FY 19-20 Facility Assessment

Laguna Honda Hospital and Rehabilitation Center

November 10, 2020
Joint Conference Committee

Presented by: Nawzaneen Talai, Chief Quality Officer
Prepared by: Lena Yue, Senior Administrative Analyst

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 2019-2020 resident care services provided by Laguna Honda

North Tower Residence	Care Focus
North 1	Integrated Wellness
North 2	Memory Care
North 3	Memory Care
North 4	Latin Culture
North 5	Asian Culture
North 6	Memory Care
North Mezzanine	Memory Care (Secured)

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

Care Requirements of Resident Population

Fiscal year 2019-2020 top 10 resident diagnoses

Rank	Primary Diagnoses
1	Essential (primary) hypertension
2	Dysphagia, unspecified
3	Epilepsy, unspecified, not intractable, without status epilepticus
4	Chronic obstructive pulmonary disease, unspecified
5	Type 2 diabetes mellitus without complications
6	Major depressive disorder, single episode, unspecified
7	Other symptoms and signs involving cognitive functions following cerebral infarction
8	Vascular dementia without behavioral disturbance
9	Unspecified dementia without behavioral disturbance
10	Atherosclerotic heart disease of native coronary artery without angina pectoris

Care Requirements of Resident Population

Fiscal year 2019-2020 RUG-IV summary

Resource Utilization Groups are classifications for residents based on MDS (Minimum Data Set) documentation.

Major RUG-IV Categories	No. of Unique Residents 04/01/19 - 06/30/19	No. of Unique Residents 04/01/20 - 06/30/20	Percent Change
Rehabilitation Plus Extensive Services	0	0	0%
Extensive Services	18	28	56%
Special Care High	40	34	-15%
Behavioral Symptoms and Cognitive Performance	129	87	-33%
Special Care Low	100	86	-14%
Clinically Complex	156	116	-26%
Reduced Physical Function	334	370	11%

Data represents 752 unique residents between the period of April – June 2020

Resident Population Served

During FY 2019-2020:

- 331 unique residents discharged (average LOS 912)
  - Includes deaths and discharges to community, Acute units, and/or other facilities
  - 108 residents expired (average LOS 1528)

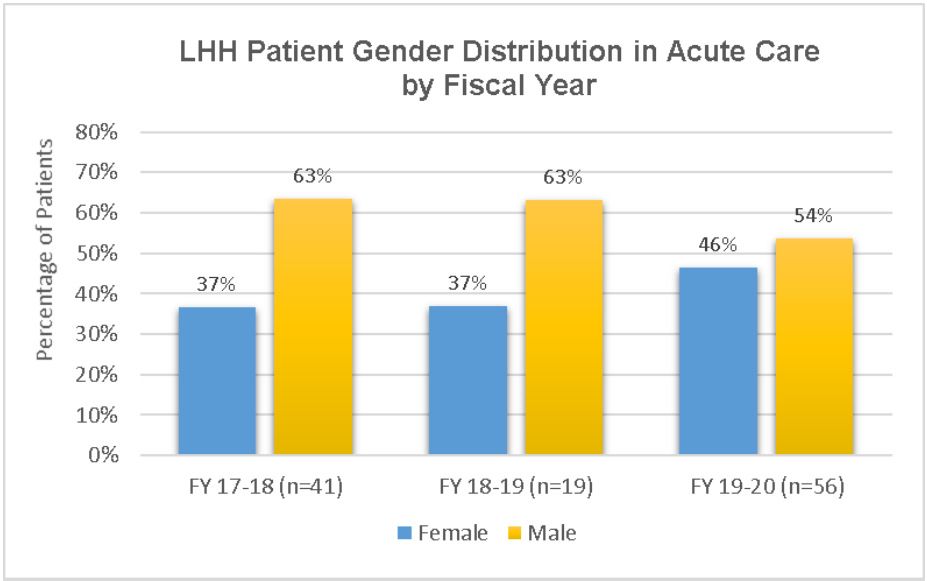
As of 10/07/2020:

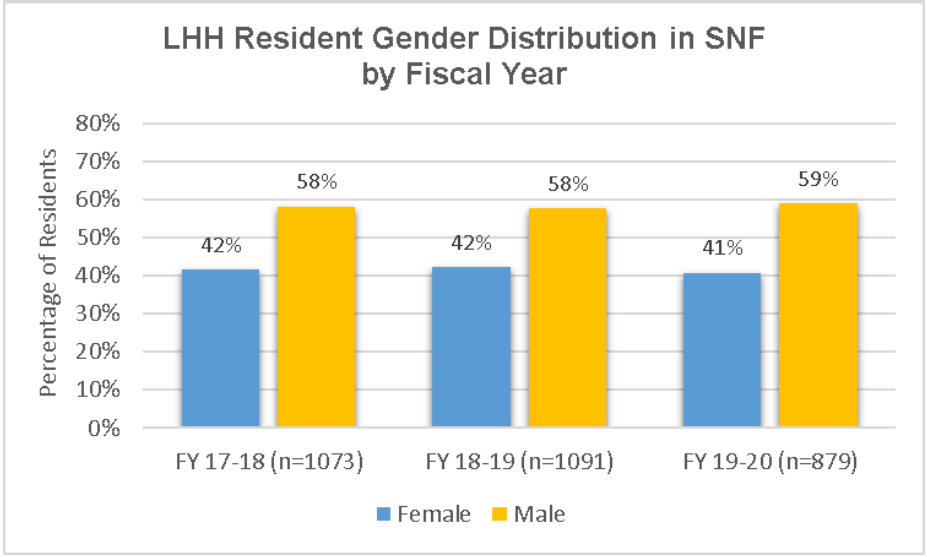
- 14 residents are discharge-ready and waiting for housing
  - Average wait time from date of housing referral = **365 days**
- Other barriers for discharge:
  - Uncooperative with discharge planning or contesting discharge
  - Lack of funding source
  - Cognitively impaired and/or displays at risk behaviors

Type of Housing	# of Residents Waiting for Housing
Medical Board & Care	5
House/Apartment	3
Scattered Site Housing (SSH)	3
Hotel/Direct Access to Housing (DAH)	2
Locked Facility	1
Grand Total	**14**

Resident Population Served

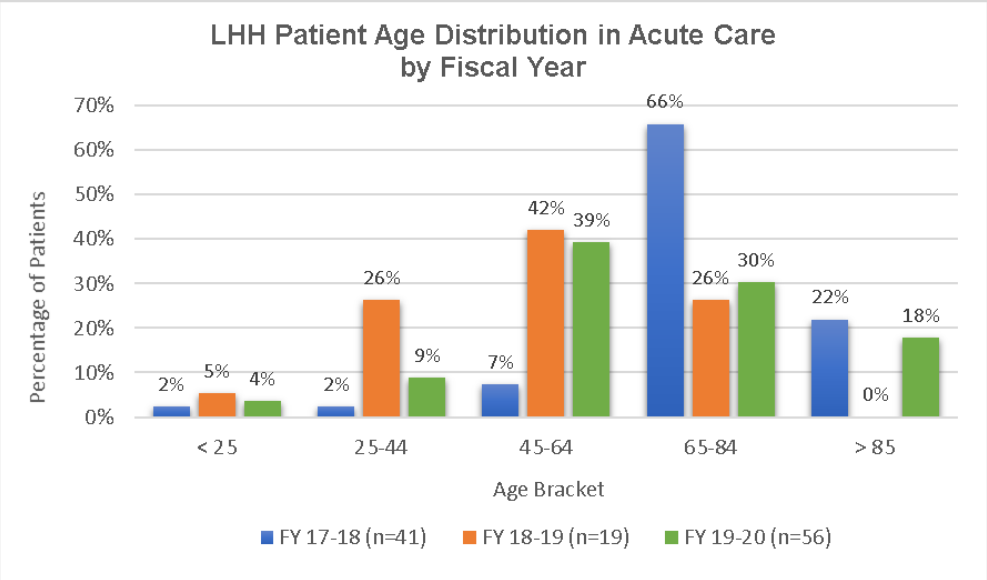
Fiscal year 2019-2020 residents by gender

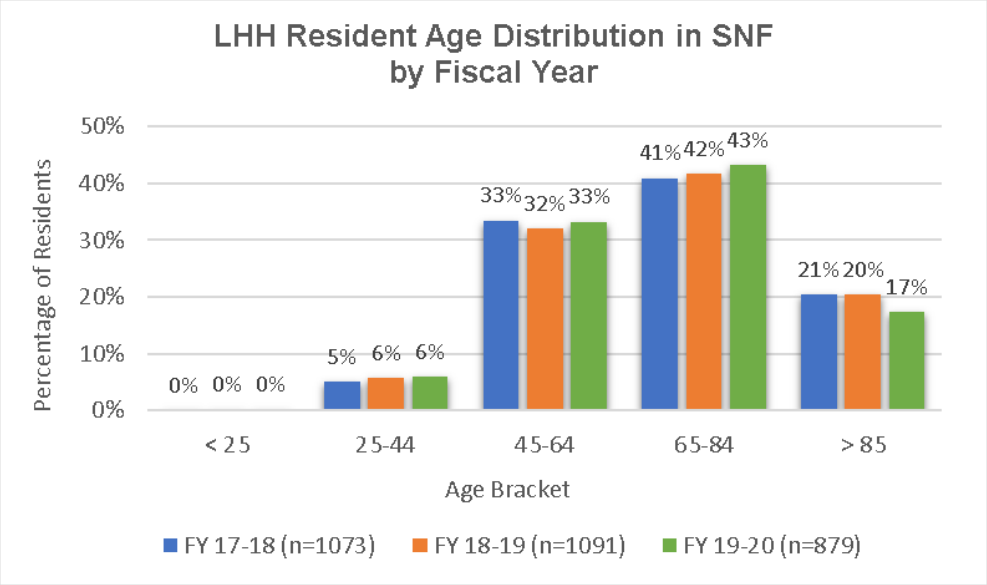




Resident Population Served

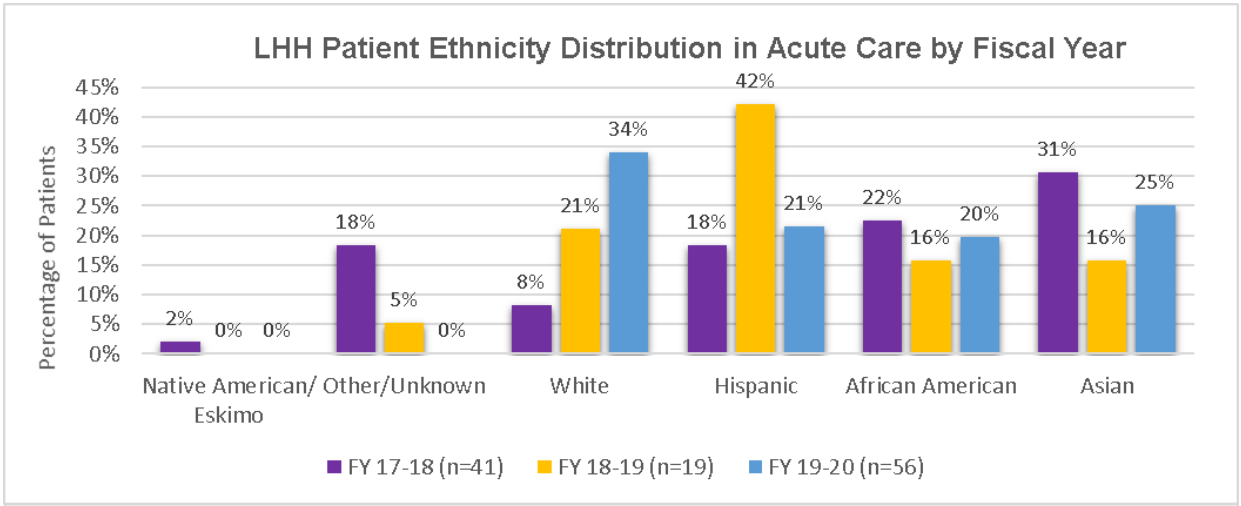
Fiscal year 2019-2020 residents by age

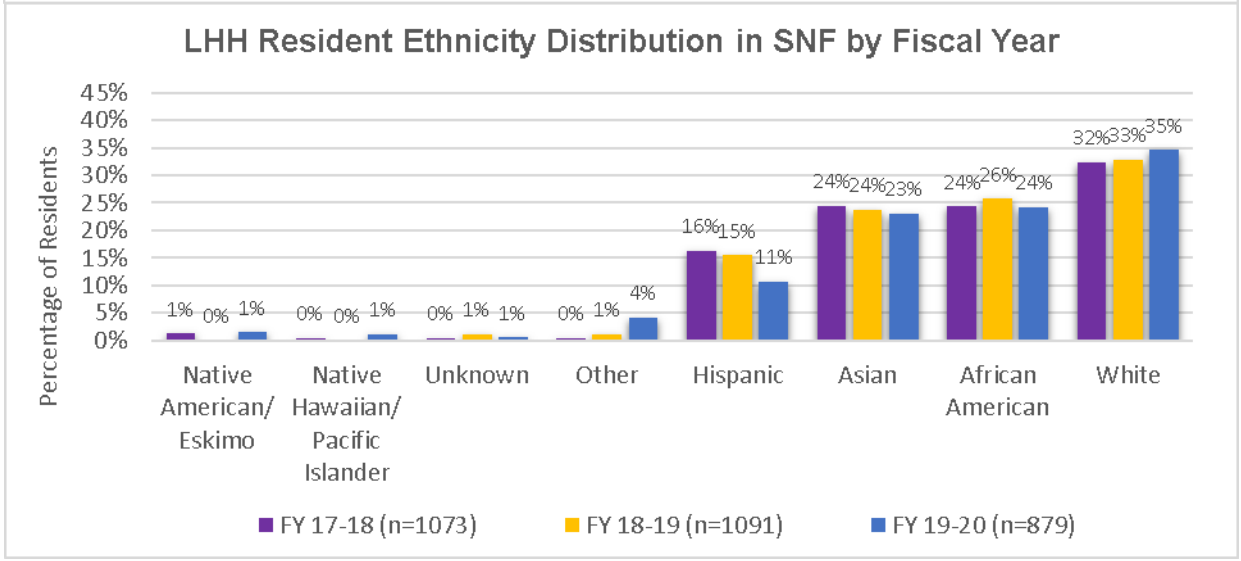




Resident Population Served

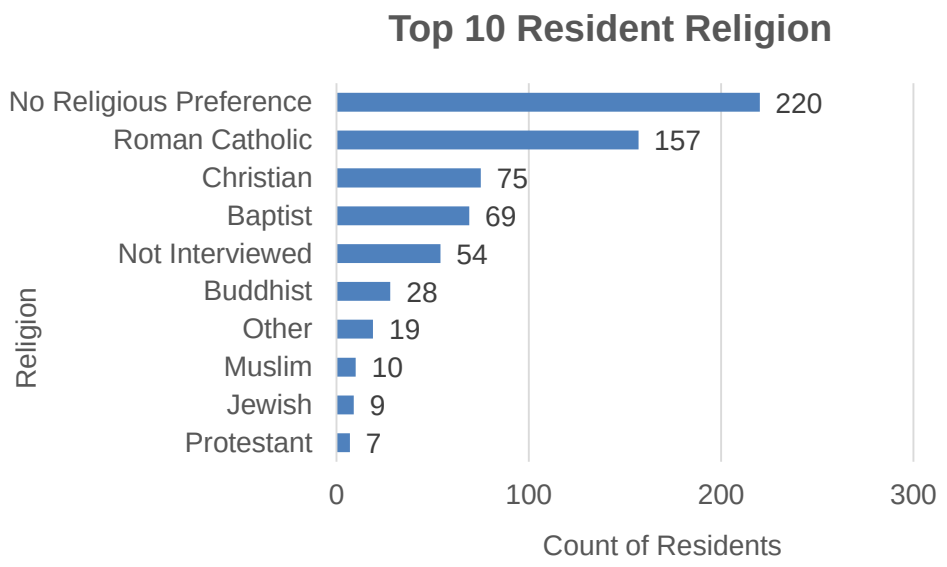
Fiscal year 2019-2020 residents by ethnicity





Resident Cultural Needs

Fiscal year 2019-2020 staff skills to meet resident ethnic and cultural needs



Language	Total Certified Bilingual Staff
Chinese (Cantonese)	45
Chinese (Mandarin)	30
Japanese	1
Korean	1
Laotian	1
Russian	1
Spanish	61
Tagalog (Philippines)	2
Vietnamese	2
Total	**144**

Facility Staffing and Competency

Fiscal year 2019-2020 staffing by department

Department	Full Time	Part Time	As Needed	Grand Total
Accounting	17			17
Activity Therapy	36			36
Admissions & Eligibility	7			7
Behavioral Health Services	9	4		13
Central Supply	5		1	6
Clinical Nutrition	8	1		9
Education & Training	9			9
Environmental Services	127		13	140
Facilities Management	35		3	38
Health at Home	39	3	13	55
Health Information Services	22			22
Hospital Administration	16			16
Laboratory	9		2	11
Materials Management	6			6
Medicine	12	18	31	61
Nursing	851	6	220	1077
Nutrition Services	73	39	14	126
Outpatient Medical Clinic	5		4	9
Patient Financial Services	15			15
Pharmacy	24	3	4	31
Quality Management	14		3	17
Rehabilitation Services	28	1	6	35
Social Services	20	1	1	22
Telecommunications	4	1		5
Workplace Safety & Emergency Management	3			3
Grand Total	**1394**	**77**	**315**	**1786**

Components of SNF Quality Assurance Performance Improvement (QAPI) Program

Fiscal year 2019-2020 SNF QAPI topics:

1) **CMS Long Stay and Short Stay Quality Measures (QM)** – QM score for LHH: 3 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**
11) **Staff Training and Education Topics**

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 det ermine 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 c over all patient care areas on a quarterly basis.

LHH COVID-19 Response

Since March 2020, LHH has been under protective quarantine as part of COVID-10 response to the global pandemic.

Response

- Designated COVID-19 Unit (South 5)
- Admission Observation Unit (Pavilion Mezzanine Acute)

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 and temperature check.

Next Steps

- FY 20-21 will focus on LHH's COVID-19 response plan and mitigating the spread of the virus in the facility; increase focus on infection prevention and control measures.

Summary and Next Steps

Smoke-Free Facility: In alignment with the harm reduction model and infection control guidelines due to the COVID-19 pandemic, Laguna Honda designated the patio of each neighborhood as the designated smoking area for residents.

Laguna Honda Lean Transformation: Hoshin Kanri planning for FY 20-21 was put on hold due to COVID-19 Response.

Equity and Culture: Beginning FY 20-21, a new department, Equity and Culture, will bring together the programs of Equity, Trauma Informed Systems and Wellness to address the care experience for both residents and staff.

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