City and County of San Francisco

Department of Public Health

Laguna Honda Hospital & Rehabilitation Center

Gavin Newson
Mayor

John Kanaley
Executive Administrator

January 18, 2005

Mr. John Farrell
West of Twin Peaks Central Council
Laguna Honda Hospital Committee
200 Castenada Street
San Francisco, California 94116

RE: Response to Neighborhood Town Hall Meeting on December 16, 2004

Dear Mr. Farrell:

I appreciate the opportunity to respond to the issues brought up at the neighborhood Town Hall meeting on December 16, 2004. I look forward to working closely with you and all of Laguna Honda Hospital's neighbors and neighborhood groups as we move into the future. My central goal is to ensure that Laguna Honda Hospital (LHH) provides the best possible care for our residents and continues a positive relationship with the community.

I will host a community meeting in February and will notify you when it is scheduled. I invite you to attend the meeting so that I may further answer your questions. In the interim, my answers to the questions you posed are below.

(1) "What is the current and future intent of Laguna Honda Hospital?"

Laguna Honda Hospital is licensed by the California Department of Health Services as a general acute care hospital, distinct part skilled nursing and rehabilitation center. During a recent series of retreats with the Executive Staff of LHH along with input from each of the Health Commissioners and the Director of Health, the following mission statement for LHH was developed:

> "As part of the Department of Public Health safety net, the mission of Laguna Honda Hospital is to provide high quality, culturally competent, rehabilitation and skilled nursing services to the diverse population of San Francisco."

This is the current and future intent of LHH.

(2) "If it is the intent to convert LHH into a 'social rehabilitation center for the urban poor' the neighbors have a right to know."

Given that 45% of our residents are from underserved neighborhoods in San Francisco and 13% are homeless (source: FY02/03 SF DPH Annual Report), our residents need care in the form of social services in addition to the medical care they are already receiving at LHH. By teaming up the residents with vital local, state, and federal social resources while they are residents at LHH, we would be providing for a better chance of successful re-integration of residents into the community upon discharge from LHH. Much of these social services are currently provided by the coordinated efforts of the LHH social workers. The idea of "social rehabilitation" is bringing the resources into LHH as an additional resource for the LHH staff to help coordinate the social services in a more efficient manner. Also, the term "rehabilitation" is meant to emphasize that for younger patients, the ultimate goal is to rehabilitate them so that they can reenter the greater community rather than stay at LHH indefinitely.

(3) Since the mission of LHH has not changed, why was the LHH Admissions Policy changed?

In February 2004, the Department of Public Health initiated a project with the goal to improve patient flow from SFGH to LHH, significantly reducing staff time spent on transfers and the number of days spent by patients at SFGH awaiting transfer to a lower level of care. For several years, DPH Administration has been concerned about ongoing reports that SFGH residents were spending inappropriate days in acute beds. This is a major problem for DPH for several reasons.

First, the cost of a bed at SFGH is substantially higher than at LHH. By the timely transfer of SFGH residents who need skilled nursing facility care to LHH, we can save over a million dollars a year without decreasing services for anyone across the breadth of public health.

Prior to March 2004, our inability to transfer residents to LHH in a timely way resulted in SFGH being on diversion for a substantial number of hours, often preventing even LHH residents from receiving care at SFGH, as well as SFGH residents being kept in the Emergency Department for long periods of time. Clearly, both of these issues result in sub optimal care.

Furthermore, all hospital-based skilled nursing facilities in San Francisco prioritize the residents in their own system before accepting residents outside their system; LHH was the only one which did not.

When this new policy went into effect, the LHH admissions policy was changed to prioritize accepting residents from SFGH. At the time this policy went into effect, the Department was spending millions of dollars by keeping residents who were ready for skilled nursing care at SFGH rather than transferring them to LHH. Had the Department maintained the status quo,

millions of dollars of worthwhile programs would have needed to be cut elsewhere within Public Health. Time was crucial and changes were made with a sense of urgency.

Complexities and issues arising from this change in policy have been identified and the Department continues to adjust patient flow as needed. In December, the new Admissions Policy was readjusted, giving people from the community who are at risk the highest priority.

The Patient Flow Committee, comprised of LHH and SFGH staff, has been charged with overseeing and implementing the on-going admission and discharge of residents into LHH. The Department anticipates this Committee will continue to adjust the policy when needed to maximize the utilization of resources and accommodate the needs of all San Franciscans.

The change in the patient flow or admissions policy has had its effects on LHH. It results in more short stay residents. These short stay residents tend to be younger, have more behavioral problems, and many have a history of substance abuse. Many of these patients also suffer from HIV/AIDS or hepatitis. The Executive Staff at LHH is working with the Medical Staff to find better ways of serving this increased patient population while not taking away from the other programs at LHH. Proposed interventions include additional behavioral health staff, enhanced security systems and personnel, and a comprehensive workplace violence prevention program (discussed below).

(4) "Written copy of the new admissions policy. The before mentioned neighborhood groups want this admissions policy to reflect the policy prior to March 2004 which primary focus was on the San Francisco's elderly. None of the problems mentioned above would have happened if the admissions policy had not changed. To insure that this policy has been changed back we would like to see notifications sent to other San Francisco Hospitals accepting their patients and a quarterly status report with statistics reflecting this admissions change."

Attached for your review is the Laguna Honda Hospital Admissions Policy (see Attachment "A") and the LHH Admissions Report (see Attachment "B"). For the sake of simplicity, I have pointed out the main differences between the pre-March 2004 policy, the March 2004 policy, and the December 2004 policy:

The primary changes to LHH's Admission Policy were in the areas of (1) admission priorities and (2) the final decision-maker if disputes arose.

With regard to admission priorities, the Admission Policy, prior to March 2, 2004, stated, that only the Administrator may modify the admission priority, which was,

> *1st [Priority]: Persons not in a medical facility, who cannot receive adequate care in their present circumstances*

2nd [Priority]: Patients at San Francisco General Hospital..."

The LHH Admission Policy, dated March 2, 2004, stated,

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

> *1st [Priority]: 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 [Priority]: Persons not in a medical facility, who cannot receive adequate care in their present circumstances...*

The current LHH Admission Policy, dated December 16, 2004, states,

> *The following sequential priority will be followed unless the Administrator or designee in his/her professional discretion based on the totality of circumstances consistent with the patient's best interest determines otherwise.*
>
> *1st Priority:*
> - *Persons at home, persons who are either wards of the Public Guardian or clients of Adult Protective Services and where the admitting physician determines that urgent admission of the patient is necessary (i.e. patients who will be routed to emergency services if not promptly admitted to LHH, patients who are victims of domestic violence, abuse or neglect, or hospice patients whose families are overwhelmed by their care needs).*
> - *Patients at San Francisco General Hospital ready for discharge to SNF level of care...*

With regard to decision-making, the policy was changed to reflect the current practice and states,

> *Resolution of problem screening and admissions.*
> *5.1 Problems shall be brought to the Administrator and Medical Director for resolution.*
> *5.2 The Director of Public Health shall have the final authority to resolve problems but only after consulting with the Administrator and Medical Director.*

The December 2004 policy was approved by the Medical Staff and the Executive Staff of Laguna Honda Hospital in December 2004.

(5) What is being done to get back the $25 million bond monies that were used to balance the City's budget two years ago?

Under Proposition A ("Prop A"), the ballot measure that authorized the bonds relating to the Laguna Honda Hospital project ("the Project"), the Project has a maximum commitment of $100 million for capital costs from tobacco settlement monies received over the term of the Prop A bonds (Tobacco Settlement Revenue Funds or "TSRF"). Because the City had not yet issued Prop A bonds, the City was able to use $25 million from tobacco settlement monies for non-Project related activities. No Prop A bond funds were used to balance the City's budget.

The use of the $25 million from tobacco settlement monies for non-Project related activities will not result in any reduction in the $100 million commitment from TSRF to the LHH Rebuild. Moreover, the use of the $25 million has not delayed the Project or caused any delay-related costs to the Project.

The Project continues to have a $100 million commitment from TSRF for capital costs. To date, the City has received approximately $103 million in tobacco settlement monies. Of this amount, the City used $73 million for the Project, $5 million for Tobacco Education expenses (as provided by Prop A), and $25 million for non-Project activities. (See Quarterly Status Report on our website at http://www.dph.sf.ca.us/LHHReplace/default.htm.)

The City anticipates that it will reach its $100 million commitment from TSRF for the Project within the next two years. On average, the City has received $20 million per year in tobacco settlement monies. Therefore, it appears that the City will receive enough tobacco settlement monies to fulfill the $100 million commitment by 2006. Furthermore, under the terms of the ordinance which provided for the use of the $25 million, if at any point the City's Director of Public Finance certifies that the Project requires a payment of money to reach the $100 million TSRF commitment and achieve completion, such amount (up to the amount of the original $25 million) will be transferred to the Project from the City's General Fund.

(6) "Copy of the safety plan to be implemented to address citations from State Licensing and Cal-OSHA for the protection [of] patients and staff and of our surrounding neighborhoods."

The safety plan at LHH is an on-going project and no single document defines its work. The Laguna Honda Hospital Workplace Violence Prevention Program workgroup was developed on October 10, 2004, in response to CalOSHA concerns and demonstrates LHH's commitment to provide a safe home for our residents and a safer workplace for all staff and volunteers.

This workgroup is charged with developing a hospital-wide program to address prevention of workplace violence. The membership of the group consists of representatives from various hospital departments and organizational levels, including executive committee members, physicians, nursing administrators and clinical nurse specialists, clinical psychologists, nurse managers, labor representatives (Local 250, 790, and UAPD shop stewards), quality management representatives, and deputy sheriffs. All participants represent the organization and have knowledge and expertise necessary to develop and implement an enhanced workplace safety program for LHH.

The workgroup's major program components include management commitment, employee involvement, worksite analysis, hazard prevention and control, health and safety training, record keeping, program evaluation, and policy development. The workgroup's goal is to improve the safety of our environment and work practices. Furthermore, the workgroup has established communication channels to keep LHH staff informed about its progress and to solicit feedback. We encourage all employees to participate in this process by communicating concerns and suggestions to workgroup members. The workgroup will also report to the LHH Safety Committee, LHH Hospital Wide Performance Improvement Committee, and LHH Executive Committee to assure organizational oversight and support.

(7) "Copy of policy on the handling of sex offenders at LHH."

Every patient is screened at the time of admission for behavior risk. If the admission candidate's behavior endangers the safety of other staff and residents, there is an exclusion criterion in the admissions policy and the applicant will not be admitted to LHH. If the resident exhibits behavior that is difficult but can be managed at LHH, a behavioral risk assessment is conducted by the resident's interdisciplinary team at the time of admission and as needed, during the resident's stay at LHH. A care plan is implemented to manage the resident's behavior and reviewed and updated regularly.

I hope this letter answers your questions and concerns. If you would like to discuss any of my responses, please contact me at (415) 759-2363. Otherwise, I look forward to seeing you at our community meeting in February.

Sincerely,

John T. Kanaley
Executive Administrator

cc: Mitch Katz, MD, Director of Health
Sean Elsbernd, Supervisor, District 7
Dave Bisho, President, West of Twin Peaks Central Council
Barbara Meskunas, President, Coalition for San Francisco Neighborhoods
Bud Wilson, District 7 Council
Mary Burns, Greater West Portal Neighborhood Association
Benson Nadell, Ombudsman
San Francisco Health Commissioners

Attachments:
A: LHH Admissions Policy, rev. 12/16/04
B: Sources of New SNF Admissions to LHH, from 12/03 to 11/04