

San Francisco Board of Supervisors
City Services Committee
Transcript of LHH Admissions Policy Hearing Audiotape
June 24, 2004

[Hearing to consider the patient placement at Laguna Honda Hospital and whether patients with incompatible diagnoses are being housed in the same facilities. Hearing Sponsor: Supervisor Jake McGoldrick, District 1]

DUFTY: Good morning everyone and welcome to the June 24th rescheduled meeting of the City Services Committee. I'm Supervisor Bevan Dufty, I'm the Chair of this committee. Joining me are my colleagues, Supervisor Tony Hall, member of this committee and our friend and colleague, Supervisor Jake McGoldrick. Our committee clerk is Monica Fish who's with us, Ted Lakey, our Deputy City Attorney. I always like to thank the people at Channel 26, and today it's Tom Loftus and Dawn Fike who are making it possible for people to see this at home and throughout the week. I also want to say, as a Chair of this committee, I really pride myself on trying to run a committee that is respectful of all views and creating an environment where there's not a lot of hostility but that we openly discuss issues and try and come to solutions. So I often describe City Services as being a loving place and I hope we can do that. I know that there's a difficult issue before us, and I know that we'll all work together to try and understand some of the challenges. So with that, Madam Clerk, if we can call Item one?

CLERK: To consider the issue of patient placement at Laguna Honda Hospital and whether patients with incompatible diagnoses are being housed in the same facilities.

DUFTY: Thank you, Madam Clerk, let's hear from Supervisor McGoldrick.

MCGOLDRICK: Thank you. I want to say that Supervisor Hall and I were both mutually interested in this item and we're both [of us?] calling this hearing today. I know we both became aware of the problems that have surfaced publicly as result of first receiving letters and communications from staff at Laguna Honda in which they were expressing their concerns. And the concern had to do with whether or not a significant shift in policy was going to affect patient care at Laguna Honda Hospital. I know we were both very alarmed and affected. Unfortunately, for Supervisor Hall, he himself was undergoing a medical treatment at the time when we were calling for this hearing and we said, "Let's wait until Supervisor Hall recovered." He had to have knee surgery replacement. I'm very pleased to see he's recovering very, very well. Thank goodness. Anyway, there was an article, an account in the Chronicle, about a young, quadriplegic patient at Laguna Hospital who had had a disagreement with an elderly patient about a TV program selection and unfortunately that person, the quadriplegic, called a couple of his friends and wound up coming out and doing some harm to the elderly gentleman. That was a cause for concern. I believe when we saw that we said, "Let's see if we can get to the bottom of this thing." Because if it has to do with a shift in policy, that's extremely significant and one that as policymakers for the city, not doctors... Again, I never try to second guess doctors, but I did as a young man read Bertrand Russell's essays on skepticism and one of his cardinal rules was "when the experts agree, go along with the experts, when the experts disagree, then be skeptical." So in my skepticism, certainly I and Supervisor Hall both said, "Let's see if we can clear this thing up." Because we can't let something like this fester. So hopefully today we will shed some light and you all will shed some light and that a truly dynamic dialog will occur and continues to occur. Because I, above all, try to follow the same principles as the Hippocratic oath that is sworn by the doctors, which is "first and foremost, do no harm." So if we can do a little good, that's even better. I know that that's the way we're sure to go. So again, that's briefly all I want to say today, I'd like to allow you all to kind of dialog in public. I know we don't usually have situations where we try to outguess the experts, the doctors, and I'm not going to do that and I don't think Supervisor Hall is going to try to do that. But we want to see if we can be of any assistance and if in the meeting of the minds here today it's possible to continue to provide what is really one of the finest levels of service in our city at Laguna Honda. A really, truly community-based kind of institution, one that the community built out of philanthropic donations from the early days. We want to continue to see having nothing but the best reputation we can possibly imagine. It's been such a wonderful asset for our city and I know that the advocacy that comes to us on many issues, I always, and we'll always consider to be absolutely genuine and sincere. So I didn't want to second guess anyone, I didn't want to think that I was going to figure it out in an hour or two. I know there are difficult issues and questions to ask here and I will leave any other comments till the end after we hear you all. Thank you, Mr. Chair.

HALL: Thank you Supervisor McGoldrick for covering all the points I would have said. I'm not going to

belabor the issue. I would like to hear from everybody who showed up today on this important hearing before I start asking any questions or make any remarks. If that would be the format, Supervisor Dufty.

DUFTY: Can we start with Dr. Katz? I think he has a presentation.

HALL: Absolutely.

DUFTY: I want to welcome Dr. Mitch Katz who's here. I see Mr. Larry Funk is also here from Laguna Honda, the administrator. Dr. Katz, welcome.

KATZ: Hi, good afternoon, Supervisors. I've asked the MIS department to cue up the presentation, which we've tried just so that not to argue any particular point, just to get everyone comfortable with the detail about Laguna Honda and San Francisco General and our facilities. I would say, only in the way of introduction, just how complicated these issues are and that there are a lot of good people in the audience. Good physicians, good nursing staff, and I do believe that everybody wants the same thing—which is to take good care of people in need of care. To do that, it's not always straightforward. Actually, I'll tell you a few more details about the patient that Supervisor McGoldrick mentioned, because we just had a very interesting development in that particular case yesterday. So Supervisor McGoldrick told you the beginning of that case, which had appeared in the newspaper and which alarmed a lot of people. The particular newspaper, because they were trying to argue one side of a complicated issue, didn't tell you that that patient had been admitted from the community to Laguna Honda two years ago. It gave you the impression that the issue where patients who were violent or difficult and young coming from General Hospital and how that reflected a change in policy. It wasn't convenient to the story to mention that, well, actually he was admitted two years ago for respite care and that the good doctors and nurses at Laguna Honda had tried to transition him back towards his home during that time. Now, following the incident, I reviewed the case and determined that in my opinion he should not return to Laguna Honda Hospital. So he has been at San Francisco General Hospital with our plans to place him in another facility. We learned yesterday that the state health department, which has complete jurisdiction over skilled nursing facilities, has ruled that he must be allowed to return to Laguna Honda Hospital. And what they're reviewing—and I think it does and that's why I'm starting with this—reflect all of the complicated issues. What they're reviewing is his legal right to skilled nursing care and his legal right to be maintained at a facility that he is comfortable at. While there is not much dispute of the facts of how he, what happened, it is true that through our criminal justice system the case was dismissed. We had done the appropriate things, that is, we called the police, he was arrested, he was placed in the jail ward, it came before the court, the court ruled. Well, basically the court threw out the case. Then the state health department reviews the case and what they have before them is a quadriplegic who has been in Laguna Honda for two years, who wishes to return to Laguna Honda, for whom there have been no charges found against him, and they have reviewed it and determined that he shall return to Laguna Honda. There is no way, in fact, that at this point there's no appeal to that decision, and they can yank Laguna Honda's license, because the license of Laguna Honda is not controlled by me or the city and county, it's a state-licensed facility. So with that as an introduction and just how complicated the issues are before us, let me just make sure that everyone is clear on our facilities. So with the first slide you see, actually going to the next one, the two major facilities that take care of our patients in need are General Hospital and Laguna Honda. We also have the Mental Health Rehab Facility and a number of community programs, but they're much smaller. General Hospital is budgeted for 278 acute beds, Laguna Honda is budgeted at 1,055 and has always had a number of programs besides long-term care. They've always, or not always but since the beginning of the AIDS epidemic, they've had an AIDS unit. They've had a rehab unit and they have a hospice unit. Now, the specific problem, going on to the next slide, that prompted my becoming involved and changing our policy, was that I noted, I always check the census of both institutions first thing on Monday morning when I meet with my cabinet staff. What I learned was there were 35 patients at General Hospital who were judged to be ready for skilled nursing care. All had been approved by Laguna Honda. It wasn't an issue that Laguna Honda said, "No, these people are not approved." But there was essentially a bottleneck. The bottleneck was having some very unfortunate effects. It was resulting in people staying in the Emergency Department at General Hospital for more than 24 hours, which is one of our quality indicators. Imagine being so sick as to need acute hospitalization and you're on a gurney in that ER for more than a full day. Why didn't we just bring them up? We didn't bring them up because we didn't have any empty bed upstairs. Then we were on diversion almost half the time because the emergency room was backed up because we had all these people who couldn't go upstairs. So now we're diverting ambulances. There's also quite a significant cost to having so many people at General who can be cared for at the skilled nursing level. At 35 patients, it's \$23,000 a day. That's basically, using round numbers, the cost of General Hospital is \$1,000 a day. The cost of Laguna Honda is \$340 a day. If you subtract those numbers, that's \$660, and you times it by 35, you come up with \$23,000 a day. Now this was the time, January, you'll remember the worst projections about our budget. I was looking for ways that I could bring down our budget without closing anything. Didn't want to close a ward at Laguna

Honda. I didn't want to close a ward at General Hospital. I didn't want to fire a nurse. I didn't want to lay off a doctor. This seemed to me an opportunity. So if you look at the next slide, you'll just see the same sort of data, except now you'll see what happened after our efforts as well. This is both number of patients and number of days. This is number of days of people at General who no longer needed acute service. You'll see that, at the time I got involved, you were at 1,175 days and we've now brought it all the way down to 441. And we've brought down the number of patients from 90 to 57. So we have succeeded and I want to be very clear that this only happened because of the good work of the people at Laguna Honda, a willingness to take people from General in a more rapid way. So how did we do this? We really began an effort focused on getting people to the right level of care. We had daily placement meetings the deputy director Ann Kronenberg ran at General Hospital that involved Laguna Honda staff, San Francisco General staff, as well as CBOs. Essentially, looking for solutions. How do we know? We all agree that this person shouldn't be at General Hospital. Where should they go? What is the best place? So now you'll see how this affected Laguna Honda Hospital. I'm showing you the pattern of admissions from General. You'll see that beginning around the time we got involved there's a large spike in the number of patients coming from General. That top line. But it's not wildly different. It's always been a sawtooth curve going up and down, reflecting what our actual needs are. But there was a spike in this and it did result, and I know this was very painful for much of the staff, in our taking fewer people from home. That's at the bottom of the graph during this time. Essentially, what we did is we said, "Laguna Honda, for those patients you've already accepted, you have to take them from General Hospital first. I can't have General Hospital backed up. I can't have the Emergency Department on diversion. For the next few months, till you catch up, I want the patients going first from General Hospital." And the staff did that. And, in fact, we now...

HALL: Excuse me, Dr. Katz. Is that a directive of yours?

KATZ: Yes.

HALL: That was your directive?

KATZ: Yes.

HALL: Solely your decision?

KATZ: Yes. Following that, we are now, having resolved the issue, we're now again taking people directly from home because there's currently no one waiting at General Hospital. The services have been done so well that it turns out we can now take people from the community. We no longer are losing the amount of money we were. I have reflected that increased revenue in our budget for next year so that it had the effect that it prevented me from making cuts next year. Because I said, "OK, well now that we have figured out a way to prevent having so many admin days at General Hospital, I can now reflect that revenue in the budget and not make other cuts."

MCGOLDRICK: Dr. Katz?

KATZ: Yes, sir.

MCGOLDRICK: Let me ask you. You point out the backlog or the waiting list having risen to 35 patients at General. Then, of course, you've got it back down to a manageable number, whatever the...

KATZ: Currently, none.

MCGOLDRICK: Basically, zero.

KATZ: Basically, if someone needs the care, they're now going.

MCGOLDRICK: But does it go up to 2 or 3 and then back down to zero? Two or three and then back down to zero again?

KATZ: The most we've had in the last 5 weeks is 2. In general, Laguna Honda...

MCGOLDRICK: In general, within 72 hours? 48 hours?

KATZ: Laguna Honda generally can accommodate, depending on the day, 2-4 new admissions in a day. So what determines the backlog, for example, the way it would have worked before my saying, "We have to deal with this backlog," is perhaps Laguna Honda would have taken one or two a day from the General, and one or two a day from home or from other hospitals. So it would have taken a very long time to get over that backlog. Or it may have been that you never got over it because General Hospital would keep producing new people who needed skilled nursing care. So by saying that "no, for the next period of time, all three or four new admissions are going to come from General until you catch up." We were able to eliminate the backlog. It's like any backlog, once you eliminate it, you're done. The General

Hospital currently doesn't produce four people a day who need it.

MCGOLDRICK: Two questions. Number one, how's that affecting folks that are being admitted from the community? From the community and the home are synonymous in terms of the types of admissions?

KATZ: Sure. If you look at this, there are two categories. There is home and there is "other facilities." So other facilities would refer to another, say, skilled nursing facility. Many of the other skilled nursing facilities in the city do not want to take care of people for long-term care. So they will take care of someone for 30 days or 60 days, often until their Medicare runs out.

MCGOLDRICK: Can we get that visual back on the screen?

KATZ: So that's the line under the red, is "other facilities."

MCGOLDRICK: That's the blue?

KATZ: Yeah, the blue. And the pink is...

MCGOLDRICK: The second line down from the top.

KATZ: Pink is "home."

MCGOLDRICK: Pink is "home," right, pink is home.

DUFTY: Actually, on this chart, "home" is green, pink is "other facilities," blue is "SFGH."

KATZ: Oh, I'm sorry. I can't read from there and I don't have colors on my...

DUFTY: So, there we go. All right.

MCGOLDRICK: Thank you, Supervisor.

DUFTY: Green is home, pink is other facilities, blue is SFGH.

MCGOLDRICK: The top line, of course, is just "total."

KATZ: That's right. I'm sorry, I can't see the colors from here. Too nearsighted.

MCGOLDRICK: So my other question is this: How did we get to a point where we had 35 on the list? I mean, how long had there been 35? Or 30? Or 25? What's the recent pattern there?

KATZ: It built up over a series of months. See, again, if you, if what you, if you think of it's, it's inflow-outflow. If Laguna Honda can take three or four a day, and if only one or two come from General, but General has two or three a day eligible, then over a period of time, you'll fall further and further behind and the longer you let it go...

MCGOLDRICK: Sure, but how did that, how did that, that seems to be an aberration to whatever might have been the pattern for years. You didn't have 30-35, 20-25 backlog for years and years and years, did you?

KATZ: I'm not sure I can easily answer that question.

MCGOLDRICK: I'm just wondering how that happened.

KATZ: There certainly is seasonal flow. It's true that it's certainly clear that General Hospital is busier, like most hospitals, in wintertime. More people who get infections and need long-term antibiotic treatment in wintertime.

MCGOLDRICK: Have you ever seen this spike in previous winters?

KATZ: There have been other periods of time, and at other periods of time in similar ways I would get involved. I actually had assumed that it was Laguna Honda's first priority to take patients from General, because in general, not to use the same phrase, but that is how skilled nursing facilities work. You can't place a patient at St. Luke's or CPMC's skilled nursing facility by calling up and saying you have someone from the community. They take people from their own hospital. So I had actually thought that the build-up was because the number of patients General Hospital had exceeded the 3-4 a day. I hadn't realized that it was building up because we were not prioritizing the patients from General. So that was my mistake. I thought that it was our, I thought our policy was at Laguna to take the patients from General first, and then take people from the community as they needed it.

MCGOLDRICK: By the way, the phrase "from the community" means what for the general public?

KATZ: Well, OK, so it could mean, most commonly means "a person who is failing in their current situation."

That can happen for a number of reasons. It can happen acutely, one of the calls that I got and an exception we made was somebody whose furnace broke. Therefore, couldn't stay in her house. She had, there were certainly other issues, but that seemed to be the straw that broke the camel's back. That now, in addition to only marginally making it, now there was no heat. We accepted her in, despite the fact that we had a policy to take people from General first, because even when we had that, we allowed for exceptions to be made.

HALL: When did this policy take place?

KATZ: January.

HALL: About January of this year? And this was under your directive?

KATZ: Yes, Supervisor.

MCGOLDRICK: That was one exception.

KATZ: I think there were, during that time, 3-4 exceptions that were made. And we always allowed for exceptions, because you have extraordinary cases. But the idea was to say, "The first priority of Laguna Honda would be people that were deemed to be acceptable." Now, this has nothing to do with the issue of whether or not there are people like that case we just talked about who there are reasons to doubt whether or not Laguna could take care of them. We're only talking about people who Laguna Honda had decided they could take, but they didn't yet have room for. May I go on, Supervisors?

MCGOLDRICK: Please. Thank you, Dr. Katz.

DUFTY: I'd love it if we can let him finish his presentation and then go to questions.

KATZ: So, I think we've covered the location, we'll just do it in the slide on the picture. So this is just to say where the patients come from. And, again, I'm going to be, I can't read the colors, Anne, can you? Green is...? And the top is total?

FEMALE ANNE: Yes.

KATZ: So you see that the vast majority, because I know there's the public pose has been focusing on people with psychiatric illnesses. You'll see that the number of people with psychiatric illnesses really has not changed. I mean, the bolus was for people with medical illnesses. It was not people with psychiatry. It's pretty much a flat line going all the way across. Again, there was a slightly different issue. There was a patient that caused a lot of concern from psych, where Laguna Honda physicians felt that he was not appropriate for Laguna. General Hospital physicians felt he was because he had caused no trouble for a period of several months while on medications at General Hospital. He did have a very difficult past at Laguna Honda. That patient never did come to Laguna Honda, but sort of trying to decide that disposition caused a lot of unease among the staff that thought that he was coming. The next shows...

MCGOLDRICK: I'm sorry, Dr. Katz, the "4ASNF"? What does that mean?

KATZ: Right. The General Hospital has their own skilled nursing facility, which is a maximum of 30 beds. The way we try to distinguish the use. And I should say that that skilled nursing facility, which we also run with our own staff, has never refused any patients, and all patients go as soon as there is a bed from General Hospital, it's in the same building. We try to focus that unit on people who are going to need 30 days or less, so that we can turn those beds over very quickly. Because someone, while at the best of circumstances, the best I've ever been able to do is to move someone from General Hospital to Laguna in 2-3 days. For the skilled nursing facility that's at General Hospital, they move that same day if there's an empty bed. So I try to use those beds for people who are on 30 days of antibiotics. A very discrete amount of time and we just keep them full. But then, sometimes it turns out that they're, at the end of 30 days, they're going to need long-term care. Then we move them from one SNF to the other SNF.

MCGOLDRICK: You call them "sniffs"?

KATZ: Yeah. That's, I'm sorry, skilled nursing facilities.

MCGOLDRICK: And the "4A" stands for...?

KATZ: 4A is just the Floor 4 and the wards A, B, C, D. So, I know there's been a lot of concern about age and whether or not the age mix at Laguna Honda has changed. There's no question that it has been changing. It has been changing over a period of five to ten years. But I think, as you'll see in the graph, the change is not huge by any means. It remains true that there are more people at Laguna Honda that are over the age of 99 than under the age of 30. If you

compare, each one of those bar graphs represent a different year. So you have essentially 2000, 2001, 2002, 2003, 2004. If your eyes are better than mine, you'll see that there are slight increases in some of the younger people. They're really very, very small. I mean, really what it shows is that the age mix has been changing for five to ten years, but certainly has not changed radically over the last year. Now, again, I think what this says is that it doesn't mean that the issue is... And I don't want you to take from my impression that I don't understand the problem or the complexity, but the problem and the complexity has been driven primarily by two or three difficult cases for which there has been no right answer, including the case that Supervisor McGoldrick relates to and has not really represented a fundamental shift in Laguna Honda. And in the last slide that I brought you is sort of one sense of...are the new patients who we're sending to Laguna Honda, are we able to succeed? How many people, if you will, fail? One way to gauge failure is people who get discharged within 7 days. There has been some increase, but again, these are pretty small as a percentage increase. Pretty small. And 30 days, really none between this year and last year. So, again, what I would say is, in closing, complicated patients, some of whom there is no ideal place for, we struggle, we have great doctors, we have great nurses, they work under difficult conditions, there have been issues of violence, there's been issues of violence patient against patient, patients against staff, staff against staff. All of these have existed. They exist at Laguna Honda, they exist at General Hospital, they exist in the jail ward. There are episodes of drug using at Laguna Honda, there are episodes of drug using at General Hospital, there are episodes of drug using at the jail. My staff do very difficult work. It is hard sometimes to provide the best care. But we have always viewed ourselves as the safety net. We have not generally ever taken the view that we say no to taking care of people. In general, we walk into rooms, when I see patients at General Hospital, you know, they're in jail and the deputies are behind bulletproof glass and two locked doors, and I walk into the room. As do my nurses, as do my other doctors. We have, all of us, been subject to various incidents of violence of difficult patients. It's hard. It's hard work my staff do and they do it well. I wish sometimes that there were easier answers to people who pose difficult problems. What I ask of myself and of my staff is that we struggle to do the best we can under extremely difficult circumstances.

MCGOLDRICK: Dr. Katz, on the last graph that you had up there, just you were just...

KATZ: I'm afraid we can't get it backwards.

MCGOLDRICK: You said that if you had, your definition of "failure" and "success." Your definition of failure and success. You talked about being able to discharge to an acute provider before 7 or after 7 days, can you explain that again?

KATZ: The thought is, if somebody is going to...

MCGOLDRICK: What's "success" in this case?

KATZ: Right. If someone is going to Laguna Honda. You're making a determination that they need long-term care. If seven days later they had to bounce back to the hospital, then either one of two things happened: You were either wrong or there was something new acute happened. Now, that does happen with sick people. You discharge a 90-year-old person with a broken hip, which is a skilled nursing facility diagnosis, to Laguna Honda, and then 4 days later she has a fever and a pneumonia. You send her back, right? So that would be a 7-day discharge where you didn't make a mistake. A different one where you did was someone who wound up coming back for the very same problem. Our IS systems are not good enough to be able to distinguish those two right now.

MCGOLDRICK: What's "IS"?

KATZ: I'm sorry, I can't even say what IS is. It's Information Systems. So, you know, I did this as sort of our best, sort of crude indicator. Sort of looking at, are a lot of our patients who we're sending to Laguna from an acute hospital bouncing back in 7-30 days? The answer is no.

MCGOLDRICK: We're talking about the physiological problems not behavioral problems, in terms of the possible bounce backs?

KATZ: This is everyone.

MCGOLDRICK: It sounds like you're saying it's primarily physiological, it's not primarily behavioral that's causing any bounce back, when it happens?

KATZ: I think it's both, Supervisor.

MCGOLDRICK: Just to get clear.

KATZ: We do maintain a "no questions asked" return policy. So if someone goes from General Hospital...

MCGOLDRICK: Sounds like a used car.

KATZ: Sounds like Macy's. We modeled it after Macy's. The idea is if Laguna Honda takes a patient that where no one, remember, this is not science, you don't compute a score, "Oh yes, this person will be a success at Laguna. Oh yes, this person will be a failure." You use your best clinical judgment. What we've instituted during this period is if Laguna Honda takes a patient who turns out to be too difficult for Laguna Honda, we have a "no questions asked" return policy to General. So they just go back to General and we look for some other place to place them.

DUFTY: I noted that Larry Funk is here from Laguna Honda. Do you want him to speak? Do you want to start public comment?

KATZ: We sort of coordinated at work.

DUFTY: We'll open it up. We appreciate your being here to respond to issues that come up. We have speaker cards here. So we'll provide two minutes per speaker. Anybody else, if you could please fill out a card and give it to the committee clerk. I'll call the first three speakers.

MCGOLDRICK: Mr. Speaker, is Dr. Paul Isakson here? Dr. Paul Isakson here? No? OK, at one point we'll hear from him, fine, thank you. Thank you, Dr. Katz.

HALL: Just wondering if, Mr. Funk, I could ask a question? Do you want to make a presentation?

FUNK: As Dr. Katz said, I think he gave a very good comprehensive overview of the issue and I think I would be fine if the commissioners would like to open it up for public comment. I'm available to field any questions you may have at that time. Thank you.

DUFTY: Thank you. Dr. Derek Kerr. Dr. Maria Rivero. And Dr. Brenda Austin will be the first three speakers.

KERR: Thank you. We were told we had three minutes, unfortunately.

DUFTY: [Pause] All speakers will have three minutes.

KERR: My name is Derek Kerr, hospice doctor at Laguna Honda for 15 years. They say that there's no place like home. But when you're really sick and when you can't take care of yourself or when your family is overwhelmed by your illness, or you're trapped in an unsafe environment, then home becomes a hazard. Help is needed in such emergencies. Before March 2004, we could guarantee these patients a prompt admission. This is no longer the case. Our pleas over these three months have not moved our administrative colleagues. You are elected representatives and need to weigh in on this issue because it is bigger than cutting costs. At the same time that these ailing people need to get into our hospital, we are being directed to admit patients who are dangerous and violent, who harm others, and whom we cannot safely manage. Doctors are speaking forcefully about this issue because most of our patients cannot speak for themselves, they cannot email their concerns to you, and they certainly cannot attend this hearing. Most are not even aware of this dispute. However, impaired as they are, our patients do experience pain when attacked and beaten to the ground. They experience fear when a delusional neighbor goes on a rampage. They have nightmare when an arsonist fills the halls with smoke and flames. They just can't defend themselves. When our admitting physicians try to protect 1,000 vulnerable persons by declining to admit a single violent patient, they are badgered and overruled. In a recent dispute over our refusal to admit a dangerous patient from SFGH, our medical director wrote, "In my tenure at Laguna Honda, we have had two deaths and many injuries due to patient altercations. Recently I had to represent Laguna Honda in court when the judge asked me that awful question, "What were you thinking?" "I have no desire to repeat that experience," he wrote. Well, after a long and grueling battle with our administrative colleagues, that patient was not admitted. Shortly thereafter, the medical director position was eliminated. The cost of sending that violent patient to the psychiatric facility where he belongs is being expropriated from the medical department at Laguna Honda. Thank you for listening. We are all very grateful for your interest.

MCGOLDRICK: Dr. Kerr, you just indicated a few directions in terms of some questions. You're now admitting "dangerous" patients, you say. Has there been a spike in the number of dangerous patients? How many?

KERR: Yes, sir. I don't have the exact data but the quality management figures show that we have had more resident-to-resident aggressive altercations in recent months than ever before. I think the specific data Dr. Rivero will have.

MCGOLDRICK: And you mentioned "arsonists." Has there been an increase in the number of arson cases?

KERR: I would say 100% increase, because we've had the first. But it was a significant case of arson, which

frightened a great many patients, including those in the hospice.

MCGOLDRICK: Was the arsonist identified?

KERR: We have petitioned the administration, the fire department, and other agencies to make further attempts to gather more information about that.

MCGOLDRICK: The fire department determined it was arson? It wasn't an accident?

KERR: Yes, sir. No.

MCGOLDRICK: That's definite?

KERR: Yes, that's clear.

MCGOLDRICK: But you don't know who it was? There was a report? SF Fire Department report?

KERR: Yes, the fire department made a report. They did not identify a suspect, but we feel that more information is...

MCGOLDRICK: No, no, no, that's not my question. My question is: Did they determine, the San Francisco Fire Department determine that it was a highly suspect arson case rather than an accident?

KERR: It was absolutely determined that it was arson.

MCGOLDRICK: OK, that's important to know. And you mentioned that the medical physician was eliminated? Someone was fired?

KERR: The Medical Director position. I'm not familiar with all the different terms for eliminating a position, but it could be fired, resigned, moved...

MCGOLDRICK: "Eliminated" was your word. Eliminated means what?

KERR: The Medical Director, that position was redlined, eliminated. We have no official medical director now.

MCGOLDRICK: When was that done? Or is that proposed in the budget?

KERR: Proposed.

MCGOLDRICK: Proposed as a budget cut for September 1, 2004?

KERR[?]: Yes, it is, along with the elimination of the Director of Nursing position, I believe. Maybe Mr. Funk could come for a moment, Doctor, and just comment on that?

FUNK: Thank you. I do want to clarify a couple of points. First of all, to Dr. Kerr's point about the elimination of the medical director position, that is a proposal in the '04-'05 budget to be effective on September 1. Secondly, and in relationship to Dr. Kerr's report about the arson-reported incident. The fire department has concluded, upon its investigation of the March 3 fire at Laguna Honda that it was an "incendiary event." They have reported in a preliminary report that they believe the source of the fire was caused by magazines that were deliberately set on fire while propping open a door to a linen room. The investigation is ongoing. The staff continue to provide names of residents and staff that may be able to provide additional information regarding that particular incident and we're referring all of that information to the Arson Task Force of the San Francisco Fire Department as it continues its investigation into that incident.

MCGOLDRICK: Dr. Kerr, if I could? What, those of us who are not obviously part of your institution, have heard of the case of the quadriplegic gentleman who apparently was called in a couple of his friends to do some harm to an elderly person, as mentioned earlier. Can you give us any specific examples of other dangerous admittees and what they may have done?

KERR: I'm not familiar with the recent case. We have other doctors, Dr. Dammann will be able to testify.

MCGOLDRICK: That's fine. As much specificity as possible.

KERR: My remarks were more introductory.

MCGOLDRICK: That's fine. That's fine. Just want to get the facts on the table, thanks. Thank you very much.

DUFTY: Dr. Rivero and then Dr. Austin.

RIVERO: Good morning, Supervisors. I have a copy of the fire report regarding Laguna Honda and I can pass it up to you all with your permission. It does state clearly, "It is our opinion that this was an intentionally set fire."

MCGOLDRICK: Right. Mr. Funk just indicated that.

DUFTY: Start the clock again.

RIVERO: Good morning, Supervisors, I'm Dr. Maria Rivero. I've worked at Laguna Honda for 16 years. I work on the admissions ward. I am the medical screener at San Francisco General Hospital. Laguna Honda is a medical skilled nursing facility. We are not licensed as a jail, a psychiatric facility, a locked facility, or a shelter. We are regulated by state and federal government and by law we cannot accept patients that we cannot safely care for. This issue that we're bringing to you all is not about young versus old, it's not about psychiatric versus medical, it's not about homeless versus housed, and it's not about social welfare versus medical model. This is about safety and who decides who can safely reside at Laguna Honda. This is also about whether Laguna Honda, a taxpayer-supported institution, will serve the needs of all San Franciscans or primarily those patients at San Francisco General as has occurred over the last several months. Now, before this change in the admissions policy, we were steadily increasing the number of admissions to Laguna in hopes of meeting both the needs of San Francisco General and the community. As a result of that, fewer than 3 patients are waiting at San Francisco General on any given day for a Laguna Honda bed. Now, this is a far cry from the figures that have been put forward both in the press and here. I have been at every single one of those daily placement meetings since this project started and I have analyzed that data based on my own notes. Many of the 35 patients that are quoted are individuals who are either not ready for Laguna Honda, refusing to come to Laguna Honda, or have other issues that make it not an appropriate placement, such as they wanted a different facility to go to.

MCGOLDRICK: You're saying some of these patients refuse to go?

RIVERO: Correct. At the time...

MCGOLDRICK: So where do they go? They disappear?

RIVERO: Well, they would go sometimes to 4A skilled nursing. At the time that I started going to San Francisco General to screen people daily, more than half of the patients who were waiting for Laguna were refusing to come. Now, we've worked collaboratively to reduce that number through this project. But that was the reality of it. Many people were just not willing to come to Laguna Honda. The number of people that we deny is very small. About two a month. These are patients with either criminal or psychiatric problems that endanger other people around them. We want you to know that the judgment of experience of Laguna Honda clinicians as to potentially dangerous patients is sometimes being ignored in order to save money. As a result of the pressure to admit these individuals that are potentially violent, the number of patient-on-patient assaults, and also other problem behaviors, increased to unprecedented levels in March—the first full month of the change in the admission policy—and remained higher than average in April. While the percentage of unstable medical patients may have only gone up slightly, the absolute number of unstable patients was also at an unprecedented level in March. These data show that overriding our clinical assessments will create a hazardous environment for everyone at Laguna Honda and also for its surrounding neighborhood, a neighborhood in which I live. Finally, we want to say that had this situation been dealt with in a collaborative manner from the outset, we would not all be standing here and sitting here at this hearing.

HALL: So you're absolutely certain these incidents starting March have increased?

RIVERO: We've had historically problems on and off with individuals. What happened in March that was different was that people that I, as an experienced clinician who's worked at Laguna for 15 years, said, "We can't manage this person." I've had pressure put on me and my colleagues also to admit these people knowing that there's a potential risk.

HALL: But the incidents of these types of people has grown two, three times? Four times? Five times? What?

RIVERO: I have the figures in my backpack. They have grown. There's been a marked spike, particularly in March, of problem behaviors, resident-to-resident altercations.

HALL: And how is it now compared to March?

RIVERO: It's starting to come down because the number of people we're admitting from General is less and we have had some...

HALL: That's what I wanted to find out. Thanks, doctor.

RIVERO: You're welcome.

MCGOLDRICK: Dr. Rivero, just to be clear, same question as Do- Supervisor Hall—I was going to say “doctor” Hall—the number of incidents, you actually have a quantified figure there? Somebody's holding it there. Do you want to bring it up? Can you cite that?

RIVERO: These are the psychiatric holds.

MCGOLDRICK: I want you to explain for two seconds what a “psychiatric hold” means.

RIVERO: These are figures for individuals who are either a danger to themselves or others and are placed on an involuntary psychiatric hold. Those are called “5150s.” As you can see, in March there was a large spike. Now, again, as Dr. Katz pointed out, these things kind of tend to go up and down, but there was a disproportionate increase that was way out of the norm in March. And I have in my bag...

MCGOLDRICK: Did your staff start to weigh in immediately on this and get a response? Did that bring, could that have contributed to bringing the figure down in April? I know it's still up in May. Do you want to keep that up there for the technical people.

RIVERO: We have had some response and some relief on this issue.

MCGOLDRICK: OK. Thanks.

DUFTY: People who are viewing this at home it's going to be difficult to see, so January it looks as though there were two 5150 admittances. In February there was one. In March there was six. In April there was one. And in May there was four. Is that what we're seeing here?

RIVERO: Yeah, these are 5150s out of Laguna Honda to a psychiatric facility.

DUFTY: So are all of these numbers people who were admitted from the General? Or are these people that could have been admitted from other sources? In other words, it's a full range of populations that exist at Laguna Honda.

RIVERO: It could be, however, in March, virtually everyone who was admitted from Laguna Honda was from San Francisco General. There were...

[END OF SIDE 1] [BEGINNING OF SIDE 2]

DUFTY: So you're saying of the March figure, all six 5150s represent, in your opinion, or is that something...?

RIVERO: I can't say that. We'd have to check on the numbers.

DUFTY: Could we have Mr. Funk or Dr. Katz? Obviously, these are limited number of patients, but it'd be helpful to understand, can anyone here articulate where these patients are coming from so we understand are these numbers—six—is these all reflective of people who were admitted under the new policy?

MALE FUNK [Verified from videotape of hearing]: Supervisors, we do not have that data available now, but we can certainly research that and get back to you quickly.

DUFTY: I understand overall there's a serious issue, and we're looking at numbers that are going up and down from one to six and trying to understand where they are coming from will help somewhat.

MALE FUNK [Verified from videotape of hearing]: The data represented is reflective of all 5150s from throughout Laguna Honda Hospital. We don't have discrete statistics that identify the source of original admission for those 5150s, but we can review the data and provide that to the committee if it so chooses.

DUFTY: And again for those viewing, a 5150 is an individual who would be a danger to themselves and/or to others. It's not necessarily always violent towards someone else, they could be a danger to themselves and be 5150. That's part of the criteria, OK.

RIVERO: I also found the data on problem behaviors per month. Now, this is for several years and it ends in March of 2004, but take a look at this.

MCGOLDRICK: What does it say at the top? “Laguna Honda Hospital problem...”

RIVERO: “...problem behaviors per month, March 1999 to March 2004.” As you can see, again it's a sawtooth

graph, but in 2004 the number of problem behaviors was dramatically higher than in any other month dating back to 1999.

DUFTY: What would “problem behavior” refer to? For example, I had a hearing here on the Lesbian Health Research Center and they had an instance when the care wasn’t culturally competent to... Someone presenting Alzheimer’s and they kept putting her in a dress and because she was a lifelong lesbian and never worn a dress in her life, she kept pulling her outfit off until someone found out that if she was in slacks she was fine. Would that be considered problem behavior? What’s the criteria for problem behavior?

RIVERO: I think it’s a variety of criteria. Some of it is subjective depending on what the person who’s reporting it perceives. But that would not be, in my opinion, problem behavior at Laguna. Problem behavior would be verbal abuse, you know, aggressive type behavior, refusals of care, smoking in inappropriate locations, things that are generally considered to be dangerous to other people or potentially dangerous or problematic, difficult for the staff to manage.

MCGOLDRICK: What were the dates there?

RIVERO: On the graph?

MCGOLDRICK: Yeah, the sawtooth, yeah.

RIVERO: The graph starts, I can’t get it quite all on the form, but on this...

MCGOLDRICK: I can’t read it, that’s all.

RIVERO: It starts in March of 1999...

MCGOLDRICK: March 1999, got it.

RIVERO: And it goes to March of 2004.

MCGOLDRICK: OK. Thank you.

DUFTY: Thank you.

RIVERO: Thank you.

DUFTY: Dr. Austin and then Dr. Grace Dammann and then Dr. René Thomas are the next three speakers.

AUSTIN: Thank you, Supervisors. My name is Dr. Brenda Austin. I’m one of the three members of the Behavioral Assessment Screening Team at Laguna Honda Hospital. We screen on the psychiatric units. Sometimes we might go to the Mental Health Rehab Facility. I want to share serious concerns with you about admissions decisions and their effects on safety of residents at Laguna Honda Hospital. Since last year, psychiatric patients referred to Laguna Honda have been less stable. In addition, there’s been an increase in the number of patients sent out of Laguna Honda on involuntary holds, as Dr. Rivero just showed. We had a spike in March of 6 patients. Normally, we’ve been averaging about two patients per month who are sent out on involuntary holds. I want to briefly describe a case which greatly concerns the medical staff and which has caused far-reaching and many would say perhaps a devastating change in practice by the DPH as related to Laguna Honda Hospital. Mr. A is a 64-year-old man with severe mental illness, a long history of residence in locked facilities, and a history of periodic, often unprovoked, violent behavior. He was sent to San Francisco General from a locked psychiatric facility after attempting to strangle his catatonic roommate. All three of our screeners agreed that Mr. A posed too great a risk to others to be admitted to Laguna Honda. DPH staff outside of Laguna Honda obtained an outside opinion which stated that there was “a reasonable degree of medical certainty that Mr. A poses a moderate-to-high risk of violent behavior.” LHH staff continued to deny admission and were told by Dr. Katz that readmission of this patient to a locked psychiatric facility out of county would be fine. Would be OK, but would be paid for by the Laguna Honda medical staff budget. This same requirement is now being applied to another individual that the medical staff believes cannot safely be managed at Laguna Honda. Where will this stop? Laguna Honda staff must make admissions decisions with safety of all residents in mind. Laguna Honda staff who understand the environment with its attendant limitations must make the admissions decisions. Finally, Laguna Honda cannot place discharge or fund patients at other hospitals. Patients who are currently at other hospitals and out of county facilities with our current structure and resources. Thank you.

DUFTY: Dr. Grace Dammann, René Thomas.

DAMMANN: Hello. Thank you very much for inviting us all here today. My name is Grace Dammann. I’ve worked at Laguna Honda Hospital for 15 years. I was the first position on the AIDS unit. I’ve also worked on the admitting unit. Right now, I’m on the Alzheimer’s unit, but I want to speak to you as a night and weekend position.

Because what our institution is capable of at night is very different than what it's capable of during the day. Let me explain. On the weekends, there are two physicians available for over a thousand residents. There's one psychiatrist who's on call from home—that might be Berkeley. There's one institutional police officer, during the day we'll have 2-3. During the weekday we have 25 physicians. We have several psychiatrists on site. We have several psychologists. We have substance abuse counselors. On the weekends, we often have about half the nursing staff that we have during the workday. Let me give you an example of how this plays out. This example predates all the flow issues we're talking about. This is not a new issue at Laguna Honda. I was called to see a patient on a Saturday who had gone out the night before and had gotten drunk. He'd come back, he was abusive of staff, he had a contract that said he had to be discharged because he was abusing staff. I went down to see him. He was really threatening so I called the institutional police officer, who came right away. I didn't know that this guy was legally sane, whether I could discharge him safely to the community or not, so I called the psychiatrist who also came in right away, thank goodness. We talked. The psychiatrist said, "This man is sane." As we were preparing to discharge this man, the institutional police officer and I were called elsewhere on an emergency. In that period of time, this patient sort of zipped down the ward, across the central hallway, into the first room on the left, a patient room, he picked an elderly man out of his bed, threw him on the floor and grabbed his shoulders and started hitting the man's head on the linoleum. Now, when we were all able to pull this guy off of the victim, it was really awful. It's all I can say. It was really awful. The man went to jail. My patient had a blood clot on his brain. He was seriously injured. But we can never predict who's going to be violent or when violence is going to occur and somebody who has a pattern of violent behavior. But what we can predict is what our environment is capable of doing or may do given the threat of violence. On the nights and weekends we simply don't have the capacity to deal with violent individuals. I think that it's that that has led us to resist or at least question admission of violent people. Thank you.

MCGOLDRICK: Dr. Dammann? I guess my question is, the example that you give, is that an aberration from what might be called "patterns over the years" as a result of the shift in policy that's occurred this year as a result of the issue? Or is it something that happened?

DAMMANN: That's an old example. But that example has informed the medical staff to get more vociferous about saying, "We can't handle people when we're reasonably sure that the threat of violence may erupt again." Because we can't provide a safe environment. We can't provide the safety.

MCGOLDRICK: On nights and weekends in particular is your focus right now.

DAMMANN: Yeah, that's what I'm focusing on.

MCGOLDRICK: But the night and weekend problem, has that been a problem for years? Our specific point of focus here has been on the issue revolving around a shift where Dr. Katz wanted to clear up the backlog at General and so on and so on and what happened around that.

DAMMANN: But I will say this. We're not keeping separate statistics. It's when the institution amps up at any moment in time, and it did it after the fire, for example, then as a night and weekend physician, I tend to get more calls about more upset patients, psychiatrically or behaviorally upset patients, and my resources as the lone body at that point, with maybe one nurse, are somewhat limited.

MCGOLDRICK: OK, thank you.

DUFTY: Next, Dr. René Thomas, then Benson Nadell, and Sister Miriam Walsh.

THOMAS: Good morning. My name is René Thomas. I have been a psychiatrist at Laguna Honda Hospital for 12 years. For 8 years, I evaluated nearly all the behaviorally difficult patients referred from San Francisco General to Laguna Honda to help decide if they could safely be managed in our facility. In recent months, as you've heard, we have had to admit patients who are not appropriate for our environment. Some of these patients have already caused dangerous situations and injuries. And as you've heard, the number of involuntary psychiatric transfers out of our facility has increased significantly. A colleague of mine who couldn't be here today gave me the following example: One patient who proved to be dangerous is a man who was strongly implicated as the person who set the major fire on March 3 of this year that endangered hundreds of lives at Laguna Honda. Prior to discharge, he threatened the lives of two staff members and was overheard on the phone arranging for someone to bring him a gun. A few days later, Dr. Rivero was asked to evaluate this man for readmission to Laguna Honda. If he had not gone AWOL from General, Laguna Honda would have been pressured to readmit him, even though he had demonstrated that he was extremely dangerous. You might ask, "Why can't Laguna Honda admit all patients who are referred?" Now, I'd like to give you a snapshot of a typical ward at Laguna Honda, in case you've never been there. Imagine one very large room with 30 hospital beds. Nursing staff

administer medications, dress wounds, feed, bathe, and dress patients and more. These wards are not locked. We don't have psych techs or psychiatric nurses. We are not able to provide the standard interventions that are used in psychiatric settings to manage aggressive or agitated or unstable patients, such as close observation, quiet rooms, or restraints and the like. We don't have the ability to prevent criminals from dealing drugs or to prevent sexual predators from molesting vulnerable residents. And yet we are being asked now to accept these kind of patients. Safety must not be sacrificed to solve fiscal difficulties. The expertise and experience of Laguna Honda Hospital medical and nursing staff in making decisions about which patients can be safely admitted needs to be recognized and respected in order to protect our vulnerable residents from harm. Thank you very much.

DUFTY: Benson Nadell, Sister Miriam Walsh, and then V. Leishman.

NADELL: Supervisors, I'm Benson Nadell. I direct the Ombudsman program in San Francisco. What that means is that we go to all the nursing facilities, including Laguna Honda, for the Mental Health Rehab Facility, all the residential care homes, assisted living facilities, etc., etc., etc. I was asked to, I had been working on some cases where individuals are being discharged from other hospitals. One elderly woman in particular who was being abused in the home. I was working with Adult Protective Services to try to get her conserved by the public guardian for her own protection. She was being battered by her daughter. At the time, we were all in a concerted effort, APS, public guardian, trying to get her admitted to Laguna Honda. She was eventually admitted to Laguna Honda. But, initially what I was told was that the new admission policy was going to favor individuals from General Hospital and not admit any individuals from other medical facilities, residential care facilities here in the city. By the way, she was admitted through a great leverage and cajoling. So she got in under the radar screen. But I was asked to comment on the new admission policy, in terms of what some of our experience has been at Laguna Honda over the last few years, not just after March, dealing with resident-to-resident altercations. The interventions that the staff would have to do to remedy the situation of the altercation to make sure it doesn't happen again. Let me tell you why we get these reports of resident-to-resident altercation. We get them from everywhere. We get them from Laguna Honda in greater numbers because it's a larger facility. We get them because the State of California requires that all abuse reports, if the person's in a nursing facility, be made to the Ombudsman program. If it's a crime, we'd like the police involved. So based on this one individual, I was asked to write a letter to Dr. Katz, and I did, and somehow it made it into the newspapers. Not through my own doing. Now the issue seems to be patient safety. My concerns have to do with the admissions policy in not admitting at-risk seniors from other venues besides General Hospital. Based on my long experience working with residents in affordable, low-income residential care homes, at risk at home from abuse or self-neglect, and they should be at least included as priority one in the admissions policy. So I was coming from that angle. I've written testimony to give the supervisors to review. I want to make some comments that were not really brought out in the newspaper articles. I want to recommend that the rehabilitation model at Laguna Honda be revised to adequately adapt to all these different tributaries or streams of individuals being admitted at Laguna Honda. The ones with dual diagnoses and ones that are capable of learning living skills. Right now it's based on a Medicare model. We need a longer-term rehabilitation model so people can reenter the community rather than becoming dependent on using Laguna Honda as a hotel ad infinitum. To do this kind of rehabilitation model requires more resources, not diminishing resources. This is in my testimony.

DUFTY: I just have a brief question. The case you describe, what month did that take place?

NADELL: That was not a Laguna Honda case. That was a case that occurred, she was at another hospital...

DUFTY: The elderly woman who had the daughter abusing her?

NADELL: That was at the home. That started, at the time of admission, back in January. It does not address this particular. But when we were trying to get her admitted to Laguna Honda, the new March policy had already set in.

DUFTY: So how long did take you ultimately to get her admitted, from the time you began to seek her admission?

NADELL: Advocating her admission? It took about 3 days.

DUFTY: Three days? OK.

NADELL: But that was an exception.

DUFTY: Yeah, you said some others.

NADELL: So I ask you to look at the policy in terms of at-risk seniors in the community, based on the bond issue and the history there. Thank you. [Applause]

DUFTY: Sister Miriam Walsh, V. Leishman, then Joe O'Donoghue.

WALSH: Good morning. My name is Sister Miriam Walsh. I have been Chaplain and working in the Pastoral Care department for 23 years. I have been very, very proud of Laguna Honda in the past and I know when the bond was being passed, I personally, and many of my volunteers, many of my friends, quite elderly even, we were out there fighting to get that bond passed. And we emphasized the need for seniors of San Francisco, whose number is growing and will grow very fast in the near future, and also for the permanently handicapped young San Franciscans who are paraplegic. In the last few, couple years, I personally have kept sort of a record. We have taken in over 300 homeless, psycho-socio patients. It has created a total change in the environment. People have come to me, I guess in my position, and they come to me and try to tell me in confidence their fears and they don't want me to say anything because of repercussions on their loved ones, their patients that are in Laguna Honda. But I have families that have come to me and they're really fearful for their loved ones who are patients. I have volunteers who are now refusing, fearful to come, because there've been several incidences, not all really made public, just recently again there was a couple of young boys coming to visit a patient and got beaten up by two young men who jumped out of the bushes and beat them up and stole their money. There have been several... I personally was run down by one of the patients in a wheelchair and lifted right up. I didn't report it, but anyhow, it is again serious. And the staff also is very concerned and very sincere. Again, they are afraid to speak out. People are afraid to speak out because there are repercussions. There are repercussions. Also, I'm very worried about the [??] and the disabled are going around and they're trying to talk a lot of these, especially the seniors, into, "Wouldn't you like to live independently?" Of course, everybody would like to. But they don't take into concern how the, especially the seniors, how they're vulnerable out there. They might get some help but it's not full-time help, and not always the best. Also, I am concerned because the reputation that Laguna Honda is getting, I'm not so sure seniors are going to want to come to Laguna Honda. I know that by putting the seniors from General to St. Lukes, out of the county, which I think is unfair.

DUFTY: Thank you, Sister. V. Leishman? Mr. Joe O'Donoghue, then Health Commissioner Jim Illig.

LEISHMAN: My name is Virginia Leishman. Good morning. I live in San Francisco, I was born here, lived here all my life, except for two years in foreign services, an Army nurse in World War II. I live in District 8, Midtown Terrace. I was Director of Nursing Services at Laguna Honda from 1953 till 1997. What really disturbs me, not only the bond issues for the elderly, what really disturbs me is the admission of the psychiatric patient. Now, we've always had young men and women at Laguna Honda who were physically handicapped. We've had some problems with a personality, it never bothered me when a patient swore at me, I wouldn't discharge them for that reason or [??] St. Mary, but I think those that are combative it's very serious. What's bothered me most is when they locked up the second floor of Laguna Honda Hospital's Clarendon Hall. Locked it down for psychiatric patients. Now they evicted the seniors to the main side, admitted psychiatric patients, locked off the stairwells, the East elevator, I tried to go up to the second floor and I had to go up to the West elevator. Then there was a CNA sitting at the door guarding it, guarding the elevator so no one would get off. This is wrong! This is not a psychiatric facility. I have another question. I voted for the bond issue, and I'm a homeowner so I help pay for that bond issue, and I also voted for the skilled nursing psychiatric rehab facility adjacent to San Francisco General Hospital. That was what, 200-300 beds? It was logical to vote for this, because in an acute psych setting you only have 14 days then you're decertified and there's no money. It was logical to place them in this skilled nursing rehab but now this has totally changed. It's become something else and only 47 beds are left, or 57, for the skilled nurse psychiatric patient. Why do I vote? Why does a voter vote for something and then it's changed without our consent? [Applause] I really would appreciate... I've worked... I'm familiar with Laguna Honda since I was 8 years old. I loved the place, it was a great feeling of home, the young and the old got along well together, but the psychiatric combative patient does not belong at Laguna Honda Hospital. And I hope you as leaders will see that our vote counts. Thank you. [Applause]

O'DONOGHUE: Supervisors, Joe O'Donoghue, Residential Builders. We were one of the organizations that funded and in fact expended \$90,000 in cash for the purpose of the Laguna Honda bond measure. And in fact we had no interest in it other than the copper works of mercy. We didn't get any jobs out of it. We had no relatives who were patients. But after hearing the horrific stories here today, I can guarantee you, contrary to what Dr. Kerr's eloquent presentation stated, I would rather stay at home than go to Laguna Honda today in the present environment. Secondly, I can guarantee you that if the protocol, which is now obviously changed in terms of policy, which had occurred in the past, we would not have spent one red nickel for the Laguna Honda bond measure, nor had we gone out and campaigned for it. But unfortunately what has happened is that now you have dedicated physicians, including a dedicated public servant like Dr. Katz, put in conflict. Not because they choose this fight, but because the protocol budget crunchers in Room 200 have deemed it necessary to cut costs across the board. What they should have done was prioritized where the cuts should be. They

should have prioritized Laguna Honda, including San Francisco General, as areas that should not have cost cutting. That's the reality. On one hand, the same number crunchers that deem it necessary to give \$5-6 million to the planning department for people gazing into the future who take up space resulting in a housing crisis. At the same time, then they put in danger the lives of elderly patients. You need to get back to the Mayor's office and have him re-prioritize where these cuts should come and restore the cuts. Also, the reality is that if you don't do that, then what's going to happen, not one bond measure in the future will pass in this city. Because already we have a public who are skeptical of bond measures. We saw the [Hellman?] parking bond measure in the Park go downhill. We see what happened with the Open Space Park Fund. We saw the abuse happening with the housing bond. And now we're seeing further abuse in the Laguna Honda bond measure. You really need to change the process, because it's only going to get worse. It's absolutely shocking that, again, physicians should be put against physician in this fight. We need to redirect the energies and go back and tell them, "Reprioritize and restore the cuts and put back Laguna Honda to where it was." Ask for the property transfer tax fee be increased rather than dealing with the psychiatric problems and patient inflow into San Francisco General. And it can be done. Thank you. [Applause]

HALL: I have a question for Mr. O'Donoghue. You know, putting the administrative decisions aside here, and the budget implications that we've heard from one side, I'm most concerned about this voter apathy that has consumed our thinking now. Years ago, when this bond measure was passed, I remember the work that you did, I remember the work that people out in west of Twin Peaks did to see the realization of this hospital. What was your thought—I think the speaker before you elaborated very well on that—what was your thought as one of the prime movers behind that raising the money for that?

O'DONOGHUE: Yeah, before, and I knew Nurse Leishman. I worked at Local 250 and SEIU 400, and she was a tough, hard-bitten director and she did a great job. Before we put that bond measure on the ballot I went to people who were volunteers at Laguna Honda. We did our investigation. We went to people like [JJ Whelan?] and the Irish community and to other families in the Irish community who not only were homeowners but also landlords. We asked them, "Will you support this bond measure?" They said, "Absolutely yes."

HALL: What was the modus operandi? What was the purpose you were asking?

O'DONOGHUE: The purpose was that we were going to take, first of all, take care of the existing patient load in there, which was approximately 1,200. Because it was now reduced down to 1,000 patients. The whole purpose of that bond measure was to keep intact and increase the patient care quality that was now being endangered due to a threatened shut-down by the federal government, and to preserve that in-house excellent care for not only the present but into the future.

HALL: Mr. O'Donoghue, for what segment of the population?

O'DONOGHUE: For the elderly.

HALL: Thank you. Because this—I campaigned for this—and that was one of the things that I remember very clearly. I think the speaker before you also touched upon something. This acute facility next to General Hospital that never happened. But I think I'm on pretty safe ground saying the purpose of that bond measure and the will of the people was to take care of the elderly. Am I missing something here?

O'DONOGHUE: No, you're not. Including, it had also HIV patients and whatever other patients were there. So what was existing at that time, but primarily motivated by the infirm and the elderly. Had nothing got to do with psychiatric. If we knew psychiatric movement as is now being forced to strong-arm budget tactics by just graduated college graduates who are not CPAs but number crunchers who are insensitive, again, to the needs of the elderly. Maybe they have the viewpoint of the Khmer Rouge, "anyone over 30 should be eliminated." I mean, it's a whole mentality that needs to change down here at City Hall and needs to be addressed. Thank you. [Applause]

DUFTY: Is Commissioner Monfredini here? Yes, OK, right after.

ILLIG: Good morning, Supervisors. I'm Jim Illig. I'm on the Health Commission. I'm also on the Joint Conference Committee for Laguna Honda. We have been very aware of these problems and, in fact, met with many members of the medical staff at our last meeting and are continuing to look at this. But I am also here because I'm concerned about the long-term care system in San Francisco. As you know, I've been a contractor with the department and the city for over 30 years, 20 years of that working in the community with severely disturbed, mentally ill people. At Baker Places, Westside Lodge, continuum. Laguna Honda is part of this system. It is part of the long-term care system and yes, that bond, Proposition C, directed the money to that end of the system. To institutional care for frail elders and others who need skilled nursing facilities. An institution the size of Laguna Honda has got to be filled with both, as Joe pointed out, frail elderly people, people with AIDS, paraplegics, other younger disabled folks who need long-term care.

Now, as part of that system, Mitch Katz, the Director of the Department, has to coordinate a whole continuum of care. I'm very familiar with the community-based part of that and I'm learning a lot about the institutional side of that. That problem that Mitch confronted this past spring of people waiting in gurneys at San Francisco General for a bed upstairs because people in beds upstairs couldn't move to either the community or Laguna Honda, that problem was costing the city a lot of money. Mitch stepped in as the director and made a decision. Now, that decision caused that spike that you saw, but things have settled down, the Commission is looking at this issue very carefully in terms of policy decisions behind this. We're going to make sure that Laguna Honda serves the people it's equipped to serve. But that brings us back to what Joe O'Donoghue just said. That is, it's your responsibility to find the revenue to completely fund this system of community-based care. That means Laguna Honda and the community-based alternatives for psychiatric and other disabled adults. So I want to assure you that the Commission is looking at this, Mitch and the doctors are talking, there's collaboration possible. These are very well trained and dedicated professionals. They're going to find a solution and come back to you probably asking for sufficient funds for both Laguna Honda and the community-based system of care.

MCGOLDRICK: Commissioner Illig, how much is that figure?

ILLIG: I couldn't tell you right now, but I'll find out. I'll be back here to help present it to you. But these are the kinds of things you need to be...

HALL: Let me...

MCGOLDRICK: I'm sorry, that's all.

HALL: Some of the bond monies that were approved years ago in the Laguna Honda spirit used exactly as they should have been used? Am I hearing something different here?

ILLIG: Not at all. No, the bond money was to build the new Laguna Honda. And as you know, it wasn't even to furnish it. It wasn't to staff it. The city would always have to subsidize the staffing with general funds. The bond money was to build a new facility. It's beautiful. I've had the briefing and seen the internet...

HALL: Commissioner, I agree with you. It could be a matter of money. I'm not questioning that. But what I'm hearing here is decisions have been made to put people's lives in danger. And that takes precedent over money. So maybe if you can help us solve that problem, we can look for the money. But I'm not going to sit up here and tolerate the answer being money. There's been a bad administrative decision made here and it's beginning to impact people's lives. [Applause]

ILLIG: Those administrative decisions are subject to the purview and oversight of the Health Commission and believe me, Supervisor, we're going to be looking at those decisions in the context of...

HALL: You know what? The Health Commission's going to weigh right in with this Board of Supervisors. And if it means confronting the issue about money, you're going to weigh in on it. OK?

ILLIG: Absolutely. Thank you.

MONFREDINI: Good morning. I'm Lee Ann Monfredini. I'm Vice President of the Health Commission. Thank you for seeing us today and thank you for hearing this very difficult, as you can understand, process. I, unlike Commissioner Illig, have been on the Health Commission for 9½ years. So I not only was about for the passing of the bond measure, I also walked with Joe O'Donoghue for the bond measure as well. Supervisor Hall, I hear what you said about the fact that you were lead to believe that it was for elderly. Coming from our neighborhood, the people in my neighborhood really only wanted to hear that it was for the elderly. But actually the bond was for the "frail and elderly." It is true it was never discussed as being psychiatric. I agree with your comments on that. I will tell you that I do believe that the decisions made at San Francisco General Hospital to send patients, I also sit on San Francisco Hospital's Joint Conference and have sat on San Francisco Laguna Honda Joint Conference. So I'm very familiar on both sides. I understand the physicians' concerns regarding the patients that have been transferred that they believe to be inappropriate. I do believe, as well, is that, for instance, the gentleman who became the article of Warren Hinckle's and etc., was already in case management, and was certainly being dealt with prior to the patient flow issues. Also, he has a parent who doesn't want him to leave Laguna Honda for his safety. I think those are concerns you don't hear as a Board. We hear it from our involvement both at San Francisco General and at Laguna Honda. What's important, as well, is that you have dedicated physicians at Laguna Honda Hospital, you have dedicated physicians and staff at San Francisco General Hospital trying to deal with a population that is, of no surprise to you, has changed. And it will continue to change. We are in a more violent society than we've had before. And you can't expect San Francisco General Hospital to hold these patients at an acute daily rate and have no place to send them. I'm delighted that you are also hearing today the charity care report, because certainly

this is a combination. This charity care report that shows that certain medical centers are not upholding their end, certainly back fields to us at General and at Laguna Honda. Thank you so much.

DUFTY: Thank you, Commissioner. I wanted to ask Ms. Leishman if she could come back. Supervisor Hall wanted to make another inquiry. I'm sorry to bring you back. Then, Dr. Katz, I think I'd like you to respond after Ms. Leishman speaks. Thank you.

HALL: Ms. Leishman, your testimony or your public comment here in regards to your intentions in voting for and promoting the bond issue, you had specified an acute center that was supposed to be built adjacent to San Francisco General. Did I hear that right?

LEISHMAN: It was built. It was a skilled nursing psychiatric rehabilitation facility adjacent to San Francisco General. That was built and I did support that bond issue for when the acute stage is over. Only 14 days of acute stay in San Francisco General. Then, from there, they'd go to the skilled nursing facility, be stabilized, and then discharged. That was logical. Now they're doing something else with that building. I read it in the Health Commission notes, but I don't recall what it was. But I do recall, I think there are only 57 beds left for the skilled nursing facility part of it.

HALL: How many were there supposed to be originally?

LEISHMAN: I think there was 250. I went through the building, it was a beautiful building.

MALE [speaker not shown on videotape]: I think 150.

LEISHMAN: So, 150 instead of sending psychiatric patients to Laguna Honda, they should have sent them to this facility and not changed the mission of that facility.

HALL: OK, this is a very important point. Did you want to have Dr. Katz respond to that?

MALE [speaker not shown on videotape]: Yes.

HALL: Ms. Leishman, just hang on a minute because this is really important. Dr. Katz?

KATZ: Supervisors, Ms. Leishman is absolutely correct. There is a Mental Health Rehab Facility that exists right next to San Francisco General Hospital. It is an appropriate place for many of the people who come from the psychiatric hospital at General. So that is the most common institutional discharge, so that's why when you looked at the figures the number of patients coming from General Hospital psychiatric ward is low and stays low. However, again, just so that you understand the complexity, one of the doctors referred to a patient where there was a difference of opinion. The doctors told you that the patient had Huntington's Chorea. Huntington's Chorea is a horrible illness. It's not a psychiatric illness.

HALL: Doctor, I don't want to get involved in an area that you know a heck of a lot more about than I know. What I do know is administration and what you know is Hunter's illness and all this stuff. Let's get some common ground. This lady talked about a facility that was built there, 150 or 250 beds, we're down to 57 beds. My question is: "Why?"

KATZ: That part is not accurate.

HALL: Then tell me why it's not accurate.

KATZ: What I'm saying is the Huntington's patient, because he doesn't have a psychiatric illness, did not go to a psychiatric facility next to S.F. General Hospital. The psychiatric facility called the Mental Health Rehab Facility is currently running a census of about 90. It can take at a maximum of 130. We have just received the new license for the third floor, we just got that two days ago, and it is part of your budget that you're reviewing as a board. It is a change in how the Mental Health Facility is being run from how it used to be run and we think it will enable us to take care of more difficult patients than we were able to before. So it is part of the solution to this issue. By changing the license, we can do better.

HALL: How many beds are there right now?

KATZ: The total capacity is 130. It's currently at 90. Now with the new license, it will return to 130.

HALL: So this should go a long way to alleviate some of the problems we're hearing that occurring at Laguna Honda?

KATZ: Thos patients with psychiatric illness, yes.

HALL: We'll explore that a little bit later on if we can.

MCGOLDRICK: Dr. Katz? When you say you're being, you just got the license two days ago, I mean, you had a license to operate a certain kind of facility there. In the last two years, I know the cutbacks in the budget have caused us to reduce the number of patients there. Where the third floor was closed off and 130 maximum. Did you ever get to 120 or 125, 130 in the previous years?

KATZ: The history is we were at 130, then it was because of last year's budget crisis it was slated to change to a residential facility. Then the good staff of the Health Department gave up a portion of their own salary to keep it open for one year while we went through a consensus process. We went through a consensus process to choose how to license it. Part of why we switched the license is because a new license for one floor will allow us to use restraints and quiet room, which the old license did not allow us to use. We think that that will make it possible to take care of certain patients with difficult behaviors that we could not previously take care of.

MCGOLDRICK: You believe that will have a direct effect upon the patient placement through...?

KATZ: Yes. Our goal is...

MCGOLDRICK: One more question. You need money to do that? Is that a request in the budget?

KATZ: We were able to do it with existing funds. Our goal is to get people to the best possible place. That's what we want.

MCGOLDRICK: How much money is that costing you now? Any idea?

KATZ: Because we have switched the first floor to a residential care model, we're able to do it within the existing. It's not a request for additional dollars. It's more that one license allows you to do restraints and quiet room and one license does not. But it's not more expensive to switch license.

MCGOLDRICK: That's good news. As you know, I'm on the budget committee. They're waiting for me to come out of here to go over there. I'm glad to hear that news. Thank you.

KATZ: Thank you.

DUFTY: Our next three speakers are Lisa Wilcox, Lynn S. Carman, and Joe Lehrer.

WILCOX: Good morning. My name's Lisa Wilcox. I'm the President of the Board of Directors of Laguna Honda Hospital Volunteers. What we do is raise money and allocate resources for the comfort and enjoyment of our patients at Laguna Honda, our residents at Laguna Honda Hospital—things like televisions and holiday shows, things that make their lives more enjoyable. Our also directive is to monitor recruiting of volunteers at Laguna Honda Hospital and make sure that our volunteers are sufficiently supported and supervised. Our concern is obviously for the volunteers as well as the residents at Laguna Honda Hospital, and making sure that we have a hospital that is going to draw in volunteers that will feel safe, that will have proper supervision, so our staff isn't off dealing with some of our potentially more difficult new residents, and, in fact, can monitor the up to 800 volunteers at Laguna Honda. Thank you.

CARMAN: My name is Lynn S. Carman. I'm an attorney. I represent Michael Lyon, he's a resident taxpayer in San Francisco. These eloquent speakers before me have taken most of my topics, but I want to emphasize that common sense requires there be a safety plan in place and staff to implement it before you send these dangerous patients under this change in admissions policy. Not only is that common sense, but Laguna Honda is a general acute-care hospital license in Section 21, 1257.7 in the Health and Safety Code requires that there be an assessment of safety and a safety plan based on that assessment be in place and that there be staff, security staff under that plan to protect people. Now, under the old admissions policy they did have an adequate policy, but when they changed the admissions policy to now sending dangerous patients as a priority, you have to have a new assessment. You have to have a new safety plan. I say that you're setting yourself up for millions of dollars in damage suits from patients who have been sent over there with no assessment, no plan in place, and you should tell Dr. Katz to stop sending these people over as a priority until you comply with, till the hospital complies with 1257.7 of the Health and Safety Code. I give the sections to you and you can, of course, consult with the City Attorney, who I'm surprised hasn't informed you of this situation. Thank you.

DUFTY: Thank you, sir. Joe Lehrer and then Michael Lyon and Laura Blue. Good morning.

LEHRER: Thank you, Mr. Supervisors. My name is Joe Lehrer, San Francisco citizen and member of the Laguna Honda Volunteers Board. Lisa Wilcox, our president, spoke to our mission. I speak more on a personal issue. As a citizen, my family has been lucky enough to live here for over 100 years and part of our credo was volunteerism and it's

been passed on to my son. I speak to that issue that has been sort of a silent group until now. I know the Sister spoke of the volunteers, but my singular point to being here is to say: Volunteerism is a very emotional issue and there are many places to volunteer. I know that our Board works very hard all year to supply the volunteers, make their lives easier, so that the patients and the community out at Laguna Honda is better served. It operates as best on... We're doing a good job. It's worked constantly. If there is any negativity at all in the form of violence, this sort of emotional decision that people make could very easily go the other way. I would like you to keep that in mind as you go forward and make these decisions based on a lot of the data supplied. I appreciate your opening statement. I think everybody here is on the same side of the rope and we're looking for a good solution. Thank you.

[END OF SIDE 2] [BEGINNING OF SIDE 3]

[MICHAEL LYON?]: Supervisor McGoldrick, you had asked why recently has there been such a push and backlog of patients at San Francisco General to go into Laguna Honda? The answer is that as San Francisco General's funding has gone down there's been more of a push to be able to reduce or eliminate administrative days that aren't being covered by state funds. This is an example of what this whole process is going on... This whole thing is being driven by money. Supervisor Hall, you said that there was a "bad decision" that had been made. I would disagree. I think there were many, many bad decisions that have been made. Mental health has been starved in all its aspects for years. Outpatient care has been cut back, day treatment has been cut back, the MHRF system was derailed early in the process, what's happening now is the chicken's coming home to roost. For years this has gone on. And for years Dr. Katz has told you that these changes weren't going to make any problems, that they were just..., there wasn't going to be any service cuts, there was going to be no damage to patients. Now you're realizing that that's not true. I would ask you, when you're looking at this year's budget, this coming year's budget, and you're told that there aren't going to be service cuts or damage to patients, remember what's going on here. [Applause]

DUFTY: Laura Blue then Patrick Monette-Shaw, Ruben Garcia. And I do want to indicate that I have a special order coming up at 11:00. So we are going to need to move to that on charity care, thank you.

BLUE: Good morning. My name is Laura Blue, I'm a registered nurse and have been proudly employed at Laguna Honda for the past 10 years. I've seen many changes throughout the years. None as worrisome as the change in the admission policy for Laguna Honda Hospital, mandated by Dr. Katz this past February, January, March. These changes have challenged the safety of our residents and our staff and stifled the voice of our doctors when they're trying to advocate for our residents and staff. When they do do so, they are told, "If you won't take all the residents from San Francisco General Hospital list first, then you need to pay for their care at another facility." This already depletes our budget that's shrinking year after year. This is why we are all here today. Since this policy has been implemented, Laguna Honda Hospital has had to deal with an increase in inappropriate referrals resulting in 17 AWOLs, discharges, six against-medical-advice discharges, the 5150 discharges that you saw previously, and three discharges to the jail system. Two of those discharges happened within a week of each other on two units that were managed by the same nurse manager. Over half of these clients have been re-referred to Laguna Honda under the same mandate that we must take them. In the meantime, we've been bombarded with state agency visits, most recently OSHA coming to our door to look at violence in the workplace. There has been increases in our unusual occurrence reports, and nurses are overwhelmed and trying to... I'm sorry, I lost my place. ...and trying to care for residents that they are unable to manage. We are not used to dealing with this type of clients. We are used to dealing with the frail elderly. Most of our nurses have been there for over 10 years and are not used to this population change. In order for us to effectively deal with the clientele that we're seeing, we need not to be cut, we need funding to create programs so that we can effectively deal with all San Franciscans. We all have the same goal here, we all want to provide quality care. Let's do it in a way that it's safe for the clients, the staff, and San Franciscans. Thank you.

DUFTY: Thank you, Laura. [Applause] Patrick Monette-Shaw, Ruben Garcia, Oletha Hunt, and Sheila Kinney are the last cards I have.

MONETTE-SHAW: Good morning, Supervisors. As President of the SEIU 790 Miscellaneous Chapter at Laguna Honda, there are several activity therapists and social workers who are concerned about the safety of both the staffing and their patients. I know this is an unrelated issue, but approximately two years ago a patient on the rehabilitation unit who had a traumatic brain injury had threatened one of the staff members on the rehab staff. She was so frightened by it she took off for approximately a month to protect her safety. Before we have more staff members that need to take off time and drive up expenses in the hospital, we would appreciate you addressing this problem. Thank you.

GARCIA: I'm Ruben Garcia. SEIU Local 790 rep. I'm also a city resident. I'm not going to repeat everything that's been said. I agree most of what was said by the doctors, by the nurses, by the staff, so I don't want to repeat that.

So but everything comes down to money. My request is that, you know, when you move to the next room and you deal with the money issue, you make sure that the Department of Public Health doesn't take any cuts. You know, we need the nurses, we need the medical director, we need the senior medical social worker that I've been [lay off?] in September 1. Because those are the ones that made this type of decisions. Those are the ones that make sure that the patients remain safe. If the union wants to file a grievance for hostile work in the environment, we could do it just based on the minutes of this meeting. Maybe that's the way we're going to go to make sure that our members are protected. And our members do not work in an environment that is full of hostility and full of danger. Laguna Honda, I've been familiar since '98, Laguna Honda is not a place prepared for patients that are dangerous, that are capable of doing other things. Laguna Honda was known for another type of patients. I'm not a blind person, I know that life change, I know that our community change, our community needs change, but if we're going to have changes, then we need every single procedures and more at the Department of Public Health to cope with it. So we need the MHRF back, [??], you know our members gave a lot of money back to the city last year to keep it full. That money wasn't even used to keep the facility open, at the end we had to file a grievance and our members are going to get a bonus next year because the money they gave back to the city wasn't used for the MHRF. So it is a problem of money. I know that management is doing their best to try to cope with this, but at the end, if they don't have the dollars to provide with this, it's going to be a problem. So please, when you move to the next room and you talk about dollars and cents, make sure that the Department of Public Health doesn't get any cuts. Thank you.

DUFTY: Thank you. [Applause] Oletha Hunt and Sheila Kinney are the last two speaker cards.

HUNT: Good morning. I want to thank all of the doctors, first of all, for the way they spoke. They spoke so brilliantly. My name is Oletha Hunt. I'm on the Executive Board for Local 250 and I'm the chief shop steward at Laguna Honda. I've been an employee at Laguna Honda for 19 years and I've seen Laguna Honda change. They say there's three phases: good, bad, and ugly. To me, Laguna Honda is ugly now. We had a staff member up on one of the units that was attacked, that was beat in her face by a resident. As you know, Laguna Honda is understaffed as it is. We don't have staffing, we don't have adequate staffing, but we get by with what we have. As an employee of Laguna Honda, I took off for six months so I could work to get the bond measure passed for the frail and the elderly. To work at Laguna Honda you have to have a lot of passion, a lot of love, and you have to really care. And I truly care. I don't think any of our administration that's here today from Laguna Honda would say that Oletha Hunt don't care. I would hope you Supervisors take this into consideration and think of the work that we do at Laguna Honda. If we have an emergency at Laguna Honda, our institutional police, if we have two situations going on at one time, they can only take care of one incident at a time. They would not be able to take care of the other incident, because we don't have institutional police at Laguna Honda like they have at San Francisco General. It's very limited in the security that we have at Laguna Honda. I heard a doctor speak and say that the institutional police was able to get there on time. Well, that was great, but there's been a lot of times that the institutional police have not been able to get there on time. So I just hope when you take this back you guys will just consider everything that's been said here today and return Laguna Honda to what it was once in the past. Thank you. [Applause]

DUFTY: Thank you, Ms. Hunt.

KINNEY: Good morning, my name is Sheila Kinney. I live in District 7. I'm a concerned resident, and as a concerned resident I believe that if the staff and the doctors at Laguna Honda don't feel that they are equipped, or their facility is not equipped to handle these violent patients, then we need to support them. [Applause]

DUFTY: Thank you. Are there any other speakers at this point that wish to be heard on this item? Any other speakers? If not, I will close public comment at this time. Supervisor McGoldrick?

MCGOLDRICK: I'll be very brief and it's not seeking wit and brevity. I think that we have some really serious issues that our perennial to the profession. The spike, to cut to the shorthand, the spike that occurred appears to have some, to use a doctor's term, etiological sort of issues that had to do with fiscal, that had to do with the MHRF. I think Supervisor Hall helped point that out, the difficulties with the MHRF in recent years have had a spillover effect here. I guess what I'd just like to say is that if we could hear back from you so that the public can hear back from you on some periodic basis, perhaps in another quarter, another 2-3 months, how things are going and that our desire of course to be in our positions, a good stewards of what has been a very... Yeah, I came originally from Philadelphia, the city of brotherly love they say, I think this is the city of brotherly and sisterly love, where I know, many, many decades ago, then-Mayor Rizzo, some people in California called him "Mayor Ritzo," actually closed our public health facility at some point. In a way that many other jurisdictions around the country did. In a way that really hurt the community. I think San Francisco has really been generous and San Francisco has continued to try to be a very kind and generous place. The people of San

Francisco, the bond issue, the continued support for our budget, 20% of our budget goes to our public health department. It's unbelievable. It's unprecedented in this country. The overarching problem of health care in this country, which is a moral disgrace, of course, if you compare us to many of the major countries of the world that all take care of their populations. That's an overarching issue that casts a rather somber, if you would, situation on what goes on in San Francisco as well as the entire country. Until that moral issue is confronted as a moral issue we will continue to have the degree of problems that we have obviously. I think what I'd like to do is hear how things are going, that there is a dynamic dialogue occurring, that the process of the professionals all working together is such that the outcome will be soon, one that people will be joyful and joyous about. The woman who spoke, Ms. Hunt, I thought was very compelling, particularly in terms of indicating that she felt things were getting "ugly," as she said out there. We don't want that. Nobody wants that. I know nobody here is going to live with that and you're going to solve this problem, so I just look forward to hearing again a report back. It's not like we're going to come out to Laguna Honda and try to micromanage. That's not our job. But that we hear back as soon as possible that things are on the mend. Certainly in our budget this year, as Dr. Katz indicated, there's some very, very tough choices. As one of the members of the budget committee, where they've been waiting since 10:00, I have to go over there. I thought this would go about an hour. We've gone a couple hours, so there are a couple hundred people waiting in the other room so that hearing can get going, because I'm needed for a quorum. We will do the best we can with that budget to restore a lot of items that are certainly in the health budget that the Mayor was not able to include, but we will try to put as much back as possible. You know that. We've always pledged that and I think a vast majority, if not with unanimity, members of the Board of Supervisors will be supportive of that. With that, I say thank you. I think it was indeed therapeutic to come together publicly in this way, because once this thing was hitting the press and it was sort of splatting this way and splatting that way, I think it needed some clarification. This is a good venue for that clarification. In that regard, I hope to see you all again soon and that everybody will feel that progress is being made. I think this hearing is progress. I think from the time that folks spoke up, a good dialogue has occurred and I believe that all parties concerned have acted in good faith. In the very best interests of the people that we all serve and that you all serve. With that, thank you, and I have to go.

DUFTY: Thank you, Supervisor, I want to thank you for calling this hearing. I know Supervisor Hall had some questions and so I just want to take this occasion and thank you for convening this hearing in concert with Supervisor Hall and appreciate that you stayed with us throughout this item. I know that it will inform your work on the budget committee and all of us, including Supervisor Maxwell who's joining us now, who served on the budget committee last year, know what a difficult job it is and appreciate you doing that work for us. Thank you very much and we want to acknowledge you and thank you. Supervisor Hall?

HALL: Thank you, Chair Dufty. You know, Ladies and Gentlemen, I hate to sit through 2-3 hours of public testimony and not pinpoint certain things and a lot of times my style has been criticized as "going after people." That's not what I'm doing here. But I don't like to waste my time and I don't think my colleagues' time, without some definite decisions. I stated it earlier, I think we're looking at an administrative decision here that I hold in question. I'm going to read a statement, and this is from the American, the AMA professional code of ethics. It says, "The primary obligation of the hospital medical staff is to safeguard the quality of care provided within an institution. The medical staff has a responsibility to perform essential functions on behalf of the hospital in accordance with licensing laws and accreditation requirements. In a situation where the economic interest of the hospital are in conflict with patient welfare, patient welfare takes a priority." Is there anybody out there...? Dr. Katz, do you disagree with me on this? OK, why don't you come up because I got a couple questions for you, and I'm not singling you out. OK? I have a lot of respect for your helmsmanship and the Department of Public Health. I hope you have just as much respect for the people who voted for a bond issue for Laguna Honda.

KATZ: Yes, sir.

HALL: So I've got some questions for you. Not picking on you, not going after you, just want to get a few things out in the open.

KATZ: Not a problem.

HALL: In a letter, have you stated before that, in a letter to Tom Ammiano regarding your addressing patient safety at Laguna Honda Hospital, did you state that San Francisco General has a priority for open beds at Laguna Honda? I think you mentioned that earlier.

KATZ: Yes, yes, Supervisor.

HALL: OK. Did you emphasize a number of times that the issue of patient safety at Laguna Honda cannot be considered by itself, it has to be considered in light of how much pressure there is to open a bed at San Francisco General?

KATZ: I don't think so, Supervisor. I have, myself, refused patients for going for Laguna Honda because I felt that they were not safe. All I would say is that this is not an issue where it's yes or no. There is a group of patients that everybody would say should go to Laguna, and a group that people everybody would say no, and then there are the groups where different doctors might differ.

HALL: Did you ever indicate that the budget and staff at Laguna Honda's going to shrink if they don't go along with your directive?

KATZ: Absolutely, sir. What I said was that I only have one long-term care budget. In general, as a safety net, we're not used to refusing people. Certainly these patients have to be cared for somewhere. No one, including the Laguna Honda doctors, are saying that they shouldn't be taken care of. So if we follow from that they have to be taken care of somewhere, and you have given me a long-term care budget which I currently spend entirely on Laguna Honda, then if I'm going to send them somewhere else, I'm going to take that money from my long-term care budget. I don't have another budget. Certainly the Board could choose within its prerogative to fund patches to non-County facilities, as a way of doing this. What I have said to my staff is, and I think that it has been a helpful compromise, is, "OK. If there are patients that you feel you should not take, then I don't think you should take them either. But I'm going to have to place them somewhere, and I'm going to have to fund that from somewhere."

HALL: So that's what you inferred to by that statement?

KATZ: Yes.

HALL: Dr. Katz, the voters overwhelmingly approved the bond issue to rebuild Laguna Honda on the promise that the rebuilt facility would care for seniors who could no longer care for themselves. I think that's been stated over and over today. By what authority does the Department of Public Health have to override the will of the voters?

KATZ: Well, Supervisor, first, it's not my goal. I was out there campaigning. Certainly the bonds couldn't reflect anything about what we're doing now. That could only reflect what we're going to do when the new facility opens. That wouldn't reflect anything about today. We're not using any bond money.

HALL: Doctor, I think we have to be very, very open and honest here. People voted on not only what is going to be there in the future, but what's been there for the last 110 years. So that's where the money came from. From that sentiment. Now I want to know by what authority you have, because I feel that it's been overridden a little bit here. I want to know by what authority you, or those people that have decided, that the mission of Laguna Honda should change right now?

KATZ: I haven't done that, sir. All I have said is that people will come first from General. I've set no age limits, nor do I think it would be legal to do so. I don't know that you could. We could ask the state whether or not a skilled nursing facility could refuse to take people below a certain age. I don't legally think we could, but I've never asked that question. I've also shown data that currently we are taking care of more people over the age of 99 than under the age of 30. And that any change in the age has been going on for five years.

HALL: I'm not interested in the age. We also have data presented here that we're taking care of a population that is endangering lives at Laguna Honda Hospital that wasn't there before. Maybe there was incidences before, but now that incidence has gone way up because of the administrative decision. Now, what gives you...

KATZ: I don't believe that's true, Supervisor, but I understand that we've had testimony...

HALL: Dr. Katz, we've seen charts, we've heard testimony. By your own charts, that's the way I interpret that.

KATZ: The only data that you've seen that would suggest that is that for the month of March, during which we had a fire, which was very traumatic to a number of people, we had six 5150s from the whole hospital. We haven't yet... We don't know, because we're not presenting that, whether those people came from General Hospital yet. The situation does seem, by everyone's admission, to have gotten better.

HALL: Dr. Katz, what I heard here today from public testimony is that spike that existed in March is a direct result of an admissions policy that allows people to go to Laguna Honda that places the residents of Laguna Honda in danger. That's what I heard. That's what I heard not only from people in public testimony, but the screening doctors at Laguna Honda. I believe there is two or three of them. I only got the names in front of me. What I think is happening here is you're using your opinion to overrule those people at Laguna Honda on an admissions policy. I want to know is that within your scope of... Do you feel you're totally justified in that?

KATZ: Supervisor, I've now told you that I have made it very clear that any patient, including with the exception I suppose of the patient that the state court will now go to Laguna Honda, so there are many people, I have said that "any patient that the doctors feel cannot be handled at Laguna Honda can be placed in an outside facility." And that I will fund that using the only source of long-term dollars that you have appropriated in order to make that happen. So that no patient who the doctors wish not to go will go to Laguna Honda.

HALL: So Laguna Honda is not a licensed psychiatric care facility, it has no licensed, locked facilities, except for senile dementia, patients who wander. Physicians have stated, experts at the hospital have stated that the new policy of admitting younger psychiatric patients from San Francisco General is in violation of state and federal regulations and could endanger Laguna Honda licensing. So you're willing, what I'm hearing here, is you're willing to make that decision.

KATZ: Supervisor, again, I haven't made that decision. The only decision that I made was that people who were eligible for Laguna would go first. They're going to go anyway, it's only a question of the order in which they're going. We've already dealt with the issue of what to do about those patients that they don't agree... All I said was that they were going to go first so that people wouldn't sit in the emergency department for 24 hours waiting for beds.

HALL: Doctor, I think you have to agree with me, unless we're on totally a different page, that your decision has caused not just one incident in March but numerous incidences where people's lives have been put in danger. Now, I empathize...

KATZ: I don't agree with that, sir.

HALL: You don't agree with it? Well then maybe I'm questioning your decision and I have no choice, as a member of this Board of Supervisors, to maybe seek out an opinion from the City Attorney as to whether your decision is valid or not.

KATZ: I appreciate that, sir.

HALL: So, if this decision is going to come to this Board, then we're going to have a problem. Then we're going to have to go a step further and question your administrative ability.

KATZ: That would be fine.

HALL: Wait a minute. I'm not going to allow innocent people's lives be put in danger because what I think is a budget crunch. If I'm hearing from you that's the only solution, that's not good enough.

KATZ: But, sir, how would the order of which, first, the issue is now solved. Because there is nobody waiting anymore. So I'm not sure what we would now implement. Because my policy that people go first from the General no longer has any relevance, because there's no longer any backlog and people have been coming primarily from the community.

HALL: So what you're telling me, the problem doesn't exist anymore, there's no backlog, it's not going to happen in the future?

KATZ: And we have resolved the other half, which is that the doc... We did have a fundamental problem, whereby the doctors said, "We think certain patients..." and there have been exactly two—one of which I agreed, and one of which I didn't agree. There have been two patients that the doctors have said, "We don't think we can handle." One I agreed, one I did not agree, but I did not want to force them to take a patient. That's when we came up with this other compromise that said, "OK, if there are patients that you feel you should not take care of..." But we all agree that they should be taken care of by someone, no one's saying that they shouldn't be taken care of, "...we will put them in a non-County facility, which costs money..."

HALL: You put psychiatric patients in the non-County facility.

KATZ: Some patients... The particular patient was not a psychiatric patient. He has a medical illness that causes him...

HALL: I'm not talking about the one incident. I've been hearing of incidents for six months. I've been getting mail from people in my district, from people who work at Laguna Honda, from second and third in command under you, who are disputing what you're saying.

KATZ: They are behaviorally difficult. Behavioral difficulties are sometimes due to medical illnesses, they're not always due to psychiatric illnesses.

HALL: But, Doctor, don't you think you ought to rely on the experts at Laguna Honda to tell you whether they can handle them or not?

KATZ: That's why we came up with the compromise.

HALL: And the compromise, again, is being what?

KATZ: The compromise is that if there are patients that Laguna Honda feels that they cannot take care of, we will place those patients in non-County facilities to care for those patients, and that the money will come from the only long-term care budget that you've appropriated to me, which is the Laguna Honda budget.

HALL: OK, Doctor, your budget is a lot bigger than Laguna Honda.

KATZ: That's correct.

HALL: OK, how big is your budget?

KATZ: One billion dollars.

HALL: Maybe you ought to start looking on other monies in different areas to address this problem, because you want to know something? I'm not going to stand back and have Laguna Honda's budget cut back so you can accommodate some people that, in reality, should go elsewhere. If I have to go to the City Attorney to get a decision on this, if I have to go to the Board to get a decision on it, I'm going to do it. [Applause]

KATZ: I'm certain the Board has complete decision over this...

HALL: Everybody talks about the budget crunch. OK? Our budget is a \$5 billion dollar budget. How did Laguna Honda and San Francisco operate in 1997? We are faced with some hard budget decisions here. You are in the position you are in not just because you're a doctor, because you're supposed to advise us and help us allocate funds. Under no circumstances are the decisions to put other people's lives in danger. I'm not going to tolerate that, I don't think my Supervisors are going to tolerate that. Again, this is not to single you out, I would say this to any department head. So if this meeting, I'd like to continue this meeting. I don't know what Supervisor McGoldrick wants, but I want to hear from the administrators of Laguna Honda on a weekly basis how this situation is going on. If it's not resolved... [Clapping] If it's not resolved, I'm going to ask you, Doctor, to come up here in front of me for some additional questions...

KATZ: That'd be fine.

HALL: ...with the help of the City Attorney's office. OK?

KATZ: Very good.

HALL: That's just about all I've got to say on it.

KATZ: Very good. Thank you, Supervisor.

DUFTY: At this point, we do have a special order. I'm not going to ask any questions at this point, because I do think there's some related issues that are coming up in the hearing that Supervisor Maxwell's requested on charity care. I do want to acknowledge everybody for being here. I also want to say that I refer to us as being a "city family" and I think that all the people, many of you who have come before us, and you've worked for close to 20 years, some of you in excess of 20 years serving the public, I realize it's a difficult job that you do and I really appreciate that we have some of the most stellar city employees within our public health system. I want to thank the Commissioners who've been here throughout this hearing, also the Director of the department, and also the Director of Laguna Honda. I know that the health department is frequently run as stakeholder process, where you bring people to the table and you've resolved issues, such as the MHRF, and tried to come up with solutions. I hope we can continue to do it. I'm sure this issue will continue to come before this Committee. So I thank everyone for being here. Thank you.

HALL: Thank you.

DUFTY: Madam Clerk, we have a special order. Yes, this will be continued to the call of the chair.

CLERK: Next item