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Laguna Honda Hospital & Rehabilitation Center

Laguna Honda Hospital and Rehabilitation Center (LHH) is an acute care licensed, long-term care facility owned and operated by the City and County of San Francisco. LHH is one of the largest long-term care facilities in the United States and currently operates with an average daily census of 1,030 patients. The facility is comprised of 42 nursing units, including Unit O4, a 29-bed unit for patients with a primary diagnosis of HIV/AIDS and who need skilled nursing care, either short or long-term care.

LHH is a participant in the Integrated Nurse Leadership Program (INLP), which is funded by the Gordon and Betty Moore Foundation. The INLP project at LHH is based on Unit O4 and focuses on piloting a new medication management process to 1) promote and ensure effective, efficient and safe care, and 2) to increase nursing satisfaction with the medication management process and thereby increase nursing retention and enhance nursing practice.

LHH's current medication administration system is cumbersome and depends heavily on manual, labor-intensive processes that are time consuming for nursing and pharmacy staff. The staff members tend to adjust around the system to make it work, rather than the system working to support staff. It can be a difficult system for nurses to master, especially for new employees.

From the LHH INLP Team

We recognized that our medication system was a barrier to retention, since it is inefficient and cumbersome. The nurses' time and energy is being consumed unnecessarily in managing the system when it should be used for enhancing nursing practice.

Due to the high volume and complexity of medications administered in the AIDS unit, we chose to pilot the INLP project on Unit O4. This complexity has been identified as a factor in discouraging nurses from applying to work on the unit. We felt that if we were successful in improvements they could be naturally replicated in the other 41 units.

To address these issues, our team is comprised of Unit O4 staff and members serving on the Pharmacy and Therapeutics' Blame Free Culture Task Force. Our eight nursing members include Charge Nurses Nelia Basanes (night shift) and Linda Deiter-Hofer (day shift); Unit Nurse Manager Roland Zepf; Nursing Directors Mozettia Henley and Bronwyn Gundogdu (lead for the INLP project); Evening Shift Nursing Supervisor, Monica McGuire; Clinical Nurse Specialist, Gail Cobe; and LHH's Chief Nursing Officer (and graduate of the CHCF Health Care Leadership Program), Mivic Hirose. Dr. Steve Thompson, Unit O4 attending physician and a member of the Medical Executive Committee and David

Woods, Pharm.D., LHH Director of Pharmacy are also part of the team.

How would you describe the benefits of INLP to someone trying to decide if their hospital should participate next year?

As a public entity, budget constraints and lack of resources are a constant challenge. Projects which focus on change are frequently undertaken with very little resources to assist the members. By participating in the INLP, we have been given two unique opportunities. First, INLP has provided intensive training and support to assist us in learning principles of change and how to function as an effective and focused team, as well learning principles of quality improvement and the rapid PDSA cycle. Second, we have been provided funds to support the purchase of equipment. Having the ability to purchase items, without having to negotiate through the cumbersome budgeting and purchasing system of the city, is a great reward in its own right.

We have been impressed by the depth and quality of the INLP program, including the staff and the resources provided to us. The program has provided us the direction, structure and the right amount of prodding to keep us on track. It has focused on team building and given us the structure to transform ourselves from a work group into a team poised to accomplish our goal.

Describe a current leadership challenge at LHH and how you are approaching it using skills acquired through INLP.

LHH was originally constructed in 1866 as an almshouse for San Francisco's poor and homeless. It was rebuilt in 1926 to serve a broader population. For over 140 years, LHH has a history of providing compassionate services to the residents of San Francisco who need long-term care.

In 2007, the first building of the LHH replacement project will be completed. It is anticipated that there will be three to four new buildings phased in within the next five years. The 140+ year-old organization, possessing a well and deeply established 20th century healthcare paradigm and culture, will be transformed into a state-of-the-art general acute care and skilled nursing facility. Hence, the biggest leadership challenge at LHH is to create a 21st century healthcare delivery system reflecting new delivery models, paradigms, cultural values and best practices.

In less than four months, our team has participated in visioning the future, developing realistic goals and objectives, predicting outcomes, building a team, giving feedback, managing change, and using the rapid cycle PDSA model. These are critical skills needed to prepare for the transition to the new building.

What is your favorite leadership quote?

"The challenge of leadership has always been to provide coherence, structure and, ultimately, meaning in times of great change and dislocation." - Ed O'Neil

Ed O'Neil's leadership challenge fits very well with LHH. The new hospital will bring about great change and dislocation. It is imperative that the LHH leadership and staff begin to prepare staff and residents for new processes in the new building. Through the INLP, LHH's project goal is to bring the future to the present. Skills and lessons learned from our team in creating a new model for medication management will benefit the other 41 units. As change agents, our team's vision is to bring creativity, excitement, motivation to transform LHH's medication management system from a manually dependent system to a technologically advanced system.

What types of changes have you observed in INLP team members (as a team or individually) at LHH since they began participating in the project?

If it had not been for the project, we would not have gotten to know each other as well as we have. Reviewing MBTI data helped us to gain a better understanding of each other's perspectives. A great sense of camaraderie has evolved within our team. We meet weekly and each has found his or her voice in the project. We are also feeling comfortable in addressing conflict and providing feedback to each other. Everyone has had a contribution to the successes and to the numerous project activities we have completed. At our last meeting, we acknowledged that we've developed a sense of confidence

that we can manage this project and proceed in future new directions applying new knowledge and skills learned from INLP.

If one improvement could happen in national health care/policy in the next 6 to 18 months, what would you like for it to be and why?

We would like to increase recognition for long-term care as a distinguished part of the health care continuum. This includes focusing on complex issues such as funding and the ability to provide quality care for an aging baby boomer population with co-morbidities (chronic illness, geropsychiatric, sequelae from head injury).

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