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**HEALTH COMMISSION
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**MINUTES
JOINT CONFERENCE COMMITTEE MEETING FOR
LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER**

May 11, 2026, 4:00 p.m.

**1 Dr. Carlton B. Goodlett Place, City Hall, Room 408
San Francisco, CA 94102 & via Webex**

1. CALL TO ORDER

Present: President Laurie Green, M.D., Member
Commissioner Edward A. Chow, M.D., Member

Excused: Vice President Tessie Guillermo, Chair

Staff: Daniel Tsai, Roland Pickens, Jennifer Carton-Wade, Lily Conover, Nawzaneen Zahir,
Naveena Bobba MD, Albert Lam, MD, Todd Barrett, MD, Dzovag Minassian, MD,
Helen Chen, MD, Tangerine Brigham, Maria Antoc, Elizabeth Schindler, Jennifer Magnusson

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

2. APPROVAL OF MINUTES FOR MEETING OF APRIL 13, 2026

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no Commissioner comments on this item.

Action Taken: The LHH JCC unanimously approved the April 13, 2026 meeting minutes.

3. GENERAL PUBLIC COMMENT:

There was no general public comment.

4. EXECUTIVE TEAM REPORT

Diltar Sidhu, Chief Executive Officer and Nursing Home Administrator, presented the item.

Public Comment:

Dr. Teresa Palmer asked for clarification about the proposed isolation-bed plan and expressed concern that the proposal might involve transferring six beds from Zuckerberg San Francisco General Hospital to Laguna Honda. She stated that such a transfer could have significant implications for the total number of beds available to the broader community.

Commissioner Comments:

President Green expressed appreciation for the breadth of staff recognitions in April and asked whether the newly created safety working groups at Laguna Honda had produced concrete recommendations. She also requested clarification regarding the proposed consolidation of isolation beds in the North Mezzanine unit and whether the change would impact Laguna Honda's maximum census. Her final inquiry sought assurance that staff were receiving adequate support in maintaining census growth despite fluctuations caused by discharges and resident deaths. Mr. Sidhu explained that safety concerns from multiple departments are now being systematically collected and escalated, and that early improvements are underway. He clarified that the isolation-bed plan simply relocates existing beds and does not involve transfers from other hospitals. Census growth remains stable but is affected by normal variation in discharges and end-of-life events.

Commissioner Chow asked whether new safety protocols implemented at Zuckerberg San Francisco General (ZSFG) had been fully adopted at Laguna Honda, particularly with regard to threat-management procedures and emergency escalation pathways. He also asked whether workplace-specific safety concerns, such as ergonomic and workers' compensation issues, were being escalated appropriately across committees. Mr. Sidhu and Ms. Carton-Wade confirmed that threat-management, security escalation pathways, and related procedures have been adopted from ZSFG. Safety concerns from individual departments are reviewed weekly and escalated through the Employee Workplace Safety Committee and the Environmental Care Committee.

President Green asked how the "Evolv" weapons-screening system will be used for residents returning from off-site passes, noting the need to balance safety with resident-rights regulations. She requested a follow-up report once operational procedures are finalized. Ms. Carton-Wade stated that the protocol is still under legal review due to regulatory considerations. The facility will provide a future update when procedures are finalized.

President Green raised questions regarding referral patterns, bed availability, and the apparent mismatch between the number of accepted referrals and the limited number of available beds. She also asked which patients qualify for the secure dementia unit and how the facility differentiates between clinically appropriate admissions and denials based on behavioral complexity. Dr. Lam clarified that admission criteria for the secure dementia unit require loss of decision-making capacity, a documented risk of elopement, and cognitive impairment attributable to dementia. Many denials occur because patients have dementia but do not require a secure environment. Referrals from the community have increased due to outreach.

Commissioner Chow asked whether vacant secure-unit beds could be reclassified for general SNF use. He also asked whether outreach to senior centers and community partners was sufficient to ensure families are aware of the secure unit's availability. Mr. Sidhu explained that the locked-unit

design cannot be partially converted due to the security structure. Outreach has expanded significantly, and community referrals now represent a major portion of incoming inquiries.

5. KAIZEN PROMOTION OFFICE PRESENTATION

Elizabeth Schindler, Director of Kaizen Promotion Office, LHH, presented the item.

Public Comment:

Dr. Teresa Palmer stated expressed concern about the use of “Lean” terminology in nursing-home settings. She is worried that efficiency goals could lead to understaffing, reduced safety coaching, or constraints on resident escorting for specialty care.

Commissioner Comments:

President Green asked for clearer reporting on strategic priority progress, modeled on the ZSFG True North dashboard. She requested a structured chart, timelines, and clearer identification of executive sponsors. She also asked for updates on staffing sufficiency in the pilot neighborhood and for metrics showing when initiatives move from planning into implementation. Ms. Schindler stated that standardized scorecards will be developed for future meetings and that several initiatives are long-term efforts. The pilot neighborhood has launched multiple engagement and process-improvement projects, and broader data collection is underway to support hospital-wide scaling.

Commissioner Chow recommended that the KPO adopt data-visual reporting similar to ZSFG’s most recent dashboards, which clarify trends and provide monthly indicators of whether targets are being met. He stressed the importance of prioritization to reduce staff burden while maintaining compliance. Mr. Sidhu emphasized that post-recertification improvements require careful system rebuilding and that the organization is evaluating which initiatives should remain high priority. LHH leadership will bring back structured, ongoing reports reflecting commissioner feedback.

6. HIRING AND VACANCY REPORT

Jennifer Magnusson, HR Hiring and Selection Manager Directo of Hiring, presented the item.

Public Comment:

Dr. Teresa Palmer commented on the RN vacancy percentages presented in the hiring report. She noted that federal research shows inadequate RN staffing levels are correlated with higher morbidity and mortality in nursing-home settings. She asked for greater clarity about how the vacancy rates relate to the hours-per-patient-day requirements and whether residents continue to receive the RN coverage needed to ensure safe care. She emphasized the importance of understanding how “attrition savings” impacts real-time staffing at the bedside

Commissioner Comments:

President Green requested clarification on “pending approval” positions in the context of the citywide hiring freeze and asked which vacancies are most critical to resident care. She also asked for better explanation of how vacancies are offset by overtime, registry use, or staffing support from other DPH divisions. Ms. Magnusson explained that pending positions await approval through budget, DHR, and City Hall layers. The facility continues to meet required staffing ratios but relies on overtime and registry to maintain coverage. The DPH continues to advocate for critical positions to be approved by the Mayor’s Office.

7. REGULATORY AFFAIRS REPORT

Nawzaneen Zahir, Chief Quality Officer, LHH, presented the item.

Public Comment:

Dr. Teresa Palmer asked whether the facility’s internal reviews of facility reported incidents (FRIs) typically align with state findings after CDPH completes its investigations. She expressed concern that discrepancies between internal and external findings could reflect potential blind spots in the facility’s quality oversight. She suggested that transparent discussion of corrective action plans could help the community better understand how issues are addressed.

Commissioner Comments:

Commissioner Chow asked whether internal investigations of FRIs tend to align with CDPH findings when state investigations occur. Ms. Zahir stated that CDPH’s findings generally align with internal reviews, and corrective actions are usually in place prior to state confirmation.

8. LAGUNA HONDA HOSPITAL POLICIES

Nawzaneen Zahir, Chief Quality Officer, LHH, presented the item.

Public Comment:

There was no public comment on this item.

Commissioner Comments:

There were no commissioner comments on this item.

Action taken: The LHH JCC unanimously voted to recommend that the full Health Commission approve the following items:

<u>Item</u>	<u>Scope</u>	<u>Policy No.</u>	<u>Policy Title</u>
1	Facility-wide	20-07	Against Medical Advice
2	Facility-wide	24-10	Coach Use for Close Observation
3	Facility-wide	20-08	Use of Isolation Rooms
4	Nursing	A-05.0	Nursing Clinical Affiliations
5	Nursing	B 6.0	Items Allowed at the Bedside
6	Nursing	D2 3.0	Tub Baths and Showers
7	Nursing	D9 6.0	Water Pitchers
8	Nursing	K 1.0	Assessment, Prevention and Management of Pressure Injury
9	Nursing	K 1.0	Pressure Injury Intervention Appendix 1
10	Nursing	K 1.0	Wound Care Supply List Appendix 2

9. CLOSED SESSION

A) Public comments on all matters pertaining to the Closed Session. (San Francisco Administrative Code Section 67.15).

There was no public comment on this item.

B) Vote on whether to hold a Closed Session. (Action Item)

Action Taken: The Committee 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**

RECONVENE IN OPEN SESSION

1. Discussion and Vote to elect whether to disclose any portion of the closed session discussion that is not confidential under Federal or State law, The Charter, or Non- Waivable Privilege (San Francisco Administrative Code Section 67.12(a).) (Action item)

2. Possible report on action taken in closed session (Government Code Sections 54957.1(a) and 54957.7(b) and San Francisco Administrative Code Section 67.12(b).

10. POSSIBLE DISCLOSURE OF CLOSED SESSION INFORMATION

Action Taken: The Committee approved the LHH Credentials Report and PIPS Minutes Report in closed session and voted to not disclose discussions held in closed

11. ADJOURNMENT

The meeting was adjourned at 6:04pm.