



Behavioral Health Improvement Project Laguna Honda Hospital: Overview

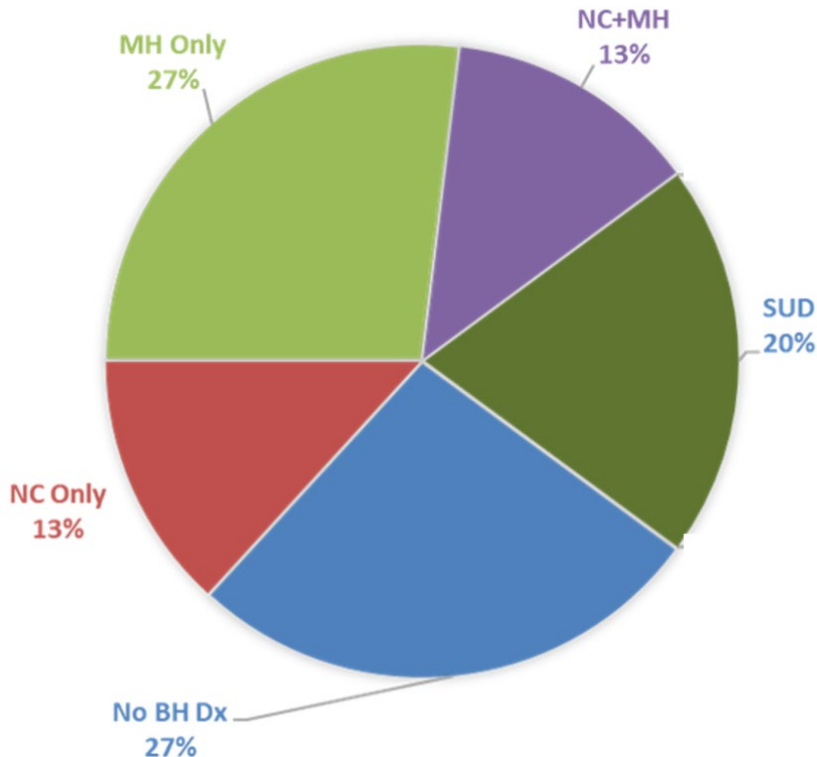
10/10/23

Agenda

- Reason and background for Behavioral Health Improvement Project (BHIP)
- Progress to Date
- Proposed Plan: Short-Term and Long-Term

Reason and Background for Behavioral Health Improvement Project (BHIP)

- LHH cares for residents with complex medical and behavioral health (BH) needs
- **As of 2021, roughly 3/4 LHH residents were diagnosed with conditions impacting brain function & behaviors**



LHH Resident Behavioral Health Diagnoses 2021

Neurocognitive Disorder (NC)

Mental Health (MH)

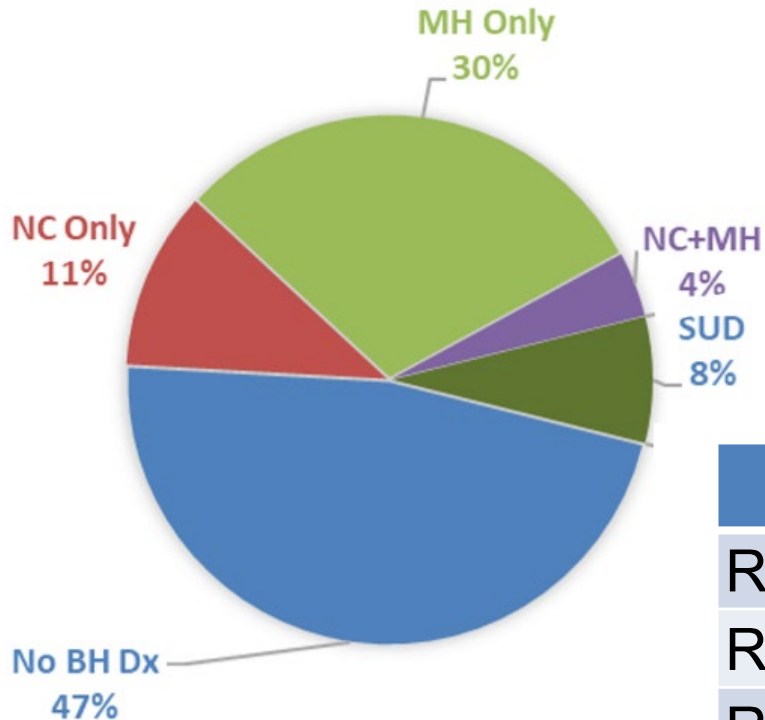
Substance Use Disorder (SUD)

Behavioral Health (BH)

Reason and Background for Behavioral Health Improvement Project (BHIP)

LHH Resident Behavioral Health Diagnoses

2023



No BH Dx
47%

NC = Neurocognitive Disorder Dx
 MH = Mental Health Dx
 SUD = Substance Use Disorder Dx
 BH = Behavioral Health Dx
 Dx = Diagnosis

Current: Fewer residents with behavioral health diagnosis, compared with 2 years ago

Proportions	7/21	7/23
Residents with BH Dx	73%	53%
Residents w/ NC only	13%	11%
Residents w/ NC+MH	13%	4%
Residents with SUD + Dx	15%	3%
Residents w/ SUD only	5%	5%
Residents w/ MH only	27%	30%

Reason and Background for Behavioral Health Improvement Project (BHIP)

- As part of root cause analysis for care of residents with complex BH needs, staff focus groups revealed:
 - Staff voiced the need for more education and support on BH topics including substance use, mental health care, de-escalation, and working with residents with challenging behaviors
 - Training platforms should go beyond online modules
- Subject matter experts convened in February/March 2023 to discuss best practices for BH redesign and education
 - Experts from other neuropsychiatric, geriatric facilities, DPH BH sites
 - Consultants for recertification
- In response, LHH leadership created a workplan to determine necessary changes in the provision of BH services and education / training of staff to improve the care for residents with BH needs

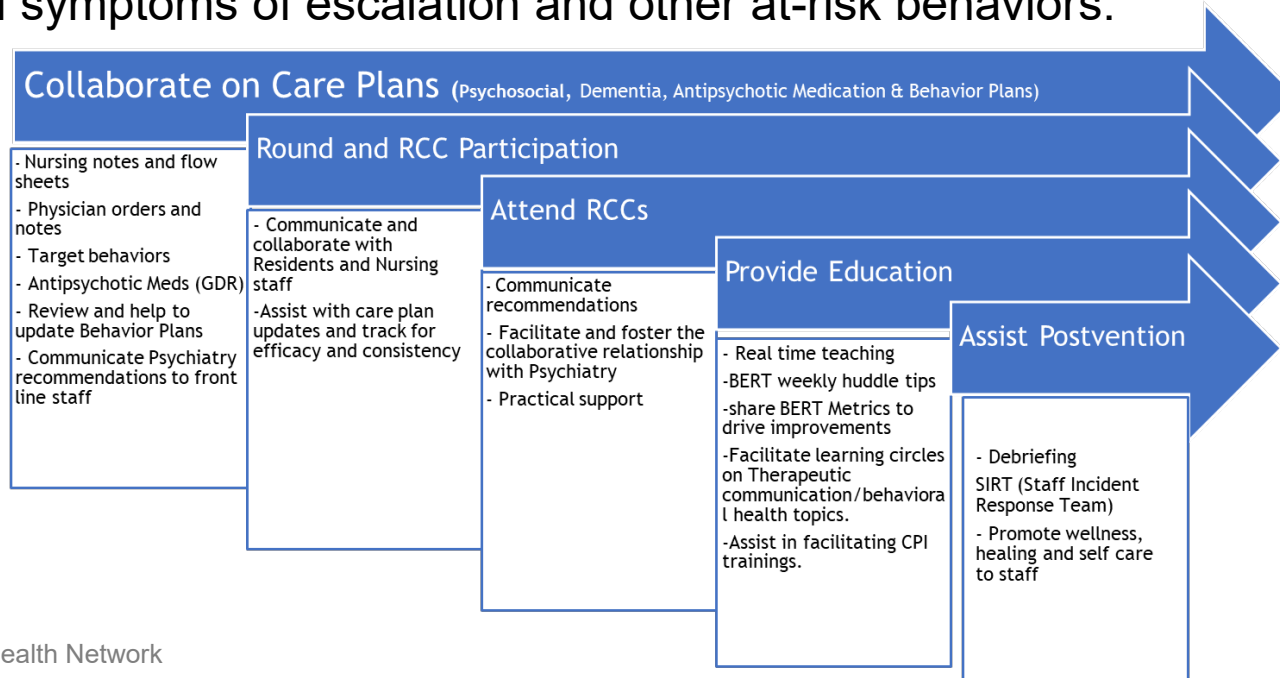
3 Workgroups with Specific Objectives

Training / Education Team Workgroup	Redesign Workgroup	Oversight Workgroup
<ul style="list-style-type: none">• Identify gaps in training content and training strategy• Provide comprehensive BH/SUD training for staff using adult learning techniques• Redesign the training and program curriculum including platform	<ul style="list-style-type: none">• Explore the model of focused units for residents with BH needs, including literature review and site visits• Evaluate and propose revisions to the admissions process to ensure LHH can provide the appropriate level of care and services for each resident*	<p>Assess constraints and assist with resolution</p>

*Policy 20-01 already excludes those with BH conditions not appropriate for SNF-level care, so aim is to solidify screening to ensure appropriate fit with LHH services

Progress to Date

- Trainings
 - 613 (78%) staff members have received in-person, 4-hour Crisis Prevention Institute (CPI) de-escalation training and training on working with residents with substance use disorders (ongoing trainings for goal >95% staff)
- Behavioral Health Response Team/Therapeutic Care Team
 - To help create and maintain a safe, equitable, and therapeutic care environment for LHH residents and assist staff to recognize early signs and symptoms of escalation and other at-risk behaviors.



Progress to Date (continued):

- Recruitment of providers with behavioral health expertise:
 - Internist with addiction medicine expertise recruited to start
 - 1.0 FTE new psychiatrist and 0.4 FTE public psychiatry fellow started 7/10/23; 0.4 FTE new psychiatrist to start 10/2/23; on boarded BHS psychiatrists for on-call
 - 1.0 FTE Behavioral Health Clinician started 6/26/23
 - Therapeutic Care Team (BERT): 3 RNs, 4 LVNs, 1 as-needed RN
- Workgroups are working on the following:
 - Ongoing training and education for staff
 - Selecting metrics to assess program success
- Best practices in redesign:
 - Reviewing the admissions screening process
 - Literature review on models of focused units for residents with BH needs
 - Site visit to a facility that has successfully implemented focused units
 - Development of short-term and long-term plan

Proposed Plan – Short Term

- Test of change on two units informing long-term plan of creating a focused unit (beginning September 2023)
 - Identify 6 residents with complex behavioral health care needs
 - Identify 12 staff currently working with the residents
 - Staff will participate in Learning Circles to learn and practice Nonviolent Communication strategies to their day-to-day care of residents

Proposed Plan – Short term: Metrics

- 5 Process measures: Staff competency & implementation
- 2 Outcome measures: Impact on resident behaviors & staff satisfaction

Metrics

BRT Staff completion of reading Nonviolent Communication (NVC) books

Ability to describe NVC teaching points condensed by Psychiatry and BRT staff

Coaching Attendance (Learning Circles and individual coaching)

Staff Confidence Survey with implementing behavioral plan recommendations

Increase in communication competency

Reduction in composite endpoint of less desired outcomes for escalation episodes

Resident satisfaction

Proposed Plan – Pet Robot Project (PRP)

Test of change: providing pet robots for select residents with dementia on two units

- Artificially intelligent machines resembling actual pets
- Research shows they are useful in combat of loneliness in older adults and people with Alzheimer’s disease and related dementias - loneliness and boredom can trigger behavioral escalations
- A small number of LHH residents already own a robotic pet, but more may benefit
- 10 pet robots (5 dogs, 5 cats) have been procured through the LHH Wish List
- Distribution completed for 8 residents
- Sensory group led by AT started as of 8/30/23
- Collaboration between AT, SW, PCP, Neuropsychologist
- Metrics development in progress



Proposed Plan – Long Term

- Continue evaluating the advantages/disadvantages of focused units, as informed by the short-term plan
- Short-term plan will allow us to identify successful strategies, create champions who can spread positive change, and refine metrics to inform a potential future with focused units

Advantages of a Focused Unit	Disadvantages of a Focused Unit
Well established treatment recommendations / escalations for front line staff	May require higher staff:resident ratio
Focused/selective hiring and training of staff on the unit(s)	Transferring resident from their "home" may lead to decompensation
Specific skills/experience for staff to match resident care needs	Risk of residents triggering other residents
Tailored program structure for resident care needs	Loss of identity/stigma for residents
	Cohorting criteria may restrict resident preferences and not lend well to new admissions

Challenges

- Space: Identifying a location and designing it to meet residents/staff needs
- Staff: Building up staff skills and filling staff vacancies
- Support: Services/Programs in place for residents/staff
- Striking a balance: Meet SNF regulations AND meet residents where they are
- We are confident we can do this and provide excellent, resident-centered care.

Case Example: Specialized Care at LHH - How We Provide Services

- Resident who has SNF-level needs and a long-standing history of stimulant use disorder. Soon after admission for medical SNF-level needs, resident was referred to Psychiatry for assessment. Psychiatry evaluated the resident and suggested enrollment into the SUD treatment program. Resident was enrolled and quickly became an active participant in the services and complied with the care plan, though resident wasn't ready to stop using yet. Resident gets along with others, has no behavioral disturbances.
- A few months into the program, the resident accidentally overdosed. Fortunately, staff discovered the accident and provided naloxone, saving the resident's life. Resident was then transferred to the ER.
- Resident returned to LHH. Was very grateful to LHH staff for the quick intervention and motivated to reduce substance use. Subsequently, resident started making meaningful changes. Still actively participates in SUD treatment (groups and individual counseling), is presently in remission of substance use.
- Clinical goals achieved: resident centered care delivered, implemented best practices including harm reduction, resident health improved.
- Resident expresses a great deal of appreciation for LHH care and support - *"This place has saved my life. I would be dead if it wasn't for this hospital."*

Questions?

**THANK
YOU!**