



Facility Assessment

Laguna Honda Hospital and Rehabilitation Center

November 12, 2019

Joint Conference Committee

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LHH Facility Assessment

Skilled Nursing Homes are required to conduct an annual **Facility Assessment** report to determine the necessary resources required to care for residents competently during normal day-to-day operations and emergencies.

Assessment areas include:

- Resident population served and care needs based on physical and cognitive disabilities
- Staffing and competencies on services provided
- Risk analyses for systems and resources in North and South residence towers and hospital buildings spanning more than 500,000 square foot



Services Provided

Fiscal year 2018-2019 resident care services provided by Laguna Honda

North Tower Residence	Care Focus
North 1	Integrated Wellness
North 2	Memory Care
North 3	Memory Care
North 4	Latin Culture
North 5	Asian Culture
North 6	Memory Care
North Mezzanine	Memory Care (Secured)

South Tower Residence	Care Focus
South 2	Positive Care (HIV/AIDS)
South 3	Palliative Care
South 4	Enhanced Support
South 5	Enhanced Support
South 6	Enhanced Support
Pavilion Mezzanine - SNF	SNF & SNF Rehab
Pavilion Mezzanine - Acute	Acute Medical and Acute Rehab

Care Requirements of Resident Population

Fiscal year 2018-2019 top 10 resident diagnoses

Rank	Primary Diagnoses
1	Essential (primary) hypertension
2	Human immunodeficiency virus (HIV) disease
3	Alzheimer's disease (AD)
4	Dementia in other diseases classified elsewhere with behavioral disturbance
5	Unspecified dementia without behavioral disturbance
6	Vascular dementia without behavioral disturbance
7	Dysphagia
8	Dementia in other diseases classified elsewhere without behavioral disturbance
9	Unspecified symptoms and signs involving cognitive functions following unspecified cerebrovascular disease
10	Vascular dementia with behavioral disturbance

Care Requirements of Resident Population

Fiscal year 2018-2019 RUG-IV summary

Resource Utilization Groups are classifications for residents based on MDS (Minimum Data Set) documentation.

Major RUG-IV Categories	No. of Unique Residents 04/01/18 - 06/30/18	No. of Unique Residents 04/01/19 - 06/30/19	Percent Change
Rehabilitation Plus Extensive Services	0	0	0%
Extensive Services	16	18	13%
Rehab	21	24	14%
Special Care High	38	40	5%
Behavioral Symptoms and Cognitive Performance	114	129	13%
Special Care Low	114	100	-12%
Clinically Complex	176	156	-11%
Reduced Physical Function	319	334	5%

Data represents 801 unique residents between the period of April – June 2019

Resident Population Served

During FY 2018-2019:

- 180 residents expired (average LOS 470)
- 629 unique residents discharged (average LOS 381)
 - Includes discharges to community, Acute units, and other

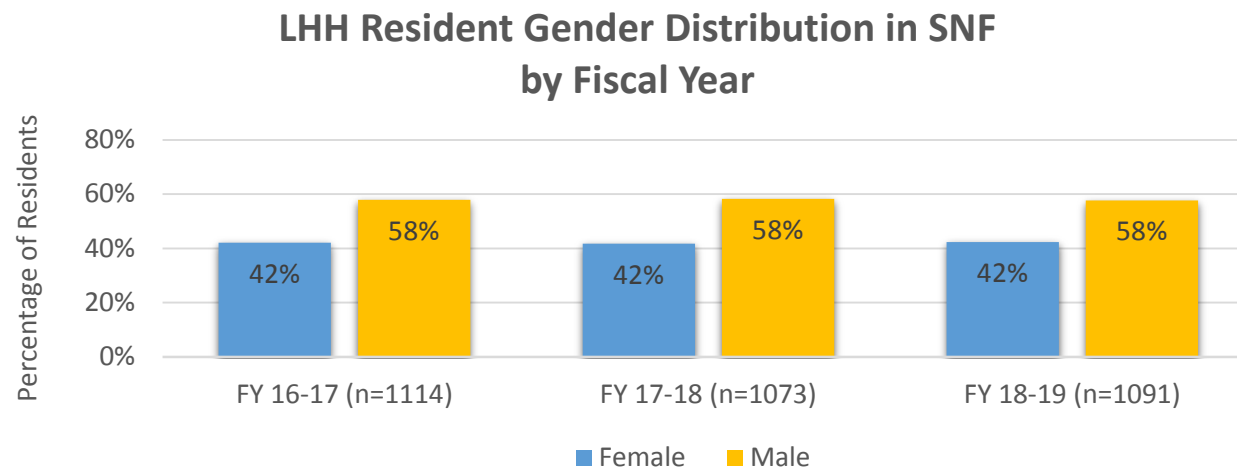
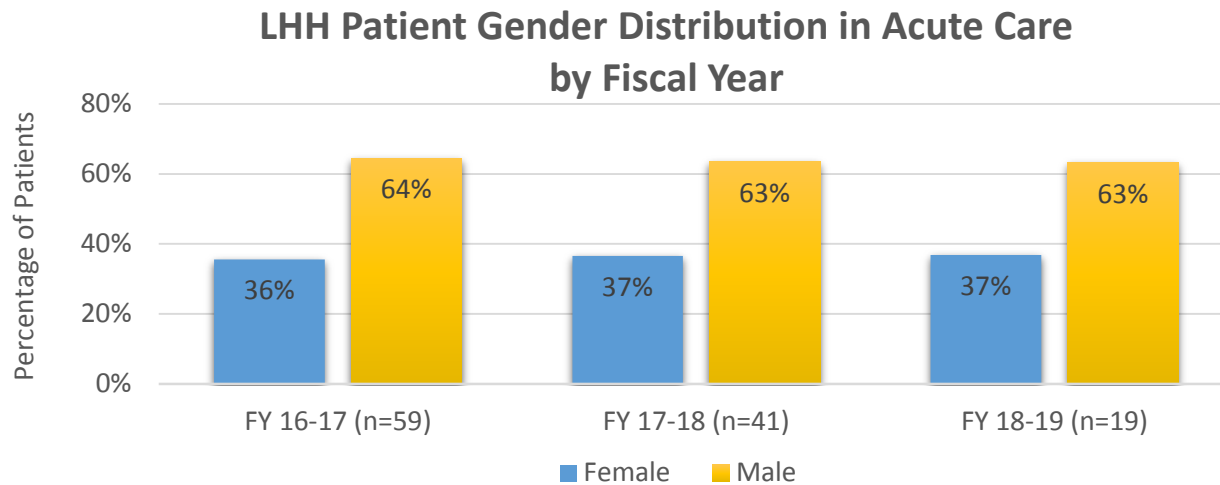
As of 6/30/19:

- 26 residents are discharge-ready and waiting for housing
 - Average wait time from date of housing referral = **542 days**
- Other barriers for discharge:
 - Delay in applications and/or referrals
 - Uncooperative with discharge planning or contesting discharge
 - Waiting for home DME (durable medical equipment) modification/installation
 - Cognitively impaired and/or displays at risk behaviors
 - Delay in treatment plan/waiting for surgery
 - Lack of participation/resistance by family
 - Lack of funding source

Type of Housing	# of Residents Waiting for Housing
House/Apartment	14
Medical Board & Care	5
Direct Access to Housing (DAH)	4
Shelter	2
Locked Facility	1
Specialized Housing – HIV	1
Grand Total	26

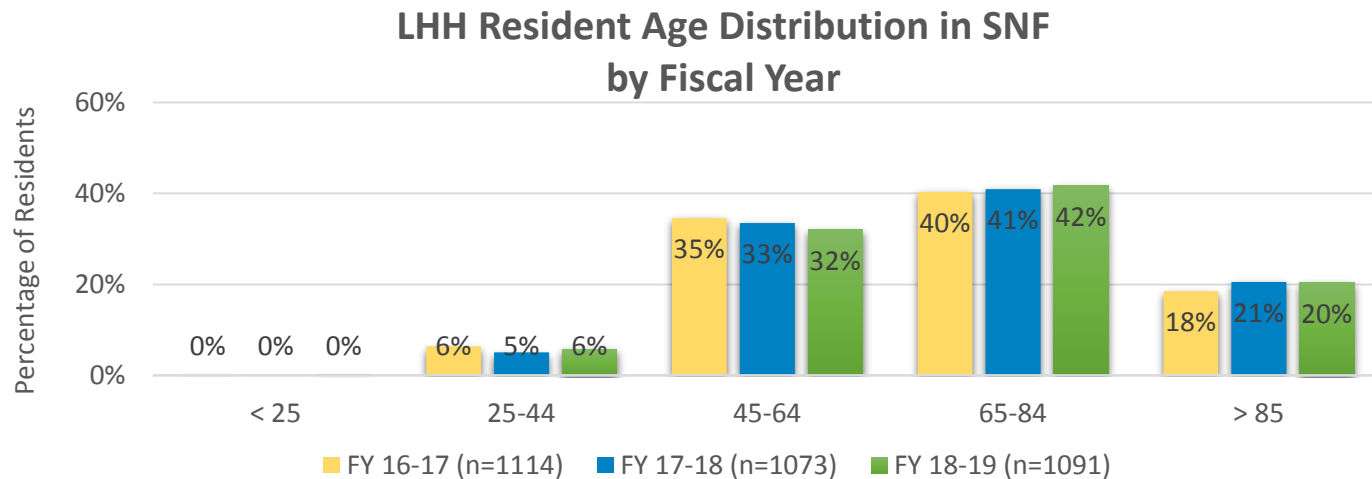
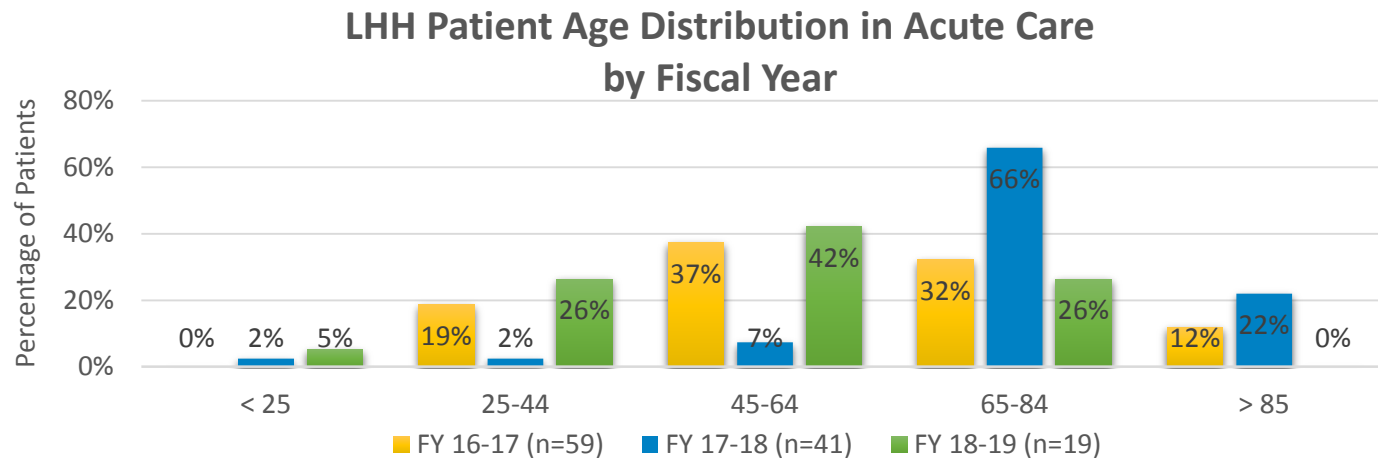
Resident Population Served

Fiscal year 2018-2019 residents by gender



Resident Population Served

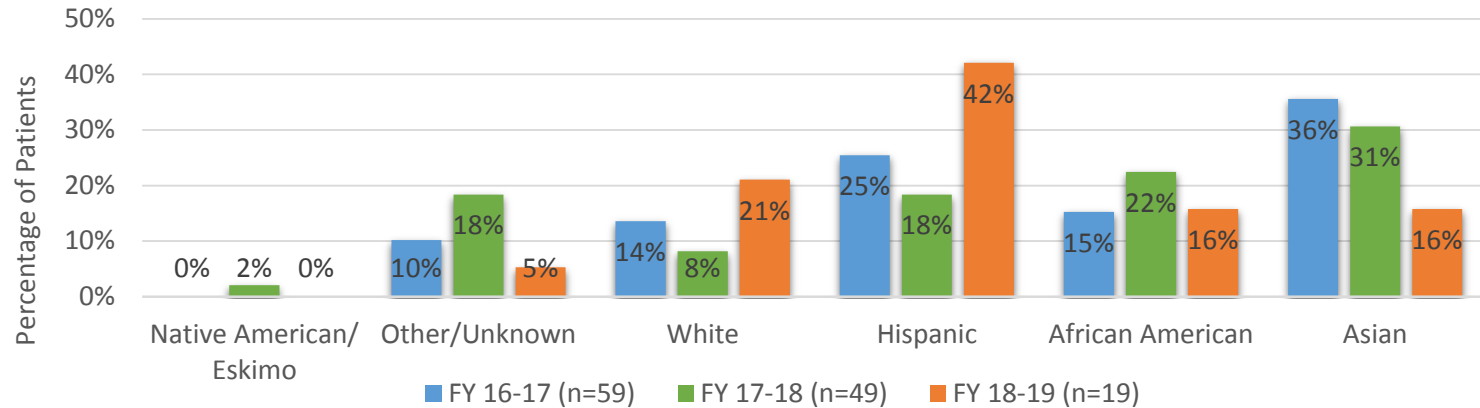
Fiscal year 2018-2019 residents by age



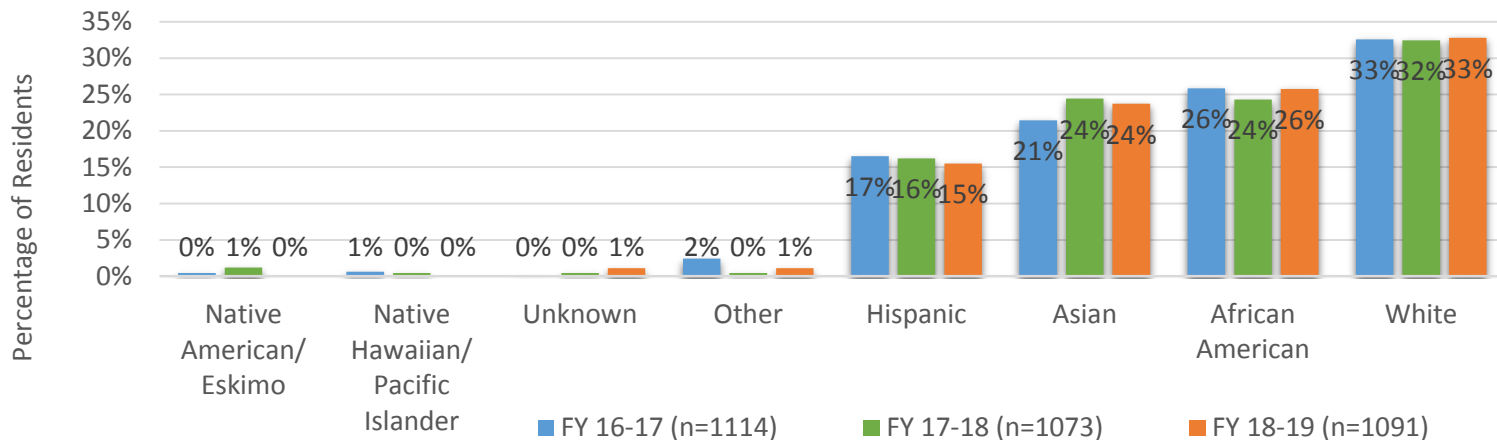
Resident Population Served

Fiscal year 2018-2019 residents by ethnicity

LHH Patient Ethnicity in Acute Care by Fiscal Year

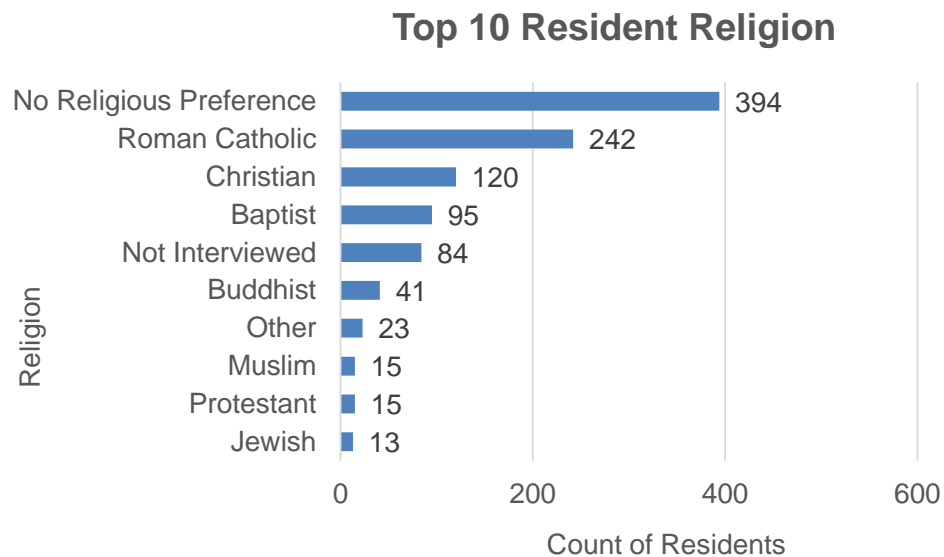


LHH Resident Ethnicity Distribution in SNF by Fiscal Year



Resident Cultural Needs

Fiscal year 2018-2019 staff skills to meet resident ethnic and cultural needs



Language	Total Certified Bilingual Staff
Chinese (Cantonese)	50
Chinese (Mandarin)	35
Chinese (Other)	1
Japanese	1
Korean	1
Laotian	1
Russian	1
Spanish	63
Tagalog (Philippines)	3
Vietnamese	3
Total	159

Facility Staffing and Competency

Fiscal year 2018-2019 staffing by department

Department	Full Time	Part Time	As Needed	Total
Accounting	19			19
Activities Therapy	36			36
Admissions & Eligibility	8		3	11
Behavioral Health Services	5	3		8
Central Supply	5		1	6
Clinical Nutrition	12	1		13
Education & Training	4		3	7
Environmental Services	112		7	119
Facilities Management	34		3	37
Health at Home	40	3	12	55
Health Information Services	24			24
Hospital Administration	11			11
Laboratory	8		2	10
Materials Management	6			6
Medicine	11	17	33	61
Nursing	810	8	161	979
Nutrition Services	76	39	4	119
Outpatient Medical Clinic	4		3	7
Patient Financial Services	13			13
Pharmacy	24	3	4	31
Quality Management	13		1	14
Rehabilitation Services	23	2	7	32
Social Services	20	1	1	22
Telecommunications	1	1		2
Workplace Safety and Emergency Management	2			2
Grand Total	1321	78	245	1644

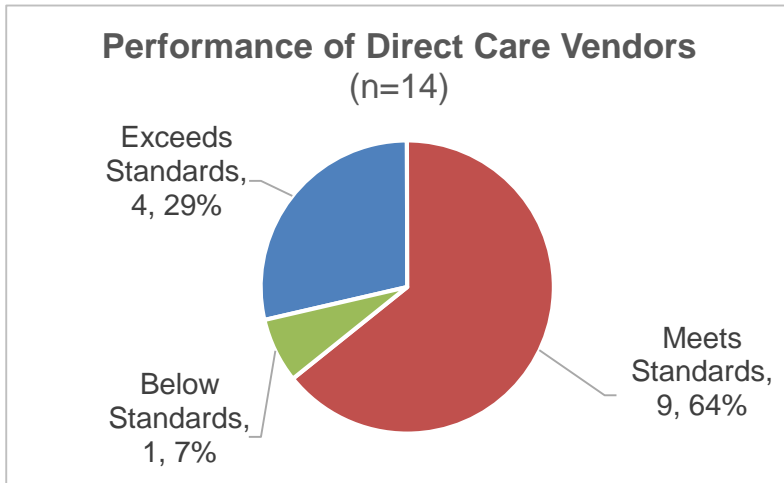
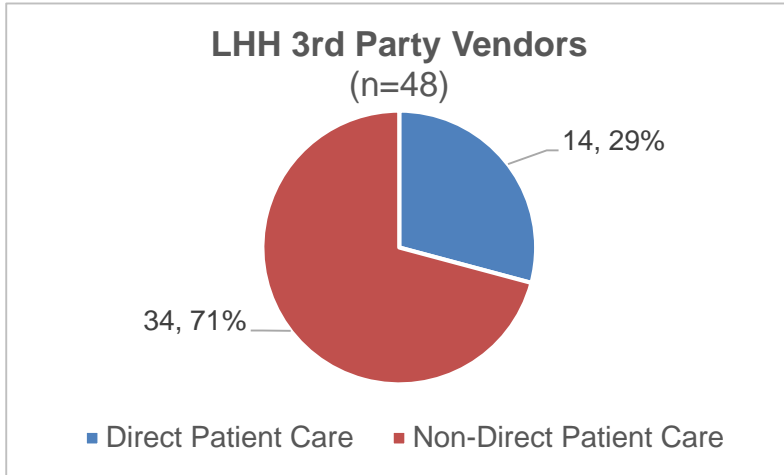
Facility Staffing and Competency

Fiscal year 2018-2019 resident care staffing competency standards

- New trainings
 - Nonviolent Safety Management and Prevention of Challenging Behaviors
 - LGBTQ Dementia Care
 - Stop the Bleed: Save a Life
 - Black/African American Health Initiative Equity Learning Series
 - Pathways to Improved Care: Rehabilitation Symposium
 - Managing Implicit Bias
 - Cultural Humility
 - Fundamental Computer Skills
 - New Fire and Safety Standards
- 25 CDPH-approved trainings that provided continuing education credit hours to nursing staff
- Epic Super Users and Core Super Users provided training support and just-in-time training for staff
- Hoshin Kanri DPH & SFHN Strategic Initiatives – Developing Our People

Third-Party Services Provided

Calendar year 2018 direct and non-direct resident care services provided through contracts and agreements



Contractor (Direct Care)	Primary Department
Capital Transit	Admission & Eligibility
Community Music Center (Latin Choir)	Activity Therapy
Cross Country Nursing Registry	Nursing
Eldergivers (Art with Elders)	Activity Therapy
Hearing & Speech Center of Northern California	Rehab
Preferred Healthcare Registry Inc.	Rehab
Protransport	Admission & Eligibility
Registry Network Inc.	Medicine
Semax Enterprises	Admission & Eligibility
Supplemental Health Care	Rehab
UCSF School of Dentistry	Medicine
UCSF/CPG/ZSFGH (Outpatient Medical Services)	Medicine
UCSF/CPG/ZSFGH (Podiatry)	Medicine
Universal Hospital Services	Central Processing Dept

Hazard Vulnerability Assessment

Calendar year 2019 hazard and vulnerability findings

Laguna Honda Workplace Safety and Emergency Management department completed Hazard and Vulnerability Analysis (HVA) across the following threat events based on probability (how likely) and severity (how damaging):

Natural (Risk=35%)	Technological (Risk=28%)	Human (Risk=26%)	Hazmat (Risk=19%)
Earthquake	Communications Failure	Multi or Mass Casualty Incident (trauma)	Terrorism, Chemical
Epidemic or Infectious Disease Outbreak	Information Systems Failure	Multi or Mass Casualty Incident (medical/infectious)	Terrorism, Radiologic

Continuity of Operations Plan (COOP)

To plan for all types of hazards, a Continuity of Operations Plan was developed with the following information:

- Leadership succession
- Priority and essential services
- Systems and resources needed to carry-on priority and essential services
- Alternative care facilities and emergency communications

*Risk: Probability x Severity

Components of SNF Quality Assurance Performance Improvement (QAPI) Program

Fiscal year 2018-2019 SNF QAPI topics:

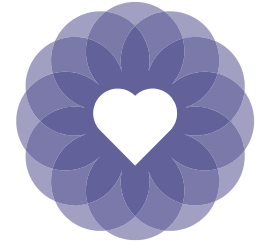
- 1) **CMS Long Stay and Short Stay Quality Measures (QM)** –
QM score for LHH remains at 5 stars (1614 total QM score)
- 2) **SF Health Network True North Metrics** (Care Experience, Equity, Financial Stewardship, Quality, Safety, and Workforce)
- 3) **Medication Error Reduction Plan**
- 4) **Adverse Event Monitoring**
- 5) **Infection Control Surveillance Program**
- 6) **Antimicrobial Stewardship Program**
- 7) **Resident Abuse Prevention Program**
- 8) **Resident Satisfaction**
- 9) **Preventive Maintenance Program**
- 10) **Annual SNF Survey Findings** – Nursing; Food Services; Pharmacy; Facility Services; Clinical Nutrition Sub-Committee; Infection Control Committee; Social Services
- 11) **Staff Training and Education Topics**

Care Improvement Priorities and Opportunities

- To provide care effectively, Laguna Honda will need to close a gap between current competencies and competencies required by the resident population served, with a focus on trauma-informed and resident-centered care; and to increase compliance with staff training and develop methods to measure competency.
- These include in-services, continuing education as well as quality assurance and performance improvement (QAPI) efforts on the following quality topics*:
 - **Provision of Residents' ADL Needs**
 - **Pain management**
 - **Pressure ulcers**
 - **Falls**
 - **Antipsychotic Medications**

*Denominator is > 500 residents

Summary and Next Steps



Smoke-Free Facility: In alignment with the harm reduction model and to address non-compliance with the current smoke-free campus policy, Laguna Honda opened a designated smoking area for residents in December 2018.

X-Matrix for FY 19-20:

- Developing Our People
- LHH EHR Optimization
- Racial Equity, Diversity and Inclusion at LHH
- LHH Patient Flow

CMS Phase 3 Requirements:

- Effective November 28, 2019, there will be a new training requirement to implement and maintain a training program for all staff, including contractors and volunteers.
- Transition from SNF Prospective Payment System to the Patient-Driven Payment Model (PDPM)

The Facility Assessment:

- Needs to be reviewed by Hospital Executive Committee and other performance improvement committees, including the Governing Body
- Needs to be updated whenever there is a change in the skilled nursing facility's operations that would require a substantial modification in the assessment or at least on an annual basis
- Reflect any changes in applicable laws and regulations
- Improve performance in promoting quality of care



Questions/Comments