

## **LAGUNA HONDA HOSPITAL**

### Frequently Asked Questions

January 20, 2005

**Q: What is the mission of Laguna Honda Hospital?**

**A:** Laguna Honda Hospital (LHH) is licensed by the California Department of Health Services as a general acute care hospital, distinct part skilled nursing and rehabilitation center. During a recent series of retreats with the Executive Staff of LHH along with input from each of the Health Commissioners and the Director of Health, the following mission statement for LHH was developed:

“As part of the Department of Public Health safety net, the mission of Laguna Honda Hospital is to provide high quality, culturally competent, rehabilitation and skilled nursing services to the diverse population of San Francisco.”

**Q: Has LHH’s Admission’s Policy changed and if so, why?**

**A:** In February 2004, the Department of Public Health initiated a project with the goal to improve patient flow from San Francisco General Hospital (SFGH) to LHH, significantly reducing staff time spent on transfers and the number of days spent by patients at SFGH awaiting transfer to a lower level of care. For several years, DPH Administration has been concerned about ongoing reports that SFGH residents were spending inappropriate days in acute beds. This is a major problem for DPH for several reasons.

First, the cost of a bed at SFGH is substantially higher than at LHH. By the timely transfer of SFGH residents who need skilled nursing facility care to LHH, we can save over a million dollars a year without decreasing services for anyone across the breadth of public health.

Prior to March 2004, our inability to transfer residents from SFGH to a lower level of care facility, LHH or other, in a timely way resulted in SFGH being on diversion for a substantial number of hours, often preventing even LHH residents from receiving care at SFGH, as well as SFGH residents being kept in the Emergency Department for long periods of time. Clearly, both of these issues result in sub optimal care.

Furthermore, all hospital-based skilled nursing facilities in San Francisco prioritize the residents in their own system before accepting residents outside their system; LHH was the only one that did not.

When this new policy went into effect, the LHH admissions policy was changed to prioritize accepting residents from SFGH. The inability of the Department to place patients at an appropriate level of care cost the Department over a million dollars. During the budget reductions, other worthwhile programs would have needed to be cut within Public Health had this problem not been resolved. Time was crucial and changes were made with a sense of urgency.

Complexities and issues arising from this change in policy have been identified and the Department continues to adjust patient flow as needed. In December, the new Admissions Policy was readjusted, giving people from the community who are at risk the highest priority.

The Patient Flow Committee, comprised of LHH and SFGH staff, has been charged with overseeing and implementing the on-going admission and discharge of residents into LHH. The Department anticipates this Committee will continue to adjust the policy when needed to maximize the utilization of resources and accommodate the needs of all San Franciscans.

The change in the patient flow or admissions policy has had its effects on LHH. It results in more short stay residents. These short stay residents tend to be younger, have more behavioral problems, and many have a history of substance abuse. Some of these patients also suffer from HIV/AIDS or Hepatitis. The Executive Staff at LHH is working with the Medical Staff to find better ways of serving this increased patient population while not taking away from the other programs at LHH. Proposed interventions include additional behavioral health staff, enhanced security systems and personnel, and a comprehensive workplace violence prevention program (discussed below).

**Q: What are the changes to LHH's Admission Policy since March 2004?**

**A:** The primary changes to LHH's Admission Policy were in the areas of (1) admission priorities and (2) the final decision-maker if disputes arose.

With regard to admission priorities, the Admission Policy, prior to March 2, 2004, stated, that only the Administrator may modify the admission priority, which was,

*1<sup>st</sup> [Priority]: Persons not in a medical facility, who cannot receive adequate care in their present circumstances*

*2<sup>nd</sup> [Priority]: Patients at San Francisco General Hospital..."*

The LHH Admission Policy, dated March 2, 2004, stated,

*Admissions priorities are listed below. Exceptions require specific approval of the Administrator of Laguna Honda Hospital (or designee).*

*1<sup>st</sup> [Priority]: Patients at San Francisco General Hospital ready for discharge to SNF level of care will be admitted before persons in categories 2-5 below.*

*2<sup>nd</sup> [Priority]: Persons not in a medical facility, who cannot receive adequate care in their present circumstances...*

The current LHH Admission Policy, dated December 16, 2004, states,

*The following sequential priority will be followed unless the Administrator or designee in his/her professional discretion based on the totality of circumstances consistent with the patient's best interest determines otherwise.*

*1<sup>st</sup> Priority:*

- Persons at home, persons who are either wards of the Public Guardian or clients of Adult Protective Services and where the admitting physician determines that urgent admission of the patient is necessary (i.e. patients who will be routed to emergency services if not promptly admitted to LHH, patients who are victims of domestic violence, abuse or neglect, or hospice patients whose families are overwhelmed by their care needs).*
- Patients at San Francisco General Hospital ready for discharge to SNF level of care...*

With regard to decision-making, the policy was changed to reflect the current practice and states,

*Resolution of problem screening and admissions.*

*5.1 Problems shall be brought to the Administrator and Medical Director of LHH for resolution.*

*5.2 The Director of Public Health shall have the final authority to resolve problems but only after consulting with the Administrator and Medical Director.*

The December 2004 policy was approved by the Medical Staff and the Executive Staff of Laguna Honda Hospital in December 2004.

**Q: What is the impact of the change due to the revised Admissions policy? And how does this change impact the services provided to the elderly and disabled?**

There has been a marked increase in admissions and discharges of younger patients, some who have behavioral and substance abuse problems, and some who have HIV/AIDS or Hepatitis. This change in admissions indicates a need for short stay beds and an increase in social service needs to help facilitate the short stay discharges. The quantitative evidence thus far does not indicate a marked change in services to the elderly. Further, since the vast majority of the patients from SFGH stay only a short time (less than two months) and because we are meeting the needs of SFGH, we do not anticipate any further increases to the number of short stay patients. This will allow us to continue to provide care to the frail elderly. We will closely monitor this trend.

Admissions/Discharges

The table below demonstrates that the admissions process has accelerated both with respect to total admissions (defined as new admissions plus readmissions) and with respect to new admissions only. The table also shows that the proportion of new admissions from SFGH increased from about half (51%) in 2003 to about three-quarters (73%) in 2004.

Admissions to LHH

<b>Monthly Averages</b>	<b>Jan-Dec 03</b>	<b>Jan-Dec 04</b>
Total Admissions	80	92
New Admissions	47	52
New Admissions from SFGH	24 (51%)	38 (73%)

The increase in admissions to LHH has been accompanied by a corresponding increase in discharges. Otherwise, the hospital's occupancy rate would have exceeded its capacity. The increase in discharges may demonstrate that LHH's effort to find suitable discharge locations for its residents and expedite those discharges is succeeding.

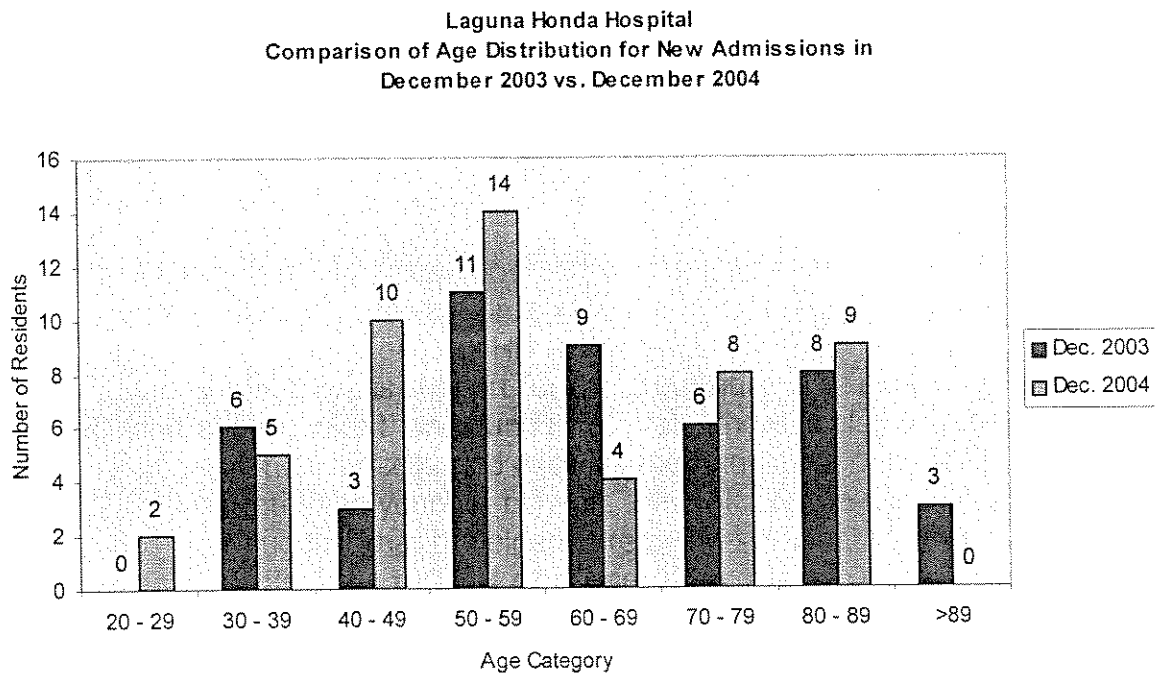
Discharges from LHH

<b>Monthly Averages</b>	<b>Jan-Dec 03</b>	<b>Jan-Dec 04</b>
Total Discharges	81	96

\*Note: As evident by the increase in admissions and discharges, there is an increase of patient flow with short stay patients to LHH. In order to keep pace with the demand, LHH will need additional social service resources to place discharged patients back into the community (discussed later under Social Rehabilitation).

## Age

Age is an important demographic factor to monitor. The chart below compares the age distribution for all new admissions to LHH in December 2003 with new admissions in December 2004. While there is support for the proposition that elderly referrals have been admitted at a lower rate than younger referrals, there is also data to support the number of younger patients discharged exceeds the number of older patients being discharged. This indicates the younger patients are typically the short stay patients. The numbers do not suggest that the elderly are being systematically denied admission to LHH. **In fact, admissions to LHH of those older than 70 years have stayed the same.**



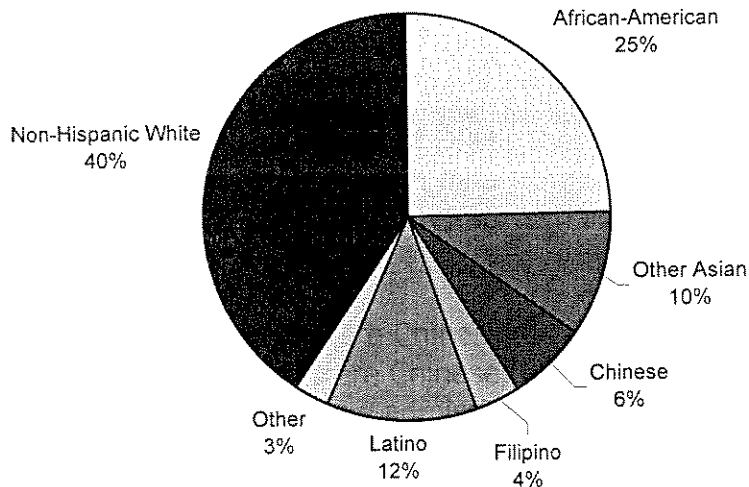
Note: You see an increase across the board in most age groups, with the trend to be a younger population. The effect of the age distribution across the entire resident population of LHH still needs to be monitored for its long-term effect.

## Ethnicity

DPH carefully monitors the distribution of DPH patients by race and ethnicity. In comparing statistical data from 1998 with data from 2004, there are no significant differences in patient population based on Race/Ethnicity with the exception of the Asian changes noted below.

In 1998, 16% of LHH's residents were Chinese (11%) or Other Asian (5%). Likewise, in 2004, 16% of LHH's residents were Chinese (6%) or Other Asian (10%). The statistics do not support that the new admissions policy excludes admission of Asians. We cannot explain the change from Chinese to other Asians.

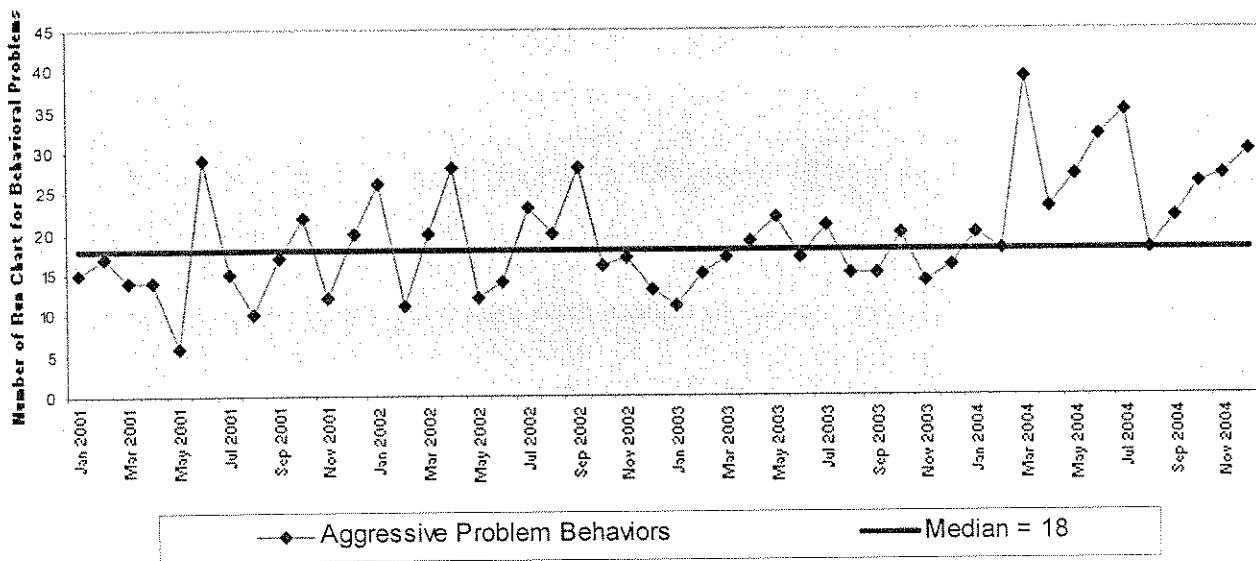
Laguna Honda Hospital  
Distribution of Residents by Race/Ethnicity  
June 30, 2004  
(n = 1036)



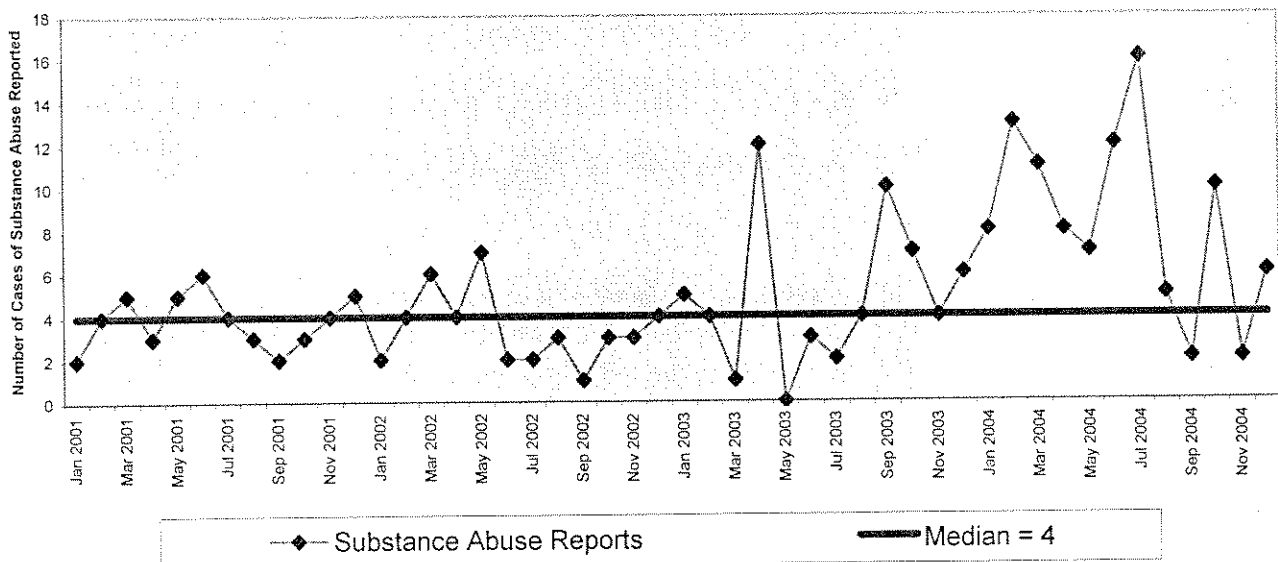
## Problem Behavior and Substance Abuse

The number of problem behaviors and substance abuse reports remains a source of concern at LHH. Unlike most long-term care facilities, LHH maintains a full complement of full-time psychiatrists, psychologists and substance abuse clinicians (data for average census of 1050 residents). As shown in the graphs below, problem behaviors and substance abuse have been issues at LHH before the change in admissions policy. There has been some increase in both; and, we are currently developing behavioral interventions to better deal with these issues.

Laguna Honda Hospital  
Run Chart for Behavioral Problems  
January 2001 - December 2004



Laguna Honda Hospital  
Run Chart for Substance Abuse  
January 2001 - December 2004



**Q: What is "Social Rehabilitation"?**

**A.** Given that 45% of our residents are from underserved neighborhoods in San Francisco and 13% are homeless (source: FY02/03 SF DPH Annual Report), our residents need care in the form of social services in addition to the medical care they are already receiving at LHH. By teaming up the residents with vital local, state, and federal social resources while they are residents at LHH, we would be providing for a better chance of successful re-integration of residents into the community upon discharge from LHH. Much of these social services are currently provided by the coordinated efforts of the LHH social workers. The idea of "social rehabilitation" is bringing the resources into LHH as an additional resource for the LHH staff to help coordinate the social services in a more efficient manner. Also, the term "Social Rehabilitation" is meant to emphasize that for younger patients, the ultimate goal is to rehabilitate them so that they can reenter the greater community rather than stay at LHH indefinitely.

**Q: What is LHH's plan for caring for an increasing number of younger patients, who have behavioral or substance abuse problems, while continuing to provide a safe environment for all residents, staff, visitors, and neighbors?**

**A:** As evidenced by the increased number of aggressive problem behaviors and substance abuse, interventions must be enhanced to ensure patient, staff, and visitor safety. LHH has programs to address the issues of safety. It has a multidisciplinary Safety Committee, Hospital-Wide Performance Improvement Committee, and a Risk Management Committee that meets on a regular basis to address safety in the workplace. Some of LHH's more recent proposed programs to enhance the safety of the patients, staff, visitors, and neighbors include:

- (1) Employing additional Behavioral Health specialists to help care for the younger residents with behavioral or substance abuse problems;
- (2) Improving security systems and employing additional security staff;
- (3) Developing and implementing a Workplace Violence Prevention Program.

Additional Behavioral Health Specialists

Increasing behavioral health staffing levels will help provide an enriched environment for all LHH residents. The additional staff will create a unified approach to problematic behaviors throughout all units in the hospital. This approach will also help address problem behaviors from a more global perspective, thus minimizing treatment of individuals as if they are isolated from their environment and other residents who make up their community. Behavioral health specialists will also take a more proactive approach to programming, increasing activities and group meetings, and acting as the point person for the interdisciplinary team members to go to for coaching and education on how to manage difficult behaviors, problems will be prevented before they occur thus creating a safer environment.



### Improving security systems and employing additional security staff

In conjunction with any recommendations made by the Violence in the Workplace work group, the current improvements being developed are:

- 1) Physical plant improvements to include locking the perimeter doors using a card key system.
- 2) Implement a visitor ID program.
- 3) Improving the number of Security Personnel on Campus.
- 4) Improve Education and Training.

### Developing and implementing a Workplace Violence Prevention Program

The safety plan at LHH is an on-going project. The Laguna Honda Hospital Workplace Violence Prevention Program workgroup was developed on October 10, 2004, in response to CalOSHA concerns and demonstrates LHH's commitment to provide a safe home for our residents and a safer workplace for all staff and volunteers.

This workgroup is charged with developing a hospital-wide program to address prevention of workplace violence. The membership of the group consists of representatives from various hospital departments and organizational levels, including executive committee members, physicians, nursing administrators and clinical nurse specialists, clinical psychologists, nurse managers, labor representatives (Local 250, 790, and UAPD shop stewards), quality management representatives, and deputy sheriffs. All participants represent the organization and have knowledge and expertise necessary to develop and implement an enhanced workplace safety program for LHH.

The workgroup's major program components include management commitment, employee involvement, worksite analysis, hazard prevention and control, health and safety training, record keeping, program evaluation, and policy development. The workgroup's goal is to improve the safety of our environment and work practices. Furthermore, the workgroup has established communication channels to keep LHH staff informed about its progress and to solicit feedback. We encourage all employees to participate in this process by communicating concerns and suggestions to workgroup members. The workgroup will also report to the LHH Safety Committee, LHH Hospital Wide Performance Improvement Committee, and LHH Executive Committee to assure organizational oversight and support.

#### **Q: What happens if a patient wanders off the campus?**

**A:** LHH is not a locked facility. Furthermore, the LHH Admissions Policy prohibits the admission of patients who are under the authority of the courts or penal system. A patient is free to leave LHH if s/he chooses. Every patient is assessed for elopement risk at the time of admission and as needed, during his/her stay at LHH. The resident is admitted to a unit, consistent with his/her level of risk.

If a resident who is cognitively impaired leaves LHH, procedures are immediately implemented to find the resident, i.e., institutional police notified, search conducted throughout the facility, photographs faxed to emergency rooms, etc.

**Q: There seems to be an increase of homeless people on and around the LHH Campus. How will LHH address this concern?**

**A:** As we are all aware, the number of homeless in San Francisco is a growing concern. LHH is working with the SF Sheriff's department to set up a detail to patrol the heavily wooded areas on campus on a regular basis. This should begin toward the end of January 2005. In addition, LHH will work with the Mayor's Coalition on Homelessness to ask for assistance in finding our "new homeless neighbors" a more permanent living arrangement.

**Q: What is being done to get back the \$25 million bond monies that were used to balance the City's budget two years ago?**

**A:** Under Proposition A ("Prop A"), the ballot measure that authorized the bonds relating to the Laguna Honda Hospital project ("the Project"), the Project has a maximum commitment of \$100 million for capital costs from tobacco settlement monies received over the term of the Prop A bonds (Tobacco Settlement Revenue Funds or "TSRF"). Because the City had not yet issued Prop A bonds, the City was able to use \$25 million from tobacco settlement monies for non-Project related activities. No Prop A bond funds were used to balance the City's budget. The use of the \$25 million from tobacco settlement monies for non-Project related activities will not result in any reduction in the \$100 million commitment from TSRF to the LHH Rebuild. Moreover, the use of the \$25 million has not delayed the Project or caused any delay-related costs to the Project.

The Project continues to have a \$100 million commitment from TSRF for capital costs. To date, the City has received approximately \$103 million in tobacco settlement monies. Of this amount, the City used \$73 million for the Project, \$5 million for Tobacco Education expenses (as provided by Prop A), and \$25 million for non-Project activities. (See Quarterly Status Report on our website at <http://www.dph.sf.ca.us/LHHReplace/default.htm>.)

The City anticipates that it will reach its \$100 million commitment from TSRF for the Project within the next two years. On average, the City has received \$20 million per year in tobacco settlement monies. Therefore, it appears that the City will receive enough tobacco settlement monies to fulfill the \$100 million commitment by 2006. Furthermore, under the terms of the ordinance which provided for the use of the \$25 million, if at any point the City's Director of Public Finance certifies that the Project requires a payment of money to reach the \$100 million TSRF commitment and achieve completion, such amount (up to the amount of the original \$25 million) will be transferred to the Project from the City's General Fund.

**Q: Is a special ward/security facility going to be built to house psychiatric patients?**

**A:** No, LHH is a Skilled Nursing and Rehabilitation facility. We do currently have locked units to help with our Dementia patient population, and the Medical Staff of LHH has requested the ability to have 300 of the 1200 beds in the rebuild be lockable. This provides for the demand of the 120 locked bed units they currently have a demand for, plus the flexibility to add additional locked bed units should the need arise in the future.

**Authors note:**

I sincerely hope this response will alleviate many of the concerns community members may have with the changes impacting Laguna Honda Hospital. I hope we can all agree that all residents, young and old, with skilled nursing needs receive the best possible care at LHH, and that we can all continue to work towards that goal.

Sincerely,



John T. Kanaley  
Executive Administrator  
Laguna Honda Hospital and Rehabilitation Center