



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

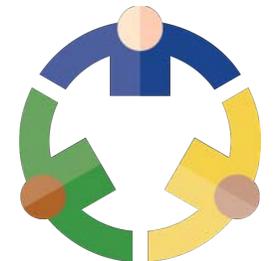
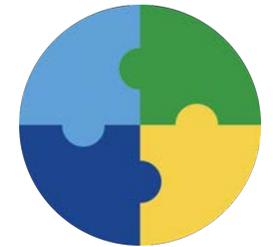
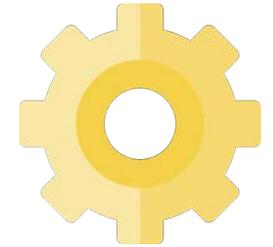
# The Quality Improvement Journey: Recertification of Laguna Honda Hospital and Rehabilitation Center (LHH)

April 10, 2024

# Presentation Objectives

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- 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*

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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 7<sup>th</sup> 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

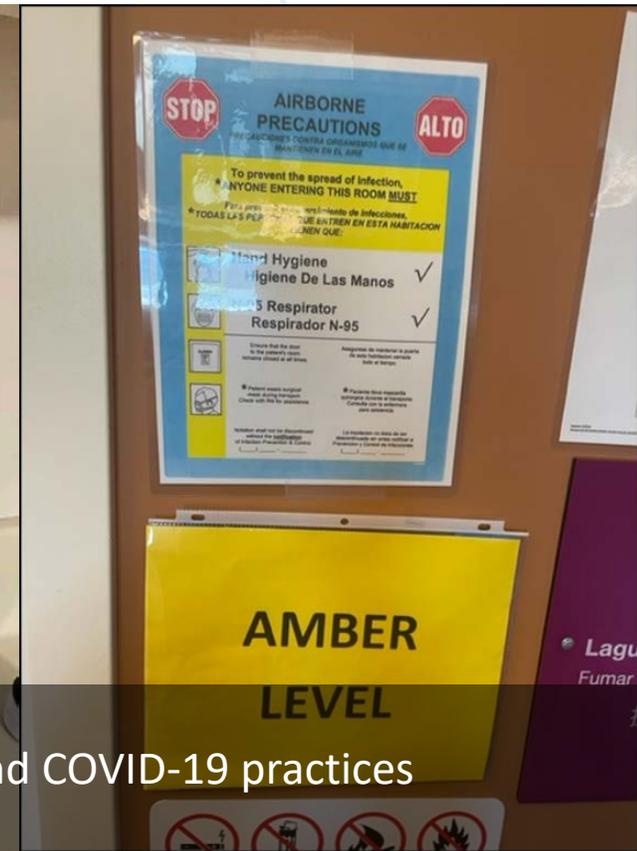
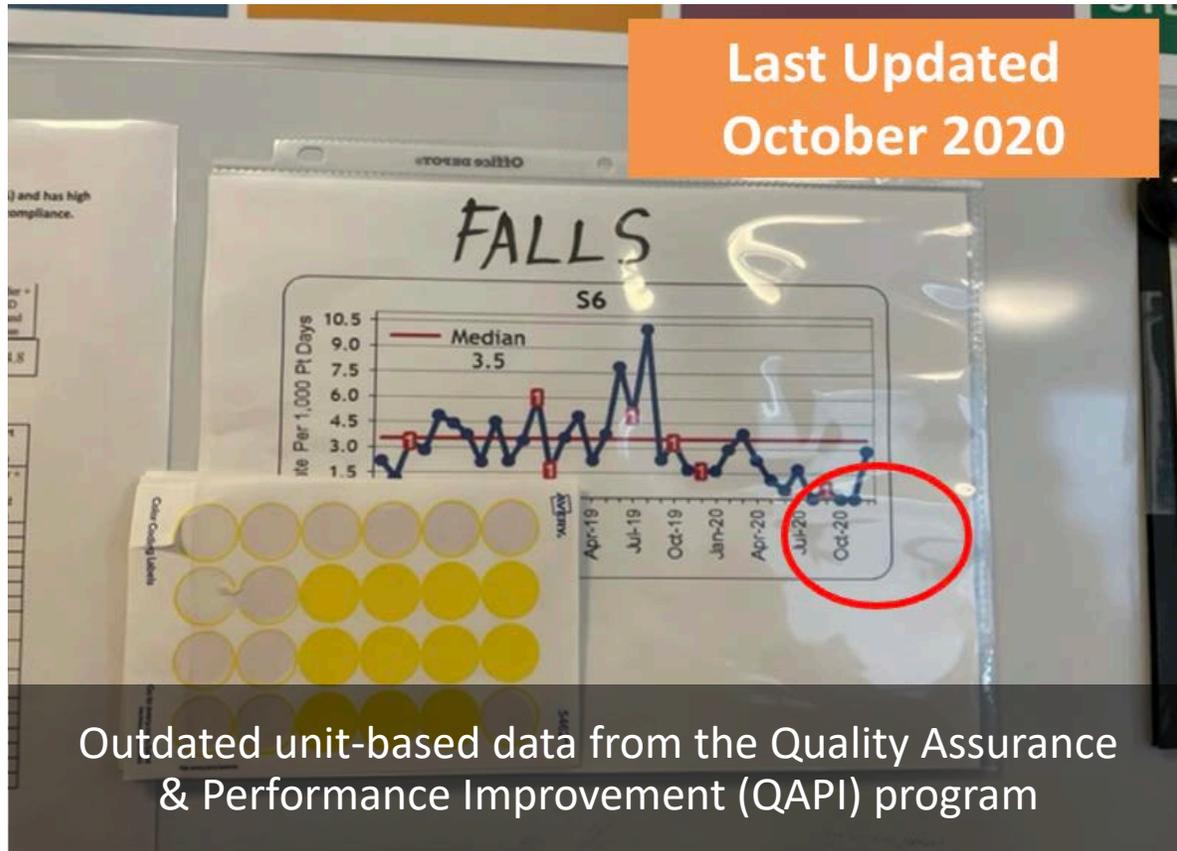


Nursing unit laundry room where clean and dirty laundry co-mingled



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.)

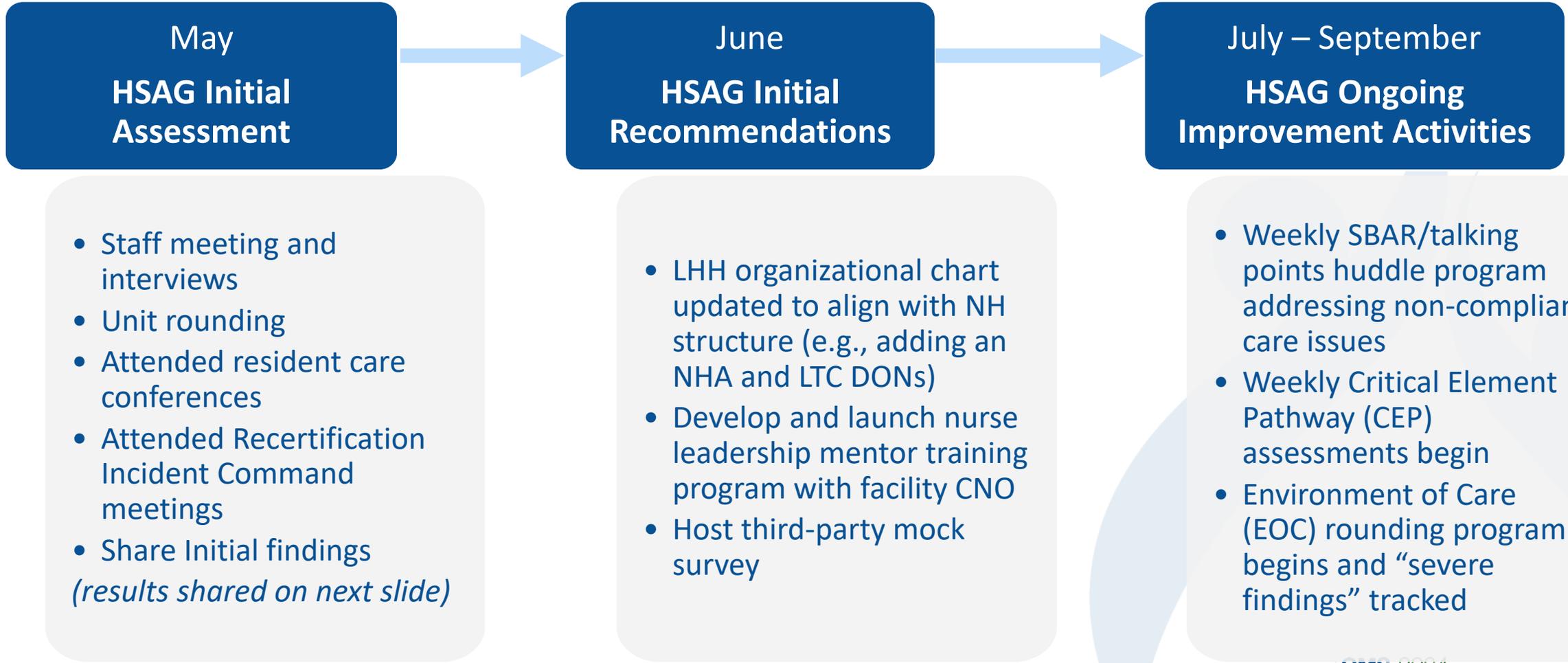


Resident room



Resident common area

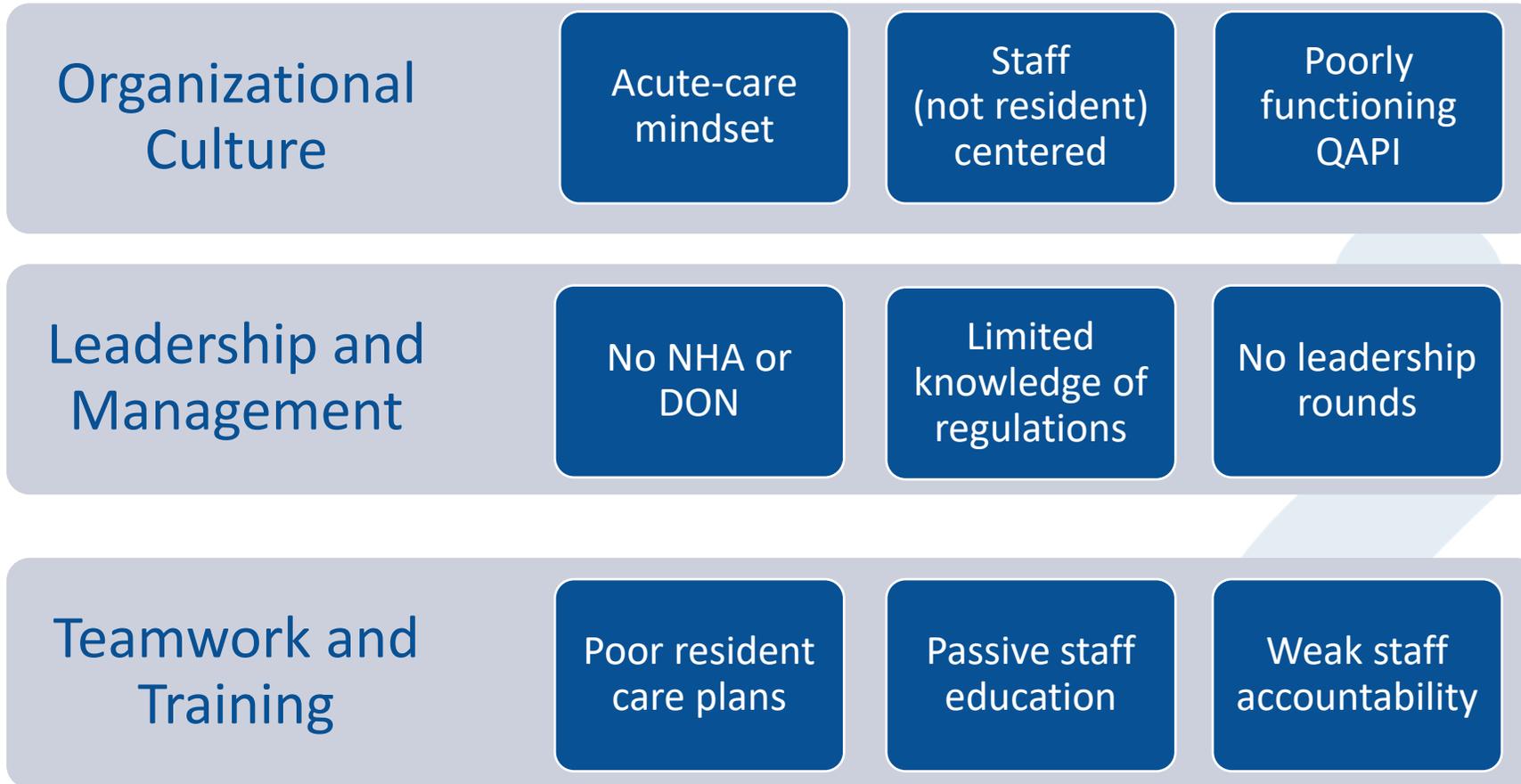
# May 2022 – September 2022: Initial Assessment, Recommendations, and Activities



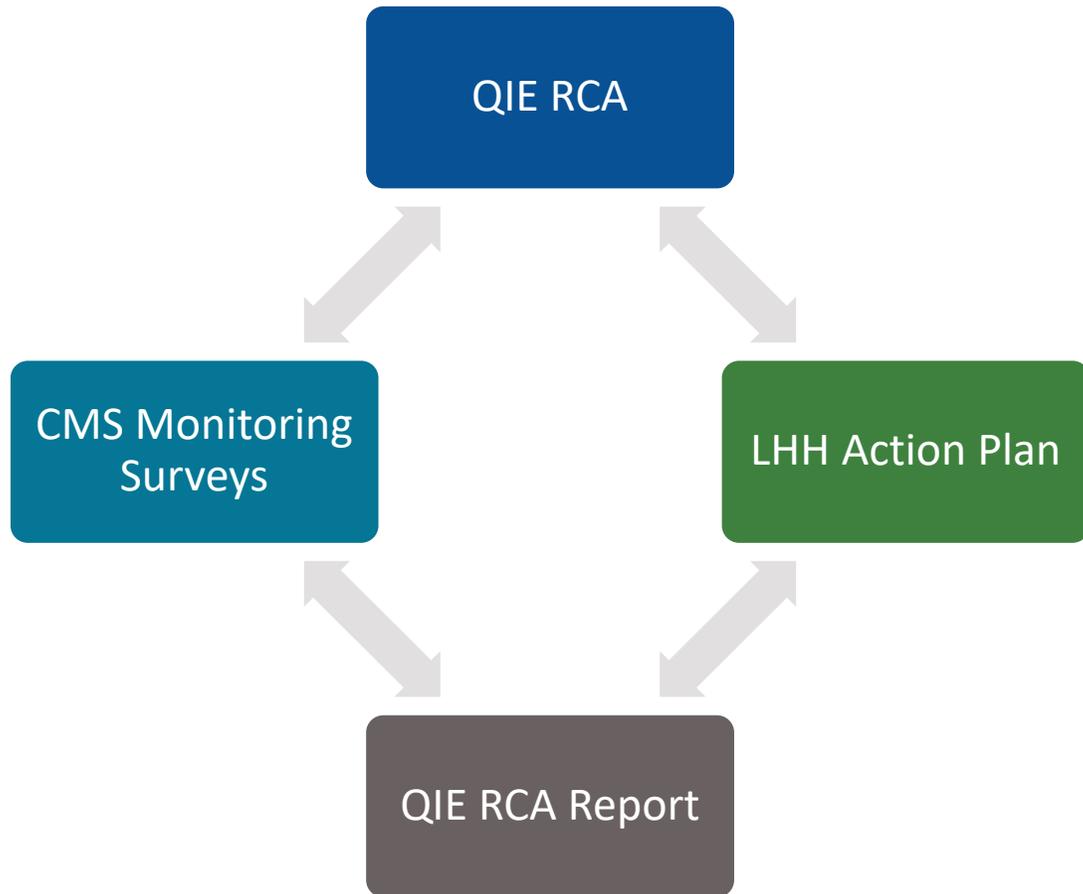
NH = nursing home  
NHA = nursing home administrator  
LTC = long-term care

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

# May 2022 – September 2022: Organizational Factors Impacting Noncompliance

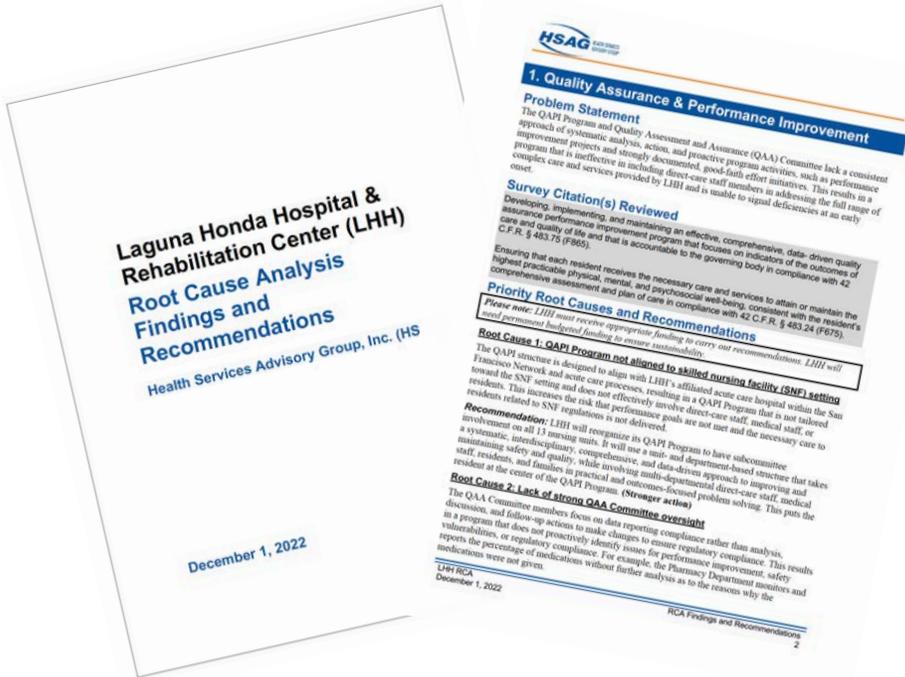


# October 2022 CMS/LHH Settlement Agreement



- 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

CMS  
Survey

QIE reviewed 2567 survey findings

Data  
Collection

QIE reviewed policies, processes, and  
QAPI data and interviewed key staff  
(direct care and leadership)

RCA  
Report

QIE submitted RCA reports to CMS,  
CDPH, and LHH. The QIE reviewed  
findings and recommendations with  
LHH executive leadership

# 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

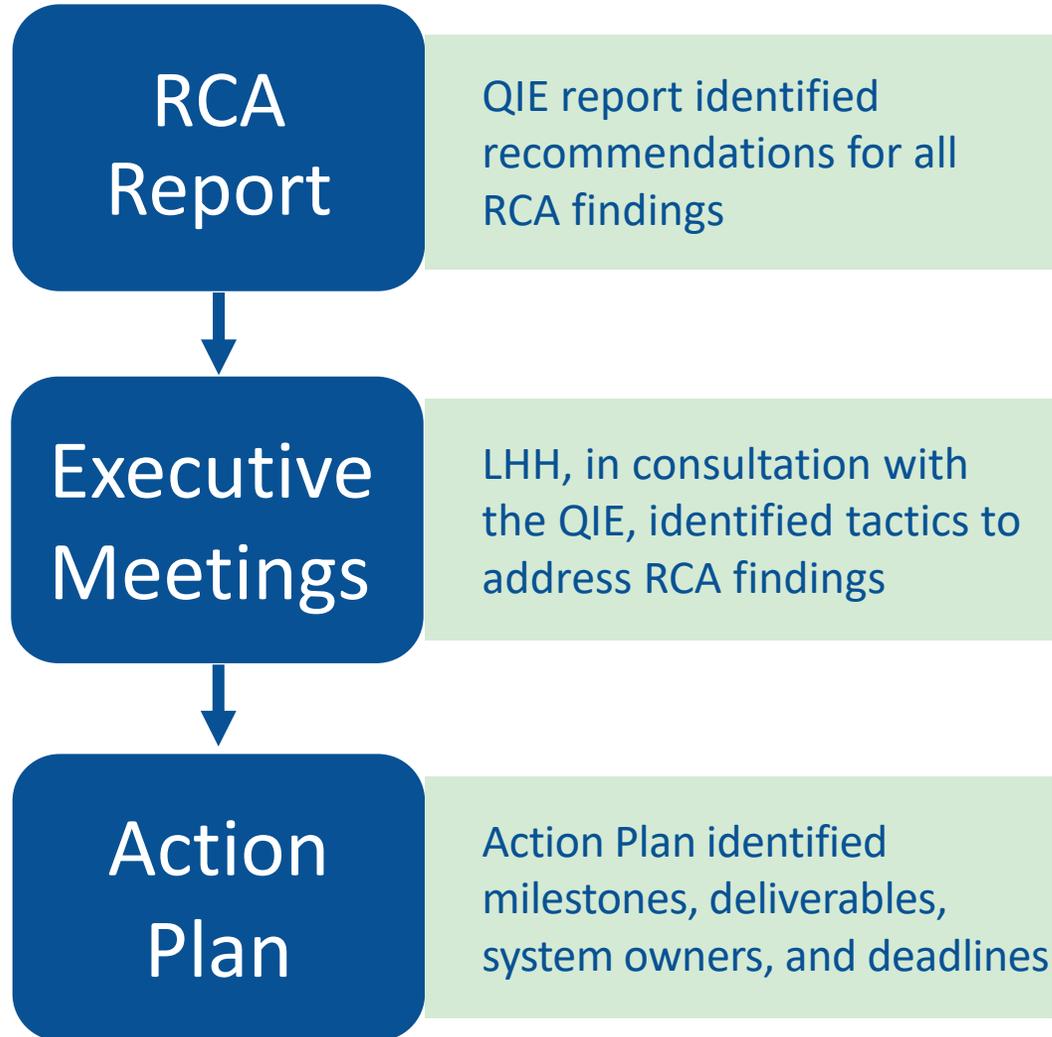


# Rebuilding the Infrastructure

Translating RCA Results Into Action



# January 2023: LHH Action Plan Development



TASK	EXECUTIVE SPONSOR	DELIVERABLE AND/OR MONITORING METRIC	START	END
<b>Root Cause 3: Direct-care staff and medical staff not active in QAPI activities</b>				
<b>Milestone 1:</b> 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
<b>Milestone 2:</b> 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
<b>Milestone 3:</b> 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



**Root Cause**

Root Cause	Waiting	Working	Reviewing	Done
ROOT CAUSE 1: Lack of alternative communication methods during emergencies	12/28/23	12/29/23	12/30/23	12/31/23
ROOT CAUSE 2: Ineffective work order management process	12/28/23	12/29/23	12/30/23	12/31/23
ROOT CAUSE 3: Lack of code compliance knowledge	12/28/23	12/29/23	12/30/23	12/31/23
ROOT CAUSE 4: Ineffective preventative maintenance program (PM Program)	12/28/23	12/29/23	12/30/23	12/31/23
ROOT CAUSE 5: Low staff and resident awareness of grievance process	12/28/23	12/29/23	12/30/23	12/31/23

**LHH QAPI Dashboard - Run Charts**

Month - Year: All  
Unit: All

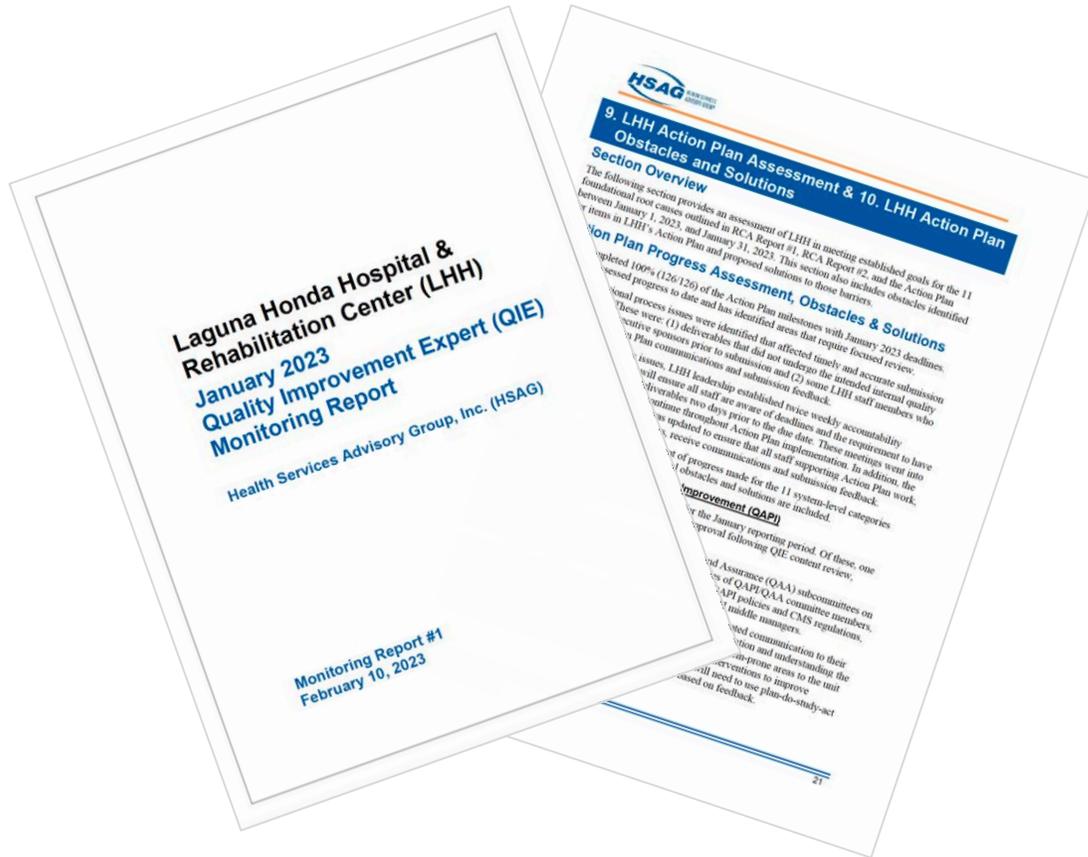
Hold CTL, while selecting multiple months

- Behavior Monitoring & Psychotropics
- Wound & Nutrition Committee
- Falls & Restraints
- IPC & Antimicrobial Stewardship
- Newly Received Antipsychotic Medication
- Excessive Weight Loss
- Falls
- Catheter Inserted and Left in Place

**Together We Can Recertify!**

San Francisco Health Services  
Laguna Honda Hospital and Rehabilitation Center  
12/15/2023  
Last Update

# 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

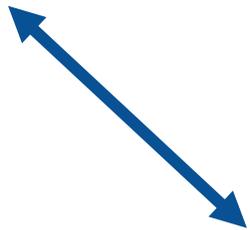
*Sustainability, Successes, and Certification*



# 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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