

San Francisco Health Network Laguna Honda Hospital and Rehabilitation Center

Laguna Honda Hospital Resident-Centered Care Plan Project

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Background

- Pre-Electronic Health Record (EHR), LHH utilized standardized paper Resident Care Plans (RCPs)
- August 2019 EHR RCPs implementation (Epic)
 - Epic Framework
 - Acute care content
 - Standardized problems, goals, and interventions
 - New documentation process
 - Identified new opportunities
 - Needs assessment of current state
 - Staff education
 - Focus on "what matters" to our residents (individualized resident-centered care)
 - Epic enhancement of the Long-Term Care (LTC) module to meet regulatory requirements
- November 2019 California Department of Public Health (CDPH) yearly relicensing survey

The Plan of Correction: How to improve *Individualized* Care Plans

- Development of the A3 Project
- A3 was created: Refining the Nursing Process & Resident-Centered Care Planning
 - Explored current conditions/current state
 - Analyzed factors that contributed to the opportunity for improvement
 - Developed problem statements (GAP)
 - Set goals and target dates
 - Developed countermeasures
 - Created Plan-Do-Study-Act (PDSA) project

PDSA: RCP Content Review

- PLAN
 - Optimization of care plan content to match LTC needs
 - Optimization to include functionality for individualization (e.g., content specific to what matters to the resident)
- DO
 - All RCP content was reviewed by the CNS group for;
 - Evidence-based care interventions
 - Age-specific care interventions
 - Regulatory-specific content consistency
 - Refining of current workflow in Epic
- STUDY
 - Optimization/Re-building the RCPs
- ACT
 - In progress

PDSA: Regulatory/Compliance

- PLAN
 - Developed process for RCP performance improvement
- DO
 - Developed RCP audit tool and database to track performance
 - Developed a process of how audits would be performed
 - Training of auditors
- STUDY
 - On-going re-evaluation of the audit process
 - Measure the compliance of the audits being completed
- ACT
 - Audit process continues to be reviewed and revised to enhance consistency and efficiency
 - Continued audit until decrease in error rate

PDSA: People/Education Phase 1

• PLAN

• Enhance nursing competencies in care planning to integrate "what matter" to our residents

• DO

- eLearning Module (ELM) developed
- Content focused on how to individualize care interventions
- Focus on navigating through the new EHR
- STUDY
 - Measured percentage of completion with passing score (defined as 80% or greater)
- ACT
 - Met goal

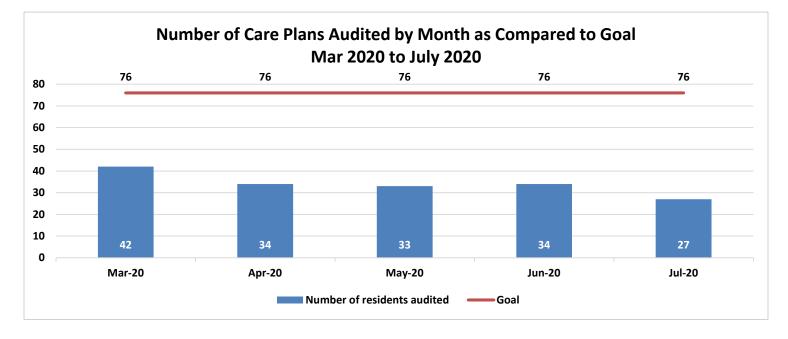
PDSA: People/Education Phase 2

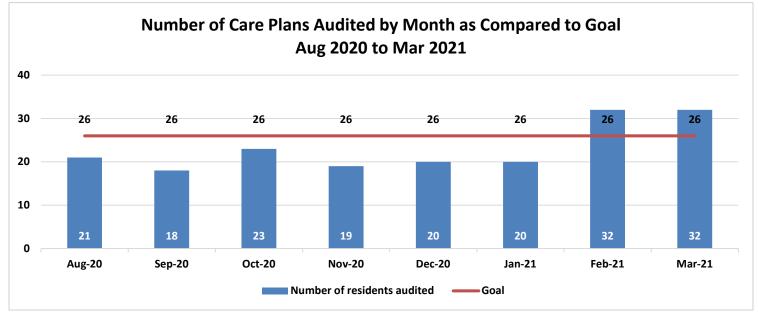
- PLAN
 - Competency Measurement
- DO
 - RCP competency developed for: Licensed Nurses
 - CNS provided additional training for nursing leadership to serve as mentors to staff
 - Development and implementation of care plan huddles
- STUDY
 - Measured percentage of completion of competency (competency must be met at 100%)
- ACT
 - In process

PDSA: People/Education Phase 3

- PLAN
 - Expand to other departments for interdisciplinary care planning processes
- DO
 - Develop interdisciplinary/multidisciplinary care plan education
 - Integration in the Resident Care Team meetings
- STUDY
 - Measured percentage of completion with passing score (defined as 80% or greater)
 - Identify measure to capture whether what is being care planned is being delivered
- ACT
 - In planning stages

Current State: RCP Audit Data





Next Steps

- Continue with monthly RCP audits
- Complete RCP competency assessments for Licensed Nurses
- Continue to conduct RCP Huddles with front-line staff
- Explore opportunities to enhance multidisciplinary care planning efforts
 - Interdisciplinary care planning education
 - How to integrate different disciplines' care plans together
- Explore in how to involve the resident, their families, and/or surrogate decision maker/guardian in the RCP process
- Involvement in complementary projects that support the idea of "What Matters" to our residents
 - Age-Friendly Health Systems Project participation
 - Nurses Improving Care for Healthsystem Elders (NICHE) Program participation