

A Case for the Full Rebuild of Laguna Honda Hospital

In 1999 — following 19 years of analysis and a community planning process — voters approved rebuilding Laguna Honda Hospital at 1,200 beds based on data from the San Francisco Department of Public Health documenting the need for the rebuild at full size, and with approval of the San Francisco Board of Supervisors who had placed the measure on the ballot. Proposition “A,” as it was known in 1999, passed with 73% of voter approval. Planning began in 1980; 27 years later, which patients will be served at LHH remains unanswered.

Board of Supervisors resolution #336-99, authored by then Supervisors Sue Bierman and Mark Leno, was adopted on March 3, 1999, acknowledging San Francisco’s commitment to “developing sufficient institutional care, in addition to developing [community-based] alternatives to institutional care for seniors and people with disabilities.” Where are we now 17 years later, and 27 years into this “process”?

Table 1: LHH Replacement Project Available Beds

# of Beds Approved for Construction as of March 2007	780
Beds Dedicated to Specific Patient Populations:	
• Rehab Center (Physical Rehabilitation)	60
• Hospice	30
• Admitting	30
• Acute Medical Care	30
• AIDS	60
	<u>210</u>
Beds Remaining for Other Patients	570

Table 2: Other Patient Populations Served as of March 2007

Beds Remaining for Other Patients:	570
March 2007 Capacity by Level of Skilled Nursing Care:	
• Dementia Residents	292
• Chronic Care/High Support	188
• Complex Medical/Co-Morbidities	253
• Psychosocial	92
• Asian Focus	57
• Intellectually/Developmentally Delayed	27
• Waiting List for Admission	30
	<u>939</u>
Bed Shortage / Residents to Be Displaced	(369)

All data and information in this report was obtained through public records requests.

Over 930 residents at Laguna Honda will be vying for only 570 beds not already committed to specific patient populations. Which of the 939 will get them, and will the remainder be safely cared for if discharged from Laguna Honda? Will 369 face out-of-county discharge?

Laguna Honda serves a multiplicity of patients unique to San Francisco; Laguna Honda has described some of its patient populations as:

Dementia Residents: “Unable to manage self-care at home or in community settings due to dementia or other cognitive impairments. Safety and security are of primary concern for this population, who are expected to remain at Laguna Honda indefinitely. Typical clinical presentations include: Alzheimer’s disease, multi-infarct dementia, short-term memory impairments, judgment impairment due to perception, and impulse control (such as wandering).” Goals include safety and security.

Complex Medical/Co-Morbidities: “Have multiple medical problems with concomitant psychosocial issues. While experiencing complications from their conditions or disease, they are for the most part alert, oriented, and able to communicate.” Clinical presentations include: Spinal cord injury, cerebral vascular accidents (CVA’s), wound care, continuous dialysis, cardiovascular disease, and diabetes. Goals include orientation to place, behavior control, range of security issues (such as protecting frail residents from psychosocial residents), and behavior control.

Chronic Care: “Commonly referred to as ‘total care,’ 50% of chronic care residents are non-ambulatory and non-alert, but the focus for all chronic care residents is high-level maintenance without rehabilitation. This palliative care requires vigilant physical care.” Clinical presentations include: Severe CVA’s, severe retardation, tracheostomy care, and contracture prevention.

High Support: “Represents a diverse population, all requiring high support according to their care needs.”

Psychosocial: “Require a therapeutic environment due to a primary medical diagnosis with concomitant complex psychosocial problems.” Typical clinical presentations include: Spinal cord injury, multiple sclerosis, judgment impairment or impulse control due to behavioral problems, and delusional presentations. Goals include reduction of specific target behaviors impacting resident’s ability to interact safely and socially in another environment.

Asian Focus: The two current Asian-focus wards at Laguna Honda serve various patient populations described above, in a culturally-sensitive setting tailored to their cultural needs.

A Department of Public Health’s (DPH) Placement Task Force document titled “Current Levels of DPH Community Placement [Options] for Single Adults” lists 8,259 beds available in community settings as of January 2007. Add 1,080 beds completed or under construction by the Mayor’s Office of Housing, and another 995 in preconstruction planning, totaling 10,334, or 92% of placement options. Cutting 420 of LHH’s skilled nursing (SNF) beds leaves DPH only 863 SNF beds, 8% of options, which is insufficient, and not the intent of Board of Supervisor’s 1999 resolution to build sufficient infrastructure to care for San Franciscans in need of SNF-level care.

While San Francisco has committed to, and developed, community placement options in order to comply with the U.S. Supreme Court’s Olmstead decision, an insufficient number of skilled nursing “institutional” beds are available citywide. The Alzheimer’s Association released updated data on March 20, 2007 indicating that 1 in 8 people over age 65, and 1 in 2 people over the age of 85, will face Alzheimer’s by the year 2011. San Francisco needs to rededicate its commitment to people with dementia in need of skilled nursing care.

The recent tragedy of an 82-year-old Chinese resident of Laguna Honda who fell to her death due to unsafe supervision should serve as a warning that dementia patients often need more care than can be served safely in community settings.

