

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 San Francisco's most vulnerable residents. The care for most of these residents 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).

On July 28, 2022, CMS, the California Department of Public Health (CDPH) and the California Department of Health Care Services (DHCS) agreed to the City's request to pause all transfers and discharges. Accordingly, Laguna Honda immediately paused the discharge and transfer of all residents as part of the Closure Plan.

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

RESIDENT ASSESSMENTS, FAMILY MEETINGS, and RESIDENT REFERRALS: The Closure Plan process involves:






- Clinical resident 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 resident's functional capabilities and health needs.
- Resident and family meetings: Teams meet with each resident and their families and, where applicable, the resident's representative to share information about the closure process and gather input for the transfer/discharge decision.
- Resident referrals: Referring a resident 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 resident is shared to ensure that the facility can meet care needs (as defined by the resident's placement assessment). The new facility must review and screen the assessment to determine whether they will accept the resident. Only then will the referral occur.

TRANSFERS: Laguna Honda staff is committed to appropriate transfer and relocation for each resident. Resident care teams complete resident 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, residents no longer require long term skilled nursing care or are only at Laguna Honda for short term care and are routinely discharged. When a resident cannot be discharged to a home, Laguna Honda is committed to finding an appropriate placement within San Francisco's coordinated continuum of care.

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Week	1	2	3	4	5	6	7	8	9	10	11
Days	May 16-22	May 23-29	May 30-Jun 5	Jun 6-12	Jun 13-19	Jun 20-26	Jun 27-Jul 3	Jul 4-10	Jul 11-17	Jul 18-24	Jul 25-Jul 31
Census	681	677	677	675	662	644	630	623	613	608	610

PATIENT CENSUS							
	Patients ↓ Week →	1-4	5-8	9	10	11	
	Expirations	3	7	1	0	0	
	Leave of Absence (LOA)	53	33	9	11	8	
PATIENT ASSESSMENTS, FAMILY MEETINGS, and PATIENT REFERRALS							
<i>(data reported are not unique patient numbers but rather cumulative actions and events)</i>							
 	Event ↓ Week →	1-4	5-8	9	10	11	TOTAL THROUGH WEEK 11
	Patient Assessments	339	143	1	7	11	501
	Patient + Family Meetings	178	106	1	4	4	293
	Patient Referrals*	377	583	167	126	196	1,449
CALLS and VACANT BEDS IDENTIFIED							
 	Calls/Beds ↓ Week →	1-4	5-8	9	10	11	
	TOTAL CALLS MADE TO SKILLED NURSING FACILITIES (SNFs)	4,507	6,199	1,429	1,473	872	
	Unique facilities called San Francisco	60	30	0	0	0	
	Unique facilities called Out of County	3,530	4,730	1,429	1,473	872	
	VACANT BEDS IDENTIFIED	<i>(not all vacant beds may be appropriate for a patient’s needed levels of care or accept Medicare/Medi-Cal)</i>					
	San Francisco Count <i>(facilities do not disclose Medicare/Medi-Cal bed availability in phone calls)</i>	33	28	0	0	0	
Out of County	5,254	3,978	999	634	477		
Medicare beds	230	166	0	0	0		
Medi-Cal beds	55	54	0	0	0		



TRANSFERS to SKILLED NURSING FACILITIES (SNFs)

County ↓ Week →	1-4	5-8	9	10	11	TOTAL THROUGH WEEK 11
San Francisco County	1	0	0	1	0	2
Alameda County	2	1	1	0	0	4
San Mateo County	1	30	4	0	0	35
TOTAL TRANSFERS	4	31	5	1	0	41



DISCHARGES to the COMMUNITY

County ↓ Week →	1-4	5-8	9	10	11	TOTAL THROUGH WEEK 11
San Francisco County	2	9	1	0	0	12
Other Counties	0	2	2	0	0	4
TOTAL DISCHARGES	2	11	3	0	0	16

↕ 57 TOTAL DISCHARGES AND TRANSFERS THROUGH WEEK 10



DISCHARGE PLACEMENT TYPES

Placement Type ↓ Week →	1-4	5-8	9	10	11	TOTAL THROUGH WEEK 11
Home/Housing	1	2	0	0	0	3
Medical Respite	0	3	0	0	0	3
Residential Treatment Facility	0	0	0	0	0	0
Board & Care, Residential Care Facility (RCF), RCFE (Elderly)	0	4	3	0	0	7
Psychiatric Facility	0	0	0	0	0	0
<i>SFDPH is working with the Human Services Agency to find community placements for patients who no longer require long-term SNF care and whose medical needs have been met.</i>						
Shelter	1	2	0	0	0	3
Hotel	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 offer various levels of care for mental health and substance use disorder treatment.
- **Board & Care/Residential Care Facility (RCF)/RCFE Elderly:** Homes occupied by caregivers. In addition to room and board, these homes provide assistance for elderly patients who may be losing independence + 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.