, where patient safety and the need for urgent SNF care is paramount
   - Patients at San Francisco General Hospital who are ready for discharge to SNF level of care and who can safely be cared for at LHH.

   1.2. 2nd Priority: Persons not in a medical facility who will benefit from SNF Care.

   1.3. 3rd Priority: Patients at other San Francisco medical facilities who are eligible for SNF Care.

1.4. 4th Priority: Persons who are residents of San Francisco who are presently in a medical facility or private circumstances outside of San Francisco.

2. With the exception of admission to acute care units M7A and L4A, all admissions must meet SNF-level criteria as defined by state and federal regulations (e.g., Title 22).

3. LHH may need to exclude individuals who meet other criteria (listed below). These are not absolute exclusion criteria: each person will be considered individually to see if needs can safely be met.

3.1. Potential medical exclusion criteria:

3.1.1. Has communicable diseases for which appropriate isolation facilities are not available
3.1.2. Needs chemotherapy administered on site
3.1.3. Requires ventilator or is unstable on BiPAP
3.1.4. Requires TPN (total parenteral nutrition)
3.1.5. Requires ICU-based medical care

3.2. Potential psychiatric/behavioral exclusion criteria:

3.2.1. Is under police (forensic) hold
3.2.2. Has primary psychiatric diagnosis without co-existing dementia or other medical diagnosis requiring SNF or acute care
3.2.3. Requires highly restrictive restraints
3.2.4. Has significant likelihood of unmanageable behavior that endangers safety or health of others, such as

- Actively suicidal behavior
- Violent or assaultive behavior
- Criminal behavior including but not limited to possession of weapons, drug trafficking, possession or use of illegal drugs or drug paraphernalia
- Sexual predation
- Elopement or wandering not containable with available elopement protections (e.g. door alarms, resident locators)

4. Screening of candidates for admission:

4.1 Referrals to the Rehabilitation, AIDS and Hospice units are screened by attending physicians on those units.

4.2 All other resident referrals shall be reviewed by a Screening Committee (or subset thereof) that includes the following or their designees: M5 Admitting Physicians and Nurse Manager, Medical Director, Director of Nursing, Bed Control Coordinator (BCC), Director of Social Services, Utilization Management Coordinator, Admissions Coordinator, and others as appropriate.

4.3 The Screening Committee may ask a LHH behavioral specialist to evaluate potential admissions who have behavioral or psychiatric problems prior to deciding on admission.

4.4 Referrals to the psychosocial units will be screened by the Screening Committee and the psychosocial treatment team.

#1

Penney Mitchell/DPH/SFGOV

To: Anne Kronenberg/DPH/SFGOV@SFGOV
cc:
Subject: mg

06/28/2004 12:32 PM

Hi Anne, in rounds this morning we talked about a patient MG, diabetic, young with behaviors that LHH did not want to take. Judy Temple may have a place for him...Crestwood Idlewild will be coming to look at him on Wednesday...does this type of patient, medical not psychiatric get treated as coming out of LHH's budget? Who will pay for the placement of this patient. Penney

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#2

Anne Kronenberg

To: Penney Mitchell/DPH/SFGOV@SFGOV
cc: Judy Temple/DPH/SFGOV@SFGOV, GGP/RPD/SFGOV@SFGOV, Robert Christmas
Subject: Re: mg

06/28/2004 12:57 PM

*

My understanding is that MG has snf needs and lhh does not feel he is appropriate (which is fine), so it will come from their budget. Robert - isn't this the way you understand policy? anne

Penney Mitchell/DPH/SFGOV

#3

Robert Christmas/DPH/SFGOV

To: Timothy Skovrinski/DPH/SFGOV@SFGOV, Gayling Gee/DPH/SFGOV@SFGOV, Mivic Hirose/DPH/SFGOV
cc:
Subject: Re: mg

06/28/2004 02:02 PM

Tim: who is "MG"? Is the statement that LHH does not feel he is appropriate accurate?
Please advise,
Thanks,
Robert
----- Forwarded by Robert Christmas/DPH/SFGOV on 06/28/2004 01:57 PM -----

4

To: Robert Christmas/DPH/SFGOV@SFGOV
From: Timothy Skovrinski/DPH/SFGOV
Date: 06/28/2004 03:33PM
cc: Gayling Gee/DPH/SFGOV@SFGOV, Mivic Hirose/DPH/SFGOV@SFGOV, Brenda Austin/DPH/SFGOV@SFGOV, Charles Stinson/DPH/SFGOV@SFGOV, Maria.Rivero@sfdph.org
Subject: Re: mg

Hi, I (Maria Rivero) am responding for Tim. I did not see Mr MG, but he is well known to the psychosocial units and has been discussed at length in the Med/Surg placement meetings. He has a history of verbal abuse of residents and staff "suck my d---" "you don't know who you're messing with" , physically aggressive behaviors and intimidation, including chasing people, cornering nurses, and shoving other residents. He also threatened staff. A quote from a CNA on the psychosocial units" He (Mr MG) would swagger in an intimidating way so that you didn't know if he was coming at you to hit you or not". It appeared to the staff that even the institutional police were afraid of him. On the basis of this history and the fact that Penney Mitchell stated he was his "usual" self and exhibiting much the same behaviors while at SFGH, I declined him. I did mention that he was more manageable if he was on Haldol by report of Dr Austin. He is apparently on a 5250 hold, even though he has no psychiatric history. It is unclear to me whether or not his organic brain disease is severe enough to make him incompetant. His organic brain disease is based on diabetic comas (many) and cocaine use. SFGH has not done neuropsych testing on this admission. Dr Austin and I both agree given his past behavior at LHH and current behavior at SFGH, he should not return here. Mr MG is young, robust and potentially quite dangerous. He was D/C'd from LHH in 12/03. We should not be responsible for paying a patch for this man. Furthermore, Penney stated at one of the morning meetings that Mr MG may not WANT to be placed, and may not be conservable.
Maria

5

Subj: **Re: mg**
Date: 6/29/2004 11:06:07 AM Pacific Standard Time
From: Maria.Rivero@sfdph.org
To: Robert.Christmas@sfdph.org
CC: Timothy.Skovrinski@sfdph.org, Brenda.Austin@sfdph.org, Charles.Stinson@sfdph.org, Gayling.Gee@sfdph.org, Maria.Rivero@sfdph.org, Mivic.Hirose@sfdph.org
Sent from the Internet (Details)

I saw Mr MG today at SFGH. He has eloped from the floor four times despite a sitter, and was moved from a 4 bed sitter room to a two bed sitter room. He also struck a nurse who was trying to re-direct him and is frequently described as agitated and even combative. He is refusing to come to LHH stating he wants to go home. The issue of competency is unresolved, and he will need neuropsych testing to determine his competency. Penney Mitchell stated to me today that she agrees that Mr MG is not manageable at LHH. Why are we obliged to patch someone that SFGH staff agree that we cannot manage at LHH and who is refusing to come here???? Maria

Memo from Dr Tim Skovranski
LHH Assistant Medical Director

Dr Katz met with the LHH Medical Staff Monday 5/17/04 to discuss the "future of LHH" and medical staff concerns. His major points were:

1. The medical staff at LHH had two options – we could take problematic patients with skilled nursing needs who don't quite fit LHH in order to save the DPH money or we could reduce services, wards and staff at LHH to pay for the care of these patients
2. Patients who meet skilled nursing level of care, but are deemed by medical staff to be unsafe for LHH will be placed in psychiatric facilities with dollars from the medical staff budget.
3. Dr Katz considers LHH to have the long term care budget for the entire Department of Public Health, and therefore LHH will be responsible financially for all patients needing long term care, even if these patients have never been residents of LHH, and have primarily psychiatric issues