Weekly Dashboard for Laguna Honda Hospital
Closure and Patient Transfer and Relocation Plan

Laguna Honda Hospital (Laguna Honda) provides safety net health care services to approximately 700 of San Francisco's most vulnerable patients. The care for most of these patients is funded by the federal Centers for Medicare and Medicaid Services (CMS). In April 2022, CMS terminated Laguna Honda's participation in the Medicare and Medicaid Provider Participation Programs. In May 2022, Laguna Honda submitted a Closure and Patient Transfer and Relocation Plan and provides weekly closure data to the California Department of Public Health (CDPH).

WEEKLY CLOSURE REPORT

Week reflects data Monday–Sunday; this week, we provide Weeks 1–4; moving forward, up to 4 weeks of data will be displayed; prior data is available upon request.

PATIENT CENSUS:

The census count changes daily as patients move through the system based on their needs. The census may shrink when patients take a "leave of absence" which is when patients are hospitalized for an inpatient acute stay for more than eight days.

PATIENT ASSESSMENTS, FAMILY MEETINGS, and PATIENT REFERRALS:

Laguna Honda must transfer and relocate patients to appropriate settings of care as part of the Closure and Patient Transfer and Relocation Plan. Staff strongly encourages patients to accept placements as they become available based on their assessment. One reason is that placements nearby may not be available later. The process involves:

- **Clinical patient assessments**: Multi-disciplinary teams work together to ensure safe transfer and discharge. A clinical assessment team includes doctors, nurses, and social workers who discuss the patient's functional capabilities and health needs.
- **Patient and family meetings**: Teams meet with each patient and their families and, where applicable, the patient's representative to share information about the closure process and gather input for the transfer/discharge decision.
- **Patient referrals**: Referring a patient to a new facility is a two-way process: First find a facility that has room and appropriate levels of care must be found and the facility must agree to the placement.
    - Intensive outreach is conducted to find a facility. Once an appropriate facility is found, detailed information about the patient is shared to ensure that the facility can meet care needs (as defined by the patient's placement assessment). The new facility must review and screen the assessment to determine whether they will accept the patient. Only then will the referral occur.

TRANSFER, RELOCATION, and DISCHARGES:

Laguna Honda staff are highly invested in appropriate transfer and relocation for each patient. Resident care teams complete assessments for (1) level of care, (2) risk for transfer trauma, and (3) discharge options.

PATIENT CENSUS

Week	End of Week 1: May 16-22	End of Week 2: May 23-29	End Week 3: May 30-June 5	End of Week 4: June 6-12
Patients	681	677	677	675

PATIENT ASSESSMENTS, FAMILY MEETINGS, and PATIENT REFERRALS

Week	Week 1: May 16-22	Week 2: May 23-29	Week 3: May 30-June 5	Week 4: June 6-12	TOTAL
Patient Assessments	105	100	59	74	338
Patient and Family Meetings	43	57	21	57	178
Patient Referrals	2	79	121	147	349

BED IDENTIFICATION and CALLS, TRANSFERS AND DISCHARGES

Week	Week 1: May 16-22	Week 2: May 23-29	Week 3: May 30-June 5	Week 4: June 6-12	TOTAL
TOTAL CALLS per week	739	1,188	1,162	1,418	4,507
BEDS AVAILABLE In SF Called facilities	15	15	15	15	60
Found beds available	11	0	10	2	23
Out of County Called facilities	482	1,095	850	1,103	3,530
Found beds available	1,187	1,070	1,457	1,540	5,254
DISCHARGES	0	1	0	5	6