

**SAN LUIS OBISPO COUNTY
HEALTH COMMISSION**

Minutes of Meeting

Monday, March 10, 2014 (County Board of Supervisors Chambers)

Members Present: Lynn Enns (Chair), David Clous, Ed Guarena, James Pope, Anne Quinn, Mary Jean Sage, Scott Smith-Cooke

Members Absent: Tracy Del Rio, Jean Raymond, Susan Warren

Staff Present: Dr. Penny Borenstein, Jean White

Speakers: Carla Adams, Daniel Farnum (French Hospital Medical Center); Jody Mendelson, Rick Ford (Sierra Vista Regional Medical Center); Kathleen Karle

Agenda Item	Discussion	Action	Who/When
1. Call to Order	Meeting called to order by Chair Enns at 6:00 pm.	<i>Call to Order</i>	<i>Chair Enns</i>
2. Approval of Minutes	Minutes of February 10, 2014 were approved as drafted.	<i>February 2014 minutes approved.</i>	<i>All</i>
3. Public Comment	Chair Enns opened the floor to public comment with no response.		
4. Presentation: ADA Regulations & Compliance	<p>Carla Adams, RN, MSN, COO, CNE, speaking on behalf of French Hospital Medical Center (FHMC) and Arroyo Grande Community Hospital (AGCH), provided a Power Point overview titled “American Disabilities Act (ADA) Compliance,” noting their focus on quality of care, safety, and patient experience. She began the presentation by providing background information on FHMC and AGCH and spoke about how they are addressing two components: communication barriers & attitudinal barriers. She talked about and provided examples of the communication aids and other auxiliary aids available to persons with disabilities for hearing impairment, visual impairment and physical impairment that included TTY telephones, interpretation services, visual & text based displays, addition of Braille to hospital signage, nurse call-raised buttons & breath nurse call, and website text size tooling . She explained how attitudinal barriers are addressed through compliance education, employee commitment to ethical and appropriate behavior, new employee orientations, mandatory annual trainings for staff through <i>Healthstream</i> modules, and a complaint mechanism for individuals to contact Dignity Health directly with complaints, concerns or requests regarding access for people with disabilities.</p> <p>Daniel Farnum, Sr. Director of Facilities Management, FHMC, continued the Power Point presentation talking about how FHMC is addressing physical barriers. Dignity Health is in the process of making substantial improvements and removing physical access barriers at all of their hospitals. All hospitals have been reviewed for barriers to accessibility. At FHMC, upgrades have been made to signage, parking & van accessibility, ingress & egress, accessibility to meeting rooms, bathrooms & waiting areas, and drinking fountains. Currently, they are working on accessibility for the patient rooms. Mr. Farnum provided photo examples of some of the upgrades that have been made and also a photo of their patient packet that contains accessibility information and contact hotlines.</p> <p>Jody Mendelson, SHP Project Development and Rick Ford, Director of Plant Operations, Sierra Vista Regional Medical Center (SVRMC), provided a Power Point overview titled “Americans with Disability Act (ADA) Compliance.” Ms. Mendelson provided background on Tenet Healthcare Corporation and SHP Project Development, hired by Tenet in 2010 to coordinate the ADA barrier removal project at SVRMC and seven other Tenet hospitals in California. She listed and provided examples of the</p>		

accommodations SVRMC has in place to address communication barriers (visual aids, auditory aids, and cognitive/emotional aids) and for attitudinal barriers (a house supervisor designated as the ADA Coordinator, education provided to staff (through monthly trainings that include cultural competency education) and their “Ask Me” program and grievance procedures). She explained that SHP has been mainly involved in the removal of physical barriers, with upgrades to controls and operating mechanisms (exam & surgical tables, wheelchairs with specialized accessories, specialized scales & nurse call pull cord handles), bathrooms and showers, accessible routes, parking, elevators, signage and website access. Ms. Mendelson showed photo examples of these upgrades. The ADA barrier removal project will be completed at SVRMC by August 2014.

Commissioner Questions:

Commissioner Clous referred to ADA barrier removal and asked how the removal project was addressing the lobby and waiting areas in the hospitals for people with disabilities. *(Mr. Ford advised that SVRMC has added a private “booth” to the lobby that will hold 8 people and have changed the configuration of the lobby for easier access. Ms. Adams advised that FHMC has added a consultation room just off the lobby and will also individualize care.)*

Commissioner Quinn asked about sensitivity training for volunteers. *(Ms. Adams advised that all volunteers attend an orientation that includes training on ADA requirements. They also attend monthly meetings that include discussions about patient experiences. Mr. Ford advised that all of their volunteers also go through an orientation and attend monthly meetings to share information.)*

Commissioner Quinn asked who oversees, monitors & what the response times are for their hotline. *(Mr. Ford advised that response time is approx. 10 minutes by the house supervisor or a charge nurse. Ms. Adams advised that their hotline is managed by a corporate compliance officer with 24 hour response.)*

Commissioner Pope asked about problems with portable special equipment being misplaced and/or not where it should be when needed. *(Ms. Adams explained that FHMC has been adding more equipment that is housed and labelled, and that problems with misplacement happen very infrequently. Mr. Ford explained that SVRMC has made sizeable investments on additional equipment over the last few years to specifically address this.)*

Commissioner Clous asked if the hospital training modules address institutional bias and cultural discrimination. *(Mr. Ford explained that the annual training for employees at SVRMC is extremely in-depth, covering a full spectrum that includes religion, race, and disabilities. They ask and teach staff to be in tune to each of their patients. Ms. Adams explained that the ADA Auxiliary Policies emphasize that facilities provide the highest quality service to people. A “No judgment” and “cultural assessment” is given to all employees. High level patient care experience is a focus and they work to individualize the care for each patient.)*

Commissioner Guereña asked if the hospitals have considered bringing in focus groups from the community; groups that represent and talk about access for people with disabilities. *(Mr. Ford advised that they have not set a regular committee together, but would be open and welcome that. Ms. Adams advised that they have a volunteer who is quadriplegic who sits on their patient care steering committee, who has offered a number of pointers and is also interested in doing some educational training to staff.)*

Commissioner Smith-Cooke asked how this has been addressed in the ERs. *(Ms. Adams and Mr. Ford noted that the ERs are well equipped and being upgraded with all of the same equipment. The main lobby*

	<p>and ER are primary points for ADA.)</p> <p>Commissioner Smith-Cooke asked what a person should do if they feel that aren't being heard or accommodated. <i>(Mr. Ford advised that they need to voice their concern immediately to a house supervisor. Ms. Adams emphasized the importance of articulating your needs to the nurse and doctor.)</i></p> <p><u>Public Comment:</u></p> <p>John Lee, Chair, Access For All (AFA), asked for more specific information on how trainings are provided and if there are opportunities for medical personnel to receive CEUs on topics dealing with people with disabilities. He also asked if the perspective from people with disabilities is offered in trainings. <i>(Both hospitals provide in person new employee orientations and mandatory annual online training modules to staff (w/custom built-in competencies). Physicians and nurses are always looking for continuing education avenues, although Ms. Adams and Mr. Ford do not recall any recent CME trainings on topics dealing with people with disabilities. Ms. Adams commented that she reviewed the videos presented by AFA at the last Health Commission meeting and agreed they are very educational.)</i></p> <p>Paul Wolff, Member, Member AFA, commented that institutional bias and cultural discrimination goes beyond legislation. AFA has trainings on these topics (including proper use of terminology). He asked if there was an interview process for people with disabilities in hospitals upon discharge. <i>(Ms. Adams explained that FHMC does a patient satisfactory survey upon discharge as well as post discharge follow up phone calls. Mr. Ford advised that SVRMC does an exit interview upon discharge and that patients are also mailed a survey, with a percentage of those patients called directly by clinical staff.)</i></p> <p>Beverly Gingg, Member, AFA, asked if there was signage at the hospital with contact information for the house supervisor, and if there was a central place that listed all of the accommodations available to people with disabilities. <i>(Neither hospital distributes direct contact information for the house supervisor; requests for information are funneled through the clinical team. Neither hospital has a central system in place for accessing all of the accommodations that are available.)</i></p> <p>Beverly Gingg, Member, Access For All, commented on the advances that SVRMC has made in making their patient rooms fully accessible; she asked about FHMC's timeline for meeting the requirement. <i>(FHMC is currently going through a 3.5 million dollar renovation project that will include upgrade of patient rooms.)</i></p> <p>Carol Howland, RN, Chief Nursing Officer, Twin Cities Community Hospital (TCCH), commented that she watched the Health Commission meeting and reached out to AFA and partnered with them to do a grand round with staff, CEO, physicians, nurses, as well as others from the community. She noted that TCCH just installed video for sign language and has signage at each entrance for persons with disabilities. They also empower their staff to know the answers to provide to their patients and incorporate sensitivity training into their employee orientations and ongoing education.</p> <p>Brian Gingg, Member, AFA, asked what focus areas each of the hospitals would like to improve on. <i>(Ms. Adams noted for FHMC it would be attitudinal barriers. Mr. Ford agreed for SVRMC.)</i></p> <p>John Lee, Chair, AFA, thanked all for taking the time to present. AFA welcomes the opportunity to partner with the hospitals with an objective to work with the hospitals to ensure persons with disabilities in SLO County have the best health care experience that they can. They believe they can bring a perspective that can help hospitals, doctor's offices, and clinics.</p>		
<p>5. Tobacco Control Program Update</p>	<p>Kathleen Karle, Division Manager, Health Promotion, provided a Power Point update on Tobacco Control Program activities. She began the presentation by providing background on tobacco advertising,</p>		

	<p>smoking statistics, and how California has been a leader in tobacco control; noting the most recent focus has been on outdoor areas. Ms. Karle talked about their latest campaign, a retail campaign called “Healthy Stores for Healthy Communities, with a goal to improve the health of Californians through changes to the retail environment. In July of 2013, a data collection project was started in every health jurisdiction within the state and over 7,000 stores were surveyed. 159 retailers from 9 different zip codes were surveyed in SLO County. A core survey was done that looked at the store exterior, interior and assessed main check-out areas for the marketing, advertising, product availability & placement of tobacco products, alcoholic beverages and healthy/unhealthy foods sold. There were four additional modules that looked at flavored tobacco products, price and promotions, placement and exterior ads, and nutrition & alcohol. Ms. Karle presented a copy of the full data sheet from the survey and highlighted some of the areas where SLO County had higher than state percentages: percentage of stores with unhealthy vs. healthy ads, percentage of stores that sell e-cigarettes, percentage of stores that sell chewing tobacco, and percentage of stores that sell candy, mint and liquor flavored non-cigarette tobacco. The Tobacco Control Program has made a long-term commitment to work with local retailers and educate them on positive changes that can be made to the retail environment.</p> <p>Campaign timeline: Ms. Karle advised that they held a regional press conference last week and will now begin making presentations to local stakeholders. They have a retail objective, with one of the objectives to go back to all of the jurisdictions who have ordinances banning tobacco to include the ban of e-cigarettes, since all of the ordinances currently in place predated e-cigarettes. The County Office of Education is already working on an ordinance and the City of SLO has expressed interest.</p> <p><u>Commissioner Questions:</u> Commissioner Sage asked which local stakeholders they will be presenting to. <i>(Ms. Karle advised their work plan includes going to service clubs & non-profit organizations.)</i> Commissioner Guereña asked if there was data from this survey on how many of the stores that sold cigarettes also had pharmacies in them. <i>(Ms. Karle guessed about 50%)</i> Commissioner Guereña noted that San Francisco banned the sale of tobacco where there is a pharmacy and that CVS will not sell tobacco products in their stores effective October. He asked how tobacco retailers are licensed in SLO County. <i>(Ms. Karle explained that a license is required from the State for a one-time fee. In addition, a permit is required to sell in any jurisdiction that has a tobacco retail licensing policy. In SLO County, the City of San Luis Obispo, County of San Luis Obispo, City of Arroyo Grande, and the City of Grover Beach have tobacco retail licensing policies.)</i> Commissioner Quinn asked about the new e-cigarette ordinance in Santa Maria and what it bans. <i>(Ms. Karle explained that (basically) it bans the use of e-cigarettes within government buildings.)</i></p>		
<p>6. Health Agency / Public Health Report</p>	<p>Dr. Penny Borenstein, Health Officer, reported on the following:</p> <ul style="list-style-type: none"> • <u>Affordable Care Act (ACA):</u> ACA enrollment continues to trend up. March 31, 2014 is the deadline for the current open enrollment period. Persons can sign up through CoveredCA.com, enrollment counselors at CHC, DSS, AIDS Support Network, or insurance agents (free to client). <i>(Commissioner Enns asked about persons who may be having difficulty signing up or don't yet have proof of insurance. Dr. Borenstein advised there are still some quirks in the system and in some specific instances recommends using an enrollment counselor or an insurance agent.)</i> • <u>Environmental Health (EH):</u> EH added a Geographic Mapping Specialist to staff (starting last 		

	<p>week) and is in the process of getting new equipment, cameras & a plotter to enter the “modern era.”</p> <ul style="list-style-type: none"> • Child Dental Health (February): The fourth biannual Oral Health Summit was held last month with good attendance and good discussion in continuing efforts to improve the oral health status of children in our community. Dr. Borenstein congratulated everyone who has been working in this arena. Since the first oral health summit, they have seen tremendous decrease in the amount of dental decay and untreated disease in children. 		
7. Health Commissioner Updates	<p>Commissioner Guereña referred to an email to commissioners from HEAL SLO with their response to a project referral from the Planning Department for a 13-lot subdivision creating 11 new lots and 1 open space parcel in Oceano. HEAL SLO did not foresee any immediate health impacts with the project, but did offer comments about the open space, noting it was unclear what this space was intended for and what amenities would be provided. HEAL SLO suggested that development of this common open space be a feature that would contribute to the health of future residents. Commissioner Guereña noted that HEAL SLO forwards a copy of their reviews to the Commission to make public what is being reviewed.</p> <p>Commissioner Sage reported that she and Commissioner Clous attended the final CBO Preventive Grant committee meeting where they finalized grant recommendations. The recommendations will be forwarded to the Board of Supervisors for their consideration at the budget hearings in June.</p> <p>No further updates.</p>		
8. Committee Reports	<p>Nominating Committee: Commissioner Sage advised that the Health Commission currently has one vacancy in the “Consumer” category and that there will be three additional vacancies at the end of this fiscal year (1 Direct Provider, 1 Indirect Provider and 1 Consumer). She encouraged anyone who has an interest in serving on the commission to submit an application. Call 781-5520 or visit the Health Commission’s website at http://www.slocounty.ca.gov/health/publichealth/healthcommission.htm.</p>		
9. Prospective Future Items	<p>April 2014: Update on Affordable Car Act / BH Integration</p> <p>Future Topics: Health Effects of Fracking (<i>Commissioner Pope will follow up with the League of Women Voters regarding presenting the tape from a recent public forum they held on this topic.</i>) Health Effects of Drought (<i>Dr. Borenstein referred to a recent presentation she heard at the California Conference of Local Health Officers and will follow up to see if that person might be available to present to the commission.</i>)</p>		
10. Adjournment	Meeting adjourned at 8:25 pm.	<i>Adjournment</i>	<i>All</i>