

Title: Strategic Goal – Center of Excellence

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I. Background:

In an era of health care reform and increased scrutiny for quality outcomes, healthcare facilities not only are faced with declining reimbursement, market share and revenue challenges, but they also must find ways to remain a provider of choice for patients, residents and physicians. One way hospitals, along with health systems and payers, are addressing these concerns is by distinguishing themselves through “center of excellence” programs. With a rich-history of providing compassionate and dedicated services to the City of San Francisco for 150 years, Laguna Honda Hospital has established as one of its strategic goals to be recognized as a Center of Excellence in Post-Acute-Care, a unique & distinguished distinction for Long-term care services.

Laguna Honda Hospital offers an array of services from rehabilitation to general/complex SNF care, from respite to long-term, dementia and memory care, from palliative to HIV/AIDS care – the model of being a “Center of Excellence” will clearly defined high-quality, beneficial services to San Franciscans and others who seek care though our organization. Centers of excellence are patient-focused and patient/resident centric organizations. By establishing a goal of being a “Center of Excellence”, it serves an opportunity to differentiate our institution in a market by offering measurable, high-quality care in an era of accountability.

II. Current Conditions: Where do things stand now?

- Laguna Honda Hospital currently(as of October 2016) has an overall quality rating of 4 stars (out of 5): 2 stars in Health Inspection, 5 stars in Quality Measures and 5 stars in Staffing
- Laguna Honda offers several services/program but it is not clearly defined and streamlined thus no clear differentiation of the standardized and niche services offered
- Current “balanced scorecard” (where quality measures and other metrics reside) can be further enhanced to be more user friendly
- Affiliations exists between LHH and other academic institutions; in addition, several staff serves in some capacity with faculty/leadership roles in the academic institutions however no clear expectations of roles and responsibilities
- For Post-Acute Care/Long Term Care, quality measures are benchmarked nationally and statewide through CASPER report which is based on data submitted through the MDS (Minimum Data Set)
- In tracking quality measures, there are several opportunities to improve the process:
 - Inconsistency in identifying source of data collection
 - Inconsistency in analysis and follow through for some quality metrics
 - Data does not flow through among different systems for LHH
 - Lack of transparency and awareness among staff re: availability of data (i.e balanced scorecard)
- An opportunity exists to explore evidenced-based and best practice for the services offered by the organization. There are some evidence that this organization adopts current best-practice standards but on some areas, the need to institute Centers of Excellence are built on a comprehensive continuum that allows for the clinical and non-clinical staff to work efficiently and collaboratively. They are an optimal response to the growing need for disease-based medical management of chronic-type conditions and the requirement to demonstrate efficacy and superior outcomes.
- **PROBLEM STATEMENT:** Currently, Laguna Honda offers several services/program but there is no clear differentiation of the standardized and niche services offered. In addition, “balanced scorecard” (where quality measures and other metrics reside) can be further streamlined to be user friendly, as well as to effectively measure and validate goal of being “Center of Excellence”.

III. Goals & Targets:

Goals: LHH main goal is to become nationally recognized as a Center of Excellence in Post-Acute Care (PAC).

Objectives are:

- 1) Identify list of existing service lines w/ designated service line leader by Dec. 2016; 2) Perform organizational self-assessment of current resources, programs, initiatives, existing academic affiliations by Dec. 2016; and 3) Create and maintain quality dashboards to track quality measures and other performance data to reach benchmarks and goals identified for each Service Line. 4) Establish and maintain an effective ongoing, specialized and evidence-based training/education for each Service Line. 5) Implement plan to improve state survey preparation process 6) Launch a national conference/symposium on the Laguna Honda campus to highlight post-acute innovations and best practices.

IV. Analysis:

Service Lines: Laguna Honda's current services are established but need to be clearly defined and re-evaluated to ensure evidenced-based and best-practice approaches are utilized.

Employee Knowledge/Engagement: Interview and observation and assessment of neighborhoods indicate inconsistent practice among units with regards to sharing organizational excellence and/or quality measures information with frontline staff.

Quality Dashboard/Metrics: Current “dashboards” under balanced scorecard are not standardized. There is a lack of clarity with current benchmarks and limitation on balanced scorecard access. Data needs to be filtered to ensure that only meaningful data is collected and analyzed, and often data collection becomes a workload issue. There is also lack of consistent and continuous analysis for some of the quality metrics/measures obtained. As with data collection, this becomes a workload issue for the current process owners.

V. Recommendations/Proposed Countermeasures:

1. The Center of Excellence Team will create a service/program description for each Service Line and as possible, involve patient/resident input for optimize patient/resident experience.
2. The Center of Excellence Team will help establish Service Line Teams that meet regularly and work on building programs for each service line.
3. Once service line teams are created, an assessment of existing services/programs within that service line will be performed by each team.
4. Each service line will establish an appropriate set of quality measures/metrics for their respective areas.
5. Create a plan for on-going monitoring and analysis of quality measures which is sustainable in the long term.

VI. Plan

PLAN	DO	CHECK	ACT	PROGRESS
IDENTIFY COE SERVICE LINES/LEADS	Review current service lines, propose and finalize service lines Nominate service line leads based on current role, areas of expertise, participation in initiatives.	Service line leads nominated, reviewed participation with supervisors and Executive Leadership	Confirm roles of service line leads	Completed 11/16
ESTABLISH COE SERVICE LINE TEAMS	Coordinate with service line leads formulation of teams of 3-5 staff members	Service line leads to invite members of team	Confirm all team members for each COE service line	Completed 1/17
CREATE SERVICE LINE/PROGRAM DESCRIPTION	Perform self-assessment of current services offered under each service line	Service Line Leads to draft program description	COE and Service line leads review and validate each program	In-Progress
ESTABLISH QUALITY MEASURES FOR EACH SERVICE LINE	Review current “quality dashboard”	COE leads to collaborate with SF Fellows to establish COE Dashboard	COE team and PIPs Committee to validate quality measures	Completed 7/17
CREATE PLAN FOR ON-GOING MONITORING AND ANALYSIS FOR QUALITY METRICS	To start once Service line quality measures are established	COE and Service Line leads to establish evaluation and monitoring process of Quality Metrics.	COE and PIPs committee to establish benchmarks/plan to integrate review/report out to leadership and staff	To be started (Q3 2017)
IMPLEMENT PLAN TO IMPROVE STATE SURVEY PREPARATION	Review current plan of state survey prep Apply lean methodology for an effective/efficient state survey prep process	Collaborate with QM department to re-evaluate mock survey preparation	Review mock survey results; impact of new state survey prep process	In-Progress To be completed (end of 2017)
LAUNCH NATIONAL CONFERENCE /SYMPOSIUM	TBD	TBD	TBD	5 year plan (2020)

VII. Follow-Up: How will you assure ongoing Plan, Do, Check, Act?

Explore formal certification/designation for “Center of Excellence” in Post-Acute/Long Term Care (i.e. The Joint Commission Long Term Care Certification)