

**MINUTES
OF THE
HEALTH COMMISSION MEETING**

Tuesday, November 4, 1997

3:00 p.m.

at

101 Grove Street, Room #300

San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Edward A. Chow, M.D., at 3:15 p.m.

Present: Commissioner Debra A. Barnes
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Ron Hill
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.

Absent: Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF MINUTES OF THE MEETING OF OCTOBER 21, 1997

Action Taken: The Commission unanimously adopted the minutes of October 21, 1997.

3) CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner Lee Ann Monfredini)

(3.1) Status Report on California Pacific Medical Center's compliance to Health Commission Policy on Ethnicity, Gender, and Sexual Orientation of staff and Board.

Commissioner Monfredini abstained on this item due to conflict of interest.

Sara Kelly of California Pacific Medical Center presented a letter from CEO Martin Brotman, M.D., indicating the CPMC Board's endorsement to revise its bylaws by increasing and diversifying the Board membership.

Commissioner Barnes requested a progress report be presented to the Budget Committee in 60 days. (December 9, 1997).

(3.2) Consideration of a proposed resolution authorizing the use of one of the leased assets, the Mental Health Rehabilitation Facility at 887 Potrero Avenue, in a proposed lease financing arrangement to finance the acquisition and construction of a Citywide Emergency Radio Communication (911) System.

The Budget Committee recommended approval to the full Commission of Resolution #26-97, "Authorizing the Use of the Mental Health Rehabilitation Facility as Collateral in a Lease Financing Arrangement for the 911 System," (Attachment A).

(3.3) **CHN - Homeless Program** - Approval of a resolution authorizing the Department of Public Health to accept and expend, retroactively, a grant in the amount of \$80,000 from the Corporation for Supportive Housing (CSH), for the period of July 1, 1997 to June 30, 1998, to support a portion of the costs for a health educator at the Tom Waddell Health Center, and to fund a portion of the contract with Baker Places as part of the Health, Housing and Integrated Services Network (HHISN) at Canon Kip Community House and the Cambridge, Hamlin and Lyric Hotels.

(3.4) **Central Administration - AB 75** - Request to authorize the adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for fiscal year 1997-98.

(3.5) **CHN** - Retroactive pharmacy participation agreement between Pharmaceutical Care Network and San Francisco General Hospital for the period of July 1, 1997 through June 30, 2000.

Commissioner Barnes expressed her concern about the process, and that this agreement is now coming to the Commission after it was signed in August. She urged staff to bring items to the Commission in a timely and appropriate manner.

(3.6) **PH-Prevention** - Supplemental appropriation of \$1.5 million from a State settlement of tobacco suit (Mangini Claim) appropriating and reserving funds to be used for a tobacco prevention program targeting youth for FY 1997-98.

Monique Zmuda, Chief Finance Officer, indicated that a plan for dispersing the funds will be brought to the Commission

Note: Dr. Mitch Katz reported that the Department will bring to the Commission a plan for tobacco prevention targeting youth.

(3.7) **PH-Prevention** - Request for contract approval with twelve community-based agencies for the provision of HIV prevention services, individual risk reduction counseling services, venue-based group outreach, multiple group sessions, and large and small media. These services will be provided by the following twelve agencies: Black Coalition on AIDS \$20,000, CAL-PEP \$15,000, California AIDS

Intervention Training Center \$35,000, Filipino Task Force on AIDS \$15,000, GAPA Community HIV Project \$25,000, Haight Ashbury Free Clinics, Inc.-Women's Needs Center \$10,000, Instituto Familiar de la Raza \$25,000, Iris Center \$20,000, Lavender Youth Recreation and Information Center \$50,000, National Task Force on AIDS Prevention \$50,000, Southeast Asian Community Center \$10,000, and Stop AIDS Project \$45,000, for a total amount of \$320,000 for the period of December 1, 1997 through December 31, 1998.

(3.8) Central Administration - Presentation of status of retroactive contracts for FY 1997-98.

Commissioner Monfredini commended staff and expressed her appreciation for the progress shown in processing and certifying contracts.

Monique Zmuda, Chief Finance Officer, reported the Department is analyzing the contract staffing needs to respond to the increase of substance abuse services (i.e., Treatment on Demand). Commissioner Barnes encouraged staff to assess this situation sooner than later. Ms. Zmuda will provide an update at the December 16, 1997 Budget Committee.

Public Speaker: Howard Wallace, Local 250, provided comments on #3.1.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Monfredini abstaining on #3.1.

President Chow announced the two Commission meetings in December will be on December 9 and 16, 1997 from 3:00 p.m.

4) DIRECTOR'S REPORT (Provides information on activities and operations of the Dept.).
(Mitchell H. Katz, M.D., Interim Director of Health)

COMMUNITY HEALTH NETWORK

Mental Health Rehabilitation Facility (MHRF)

The MHRF celebrates its first anniversary today. The program is now functioning at full capacity with an average daily census of 130 patients. Members of the MHRF executive staff have been invited to present at the Annual Conference of the International Association of Psychosocial Rehabilitation Services in Orlando, Florida, June 15-16, 1998. The two presentations will be entitled "A City Says Yes: A Public Partnership for Change", and "Creating a Multicultural Rehabilitation Program."

Department of Justice Update

As the Health Commission will recall, the Department of Justice spent a week at Laguna Honda Hospital in June reviewing policies and records, interviewing residents and staff, and observing day-to-day operations. The Department of Justice will be conducting a records-review follow-up visit November 11-12. I will continue to keep the Commission informed.

CHN Volunteers for KQED TV Pledge Event

The Community Health Network is recruiting volunteers to participate as a group in the November 29 KQED TV pledge event. This KQED pledge drive will provide the CHN with media exposure to a projected 100,000 viewers in the Bay Area.

Disaster Preparedness Program Open House

The Disaster Preparedness Program at SFGH sponsored an open house to showcase the new Hospital Emergency Incident Command System [HEICS]. Over 300 staff attended the event October 24. Open House events included: individual consultation on unit-based disaster planning; mini-trainings on HEICS; disaster preparedness at home and in the office; and, a review of return-to work protocols. All staff who attended received a family planning disaster calendar provided by the Chevron Corporation's Emergency Response Program.

Maxine Hall Health Center Community Breakfast

The Third Annual Maxine Hall Health Center Community Breakfast, held October 29, was attended by more than seventy agency and community representatives. The program, co-sponsored by the CHN, featured a forum related to needs and visions for health in the community. Services of Maxine Hall were also featured in the program. Several community persons were recruited to work with the health center's advisory board, task force and outreach workers' network. Greg Johnson, CHN Coordinator of Customer Services, described how the network and health centers are working together to provide a seamless integrated delivery system. Attendance was estimated at 50.

Diversion Statistics

Critical Care Diversion for the period October 1 through 31, 1996 is as follows:

Critical Care diverted for 10.6% or 78 hours and 33 minutes.

The Emergency Department diverted for 6.7% or 50 hours and 6 minutes.

The Commission will hear a detailed diversion presentation by the Emergency Services Division later in the meeting today.

Employee Recognition Dinner

Over 350 Laguna Honda employees honored fellow staff members at an Employee Recognition Dinner October 17 held at the Irish Cultural Center. Forty-two employees have over 20 years service with the organization.

PUBLIC HEALTH

Article on HIV Seroincidence Appears in American Journal of Epidemiology

Last week an article submitted by the Seroepidemiology Unit of the San Francisco Department of Public Health appeared in the American *Journal of Epidemiology*. Data collected from gay men seeking repeat HIV testing in 1995 was used to estimate the incidence of new infection and identify correlates of HIV seroconversion. The paper reports an HIV seroincidence among gay men in San Francisco of 2.8% per year. The analysis also confirmed known risk factors for seroconversion (younger age, African American ethnicity, unprotected anal sex, multiple sex partners, and popper use).

What was unique about the paper was the method developed for estimating seroincidence. The study used self-reported dates of last HIV negative test to create a measure of HIV incidence. HIV incidence is difficult to measure in general due to the need to follow large numbers of subjects for long periods of time. The study, using available administrative data, arrived at an incidence measure that was very similar to the estimate of incidence for gay men in San Francisco from a much more expansive cohort study. We think the

method will be generalizable to other locations and may serve as a useful public health tool to monitor the community-wide impact of our prevention efforts.

Substance Abuse

I am pleased to announce that Barbara Garcia, Director of Homeless Programs for the Community Health Network, has agreed to serve as Acting Director of Community Substance Abuse Services, which is part of the Community Health Services Branch of the Public Health Division. Not only is this an example of cooperation between the two divisions, but it enables Ms. Garcia to bring her considerable talents and experience to an area of high priority within the department while we recruit a permanent director.

I want to take this opportunity to thank Larry Meredith for his past leadership in substance abuse services, including seeing through the first phases of planning and implementation for treatment on demand. As the Commissioners are aware from the last meeting, Dr. Meredith has a huge task ahead of him in his new role as the Director of the Community Health Promotion and Prevention Branch of the Public Health Division. I am gratified that he will now be able to dedicate himself full-time to his new assignment, and I look forward to the development of new prevention initiatives.

Immunization

I am happy to report that Dr. Jan Gurley, the Director of the Community Health Services Research Section, has agreed to take on an additional role as our County Immunization Coordinator. Dr. Gurley has been with the Health Department for over three years and has served capably in a number of important functions, including as Chief of the Health Services Branch of the AIDS Office.

Most recently she has coordinated HIV system-wide development, including the creation and implementation of the Reggie Project, which is a centralized information and service registration system for HIV- infected persons. Dr. Gurley has succeeded in bringing large donations from computer companies of equipment for the Reggie Project and most recently was successful in obtaining a grant from the federal government to support the Reggie Project activities.

In her new role she will be working to increase the rates of childhood and adult immunizations. The Department appreciates her willingness to take on this additional and important role for our Health Department.

School Based Preventive Dental Services

The Public Health Division, Dental Section, has been awarded a grant to participate in the Children's Dental Health Initiative (CDHI) funded by the Dental Health Foundation. The primary purpose of this initiative is to provide school children with preventive dental services that are delivered at or linked to school sites. San Francisco is one of 10 sites selected state-wide to demonstrate this delivery model. The Dental Section implemented a school-based preventive service during FY 1996-97 delivering dental sealants to 200 school children. This award will allow expansion of this preventive service from 200 to 800 children. The award is \$58,000 over two years.

Maternal, Child and Adolescent Health

I am pleased to report that the Women, Infants and Children (WIC) Program was awarded a \$160,000 grant by the State of California WIC Smoking Cessation Project to provide smoking cessation and second-

hand smoke interventions to 1,500 women and their families. Congratulations to Maria LeClaire, Director of Services, and her staff, for submitting the successful grant application.

Occupational Safety and Health

The Occupational Safety and Health (OSH) Section kicked off on September 9 an Ergonomic Awareness Training Program for 1400 Department of Human Services (DHS) employees. DHS Administration requested training to educate employees to the potential health effects associated with a computerized office environment. The training focused on injury prevention through proper workstation set-up and how to apply simple exercises and stretches to reduce muscular stress.

The OSH Section also worked with DHS Administration in the development of a written policy that outlines the methods and procedures the Department will adopt to address future ergonomic issues. Provision of Ergonomics training for employees is a requirement under the new Cal-OSHA Ergonomics Standard as well as the San Francisco Video Display Terminal Ordinance. Training classes at DHS will continue through the end of November.

Occupational Safety and Health Support for SFPD at Hunters Point

The Occupational Safety and Health (OSH) Section is providing ongoing support to the San Francisco Police Department (SFPD), focused around SFPD personnel working out of Building 606 of the Hunters Point Shipyard. When the SFPD leased the building from the Navy and moved personnel into the building last February, personnel immediately reported a variety of adverse health effects, including headaches, nasal congestion, upper airway irritation, sore throats, fatigue, generalized rashes, and a decreased tolerance to physical exercise.

An extensive industrial hygiene evaluation was performed, including interviews with affected personnel, physical inspections, and sampling for specific agents such as volatile organic compounds (VOCs), bioaerosols (fungi/mold), carbon monoxide, and metals, as well as generalized "indoor air quality" indicators such as carbon dioxide, temperature, and relative humidity. Elevated levels of lead, total and/or petroleum hydrocarbons, and trihalomethanes have been identified in several sets of samples, but the source and magnitude of the problem has not yet been identified.

The evaluation did not identify a single agent responsible for the problems; however, several problems were identified related to the haste in which the building was occupied. The building had not been properly pre-cleaned, the long-dormant HVAC system was not started in advance of occupancy, and repairs of failed building systems, such as plumbing components were not completed in advance.

OSH will continue to provide support to the SFPD at the Hunters Point Shipyard. Support includes the review of Navy plans and documentation, observation of contractor activities, establishing controls for SFPD personnel to prevent exposures, and the communication of information regarding site activities and controls to SFPD personnel who are concerned about being stationed in a "Superfund" site.

Open Space Committee

Henry Louie, Senior Environmental Health Inspector, was appointed to the City's Park and Open Space Advisory Committee last month by the Board of Supervisors.

5) UPDATE ON STATE LEGISLATION

Tangerine Brigham, Director of Policy and Planning, provided an overview of the selected health-related Bills that were either introduced by the Legislature or enacted by the Governor. For a copy of the full report, contact the Commission Office (554-2666). Ms. Brigham acknowledged Patricia Dunn, the author of the report.

Ms. Brigham presented the following:

In total, 3,125 Bills were introduced this first year of the two-year legislative session. By end of the session in September 1997, approximately 600 Bills won passage through both Houses of the Legislature and made it to the Governor's desk.

During the 1997 legislative session, proposals for implementation of the Federal Welfare Reform Law were a major agenda item, resulting in the Omnibus Bill (AB 1542) which created the CalWORKS Program. In addition, several other Welfare Reform-related Bills were introduced, both as part of the budget process and as separate legislative proposals. Many of these became two-year Bills will be considered in January 1998.

Moreover, in 1997, numerous proposals were introduced and considered to expand access to health insurance for low-income children and families. The Federal Balanced Budget Act of 1997 provided the opportunity for passage of the Healthy Families Program, aimed at expanding health coverage to low-income, uninsured children. The Legislature convened a joint committee (the Conference Committee on Access to Health Coverage Among Low-Income Californians) to review the Governor's proposal, which ultimately became Health Families. The Committee held public hearings and began reviewing additional proposals to expand coverage to all uninsured Californians.

Although numerous Bills were introduced concerning managed care, Governor Wilson announced he would veto Bills passed by the Legislature. The Governor chose to defer consideration of the Bills until the Managed Health Care Improvement Task Force presents its report. The Task Force was created to determine an appropriate role for government in regulating and improving managed care, and is expected to complete a report with comprehensive recommendations and policy guidance by early next year.

Mr. Brigham reviewed the Legislative Priorities for 1998 (Attachment B).

6) UPDATE ON MENTAL HEALTH CONSOLIDATION IMPLEMENTATION

Jo Ruffin, LCSW, Director of Community Mental Health Services, reported that California has "carved out" mental health services from the Two-Plan Model for managing health care for Medi-Cal recipients, and delegated responsibility and risk for brokering mental health services to County mental health departments. In the first phase of this implementation, on January 1, 1995, the County assumed responsibility for authorizing all Medi-Cal funded inpatient psychiatric services in private community hospitals. In the second phase, on April 1, 1998, the County will assume responsibility for all Medi-Cal funded outpatient mental health services. This will be the San Francisco Mental Health Plan.

Tentatively scheduled for December 9, 1997, Ms. Ruffin will bring a policy consideration to the Commission about whether or not the S.F. Mental Health Plan will provide a single standard of care for Medi-Cal and indigent clients.

Mental Health staff, Louise Rodgers, Nancy Presson, and Josephine McCreary, presented information on the S.F. Mental Health Plan, the development of the provider network by defining the provider types (i.e. - organizational and individual practitioners), goals for the provider network structure, practitioner provider recruitment, and the rate schedule for participating providers.

Ms. Ruffin reported the in-house risk management capacity is being developed. Services to be included are administrative and intermediary services, consumer relations, and claims/payments processing.

Commissioners' Comments:

- encouraged Mental Health to gain from the CHN experience of claims/payments processing
- information and data should be analyzed on the profile of provider applicants, the demand for services, and the Division's capacity to monitor
- how will community-based organizations be affected?
- what are other Counties doing?
- provider network should reflect the diversity of the target population

Ms. Presson reported that other Counties (i.e. - San Mateo, Solano, Contra Costa, Los Angeles, Alameda) manage the mental health programs themselves. San Diego County has contracted out to a managed care company.

Ms. Presson will come back to the Commission with a progress report on the diversity of the provider network.

Commissioner Monfredini left at 4:30 p.m.

7) UPDATE ON AB 1040 PROGRESS REPORT. (LONG TERM CARE TASK FORCE)

Tony Wagner, Deputy Administrator for the Community Health Network and Co-Chair of the Long-Term Care Task Force, presented an update on efforts to develop a long-term care delivery system.

For a copy of the full report, contact the Commission Office (554-2666).

Mr. Wagner reported the following:

The Long-Term Care Pilot Project Task Force has been meeting monthly since April 1997. This 27 member body consists of representation from consumers, service providers, community advocates, public agencies, housing developers, business, and labor. Its charge is to develop the components of a long-term care plan based on the requirements of the State's Long-Term Care Integration Pilot Program. Jennie Chin Hansen, the Executive Director of On Lok, Inc., is the Co-Chair of the Task Force.

Through its work, the Task Force expects to achieve the following: (1) a service delivery model that incorporates a range of home and community-based services and institutional services; (2) methods of collaboration between public and private providers; (3) mechanisms for shifting financial resources to appropriate, cost-effective services, and to home-based and community-based programs; (4) approaches to organizing the service delivery system that enhance consumer choice and maintain quality of life; and (5) improvements in the service delivery system that focus on the comprehensive needs of consumers.

To assist the Task Force in developing the long-term care plan, five Design Teams (Service Delivery, Scope of Services, Resource Allocation and Financing, Supportive Housing, and Consumer Issues) were created. Design Teams began meeting in July 1997. The scope of work for each Design Team has been guided by the requirements of the State's 1996 Request for Applications (RFA), which was considered a reasonable basis for meeting requirements of the upcoming 1997 RFA. Once work has been completed, each Design Team will make recommendations to the Task Force concerning its separate areas of investigation.

The charge of the Service Delivery Design Team is to develop a coordinated long-term care service delivery system that incorporates consumer choice and facilitates the provision of care in the most appropriate, least restrictive setting.

The charge of the Scope of Services Design Team is to delineate the specific long-term care services to be provided to eligible beneficiaries.

The charge of the Resource Allocation and Financing Design Team is to determine how to: (1) use funding and reimbursement programs to support the long-term care services included in the service delivery model recommended; and (2) realign such funding and reimbursement programs to create a seamless financing system that can shift funding from one service component to another as needed.

The charge of the Supportive Housing Design Team is to investigate a range of residential options and supportive services needed to enhance the provision of long-term care services for consumers. Members are developing a conceptual housing model which will demonstrate what housing options now exist and will be needed over the next 20 to 25 years.

The charge of the Consumer Issues Design Team is to evaluate the long-term care service delivery model under consideration and recommend how services should be provided from a consumer perspective. As part of its efforts to ensure the new model addresses consumer needs, members have focused a substantial amount of time conducting five initial community forums.

The Task Force sponsored five community forums in October 1997 to obtain input from consumers, family caregivers, and advocates regarding long-term care services in San Francisco. The forums were held at neighborhood locations including: (1) the Recreation Center for the Handicapped; (2) Horace Mann Middle School; (3) Southeast Community College; (4) Rosa Parks Senior Apartments; and (5) the Pacific Bell Conference Room.

DPH staff worked closely with Commission on the Aging (COA) staff to organize these forums. Significant outreach was undertaken by both DPH and COA to ensure that older adults, disabled adults, persons with HIV, and persons with chronic illness would be in attendance. Three members of the Consumer Issues Design Team served as panelists at each event. Sign language and translation services were provided as needed. Many attendees expressed appreciation for being asked to present their experiences and their opinions. Attendance at the forums ranged from 50 to 70 people.

The following issues were consistently raised by attendees at the forums. This information will be used by the Design Teams as they continue to develop a more comprehensive long-term care service delivery system.

Long-Term Care Issues. Many consumers, caregivers and advocates expressed the need for affordable long-term care services designed to keep older and disabled adults at home and in the community as long as possible. Specific services requested included: (1) increased in-home supportive services;

(2) expanded capacity in adult day health care centers; (3) respite care options to help caregivers; and (4) expanded housing options such as residential care facilities.

Related Service Issues. Attendees expressed the need for vitally important support services including: (1) improved transportation to enable older and disabled adults to get to medical appointments and community-based services like adult day health care; (2) expanded meals programs and nutritional counseling; and (3) additional funds to raise wages for in-home supportive services (IHSS) workers to improve the quality of care.

Specific Populations. In regard to specific populations, attendees expressed the need for: (1) more services and facilities for younger, disabled adults; (2) more residential care facilities for developmentally disabled adults; and (3) support services for persons with HIV disease who have significant hearing loss.

Training/Staff Issues. Many consumers and caregivers expressed the need for: (1) better skills training to improve the quality of IHSS workers as well as attendants in residential care facilities; and (2) sensitivity training for social workers working with elderly and disabled persons.

Facilities. In regard to facilities, attendees expressed needs for: (1) more residential care facilities in different neighborhoods; (2) more health and social services in residential care facilities to serve an increasingly frail population; (3) options to convert acute care beds in hospitals to long-term care beds, and (4) an intermediate care facility in San Francisco, specifically for the developmentally disabled.

Last month, Task Force Co-Chairs Jennie Chin Hansen and I, and the Project Coordinator, met with the State Department of Health Services (DHS) about the Long-Term Care Integration Pilot Program. The purpose of the meeting was to review San Francisco's planning for submitting an application to become a long-term care pilot project. In addition, the State provided information about program oversight and the scope of this year's Request for Applications (RFA).

We learned that the RFA will be more flexible and stream-lined than last year. The development of a proposal will begin a collaborative process with DHS. Different options will be available for participation. The RFA will include a significant amount of information about waiver options. The RFA will not have an established deadline date for proposal submission. Instead, jurisdictions will be able to determine when they are prepared to apply to become a pilot project. Also, the program is no longer restricted to five sites (i.e., counties), eliminating competition between localities. A letter will be sent to all interested counties explaining this new approach in greater detail. It is anticipated that the RFA will be issued by the end of December 1997. At this time, we estimate submitting a response to the RFA in the spring/summer of 1998.

Mr. Wagner will continue to provide updates.

8) REPORT ON DIVERSION

Dr. John Brown, MPA, Medical Director of the Emergency Medical Services Section, presented background information on hospital diversion and its impact on the EMS system. For a copy of the full report, contact the Commission Office (554-2666). He reported that he is working with all of the hospital administrators on some short term and long term solutions (Attachment C) to decrease the number of diversion hours per hospital and to decrease the number of times when multiple hospitals divert simultaneously.

Dr. Brown commented that none of the hospitals want to be on diversion; and everyone wants to be part of a system that works. He pointed out the critical care nursing shortage and the need to have trained critical care nurses. He commented that this is a system crisis, not an individual patient crisis.

Commissioners' Comments:

- information is needed on how many critical care beds are available at each hospital and each hospital's ability to flex-up
- have hospitals decided to reduce their critical care capacity?
- more information is needed on critical care staffing
- is the 1989 ambulance destination protocol being presently used?
- if this diversion is at a crisis level, a more quick response is needed
- need to implement short term and long-term solutions
- what is an acceptable rate of diversion?
- strongly urge the development of an action plan with some solutions
- expressed concern for the impact on quality of care
- expressed feeling of responsibility to come to some resolution

Dr. Katz will bring to the Commission a progress report on the short-term and long-term solutions on December 9, 1997.

9) **QUARTERLY REPORT ON AN UPDATE OF THE EMERGENCY MEDICAL SERVICES CONFIGURATION**

Dr. John Brown, MPA, Medical Director, Emergency Medical Services Section, in coordination with members of the S.F. Fire Department, EMS Division Chief Richard Shortall and Fire Department Medical Director Dr. Marshall Isaacs, provided the first quarter progress report since the transfer of function of Paramedic Services to the S.F. Fire Department occurred on July 1, 1997.

Dr. Brown reported the following:

Since July 1, a number of significant accomplishments have occurred within the S.F. Fire Department, including the institution of a new administrative structure for the delivery of emergency medical services within the Fire Department, utilizing a single integrated chain of command. Chief Richard Shortall was appointed Emergency Medical Services Division Chief, and has selected his administrative staff. Chief Shortall and the Fire Department Medical Director, Dr. Marshall Isaacs, have made a number of improvements in the areas of Comprehensive Quality Improvement, Data Reporting, Combined Fire and EMS Dispatching and Medical Oversight.

The EMS Section of the Department of Public Health has continued its monitoring and regulatory function during this transition. We have developed system-wide treatment protocols following the standards set by the Uniform Treatment Protocols sponsored by the State of California. We have developed Criteria-Based Dispatch Protocols conforming to nationwide Emergency Medical Dispatch Standards.

We will continue to monitor and report to the Health Commission the progress of the San Francisco Fire Department's efforts to provide quality emergency medical services. The EMS Section has dedicated a

significant effort over the last two years to bring about these historical changes. We are hopeful that at this time, because of the efforts of the S.F. Fire Department, the EMS Section will be able to redirect its efforts towards improving other important aspects of our Emergency Medical Services System.

Mr. Shortall and Dr. Isaacs presented a status of the Fire Department Emergency Medical Services covering areas of administration, station deployment/paramedic captains, combined communications center, medical direction, quality/risk management, training, multicasualty incidents/special events, and response times. For a copy of the full report contact the Commission Office (554-2666).

Dr. Isaacs will report back in 3-4 months another update on the Reconfiguration Plan.

In relation to the previous agenda item on diversion, Mr. Shortall offered to assist in gathering information on the number of patients actually being diverted. He suggested a pilot project to gather this data.

President Chow expressed the Commission's appreciation to staff on the orderly transition of the paramedic services to the S.F. Fire Department.

10) **OTHER BUSINESS/PUBLIC COMMENTS**

None.

11) **EXECUTIVE SESSION:**

DISCUSSION AND VOTE PURSUANT TO SUNSHINE ORDINANCE SECTION 67.11 AS TO WHETHER TO CONDUCT A CLOSED SESSION ON ONE ITEM:

A) POSSIBLE CLOSED SESSION HELD PURSUANT TO BROWN ACT SECTION 54956.9 AND SUNSHINE ORDINANCE SECTION 67.11

Action Taken: The Commission unanimously voted to conduct a closed session.

1) CONFERENCE WITH LEGAL COUNSEL: CONSIDERATION OF A PROPOSED SETTLEMENT OF THE LITIGATION OF JEFF EDWARDS V. CCSF, USDC #C96-2263 PJH, IN THE AMOUNT OF \$110,000

Action Taken: The Commission unanimously approved the settlement in the amount of \$110,000.

B) DISCUSSION AND VOTE PURSUANT TO BROWN ACT SECTION 54957.1 AND SUNSHINE ORDINANCE SECTION 67.14 ON WHETHER TO DISCLOSE ACTION TAKEN OR DISCUSSIONS HELD IN CLOSED SESSION

Action Taken: The Commission unanimously voted not to disclose discussions held in closed session.

11) **PUBLIC COMMENTS**

The meeting was adjourned at 6:30 p.m.

Sandy Ouye Mori
Executive Secretary to
the Health Commission

Attachments (3)