Weekly Dashboard for Laguna Honda Hospital
Closure and Patient Transfer and Relocation Plan

Laguna Honda Hospital (Laguna Honda) provides safety net health care services to approximately 700 of San Francisco's most vulnerable patients. The care for most of these patients is funded by the federal Centers for Medicare and Medicaid Services (CMS). In April 2022, CMS terminated Laguna Honda's participation in the Medicare and Medicaid Provider Participation Programs. In May 2022, Laguna Honda submitted a Closure and Patient Transfer and Relocation Plan and provides weekly closure data to the California Department of Public Health (CDPH).

PATIENT CENSUS:

The census count changes daily as patients move through the system based on their needs. The census may shrink when patients take a "leave of absence" which is when patients are hospitalized for an inpatient acute stay for more than eight days.

PATIENT ASSESSMENTS, FAMILY MEETINGS, and PATIENT REFERRALS:

Laguna Honda must transfer and relocate patients to appropriate settings of care as part of the Closure and Patient Transfer and Relocation Plan. Staff strongly encourage patients to accept placements as they become available based on their assessment. One reason is that placements nearby may not be available later. The process involves:

- **Clinical patient assessments**: Multi-disciplinary teams work together to ensure safe transfer and discharge. A clinical assessment team includes doctors, nurses, and social workers who discuss the patient's functional capabilities and health needs.
- **Patient and family meetings**: Teams meet with each patient and their families and, where applicable, the patient's representative to share information about the closure process and gather input for the transfer/discharge decision.
- **Patient referrals**: Referring a patient to a new facility is a two-way process: First, a facility must be found that has both room and appropriate levels of care; then the facility must agree to the placement.
    - Intensive outreach is conducted to find a facility. Once an appropriate facility is found, detailed information about the patient is shared to ensure that the facility can meet care needs (as defined by the patient's placement assessment). The new facility must review and screen the assessment to determine whether they will accept the patient. Only then will the referral occur.

TRANSFERS:

Laguna Honda staff is committed to appropriate transfer and relocation for each patient. Resident care teams complete patient assessments for (1) level of care, (2) risk for transfer trauma, and (3) discharge options.

DISCHARGES TO THE COMMUNITY AND PLACEMENT TYPES:

In some cases, patients no longer require long term skilled nursing care or are only at Laguna Honda for short term care and are routinely discharged. When a patient cannot be discharged to a home, Laguna Honda is committed to finding an appropriate placement within San Francisco's coordinated continuum of care.

PATIENT CENSUS

Patients ↓ Week →	Week 1 May 16-22	Week 2 May 23-29	Week 3 May 30-Jun 5	Week 4 Jun 6-12	Week 5 Jun 13-19	Week 6 Jun 20-26
Patients (at end of week)	681	677	677	675	662	644

PATIENT ASSESSMENTS, FAMILY MEETINGS, and PATIENT REFERRALS

(data reported for Patient Assessments, Family Meetings, and Patient Referrals are not unique patient numbers but rather cumulative actions and events)

Event ↓ Week →	Week 1 May 16 - 22	Week 2 May 23 - 29	Week 3 May 30 - Jun 5	Week 4 Jun 6 - 12	Week 5 Jun 13 - 19	Week 6 Jun 20-26	TOTAL THRU WEEK 6
Patient Assessments	105	100	60	74	56	57	452
Patient + Family Meetings	43	57	21	57	48	34	260
Patient Referrals	2	79	122	170	159	146	678

CALLS and VACANT BEDS IDENTIFIED

Calls/Beds ↓ Week →	Week 1 May 16-22	Week 2 May 23-29	Week 3 May 30-Jun 5	Week 4 Jun 6-12	Week 5 Jun 13-19	Week 6 Jun 20-26
TOTAL CALLS MADE TO SKILLED NURSING FACILITIES (SNFs)	739	1,188	1,162	1,418	1,738	1,371
Unique facilities called San Francisco	15	15	15	15	15	15
Unique facilities called Out of County	482	1,095	850	1,103	296	1,344
VACANT BEDS IDENTIFIED *(not all vacant beds may be appropriate for a patient's needed levels of care or accept Medicare/Medi-Cal)*						
San Francisco County *Facilities here do not disclose Medicare/ Medi-Cal bed availability during phone calls*	11	0	10	2	18	1
Out of County	1,187	1,070	1,457	1,540	1,280	1,245
Medicare beds	157	0	24	49	0	149
Medi-Cal beds	53	0	0	5	0	52

TRANSFERS to SKILLED NURSING FACILITIES (SNFs)

County ↓ Week →	Week 1 May 16-22	Week 2 May 23-29	Week 3 May 30-Jun 5	Week 4 Jun 6-12	Week 5 Jun 13-19	Week 6 Jun 20-26	TOTAL THRU WEEK 6
San Francisco County	0	0	0	1	0	8	9
Alameda County	0	0	0	2	0	0	2
San Mateo County	0	0	0	1	4	0	5
TOTAL TRANSFERS	0	0	0	4	4	8	16

DISCHARGES to the COMMUNITY

County ↓ Week →	Week 1 May 16-22	Week 2 May 23-29	Week 3 May 30-Jun 5	Week 4 Jun 6-12	Week 5 Jun 13-19	Week 6 Jun 20-26	TOTAL THRU WEEK 6
San Francisco County	0	1	0	1	3	4	9
Other Counties	0	0	0	0	0	0	0
TOTAL DISCHARGES	0	1	0	1	3	4	9

TOTAL DISCHARGES AND TRANSFERS THROUGH WEEK 6: 25

DISCHARGE PLACEMENT TYPES

Placement Type ↓ Week →	Week 1 May 16-22	Week 2 May 23-29	Week 3 May 30-Jun 5	Week 4 Jun 6-12	Week 5 Jun 13-19	Week 6 Jun 20-26	TOTAL THRU WEEK 6
Home/Housing	0	1	0	0	1	1	3
Medical Respite	0	0	0	0	0	2	2
Residential Treatment Facility	0	0	0	0	0	0	0
Board & Care, Residential Care Facility (RCF), RCFE (Elderly)	0	0	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0	0	0
SFDPH is working with the Human Services Agency to find community placements for patients who no longer require long-term skilled nursing care and whose medical needs have been met.							
Shelter	0	0	0	1	2	1	4
Hotel	0	0	0	0	0	0	0

- Home/Housing: Settings where patients live in their own home or with a family member or friend, city-based permanent supportive housing, cooperative (shared housing), residential settings.
- Medical Respite: Temporary housing/shelters providing medical support, nursing, and case management; may provide respite beds and sobering facilities, along with temporary housing and specialized support services, for medically frail people impacted by homelessness.
- Residential Treatment Facility: Live-in facilities that offers various levels of care for mental health and substance use disorder treatment.
- Board & Care/Residential Care Facility (RCF)/RCFE (Elderly): These are homes occupied by caregivers. In addition to room and board, these homes provide assistance for elderly patients who may be losing independence and require care.
- Skilled Nursing Facility/Hospice: Settings that provide 24-hour nursing and are staffed by providers (may include hospice or end-of-life care).
- Psychiatric Facility/Psychiatric Skilled Nursing Facility: These facilities serve patients with active psychiatric conditions and treatment plans; may be open or locked; patients are unable to care for themselves safely in the community and need to be in psychiatric conservatorship.
- Shelter: Temporary settings where people stay while accessing other services and seeking permanent housing solutions.
- Hotel: San Francisco-coordinated facilities providing temporary housing solutions.