

Laguna Honda Hospital and Rehabilitation Center
2019 Plan of Correction Dashboard | Fiscal Year 2020-2021 Data

Category	Measure	Hospital Wide Goal	Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20		Jan-21		Feb-21		Mar-21		Apr-21		May-21		Jun-21	
			#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Barcode Med Administration (BCMA) Compliance	Combined scanning is used as the marker indicator (medication scanning and patient scanning)	90% SNF		88%		88%		91%		92%		94%		95%		94%		97%		97%		96%		97%		97%
		95% Acute		90%		25%		90%		88%		94%		93%		95%		97%		99%		99%		92%		99%
Drug Diversion Prevention	Zero late wastes. Complete diversion investigation for late wastes within one month of discovery.	100% completed investigation within one month	2 out of 2	100%	0 out of 0	100%	2 out of 2	100%	4 out of 4	100%	2 out of 2	100%	0 out of 0	100%	1 out of 1	100%	0 out of 0	100%	0 out of 0	100%	2 out of 2	100%	1 out of 1	100%	2 out of 2	100%
Medication Observation	Four medication passes, are audited per shift per unit	≥95% of 1,040 observations per month	1,070 out of 1,040	103%	1,036 out of 1,040	100%	996 out of 1,040	96%	1,027 out of 1,040	99%	876 out of 1,040	84%	923 out of 1,040	89%	830 out of 1,040	80%	899 out of 1,040	86%	1,096 out of 1,040	105%	755 out of 1,040	73%	627 out of 1,040	60%	766 out of 1,040	72%
Medication Observation	One cycle count are audited per shift and per unit	≥95% of 260 observations per month	289 out of 260	111%	272 out of 260	105%	287 out of 260	110%	252 out of 260	97%	193 out of 260	74%	255 out of 260	98%	177 out of 260	68%	227 out of 260	87%	282 out of 260	108%	219 out of 260	84%	194 out of 260	75%	216 out of 260	83%
Medication Observation	Two narcotic wastages are audited per shift and per unit	≥95% of wastages observed are compliant	36	100%	20	100%	10	100%	13	100%	13	100%	22	100%	2	100%	34	100%	36	100%	21	100%	9	100%	4	100%
Medication Simplification	Reduce number of TID (three times a day)/QID (four times a day) orders by 15%; reduce doses administered per day by 15% (excluding PRN – as needed)	Doses Goal: 10,230 Baseline: 12,035 15% Reduction	11115	-8%	11340	-6%	11392	-5%	11335	-6%	11234	-7%	11125	-8%	10800	-10%	10918	-9%	11113	-8%	11192	-7%	11192	-7%	11505	-4%
		TID/QID Goal: 684 Baseline: 805 15% Reduction	815	1%	812	1%	785	-2%	792	-2%	802	0%	742	-8%	710	-12%	728	-10%	720	-11%	741	-8%	782	-3%	811	1%
Residents Check In	Each resident gets a weekly check in from an Resident Care Team member	≥95% of 710 weekly census X 4 or 5 weeks per month = 2,840 to 3,550 check ins per month (apprx)	2,854 out of 2,880	99%	2,846 out of 2,968	96%	3,578 out of 3,710	96%	2,829 out of 2,888	96%	2,822 out of 2,888	98%	3,504 out of 3,504	100%	2,734 out of 2,871	95%	2,790 out of 2,896	98%	3,459 out of 2,628	98%	2725 out of 2860	95%	2562 out of 2868	89%	2432 out of 2868	85%
Nursing Staff Check Ins	Each staff will get a verbal check at least once every three months	≥ 95% of 666 staff per quarter received a check in (apprx)	606 out 624				99%		553 out 557				99%		679 out of 681				99%		591 out of 640				91%	
Timely Reporting of Alleged Abuse	100% compliance with timely reporting of alleged violations to CDPH within 2 hours.	100% compliance within 2 hours	3 out of 24	89%	1 out of 17	94%	7 out of 23	77%	2 out of 18	90%	3 out of 9	75%	2 out of 20	91%	3 out of 24	89%	3 out of 13	81%	5 out of 26	84%	2 out of 27	93%	3 out of 17	85%	2 out of 20	91%
Out on Pass	Epic assessment for residents returning from out on pass	≥95% of residents OOP have assessment	On hold due to COVID. Residents were not permitted to go out on pass from April 2020 to April 2021																			39 out of 43	90%	58 out of 73	79%	