

2007-2008 Program Change Request

DEPARTMENT NAME:

- ☒ San Francisco General Hospital
☐ Laguna Honda Hospital
☐ Primary Care
☐ Jail Health
☐ Health At Home

- ☐ Public Health
☐ CBHS - Mental Health
☐ CBHS - Substance Abuse
☐

DPH SECTION: SFGH-Pharmacy Services

PROGRAM CONTACT NAME/PHONE: Sharon Kotabe/206-2325

PROGRAM / INITIATIVE TITLE: **SFGH Pharmacy Staffing**

GENERAL FUND: **\$1,245,957**

TARGETED CLIENTS: All clients and residents receiving care at SFGH

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Recent surveys by licensing, regulatory and accrediting bodies (e.g. California Department of Health Services [DHS], Centers for Medicare/Medicaid Services [CMS], Joint Commission on Accreditation of Healthcare Organizations [JCAHO]) have focused on medication use and pharmacy services. Several deficiency citations resulted from this focus. Compliance to the plans of corrections for these deficiencies, as well as additional and more stringent medication use and pharmacy services requirements from these groups necessitate increased pharmacy staffing for a department that provides services 24-hours per day, 7-days per week. Non-compliance puts SFGH at risk of losing Medicare/Medicaid funds. This request is to add a total of 10 FTEs to the San Francisco General Hospital Pharmacy. Although a request was made last fiscal year to add 9 FTEs to the Pharmacy department to support regulatory requirements, primarily for inpatient services, we are finding that more resources are needed to support other clinical areas and to support the pharmacy information systems needed for administering and reporting for all programs.

JUSTIFICATION: (required by the Mayor's Office)

- JCAHO requires all medication orders to be reviewed by a pharmacist prior to drug administration. Also required by JCAHO is pharmacist oversight for all drug storage and labeling. Full compliance to this recommendation is difficult for the operating rooms and emergency department due to lack of pharmacy staff resources. This request will provide compliance by the addition of 3FTE pharmacy staff for the operating rooms and 3FTE staff for the emergency department.
- During recent surveys in late 2005 and through October 2006, both DHS/CMS and JCAHO surveyors noted deficiencies in reporting and monitoring of adverse drug events. To comply with plans of corrections submitted to the surveying agencies, and assure continued compliance to all regulations and standards, this request will add 2FTE for improved reporting and monitoring of adverse drug events.
- State and Federal government agencies are requiring hospitals to use more technology such as computerized provider order entry (CPOE), electronic medication administration records (E-MAR), and bar-coding at the patient bedside to decrease medication errors. Additionally, technologic solutions are being sought and used to address JCAHO mandates such as medication reconciliation and improving hand-off communications. Compliance to third party billing (approx. \$850K per year for outpatient prescriptions), and drug manufacturer patient assistance programs (approx. \$2million per year) require maintenance and proper functioning of pharmacy information systems. This request adds 2 FTE pharmacy staff to assure maintenance and functioning of pharmacy information systems,

and oversee development and implementation of regulatory mandates such as CPOE, E-MAR and bar-coding.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Number of clients served and units of service provided will not substantially change. Clients will, however, be impacted if compliance to licensing, regulatory and accrediting body requirements are compromised and the hospital loses Medicare and Medicaid funding.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Revenue will be negatively impacted if Medicare and Medicaid funding is lost or information systems are not maintained to assure compliance to 3rd party billing and manufacturer patient drug assistance program requirements. Labor expenses are expected to increase by \$1,245,957 in the first year and \$1,548,437 ongoing. Operating expenses will increase by \$84,630 in the first year for minor furnishing and computer supplies (one-time).

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increases workforce by 7.5 FTEs in FY 07/08 and 10 FTEs ongoing.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: SFGH PHARMACY STAFFING

		FY 2007-08 (9 Months)	Ongoing
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
	Salaries and Fringes	\$ 1,161,327	\$ 1,548,437
	Operating Expenses (one time)	\$ 84,630	\$ -
Subtotal Uses		1,245,957	1,548,437
Net General Fund Subsidy Required (Uses less Sources)		\$ 1,245,957	\$ 1,548,437
Total FTE's		7.50	10.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 Months)
2409	Pharmacy Technician	1.50 \$	103,740
2450	Pharmacist	0.75 \$	88,023
2454	Clinical Pharmacist	4.50 \$	582,192
1054	IS Business Analyst	0.75 \$	86,288
		7.50	860,243
Fringe (35%)			301,085
			\$ 1,161,327

Operating Expenses

Index Code	Character/Subobject Code	
HGH1HUN40061	040/04941 Minor Furnishing (12 workstations @ \$4,000 each plus tax - one time)	\$52,080
HGH1HUN40061	040/04925 Computers (12 @ \$2,500 each plus tax - one time)	\$32,550
		\$84,630

Facilities Maintenance, and Equipment (List by each items by count and amount)

Capital Project (enlarge and remodel space)	\$1,000,000
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DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-3670

PROGRAM / INITIATIVE TITLE: **Telemetry Nurse Ratio Changes**

GENERAL FUND: **\$677,994**

TARGETED CLIENTS: SFGH Hospitalized patients on telemetry for cardiac monitoring.

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The Medical/Surgical Division has 32 telemetry monitored inpatient beds, distributed on inpatient units 5D (20), 4D (6), 6A (6). Telemetry units "provide care for and continuous cardiac monitoring of patients in a stable condition, having or suspected of having a cardiac condition or a disease requiring the electronic monitoring, recording, retrieval and display of cardiac electrical signals" (Title 22). Beginning January 1, 2008, the Department of Health Services, Title 22 Nurse to Patient Ratio for telemetry units is mandated to change from 1:5 to 1:4 or fewer. This change requires that additional RN FTE be added to the budget to provide for the ratio requirement and break coverage.

JUSTIFICATION: (required by the Mayor's Office)

The Title 22 Regulations mandate a change in the nurse to patient ratio for telemetry units.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

No change in budgeted inpatient beds.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

An increase of 4.50 RN FTE in the first year will result in a cost of \$677,994

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Annual Increase of

- 6.7 RN FTE for 5D
 - 1.0 RN FTE for 4D
 - 1.3 RN FTE for 6A
- Total RN FTEs = 9.00

FY 2007-08 funding is for 6 months = 4.50 FTE to start in January 2008.

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: Telemetry Nurse Ratio Changes

Sources:	FY 2007-08 (6 Months)	Ongoing
	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 677,994	\$ 1,355,989
Subtotal Uses	677,994	1,355,989
Net General Fund Subsidy Required (Uses less Sources)	\$ 677,994	\$ 1,355,989
Total FTE's	4.50	9.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(6 Months)	FY 07/08 annual
2320	Registered Nurse	4.50	\$ 502,218	\$ 111,604
			-	
			502,218	
	Fringe (35%)		175,776	
			\$ 677,994	

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each items by count and amount)

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DPH SECTION: San Francisco General Hospital

PROGRAM CONTACT NAME/PHONE: Sue Currin, 206-6761

PROGRAM / INITIATIVE TITLE: **Quality Management Data Requirements**

GENERAL FUND: **\$129,104**

TARGETED CLIENTS: NA

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

SFGH is facing an increase in required data reporting for quality indicators.

The Quality Initiative of the Hospital Quality Alliance requested “voluntary” reporting by hospitals on quality measures related to Acute Myocardial Infarction (AMI), Heart Failure (HF) and Pneumonia (PN). The quality data are publicly reported through the CMS Hospital Compare website. Hospitals that do not “voluntarily” submit the data will not receive full annual Medicare payment updates. The published Centers for Medicare & Medicaid Services (CMS) inpatient prospective system rule for 2006, SFGH will receive a .4% payment for reporting. In FY 2007, the Deficit Reduction Act, Section 5001(a) increases the payment differential for reporting pay for performance measures to 2%. In FY 2009, the requirement will expand to include reporting actual performance against national benchmarks with a requirement to submit action plans to make improvements when data is below the established benchmarks. SFGH is required to participate in the CHART (California Hospital Assessment and Reporting Task Force) initiative, which includes new intensive care indicators on ventilator associated pneumonia and mortality beginning in 2007. SFGH continues to participate in required initiatives that are also linked to reimbursement from Medi-Cal and managed care plans (San Francisco Health Plan). The demand for monitoring and reporting in these areas has increased every year.

In 2006, CMS also required submission of data on patient experience, which requires participation in the HCAHPS patient survey. This will require additional staff time to implement, coordinate and analyze the survey data and take appropriate actions when data results are below “established” benchmarks. CMS is scheduled to link the results of patient survey to Medicare reimbursement beginning in 2009. The current national trend to increasingly require data from hospitals for public reporting confirms the need to have appropriate level staff in Quality Management to assure timely submissions, data completeness and accuracy.

In order to meet these increasing requirements, a 1.00 FTE 0931 Manager II is needed to manage the increasing burden of requests for quality data from various third-parties and coordinating regulatory and pay for performance measures to external organizations.

The QM Department will delete a 1.00 FTE 2819 Assistant Health Educator and add 1.00 FTEs 2119 Health Care Analysts who will be responsible for collecting and analyzing data as well as facilitating the development of appropriate actions when data results are below “established” benchmarks.

JUSTIFICATION: (required by the Mayor's Office)

This data submission requires extensive staff time in Quality Management to abstract medical records, review and revise data for accuracy, complete timely submissions to the data vendor, analyze reports, distribute and review with appropriate staff for appropriate quality improvement initiatives, as indicated. If SFGH does not have appropriate resources to adequately comply with these data requirements, there would be a significant loss of annual revenue from CMS.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

None.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

Labor expenses will increase by \$129,104 in the first year and \$172,139 thereafter.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

Increasing by 0.75 FTEs in FY 2007-08 and 1.00 FTEs ongoing.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: Quality Management Data Requirements

		FY 2007-08 (9 Months)	Ongoing
Sources:		\$ -	\$ -
Subtotal Sources		-	-
Uses:			
	Salaries and Fringes	\$ 129,104	\$ 172,139
Subtotal Uses		129,104	172,139
Net General Fund Subsidy Required (Uses less Sources)		\$ 129,104	\$ 172,139
Total FTE's		0.75	1.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	(9 Months)
2819	Assistant Health Educator	(0.75)	(54,054)
2119	Health Care Anaylst	0.75	59,300
0931	Manager II	0.75	90,387
			95,633
	Fringes (35%)		33,471
	Total =	0.75	\$ 129,104

Operating Expenses

Index Code Character/Subobject Code

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request**DEPARTMENT NAME:**

- | | |
|---|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input checked="" type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Laguna Honda Hospital – Environmental Services (EVS)

PROGRAM CONTACT NAME/PHONE: Maxwell Chikere 759-3030

PROGRAM / INITIATIVE TITLE: **LHH Environmental Services Staffing for Regulatory Compliance**AMOUNT: **\$250,415**TARGETED CLIENTS: **Laguna Honda Hospital Residents, Staff and Visitors****PROGRAM DESCRIPTION: (Description of Program Change)**

(If proposing reductions to Contractors, provide name of contractor, program and amount)

This initiative includes 4.0 FTE Porters (2736), and 1.0 Porter Supervisor I (2740) to meet the immediate regulatory issues identified by DHS surveyors in CY 2004 through 2006. The additional Porter staff will be allocated to the Nursing units, Food Preparation areas, and common public areas (including public bathrooms) to maintain the Hospital in a clean and sanitized manner.

Benching marking standards, based on square footage, indicate that LHH (633,897 sq ft), Housekeeping Services requires 115.2 FTE Porters and 7.6 FTE Porter Supervisors. In addition, the industry standard is to have a supervisor oversee 10 FTEs.

The current shortfall of 31.2 FTE Porters and 3.0 FTE Porter 1 Supervisors overall are required to meet industry staffing standards. However, this initiative is for only 5 FTEs, for both Porters and Porter Supervisors that would help us meet only our most critical regulatory issues.

JUSTIFICATION: (required by the Mayor's Office)

The DHS surveys in February, July and August 2006 cited sanitation and infection control as Housekeeping issues. Previous annual survey years demonstrated similar difficulties meeting Title 22 regulations. The addition staffing is the minimum staffing required to meet the regulatory issues identified.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

Laguna Honda Hospital Residents, Staff and Visitors.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$250,415 in salaries and benefits in FY 2007-08 and \$333,887 in subsequent fiscal years

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

3.75 in FY 2007-08 and 5.0 FTE thereafter

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Environmental Services Staffing for Regulatory Compliance

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 250,415	\$ 333,887
	-	-
	-	-
Subtotal Uses	250,415	333,887
Net General Fund Subsidy Required (Uses less Sources)	\$ 250,415	\$ 333,887
Total FTE's	3.75	5.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's		
	2736 Porter	3.00	\$	142,349
	2740 Porter Supervisor I	0.75		43,143
		3.75		185,493
	Fringe (35%)			64,922
			\$	250,415

Operating Expenses

Index Code Character/Subobject Code

- \$ -

Facilities Maintenance, and Equipment (List by each items by count and amount)

2007-2008 Program Change Request

DEPARTMENT NAME:

- | | |
|---|--|
| <input type="checkbox"/> San Francisco General Hospital | <input type="checkbox"/> Public Health |
| <input checked="" type="checkbox"/> Laguna Honda Hospital | <input type="checkbox"/> Mental Health |
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| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Laguna Honda Hospital and Rehabilitation Center (LHHRC)

PROGRAM CONTACT NAME/PHONE: Lisa Pascual, MD, 759-2355 and John Kanaley 759-2367

PROGRAM / INITIATIVE TITLE: **LHH Rehabilitation Fall Risk Management Program**

GENERAL FUND: **\$86,007**

TARGETED CLIENTS: LHHRC residents at risk for falls.

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

Many of the factors that increase the risk for mobility problems and falls among residents at LHHRC are preventable and even reversible through the early detection of physical impairments and functional limitations. A fall risk management team consisting of a Physical Therapist and an Occupational Therapist can effectively address fall risk assessment and intervention programs at LHHRC.

JUSTIFICATION: (required by the Mayor's Office)

In surveys of nursing home populations, the percentage of residents who fall each year ranges from 16% to 75%, with an overall mean of 43%. In the United States, nursing home residents 85 years and older account for one out of five fatal falls. More than 40% of those hospitalized for hip fractures never return home or live independently again and 25% will die within one year.

State surveyors repeatedly cite fall risk assessment and prevention at LHHRC as cause for concern.

A recent RAND meta-analysis of fall prevention interventions revealed that structured programs reduced fall rates on average by 23%. The most potent program types included multi-factorial risk assessment and management (40% reduction in fall rates).

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

The provision of additional staff to meet the demand for services outlined above will augment falls prevention and restraint reduction activities through more timely rehabilitation evaluations, thereby reducing the number of falls and injuries related to falls.

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

During the initial fiscal year, this initiative adds \$101,117 in salaries and fringe benefits. It generates \$15,110 in reimbursements for additional visits to therapists and, therefore, would be a net General Fund impact of \$86,007. The net additional General Fund required annualizes to \$114,677 in subsequent fiscal years.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTEs)

This initiative adds 0.75 FTEs to the LHHRC workforce during FY 2007-08, which annualizes to 1.0 FTEs in subsequent fiscal years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH REHABILITATION SERVICES - FALL RISK MANAGEMENT PROGRAM

	FY 2007-08	Ongoing
Sources:		
Medi-Cal Reimbursement Skilled Therapies	\$ 15,110	\$ 20,147
Subtotal Sources	15,110	20,147
Uses:		
Salaries and Fringes	\$ 101,117	\$ 134,823
	-	-
Subtotal Uses	101,117	134,823
Net General Fund Subsidy Required (Uses less Sources)	\$ 86,007	\$ 114,676
Total FTE's	0.75	1.0

New Positions (List positions by Class, Title and FTE)

Class	Title		
2556	Physical Therapist	0.38	0.50
2548	Occupational Therapist	0.38	0.50
		0.75	1.00
	Cost of position 2556	37,451	49,935
	Cost of position 2548	37,451	49,935
	Total Cost	74,902	99,869
	Fringe (35%)	26,216	34,954
		\$ 101,117	\$ 134,823

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| <input type="checkbox"/> Jail Health | <input type="checkbox"/> |
| <input type="checkbox"/> Health At Home | |

DPH SECTION: Laguna Honda Hospital

PROGRAM CONTACT NAME/PHONE: Steve Koneff/Klatt 759-3314

PROGRAM / INITIATIVE TITLE: **LHH Nutrition Chefs Regulatory Requirement**

GENERAL FUND: **\$125,948**

TARGETED CLIENTS: Laguna Honda Hospital residents

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

DHS Surveys in July and August 2006 resulted in citations for Dietary Services. Additional Chefs are needed to address the gaps identified by DHS through program development for on-going staff training, monitoring for quality control and quality improvement, and expanding food preparation to offer more daily individualized service including ethnic foods and bilingual menus.

JUSTIFICATION: (required by the Mayor's Office)

LHH Food Service requires two additional CSC 2656 Chefs to meet DHS regulatory requirements for Dietary Services. The additional chefs will provide full coverage for 7 day/week, 2 shifts/day, 365 days/year to insure complete training and monitoring for compliance to Title 22 in the areas of food preparation, quality control in temperature and food safety, food handling and sanitation, provision of wider variety of menu items, including ethnic dishes, and monitoring of satellite kitchens.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

1065 residents receiving 3 meals a day plus unit-stocked nourishments, 365 days a year

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$125,948 for salary and benefits in FY 2007-08 and \$167,930 for subsequent years

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

1.5 FTE during FY 2007-08 and 2.0 FTE subsequently

**ATTACHMENT B
SUMMARY OF PROGRAM COST**

INITIATIVE TITLE: LHH Nutrition Chefs Regulatory Requirement

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 125,948	\$ 167,930
	-	-
	-	-
Subtotal Uses	125,948	167,930
Net General Fund Subsidy Required (Uses less Sources)	\$ 125,948	\$ 167,930
Total FTE's	1.50	2.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2656	Chef	1.50	\$ 93,294
			-
			93,294
			32,653
			\$ 125,948
	Fringe (35%)		

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DPH SECTION: LAGUNA HONDA HOSPITAL

PROGRAM CONTACT NAME/PHONE: Audrey Oliver 759-2311 x43020

PROGRAM / INITIATIVE TITLE: **LHH Nutrition Dietitians Regulatory Requirement**GENERAL FUND: **\$122,776**

TARGETED CLIENTS: LHH Residents

PROGRAM DESCRIPTION: (Description of Program Change)

(If proposing reductions to Contractors, provide name of contractor, program and amount)

The DHS surveys of February, July and August 2006 resulted in citations related to untimely and incomplete nutrition documentation in the RAI/MDS records, insufficient attention to individualizing resident need preferences, less than adequate assessment and care planning for weight loss and for dialysis patients. This deficit is related to insufficient staffing to cover the resident volume and complexity.

JUSTIFICATION: (required by the Mayor's Office)

The addition of one 2624 Registered Dietitian (RD) and one 2622 Dietitian Technician (DTR) will provide necessary support for regulatory assessment and documentation issues identified in three 2006 DHS surveys. The RD and DTR will conduct timely reviews and assessments quarterly and for change of conditions and document in Minimum Data Set (MDS) nutrition fields. The dietitian and dietitian technician will assess daily for food preferences and food substitutions and will monitor and care plan for maintaining resident ideal body weight, and specific medical conditions.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

1040 residents at LHH

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)

\$122,776 for salary and fringe benefits in FY 2007-08 and \$163,702 subsequently.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

1.50 FTEs total in FY 2007-08 (0.75 Registered Dietitian and 0.75 Dietitian Technician), 2.0 FTE for subsequent fiscal years.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH NUTRITION DIETITIANS REGULATORY REQUIREMENT

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 122,776	\$ 163,702
	-	-
	-	-
Subtotal Uses	122,776	163,702
Net General Fund Subsidy Required (Uses less Sources)	\$ 122,776	\$ 163,702
Total FTE's	1.50	2.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
	2624 Registered Dietitian	0.75	53,479
	2622 Dietietic Technician	0.75	37,467
			-
		1.50	90,945
	Fringe (35%)		31,831
			\$ 122,776

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DPH SECTION: Laguna Honda Hospital

PROGRAM CONTACT NAME/PHONE: Sharon Kotabe 206-2325

PROGRAM / INITIATIVE TITLE: **LHH Pharmacy Positions Regulatory Mandate**

GENERAL FUND: **\$189,582**

TARGETED CLIENTS: All Laguna Honda Hospital residents

PROGRAM DESCRIPTION: (Description of Program Change)

CMS survey guidelines for Nursing Home Pharmacy Services and Unnecessary Medications were significantly changed and require more oversight and monitoring of drug therapy by the pharmacist. The criteria used by surveyors to determine if LHH meets minimum requirements for licensure have been revised to mandate much more labor-intensive review and record keeping. Daily reconciliation of receipt, disposition, and inventory for ALL controlled medications is required.

CMS regulations also require timely medication availability and proactive Medication Regimen Review to meet the needs of each nursing home resident. In order meet the increased workload created by this standard, the pharmacy department will increase its hours of operation by 1.5 hours daily (Monday - Friday).

JUSTIFICATION: (required by the Mayor's Office)

The responsibility for the daily delivery of controlled substances to patient care units, maintaining records of usage and for quality assurance audits and reconciliation for all controlled medications will take an additional 0.5 hours per patient care unit serviced. On average, 16 patient care units are serviced daily (Monday - Friday), which would take one additional FTE to insure that LHH meets minimum licensure criteria. A pharmacy technician is requested to enhance and improve controlled substance dispensing, tracking and reconciliation. Specifically, the pharmacy controlled substance technician will be responsible for delivering controlled substances to patient care units, maintaining records of usage and for quality assurance audits & reconciliation for all controlled medications. One staff pharmacist is also requested to ensure regulatory compliance for the timely availability to medications and for proactive Medication Regimen Review (MRR) by dispensing pharmacists.

IMPACT ON NUMBER OF CLIENTS SERVED AND UNITS OF SERVICE PROVIDED

EXPENSE AND REVENUE IMPACT (Reductions/Reallocations-complete supporting budget doc)
\$189,582 in salaries and fringe for FY 2007-08 and \$252,776 for subsequent fiscal years.

IMPACT ON DEPARTMENT'S WORKFORCE (increase or decrease of FTE's)

1.50 FTE total for FY 2007-08 (0.75 FTE Pharmacy Technician and 0.75 FTE Pharmacist), 2.0 FTE subsequently.

ATTACHMENT B
SUMMARY OF PROGRAM COST

INITIATIVE TITLE: LHH Pharmacy Positions

	FY 2007-08	Ongoing
Sources:	\$ -	\$ -
Subtotal Sources	-	-
Uses:		
Salaries and Fringes	\$ 189,582	\$ 252,776
	-	-
	-	-
Subtotal Uses	189,582	252,776
Net General Fund Subsidy Required (Uses less Sources)	\$ 189,582	\$ 252,776
Total FTE's	1.50	2.00

New Positions (List positions by Class, Title and FTE)

Class	Title	FTE's	
2450	Pharmacist	0.75	\$ 88,362
2409	Pharmacy Technician	0.75	52,070
			-
		<u>1.50</u>	<u>140,431</u>
	Fringe (35%)		49,151
			<u>\$ 189,582</u>