California Health Improvement Project (CHIP) Decreasing Decline in Condition and Acute Hospitalization Through Effective Care Planning

Madonna Valencia, RN, MSN

Laguna Honda Hospital and Rehabilitation Center, San Francisco

Problem Statement and Underlying Causes

Problem: Resident care plans that are fragmented and lack connectivity lead to confusion about the resident's condition and appropriate care, and inconsistent monitoring. This gap is a barrier in delivering appropriate care interventions that leads to decline in condition and/or acute hospitalization.

FUTURE STATE

EFFECTIVE CARE PLANS

→ Accessible to all clinicians

→ Electronic Care Plans

→ Active and Updated

→ Interventions validated

→ Staff able to carry it out

→ Consistent

CURRENT STATE INEFFECTIVE CARE PLANS

- → Paper Based Care Plans
- + Conflicting
- + Outdated
- → Not accessible to clinicians
- → Interventions not evaluated
- → Stays in the binder and not used

Efficient

Efficient Care Team Planning Curriculum for staff training completed October 2014.

Outputs Achieved

- Developed Electronic Care Plan template on Problem Behavior and Restorative Care
- Need for Restorative Care completed September 2014.
- Pilot in using Electronic Care Plan, Daily Huddle and Care Summaries started in January 2015 for 60 residents and 47 Nursing FTE's.

Lessons Learned

- Testing care planning workflow in smaller scale prior to pilot implementation is essential in smoother transition from paper based to electronic care planning.
- Extensive training needs assessment and budget allocation is key to avoid negative impacts on workflow, costly setbacks, and productivity losses.
- Timing of the project timelines with huge consideration to other major hospital projects is important to avoid competing priorities with technical support and resources.

Project Description

Improve the care planning process for residents of Laguna Honda Hospital and Rehabilitation Center, through engaging all care disciplines in creation of individualized care plan through daily care huddles, transition from paper based to electronic care plan and initiation of care summaries.

Goal and Objectives

Goal: improve appropriate care & reduce decline in residents' condition and acute hospitalization.

Output-oriented Objective: In order to establish Care Planning process that is multidisciplinary, accessible, active and usable:

- A. Complete Phase 1 (Discovery and Planning) by end of June 2014.
- B. Complete Phase 2 (Staff Training) by end of August 2014.
- C. Complete Phase 3 (Pilot Phase Implementation) by end of December 2014.
- D. Complete Phase 4 (Hospitalwide roll out) by end of June 2016.

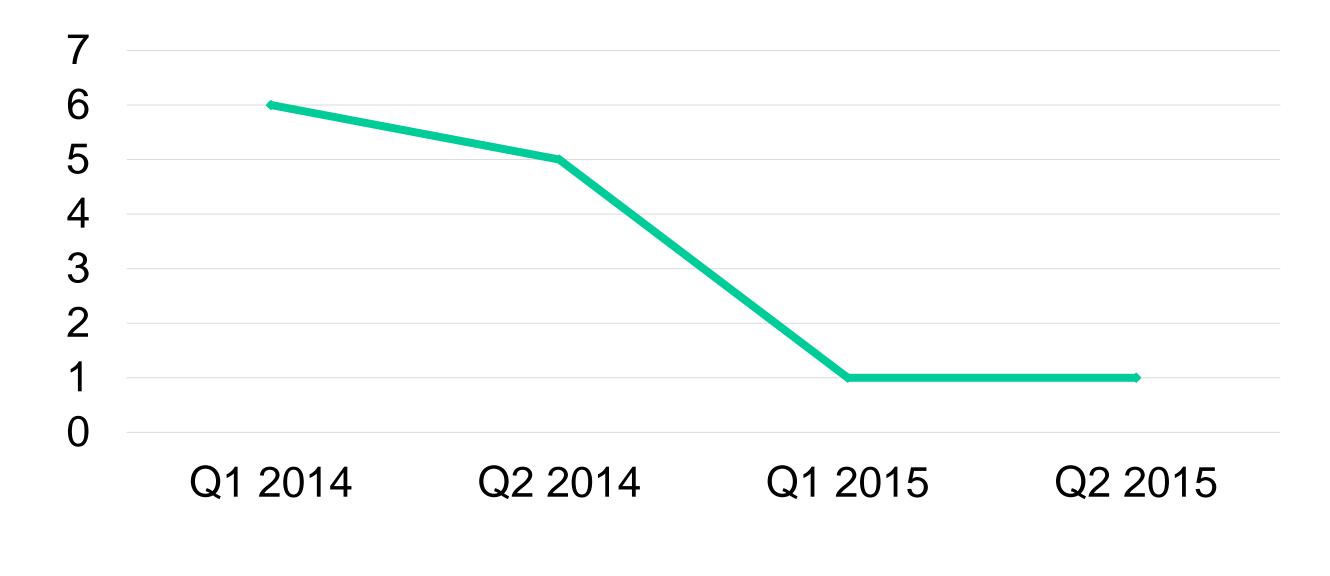
Outcome-oriented Objective: By the end of 2016, achieve the following targets:

- A. Decrease number of residents transferred for acute hospitalizations by 10%.
- B. Decrease number of residents that decline in activities of daily living (dressing, transfers, toileting, eating, ambulation) by 10%.

Outcomes Achieved

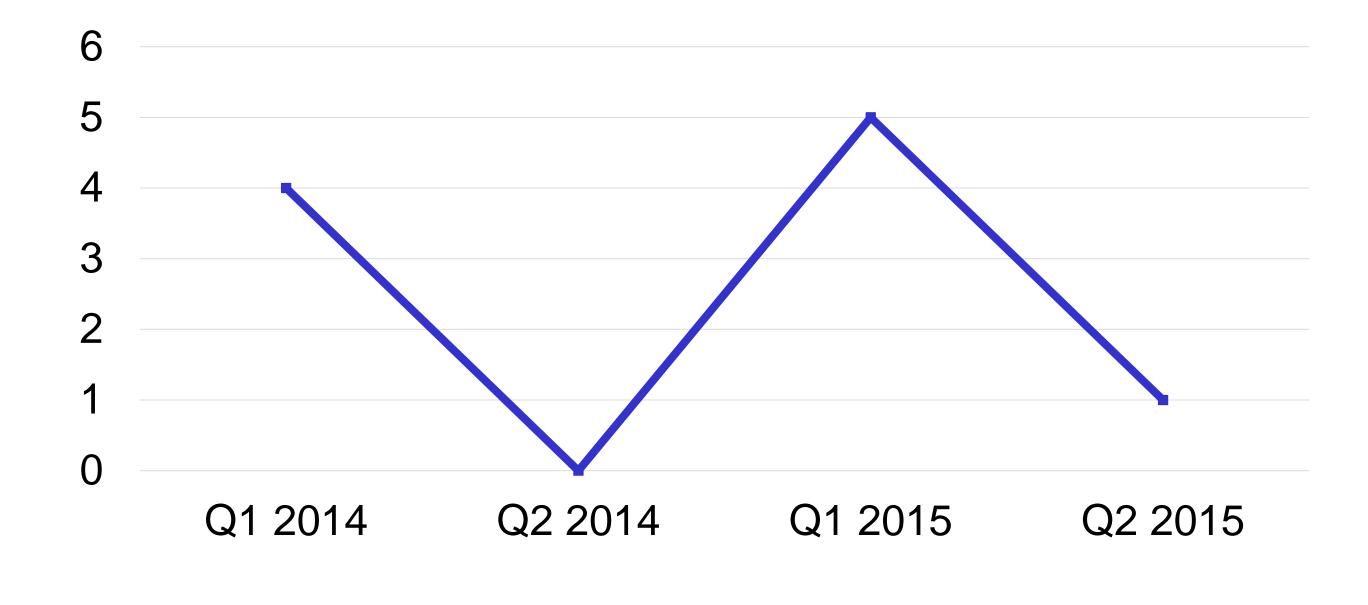
OUTCOME MEASURES

NUMBER OF RESIDENTS DISCHARGE TO ACUTE,
JANUARY 2014 THRU JUNE 2015



OUTCOME MEASURES

NUMBER OF RESIDENTS WITH DECLINE IN CONDITION JANUARY 2014 THRU JUNE 2015



About My Organization





OUR VALUE

Resident Comes First.

Laguna Honda is a 780 bed facility that provides skilled nursing, post acute care, short stay, rehabilitation, hospice and long term care services to the diverse communities of San Francisco. Owned and operated by the San Francisco Department of Public Health, It was founded in 1866 to care for one of the first generations of San Franciscans, the Gold Rush pioneers. A century and a half later, it remains a civic icon representing San Francisco's tradition of service to the underserved

Contact Me

Madonna Valencia, RN, MSN
Chief Nursing Officer
Laguna Honda Hospital and Rehabilitation Center
madonna.valencia@sfdph.org



To learn more about CHCF go to: http://futurehealth.ucsf.edu/