LHH Quality Management

September 14, 2021

Nawzaneen Talai, LHH Chief Quality Officer
Troy Williams, SFHN Chief Quality Officer

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San Francisco Health Network Quality Management Centralization

SFHN Quality Management Centralization

A3 Thinking – Leveraging SFHN Quality Expertise and Resources Through Centralization and Alignment

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Title: Leveraging SFHN Quality Expertise and Resources Through Centralization and Alignment
Owner: Troy Williams

Ver: 7	Date: 1/29/2021		

I. Background: What problem are you talking about and why focus on it now?

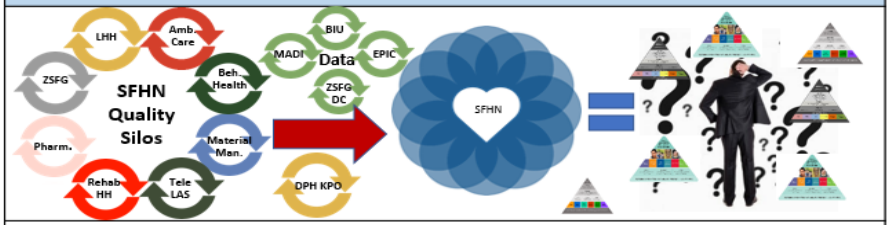
The San Francisco Health Network (SFHN) was born in 2015 and continues to evolve as a comprehensive system of care within the San Francisco Department of Public Health (DPH). The SFHN is comprised of Acute Care, Skilled Nursing and Rehabilitative Care, Ambulatory Care (Primary Care, WPC, Telehealth/Language Access, Maternal Child Health, Jail Health and Behavioral Health), Specialty Care, Rehab/Home Health, Pharmacy and Transitions. Each are committed to serving the Residents of the City and County of San Francisco , but there has not been a strategic vision regarding the leveraging of expertise within the quality structures of the other SFHN departments resulting in siloed improvement efforts and a lack of quality standardization throughout the SFHN. There have been historical attempts to bring the other quality departments together from within the SFHN, however these efforts were not sustained, and everyone went back to business as usual. Lean has been implemented to varying degrees throughout the SFHN, which provides standardized improvement tools (A3 thinking, PDSA, Standard Work etc.) and language throughout the SFHN, however the way in which Lean has been implemented has varied greatly. Additionally, the SFHN True North has made positive strides towards alignment, but gaps remain. Quality encompasses Performance Improvement, Data Access, Risk Management, Regulatory Affairs/Patient Safety, Medical Staff Services and Infection Control all working synergistically to improve quality and safety, however parts of the SFHN do not have consistent access to each of these services, which can place clinicians and staff at a disadvantage as they may not have the expertise to appropriately address a specific challenge. Centralizing quality within the SFHN will promote a standardized approach while at the same time respecting each department's unique needs and priorities, to ensure the appropriate quality resources/expertise are available when needed.

In early 2019, tragic events related to the abuse of residents by staff occurred at Laguna Honda Hospital (LHH) that required other parts of the SFHN to assist. Through an assessment of the quality structures at LHH, it became very clear that this lack of standardization and centralization was a key contributing factor that led to SFHN leadership initiating strategic thinking regarding the centralization of quality within the SFHN. As a result, the immediate focus related to SFHN quality centralization has been prioritized at LHH secondary to these events but has been very reactive due to critical issues regarding culture, improvement structure/framework, resources and licensing challenges, which could result in the loss of Medicare funding and ultimately the closure of LHH.

The critical importance of leveraging and aligning our quality expertise throughout the SFHN cannot be overstated. We have industry experts throughout our different departments in the SFHN and can learn from each other while at the same time sharing the quality tools, we use to improve the care of the patients and residents we are responsible for and have the utmost duty to serve. "Network" thinking has not been widely accepted in each of the different departments related to how we view the importance of quality and safety, but it is critical we understand that each department within the SFHN is better as a network rather that siloed on its own. To effectively drive DPH and SFHN True North, aligning our quality structures is essential to support our clinical teams in providing the highest level of quality care to all SFHN patients and, as a result, improve clinical outcomes.

SFHN Quality Centralization will take on a phased approach beginning with the reorganization and the combining of the LHH and ZSFG Quality Departments .

II. Current Conditions: What is happening today and what is not working?

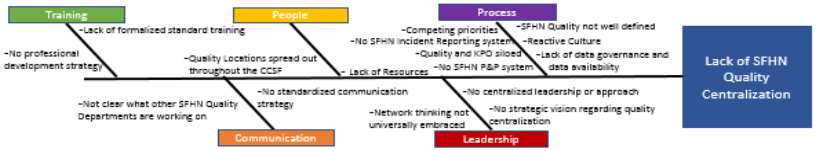


Problem Statement: What specific, measurable problem will serve as your baseline performance?
Fragmented quality results in missed opportunities for alignment and leveraging expertise/resources throughout our system of care resulting in siloed improvement efforts and departments inability to utilize critical quality services available in the SFHN. Currently we don't know what we don't know.

III. Targets and Goals: What specific measurable outcomes are desired and by when?

Selected Metrics	Baseline	Benchmark	Target by [When]
Identify 2 opportunities for SFHN Quality Centralization roles (ZSFG/LHH)	Zero	NA	June 30, 2020
Sharing from ZSFG , develop SW for LHH quality processes (ex. investigations, RCA, reporting etc.).	No SW	NA	4 examples of SW by April 30, 2020.
Obtain baseline for quality resource calls and requests coming into ZSFG from other parts of the SFHN.	No Baseline	NA	Capture data for baseline by June 30, 2020
Hire a new Chief Quality Officer at LHH.	NA	NA	May 30, 2020
Complete SFHN quality structure assessment.	NA	NA	September 30, 2020

IV. Analysis: Why does the problem exist, in terms of causes, constraints, barriers?



V. Possible Countermeasures: What countermeasures do you propose and why?

Cause/Barrier Addressed	Countermeasure	Description ("If-Then")	Impact	Effort
Lack of current understanding regarding SFHN current Quality structures in place.	Initiate SFHN Quality structure assessment.	If we can learn more about the quality structures throughout the SFHN, we can better understand the needs and opportunities for standardization	H	H
LHH Quality department under resourced to meet the demands of the resident population they serve.	Submit SFHN Quality Centralization Budget proposal to specifically "right size" LHH's Quality Structure	If we submit the budget and are provided with the needed resources, LHH be able to build a more robust quality program.	H	H
Lack of centralized quality processes	Test the development of a SFHN PIPS Coordinator to be shared between LHH and ZSFG.	If we can test a PIPS coordinator between LHH and ZSFG, PIPS will become more standardized in the SFHN.	M	M
Lack of data to understand our current state and drive improvement.	Collaborate with SFHN IT, KPO and Data team to work towards data governance and centralization.	If we can develop a data governance structure, data will be available to drive our improvement efforts.	H	H
Unclear quality needs throughout the SFHN.	Obtain baseline for quality resource calls and requests coming into ZSFG from other parts of the SFHN.	If we can understand requests coming to ZSFG quality, we can focus our efforts regarding resources in other SFHN departments.	M	H
Lack of quality standardization within the SFHN quality structures.	Starting with LHH, develop standard work for 4 quality processes.	If we develop standard work, consistent between LHH and ZSFG improvement work and gaps/challenges will become more transparent.	H	H
Quality and KPO siloed	Explore opportunities to partner with KPO to drive improvement.	If quality and the KPO partner in a more formalized manner, we can better drive True North.	H	H

VII. Plan: What, where, how will you implement, and by whom and when?

Countermeasure	Description and Expected Result	Owner	Date
Submit SFHN Quality Centralization Budget proposal to specifically "right size" LHH's Quality Structure	Improved quality structure and process at LHH	T. Williams	Feb. 2020
Complete SFHN quality structure assessment	Gain a better understand of the needs and opportunities for standardization	T. Williams	Sept. 2020
Starting with LHH, develop standard work for 4 quality processes.	Promotes quality standardization and best practice	A. Smith	May. 2020
Test the development of a SFHN PIPS Coordinator to be shared between LHH and ZSFG.	Promotes standardization	T. Williams L. Safier	Mar. 2020
Obtain baseline for quality resource calls and requests coming into ZSFG from other parts of the SFHN.	Assessment of SFHN quality needs	L. Saffier	June. 2020

VIII. Follow-Up: How will you assure ongoing PDSA?

Catchball with SFHN Quality and Leadership stakeholders.

ZSFG Problem Solving Template Printed - 3/15/2021

SFHN Quality Management Centralization

A3 Thinking – Leveraging SFHN Quality Expertise and Resources Through Centralization and Alignment

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

A3 SR Title: Leveraging SFHN Quality Expertise and Resources Through Centralization and Alignment

Owner: Troy Williams

Ver:	Date:		
6	5/17/21		

I. Background: What problem are you talking about and why focus on it now?

The San Francisco Health Network (SFHN) was born in 2015 and continues to evolve as a comprehensive system of care within the San Francisco Department of Public Health (DPH). The SFHN is comprised of Acute Care, Skilled Nursing and Rehabilitative Care, Ambulatory Care (Primary Care, WPC, Maternal Child Health and Jail Health), Specialty Care, Rehab/Home Health, Telehealth/Language Access, Behavioral Health and Pharmacy. Each are committed to serving the Residents of the City and County of San Francisco , but there has not been a strategic vision regarding the leveraging of expertise within the quality structures of the other SFHN departments resulting in siloed improvement efforts and a lack of quality standardization throughout the SFHN. There have been historical attempts to bring the other quality departments together from within the SFHN, however these efforts were not sustained, and everyone went back to business as usual. Lean has been implemented to varying degrees throughout the SFHN, which provides standardized improvement tools (A3 thinking, PDSA, Standard Work etc.) and language throughout the SFHN, however the way in which Lean has been implemented has varied greatly. Additionally, the SFHN True North has made positive strides towards alignment, but gaps remain. Quality encompasses Performance Improvement, Data Access, Risk Management, Regulatory Affairs/Patient Safety, Medical Staff Services and Infection Control all working synergistically to improve quality and safety, however parts of the SFHN do not have consistent access to each of these services, which can place clinicians and staff at a disadvantage as they may not have the expertise to appropriately address a specific challenge. Centralizing quality within the SFHN will promote a standardized approach while at the same time respecting each department's unique needs and priorities, to ensure the appropriate quality resources/expertise are available when needed.

In early 2019, tragic events related to the abuse of residents by staff occurred at Laguna Honda Hospital (LHH) that required other parts of the SFHN to assist. Through an assessment of the quality structures at LHH, it became very clear that this lack of standardization and centralization was a key contributing factor. The LHH quality program was under resourced, lacked industry best practice related to performance improvement and was highly reactive. This led to SFHN leadership initiating strategic thinking regarding the centralization of quality within the SFHN. The immediate focus was prioritized at LHH, due to critical issues regarding culture, improvement structure/framework, resources and licensing challenges, which could have resulted in the loss of Medicare and Medicaid funding and ultimately the closure of LHH.

The critical importance of leveraging and aligning our quality expertise throughout the SFHN cannot be overstated. We have industry experts throughout our different departments in the SFHN and can learn from each other while at the same time sharing the quality tools, we use to improve the care of the patients and residents we are responsible for and have the utmost duty to serve. "Network" thinking has not been widely accepted in each of the different departments related to how we view the importance of quality and safety, but it is critical we understand that each department within the SFHN is better as a network rather that siloed on its own. To effectively drive DPH and SFHN True North, aligning our quality structures is essential to support our clinical teams in providing the highest level of quality care to all SFHN patients and, as a result, improve clinical outcomes.

II. Current Conditions: What is happening today and what is not working?

The original A3 was catchballed with small leadership groups (SFHN Executive Team, ZSFG Quality Management leadership group) but was not more widely shared secondary to the COVID-19 Pandemic. Now, with an approved budget request for additional staff, narrower focus and the pandemic response entering its next phase, the SFHN quality centralization initiative can now progress in a more meaningful manner. Current state includes the following:

People/Staffing – See attached organization chart. Although the Chief Quality Officer for LHH has been hired we have not been able to fill the other critical positions approved in the budget, Current vacancies include: LHH – 9 FTE; IPC – 4 FTE; ZSFG – 5 FTE
Process/Systems – There remains a lack of standardization between the ZSFG and LHH quality programs
Strategy/Vision – SFHN quality centralization not universally well understood

Problem Statement: What specific, measurable problem will serve as your baseline performance?
SFHN siloed quality efforts results in missed opportunities for alignment and does not allow for leveraging expertise/resources currently available in the SFHN.

III. Targets and Goals: What specific measurable outcomes are desired and by when?

Selected Metrics	Baseline	Target by [When]	Metric Status: Continued/Complete/New
Identify 2 opportunities for SFHN Quality shared roles (ZSFG/LHH)	2	An additional 2 opportunities by June 30, 2021 (total=4)	New Target
Sharing from ZSFG , develop SW for LHH quality processes (ex. investigations, RCA, reporting, equity coaching etc.).	4	An additional 4 examples of SW by June 1, 2021 (Total=8)	New Target
Work closely with HR to fill current quality department vacancies	1/18 vacancies filled	9/18 vacancies filled by July 1, 2021	New Metric
Initiate SFHN quality structure assessment.	NA	October 15, 2021	Continued
Partner with DPH KPO Director to explore collaboration and alignment opportunities to drive system-wide True North.	NA	Include as a component of the SFHN quality structure assessment. Develop a collaborative KPO strategy for quality by 1/15/22.	New Target

IV. Countermeasure Implementation: What, where, how did you implement, and by whom and when?

Barrier/Cause Addressed	Countermeasure	Owner	Date/Status
Under Resourced LHH QM Dept	Submit SFHN Quality Centralization Budget proposal to specifically "right size" LHH's Quality Structure	T Williams	Complete & Approved
Lack of current understanding regarding SFHN current Quality structures in place.	Initiate SFHN quality structure assessment	T Williams	On hold – initiate 10/15/2021
Lack of quality standardization within the SFHN quality structures.	Starting with LHH, develop standard work for 4 quality processes.	A Smith	SW complete
Lack of centralized quality processes	Test the development of a SFHN PIPS Coordinator to be shared between LHH and ZSFG.	T Williams L Safier	On hold - pending hiring
Unclear quality needs throughout the SFHN.	Obtain baseline for quality resource calls and requests coming into ZSFG from other parts of the SFHN.	L Safier	Complete

V. Impact: What impact did you have on your processes/outcomes? (Baseline/Target/Actual/YTD)

The work done up to now has made significant impact in the following ways:

- Approved budget for additional staff in Quality Management across the network that has set a foundation for SFHN quality centralization.
- Several successful presentations regarding the concept of SFHN QM centralization to both QM departments at ZSFG and LHH, Executive Team at ZSFG and LHH and the MEC at ZSFG.
- The structural changes in the QM department have begun with Utilization Management moving to Nursing at LHH, the creation of the first network position in regulatory affairs, funded 50/50 by the two hospitals budgets and the drafting of an additional operational A3 at LHH that is aligned with the strategic vision.
- Sharing of resources between ZSFG and LHH, - 1 Risk Manager full time October – February and 1 Interim 2322 full time November 2020 – Jan 2021
- Streamlining survey process and notification at both hospital and network level, leading to LHH achieving substantial compliance with state and federal regulations following rigorous and ongoing survey activity

Completed Metrics:

- Sharing from ZSFG , develop SW for LHH quality processes (ex. investigations, RCA, reporting etc.). – 4 examples of SW developed and implemented -RCA process, PIPS template SW, JCC Regulatory Report & the Sentinel Event Policy. **New target developed**
- Hired a new CQOs at LHH and ZSFG – Nawz Talai (LHH) start date 11/2/20 and Adrian Smith (ZSFG) start date 5/17/21
- Obtain baseline for quality resource calls and requests coming into ZSFG from other parts of the SFHN. – complete with no trends identified

VI. Further Analysis: How have you stratified, identified top barriers/causes? What have you learned?

Some barriers still exist, these include;

- **The Covid pandemic remains the priority for DPH and the SFHN – challenging to move quality priorities forward.**
- Hiring delays – HR processes, Mayoral approval, special conditions (ZSFG & LHH) – filled 2/19 vacancies
- Multiple deployments (ZSFG) – over the past 12 months the SFHN CQO, ZSFG DRA, 1 PI Analyst. PSD and 2 PS staff, 1 RM RN and DRM have all been deployed
- LHH quality structure not well defined and change has been a challenge
- Lack of formalized partnership between the DPH KPO and Quality, which leads to minimal standardization, making improvement efforts unaligned
- The COVID response has shown the importance cross department collaboration and partnerships – Network and DPH thinking

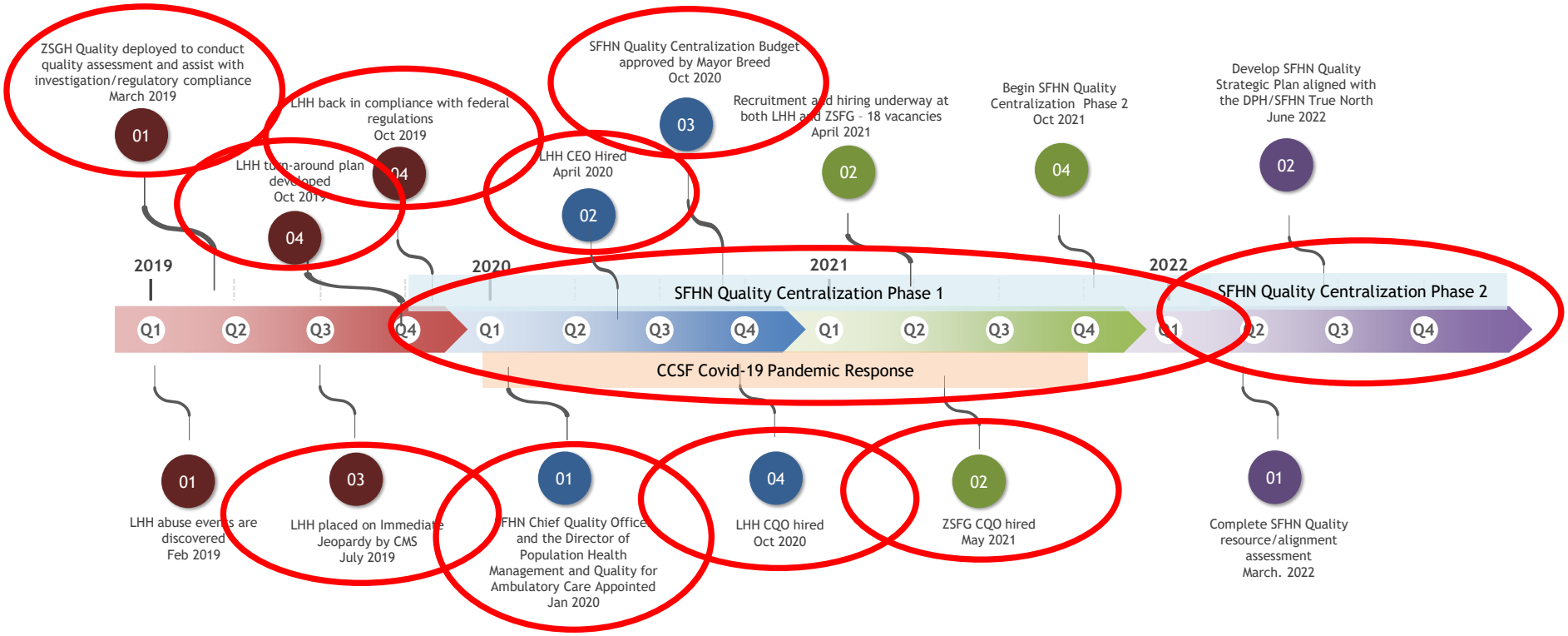
VII. Plan: What, where, how will you implement, and by whom and when?

Barrier/Cause Addressed	Countermeasure	Owner	Date/Status
Hiring delays	Work proactively with HR and set clear expectations and targets.	T. Williams	3/1/2021 In Progress
LHH quality structure not well defined and change has been a challenge	Develop LHH quality program A3 aligned with strategic SFHN quality centralization A3.	N. Talai	3/1/2021 In progress
Lack of understanding of what QM Centralization means outside of QM Leadership team	Presentations to key staff groups and stakeholders	T. Williams	3/1/2021 In progress
Lack of quality standardization within the SFHN quality structures.	Develop standard work for 8 quality processes between LHH and ZSFG – **Must include equity coaching during PIPS process – partner with the DPH Office of Health Equity.**	LHH and ZSFG CQOs	4/30/2021 Initiate
Lack of current understanding regarding SFHN current Quality structures in place.	Initiate SFHN quality structure assessment – Ambulatory care and Behavioral Health Services.	T. Williams	10/15/2021 Initiate

ZSFG Problem Solving Template Printed - 6/21/2021

SFHN Quality Management Centralization

Timeline



Phase 1 - Centralizing the LHH and ZSFG Quality Programs
Phase 2 - Assess quality structures and resources in Ambulatory Care and Behavioral Health

SFHN Quality Management Centralization

Resource Comparison – LHH and ZSFG (2019)

780 Beds
(11 GACH & 769 D/P SNF)

No Centralized Structure

397 Beds
(284 GACH, 80 D/P Psychiatry & 30 D/P SNF)

- Chief Executive Officer
- Chief Nursing Officer
- Director, UM & Quality
- LHH Patient Safety Officer

No reporting to Quality

Manager UM	QM Analyst	Manager, Quality
UM RN	QM Analyst	RM/RA RN
UM RN		RM/RA RN
UM RN		RM/RA RN
UM Clerk		IPC RN
UM LVN		Admin

No Quality Work

10 Quality FTEs

- Chief Executive Officer
- Chief Quality Officer

Manager, IPC	Director, MSO	Director, RM	Director, PS	Director, RA	Director, PI
IPC RN	MS Analyst	RM RN	PS RN	RA RN	Manager, Data Ctr
IPC RN	MS Analyst	RM RN	PS RN	RA RN	PI Analyst
IPC Analyst	MS Analyst	RM RN	Admin	RA RN 0.5	PI Analyst
	MS Specialist	RM RN		HPC	PI Analyst
	MS Specialist	Admin			PI Analyst
	Admin				PI Analyst
					PI Analyst
					Med Rec Tech
					Med Rec Tech

36.5 FTEs

SFHN Quality Management Centralization

Resource Comparison – Future State

780 Beds
-11 GACH
-769 D/P SNF

397 Beds
-284 GACH
-80 D/P Psychiatry
-30 D/P SNF
-PC & Spec. Care

Director, SFHN
Chief Medical Officer, SFHN
Chief Quality Officer, SFHN
Admin
Resident Safety Officer, LHH
Chief Executive Officer LHH
Chief Nursing Officer LHH
KPO
Chief Executive Officer ZSFG
KPO

Chief Quality Officer, LHH
Director IPC, SFHN
Chief Quality Officer, ZSFG

PS RN
Admin
QM Data Lead
QM Data Analyst
Director, RM
RM RN
RM RN
Director, RA
RA RN
RA RN
RA RN 0.5 LHH
Director PI
PI Analyst
PI Analyst
PI Analyst
PI Analyst
PI Analyst
PI Analyst
Manager, IPC,UCSF
IPC RN LHH
IPC RN LHH
IPC RN ZSFG
IPC RN ZSFG
IPC Analyst

Director, MSO
MS Specialist
MS Specialist
MS Analyst
MS Analyst
MS Analyst
Admin
Director, RM
RM RN
RM RN
RM RN
RM RN
Director, PS
PS RN
PS RN
Admin
Director, RA
RA RN
RA RN
RA RN 0.5 ZSFG
HPC III
Director, PI
HPC III
PI Analyst
PI Analyst
PI Analyst
Med Rec Tech
Med Rec Tech
P-103 RN
QM Data Manager
QM Data Analyst
QM Data Analyst

DPH FTE- 59.5
UCSF FTE- 1
P-103 RN- 1
QM Centralization Budget Positions Filled (13/18)
RED – Current Vacancies - 11

SFHN Quality Management Centralization

Resource Sharing and Standardizing Process

Aligning Best Practice, Resources & Standard Work

LHH

ZSFG

Shared Resources (examples)

- LHH Covid response
- Regulatory Affairs RN 1.0 FTE shared between ZSFG and LHH
- Risk Management RN – RCA training (4 months)
- Acting Risk Management Director (4 months)
- ZSFG Regulatory RNs – survey prep for LHH
- IPC resources

Processes (examples)

- Shared Standard work
  - RCA process
  - Sentinel Event Policy
  - JCC Regulatory Report
  - Medical Probates
  - PIPS template and minutes
  - Abuse education materials and investigation tools
- QM staff huddles
- New policy and procedure system – Contract pending
- New incident reporting system – Contract Pending
- MDStaff – MSO credentialing platform
- PIPS Policy, Med Staff Bylaws & Governing Body Bylaws alignment – In progress

LHH Quality Management Restructuring

A3 Thinking

A3 Title: LHH QM Department Restructure **Owner:** Nawzaneen Z. Talai **Original Date** 01/28/2021 **Revision Date** 03/23/2021 **Version** 3.0

I. Background: What are you talking about & why?

Laguna Honda Hospital (LHH) Quality Management (QM) department has been comprised of Risk Management, Utilization Management, and Infection Prevention and Control (IPC). In 2017, CMS made significant changes to the F600 Freedom from Abuse, Neglect, and Exploitation, which significantly impacted the daily workload of the Risk Management team. In 2019, CMS made revisions to the Infection Prevention and Control program for long-term care facilities changing the standard of an acceptable program and requiring IPC staff to have certification in infection control.

In 2019, there was a thorough assessment of the QM structure in response to incidents of abuse against LHH residents by LHH staff. The assessment identified a lack of standardization and centralization among the QM departments within the San Francisco Health Network (SFHN). The LHH QM department does not have a delineation between Risk Management and Regulatory Affairs. Nor does the LHH QM department have sufficient staffing to allow opportunities for deep dives into unusual occurrences shared with the department daily.

The Infection Prevention and Control program is staffed with one RN to support a facility with 13 units and 780 beds. The focus of the department was heavily on regulatory compliance, and little on performance improvement, quality assurance or event management. The LHH QM department consists of two analysts for all three teams within the QM department – with one position remaining vacant for over a year. The analysts also supported needs through the facility as it relates to policies and procedures, reports to the Health Commission, and more.

Additionally, LHH QM staff are not present on the units throughout the facility or considered active members of the Resident Care Team. LHH QM daily workflow is a reactive state to current incidents that occur within the facility. The current workflow does not permit for strategic thinking or proactive quality improvement planning.

To effectively support the DPH and SFHN True North metrics, the LHH QM structure needs to adjust to permit for streamlined workflows, proactive quality improvement planning, strategic planning, and continued compliance with all federal, state, and local regulations. This will be a multi-phased approach with the phase one focusing on staffing needs.

II. Current Conditions: Where do things stand now?

People/Staffing: LHH QM department has been inadequately staffed and unable to implement proactive quality improvement due to staffing structure. The Risk Management team is comprised of three full-time staff. This team covers both event management and regulatory affairs. Staff have not had access to relevant trainings or opportunities for professional development. Current workflow does not provide opportunity for strategic thinking and future planning. Staff are working daily to respond to in the moment needs.

Process/Systems: There is a lack of standardization in workflow for Quality Management. There is minimal staffing support for effective Performance Improvement. Nursing leadership currently completes the quality assurance reviews for all plan of correction needs. Patient Safety is not officially part of the LHH QM structure. The one IPC RN is not able to be visible on units due to lack of bandwidth in managing ongoing needs for one FTE.

Communication: Lack of communication across disciplines. LHH QM is not consistently notified timely when incidents occur in the facility and is seen as emergency support. Quality is not integrated into the thinking around patient care.

Leadership: Need for discussions on best practices in skilled nursing facilities. Lack of vision for LHH to be considered a center of excellence.

Training: Lack of quality framework and knowledge of industry best practices for long-term care. Need for training and professional development opportunities for staff.

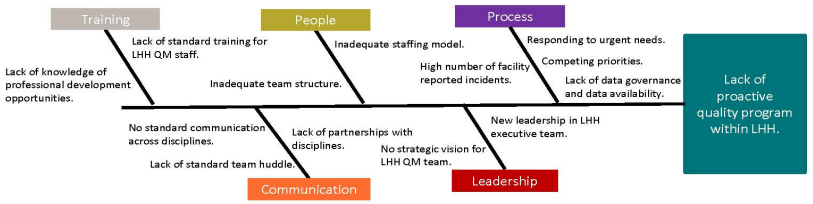
Problem Statement

The LHH QM department is not a proactive program rooted in industry best practice standards.

III. Goals & Targets: What specific outcome is required?

Selected Metric	Baseline	Goal	Target [by When]
Restructure QM Teams	Two Teams	Five Teams	June 30, 2021
Fill Vacant FTE Positions	10 FTE Vacancies	3 FTE Vacancies	July 30, 2021
Develop and Implement Standard Work	Standard Work Not Implemented	10 Standard Work Documents Implemented	July 30, 2021
Weekly Rounding on Assigned Units	No Rounding Currently	3 times per week per person	April 30, 2021
Communication Across Teams	Monthly QM Meeting	Daily Huddle	July 6, 2021

IV. Analysis: Why does the problem or need exist?



V. Recommendations / Proposed Countermeasures: What do you propose and why?

Cause/Barrier Addressed	Countermeasure	Description ("If-Then")	Impact	Effort
Lack of standard training for LHH QM staff.	Begin providing standard training opportunities for LHH QM staff.	If staff are able to participate in trainings opportunities, then staff will feel confident in their daily work.	H	M
Lack of standard communication across disciplines.	Begin partnering with Nursing and Medicine more proactively.	If disciplines work in partnership with LHH QM, then the team can proactively support patient care and reduce the likelihood of facility reported incidents.	H	M
Inadequate staffing model for LHH QM department.	Hire more staff for the LHH QM department and restructure teams.	If the LHH QM department is adequately staffed, then the department can better support the needs of the facility.	H	H
Lack of data governance and data availability.	Create a Performance Improvement team within LHH QM.	If the LHH QM department has dedicated staff to data governance, then the staff can proactively support needs through the facility.	H	H
Lack of standard team huddle and communication across LHH QM teams.	Begin a daily LHH QM huddle.	If all LHH QM staff come together daily, then staff will feel more part of a collaborative team.	H	M
Lack of partnership and collaboration with ZSFG.	Begin collaborating with ZSFG QM department.	If LHH and ZSFG QM team work in partnership, then there will be a cohesive SFHN response to patient safety.	H	M

VI. Plan: Specifically how will you implement?

Countermeasure	Description and Expected Result	Owner	Date
Begin hiring LHH QM staff to fill 10 vacancy positions.	Better staffed LHH QM department and ability to begin strategic thinking.	N. Talai	August 2021
Continue to develop new standard work for quality response processes.	Develop standard work in partnership with ZSFG to streamline SFHN patient safety response.	N. Talai T. Williams	August 2021
Partner with Medicine and Nursing leadership for strategic planning.	Begin a weekly huddle with CMO, CNO, and CQO to review top of mind items and developed partnership.	N. Talai	March 2021
Planning meetings for LHH PIPS monthly meetings.	Hold monthly planning meetings to ensure LHH QM and Medicine are in alignment with PIPS reporting.	N. Talai W. Hathaway	March 2021
Develop Performance Improvement team with LHH QM.	Hire a team dedicated to performance improvement. Partner with ZSFG QM for best practices and lessons learned.	N. Talai E. Schindler	June 2021
LHH QM staff rounding on units weekly.	Staff from the Risk Management team, Regulatory Affairs team, and Performance Improvement team will round on assigned units weekly.	N. Talai G. Mariano E. Schindler	April 2021
Develop e-file system for Risk Management and Regulatory Affairs teams.	Reduce the need for printing and create a streamlined process for document collection.	N. Talai G. Mariano	July 2021

VII. Follow-Up: How will you assure ongoing Plan, Do, Check, Act?

Catchball with LHH executive leadership and QM staff.

LHH Quality Management Restructuring

Framework

- The Quality Management department is being rebuilt on the framework to support systemic improvement in the way care is delivered to patients.
- The department is tasked with measuring and analyzing quality metrics and health indicators throughout the facility.
- The department will support and guide discussions for improvement in health outcomes.
- The team will support continuous efforts to achieve stable and predictable process results and improve processes for both residents and the facility.

LHH Quality Management Restructuring

Priorities

BUILD THE LHH QM DEPARTMENT	EXPECTATION THAT EQUITY IS PART OF THE DISCUSSION	IMPROVE PATIENT CARE AND OUTCOMES BY USING DATA AND BEST PRACTICES	ENSURE CONTINUOUS REGULATORY COMPLIANCE
Recruit and hire new staff.	Equity coaching in partnership with LHH Department of Equity and Culture.	Coach and promote Lean and A3 thinking.	Standardize survey ready activities.
Promote and encourage professional development.	Incorporating an equity lens in our day-to-day work.	Collaborate with DPH and facility Kaizen Promotion Offices (KPO).	Maintain a constant state of survey readiness.

LHH Quality Management Restructuring

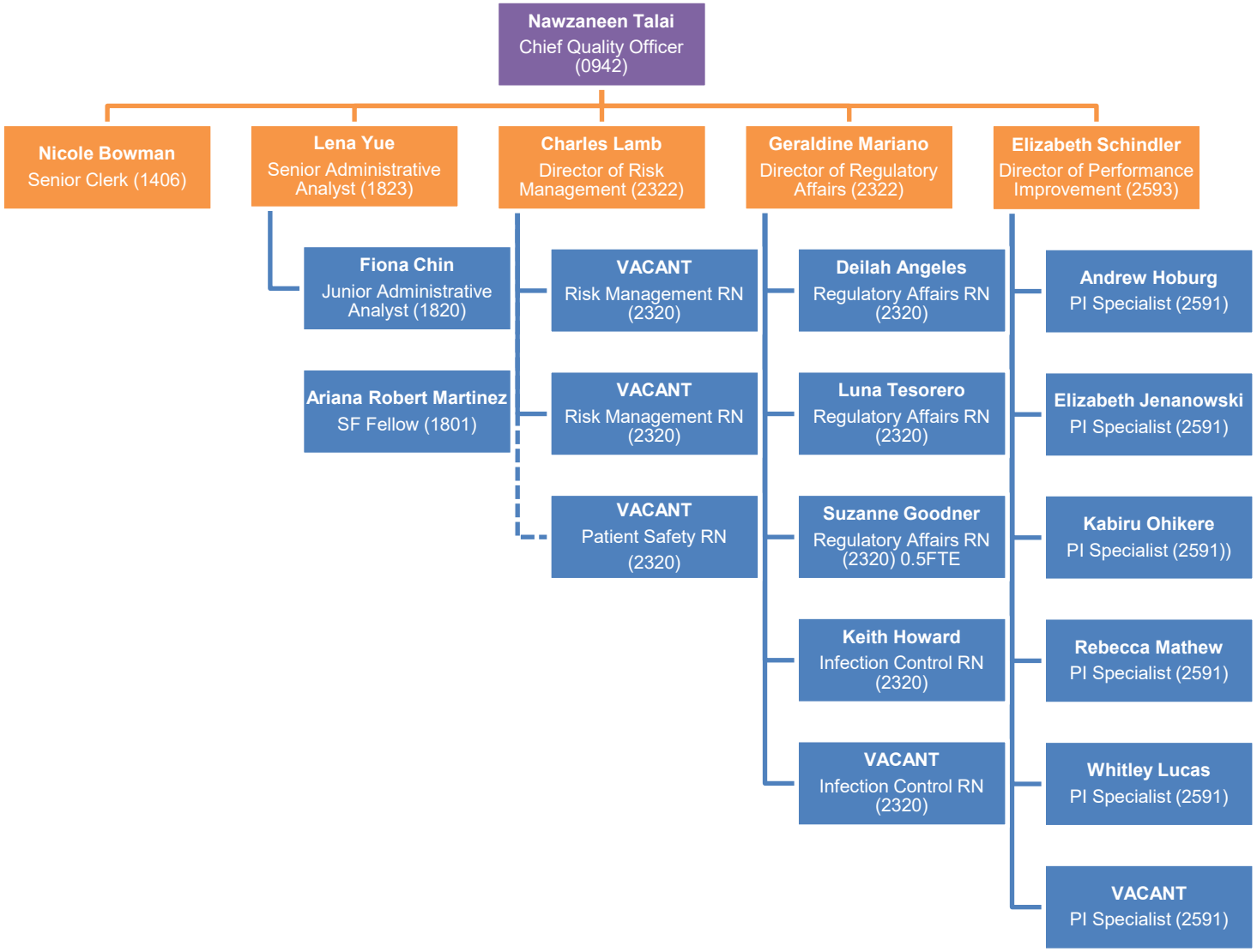
Principles

The Quality Management department will be guided by the Six Domains of Health Care Quality:

- **Safe**: Avoiding harm to patients from the care that is intended to help them.
- **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient**: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

LHH Quality Management Restructuring

Team Structures



LHH Quality Management Restructuring

Team Structures

Regulatory Affairs

The Regulatory Affairs team is responsible for being aware of new and existing regulations for both acute and skilled nursing facilities, supporting California Department of Public Health surveyors when onsite and/or completing desk reviews, ensuring LHH is continuously survey ready, and in compliance with all federal, state, and local regulations. The team will be tasked with working across disciplines, providing trainings to staff, and rounding for outcomes.

Geraldine Mariano
Director of Regulatory Affairs

LHH Quality Management Restructuring

Team Structures

Risk Management

The Risk Management team is responsible for identifying and evaluating risks to reduce injury to patients, staff members, and visitors within LHH. The team will be tasked with monitoring unusual occurrence reports, conducting organizational root cause analysis, supporting claims and litigation, and much more. The Risk Management team will work proactively and reactively to prevent patient harm and to minimize potential negative outcomes after an event.

Charles (Chuck) Lamb
Director of Risk Management

LHH Quality Management Restructuring

Team Structures

Performance Improvement

The Performance Improvement team is responsible for proactive metric review of health indicator and quality metrics. The team will be tasked with supporting performance improvement plans, corrective actions, providing data dashboards, managing committees as part of Quality Assurance Performance Improvement, and much more. The Performance Improvement team will work proactively with frontline staff and unit leadership in review of metrics which directly reflect their unit population.

Elizabeth Schindler
Director of Performance Improvement

LHH Quality Management Restructuring

Team Structures

Infection Prevention and Control

The Infection Prevention and Control team is responsible for taking an evidenced-based approach in preventing residents and staff from being harmed by avoidable infection. The team will be tasked with monitoring hospital acquired infections, supporting antimicrobial stewardship, and sharing best practices in infection prevention and control with frontline staff.

Keith Howard
Infection Prevention and Control RN

LHH Quality Management Restructuring

Team Structures

Data Analysts

The Data Analysts team is responsible for supporting data needs within Quality Management and across disciplines. The team will also be tasked with monitoring the facility policies and procedures, ensuring they are in compliance with regulations, best practices in patient care, and supported by staff education.

Lena Yue
Lead Data Analyst

LHH Quality Management Restructuring

Team Structures

Patient Safety

The Patient Safety RN will focus on continually support LHH staff in reducing harm and preventable mortality for the residents. The goal is to move toward a harm-free environment by working with frontline staff and LHH leaders to identifying early warning signs for safety and on transparency.

LHH Quality Management Restructuring

Next Steps

- Onboarding eight new staff members
- Partnering with HR to fill remaining vacancies
  - Four 2320 Registered Nurse positions
  - One 2591 Health Program Coordinator II
- Creating a LHH QM SharePoint site accessible by all frontline staff
- Creating a quarterly communication to all LHH staff sharing updates and resources for trainings, tools, and survey preparedness
- Developing data dashboards
- Encouraging professional development and certification

Questions.

Comments.

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH