



LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

Performance Improvement Patient Safety Committee
PIPS Annual Review | FY July 2021 – June 2022

Presented to JCC, 11/08/2022

Outline

- True North Metrics
- Data at a Glance
 - PIPS Committee Attendance
 - Policies & Procedures
 - Average Daily Census
- F-tags Monitoring Reports
- Other Monitoring Reports

True North Metrics

Work Force

Increase likelihood to recommend working at LHH

FY19-20 Baseline: 77%

FY20-21 Goal: 85%

FY20-21 Actual: 77%

Goal Not Met

Financial Stewardship

Spending rate of growth to not exceed general growth

FY19-20 Baseline: -7.8%

FY20-21 Goal: No goal listed

FY20-21 Actual: -2.4%

Equity

Reduce # of discrete incidents per category for B/AA

FY19-20 Baseline: 492

FY20-21 Goal: 447 (-10%)

FY20-21 Actual: 492

Goal Not Met

Actions Recommended for 2022-2023

- Continue for FY 22-23 until SFHN and LHH next strategic discussion

True North Metrics

Safety

Reduce resident harm events

FY19-20 Baseline: 76

FY20-21 Goal: 68

FY20-21 Actual: 58

Goal Met

Safety

Increase medication reconciliation

FY19-20 Baseline: 86%

FY20-21 Goal: 95%

FY20-21 Actual: 94%

Goal Not Met

Care
Experience

Increase likelihood to recommend care

FY19-20 Baseline: 99%

FY20-21 Goal: 100%

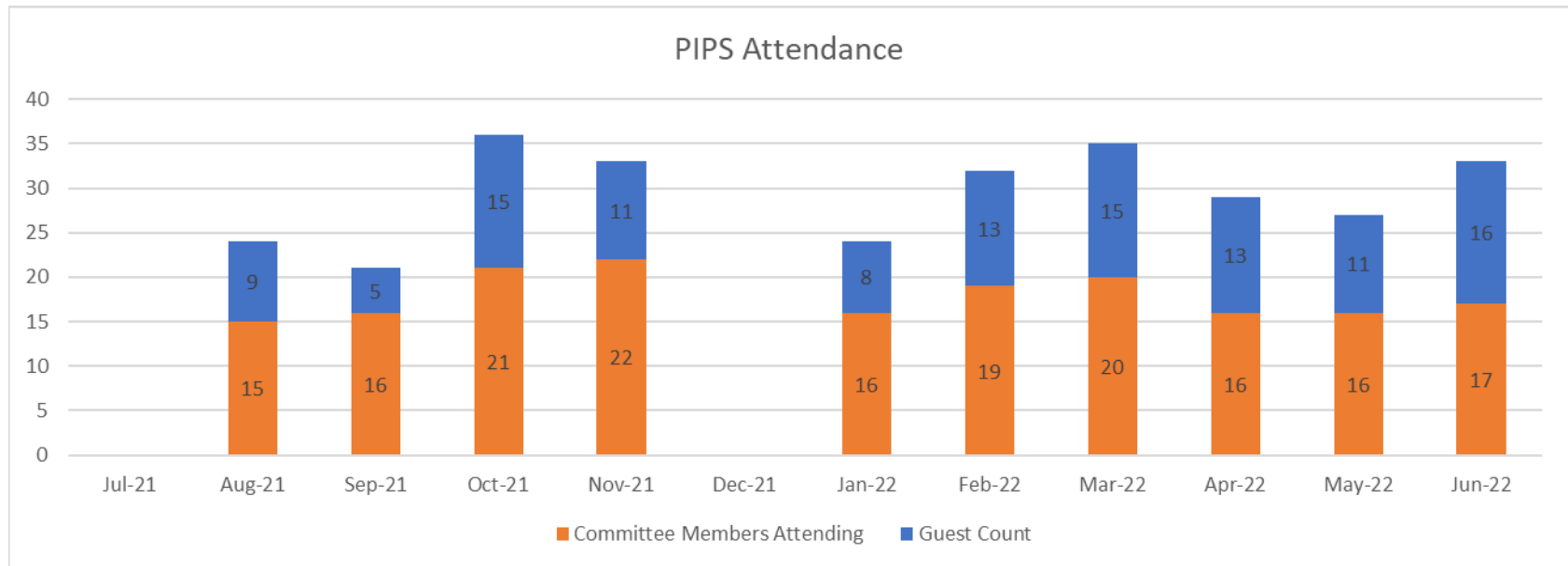
FY20-21 Actual: 99%

Goal Not Met

Actions Recommended for 2022-2023

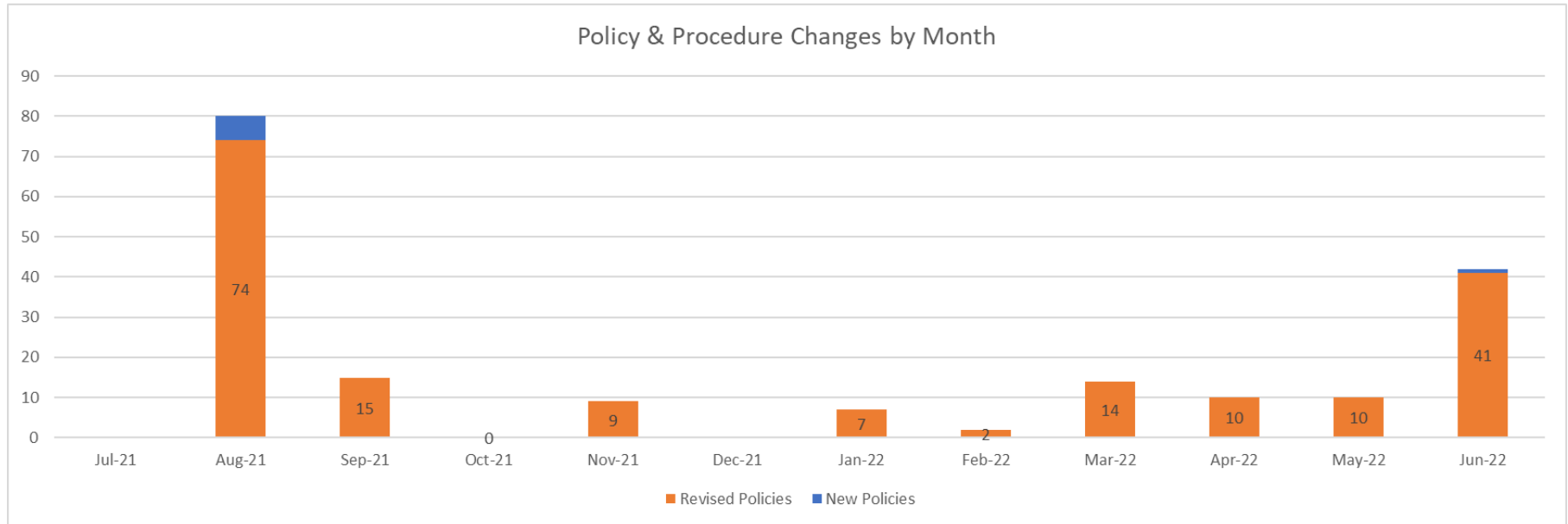
- Continue for FY 22-23 until SFHN and LHH next strategic discussion

PIPS Committee Structure



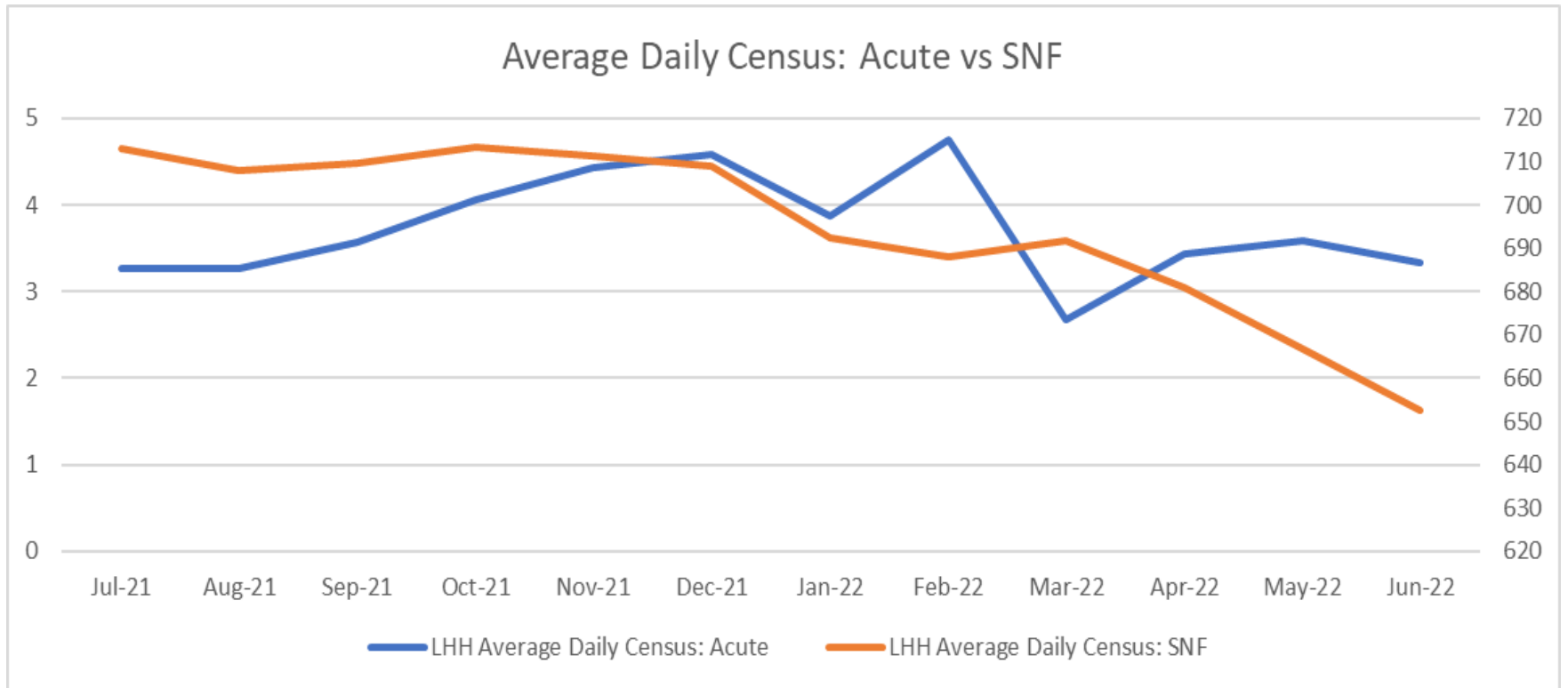
- Committee consists of 28 members & 2 co-chairs
- No July 2021 or December 2021 meeting
- 67% average committee attendance, accounting for excused absences

Policies & Procedures



- No July 2021 or December 2021 meeting
- Going forward, changing from yearly review in August to continuous monthly reviews

Average Daily Census



F-Tags Monitoring Reports

- F880 – Infection Control
- F656 – Develop/Implement Comprehensive Care Plan
- F689 – Free of Accident Hazards/Supervision/Devices Accidents
- F558 – Reasonable Accommodations of Needs/Preference
- F756 – Drug Regimen Review
- F554 – Resident Self-Administered Meds – Clinically Appropriate
- F604 – Right to be Free from Physical Restraints

F800 – Infection Control

Category	Goal	Status
Hand Hygiene During Mealtime	Goal: 90 days of sustained compliance over 95% threshold	Goal Met
Tube Feeding Devices for Cleanliness		Goal Met
Tube Feeding Syringes & Oxygen Date Label		Goal Met
Spot Checks Resident Rooms & Bathroom for Cleanliness		Goal Met

Action Recommended for 2022-2023:

- Continue to monitor. Some reports no longer go to PIPS Committee.
- Adapt monitoring and goal parameters as needed.

Nursing Monitoring

F Tag	Goal	Status
F656 F689 F558	Charge Nurse environment of care rounds include daily spot checks on wheelchair arm functionality	Goal met
F756	95% residents receiving herbal supplements will be assessed for interactions with their medications	Goal Met
F554	At least 95% of residents self administering meds be discussed in quarterly Resident Care Conference	Goal Met
F604	At least 95% compliance with resident assessment for need of physical restraint, order, consent, documentation, and care plan	Goal Met

Action Recommended for 2022-2023:

- Continue to monitor. Some reports no longer go to PIPS Committee.
- Adapt monitoring and goal parameters as needed.

Other Monitoring Reports

- Reducing Risk and Harm from Substance Use
- Nurse Manager Environment of Care Rounds – Contraband
- Resident Assessment After Out On Pass
- Urine Toxicology Positive Tests, Clinical Search, and Transfer of Contraband
- LHH Clinical Search Protocol
- Timely Reporting of Alleged Abuse to CDPH Within Two (2) Hours
- Payor Eligibility, Certification and Coverage
- Care Plan Audit – Ensuring Care Plans Are Individualized
- Drug Diversion Prevention
- Psychoactive Consents
- Expired Medications Found on Nursing Units
- Medication Simplification
- Medication Administration Observations

Monitoring Reports

Category	Goal	Status
Reducing Risk and Harm from Substance Use	<ul style="list-style-type: none"> • 95 % of residents with SUDs for whom naloxone is prescribed • 95% of residents with prescription opioid analgesics for whom naloxone is prescribed • 95% of resident participants who subsequently engaged in psychiatry services after drop-in groups 	Not Met
Environment of Care Rounds	Nurse managers will conduct weekly spot checks for contraband items	Met
Resident Assessment After Out On Pass	95% of residents who go out on pass have an Assessment done in EPIC upon return	Not met

Action Recommended for 2022-2023:

- Continue to monitor. Some reports no longer go to PIPS Committee.
- Adapt monitoring and goal parameters as needed.

Monitoring Reports (cont)

Category	Goal	Status
Urine Toxicology Positive Tests, Clinical Search, and Transfer of Contraband	Monitor positive urine toxicology tests, number of clinical searches conducted on the units, and the number of contraband transfer forms completed	Met
Timely Reporting of Alleged Abuse	100% compliance with timely reporting of alleged violations to CDPH within 2 hours, as required by CMS regulations	Not met
Payor Eligibility, Certification, and Coverage	100% compliant with the CDPH Regulatory requirements on NOMNC issuance	Met
Care Plans audits for Individualization	At least 95% of total number of audits completed hospital wide for 3 consecutive months	Met

Action Recommended for 2022-2023:

- Continue to monitor. Some reports no longer go to PIPS Committee.
- Adapt monitoring and goal parameters as needed.

Medications Administration

F Tag/Category	Goal	Status
Expired Medications found on Nursing Units	Zero expired meds	Goal not met
Medication Simplification	10,230 doses administered/24 hours, 684 TID/QID orders (15% reduction in both doses administered/24 hours and TID/QID orders)	Goal not met
Medication Pass Spot Checks	No more than 5% non-compliance with findings	Goal met
Drug Diversion Prevention	100% completion of diversion investigation with one month	Goal met
Drug Diversion Prevention	90% response to Drug Regimen Review recommendations related to psychotropics within 60 days	Goal met

Action Recommended for 2022-2023:

- Continue to monitor. Some reports no longer go to PIPS Committee.
- Adapt monitoring and goal parameters as needed.

Next Steps for 2022-2023

Continue partnership with HSAG Consultants, including the following areas

Critical Element Pathways review & implementation of Phase III regulations

Performance Improvement Projects (care plan, pain assessment, restraints etc.)

Rounding on units to identify findings and problem solving

Education, training and technical assistance to front line staff, supervisors and managers

Root cause analysis and recommendations on Laguna Honda structure



QUESTIONS