



# FY 21-22 Facility Assessment

## Laguna Honda Hospital and Rehabilitation Center

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**Presented to JCC 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 2021-2022 resident care services provided by Laguna Honda

North Tower Residence	Care Focus
North 1	Integrative Support
North 2	Memory Care
North 3	Memory Care
North 4	Language Focused (Spanish)
North 5	Language Focused (Asian)
North 6	Memory Care
North Mezzanine	Memory Care (Locked/Secured)

South Tower Residence	Care Focus
South 2	Positive Care (HIV/AIDS)
South 3	Palliative Care
South 4	Complex Care with Total Support
South 5	Complex Care with Total Support; Specialized COVID-19 Unit
South 6	Complex Care with Total Support
Pavilion Mezzanine - SNF	SNF & SNF Rehab
Pavilion Mezzanine - Acute	Acute Medical; Acute Rehab

# Care Requirements of Resident Population

## Fiscal year 2021-2022 top 10 resident diagnoses

Rank	Primary Diagnoses
1	Essential (primary) hypertension
2	Constipation, unspecified
3	Hyperlipidemia, unspecified
4	Vitamin D deficiency, unspecified
5	Dysphagia, unspecified
6	Other chronic pain
7	Insomnia, unspecified
8	Chronic obstructive pulmonary disease, unspecified
9	Type 2 diabetes mellitus without complications
10	Epilepsy, unspecified, not intractable, without status epilepticus

# Resident Population Served

## During FY 2021-2022:

- 206 unique residents discharged (average LOS 1273)
  - Includes deaths and discharges to community, Acute units, and/or other facilities
    - From May 14 to June 30, facility had 35 discharges related to closure and relocation plan
  - 98 residents expired (average LOS 1736)

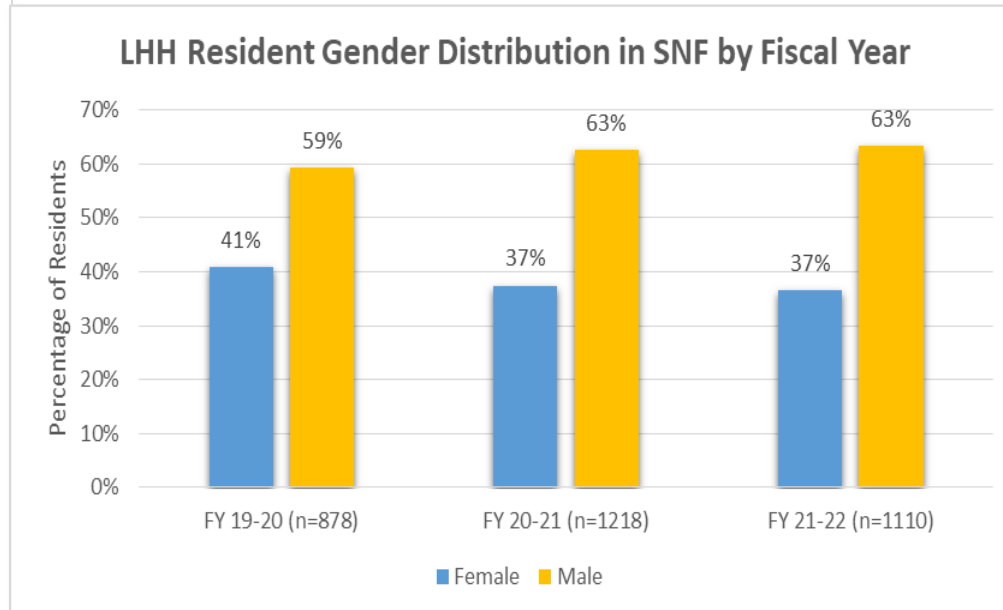
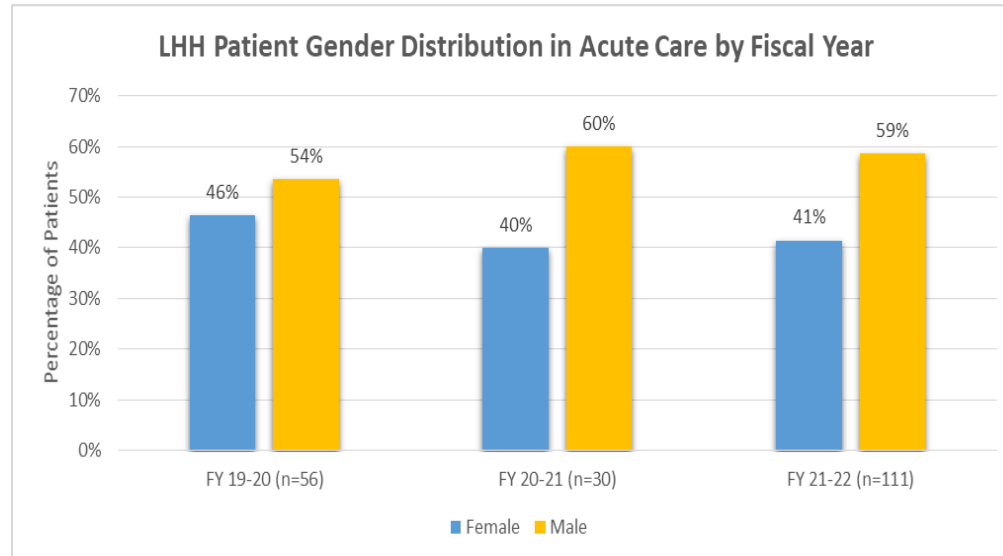
## As of 09/12/2022:

- 11 residents are discharge-ready and waiting for housing
  - Average wait time from time of referral to securing housing = **90 days**
- Other barriers for discharge:
  - Lack of funding source
  - Displays at risk behaviors

Type of Housing	# of Residents Waiting for Housing
Medical Board & Care	1
Home	2
Scattered Site Housing (SSH)	8
<b>Grand Total</b>	<b>11</b>

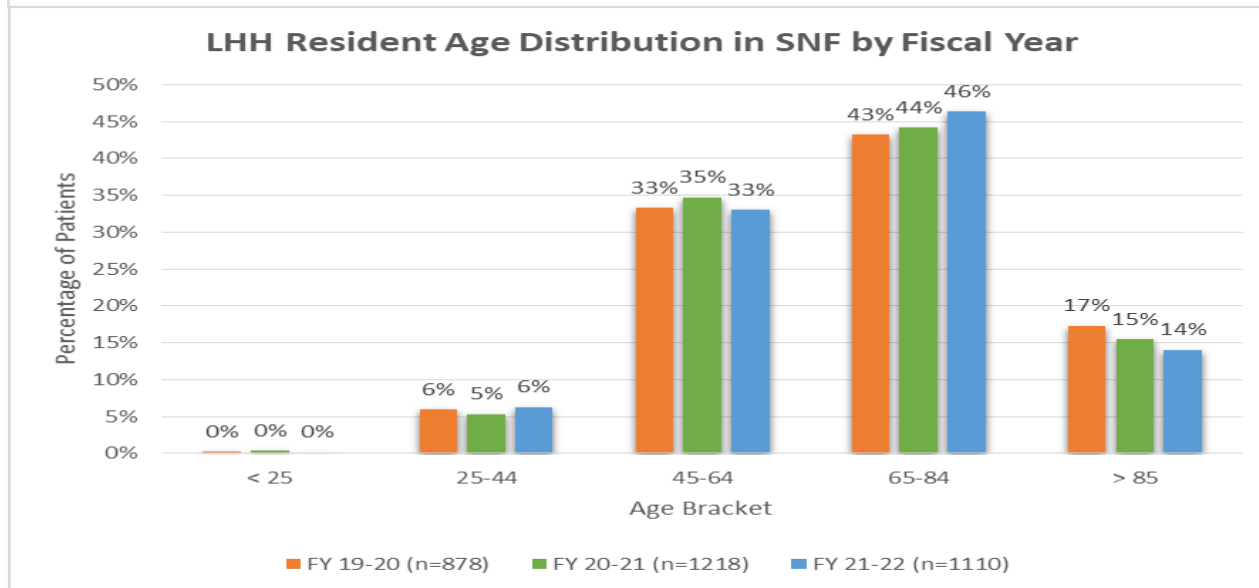
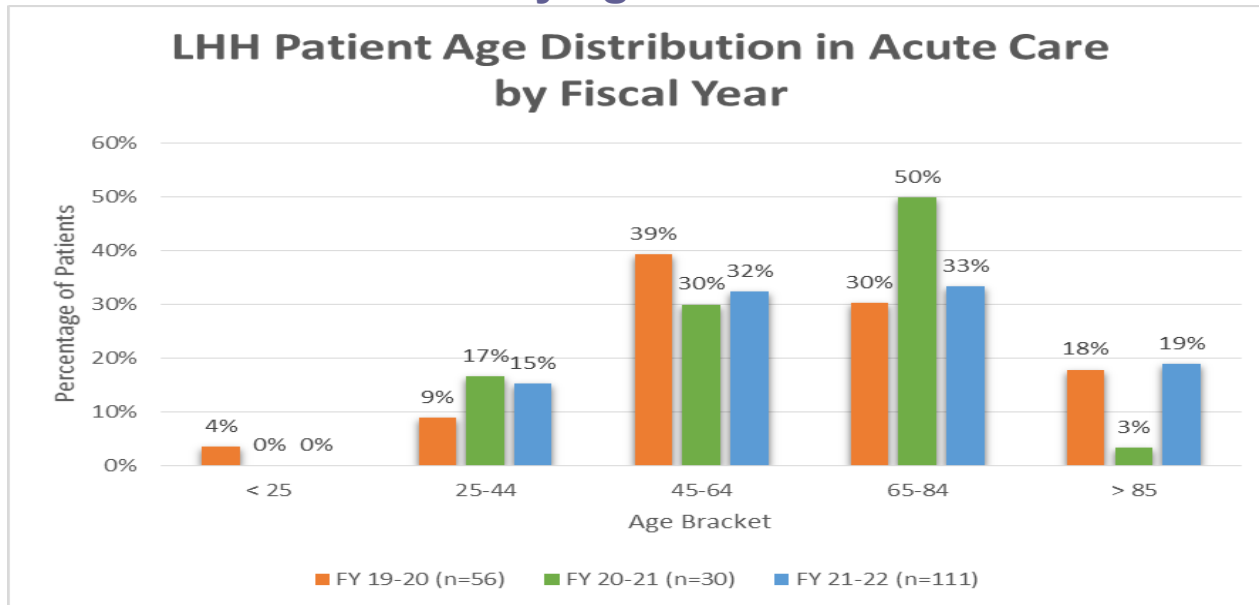
# Resident Population Served

## Fiscal year 2021-2022 residents by gender



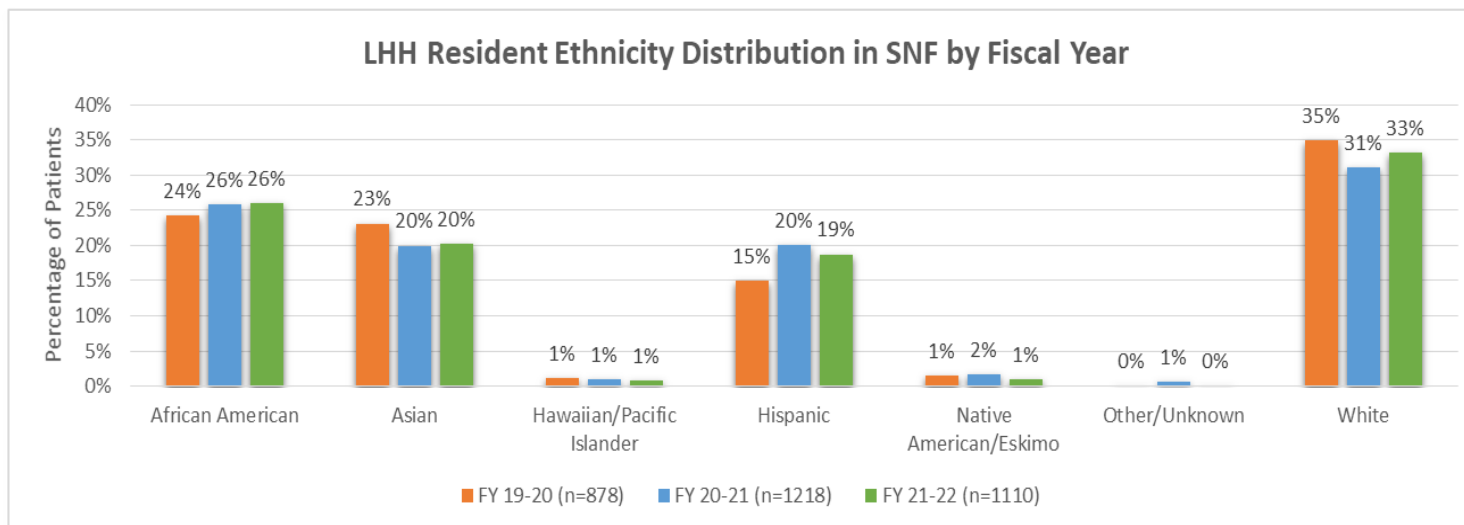
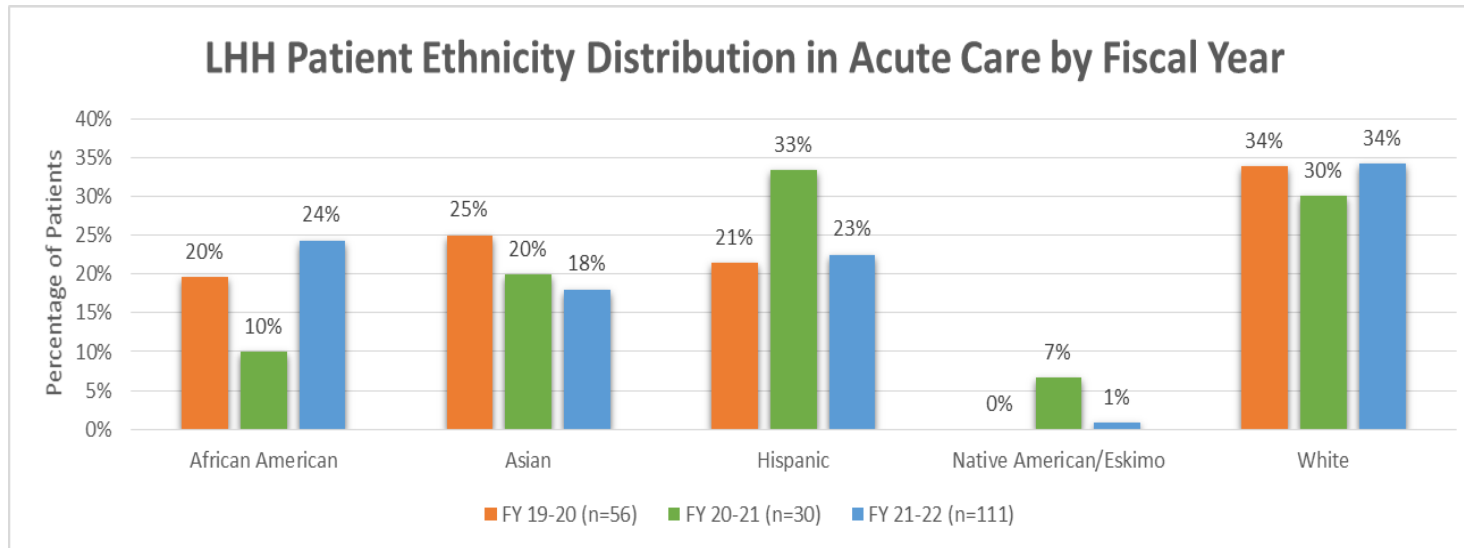
# Resident Population Served

Fiscal year 2021-2022 residents by age



# Resident Population Served

## Fiscal year 2021-2022 residents by ethnicity





# Resident Cultural Needs

Fiscal year 2021-2022 staff skills to meet resident ethnic and cultural needs

Language	Total Certified Bilingual Staff
Chinese (Cantonese)	37
Chinese (Mandarin)	32
Japanese	1
Korean	2
Russian	1
Spanish	48
Vietnamese	3
<b>Total</b>	<b>124</b>

# Facility Staffing and Competency

## Fiscal year 2021-2022 staffing by department

LHH Staffing as of 2022-07-07				
Department	Full Time	Part Time	As Needed	Grand Total
Accounting	17			17
Activities Therapy	25	2		27
Acute Medical	5	1		6
Acute Rehab	7			7
Administration Nursing	14			14
Admissions & Eligibility	7			7
Central Supply	6			6
Clerical Nursing	2	1	11	14
Clinical Nutrition	5	4	4	13
Education And Training	1	2		3
Environmental Services	103	13	3	119
Equity And Culture	1			1
Facilities And Maintenance	34		1	35
Health At Home	44		1	45
Hospital Administration	7			7
Kaizen Promotion Office	1			1
Laboratory	3			3
Managed Care Program	1			1
Materials Management	8			8
Medical Staff	35	50	14	99
Nursing	671	45	58	774
Nutrition Services	120	1	4	125
Occupational Therapy	7			7
Office Of Managed Care	2			2
Outpatient Clinic	8			8
Patient Financial Services	14	2		16
Pharmacy	27		3	30
Physical Therapy	12		1	13
Psychology	6		4	10
Radiology			1	1
Respiratory			5	5
Social Services			18	18
Speech Pathology			3	3
Utilization Review	18		3	21
<b>Grand Total</b>	<b>1,211</b>	<b>121</b>	<b>134</b>	<b>1,466</b>

# Facility Staffing and Competency

## Fiscal year 2021-2022 resident care staffing competency standards

### **New trainings**

1. PleurX Drainage Catheter - Unit Based (North 6) LIVE
  2. Sign In Activity in EPIC
  3. Notification and Documentation of Change in Resident Condition
  4. Core Interactive Ethics and Sunshine
  5. Carevo Powered Shower Gurney and Carino Powered Shower Chair Training
  6. Arjo Powered Equipment (Carion, Carevo, and Carmina Bariatric Chair)
  7. RN New Graduate Training Program
  8. Virtual MDS 3.0 Intensive Day 1
  9. Virtual MDS 3.0 Intensive Day 3
  10. 2021 for Nursing: New Shower Equipment
  11. Sizewise Bari Lift & Transfer
  12. M200 Bed/Chair Alarm
  13. Clinical Opiate Withdrawal Scale (C.O.W.S.)
  14. POC: Escorts and Fall/Accident Prevention
  15. New Safety Measures (effective 03/23/2022) and Staff Education (i.e. IJ, Clinical Search) Memo
  16. Insulin Pump
  17. LaryTube & HME
  18. DPH-Bed Planning Feature Tour EPIC
  19. Intelli-OX Trial In-Service
  20. New Standard Visitor Log Memo
  21. LHH PASRR FAQs
  22. Teach-Back Methodology Competency Validation
  23. 2022 Mandatory for Licensed Nurses: Intranasal Narcan, Intranasal Midazolam; Individualized Care Plan Message Board
  24. Pain Documentation and Care Plan Documentation - Unit Based
  25. BLS Online and Skills Training Support to PCAs
  26. HSAG Leader Teach-Back Training
  27. Seizure Panel Orders and Intranasal Midazolam (Versed)
  28. Gradual Dose Reduction Memo for Licensed Nurses and PCAs
- 24 CDPH-approved trainings that provided continuing education credit hours to nursing staff

# Third-Party Services Provided

Calendar year 2022 direct and non-direct resident care services provided through contracts and agreements

- 78 Active Contracts
- 37% of evaluations complete
- No contracts in a performance improvement plan (below standards)

Category	Average Third Party Score
Activities	3.75
Disposal Services	3
Environmental Services	4
Facilities, Engineering (Non-medical Equipment)	4
Food and Nutrition Services	4
Laundry Services	3
Medical Equipment	3.5
Medical Services	3
Medical Supplies	4
Therapy - OT/PT/SLP	3
Transfer/Transportation	3.5

- **Score of 3 = Acceptable/Meets Standards**
- **Score of 4 = Commendable/Exceeds Standards**

# Hazard Vulnerability Assessment

## Calendar year 2021 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=37%)	Technological (Risk=29%)	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 2021-2022 SNF QAPI topics:

- 1) **CMS Long Stay and Short Stay Quality Measures (QM) –**  
QM score for LHH: 4 stars out of 5
- 2) **LHH 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) **Culture of Safety**
- 10) **Preventive Maintenance Program**
- 11) **Annual SNF Survey Findings**
- 12) **Staff Training and Education Topics**

# **Components of SNF Quality Assurance Performance Improvement (QAPI) Program Cont.**

**Fiscal year 2021-2022 SNF QAPI topics:**

- 1) Med QI Committee**
- 2) Code Blue Committee**
- 3) Falls PIT Committee**
- 4) Pressure Ulcers PIT**
- 5) Behavioral Monitoring Committee**
- 6) Restraints Committee**

# 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



# LHH Environment of Care Committee

- EOC Committee is a multi-disciplinary group focused on the continuous improvement of the Environment of Care and takes a collaborative approach to providing a safe, secure and comfortable environment to facilitate patient care.
- Some activities include:
  - Plan, direct, implement, and improve the organization's performance of EOC activities.
  - Evaluate and assess existing conditions, operations, and practices to determine impact and general regulatory compliance.
  - Identify and implement improvement opportunities and process change to facilitate safety, security, and comfort of patients, staff, and visitors.
  - Conduct scheduled EOC rounds to identify potential risks; scheduled to cover all patient care areas on a quarterly basis.
- For fiscal year 22-23, the EOC Committee will resume monthly reporting meetings.

# LHH COVID-19 Response

Since March 2020, LHH has been under protective quarantine as part of COVID-19 response to the global pandemic.

## **Response**

- Designated COVID-19 Unit (South 5)

## **Safety**

- Controlled access to LHH campus and hospital with a safety officer present at the two entrances.
- Staff screening upon entrance with COVID-19 symptom questions.

## **Admissions**

- As of 7/12/21, the Admissions Observation Unit (AOU) was dismantled. LHH now admits fully vaccinated residents directly to the appropriate neighborhood.
- As of 9/15/21, the vaccination requirement for personnel at LHH goes into effect. All LHH staff must be fully vaccinated by 9/15/2021.
- As of 3/7/2022, LHH expands family visitation and removes certain surge-related precautions. Family visitors must only be tested if unvaccinated.

# Summary and Next Steps



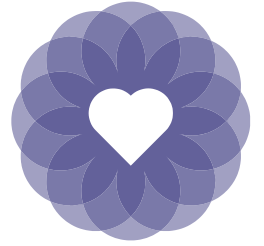
**Campus Safety:** The fiscal year 21-22 plans to add San Francisco Sheriffs Office to multidisciplinary rounds. Also, there are plans in to implement package scanners in the pavilion lobby and receiving areas to help prevent contraband and other unsafe items from entering the hospital.

**Laguna Honda Lean Transformation:** Hoshin Kanri planning for FY 21-22 was put on hold due to COVID-19 Response.

**Equity and Culture:** The Laguna Honda Department of Equity and Culture (DEC) continued integrating Equity, Trauma Informed Systems, and Wellness to comprehensively address care experience for residents and staff in fiscal year 21-22. The DEC will focus on integrating recommendations from our assessment of LGBTQ+ resident needs, develop a plan from the results of the Employee Engagement survey, and continue to support the implementation of equity practices and strategies throughout the hospital in fiscal year 22-23.

## **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