



CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Laguna Honda Hospital & Rehabilitation Center

Annual Report

Presented to the San Francisco Health Commission
Department of Public Health

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MISSION

As part of the Department of Public Health safety net, the mission of Laguna Honda Hospital (LHH) is to provide high-quality, culturally competent rehabilitation and skilled nursing services to the diverse population of San Francisco. Skilled nursing service includes long-term care for residents who cannot be cared for in the community and/or short-term care for those who can be rehabilitated and discharged to a lower level of care within the community.

VISION

Laguna Honda Hospital will be a center of excellence in providing a continuum of care that integrates residents in the least restrictive setting, thereby supporting their highest level of independence.

DEMOGRAPHICS

Attached are the demographics of the residents we serve (Attachment A).

2005-2006 STRATEGIC GOALS

Attached for your review is the status of the accomplishments toward the goals we set in our 2005-2006 Strategic Plan (Attachment B). Please review the details at your leisure. We were very successful in meeting many of our goals. I will cover the additional items to highlight the year.

LHH made the following accomplishments over the past year.

1. Clinical Programs

- We successfully developed a Community Reintegration Program (Social Rehabilitation Program) piloted on nursing units L4A and G5. This program focused on fostering clinical integration and teamwork to improve the discharge process. The program was generously funded by a grant from the California Health Care Foundation. The program study will be rolled out as much as possible across the other forty nursing units.
- We opened a specialty care unit on E3 to better meet the needs of residents who are substantially challenged by cerebral palsy, epilepsy, autism or mental retardation. The staff have increased collaboration between LHH and Golden Gate Regional Center (GGRC).
- We developed and implemented a new electronic web based Infection Control Program & Manual (a first for LHH). This is a significant overhaul of our previous program incorporating all of the most recent infection control techniques.
- We developed and initiated an award winning “Best Friends” Program based on the book “The Best Friends Approach to Alzheimer’s Care” by Virginia Bell and David Troxel. It pairs a specially trained volunteer with residents. LHH was awarded “Best Practices in treatment of

Behavioral Disorders associated with Dementia” Award from the American Psychiatric Nurses Association.

- LHH was one of nine Bay Area hospitals selected to participate as the first cohort of the Integrated Nurse Leadership Program (INLP), funded by the Gordon and Betty Moore Foundation, and operated by UCSF’s Center for the Health Professions. The goal of the program is to develop more effective nurse and clinical leaders and managers. INLP’s purpose is to teach leadership and management skills to hospital executives, managers, and nursing staff. This data will be used as the baseline data for our approach in re-engineering LHH’s Organization Effectiveness cultural change. At LHH, our project was focused on the Positive Care Unit, dedicated to clients who need skilled nursing care and clients with HIV/AIDS. The purpose of our project was to improve the medication management system with the goal of reducing medication errors. The program was a big success.
- We participated in Lumetra’s California Quality Connections, collaboratively working to improve quality outcomes of skilled nursing facilities with a three-year program focused on improving organizational culture with expected improvements in pressure ulcer care, physical restraint reduction, reducing systems of depression, improving pain management and resident centered care.
- We fully implemented the Targeted Case Management Program at LHH (Attachment C).
- We implemented a formalized Weekly Waiting List data report (average of 10-15 people).
- We enhanced the patient admissions process to ensure that admissions to the facility are appropriate with the hiring of an Admission Screening Nurse/Bed Control Coordinator.
- We hired a Spiritual Care Coordinator and the expanded the Spiritual Care Program at LHH.
- A Pharmacy Student Volunteer Program was developed by UCSF. This program labeled "Patient as a Person" program. This program pairs up pharmacy students with residents at the bedside in order to interact with residents face-to-face. The program benefits the residents with more volunteer activity, and the pharmacy students with their learning to better interact with patients.
- "Polypharmacy as a Risk Factor of Adverse Drug Reactions in Geriatric Nursing Home Residents" was published in the March 2006 issue of *The American Journal of Geriatric Pharmacotherapy*. The article is authored by Julia Nguyen, PharmD; **Michelle Fouts, PharmD; Sharon Kotabe, PharmD; and Eunice Lo, PharmD**. The study that resulted in the publication was conducted while Dr. Nguyen was a pharmacy student at UCSF. Drs. Fouts, Kotabe and Lo were her LHH mentors, and co-investigators for the study. The peer-reviewed paper concluded that geriatric nursing home residents were 2.33 times more likely to experience an adverse drug reaction if they were prescribed and used ≥ 9 different scheduled medications. The outcomes will help LHH’s performance improvement process.
- Activity Therapy expanded its services and initiated its first Annual LHH County Fair. In addition, the department enhanced many programs including the “Funk” Singles Night Affair, Luaus for the Dementia Cluster, Chinese New Year Festival, etc.

- We held a celebration of World AIDS Day with an open house on LHH's Positive Care Unit to showcase LHH's excellent work.
- LHH's Tai Chi complimentary therapy for Chronic Pain Program won the 2005 Best Practices Award Honorable Mention from the California Healthcare Association's (CHA) Hospital Services for continuing care.
- The art work of twenty LHH residents was exhibited at the Grand Opening of the De Young Museum under the "Art for Elders" program.
- We held the 47th Annual LHH Volunteers Holiday Show, hosted by Terry Lowry and Fred LaCross.

2. Safety and Security

- We implemented a Violence in the Workplace program designed to prevent incidents in the workplace related to violence.
- We cleaned up homeless camps and the introduced goats to the LHH hillside.
- LHH participated in the November 2005 California Golden Guardian Regional Emergency Response Drill and the city-wide drill during the week of the Centennial Anniversary of the 1906 Earthquake.
- We improved site security with an increase in San Francisco Sheriff's Department staff hours and cadet services for visitor sign in.
- Unit D-3 was re-opened after fire damage repairs.

3. Organizational Structure, Communication and Leadership

- LHH's leadership was reorganized due to staff departures (Attachment D).
- A Communications Plan for both internal and external communications was developed.
 1. The LHH informational website and Replacement Program website were updated.
 2. The LHH Resident Guide Book was revised and improved.
- Significant reorganization and investments were made in the LHH Department of Education and Training (DET). Some of DET's accomplishments this past year include:
 1. A new and expanded 3-day Employee Orientation program was implemented, of which all staff will be trained in safety management and response techniques (SMART).

2. A computer training lab was created and a computer training program for staff was developed, collaboratively sponsored by Labor, San Francisco City College, and LHH. It was funded by a \$500,000 grant from the San Francisco Foundation, the Work Force Development Program of San Francisco City College, the Walter and Elise Haas Foundation and the Blue Shield Foundation.
 3. DET defined LHH's approach for effecting cultural change through organizational effectiveness training (Attachment E).
 4. DET implemented and rolled out the Health Stream computer-based training program.
- A LHH Employee of the Month Program was established.
 - LHH held its 24th Annual Service Awards dinner honoring 26 staff members, all with 10-40 years of service.
 - The Adult Day Health Center's 1st Annual Health Fair opened to the community.
 - A retreat for the Medical Staff to improve unity and team work within the Medical Services Team was held and attended by all in-house Medical Staff members.

4. Finance

- Significant adjustments were made to the LHH Operating Budget via Supplemental Appropriations to provide for the approved nurse staffing levels.
- We implemented a Seimens Invision Registration and Billing System, replacing the ADL system. This will help identify improved revenue opportunities.
- We developed a hospital-wide prioritized Budget Initiative List for FY 07 & FY 08.
- LHH's Medicare reimbursement rates increased.

5. Information Systems

- We replaced our patient scheduling system with Seimens Soarian Scheduling.
- A computer training lab was created.
- The Integrated LHH-SFGH Abstract Coding system was implemented.
- The state-wide death registry system was implemented.

6. *Performance Improvement, Licensing and Regulatory Preparedness*

- The LHH Performance Improvement Plan was fully developed and implemented throughout the organization, inclusive or regulatory deficiencies.
- Pharmacy systems were designed and implemented to handle Medicare Part D enrollment.
- A Quarterly Report to the Board of Supervisors was implemented following the Mayor's directive to reverse the Patient Flow Project on February 17, 2005. (Attachment F).
- A Cal-OSHA Plan of Correction for safety training and work site analysis was completed.
- LHH was selected and has been participating in a collaborative session with the Agency for Healthcare Research and Lumetra, California's Quality Improvement Organization (QIO) of CMS. The Program titled "On Time Prevention of Pressure Ulcers" focuses on redesigning daily workflow of Clinical Teams to implement best practices on pressure ulcer prevention.

7. *Human Resources*

- An improvement plan for annual employee performance evaluations was developed. The hospital-wide completion rate for performance evaluations increased from 19% to 82% for 2005.
- Bilingual staffing capabilities increased by 18%.

8. *Replacement Project*

- A progress update is provided in the LHH Replacement Program Report.

9. *Operational Structure of the New Hospital*

- A Transition Steering Committee was created to guide operational planning for the new hospital.
- We initiated a planning process for Assisted Living.
- LHH began participating in the Pebbles Project, an evidence-based research initiative. Its aim is to engage healthcare providers who are building new facilities to improve patient outcomes and staff safety through evidence-based design.

Other:

- LHH responded to the Health Management Associates Report on Long Term Care and followed-up with participating in the implementation of the Integrated Steering Committee, etc.

CHALLENGES

Some of the challenges we experienced in the past year include:

- Three Department of Health Services (DHS) Licensing Surveys during 2005.
- One California Department of Aging Survey for our Adult Day Health Center.
- One Combined DHS & CMS Licensing Survey, so far in 2006, with a return trip anticipated for sometime in July 2006 (Attachment G). A CD of the Plan of Correction dated 4/25/06 is included in your packet.
- The suspension of the LHH Foundation.
- Two DOJ visits focusing on the ID/DD population at LHH, with no findings reported.
- A series of Cal OSHA surveys regarding Asbestos Awareness.
- Implementation of a Paid Parking Program for staff at LHH.
- The Proposition D ballot initiative during the June 2006 election.

WHERE WE ARE GOING IN 2006-2007

Strategic Planning

- A series of retreats were held by the “Combined Leadership Team” of LHH consisting of the Executive Staff, Medical Executive Staff, Nursing Executive Staff and key leadership of Clinical and Support Services to develop the strategic plan for FY 06-07 and the LHH budget priorities.
- Attached for your review is the 2006-2007 LHH Strategic Plan (Attachment H).

The approach is to modernize LHH, which is currently hampered by:

- 1920’s building infrastructure,
- 1960’s organizational culture (“top down, non inclusive”), and
- 1970’s systems and operational processes.

Over the next two years, we must:

- build the buildings,
- change the organizational culture,
- solidify our infrastructure, and
- design and build the operational processes for now and for the new buildings with a focus on *the resident* as the center of all decisions.

2006-2007 STRATEGIC GOALS

1. Clinical Programs

- Continue to focus improvements on specialty areas, such as dementia, HIV/AIDS, II/DD, Rehabilitation, and Community re-entry.
- Roll out medication management and patient safety initiatives (unit dose and omni cell systems).
- Manage Behavioral Health through a multidisciplinary approach.

2. Education and Organizational Development

- Complete the DET infrastructure with FY07 Budgeted positions.
- Solidify the Hospital Wide Training programs and put them into policy.
- Implement an Organizational Effectiveness training program.
- Train, Train, Train...

3. Safety and Security

- Continue Threat Assessment Team through performance improvement (PI) of:
 - SMART Training
 - Assist teams
 - Dr. Gray
 - SIRT
- Continue to focus on the Site Security Analysis, focusing on cameras, security rounds, posts, and hours of operation.
- Review and revise the Safety Management and the Emergency Preparedness Plans.

4. Organizational Structure, Communication and Leadership

- Develop cultural values as part of LHH's Strategic Plan.
- Implement the communication plan for external positive publicity.
- Complete the infrastructural improvements, both budgeted and not budgeted.
- Continue to feed the valley to the goats.
- Build the new laundry.

5. *Budget, Finance and Revenue*

- Analyze billing reports.
- Improve on MDS coding.
- Validate billing for new services.
- Maximize revenue.
- Improve departmental budget accountability.

6. *Information Systems*

- Finish the development and implementation of a cable management strategy for current buildings, interfaces with the new, and the old.
- Continue to develop staff computer skills.
- Improve on and invest in desktop support.
- Move forward with implementation of Soarian Clinical Systems.

7. *Quality Management*

- Improve resident-to-resident altercation PI process.
- Improve departmental performance standards.
- Conduct resident, family, and staff satisfaction surveys.
- Maintain a continuous state of preparedness for the regulatory survey process.

8. *Human Resources*

- Improve employee morale.
- Minimize vacancies.
- Maximize retention.
- Improve cultural competency.

9. Replacement Hospital

- Move forward with construction & coordination.
- Conduct operational planning.
- Continue transitional planning.
- Plan for assisted living services.
- Continue participating in the Pebbles Project.

This concludes my report. Please let me know if I may answer any questions.

Respectfully Submitted,

John T. Kanaley
Executive Administrator
Laguna Honda Hospital and Rehabilitation Center