

LAGUNA HONDA HOSPITAL AND REHABILITATION CENTER

Facility Assessment Report (FY 2021-2022)

Purpose of Assessment:

The purpose of the assessment is to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. This assessment was developed to provide direction for the FY 22-23 year using data from FY 21-22 in addition to regulatory updates and to be compliant with §483.70(e).

Persons (names/ titles) involved in completing assessment:

Interim Chief Executive Officer: Roland Pickens, MHA, FACHE

Acting Chief Medical Officer: Claire Horton, MD*

Acting Chief Nursing Officer: Terry Dentoni, MSN, RN, CNL

Chief Quality Officer: Nawzaneen Talai, MPH, CPHQ

Other: Maria Antoc, MSN, BSN, RN Director, Nursing Operations

Other: Fiona Chin, Junior Administrative Analyst

Other: Elizabeth Schindler, MPH, Director of Performance Improvement

Date(s) of assessment or update: 9/1/22; 10/31/22; 2/27/23

Date(s) assessment reviewed with QAA/QAPI committee: 9/20/22

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**Wilmie Hathaway, DO was the appointment Chief Medical Director for FY21-22. She left the position during FY 22-23.*



1. Background

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda or LHH) is a general acute care hospital (licensed capacity, 780 beds) providing acute medical and rehabilitation services (capacity, 11 beds), and skilled nursing services (total SNF capacity, 769 beds). The following table shows a breakdown of bed capacity by neighborhood/unit.

Laguna Honda is California's first green-certified hospital, and the 62-acre campus is designed to offer choices for living, to encourage community involvement and to provide a therapeutic environment for its residents. Our mission is to provide a welcoming, therapeutic, and healing environment that promotes the individual's health and well-being. Our vision is building healthier lives as the leader in post-acute care.

Laguna Honda is part of the San Francisco Health Network (SFHN), the San Francisco Department of Public Health's (SFPDH) integrated delivery system of care. SFHN is San Francisco's first complete system of care with the goal of improving value of services provided to patients, staff and all San Franciscans.

<u>Unit</u>	<u>Care Focus</u>	<u>No. of Beds</u>
North 1	Integrative Support	60 SNF Beds
North 2	Memory Care	60 SNF Beds
North 3	Memory Care	60 SNF Beds
North 4	Language Focused (Spanish)	60 SNF Beds
North 5	Language Focused (Asian)	60 SNF Beds
North 6	Memory Care	60 SNF Beds
North Mezzanine	Memory Care (locked/secured)	60 SNF Beds
Pavilion Mezzanine - SNF	SNF & SNF Rehab	49 SNF Beds
Pavilion Mezzanine - Acute	Acute Medical, Acute Rehab, COVID-19 Admissions Observation	11 Acute Care Beds
South 2	Positive Care (HIV/AIDS)	60 SNF Beds
South 3	Palliative Care	60 SNF Beds
South 4	Complex Care with total support	60 SNF Beds
South 5	Complex Care with total support; Specialized COVID-19 Unit	60 SNF Beds
South 6	Complex Care with total support	60 SNF Beds

2. Average Daily Census (07/01/21 - 06/30/22)

SNF Average Daily Census: 692.51

Acute Average Daily Census: 3.06

Total Average Daily Census: 695.57 (93% occupancy rate)

There was a 1% decrease in the SNF and total average daily census from the previous fiscal year; there was a 9% decrease in Acute average daily census from the previous year of 3.36. The following table shows the average daily census by neighborhood/unit.



<u>Neighborhood</u>	<u>Average Daily Census</u>	<u>Average Beds Held</u>	<u>Average Length of Stay (LOS) Discharge</u>	<u>Average LOS Discharge to Community</u>
North 1	56.45	0.99	661.51	-
North 2	56.38	0.43	873.52	-
North 3	55.48	0.76	916.09	-
North 4	56.82	0.76	727.47	-
North 5	56.63	0.50	532.00	1,009.00
North 6	57.44	0.52	853.12	-
North Mezzanine	46.81	0.34	1,937.58	-
PM Acute Medical	2.39	0.02	6.18	-
PM Acute Rehab	0.66	0.01	17.43	-
PM SNF	43.16	0.95	217.50	178.50
PM Shadow Acute	0.65	-	6.10	-
South 2	54.84	0.70	483.90	452.00
South 3	52.73	0.20	579.35	-
South 4	56.22	0.60	716.36	691.00
South 5	41.74	1.14	690.83	-
South 6	57.16	0.92	415.53	-

3. Admissions and Discharges

Laguna Honda complies with California and federal laws pertaining to nondiscrimination. Residents are welcome to LHH regardless of race, color, creed, religion, national origin, ancestry, gender, sexual orientation, disability, HIV status or related condition, marital status, political affiliation, or age if over 16 years old. Applicants to LHH are screened for medical necessity and level of care prior to any admission processing.

Laguna Honda is an integral part of the San Francisco Health Network's (SFHN) continuum of care to a safety-net population and every one of our residents has an active discharge plan. With support and advice from their care team, residents may choose to move to board and care homes, assisted living facilities, or accessible apartments that have support services on-site or provided by community-based organizations in collaboration with the City. And for some, the City's medical respite and shelter programs are available as discharge disposition options for LHH residents.

There was an overall 4% decrease in admissions and 26% increase in discharges from the previous fiscal year. From May 14 to June 30 the facility had 35 discharges and transfers related to the required facility closure, transfer, and relocation plan. The following table shows the number of first-time admissions and discharges for FY 21-22.

	# of patients/residents
First-time admissions	158
Discharges*	206

(* Discharges include deaths, discharges to the community, and transfers to acute, and/or other facilities)



4. Resident Profile

Principal hospital problem for fiscal year 2021-2022 describes the underlying cause behind a patient's initial hospital admission and is assigned by a physician.

Laguna Honda Hospital Top 10 Principal Hospital Problem FY 21-22
Dementia without behavioral disturbance
Dementia with behavioral disturbance
CVA (cerebral vascular accident)
Dementia
Multifactorial dementia
TBI (traumatic brain injury)
Aspiration pneumonia
Human immunodeficiency virus (HIV) disease
Quadriplegia
Multiple sclerosis

Laguna Honda has policies and procedures on certain medical conditions that we are unable to care for at LHH (e.g., patients on ventilators, patients requiring very frequent suctioning, unstable cardiac conditions, etc.). We look at each referral for admission in the admission screening committee to see if we have the expertise and ability to meet the needs of the person being referred. The screening committee consists of physicians, clinical nurse specialists, and infection control nurses/physicians. If it is a person with a new diagnosis to us, we evaluate if the medical staff is qualified to care for that person/diagnosis. In addition, our staff can also request additional training from specialists to ensure that appropriate care is provided. If the person is already a resident at LHH and develops a new diagnosis that is less familiar to us, we have a full range of subspecialty physicians in our outpatient clinic who can partner with us in the care of that resident.

Effective October 1, 2019, there was a transition from the SNF Prospective Payment System to the Patient-Driven Payment Model (PDPM). PDPM replaces the current RUG-IV system with a completely new way of calculating reimbursement. Under PDPM, therapy minutes are removed as the basis for payment in favor of resident classifications and anticipated resource needs during a patient's stay. PDPM assigns every resident a case-mix classification that drives the daily reimbursement rate for that individual.



Special Treatments and Conditions (data reflects snapshot for 04/01/21 – 06/30/21)

	Special Treatments	No. of Unique Residents <u>04/01/21 – 06/30/21</u>	No. of Unique Residents <u>04/01/22 – 06/30/22</u>	Percent Change
Cancer Treatments	Chemotherapy	13	7	-46%
	Radiation	3	0	-100%
Respiratory Treatments	Oxygen therapy	97	92	-5%
	Suctioning	9	13	44%
	Tracheostomy Care	8	11	38%
	Ventilator or Respirator	N/A	N/A	N/A
	BIPAP/CPAP	6	5	-17%
Substance Use Disorders	Substance Use Disorders	100	94	-6%
Other	IV Medications	84	98	17%
	Injections	191	206	8%
	Transfusions	7	4	-43%
	Dialysis	16	16	0%
	Ostomy Care	18	23	28%
	Hospice Care	N/A	N/A	N/A
	Respite Care	0	0	0%
	Isolation or Quarantine for Active Infectious Disease	10	28	180%

Assistance with Activities of Daily Living (ADL) (data reflects snapshot for 04/01/21 – 06/30/21)

Assistance with ADL	Independent			Extensive & Limited			Dependent		
	No. of Unique Residents 04/01/21 – 06/30/21	No. of Unique Residents 04/01/22 – 06/30/22	Percent Change	No. of Unique Residents 04/01/21 – 06/30/21	No. of Unique Residents 04/01/22 – 06/30/22	Percent Change	No. of Unique Residents 04/01/21 – 06/30/21	No. of Unique Residents 04/01/22 – 06/30/22	Percent Change
Dressing	50	74	48%	618	560	-9%	120	116	-3%
Bathing	61	77	26%	351	327	-7%	379	342	-10%
Transfer	57	77	35%	290	213	-27%	231	194	-16%
Eating	134	168	25%	181	151	-17%	154	148	-4%
Toileting	59	78	32%	508	440	-13%	188	197	5%
Bed Mobility	82	102	24%	535	478	-11%	113	113	0%



5. Resident Support/Care Needs

General Care	Specific Care or Practices
Activities of daily living	Bathing, showers, oral/denture care, dressing, eating, support with needs related to hearing/vision/sensory impairment; toilet use; transfer/ambulation; bed mobility; supporting resident independence in doing as much of these activities by himself/herself; passive and active range of motion, ambulation/locomotion, personal hygiene (combing hair, shaving, applying make-up)
Restorative Nursing	Range of Motion: <ul style="list-style-type: none">▪ Active Range of Motion (Active ROM or Passive Range of Motion (PROM))▪ Splint or Brace assistance▪ Amputation or Prosthesis Care▪ Activities of Daily Living (ADL) Training (bed mobility, transfer, walking, dressing/grooming, eating/swallowing, schedule toileting program or bladder retraining program)▪ Communication▪ Other activities used to improve or maintain resident's self- performance in functioning (i.e. teaching self-care for diabetic management, self-administration of meds, etc.)
Bowel/bladder	<ul style="list-style-type: none">▪ Bowel/bladder toileting programs, incontinence prevention and care, intermittent or indwelling or other urinary catheter, ostomy, responding to requests for assistance to the bathroom/toilet promptly in order to maintain continence and promote resident dignity▪ Ostomy management
Respiratory Care	<ul style="list-style-type: none">▪ Oral/Nasopharyngeal suctioning/tracheobronchial suctioning▪ Tracheostomy care▪ Oxygen administration▪ CPAP (continuous positive airway pressure) management▪ Incentive spirometry
Medication/Intravascular Therapy	<ul style="list-style-type: none">▪ Medication administration▪ Anticoagulation therapy▪ Aerosol /nebulizer medications▪ IV therapy▪ Central Venous Access Device (CVAD) management▪ Peripherally Inserted Central Catheter (PICC) management▪ Blood products administration (blood transfusion)
Rehabilitation Services	The Rehabilitation Department provides a progressive, dynamic, and goal-oriented skilled rehabilitation services, aimed at enabling a person with impairment(s) to reach their optimal physical, cognitive, emotional, communicative, social, and/or functional level. The LHH Rehabilitation staff consists of Physical Therapists, Physical Therapist Assistants, Occupational Therapists, Physiatrists, Speech-Language Pathologists, and Audiologists.



Palliative Care	Palliative Care (S3) is a neighborhood providing comfort-based care for the needs of people with serious or long-term illnesses. Pain management is a priority as well as care of the entire family. S3 has a Palliative Care Friends and Family Suite available for families or friends to sleep overnight when necessary or desired.
Positive Care	Positive Care (S2) is a neighborhood providing in-patient post-acute skilled nursing (SNF) services to residents diagnosed with HIV/AIDS. S2 is the only in-patient SNF unit on the west coast dedicated to HIV/AIDS care. Community re-integration is an important goal on the unit.
Dementia Care	<ul style="list-style-type: none">▪ Memory care modality treatment▪ Laguna Premier Club (LPC): Program provides small, therapeutic, nurse-driven groups, including unit visits that are resident centered and structured to meet our residents' neurobehavioral needs. LPC utilizes evidenced based approach and key principles of a trauma-informed system (TIS) and interventions to address trauma's consequences and facilitate healing and well-being. Program has been on pause due to covid-19.▪ Cognitive/memory care enrichment activities
Psychiatry Services	<p>LHH Psychiatry provides outpatient level behavioral health services to residents with comorbid mental health, substance use and other behavioral conditions that interfere with their care and recovery and require specialized treatment in addition to SNF services. Clinical conditions treated by LHH Psychiatry providers include but are not limited to: mental illness (including anxiety, depression, trauma/PTSD, other psychiatric diagnoses, with functional impairment ranging from mild to severe), substance use disorders, difficulties adjusting to major health changes, behavioral issues interfering with their care. For more details of LHH Psychiatry Scope of Service and medical necessity for services, see policy MSPP D08-02.</p> <p>Residents with potential service needs for specialized behavioral health treatment are referred by their primary physician to LHH Psychiatry through the E-Consult system after the physician assessment. The referrals are then triaged and screened by LHH Psychiatry for the following specialty behavioral health services (see policies listed after each for details):</p> <ul style="list-style-type: none">▪ Psychiatric Medication Management (MSPP D01-05)▪ Mental Health Services (MSPP D08-09)▪ Neuropsychological and Psychological Services (MSPP D08-08)▪ Substance Treatment and Recovery Services (MSPP D08-07)▪ Behavioral Management (MSPP D08-10) <p>LHH Psychiatry is a multidisciplinary behavioral health service team under LHH Medical Services. Our providers include psychiatrists, psychologists, behavioral health clinicians and counselors. All staff are credentialed through San Francisco Behavioral Health Services and through LHH as Medicare and</p>



	<p>MediCal providers. Psychiatrists and psychologists are also credentialed through LHH Medical Staff Service. We provide both consultations and ongoing follow up services for the residents and collaborate with the resident care teams. We provide individual as well as group therapy.</p> <p>A subset of LHH residents have cooccurring substance use disorders; many are not willing/able/ready to accept treatment services right away. We provide both non-specialty level outreach (embedded in our clinical encounters) and specialty substance treatment services (individual and group counseling), with a welcoming, harm reduction approach to meet the resident where they are at, helping them to meet their recovery goals. The nursing staff and other members of the Resident Care Team (RCT) are provided training to support caring for residents with these conditions. And work in partnership with the Behavioral Health Services team as members of the RCT.</p> <p>LHH Psychiatry clinical services are provided either at bedside or in the designated area of LHH Outpatient Clinic. All clinical services currently are documented in AVATAR (behavioral health EHR) or Epic.</p> <p>In addition to direct clinical services, LHH Psychiatry also collaborates with other departments on projects related to behavioral health of the residents.</p>
Mobility and fall/fall with injury prevention	<ul style="list-style-type: none">▪ Transfers, ambulation, restorative nursing, contracture prevention/care▪ Promoting resident independence in doing as much of these activities by himself/herself▪ Assessment for, and provision of, mobility aids to promote safe functioning in ADLs/IADLs▪ Enhancement of sensory impairments for low vision and hearing loss
Skin Integrity	<p>Pressure injury prevention and care, skin care, wound care (surgical, other skin wounds)</p> <p>All residents admitted to LHH are screened by Licensed Nurses (LNs) for pressure injury/ulcer risk using the Braden Scale, which consists of six categories: sensory perception, moisture, activity, mobility, nutrition, and friction/shear. The total score can range from 6 to 23 with a lower score indicating a higher risk. Any resident with Braden score of ≤ 18 is considered at risk for pressure injury/ulcer and prevention strategies, including repositioning, use of pressure redistribution support surfaces, offloading devices, and skin protectant are implemented. Nutrition consult is initiated as clinically indicated. After initial assessment, residents' pressure ulcer risks are reevaluated quarterly, annually, and/or following a significant clinical change in condition. Resident Care Team (RCT) reviews plan of care and collaborates with the resident to work in alignment with his/her goals of care and revises interventions/goals as warranted.</p>



	<p>Residents admitted with and/or have surgical/complex wounds, including stage 4 pressure injury are referred to LHH Plastic Clinic. Wounds are assessed and documented at each dressing change as ordered by the Physician. Residents with non-healing wounds and not showing improvement within 14 days are reviewed promptly by RCT as well as residents with chronic stage 4 pressure injury are reviewed monthly. In addition, LHH utilizes latest evidenced based and advanced wound dressings to promote wound healing.</p> <p>All Licensed Nurses and Certified Nursing Assistants (CNAs) are provided pressure ulcer update annually and/or bedside teaching when needed. CNAs are trained to report immediate skin issues. CNS will provide education to LNs for special care treatments and follow physician orders for wound care.</p>
Medications	<p>LHH has on its premises a licensed pharmacy that is responsible for providing each resident with appropriate pharmaceutical services to meet the needs of the residents. In order to accomplish this, the pharmacy has adequate personnel, adequate space, equipment, and supplies. The pharmacy provides routine and timely pharmacy service seven (7) days per week and emergency pharmacy service 24 hours per day, seven days per week.</p> <p>LHH pharmacy provides pharmaceutical services that assure the accurate acquiring, receiving, dispensing, storage and administering of all drugs and biologicals to meet the needs of each resident. The pharmacy is responsible for rendering the required service in accordance with local, state, and federal laws and regulations, facility policies and procedures.</p> <p>Pharmaceutical services include monthly medication regimen reviews; the pharmacist incorporates federally mandated standards of care. This includes assessment/management of polypharmacy and addressing unnecessary drugs and a comprehensive assessment of psychotropic drugs.</p>
Pain Management	<p>Assessment of pain; pharmacologic and nonpharmacological pain management; pain clinic.</p>
Infection Prevention and Control	<p>Identification and containment of infections, prevention of infections, surveillance, validation and education to staff.</p> <p>Focuses:</p> <ul style="list-style-type: none">○ Hand Hygiene Compliance○ Isolation and Standard Precautions○ Clean/Disinfect Patient Care Equipment & Clean Patient Environments○ Pandemic Event (COVID-19 Preparation)○ Urinary Tract Infections and Catheter-associated Urinary Tract Infections (CAUTIs)○ Clostridioides difficile Infections (CDI)○ Antibiotic Stewardship



Management of Medical Conditions	<p>Assessment, early identification of problems/deterioration, management of medical and psychiatric symptoms and conditions such as heart failure; diabetes; chronic obstructive pulmonary disease (COPD); infections such as HIV, UTI, gastroenteritis, and pneumonia; hypothyroidism; chronic liver disease; chronic renal disease; hypertension; depression; cerebral vascular accident and TBI follow up care; and pressure injury.</p> <p>Patients with traumatic brain injury (TBI) who are admitted to the acute rehabilitation unit and pavilion Mezzanine SNF receive a comprehensive multidisciplinary evaluation of their post injury needs. LHH cognitive based TBI program emphasizes functional outcomes, behavioral management, and family education.</p>
Therapeutic/Recreational Activities	Music Therapy; Art Therapy; Animal Assisted Activities; Vocational Rehabilitation; Therapeutic farm and garden
Other Special Care Needs	Ostomy care; tracheostomy care; bariatric care; palliative care.
Nutrition	<p>Oral management of nutritional needs</p> <ul style="list-style-type: none">▪ Completes rounds at mealtimes/observes and monitors nutritional interventions▪ Enteral tube feeding management (NGT, GT, JT)▪ Parenteral Nutrition (TPN/PPN) <p>As a part of the interdisciplinary care team, Nutrition Services provides Medical Nutrition Therapy for individualized dietary requirements which includes assessment of nutritional status, recommendations for appropriate nutritional interventions and plan of care, and clinical documentation in the medical record. This includes meeting therapeutic dietary and cultural needs, making enteral and parental recommendations, monitoring adequacy and acceptance of menus, and developing daily meal plans to meet individualized personal preferences. This team provides nutritional counseling in anticipation of discharge; performs quality assurance checks for continuous improvement in the management of weight status, enteral nutrition and pressure injuries; provides oversight to Food Services for safe and sanitary handling and production of food, and monitors accuracy and portion control of tray service.</p>
Provide person-centered/directed care and psycho/social/spiritual support:	<ul style="list-style-type: none">▪ Build relationship with resident/get to know him/her; engage resident in conversation▪ Find out what resident's preferences and routines are; what makes a good day for the resident; what upsets him/her and incorporate this information into the care planning process; ensure staff caring for the resident have this information▪ Record and discuss treatment and care preferences▪ Support emotional and mental well-being; support helpful coping mechanisms▪ Support resident having familiar belongings



	<ul style="list-style-type: none">▪ Provide culturally competent care: learn about resident preferences and practices with regard to culture and religion; stay open to requests and preferences and work to support those as appropriate▪ Connect residents to community services for financial, legal and mental/substance use assistance▪ Arrange for transportation services to keep residents connected to the community▪ Provide or support access to religious preferences, use or encourage prayer as appropriate/desired by the resident▪ Provide opportunities for social activities/life enrichment (individual, small group, community)▪ Support community integration if resident desires▪ Prevent abuse and neglect▪ Identify hazards and risks for residents▪ Offer and assist resident and family caregivers (or other proxy as appropriate) to be involved in person-centered care planning and advance care planning▪ Provide family/representative support
COVID-19	<ul style="list-style-type: none">▪ South 5 is LHH's Specialized COVID-19 unit with a dedicated household to care for residents with confirmed COVID-19 infection.
Allegations of Abuse	<p>The resident's of LHH have the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart.</p> <p>LHH staff must be trained on their roles and responsibilities as a mandated reporter and identifying allegations of abuse. The facility QAPI program will monitor the number of incidents reported, the type of incidents reported, and the timeliness of reporting.</p> <p>Department managers/supervisors are expected to monitor staff performance through performance evaluations and competency checks were applicable.</p> <p>The following measures have been taken by the facility to ensure compliance with Phase 3 updates from CMS in the State Operations Manual:</p> <ul style="list-style-type: none">▪ Update policy (LHHPP 22-12 Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response) to reflect the new requirements of the facility's obligation to report a reasonable suspicion of a crime.▪ Re-educate staff on reporting requirements and timelines to be in line with CMS requirements.▪ Provide training for staff to assess the situation for appropriate reporting within the 2-hour and 24-hour windows to ensure LHH is addressing each instance within the requirements



6. Ethnic, Cultural, and or Religious Factors

The LHH Activity Therapy Department provides residents with specially tailored activities designed to provide satisfying opportunities for leisure and learning. The activity therapy environment at LHH is one in which residents can succeed, express themselves, and enhance their self-esteem. Our activity therapists are skilled at assisting all residents of all intellectual or physical abilities to reap the therapeutic benefits of leisure pursuits.

Activities programming takes advantage of the rich cultural amenities of San Francisco and the extraordinary range of local talent which includes: music, animal-assisted activities, horticulture, arts & crafts, sports, exercise, spiritual care, participation and discussion of current events, games, expressive arts, and special presentation like theatre and concerts. Activity Therapists, along with Social Workers, are also facilitating family visits on iPads to maintain connections.

Each activity is designed to recognize residents' individual and cultural uniqueness and promote their independence and integration.

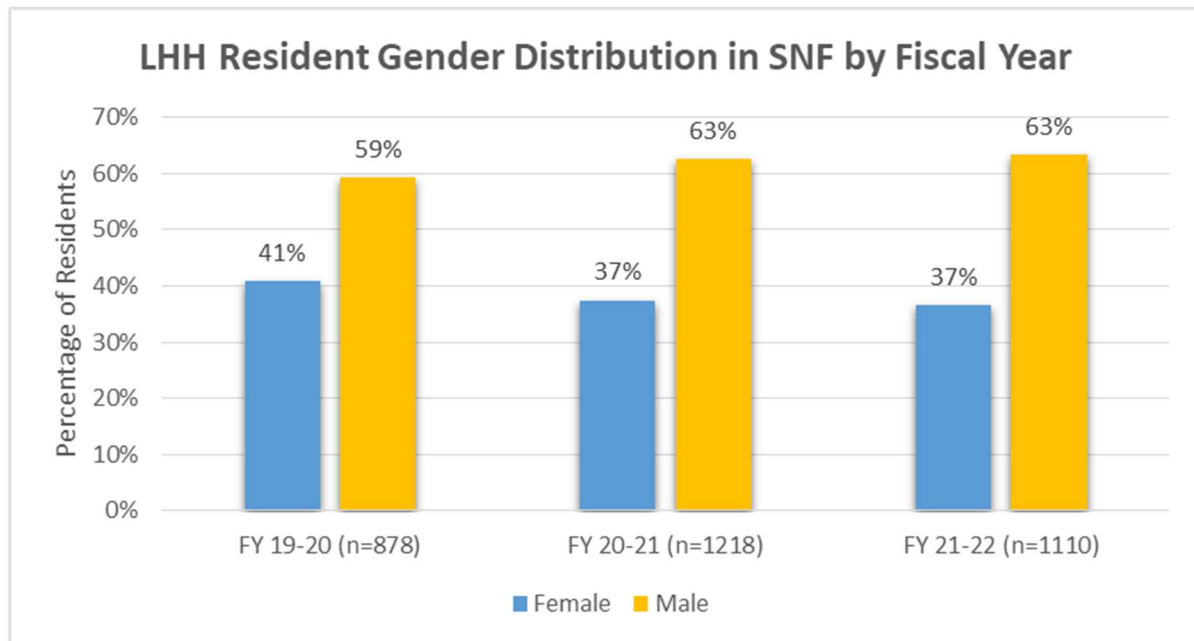
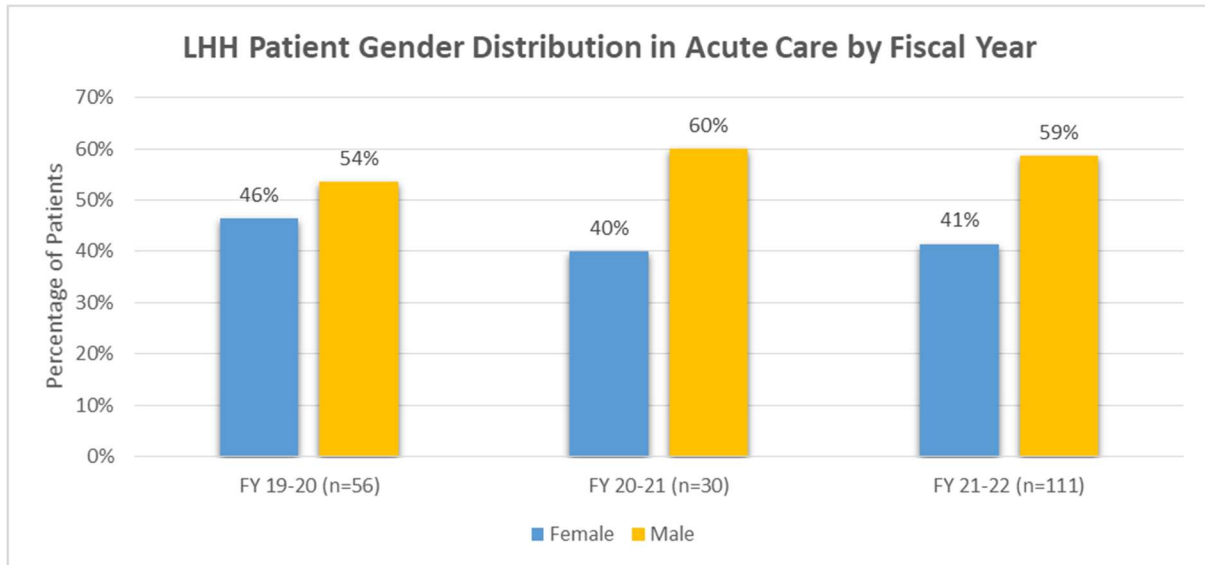
Activity therapists work closely with nurses, doctors, dieticians, social workers, and other members of the team of professionals who participate with each resident and his or her family to design an individualized care plan.

Activity therapists get to know each resident and to understand their likes and dislikes. Based on a comprehensive assessment, they design a program of activities that engage everyone intellectually, physically, and socially to enhance their health and life.

Hospital wide activity programming during Covid-19 has been restricted to animal socialization, spiritual services, and invitations to Art with Elders, which is incumbent on unit/hospital control level.

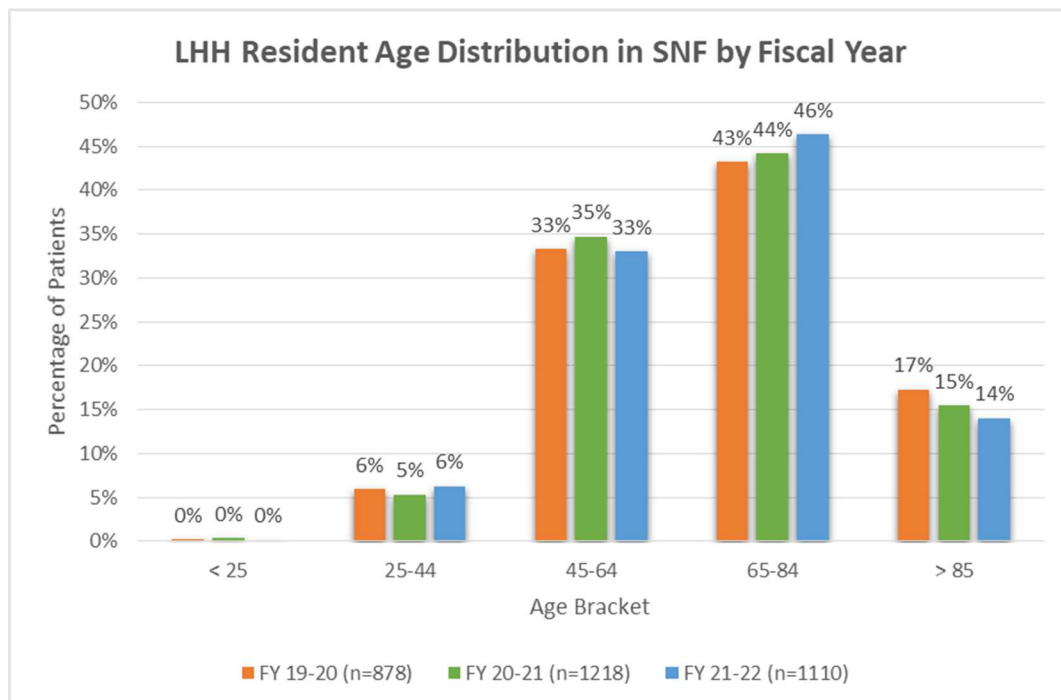
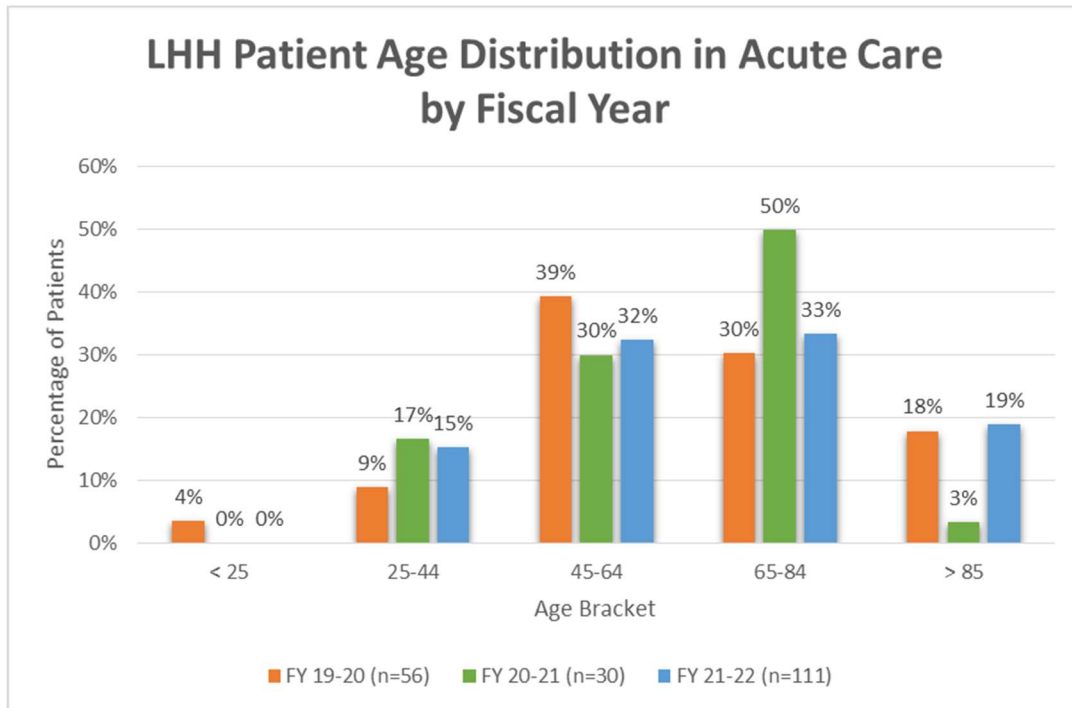


The below charts represent LHH's resident population by gender for the past three fiscal years.



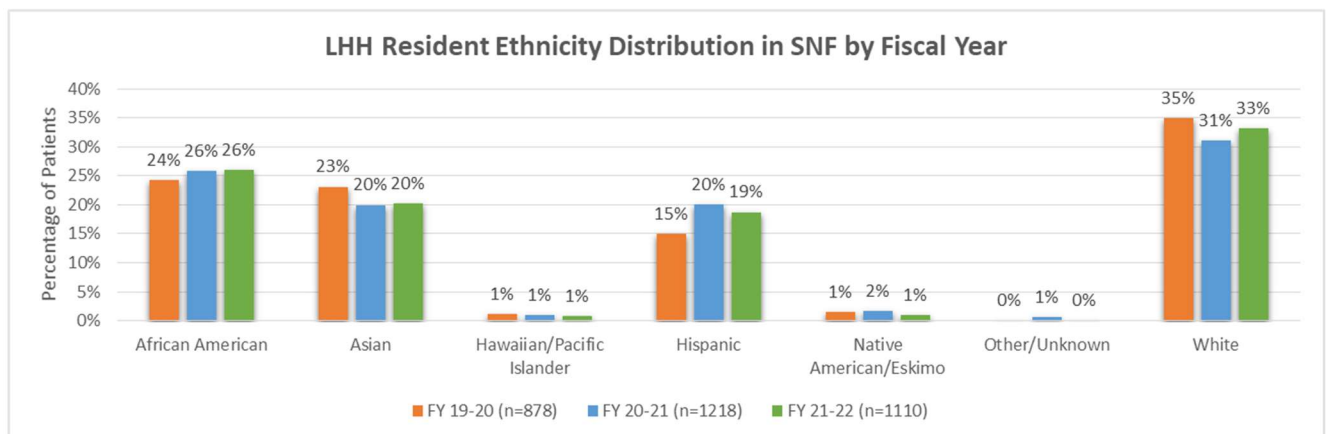
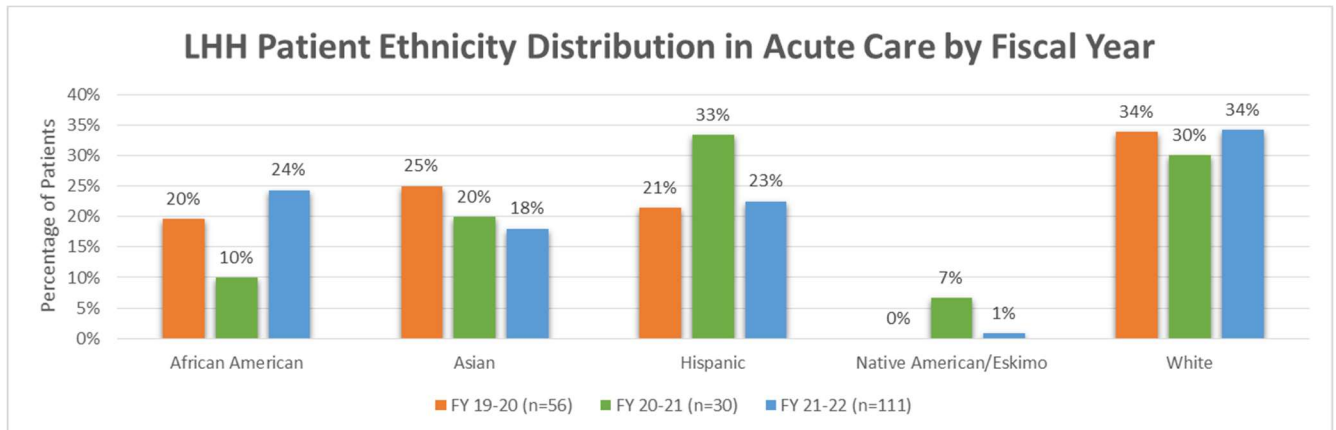


The below charts represent LHH's resident population by age for the past three fiscal years.





The below charts represent LHH's resident population by ethnicity for the past three fiscal years.



7. Resident and Family Satisfaction

Laguna Honda conducts a Resident and Family Satisfaction Survey every two years to gather feedback and identify areas of improvement concerning healthcare services provided. There was no resident satisfaction survey conducted in FY 21-22. The next survey date is tentative per the SFDPH contract with the external vendor. This will be targeted to occur upon completion of Medicare certification process given the initial Medicare decertification in April 2022 required a facility closure plan. The impact of the initial facility closure plan could introduce a bias in the results of a satisfaction survey.

8. LHH Staffing

For fiscal year 2021-2022, Laguna Honda staff was comprised of 1,466 total employees (1,211 full-time; 121 part-time; and 134 as-needed). The following table shows the detailed breakdown 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
Grand Total	1,211	121	134	1,466



For fiscal year 2021-2022, Laguna Honda staff was comprised of 124 certified bilingual, skilled staff in order to meet resident's ethnic and cultural needs. The following table shows the detailed breakdown by language.

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

Staffing Breakdown of Nursing Department

For fiscal year 2021-2022, LHH Nursing department staff was comprised of 774 total employees (671 full-time; 45 part-time; and 58 as-needed). There was a 12% decrease in full-time nursing and 74% decrease in as-needed staff from previous fiscal year 2020-2021. The following table shows the detailed breakdown by position.

LHH Nursing Staff as of 2022-07-07				
Class & Title	Full Time	Part Time	As Needed	Grand Total
1428 Unit Clerk	5	4	1	10
2302 Nursing Assistant	59	2	4	65
2303 Patient Care Assistant	309	15	20	344
2312 Licensed Vocational Nurse	91	5	8	104
2320 Registered Nurse	121	12	15	148
2322 Nurse Manager	20	0	1	21
2323 Clinical Nurse Specialist	4	1	0	5
2324 - Nursing Supervisor	14	0	0	14
2554 Therapy Aide	6	0	0	6
2583 Home Health Aide	37	1	4	42
P103 Special Nurse	19	5	5	29
Grand Total	685	45	58	788



Payroll-Based Journal (PBJ) Staffing Plan

The fiscal year 2021-2022 LHH staffing plan is shown in the following table. These numbers include evenings and weekends, and include full-time, part-time, and as-needed employees.

Position	Total Number	Comments
Licensed nurses providing direct care	281	Includes 2320, 2312, P103
Nurse aides	457	Includes 2302, 2303, 2554, 2583
Other nursing personnel (e.g., those with administrative duties)	50	Includes 2324, 2323, 2322, Clerks/Staffing Assistants
In addition to nursing staff, other staff needed for behavioral healthcare and services (list other staff positions/roles):	2242 - Sr Psychiatric Physician Specialist (3) 2574 - Clinical Psychologist (4) 2930 - Behavioral Health Clinician (1) 2588 - Health Worker IV (2) 2593 - Health Program Coordinator (1)	
Dietitian or other clinically qualified nutrition professional to serve as the director of Nutrition Services	13	
Food Service	125	
Physicians	99	
Respiratory Care Services	5	
Social Workers	18	
Activity Therapists	27	
Rehabilitation Services	32	

Nursing Department Staffing Plan

The fiscal year 2021-2022 LHH Nursing staffing plan is shown in the following table.

Staff	Plan
Licensed Nurses (LN): RN, LPN, LVN providing direct care	Nursing Management Chief Nursing Officer (CNO): 1 CNO RN full-time Day shift Nursing Directors: 7 full-time Nurse Managers: 20 (1 Nurse Manager for 13 neighborhoods; 1 Nurse Manager for Education Department; 2 Nurse Manager for Float, Quality Assurance/Risk Investigation; 4 Nurse Manager for Operations) Average staffing is as follows: 1 Licensed Nurse per 10 residents for Day shift 1 Licensed Nurse per 15 residents for PM shift



	<p>1 Licensed Nurse per 22 residents for AM (night) shift</p> <p>*Due to Covid-19 pandemic, these staffing changes were implemented: Designated Covid-19 Unit: 1 Licensed Nurse per 5 residents for Day shift 1 Licensed Nurse per 5 residents for PM shift 1 Licensed Nurse per 5 residents for AM (night) shift Designated Admitting Observation Unit (AOU): 1 CNA per 5 residents for Day shift 1 CNA per 5 residents for PM shift 1 CNA per 5 residents for AM (night) shift</p> <p>Breakdown of Licensed Nurse staffing per shift per neighborhood (neighborhood = 60 residents, w/ exception of PMS = 49 res): 3 RNs and 3 LVNs for Day shift 2 RNs and 2 LVNs for PM shift 1 RN and 2 LVNs for AM (night) shift</p>
Direct care staff	<p>Average staffing is as follows: 1 CNA per 6 residents for Day shift 1 CNA per 11 residents for PM shift 1 CNA per 15 residents for AM (night) *Additional CNA is provided for 1:1 or coaching needs based on clinical needs (e.g., fall risk, elopement risk).</p> <p>*Due to Covid-19 pandemic, these staffing changes were implemented: Designated Covid-19 Unit: 1 CNA per 5 residents for Day shift 1 CNA per 5 residents for PM shift 1 CNA per 5 residents for AM (night) shift Designated Admitting Observation Unit (AOU): 1 CNA per 5 residents for Day shift 1 CNA per 5 residents for PM shift 1 CNA per 5 residents for AM (night) shift</p> <p>Breakdown of CNA staffing per shift per neighborhood (neighborhood = 60 residents, except PMS, PMS = 49 residents): 10 CNAs for Day shift 5-6 CNAs for PM shift 4 CNAs for AM (night) shift</p> <p>LHH budgeted overall HPPD is 4.08 hours Note: comparative data for HPPD are available on Nursing Home Compare</p>



Individual Staff Assignments

LHH follows a staffing grid that has been created through a diligent review of residents' acuity to provide the most optimal care to our residents. LHH's nursing hours per patient day (HPPD) is above and beyond Federal and State requirements. The staffing is regularly reviewed by Nursing Management to ensure consistency of staffing assignment to promote safe quality care. During each shift, the Charge Nurse and/or Nursing Operations Supervisor reviews the staffing to determine the appropriate staff assignment for residents. Some additional factors/considerations for staffing include:

1. Resident Acuity – level of sickness; intensity of care (e.g., needing IV, suctioning, wound care, tracheostomy care); level and frequency of monitoring needed (i.e.: every 30 minutes vital signs, every hour blood sugar check, etc.); stability of the resident; and medications (i.e.: HIV clients have more medications so will need more LN's vs Nursing Assistants).
2. Shift Activity – the number of admissions and discharges for the shift.
3. Infection Control Issues – whether there are any outbreaks or quarantines on the neighborhoods.
4. Major Equipment or Process Roll Out – staffing to be adjusted during major roll out of equipment/device to ensure proper staff transition to new equipment or process (e.g., Epic Electronic Health Record (EHR) roll out).
5. Major Downtime or Disaster – increase staffing during system downtime or disaster to ensure resident safety.

9. Staff Training/Education and Competencies

The LHH Department of Education and Training provides orientation, training, and support to all new and existing employees and contractors through in-person classes, in-services, trainings, and online training modules via SF Learning ELM. Due to the COVID-19 pandemic and CDPH AFLs, majority of the training and learning were offered via ELM. Other trainings were offered live based on the appropriate modes of training delivery and skills learning.

The training topics for FY 2021-2022 listed below were new (*) trainings, required mandatory (**) trainings based on the Code of Regulations, Title 22, CDPH In-service and Training Program requirements, Plan of Corrections, P&Ps, FRIs, the COVID-19 pandemic, and identified trainings based of staff learning needs assessment.

Trainings from 07/01/2021 to 12/31/2021

1. **POC02_2021: Plan of Correction: Nursing Focused
2. *PleurX Drainage Catheter - Unit Based (North 6) LIVE
3. EPIC Message Board Review for SIGN-IN Activity / Unit Manager
4. *Sign In Activity in EPIC
5. **2021 Mandatory for All: Abuse Prevention II
6. **LHH_EPIC2021: EPIC Upgrade (Live July 21, 2021)
7. LHH_EPIC2021: June Epic Message Boards
8. **Introduction to Implicit Bias (Online Module)
9. LHHEPIC_2021: Inpatient & Reporting EPIC Upgrade



10. *Notification and Documentation of Change in Resident Condition
11. **2021 Mandatory for Nursing: Dementia II (Types of Dementia)
12. **2021 Mandatory for All: Interpersonal Relationship and Communication Skills
13. Cybersecurity Training for 21/22
14. Cybersecurity Training for Managers for 21/22
15. 2021 Code Blue Drills - LIVE
16. **2021 Mandatory for Nursing: Preservation of Dignity
17. Braden Scale and Pressure Ulcers - Unit Based LIVE
18. **2021 Mandatory for Nursing: Non-Medication Management of Dementia Concerns [Dementia Series Part 3 of 5]
19. Bystander Training
20. **2021 Mandatory for All: Cardiopulmonary Distress and Choking Prevention
21. *Core Interactive Ethics and Sunshine
22. LHHEPIC_2021 for All: July EPIC Message Boards
23. Ceiling Lift Refresher (Unit Based Training North Mezzanine)
24. **2021 Mandatory for Licensed Nurses: Code Blue Update - COVID19 Response
25. *Carevo Powered Shower Gurney and Carino Powered Shower Chair Training*
26. *Arjo Powered Equipment (Carion, Carevo, and Carmina Bariatric Chair)
27. **2021 Mandatory for All: Employee Health & Safety Updates + Bloodborne Pathogen Exposure Control
28. **2021 Mandatory for Nursing: Restraints Reduction
29. Blood Transfusion Training (Annual Acute)
30. Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI) Annual Acute
31. CADD Pump and Hazardous Drugs Acute Annual Inservice
32. Review of LHH Policy 01-15 Staff Use of Personal Recording Devices / Cell Phones
33. Review of Workplace Violence and Harassment
34. **2021 Mandatory for Nursing: Dementia 4 Pain Management
35. **2021 Mandatory for Licensed Nurses: Omnicell Review and Medication Quality Assurance
36. ** 2021 Mandatory for All: Prevention of Workplace Violence
37. **2021 Mandatory for All: Quality Assurance / Performance Improvement (QAPI)
38. **2021 Mandatory for All: Use of Cell Phones and Personal Devices on LHH Campus
39. MRSA Training Annual Acute
40. *RN New Graduate Training Program
41. LHHEPIC_2021 for All: August EPIC Message Boards
42. **2021 Mandatory for Licensed Nurses: Omnicell Review and Medication Quality Assurance
43. **2021 Mandatory for All: Use of Cell Phones and Personal Devices
44. *Virtual MDS 3.0 Intensive Day 1
45. *Virtual MDS 3.0 Intensive Day 2
46. *Virtual MDS 3.0 Intensive Day 3
47. **Turning and Repositioning Refresher Training - South 5, Unit Based
48. Preceptorship Training
49. **2021 Mandatory for All: Falls Prevention Update
50. **2021 Mandatory for All: Prevention of Workplace Violence
51. Hand Hygiene and Bed Stripping
52. EZ Lift Transfer Inservice



53. LHHEPIC_2021: Long Term Care & Reporting Epic Upgrade
54. **2021 Mandatory for All: COVID-19 Mitigation Survey Plan of Correction In-Service
55. **2021 Mandatory for All: Cultural Humility & Equity Update
56. **Fall 2021 Update: COVID-19 Basic Health and Safety Training
57. **2021 POC: Late Abuse Reporting (04/22/2021)
58. LHHEPIC_2021 for All: September EPIC Message Boards
59. 2021 MobileView 5.5 Upgrade
60. *2021 for Nursing: New Shower Equipment
61. **2021 Mandatory for All: Clinical/Safety Search
62. Sublingual Buprenorphine Administration - December 2021 Re-education
63. **2021 Mandatory for All: Employee Health and Safety Updates and Blood-borne Pathogen Exposure Control
64. Trauma Informed System
65. CPI Nonviolent Crisis Intervention Training
66. **Point of Care Testing Accucheck Certification and Recertification
67. 2021 Recertification for Licensed Nurses: Point of Care Test Training
68. ELM Introduction
69. 2021 Abuse Prevention Re-education
70. Staff Use of Personal Recording Devices/Cell Phones Re-education
71. 2021 Customer Service Re-education
72. 2021 Professionalism and Communication Skills Re-education
73. Review of Privacy and Confidentiality; COVID-19 Review Re-education
74. Falls Prevention and Post Fall Staff Actions at LHH Re-education
75. Omnicell Review Re-education
76. 2021 Code of Conduct Re-education
77. 2021 Mandated Reporter Responsibilities and Elements of Abuse (What is Reportable) Re-education
78. 2021 Resident Safety (Focus on Transfer) Re-education
79. Medication Pass Observation Re-education
80. Omnicell Review: Wasting Medications Re-education
81. Omnicell Competency Review Re-education
82. Medication Administration Re-Education
83. 2021 Abuse Prevention, Code of Conduct, Communication, Customer Service and Infection Control Re-education
84. Mandated Reporter Responsibilities and Elements of Abuse; Customer Service, Workplace Violence Re-education
85. Mandated Reporter Responsibilities and Elements of Abuse; Customer Service; Urinary Catheters Re-education
86. Timely Reporting of an Incident or Unusual Event Re-education
87. Focused Medication Administration Review Re-education
88. 2021 Medication Administration and Omnicell Re-education
89. 2021 EZ Lift Return Demonstration/Re-education Re-education



Trainings from 01/01/2022 to 06/30/2022

1. *Sizewise Bari Lift & Transfer
2. *M200 Bed/Chair Alarm
3. *Clinical Opiate Withdrawal Scale (C.O.W.S.)
4. **2022 Mandatory for All: Disaster preparedness Emergency Preparedness and Response Procedures
5. Grand Central Upgrade Training
6. **Annual Mandatory Inservice for Infection Prevention and Control (IPC)
7. **POC: Nursing: Fall Prevention and Post-Fall Management
8. *POC: Escorts and Fall/Accident Prevention
9. **Accu-Check Inform II Blood Glucose Meter Point-of-Care Training for Licensed Nurses
10. Long Term Care Epic Upgrade
11. Inpatient & Reporting Epic Upgrade
12. Rehab Epic Upgrade
13. **MDS Nursing Department Monthly Huddle - LHH POC for CDPH 2567 State of Deficiencies
14. **POC: Management of Urinary Catheters CA00738656, CA00745216
15. **POC: Review of Urinary Catheter Insertion
16. **N95 Respirator and Eye Protection Competency Evaluation
17. *New Safety Measures (effective 03/23/2022) and Staff Education (i.e. IJ, Clinical Search) Memo
18. *Insulin Pump
19. *LaryTube & HME
20. 2022 Review of Abuse Policy, Quality Patient Care - South 2, Unit Based Re-education
21. **2022 Maintaining Health Skin and Pressure Injury Management for CNAs, PCAs, HHAs
22. **2022 Mandatory for All: Residents' Rights
23. North 4 Mandatory Fire Prevention Training (Unit Based)
24. Code Blue Review and Drill
25. CPI Nonviolent Crisis Intervention Training 2nd Edition
26. *DPH-Bed Planning Feature Tour EPIC
27. DPH-Grand Central Upgrade EPIC
28. 2022 Code Blue Update 1: Review of Response During Pandemic
29. *Intelli-OX Trial In-Service
30. 2022 For All: January and February EPIC Message Boards
31. **2022 Mandatory for Licensed Nurses: Medication Administration Review
32. **2022 Mandatory for Licensed Nurses: Pressure Injury Review
33. *New Standard Visitor Log Memo
34. **Problems and Needs of the Aged, Chronically Ill Adult, Acutely Ill, and Persons with Disabilities: Stress, Loneliness, and Social Isolation During the Pandemic
35. **MEMO: New Safety Measures (effective 3/23/2022) and Staff Education (i.e. IJ, Clinical Search)
36. **2022 Dementia Series - Alzheimer's Disease
37. **POC: 2022 Mandatory Plan of Correction to F-600: Abuse Prevention
38. **POC: 2022 Mandatory for Medicine, Nursing, Pharmacy Plan of Correction to F-684 & F-755
39. **2022 Mandatory Plan of Correction Extended Survey 2nd Revisit
40. **POC: 2022 Mandatory for All: 3rd Revisit CMS Certification
41. **2022 Mandatory for Nursing: Change of Condition SBAR In-service
42. Safe Smoking Policy Updates



43. **2022 Mandatory for All: Accident Prevention and Safety Measures
44. 2022 for All: March EPIC Message Boards
45. *LHH PASRR FAQs
46. Epic Message Board: Clinical Safety Search SmartPhrase (Updated)
47. *Teach-Back Methodology Competency Validation
48. **Change of Condition In-Service
49. **Mandatory Neighborhood Licensed Nurses Locating Medications and Requests for Medications Not Available
50. **POC: Locating Medications and Requests for Meds Not Available
51. **2022 Body Systems for Nursing: Cardiovascular System
52. *2022 Mandatory for Licensed Nurses: Intranasal Narcan, Intranasal Midazolam; Individualized Care Plan Message Board
53. *Pain Documentation and Care Plan Documentation - Unit Based
54. **COVID-19 PPE Re-use/Re-don Inservices
55. Long Term Care Epic Upgrade
56. Rehab Epic Upgrade
57. **2022 Body Systems for CNAs, PCAs, and HHAs: Cardiovascular System
58. 2022 April and May EPIC Message Boards
59. South 5 Restorative Nursing & Pain Documentation with a Focus on Range of Motion (Unit Based)
60. **2022 Mandatory for Nursing: Preservation of Dignity
61. *BLS Online and Skills Training Support to PCAs
62. *HSAG Leader Teach-Back Training
63. **2022 Part 1 - DPH Annual Compliance and Privacy Training
64. **2022 - Part 2 - DPH Annual Compliance and Privacy Electronic Signature
65. **2022 Mandatory for All: Abuse Prevention 1
66. 2022 May EPIC Message Boards
67. *Seizure Panel Orders and Intranasal Midazolam (Versed)
68. Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI) Annual Acute
69. Annual Acute Education: Methicillin Resistant Staphylococcus Aureus
70. May 2022: Nursing Policies and Procedures Updates for Nursing
71. **2022 Mandatory for All: Cardiopulmonary Distress and Choking Prevention
72. Medical Services Review of Abuse and Neglect Prevention P&P
73. Annual Acute Blood Transfusion Education
74. Annual Acute Hazardous Drug & CADD Pump Education
75. Annual Acute MRSA Education
76. **2022 Mandatory for Nursing: Working with Residents at Risk for Sensory Deprivation and Impairment
77. Nursing Weekly Summary Documentation
78. Hospital-Wide Logging of Workstation Memo
79. **2022 Investigating the Bowel and Bladder: Preventing Urinary Tract Infections & Promoting Urinary Continence
80. *Gradual Dose Reduction Memo for Licensed Nurses and PCAs
81. **Point-of-Care Test Training for Licensed Nurses
82. **CMS Phase 3 Training for Contractors



83. 2022 Medication Pass Observation Re-education
84. 2022 Omnicell Review: Wasting Medication
85. 2022 Omnicell Competency Review
86. 2022 Medication Administration Re-education
87. 2022 Urinary Catheter Insertion Re-education
88. 2022 Mandated Reporter Responsibilities and Elements of Abuse Re-education
89. 2022 Professionalism and Communication Skills Re-education
90. 2022 Customer Service Re-education
91. 2022 Professionalism and Code of Conduct Re-education

10. Employee Satisfaction

For fiscal year 2021-2022, Laguna Honda did not conduct an Employee Satisfaction Survey. The San Francisco Department of Public Health will administer a department-wide survey to staff. The facility conducted a pulse survey focused on culture of safety in July 2021. Survey results were disseminated to department managers and the governing body.

11. Working with Medical Practitioners

Laguna Honda Medical Services recruits new physician hires from a variety of sources, including DPH, SFHN, local residency training programs and a continuous job posting on the DPH employment opportunities website. This ensures we can attract the largest possible number of highly qualified applicants. The applicants are reviewed and invited for an interview if qualified, and the best qualified candidates are offered a position. Physician candidates must hold an M.D. or D.O. degree and have completed residency at an accredited training program. They must hold an unrestricted license to practice medicine issued by the Medical Board of California or the Osteopathic Medical Board and be Board certified or eligible to take the board certification exam of a board recognized by the American Board of Medical Specialties or the American Osteopathic Association.

When our medical providers are hired, they have a proctor for the first few months to ensure they are aware of the standards of care expected. They also are responsible to read and understand all the policies and procedures of the medical staff. We have a daily sign out in the morning and in the evening for medical staff to discuss what clinical problems have occurred and what is the appropriate follow up. We also have monthly medical staff meetings to discuss updates and any new policies and procedures. In addition to this, we have a meeting for the primary care physician at least quarterly to discuss similar issues. We also have educational conferences throughout the year on topics that are relevant.

12. Infection Control

Laguna Honda Hospital and Rehabilitation has established a facility wide Infection Control Program, implemented through the Infection Control Function of the overall Quality Management program. The IPC program complies with regulations and recommendations from the Centers for Medicare and



Medicaid Services (CMS), the Centers for Disease Control and Prevention (CDC), American Hospital Association (AHA), Association of Professionals in Infection Control (APIC), and mandates of the Occupational Safety and Health Administration (OSHA), California Department of Public Health (CDPH), Environmental Protection Agency (EPA), and the San Francisco Department of Public Health (SFPDH.)

The annual scope of services document outlines departmental and individual responsibilities in implementing and enforcing proper infection prevention practices to prevent the transmission of infectious microorganisms to patients, visitors, staff and our community. The FY 22-23 Annual Scope of Services document is attachment 1A.

The FY 21-22 Annual Infection Control Report evaluates the previous year's performance and is attachment 1B.

The FY 22-23 Annual Risk Assessment utilizes the plan evaluation and upcoming state, federal and local requirements to assess unique geographic, demographic, internal, external, and regulatory needs, and identified risks to the organization. This report is enclosed as attachment 1B. The FY 22-23 Annual Risk Assessment is attachment 1C.

The FY Annual Infection Control Plan summarizes the identified priorities for the organization and outlines the steps that the organization will take to improve the care provided to residents, staff, and the community served. The plan is a working document and is assessed on an ongoing basis by the infection control team and at a minimum of quarterly by the Infection Control Committee. The FY 22-23 Annual Infection Control Plan for the organization is attachment 1D.

13. Health Information Technology

Laguna Honda manages facility and patient data through a variety of software systems listed in the following table. <u>Software System</u>	<u>Department(s) Requiring Resource</u>
ADL System (discontinued 8/3/19 except trust accounting)	Accounting, Nursing, Clinical Nutrition, Activity Therapy, Rehab, Social Services, Quality Management (QM), Trust Accounting transitioned to Epic 10/1/2021.
QS/1 (Discontinued 5/24/2021)	Pharmacy
Avatar (limited use)	Behavioral Health
UO System	QM
Clintegrity	HIS
CBORD	Clinical Nutrition, Nutrition Services
Epic (Implemented 8/3/19)	Accounting, Activity Therapy, Administration, Admission and Eligibility, Behavioral Health, Billing, Clinics, Finance, Health Information Services, Laboratory, Nursing, Nutrition, Medicine,



	Pharmacy, Quality Management, Radiology, Rehab, Respiratory Services, Social Services, Utilization Management
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14. Physical Environment and Building/Plant Needs

LHH Facility Services, Central Processing Department, and Environmental Services operate in tandem to ensure a safe and working facility for both residents and employees. The following table outlines the resources and processes in place for FY 21-22.

Physical Resource Category	Resources	If applicable – process to ensure adequate supply, appropriate maintenance, and/or replacement
Buildings and/or other structures	<ul style="list-style-type: none"> Hospital buildings (South Residence, North Residence, Pavilion Mezzanine) – Inpatient care Administration Building (Administrative, Finance and Operations Services) Animal Farm Emergency Generator building Connector buildings: Knuckle Building, South loading dock 	
Vehicles	<ul style="list-style-type: none"> Buses (4) Sedans (4) Shuttles (3) Trucks (7) Vans (7) Utility (7) <ul style="list-style-type: none"> 5 grounds; 2 forklift in CPD 	
Physical equipment	<p>LHH implements a preventive maintenance plan to provide an acceptable level of equipment safety and quality for residents, staff, and visitors. Please refer to enclosed “Preventive Maintenance Plan Policy.”</p> <p>Examples of equipment included are: bath benches, shower chairs, bathroom safety bars, bathing tubs, sinks for residents and for staff, scales, bed scales, ventilators, wheelchairs and associated positioning devices, bariatric beds,</p>	<p>Central Processing Department (CPD) maintains an inventory system called “min/max.” Based on traditional usage, CPD establishes a minimum level on when to order and the quantity ordered is to the maximum level. The min/max levels are established to incorporate proper delivery lead times to avoid stock outages.</p> <p>Lift slings in various sizes, shower chairs, oxygen tubing, and positioning wedges.</p> <p>Oxygen tanks – CPD maintains portable tanks in a bulk area on the</p>



	bariatric wheelchairs, lifts, lift slings, bed frames, mattresses, room and common space furniture, exercise equipment, therapy tables/equipment, walkers, canes, nightlights, steam table, oxygen tanks and tubing.	North loading dock and replenishes the individual Nursing units with replacement tanks daily.
Services	Waste management, hazardous waste management, telephone, HVAC, dental, barber/beauty, pharmacy, laboratory, radiology, occupational, physical, respiratory, and speech therapy, gift shop, religious, exercise, recreational music, art therapy, café/snack bar/bistro	
Other physical plant needs	Sliding doors, ADA compliant entry/exit ways, nourishment accessibility, nurse call system, emergency power, fire-life safety systems	
Medical supplies (if applicable)	Blood pressure monitors, compression garments, gloves, gowns, hand sanitizer, gait belts, infection control products, heel and elbow suspension products, suction equipment, thermometers, urinary catheter supplies, oxygen, oxygen saturation machine, Bi-PAP, bladder scanner	<ul style="list-style-type: none">• Various misc. medical supplies are maintained by CPD staff on each Nursing unit and are replenished three times per week. In the event the Nursing unit requires additional supplies or supplies not stocked on their unit, they would request the item from CPD and CPD will deliver within 2 hours.• Equipment includes: IV pumps, O2 concentrators, suction machines, blood pressure machines, bladder scanners, SCD compression pumps, hypothermia machine, nebulizer machine, wound vacs, Zoll AED.• Equipment is managed by providing an annual Preventative Maintenance (PM) check and a semi-annual PM check for High Risk equipment such as defibrillators.• All inventory in CPD is counted for on-hand accuracy by utilizing



		the ABC theory on item frequency of issue. A = Top 20% counted weekly B = Next 20% counted twice a month C = Slow moving item 60% is counted once a month.
Non-medical supplies (if applicable)	Soaps, body cleansing products, incontinence supplies, waste baskets, bed and bath linens, individual communication devices, computers	Soaps, body cleansing products, and incontinence supplies are maintained on the Nursing units by CPD staff and in CPD for backup inventory.

15. Facility-Based and Community-Based Risk Assessment

LHH's Emergency Management Program is based on an all-hazards approach such that we prepare for continuity of operations in the event of any type of emergency that leads to a loss of or shortage of resources normally required to provide our essential services. Our Continuity of Operations Plan prioritizes these essential services and the resources required to provide them. In addition, our annual Hazards and Vulnerability Assessment prioritizes the types of emergency events that pose the greatest risk to our facility, with earthquake, communications failure, information systems failure, and infectious disease epidemic consistently in our top five risks. Therefore, these are the areas around which we focus most of our emergency planning. **Please review enclosed "Continuity of Operations Plan" (COOP). The "2022 LHH Hazard and Vulnerability Assessment (HVA) Tool" is enclosed.**

LHH holds monthly meetings with the DPH Security Director; there is an annual security risk assessment and an approved security management plan for each fiscal year.

16. Policies and Procedures for Provision of Care

Policies and procedures (P&P) are reviewed annually and updated as processes are revised for performance improvement; new P&Ps are developed as new processes are implemented to meet new regulatory requirements or for performance improvement. **Please refer to enclosed "Approval and Format of Hospital-wide and Departmental Policies and Procedures."**

17. Contracts and Vendors

Laguna Honda has assigned contract managers for each third-party vendor. It is the contract manager's responsibility to make sure they are communicating with vendors to ensure that their service/products are meeting standards and expectations. Contract managers are required to submit a contract monitoring report each calendar year to rate the performance of the vendors. If performance requires improvement, the managers must develop a Performance Improvement Plan with vendors to improve performance. **The list of "Third Party Agreements" and "CY 2022 Contract Monitoring Report" are enclosed.**

18. Preparing for CMS Phase 3 Requirements



CMS has released new and updated Phase 3 requirements to which LHH is expected to be in compliance with as of October 24, 2022. The areas impacted are as follows:

- a. **Visitation** – Guidance has been updated to provide a variety of options for visitation during a disease outbreak. In an effort to support the emotional wellbeing of the residents at LHH and in support of their quality of life, visitation is permitted throughout the facility with adherence to appropriate PPE protocols. In accordance to CMS guidelines, vaccination and testing are no longer monitored for visitors. The facility has a greater than 90% compliance rate for residents and staff for COVID-19 immunization requirements.
- b. **Freedom from Abuse, Neglect and Exploitation** – The facility has updated its policy (LHHPP 22-12 Abuse and Neglect Prevention, Identification, Investigation, Protection, Reporting and Response) to reflect the new requirements of the facility’s obligation to report a reasonable suspicion of a crime. Additionally, LHH will re-educate staff on reporting requirements and timelines to be in line with CMS requirements. The facility will provide training for staff to assess the situation for appropriate reporting within the 2-hour and 24-hour windows to ensure LHH is addressing each instance within the requirements.
- c. **Restraints** – Nursing and Medicine have come together to address the appropriate documentation of assessments and orders of devices which may be constituted as a restraint. The facility has updated its policy (LHHPP 22-07 Physical Restraints) to reflect the changes for bedrail use. In particular the notation that although potentially helpful in limited circumstances, bed rails can act as a physical restraint that prevents residents from independently getting out of bed or result in harm to residents when a part of a resident’s body becomes stuck in the bed rail.
- d. **Transfer and Discharge** – The Department of Care Coordination has begun implementing the following workflows:

 - i. A Notice of Medicare Non-Coverage (NOMNC) to be given to all Medicare beneficiaries at least two days prior to the end of a Medicare Part A covered stay or when all Part B therapies are ending.
 - ii. A Skilled Nursing Facility Advanced Beneficiary Notice of Non-Coverage to be given to a Medicare beneficiary who intends to continue services, but LHH believes the services may not be covered under Medicare.

Additionally, the Department of Care Coordination has implemented new workflows to ensure residents received appropriate and timely notifications of transfer, discharge, and or bed holds.
- e. **Assessments** – The Department of Care Coordination is collaborating with the MDS team and Nursing staff to ensure the facility is instituting accurate resident assessments, comprehensive care plans, and culturally competent care.



- f. **Trauma Informed Care** – a new facility policy and education have been developed to reflect the requirements to provide residents with person-centered care that encompasses respect and dignity. Resident Care Teams will identify residents with a history of trauma and develop care plans that are person-centered and conscious of potential triggers for residents.
- g. **Staffing** – LHH has developed a new standard work and tool requiring all units to post information on staffing daily. The unit postings will reflect staff assignments and be unique to each unit. Additionally, there will continue to be posting of total number of actual hours worked for licensed and unlicensed nursing staff, along with resident census.
- h. **Behavioral Health Services** – The LHH Behavioral Health Services team has developed a training on Substance Use Disorder and Behavioral Health Services to provide staff with the knowledge of signs and symptoms of the disorder. Additionally, all facility policies have been updated in accordance with the following CMS requirements:
- i. Identifying residents with substance use disorder.
 - ii. Developing care plans that reflect treatment and intervention with residents who have substance use disorder.

19. Assessment Findings

This fiscal year 2021-2022 Facility Assessment is a review for the hospital under CMS Phase 2 requirements. Based on the report, these are areas that the facility assessment identified for improvement opportunities.

Areas Facility Assessment Informed	Action to Be Taken/Already Taken This Year
Nursing Staffing	<p>FY 21-22</p> <ul style="list-style-type: none"> • <i>Just in Time</i> bidding was implemented. This led to immediate replacement of vacant positions, thereby promoting consistent assignments in neighborhoods; • Enhanced weekly Nursing/HR recruitment meetings by including Finance department for timely discussion of approval of vacant positions; report on hiring process for vacant positions; • Designated a specific Covid-19 unit with sufficient staffing ratio (1:5 nurse to resident ratio); implemented specific staffing ratio of 1:5 nurse to resident); • Hired 2 Float Nurse Managers to support leadership with unit coverage, provide regulatory and quality assurance assistance and help with oversight of staff during off hours in PM and AM shifts; • Behavioral Response Team (BRT) program was launched to help support neighborhood teams in providing high-quality care to residents, BRT hired 1 FT RN;



	<ul style="list-style-type: none">• Float Nurse Manager was hired to cover Day shift and AM shift for leadership and staff support and oversight;• Resume hiring responsibilities from DHR for better control and improve efficiency of on-boarding of frontline staff (RNs, LVNs, PCAs);• New Grad RN program was implemented and facility was able to hire eight (8) “new grad” RNs to fill in our vacant positions, along with this program is the enhancement of LHH Preceptorship Program. The New Grad RN program is an intensive 10 week-duration design to provide new RNs comprehensive learning and education experience to promote a successful nursing career in LHH. <p>FY 22- 23 Plans</p> <ul style="list-style-type: none">• Nursing Leadership will undergo reorganization to support the organization’s goal and vision, support both residents and staff in the neighborhood.• BRT will be hiring additional 2 RNs and 3 LPT;• Staffing ratio in Covid- 19 unit will be reassessed (plan to increase ratio to 1:7) as we have more covid support in terms of vaccination and treatments.
Infection Prevention/Control	<p>In FY 21-22, LHH infection control continued supporting COVID-19 pandemic response, facility wide education related to COVID-19, unit based audits (PPE compliance, hand hygiene, environmental cleaning & disinfection) and maintained COVID19 facility mitigation plan and support documents.</p> <p>For FY 22-23, LHH infection control continues COVID-19 pandemic operations and response as the pandemic transitions into its third & fourth year. Continuing IC related efforts outside of pandemic work includes targeted surveillance, environmental cleanliness, increase vaccine uptake by residents & staff, and device associated infection reductions.</p>
Behavioral Healthcare	<p>In FY 21-22 a new report was created in Epic to identify residents who are coded for Refusal of Care, a subcategory of Behavior Affecting Others. Names of residents who triggered only for the subcategory of rejection of care in subsequent past months were identified.</p> <p>For FY 22-23, countermeasures for areas of improvement include targeting the new care plan optimization date in Epic, educating Nursing and MDS on the availability of individualized care plans in Epic, designing curriculum and educating licensed staff on details coding Rejection of Care via ELM, developing an EPIC report to track LHH inpatient assessment of residents who triggered for Rejection of Care in BAO, encouraging MDS coordinators to be the gate keepers of the information provided, and continuing to track progress at and ensure numbers are accurately reflecting the work we do at LHH.</p>



Training, Competencies	<p>In Fiscal Year 2021-2022, Laguna Honda Hospital and Rehabilitation Center (LHH) Care Experience and Training/Department of Education and Training (DET) provided new employee orientation (NEO) to all DPH LHH staff and registry, agency, and contractor staff and nursing orientation (NO) bimonthly based on set schedule by San Francisco Department of Human Resources (SFDHR). Additionally, asynchronous onboarding and orientation of staff conducted when needed due to hospital's operational needs. DET worked with interdisciplinary team across Department of Public Health (DPH) to identify and address onboarding issues and collaborated in streamlining the process. DET also coordinated with other DPH departments to provide system technology access and online training for registry, agency, and contractor staff. In collaboration with the Clinical Nurse Specialists, DET created the RN New Graduate Training Program curriculum and pioneered three cohorts of seven new graduate RNs for the training with a 100% successful completion.</p> <p>Per approval from California Department of Public Health (CDPH) Training Program Review Unit (TPRU) due to the ongoing COVID-19 pandemic and CDPH All Facilities Letters (AFLs), DET continued implementing the CDPH AFL waivers by conducting trainings, in-services, continuing education (CE), and portion of required orientation trainings online and using hybrid models. LHH continued using online learning management system (SF Learning ELM) to conduct online trainings for all staff including nursing assistants and home health aides who receive CE credits after completion required for license renewals. Topics and trainings that require hands-on demonstration and live instruction was provided via Microsoft Teams, WebEx, Zoom, and in hybrid online plus learning labs/skills stations formats following social distancing recommendations.</p> <p>Actions:</p> <ul style="list-style-type: none">• During FY 2021-2022, DET successfully renewed CDPH Orientation Program Certification and In-service Training Program Certification until November 2023.• LHH Board of Registered Nursing Continuing Education Provider Certificate remained current until January 2023.• DET provided new and on-going required CMS, CDPH, Title 22, organizational, and need-based trainings for new and existing employees through in-person small group classes providing social distancing; new and existing equipment competencies; skills trainings; and online courses and training modules via ELM, WebEx, and Zoom platforms.• Nurse Educators functioned as backup for the Point-of-Care Test (POCT) Coordinator and assisted in certification and recertification of Licensed Nurses for Accucheck POCT per Joint Commission, CLIA, and Clinical Laboratory accreditation requirements.
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	<ul style="list-style-type: none">• Conducted new employee orientation to all DPH LHH staff per SFDHR schedule and asynchronous onboarding and orientation of staff conducted when needed due to hospital's operational needs.• Worked with interdisciplinary team across DPH to identify and address onboarding issues and collaborated in streamlining the process.• Coordinated with other DPH departments to provide system technology access and online training for registry, agency, and contractor staff.• Created the RN New Graduate Training Program curriculum in partnership with the CNS' with 100% successful completion of the RN New Grads Trainees• Conducted live trainings and coordinated distribution of hospital equipment during the Covid-19 pandemic.• Completed electronic archival of all orientation, training, classes, and in-service documents per Title 22, CDPH, and LHH P&P.• Provided support for the AHA BLS training and certification of all nursing PCAs.• Provided CMS Phase 3 required trainings to HSAG, HMA, and to all consultants and deployed DPH staff for CMS recertification.• Supported Nurse Managers, Nurse Directors, and HR by running license reports and BLS certifications for each nursing staff.• Conducted live CPI Training to nursing leadership.• Actively rounded as part of the Behavior Response Team (BRT) and provided support to staff.• Produced transcripts to CDPH for renewal of licenses and certifications of nursing staff.• Provided compliance reports for all measured POCs trainings, in-services, and completion on the determined frequency of reporting. <p>Plan for FY 2022-2023</p> <ul style="list-style-type: none">• Continue implementing CDPH AFL waivers in conducting trainings, in-services, CEs, and POCs via online trainings and hybrid models.• Continue providing CDPH approved online courses via ELM for CE credits for license and certificate renewals and switch to live in-services when AFL waivers expire.• Renew BRN Continuing Education Provider Certificate expiring in January 2023.• Keep LHH CDPH Orientation Program and In-service Training Program Certifications current and renew before November 2023.• Coordinate continuing education for F-tags and Critical Element Pathways (CEP) with consultants for the CMS recertification process.• Provide scheduled and asynchronous NEO and NO to all staff and registry, agency, and contractors.• PDSA onboarding and further streamline process.
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	<p>Streamline process of ELM course uploads, tracking, data management, and compliance reporting.</p> <ul style="list-style-type: none">• Continue electronic archival of all orientation, training, classes, and in-service documents per P&P, CDPH, and Title 22.• Develop and update departmental competencies and create standard works for measuring competencies.• Collect and archive copies of Nursing Annual Competencies submitted with PPARs by Nursing Leaders to HR for Title 22 compliance and availability of records for CDPH, COA, QM, and/or for investigatory requests.
QAPI Initiatives/Performance Improvement Projects	<p>For FY 21-22 the focus was on restructuring the Performance Improvement and Patient Safety (PIPS) Committee. The goal of the QAPI program is to provide a systematic, comprehensive, and data-driven to maintain and improve safety and quality in care. PIPS is a vital element of the program. Teams focused on gathering information systematically to clarify gaps or barriers and working toward process improvements.</p> <p>The goal was to examine and improve care or services in areas that the PIPS Committee identifies as needing attention. Areas that need attention will vary depending on the need.</p> <p>For FY 22-23, this work will continue with an effort to distinguish between the work that impacts the skilled nursing facility and that which impacts the acute care portion of the facility. The QAPI program will rollout unit-based meetings on the 13-neighborhoods. This work will be done to ensure frontline staff and middle management are engaged in the QAPI process and feedback loop. The unit-based QAPI meetings will focus on high-risk, high-volume, and problem prone areas for the facility. For FY 22-23 this will be:</p> <ol style="list-style-type: none">1. Wound and Nutrition2. Infection Prevention and Control and Antibiotic Stewardship3. Psychotropic Medication and Behavior Monitoring4. Falls and Restraints <p>These unit-based committees will report up to Nursing Quality and PIPS Committee.</p>

This Facility Assessment report contains topics included in the FY 21-22 LHH SNF QAPI Plan. **Please review enclosed “FY 21-22 LHH SNF QAPI Plan Evaluation” for an assessment of the SNF QAPI performance.**

Environment of Care (EOC) Committee



The 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. Committee members represent the following areas:

- Nursing
- Clinical Labs
- Security Management
- Infection Control and Prevention
- Pharmacy Services
- Facility Services
- Employee Health and Safety
- Quality Management
- Environmental Services
- Patient Safety
- Department of Education and Training
- Workplace Safety and Emergency Management

Activities of the EOC Committee 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.
- Establish and maintain risk assessments and evaluation criteria to prioritize performance improvements and process changes.
- Work to ensure that LHH staff are trained to identify, report, and take action on environmental risks and hazards.
- Reports to LHH departments and committees to communicate progress.
- 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 have monthly reporting meetings.

COVID-19 Response

Laguna Honda Hospital continues to work closely with local, state, and federal partners, collaborate across LHH departments, and use the expertise and leadership of the Hospital Incident Command System (HICS).

Please see an abridged timeline of the COVID-19 response at LHH during FY 2021-2022:

- July 2021



- July 6th – Ended COVID-19 screening testing (the regular testing of asymptomatic staff) for fully vaccinated staff. Exposure, symptomatic, and response testing continued regardless of vaccination status.
- July 8th – Updated Safer Return Together Health Order, which includes the acceleration of the vaccination requirement for personnel at Laguna Honda (September 15, 2021 for staff in high-risk settings).
- July 12th – The Admissions Observation Unit (AOU), developed in June 2020 to cohort new admissions during the pandemic, was dismantled. LHH now admits fully vaccinated residents directly to the appropriate neighborhood. Unvaccinated and partially vaccinated residents will be observed for 14 days in Pavilion Mezzanine SNF.
- July 12th – Wellness Hub reopens for staff Mondays through Fridays as well as Wellness Hub classes.
- July 26th – All Laguna Honda staff who work on the neighborhoods or in resident care areas, regardless of vaccination status, now test twice a week through screening testing.
- July 27th – All Laguna Honda neighborhoods on Amber Level now locked as a temporary measure during the Delta surge.
- August 2021
 - August 2nd – All in-person Laguna Honda staff now test twice a week through regular screening testing. This includes all staff who work in-person at LHH, regardless of vaccination status or worksite at LHH.
 - August 11th – Per CDPH, all visitors to acute health care and long-term care settings, which includes Laguna Honda, must show proof of vaccination or of a negative COVID-19 test.
- September 2021
 - September 15th – Per the Safer Return Together Health Order, the vaccination requirement for personnel at Laguna Honda goes into effect. This means all LHH staff need to be fully vaccinated by September 15, 2021, unless they have an approved exemption. Fully vaccinated by the 15th means second doses by September 1st.
- October 2021
 - October 4th – LHH Clinic open for boosters for all LHH employees who received the Pfizer vaccine at least six months ago.
 - October 4th – All fully vaccinated Laguna Honda staff who work in person test once a week. Unvaccinated staff continue to test twice weekly per the Health Order.
- November 2021
 - November 10th – The LHH Clinic begins providing the Moderna COVID-19 vaccine booster available for staff who received their second dose of the two-dose series (Pfizer



or Moderna) at least six months ago or who received the Johnson and Johnson vaccine at least two months ago.

- November 25th – Laguna Honda expands visitation. The expansion includes the following:
 - Visits can now take place on all neighborhoods, including neighborhoods that are on Amber Level or, in the case of South 5, Red Level.
 - There are no longer restrictions on visitor's age (all ages are welcome), the length of the visit, or the number of visitors.
 - The Department of Public Health has removed the Health Order related to visits at skilled nursing facilities.
- December 2021
 - December 8th – Laguna Honda ends the protocol to lock Amber Level neighborhoods. Amber Level neighborhoods will now remain unlocked.
 - December 29th – Laguna Honda institutes surge PPE - all staff in the hospital building must wear a Laguna Honda issued respirator. This is not limited to the neighborhoods and includes all parts of the hospital building.
 - December 30th – Temporary Health Officer issued to limit visitation during the Omicron COVID-19 surge at skilled nursing facilities. The order is in effect until January 31, 2022. The following changes to family visits go into effect:
 - Visitors must take a rapid COVID-19 test upon entry. Laguna Honda will provide the test.
 - Visits are now scheduled through the Social Services Department. The online scheduling form is no longer in use.
 - Two visitors are allowed per resident per day.
 - Visiting hours are 10 am to 5 pm daily.
 - December 30th – Resident Out on Pass paused.
- January 2022
 - January 6th – Updated Return to Work guidelines: LHH adopts 5-day isolation period for COVID-19 positive staff who are boosted or vaccinated but not yet booster eligible.
 - January 11th – All visitors now provided with KN95s (universal respirators) and eye protection at the door. Visitors are to wear KN95s at all times in the hospital building. Visitors are to wear eye protection at all times when on Amber Level neighborhoods.
- February 2022
 - February 7th – Resident Out on Pass resumes.
 - February 16th – Laguna Honda ends continuous respirator use in the hospital (new) building. Staff in the hospital building may wear surgical masks unless they are on Amber/Red Level units or float between multiple units.
- March 2022



- March 1st – Deadline by which all staff must receive their COVID-19 booster per California State law.
- March 7th – Laguna Honda expands family visitation and removes certain surge-related precautions. Family visitors will now be tested only if they are unvaccinated, or not fully vaccinated. Additional changes include:
 - Expanded visiting hours - recommended visiting hours are now 10AM to 9PM.
 - No limit to the number of visitors.
 - Vaccination status will be checked upon entry.
 - No longer providing COVID tests to fully vaccinated visitors. Fully vaccinated visitors and visitors under two years old will enter without a COVID test.
 - Unvaccinated visitors, including visitors ages three and four and partially vaccinated visitors, must take a COVID test upon entry. COVID tests are provided by Laguna Honda but are self-administered. These family visitors need a negative test result to enter.
- April 2022
 - *No major COVID-19 operational updates*
- May 2022
 - May 25th – Per CDC guidelines, eye protection is required in resident care areas when the local Community Transmission Rate is Moderate, Substantial, or High, regardless of the outbreak status of the unit.
- June 2022
 - June 10th – Surge PPE in effect: Per CDPH guidelines, eye protection AND respirators (N95s) are required in all patient care areas due to the current surge.

20. Plan for FY 2022-23

Due to the COVID-19 global pandemic, Laguna Honda Lean Transformation has been on hold; Hoshin Kanri planning for fiscal year 2022-20223 was put on hold until further notice.

Equity and Culture

In fiscal year 21-22, 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. The department contributed towards the stated goals in the DPH Racial Equity Action Plan and the Laguna Honda Equity A3. We partnered with Quality Management to improve and increase collection and analysis of equity data metrics for quality improvement, continued to strengthen the Equity Action Council, performed targeted coaching, support, and technical assistance with nine departments to help them integrate equity into their work. We also launched our communication plan, which includes a quarterly newsletter and regular hospital-wide communications and built out our equity library with 26 new titles.



In fiscal year 22-23, the Laguna Honda DEC will continue integrating Equity, Trauma Informed Systems, and Wellness to comprehensively address care experience for residents and staff. We are now part of the Care Experience Team, which includes Human Resources, DEC, Communications, and other partners all committed to improving the experience of our residents, their families, and our staff. We will integrate 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.

Campus Safety:

For the fiscal year 2021-2022 Laguna Honda increased our security on campus with additional post. With the additional post, there was a need of increased rounding and security as Laguna Honda contracted with a 24/7 security service that covers inside the hospital and the grounds. In the entry of the hospital, we enhanced our security and made changes to our visitors' policy. Our new procedures for visits added lockers for personal belongings, as visitors are not allowed to bring personal belongings into the hospital.

For 22-23 Laguna Honda has added SFSO to multidisciplinary rounds. SFSO will round and educate staff on hospital policies such as code green, code silver, etc. There are also plans to implement package scanners in our pavilion lobby and receiving areas of the hospital. These scanners will help Laguna Honda keep residents, staff and visitors safe. These scanners will help prevent contraband, and other unsafe items out of the hospital.

Employee Safety:

For 21-22 we have revamped emergency preparedness with a strong focus on revising our policies, Hazard Vulnerability Assessment and planning to bring back our Everbridge communication to staff when HICS is activated. Laguna Honda's COVID response has also included fit testing for staff, and screening staff

We look forward to 22-23 as we begin to reach out to city partners for collaboration with fire and life safety and emergency preparedness and becoming a member of CAHF (California Association of Health Facilities).

Epic Electronic Health Record



Epic EHR go live occurred on August 3, 2019, for Zuckerberg San Francisco General, the Behavioral Health Center, LHH, and Primary Care. We continue to be in Phase 5 – Stabilization and Optimization at LHH. Significant expansion in the fiscal year: the Occupational Health Service completed their transition to Epic in July of 2021 and resident trust accounting transitioned to Epic October 2021 allowing us to retire ADL system.



Stabilizing & Optimizing Epic



Stabilization

Enhancing workflows and functionality

- Break/fix, “We got it wrong”
- Quick wins (<40hr)
- Using Lean (A3) methodology to problem-solve



Optimization

New workflows, features, functionality

- Streamlining
- Standard work
- Automating work
- New interfaces



The fiscal year 2018-2019 approved projects by Office of Statewide Health Planning and Development (OSHPD) included:

1. The Information Technology (IT) Fire Suppression Dry System: The project was scheduled to provide a dry system (gas discharge) fire suppression system in six (6) existing server and IDF rooms. The wet system was modified to allow a dry system to address immediate space events affecting critical electronic systems while the wet system addresses larger building events.

This work required architectural and engineering services to modify the existing HVAC, fire alarm, smoke containment and other related building systems. The six (6) rooms impacted are located at various floor levels of the North and South Resident Towers.

As of August 23, 2021, the project is complete and fully operational with only a few corrections needed before OSHPD will sign-off and start project close-out. The contractor was on site 08/31/21 to start repairs. The effort is expected to be resolved in 2-3 weeks.

As of July 14, 2022, the project has been fully completed and closed with OSHPD. The contractor contract with DPW has also been completed.

The fiscal year 2019-2020 approved projects by OSHPD include:

1. Pharmacy Code Compliance Upgrade: This project involves an upgrade in the pharmacy compounding rooms required to comply with current code. The project went through an assessment and a preliminary study to understand all the code requirements and the impact to the current space operations. The project was given the green light as funds became available in August of 2019. The design team was been identified and the design documents kicked off in September 2019.

As of August 03, 2021, OSHPD identified a required ADA sink. A request to add a compliant sink as part of the project has been resolved along with a few other required modifications. All issues have been resolved and resubmitted to OSHPD for final approval and permit issue.

As of July 14, 2022, OSHPD (now called HCAi) has completed their code compliance document review. This allows the design team to move forward with submitting permit application, IOR & TIO forms that are required to begin construction. DPW is in the process of completing bid documents to select a contractor. Contract award and construction follow.

2. Fuel Line Monitoring: This project involves an upgrade in fuel monitoring as a regulatory requirement. The project went through an assessment and a preliminary study to understand all the code requirements and the impact to the current operations. The project was given the green light as funds became available August 2019.



Contract documents were accepted at OSHPD for review/permit on August 12, 2020. Once permit is secured, LHH would start bidding effort to secure a contractor. However, the project went on hold due to cost increases and unsecured funds. In June of 2021, funds were finally secured and on July 19, 2021 a pre-con meeting took place to kick project off.

On August 24, 2021, the project team met on site to review the possibility of compressing the construction schedule as completion was now estimated to be December 2021.

As of July 14, 2022, the project is complete and waiting for a repair by LHH Facilities to get final sign off. All tests and inspections passed, but while performing it tests, the system worked as it was designed and detected a leak. Until the leak is repaired, the project cannot formally be closed out.

3. Water Tank Replacement: This project involves replacement of one of two 300,000-gallon water tanks that is pre-1950's construction. The tank is one of two that act as redundant water supply to both the new campus and the old. The older tank was assessed and found to have corrosion levels that far exceed a simple repair effort. The project has been reviewed by several design teams while funding was secured. This is an OSHPD project that will require close coordination with LHH operations. The project was given the green light as funds became available August 2019.

As of August 27, 2021, 100% of the Construction Documents were completed and set for submission to OSHPD. LHH and the design team will soon begin working with DPW to prepare the RFQ/RFP for contractors to bid on the project.

As of July 14, 2022, the construction documents are still being reviewed by OSHPD (HCAi). Once that process is completed, we will begin bidding and contract award before starting construction. The RFQ/RFP process described above has been delayed.

4. Server Room UPS Replacement: This project involves the replacement of an Uninterrupted Power Supply (UPS) unit that has exceeded its life expectancy and that is placing LHH servers at risk of power loss should the unit fail. This is an OSHPD project, and an MOU has been submitted and approved to release the design team to begin construction documents. The Notice to Proceed (NTP) is pending. Close coordination will be required with both IT Dept and Facilities when the old unit is taken offline, and the new unit is brought online.

As of August 24, 2021, the first back check (OSHPD comments) was received, followed by the design team response. On August 27, 2021 OSHPD back check comments were received. The design team is formulating response to OSHPD comments and will submit within 2-3 weeks.

As of July 14, 2022, We have now lost the 4th contractor due to contract issues related to their dollar cap with the City. We are working with the 5th contractor but have had to start the process over.

Construction has been revised to possibly Spring of 2023.



The fiscal year 2020-2021 approved projects by OSHPD include:

1. Nursing Office Emergency Power: This project involves the extension of emergency power to the Nursing Office to allow for operation during emergencies should power fail. The new hospital, an OSHPD project, was designed to code minimum in a cost savings effort in 2010. Since then, there have been two major power outages that limited the hospitals' ability to issue emergency announcements. This project will correct this deficiency by extending emergency power to this important office.

The project began construction in June 2021 and was completed 6 weeks later. The project is in the process of being closed out.

As of July 14, 2022, the project has been closed out for about a year.

2. Pharmacy Automated Medicinal Dispensing Cabinets: The Department of Public Health lease on automated medicinal dispensers will elapse in December of 2021 and this project will secure a new lease while simultaneously issue an RFP to secure a contractor to remove the old units and install the new units. The aging units cannot support the new software applications needed to properly run the medicinal dispensing.

As of August 09, 2021, the vendor had been selected and scope of work and cost negotiations started and are ongoing. Once a contract is signed, it will take 6-9 months to fabricate and program the new units and installation can begin. It is anticipated that all units will be operational by Fall 2022.

As of July 14, 2022, the project is still on hold pending legal departments of both the City and the contractor agreeing on contract language. DPH was able to get funding for construction in the amount of \$700K but are short approximately \$200K for soft cost (DPW design & construction team fees). We patiently wait for contract to be completed and for DPH Accounting/Financing to secure the fund shortage.

3. Hospital Emergency Power: This project is similar to the Nursing Office Emergency Power above but encompasses the entire new hospital. The construction documents are currently being resubmitted to OSHPD (HCAi) after their initial review and comments. Once HCAi completes their review, bidding, contract award and construction will follow.

The fiscal year 2021-2022 approved projects by OSHPD (HCAi) include:

1. Kitchen Floor Damage Phase 2: The Hospital was recently decertified and is now in the process of recertification. A requirement of recertification is to correct the floor damage. This work has been in place as a maintenance project for over 3 years, assuming 3 different approaches to keep meals available while closing the kitchen. The gravity of the situation has made this a critical project and one that is now under OSHPD (HCAi) jurisdiction. LHH is



working with both HCAi and CDPH to find a way to complete this project before recertification scheduled for September 2022. The project is ongoing.

- 2. Three-bedroom Resident Suites - Conversion from 3 rooms to 2:** To renew recertification, LHH must comply with new CDPH and HCAi regulations that no longer allow 3 bedroom suites. The conversion consists of removing the bed, capping the medical gases, and permanently removing the bedroom door. LHH is in the process of organizing the project as it will entail removing approximately 120 beds.
- 3. Pharmacy Automated Packagers:** Two packagers in Pharmacy have reached their end of life and need to be replaced as these are now requiring frequent repair to be maintained in operation. The pharmacy is dependent upon this equipment to provide medications on a daily basis and the units staying operational is critical to the pharmacy operation.

As of July 14, 2022, the design team has been authorized to move forward with contract documents.

- 4. Medical Clinic Sterilizer:** The sterilizer has started to fail as is past its useful life, requiring frequent repairs. It is critical to the medical clinic's operations. LHH has funded the equipment replacement and the unit replacement has been ordered. A request for capital funds has been submitted for FY 2023.
- 5. Security Scanners:** Security scanners are to be located at three entrances to the LHH Campus; Pavilion Main entrance, Administration Lobby, and the Materials Management receiving office. A fourth station is being considered at the 5th Floor Employee Parking Entrance. These have been granted emergency status by HCAi due to the hospital recertification situation. The stations consist of a package scanner and a body scanner, which are powered and require seismic anchorage due to their size and weight. The project requires addition of electrical power outlets that are currently underway. Also, part of the security equipment are hand held narcotics trace detectors and a manual x-ray tool.



Attachments

- 1A. Infection Control Scope of Services
- 1B. Infection Control Annual Evaluation
- 1C. Infection Control Annual Risk Assessment
- 1D. Infection Control Annual Plan
- 1C. Infection Control Annual Risk Assessment
- 1D. Infection Control Annual Plan
- 2. Preventative Maintenance Plan
- 3. Continuity of Operations Plan
- 4. Hazardous Vulnerability Assessment
- 5. Approval and Format of Hospital-wide and Departmental Policies and Procedures
- 6. CY2022 Monitoring Report Summary
- 7. PIPS Annual Report for Quality Assurance Performance Improvement