



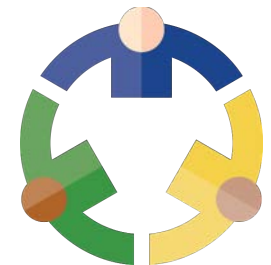
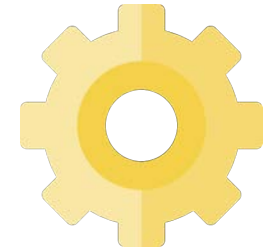
Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

The Quality Improvement Journey: Recertification of Laguna Honda Hospital and Rehabilitation Center (LHH)

April 10, 2024

Presentation Objectives

- Describe how LHH and Health Services Advisory Group (HSAG) performed a systemwide root cause analysis (RCA) to comprehensively understand the gaps in LHH's infrastructure that resulted in decertification.
- Identify how LHH and HSAG used RCA recommendations to co-design a 960-milestone action plan to improve systemic operations, ensure resident quality of care, and prepare for recertification survey.
- Examine how the action plan milestones were hardwired into a sustainability plan to maintain certification, consistent regulatory compliance, and resident-centered care.



CMS 2024
Quality
Conference
Resilient and Ready Together

Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities



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Chief Quality Officer
San Francisco Health
Network (SFHN)
LHH CMS Recertification
Co-Incident Commander

What Makes LHH Unique?



San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

- Opened in 1866
- Second largest skilled nursing facility (SNF) in the United States
 - 13 nursing units
 - 769 SNF beds
 - Approximately 1,200 staff members
- Publicly owned and operated by SF Department of Public Health (DPH)
- Diverse resident population
- Strong public/media spotlight
- Strong labor union presence

LHH Certification Status



Medicaid Certification
Achieved: **August 2023**



Medicare Certification
Status: **Pending**

LHH Decertification From Medicare and Medicaid

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Survey and Enforcement Division
Survey Operations Group
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Medicare and Medicaid Notice to the Public

Notice is hereby given that on April 14, 2022 the Centers for Medicare & Medicaid Services (CMS) will terminate the agreement between the Secretary of Health and Human Services and Laguna Honda Hospital & Rehabilitation Ctr DP SNF, San Francisco, California as a skilled nursing facility in the Medicare program. In addition, as authorized by the California State Medicaid Agency, notice is given that the provider's agreement as a nursing facility in the Medicaid program will also be terminated effective April 14, 2022.

CMS has determined that Laguna Honda Hospital & Rehabilitation Ctr DP SNF has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 CFR §483.20 – Resident Assessments
- 42 CFR §483.21 – Comprehensive Resident Centered Care Plans
- 42 CFR §483.25 – Quality of Care
- 42 CFR §483.45 – Pharmacy Services
- 42 CFR §483.70 – Administration

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after January 14, 2022. For residents admitted prior to January 14, 2022, payment may continue on or after April 14, 2022, the date of termination to allow for the safe and orderly transition.

In addition, Federal Financial Participation will not be available to the State for any Medicaid residents admitted to the facility on or after January 14, 2022. For Medicaid residents admitted prior to January 14, 2022, Federal Financial Participation may continue to be made to the State to qualified residents furnished on or after April 14, 2022, the date of termination to allow for the safe and orderly transition of residents. CMS is exercising a rare use of discretion under our authority 42 C.F.R. § 489.55(b) to provide for a transition period following the termination for the facility closure process should the facility elect to submit a notification of closure under § 483.70(l).

- In April 2022, CMS terminated LHH's participation in the Medicare and Medicaid Provider Participation programs

Root Cause Analysis (RCA)

Identifying the Factors Leading to Decertification

May 2022: Initial HSAG Observations

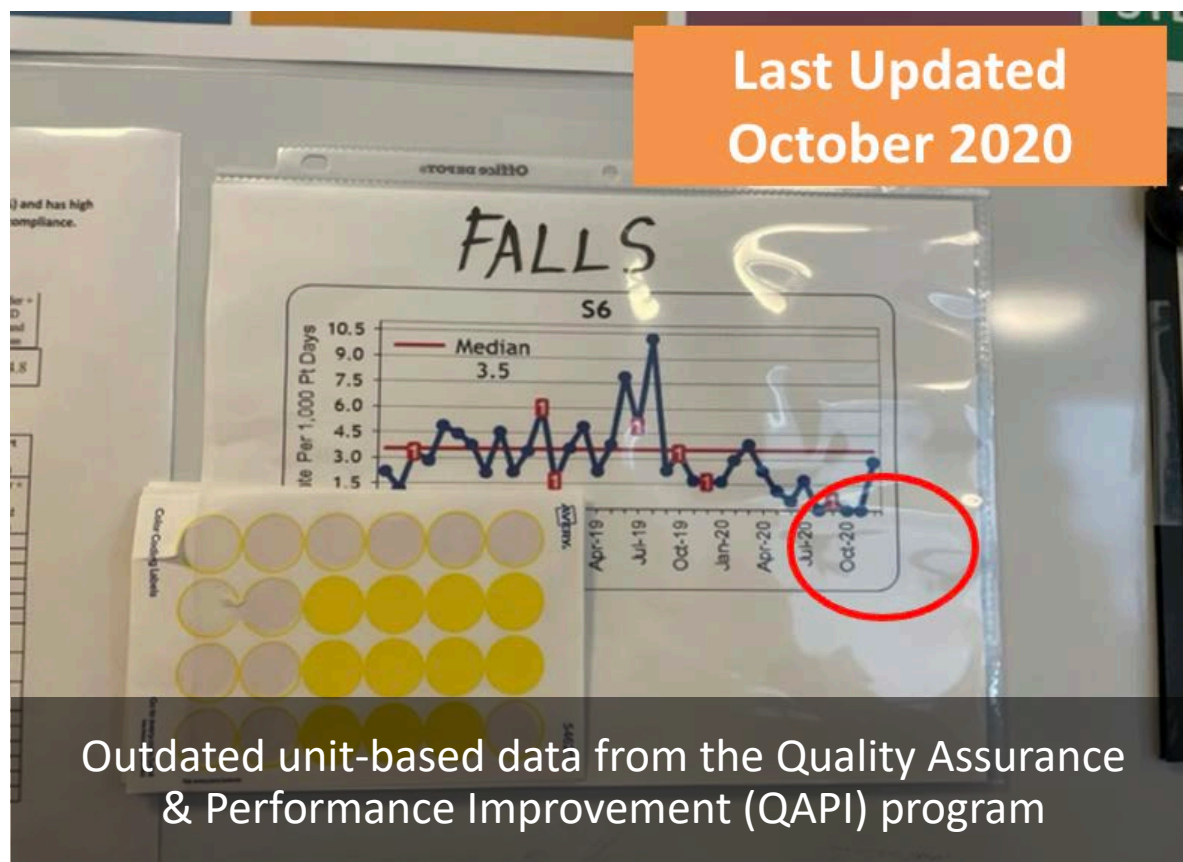


Nursing unit laundry room where clean and dirty laundry co-mingled

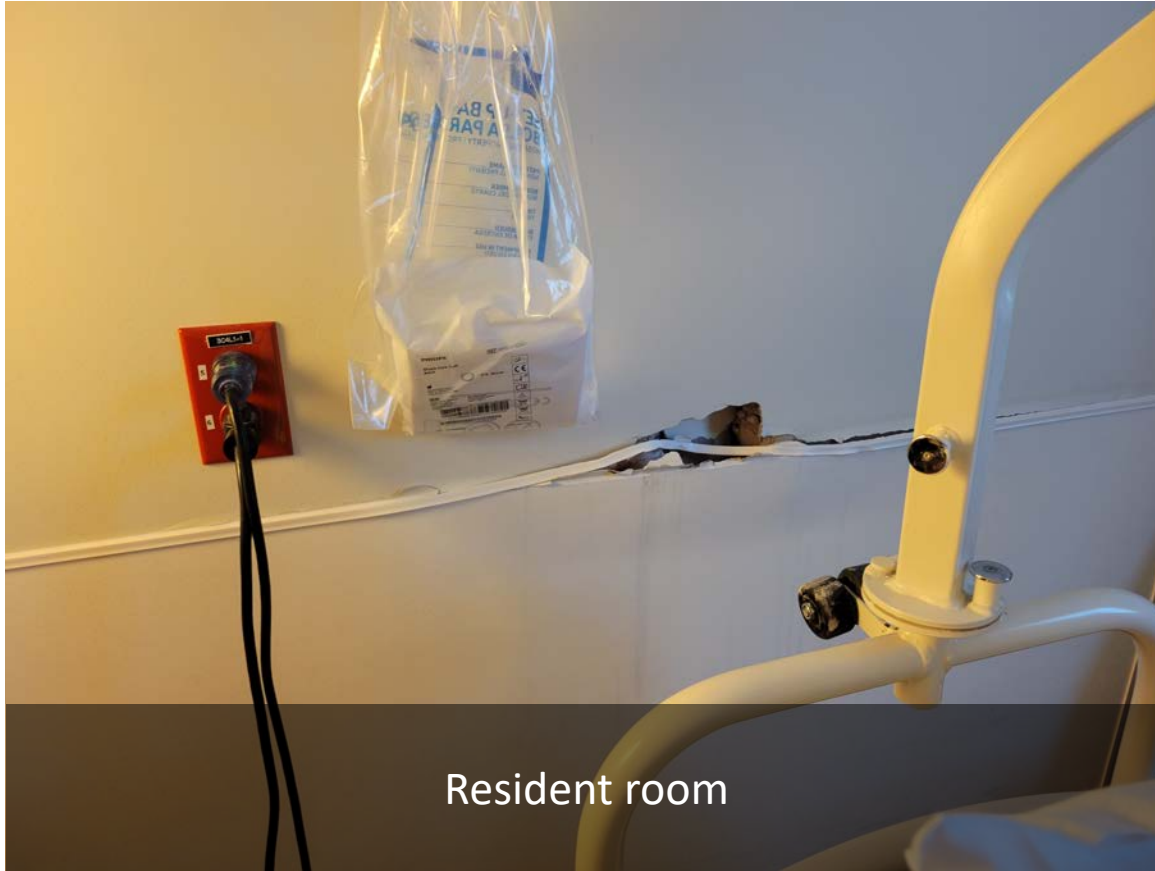


Resident Solarium (living room) with a resident bed and cart impacting the "homelike environment"

Initial HSAG Observations | May 2022 (cont.)



Initial HSAG Observations | May 2022 (cont.)

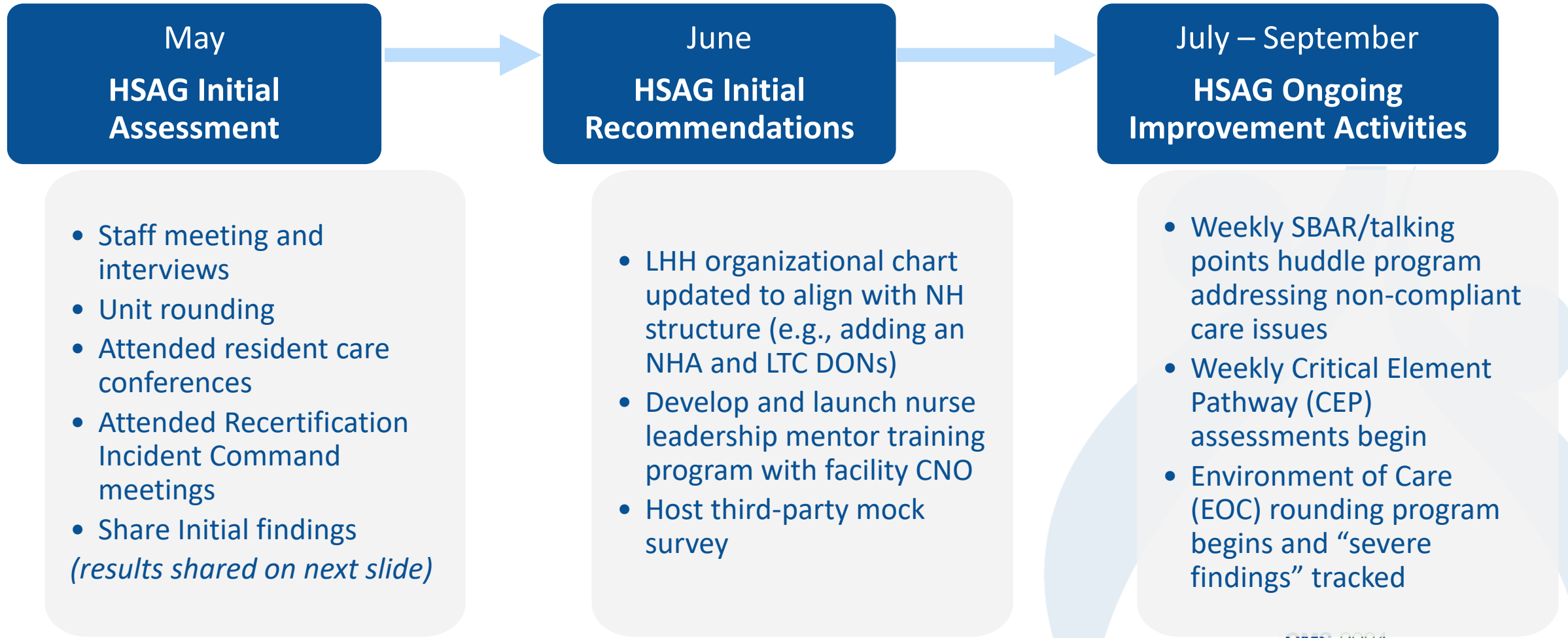


Resident room



Resident common area

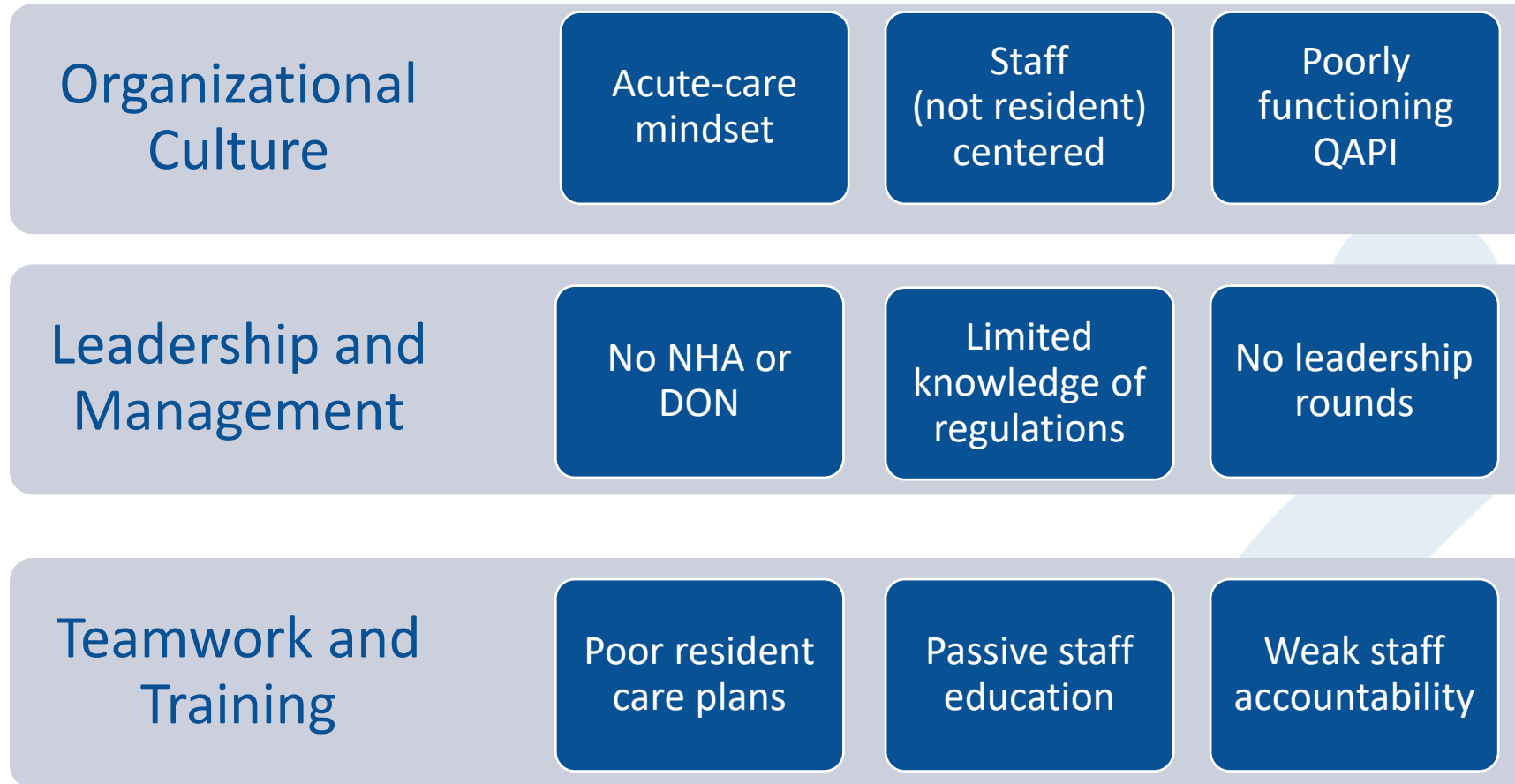
May 2022 – September 2022: Initial Assessment, Recommendations, and Activities



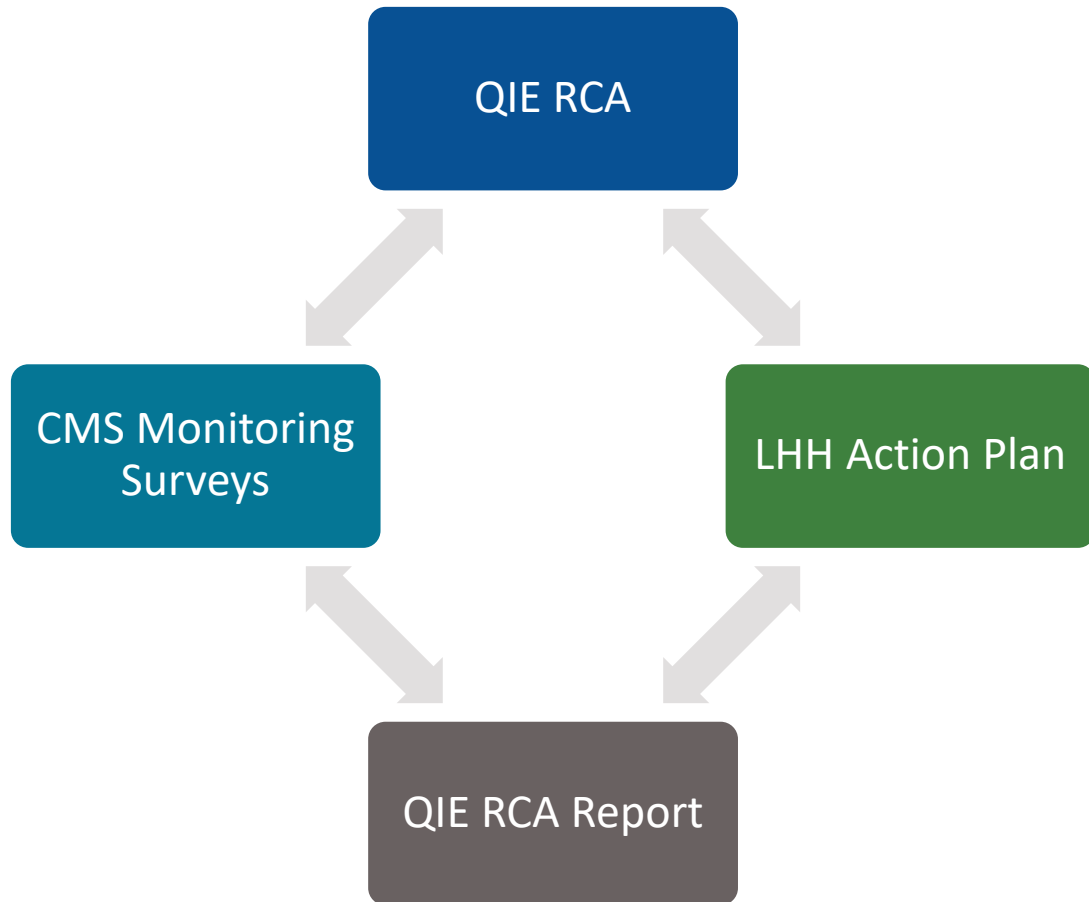
NH = nursing home
NHA = nursing home administrator
LTC = long-term care

DON = director of nursing
CNO = chief nursing officer
SBAR = situation, background, assessment, recommendation

May 2022 – September 2022: Organizational Factors Impacting Noncompliance

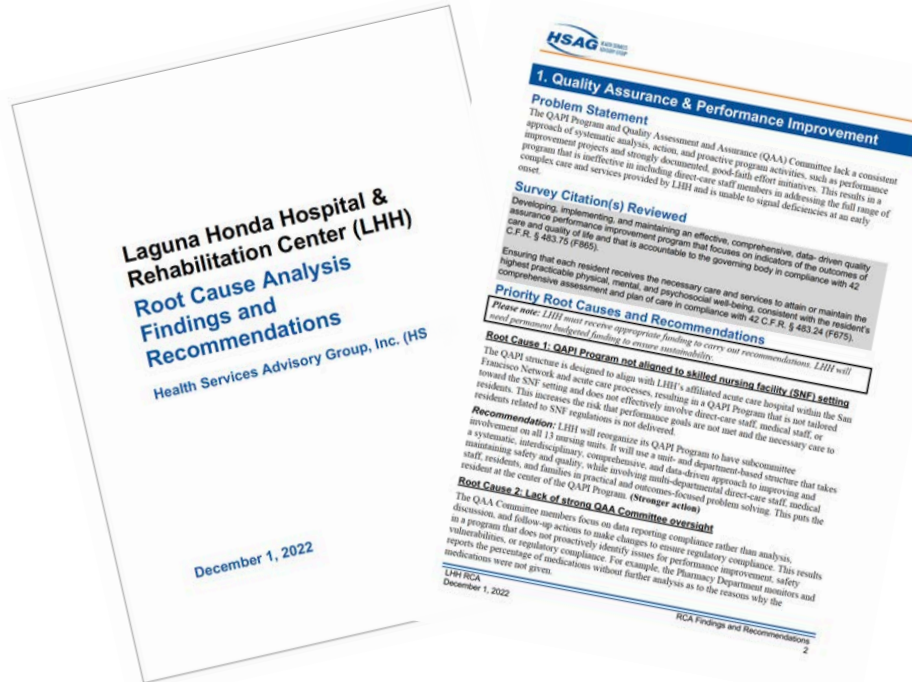


October 2022 CMS/LHH Settlement Agreement

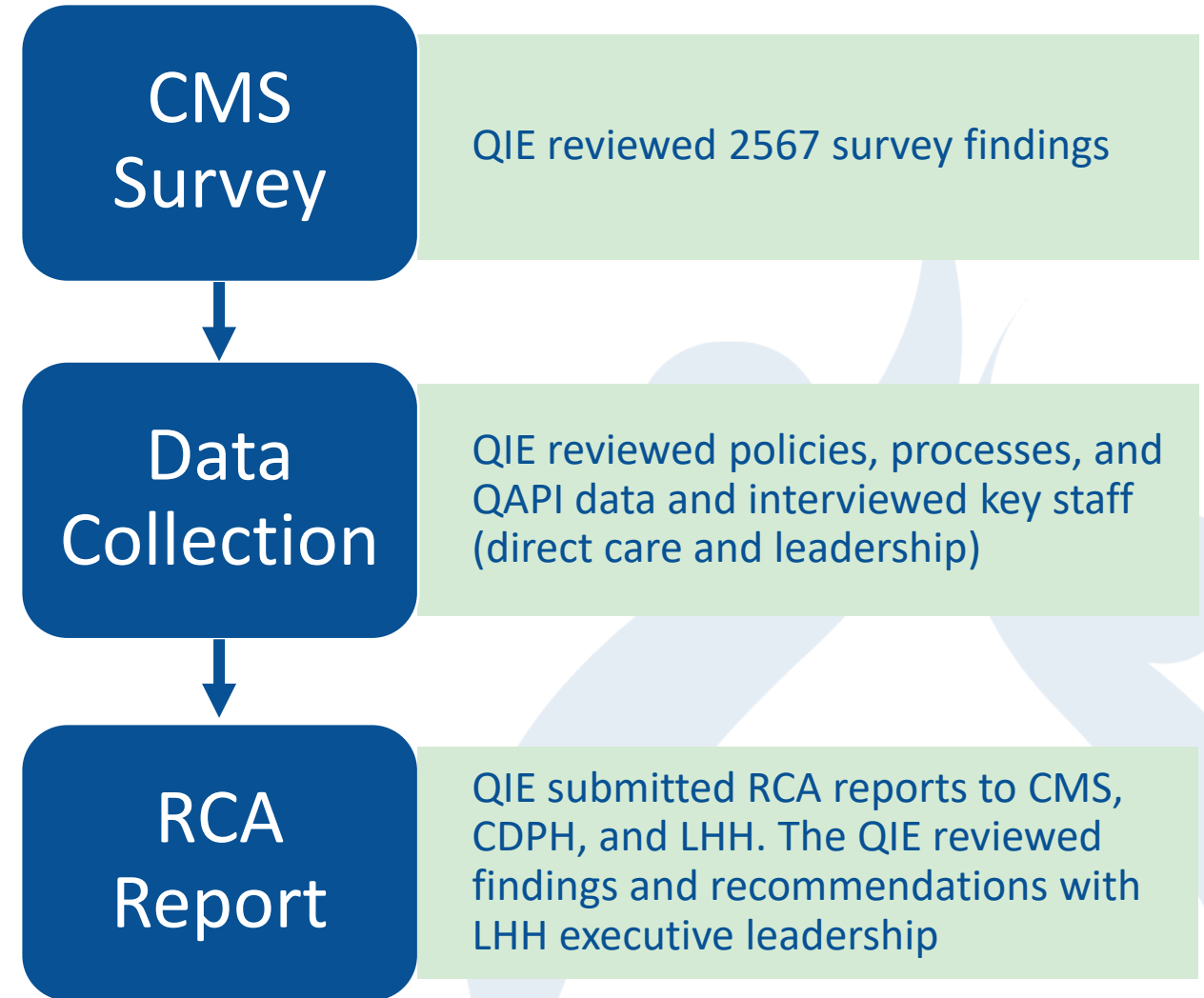


- The settlement agreement paused the transfer and discharge of residents
- Third-party “Quality Improvement Expert (QIE)” to identify systemic factors causing decertification and submit an RCA Report
- Action Plan to address findings and recommendations in QIE RCA report
- Monthly QIE monitoring reports
- CMS monitoring surveys every 90 days to assess compliance

QIE RCA Reports



December 2022 to August 2023
9 RCA reports developed during
recertification efforts



RCA Results | 13 Systemic Factors Behind Decertification

QAPI

Infection
Prevention and
Control

Behavioral Health
and Substance
Abuse

Medication
Management and
Administration

Resident Rights
and Freedom
from Harm

Comprehensive
Care Plans

Competent Staff
and Training

Emergency
Preparedness
Program

Fire and Life
Safety

Resident Quality
of Care

Food and
Nutrition Services

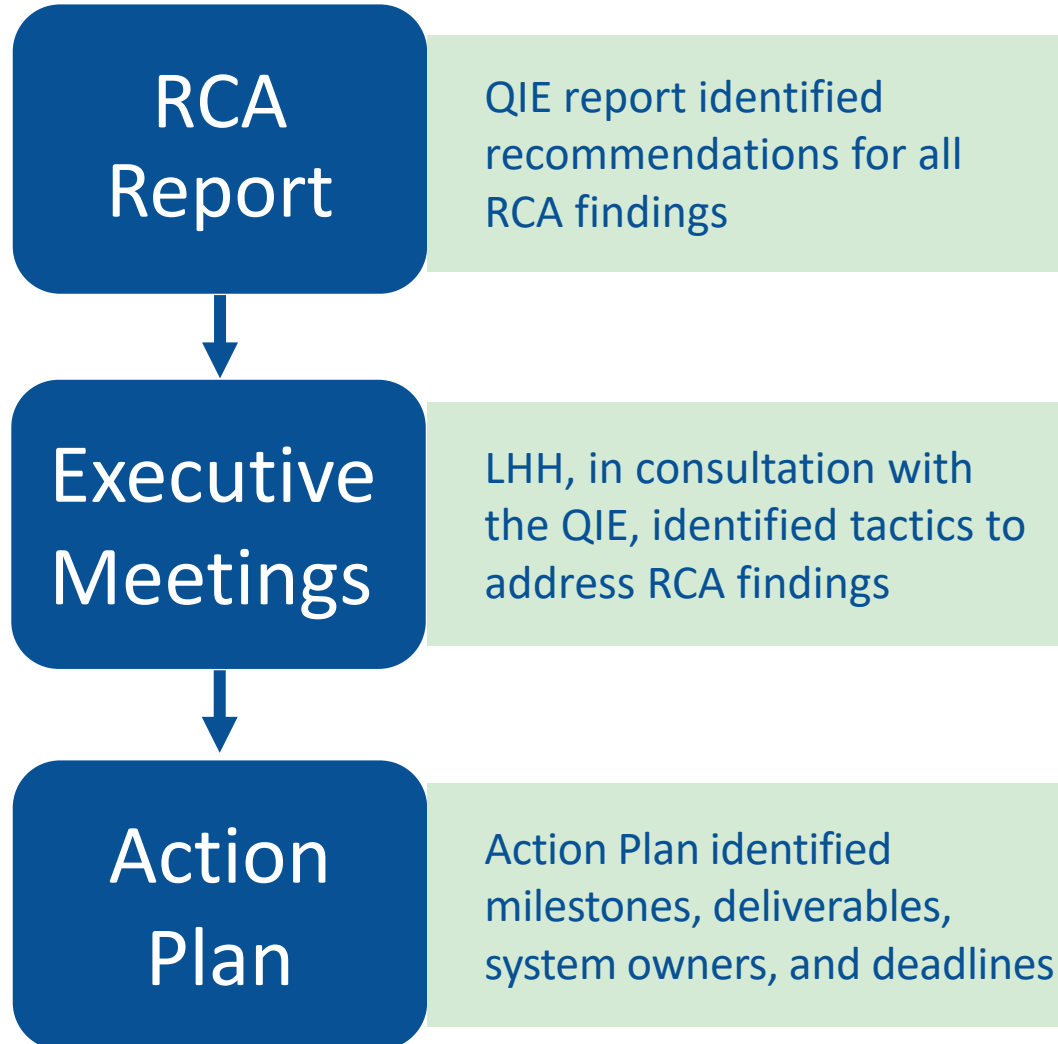
Homelike
Environment

Abuse and
Neglect

Rebuilding the Infrastructure

Translating RCA Results Into Action

January 2023: LHH Action Plan Development



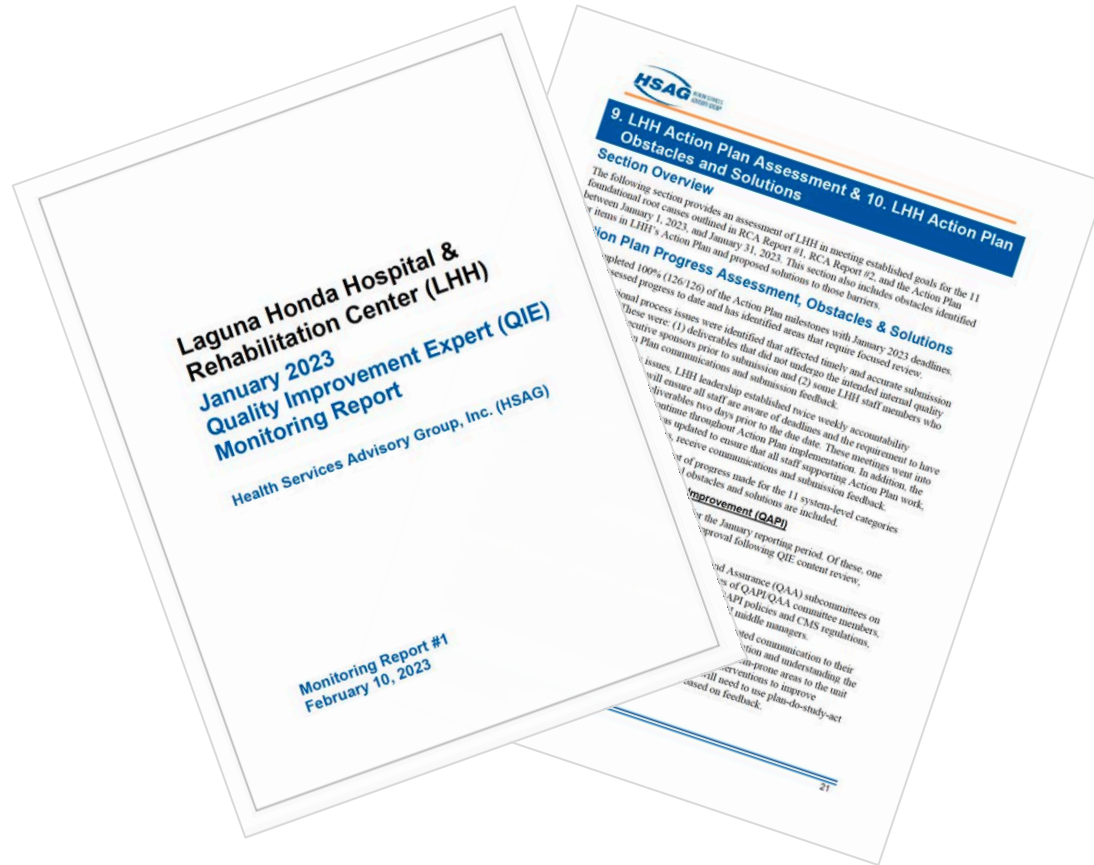
TASK	EXECUTIVE SPONSOR	DELIVERABLE AND/OR MONITORING METRIC	START	END
Root Cause 3: Direct-care staff and medical staff not active in QAPI activities				
Milestone 1: Develop and implement unit-based huddle boards, which includes data relevant to the unit including benchmarks established for performance and will include tracking, monitoring of resident events to be reviewed daily.	CNO/CQO	Rounding report template document	1/6/23	1/20/23
Milestone 2: Create standard work for facilitation and purpose of the daily huddle board to guide a standardized process for nursing units including mechanisms to raise concerns for staff and residents/representatives.	CNO/CQO	Standard work document	1/6/23	1/20/23
Milestone 3: Develop training on development of RCAs and PDSA techniques. Education will include in-person demonstrations with scenario-based learning to measure understanding.	CQO	Training materials	1/6/23	2/10/23

In preparation for recertification, 960 action items were developed to hold LHH accountable for improvement

January 2023 – November 2023: LHH Action Plan Implementation



Common QIE Coaching Themes



- Data integrity and analysis
- Audit forms and implementation
- Problem solving for low-performing areas of care
- Accountability standards
- Adult education techniques
- Feedback loops to direct caregivers

December 2022 to August 2023

7 QIE Monitoring Reports developed and submitted to CMS, CDPH, and LHH during recertification

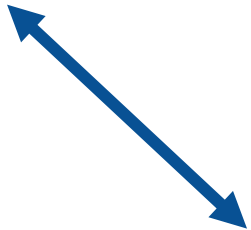
Hardwiring Systemwide Improvement

Sustainability, Successes, and Certification

Consistent Care at the Bedside Monitor (CCBM) Program



LHH Unit Nurse Manager



CCBM: Consultant
Director of Nursing



CCBM consultants embedded on each nursing unit

- Provided expertise to staff, including just-in-time education and training
- Reported resident safety and compliance issues to executive and nursing unit leadership
- Supported vital LHH initiatives
 - Survey readiness
 - Direct-care staff observations
 - Action plan deliverables
 - Fire and life safety education
 - Care plan oversight and coaching
 - Certification survey plan of correction (POC) audits

Action Plan Outcomes and Successes

Data as of February 2, 2024



Infection prevention:

90%+ daily compliance,
up from 15%

Wounds:

less than 40 active
pressure injuries,
down from 60+

Call lights:

65% compliance within
3 minutes, up from 16%

Meal tray accuracy:

98.5% average
for past 6 months

Restraints:

20 necessary devices,
down from 700+

Falls with injury:

0 falls with injury
for 60+ days

Expired food items:

less than 2 daily
findings, down from 18

Purell dispensers:

less than 5% broken,
down from 30%

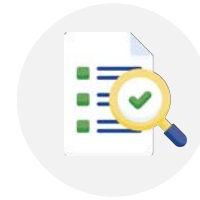
LHH Strategy to Stabilize and Sustain Improvement



1. Transition to normal operations to ensure stability



2. Continue CCBM Program on all nursing units



3. Sustain action plan improvements



4. Solidify SFHN oversight with routine key performance indicator updates



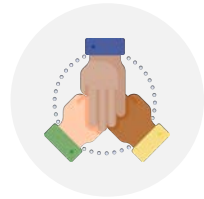
5. Implement quarterly evaluations from CMS regulatory expert



6. Monitor stabilization and sustainability outcomes



7. Support continuous quality improvement using PDSA cycles



8. Continue partnerships with key external stakeholders



9. Continue bi-directional collaboration with regulatory partners

PDSA = Plan, Do, Study, Act

Final Thoughts | Focus on the Basics

Leadership with SNF experience

Strong QAPI/PDSA practices

Care
planning

Leadership
rounding

Audit integrity

Staff training
and
accountability

Middle
manager
support

Thank you!

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