Reviving Healthcare: How Lean Transformed a Decertified Facility

San Francisco
Department of Public Health

San Francisco Department of Public Health
Laguna Honda Hospital & Rehabilitation Center
Sandra Simon & Youngjae Kim

Memorize the shapes "IN ORDER"
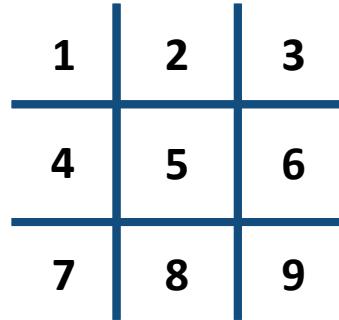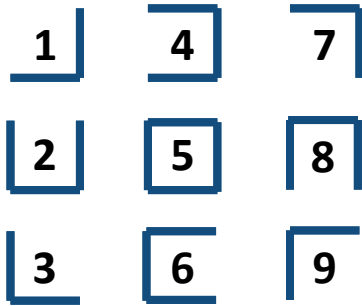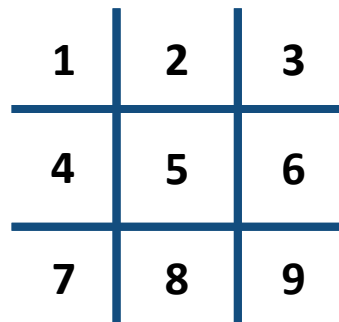
1	4	7
2	5	8
3	6	9
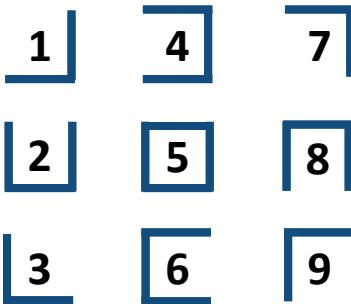
Who memorized all nine (9) shapes?

Who's fault is it?

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Memorize the shapes "IN ORDER"

1	4	7
2	5	8
3	6	9

1	2	3
4	5	6
7	8	9

What is the shape of 5? 7? All?

1	4	7
2	5	8
3	6	9

1	2	3
4	5	6
7	8	9
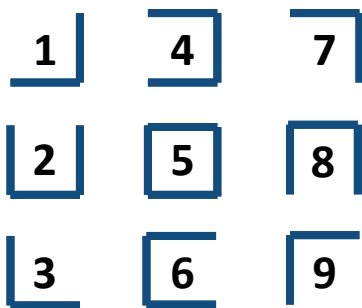
"If you change the way you look at things, the things you look at change."

- Wayne Dyer

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Background of the Activity

- Although the beads market is controlled by a small group of firms due to significant barriers to entry, it's highly competitive and capital-intensive.

- Company Y2K is experiencing a high turnover in staff

- DPH is opening an opportunity to the LEI Summit members to support the needs at Company Y2K

Reassignment Job Postings

- **4 Willing Workers:** Must be willing to put forth best efforts. Minimum requirement is to be a LEI Summit member; no additional education or experience requirements.

- **1 Inspector & 1 Scribe:** Must be able to distinguish red from white; able to count to 50. Minimum requirement is to be a LEI Summit member; No additional education or experience requirements.

- **1 Facility Leader:** Too busy to visit the facility and observe the operation, makes decisions for the entire facility only using the data provided

- **Observers:** Remaining participants

History

- Prior to the activation, there has been a review of the performance at Company Y2K, and there is a possibility this facility might close.
- Due to the current state of the facility, you need to understand that the continuation of your job depends on your own performance, so long as *you collect enough white beads, you WILL have jobs*.
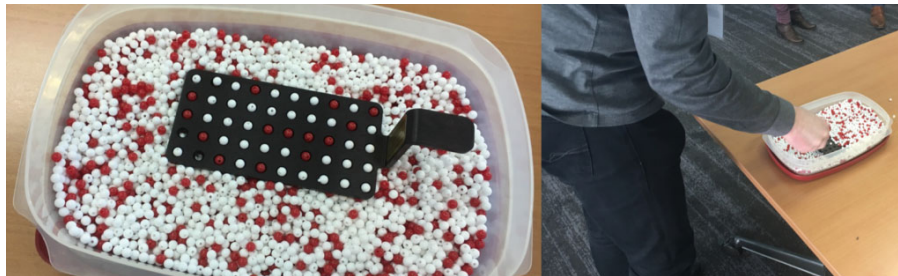
Activity Run #1

Red Bead Experiment Data
Output per Worker

Name	Day1	Day 2	Day 3	Day 4	All 4
Bob	14	10	9	10	43
Dorothy	12	5	13	5	35
Henry	15	6	4	9	34
Calvin	8	8	9	7	32
Carol	10	11	10	8	39
Judy	6	11	10	10	37
All 6	65	51	55	49	220
Average	10.8	8.5	9.2	8.2	9.2

Run #2

- The management has decided to put on a numeric goal: no more than 5 red beads per employee in any workload. Zero to five are acceptable, but not more than five (5). The standard production per person per day is fifty (50) beads per day. No more, no less.

- If more than five (5), the inspectors will record it, and it will go on your record. All you have to do is to follow the procedure rigidly, no departure, no comments, no questions.

- Good performers will be given merit raises, while poor performers will be put on probation.

Run #2 Data

Red Bead Experiment Data
Output per Worker

Name	Day 1	Day 2	Day 3	Day 4	All 4
Bob	14	10	9	10	43
Dorothy	12	5	13	5	35
Henry	15	6	4	9	34
Calvin	8	8	9	7	32
Carol	10	11	10	8	39
Judy	6	11	10	10	37
All 6	65	51	55	49	220
Average	10.8	8.5	9.2	8.2	9.2

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- Somebody in the management came through with a fantastic suggestion, a new style of management.

- Instead of closing the program down, they are going to keep it open, keep it going.

- We will work on two shifts/staff to keep up the production and give two shifts/staff to the best workers. The other two staff will no longer be working for the facility.

- Looks at the best result – If the top formers can make X red beads, anybody can make X red beads. That should be the limit and no questions about it.

Run #3 Data

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Red Bead Experiment Data
Output per Worker

Name	Day1	Day 2	Day 3	Day 4	All 4
Bob	14	10	9	10	43
Dorothy	12	5	13	5	35
Henry	15	6	4	9	34
Calvin	8	8	9	7	32
Carol	10	11	10	8	39
Judy	6	11	10	10	37
All 6	65	51	55	49	220
Average	10.8	8.5	9.2	8.2	9.2

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Observations

- The container seemed to have as many red beads as white beads
- The trainer/demonstrator couldn't get below 5 red beads
- Staff can't change anything, but they are held accountable for performance they can't achieve
- No collaboration, communication, consistency, confidence, and commitment
- Understand the issue(s) after the work has been done by reliance on inspection
- Facility leader made decision(s) around goals and best employees solely based on data without understanding what's actually happening in the facility (i.e., behaviors, systems, culture)

Who took the responsibility and/or accountability for these results?

Who should it have been?

Lessons Learned

- The staff know the issues and problems better than anyone else within or outside of the organization – leaders need to engage their staff to make improvements.
- If the causes aren't immediately evident, then leaders and workforce manager need to find the skills, tools and expertise that will help us understand the root causes.
- Understand how crucial middle management is – if you are running a team, section, division and/or program, you are setting the tone and pace.
- You (leaders) are either going to be seen as a coach and supporter to the growth and development of capabilities and knowledge for yourself and others, or as a regulator, enforcer, controller.
- To close the gap, the leaders need to create an environment to have open and honest conversation and communication, where people can come together and say,
  - How are we setting performance standards and expectations?
  - Are you using data and information correctly, or are you miss-interpreting variation?
  - Can you set an environment in which you treat failure as a good thing and an opportunity to learn?

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About Laguna Honda Hospital (LHH)

Who we are

- One of the largest skilled nursing facilities in the country, represented the most extensive commitment by any city or county to therapeutic care for seniors and adults with disabilities

- General acute care hospital (licensed capacity, 780 beds) providing acute medical and rehabilitation services (11 beds), and skilled nursing services (769 beds)

- Rich history of caring for San Franciscans, dating back to 1866

- Part of Department of Public Health's San Francisco Health Network

- Uniquely organized into 13 specialized nursing and rehabilitation programs

San Francisco Health Network
Laguna Honda Hospital
and Rehabilitation Center

About Laguna Honda Hospital

OUR MISSION — To provide a welcoming, therapeutic, and healing environment that promotes the individual's health and well-being

OUR VISION — To build healthier lives as the leader in post-acute care.

OUR VALUES

- Resident centered care
- Compassion
- Professionalism
- Competency

- Teamwork
- Collaboration
- Integrity
- Communication

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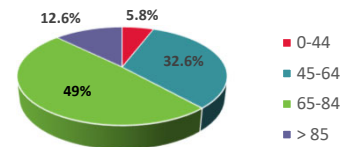
About Laguna Honda Hospital

Who We Serve

- Residents with complex medical needs who are often low or very low income
- A broad community in terms of both care needs and demographics

UD FH

NATIVE AMERICAN/ALASKA NATIVE	1
NATIVE HAWAIIAN/PACIFIC ISLANDER	2
UNKNOWN	4
OTHER	34
HISPANIC	146
ASIAN	175
AFRICAN AMERICAN	240
WHITE	247

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- 0-44: 5.8%
- 45-64: 32.6%
- 65-84: 49%
- > 85: 12.6%

True North

Together We Can Recertify!

Path to CMS Recertification

- In April of 2022, CMS terminated LHH's participation in the Medicare and Medicaid Provider Participation programs.
- LHH worked diligently to meet all regulatory requirements and make rapid improvements to prepare for CMS recertification.
- This included making long-term operational, institutional, and cultural changes to achieve recertification and to ensure long-term success of the hospital.

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Key Recertification Initiatives – Action Plan

- The settlement agreement with CMS and the CDPH paused the involuntary transfer and discharge of residents and extended payments included a Quality Improvement Expert (QIE).

- LHH in partnership with the QIE, identified the root causes from the findings identified during the surveys.


QIE Action Plan & QAPI

Plan_Cause_Milestone	TASK	EXECUTIVE SPONSOR	DELIVERABLE AND/OR MONITORING METRIC	QM Status
EPP_RC1_Milestone 1	**Milestone 1:** LHH Executive Team has selected Everbridge as a secondary mode of communication. Everbridge is an electronic alert system used to communicate critical, real-time information to staff during emergencies through text message, phone calls, and emails. It is used by a wide variety of facility and county EMS agencies in California.	Chief Executive Officer (CEO)	Minutes from LHH Executive Leadership meeting	Approved by QIE
Staff Training_RC1_Milestone 1	**Milestone 1:** Perform environmental scan of SNF-related certifications and/or credentialing that are available in the SNF industry, including, but not limited to, nursing home administrator license, certified medical director, certified director of nursing, infection prevention certification, education/training, and RAC-CT certification.	Chief Executive Officer (CEO)	Environmental scan report with results regarding SNF licensures, credentials, and certifications	Approved by QIE
Care Plans_RC1_Milestone 1	**Milestone 1:** Complete a crosswalk to the phase 3 requirements and best practices to update policies and procedures related to MDS and care plans.	Chief Nursing Officer (CNO)	Policy and procedures with track changes	Approved by QIE
Resident Rights_RC1_Milestone 1	**Milestone 1:** LHH will identify the team members responsible for completing rounds	Chief Executive Officer (CEO)	List of team members	Approved by QIE
Med. Mngmt_RC1_Milestone 2	**Milestone 2:** Review and revise medication self-administration assessment tool to align with regulations.	CPO	Updated assessment	Approved by QIE
BH & SUD_RC1_Milestone 1	**Milestone 1:** Secure external consultant's report that investigates alternative models to meet resident behavioral health needs utilizing industry standards and meets regulatory compliance.	CEO/CMO	Consultant Report	Approved by QIE
QAPI_RC1_Milestone 1	**Milestone 1:** Outline the required members, their purpose and role, in the QAPI/QAA subcommittees for nursing units to include the topics of (1) psychotropic medication and behavior monitoring, (2) restraints and falls, (3) nutrition and wounds, and (4) infection control and antibiotic stewardship.	Chief Quality Officer (CQO)/Chief Nursing Officer (CNO)/Chief Medical Officer (CMO)	Committee charter	Approved by QIE

Based on the **root causes** identified from the analysis, the LHH team came together to develop an action plan that was submitted to CMS to keep Laguna Honda Hospital accountable to make leap in the improvement efforts. LHH went through four action plans resulting in 1000+ action items, over the course of 18 months.

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Kanban/Job Boards
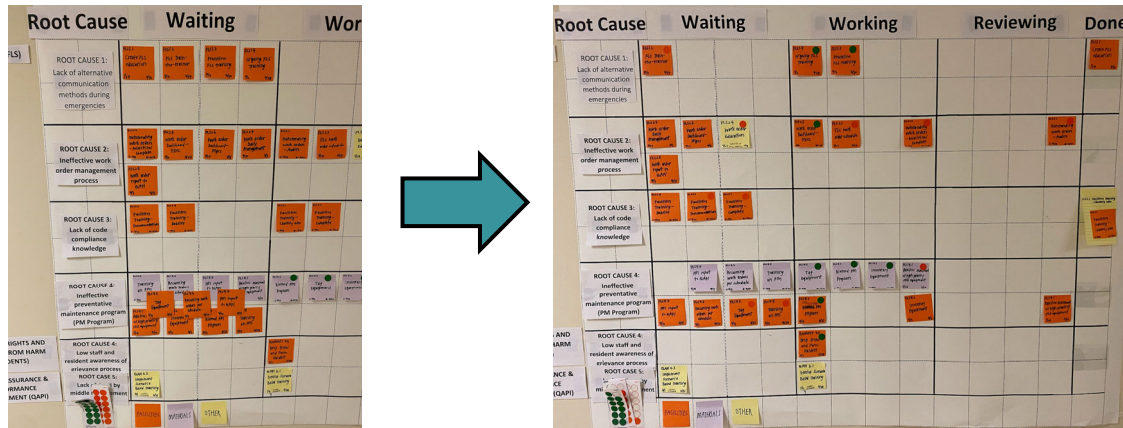
Each of the departments tracked their own action item milestones using a simple Kanban board. Each post-it included the unique identifier, topic, deliverable needed, start date and end date. Red dots indicated to signal help, while green meant the item was on track.

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Successful Lean Culture

WHY IS IT DIFFICULT TO IMPLEMENT A SUCCESSFUL LEAN CULTURE?

> Everyone needs to accept and acknowledge that 'The way we currently operate is NOT ACCEPTABLE', not just 'We need to IMPROVE the way we operate'.
>
> It requires almost completely different approach in day-to-day management, compared to anything with which everyone is familiar or comfortable with.

Four Core Components

1 Leader Standard Work

"Know your processes and outcomes; Remove barriers to achieve the goal.

The purpose for leader standard work in lean management is to help a leader see what needs to be done and what doesn't need to be done.

2 Visual Controls

"Are we winning or losing?" "How do we know?" "What are we measuring?"

The purpose for visual controls in lean management is to focus on the process and make it easy to compare expected versus actual performance.

3 Daily Accountability Process

"Were actions completed as expected?" "What actions are we taking today?"

The purpose for daily accountability process in lean management is to ensure that focus on process leads to action to improve it.

4 Discipline

The first three will not amount to anything without the discipline to execute these elements as designed and intended. It is the fuel that powers the engine that makes the entire system go.
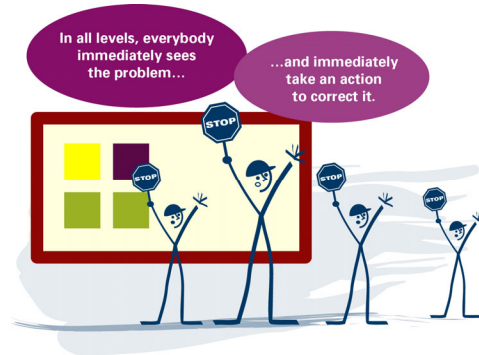
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① Leader Standard Work

Leader Standard Work, sometimes called "kaizen for management", changes the role of managers from being the primary problem solvers to **building the problem-solving capability of employees**. Because traditional management activity does not support a culture of daily problem solving, the **shift in management's role** is needed to build the new culture and support the lean operational changes made during a transformation.

Along with planning activities that are carried out on at less frequent intervals, day-to-day leader standard work consists of **five major tools**:
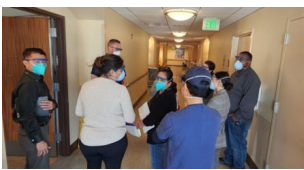- Gemba walks
- Reflection meetings
- Response to Andons
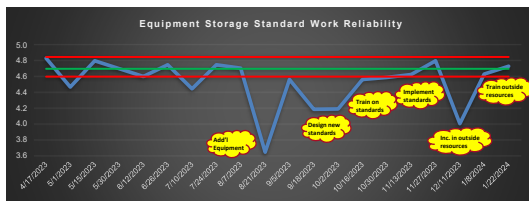- Creating accountability
- Mentoring people

In all levels, everybody immediately sees the problem…

…and immediately take an action to correct it.

Observing Standards

Equipment Storage Standard Work Reliability

Root Causes
1. Standards do NOT exist
2. Current standards do NOT produce results
3. Current standards are NOT implemented

Daily Management begins with **understanding the current state** – it is about control of *standardized processes* – it requires a new Mental Framework.

	Good Result	Bad Result
Good Process	**Expected**	**Not possible – process is bad**
Bad Process	**Lucky**	**Expected**

We need to shift our focus from:
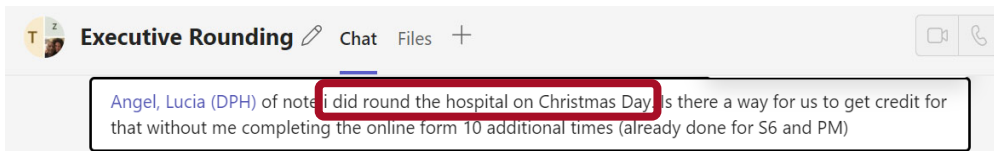"get the results, I don't care how" to "control and measure the **process** to achieve the results"
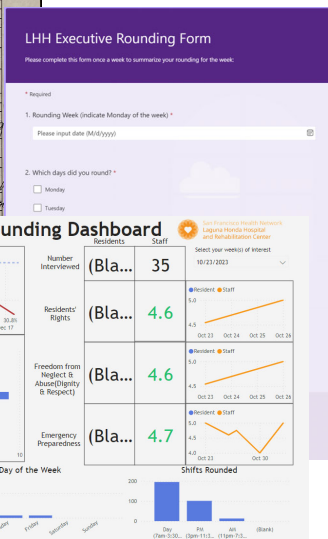
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Daily Executive & Leadership Rounding

"Leaders go to and are engaged where the work happens daily to develop a thorough understanding of the process, first looking at the process instead of blaming people."

North Tower	Executive Rounder	South Tower	Executive Rounder
North Mezzanine	CMO	Pavilion Mezzanine	CQO
North 1	ANHA – Support Serv.	Pavilion Mezzanine Acute	ANHA – Care Exp.
North 2	ANHA – Support Serv.	South 2	Pharmacy Director
North 3	Compliance Director	South 3	KPO Director
North 4	Chief of Staff	South 4	Rehab Director
North 5	Equity Director	South 5	Facilities Director
North 6	HR Director	South 6	ANHA – Care Exp.

Executive Rounding Chat Files +

Angel, Lucia (DPH) of note i did round the hospital on Christmas Day is there a way for us to get credit for that without me completing the online form 10 additional times (already done for S6 and PM)

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Rounding & Survey-Readiness

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Observations
- Inspections are performed daily
- A standard checklist is used
- Checklists are completed and sent to the next tier

Questions and Follow Up
- How are issues identified during inspections discussed, communicated, and used?
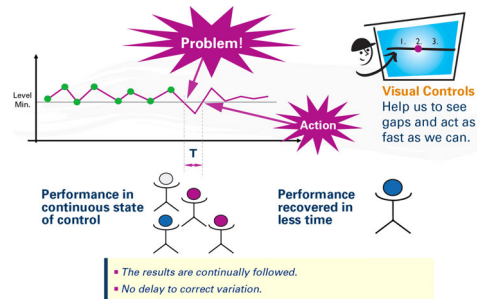- What additional processes do we need to inspect and observe?

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(2) ## Visual Management

"We are transparent about problems and barriers, and approach improvement in a structured way, based on careful examination of root causes & challenges."
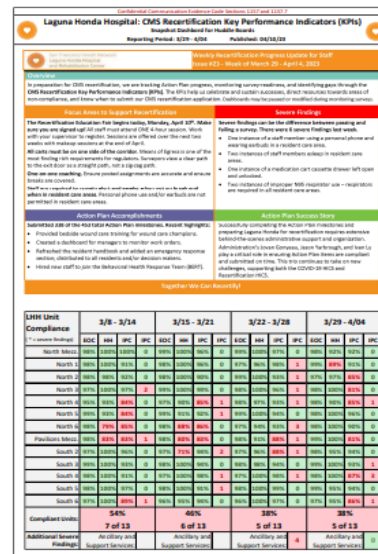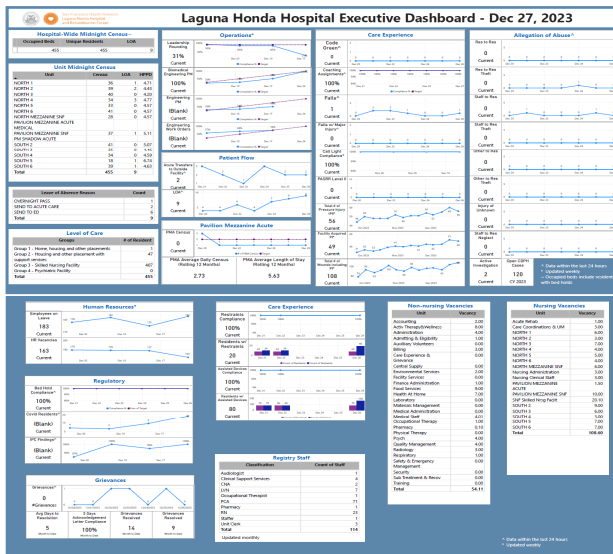
- The **Visibility Wall** is to give an overview of the 'department'. It allows visibility of what the area is working on to close gaps in performance. It focuses on the process and actual performance. This is most frequently used by the managers and front-line leaders.

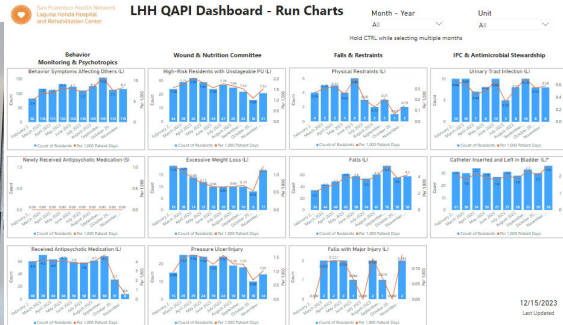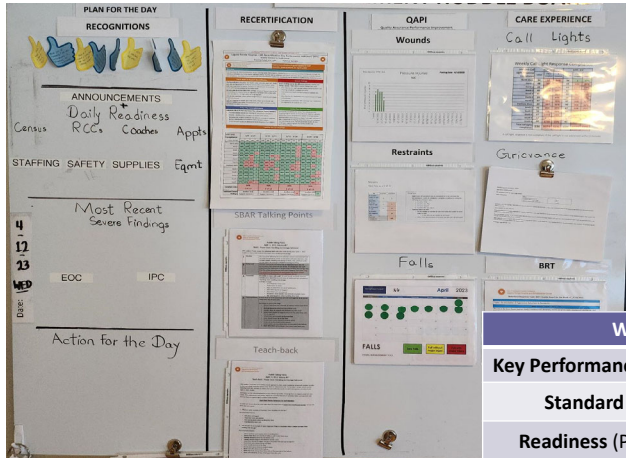**Should answer the following at a glance:**
1. What is the process we are watching?
2. Are reliable methods being followed?
3. Is the process meeting the target condition?
4. Are we achieving the expected results?
5. What is the next step or improvement that has been identified?

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Visual Management for Executive Leadership

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Visual Management Components for Teams/Units

LHH QAPI Dashboard - Run Charts

What?	Who is Responsible?	When to Review?
Key Performance Indicators (KPIs)	Leaders & Managers	Weekly
Standard Work (SOPs)	Front-Line Supervisor & Managers	Daily
Readiness (Plan for the Day)		
Reliability (Sustainability)		
Improvement (PDSA)		

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③ Executive IDT Stand-Up, Side Bars & Stand-Down

We had 40+ preventable issues escalated during the first 2 weeks.

Managing to True North

Status Sheet: Daily

Manager/Team

Huddles and Visual Board

Frontline Staff
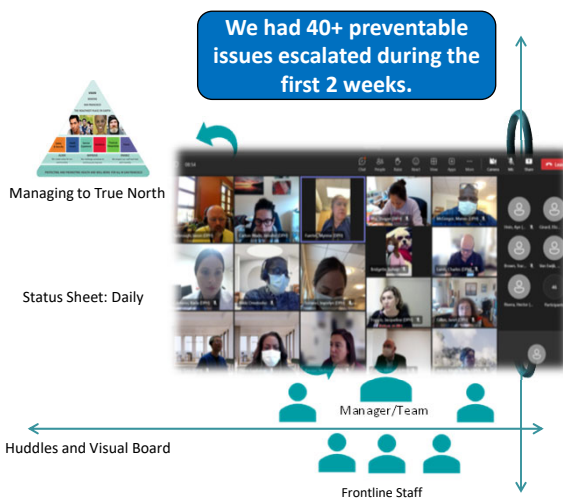
- Key everyday "**need-to-know**s" for people to do their work on a daily basis
- Unresolved problems quickly **escalated** up the tiers with immediate actions needed to be taken
- Both **upwards and downwards** communication flow on problems
- **Ensures alignment** of goals, resources, and people
- Initiated a **side-bar** for people to connect and strategize on next steps and/or a rapid problem-solving cycle of PDSA
- Instituted a **stand-down** for any items that require same-day resolution

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Slide 1

Unit-Level Inter-Disciplinary Team (IDT) Stand-Up

- **Learn and know** (not know about) every one of our residents
- Reflect on the **past 24-72 hours** and proactively plan for your day
- **Finite number** of categories to discuss and track that are most critical to resident care
- Modify the categories to match changing priorities
- **Real-time reports** to identify residents to discuss and document changes
- Around 20-30 minutes (~45 residents per neighborhood)

NHA/CEO trained every discipline prior to starting the unit IDT stand-up.

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Slide 2

Purpose of Huddle with Visual Management

BUILD CAPABILITY

- Learn and understand your operations clearly and accurately
- Make problems visible and identify what problem(s) to solve
- Facilitate the improvement process using a structured and scientific method
- Sustain the improvements
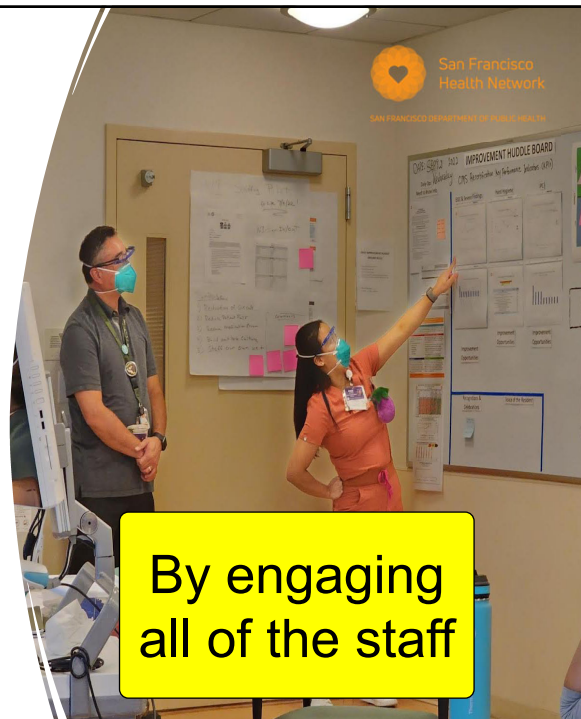
By engaging all of the staff

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Huddle Board (April 2022)
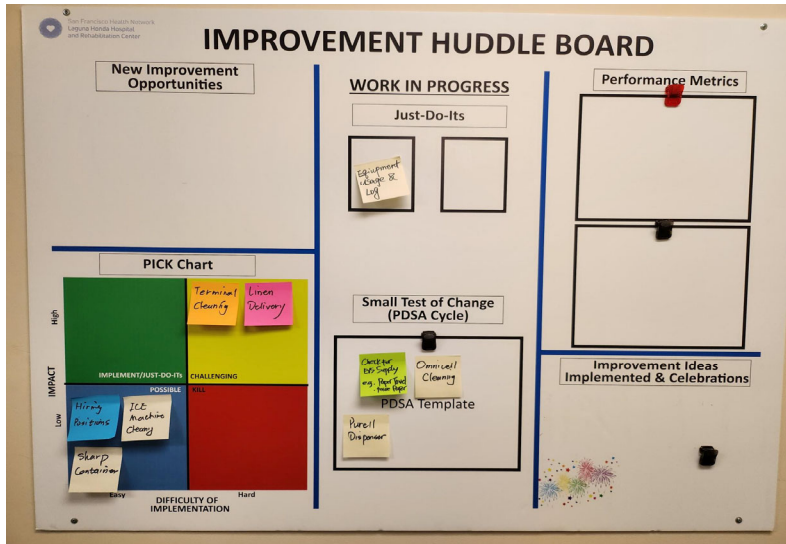
Standard across all units

- Nursing
- Facilities
- Environmental Services
- Food & Nutritional Services
- Dietician
- Care Experience
- Medicine
- Etc.

32. Laguna Honda Hospital

How Can We Deliver Value To Our Residents?

PLAN FOR THE DAY (READINESS)

- Who/what can we *recognize* and/or celebrate?
- What happened during the last shift or yesterday that I should be aware of?
- What else do I need to know for the shift/day?
- What's *the plan today* to ensure we get through the shift/day?
- Any issues we need to *troubleshoot today*?

KPIs & SUSTAINABILITY (RELIABILITY)

- How are we doing in delivering value to our residents?
- What areas of performance are we doing well?
- Where do we have areas of opportunities to improve?
- Which processes are not *consistently* following the current, clearly defined, approved, and trained *standards* and why?

IMPROVEMENT

- What is *one problem* we can work on?
- What are the *reasons* why we are having this problem?
- What can we do differently?
- What is one thing we can try to experiment today?
- When can we go see the results?

Every staff in the facility (1500+) received the training prior to engaging in the huddle.

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Readiness Center

PLAN FOR THE DAY (READINESS)

- Who/what can we *recognize* and/or celebrate?

- What happened during the last shift or yesterday that I should be aware of?

- What else do I need to know for the shift/day?

- What's *the plan today* to ensure we get through the shift/day?

- Any issues we need to *troubleshoot today*?

READINESS CENTER

A. COMMUNICATE	B. PLAN FOR THE DAY	C. CHECK READINESS		
Announcements	Yesterday's debrief	Safety	Supplies	
		Methods	Staffing	
	Today's plan	Equipment		
Good Catches/Recognitions		**TYPE I: Troubleshooting**		
		Actions	Who	When	Escalate
	TYPE I: Troubleshooting			

Example

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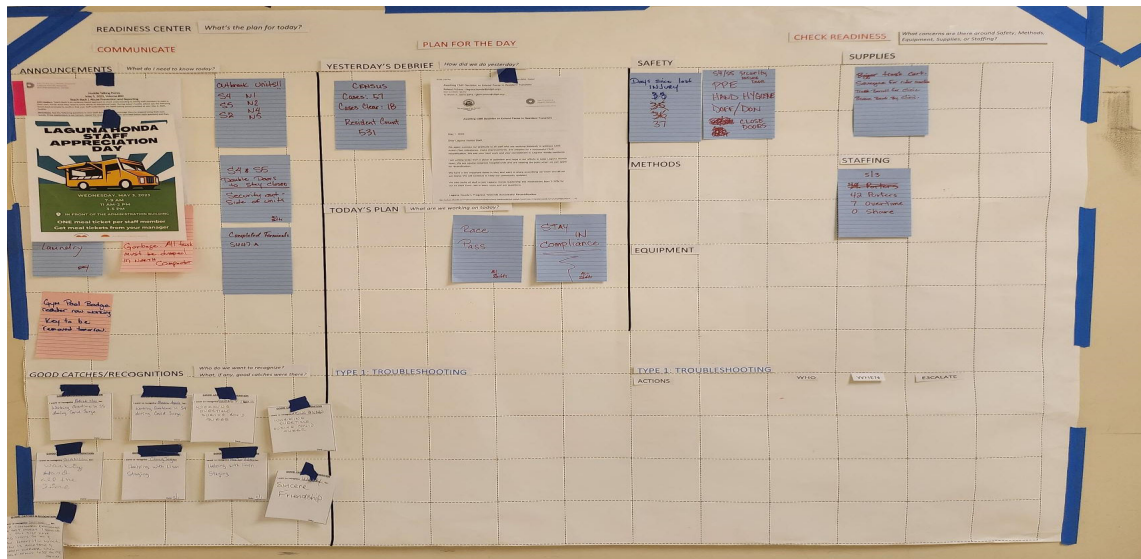
Reliability Center

KPIs & SUSTAINABILITY (RELIABILITY)

- How are we doing in delivering value to our residents?

- What areas of performance are we doing well?

- Where do we have areas of opportunities to improve?

- Which processes are not *consistently* following the current, clearly defined, approved, and trained *standards* and why?

RELIABILITY CENTER

A. MONITOR PERFORMANCE

Outcomes

Quality	Workforce	Kamishibi
RUN CHART	RUN CHART	EOC Rounding / RUN CHART

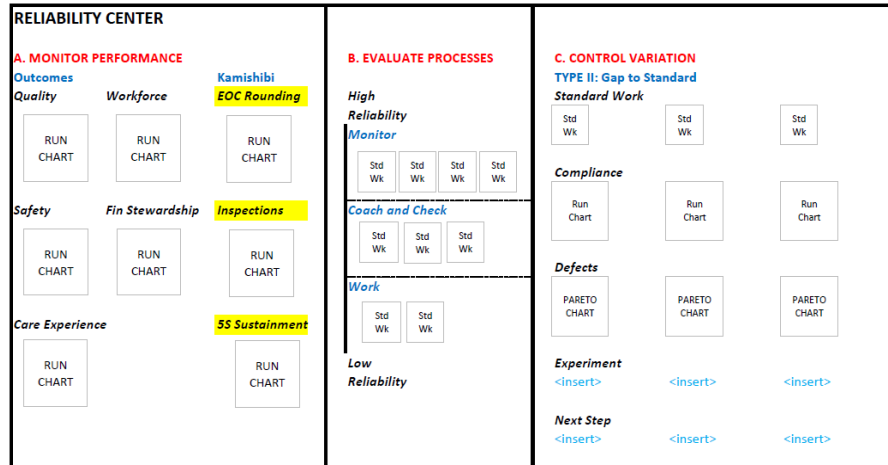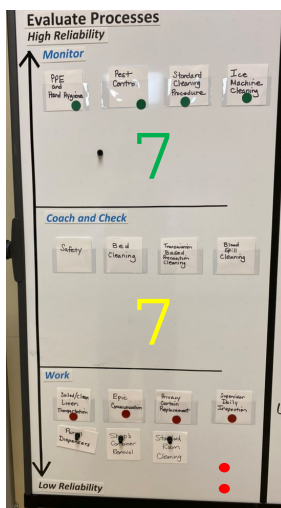| Safety	Fin Stewardship	Inspections
RUN CHART	RUN CHART	RUN CHART

Care Experience		5S Sustainment
RUN CHART		RUN CHART

B. EVALUATE PROCESSES

High Reliability

Monitor

Std Wk	Std Wk	Std Wk	Std Wk

Coach and Check

Std Wk	Std Wk	Std Wk

Work

Std Wk	Std Wk

Low Reliability

C. CONTROL VARIATION

TYPE II: Gap to Standard

Standard Work

Std Wk	Std Wk	Std Wk

Compliance

Run Chart	Run Chart	Run Chart

Defects

PARETO CHART	PARETO CHART	PARETO CHART

Experiment

<insert>	<insert>	<insert>

Next Step

<insert>	<insert>	<insert>

EVS Distribution of Standard Processes

IMPROVED INVENTORY

- Reviewed all policies
- Revised all standard work and trained all staff
- Added new policies to inventory
- Reconciled to Policy List

HIGH RELIABILITY

Reliability Item	Policy
Monitor	
Misc - Purell Dispensers	
Hand Hygiene	72-01 B2
Personal Protective Equipment	73-14
Sub-Critical Areas	XIII
Transmission-Based Precautions [Terminal Room]	XII
Transmission-Based Precautions [General]	XII
Blood/Body Fluid Spill Clean-up	72-01 F10
Ice Machine and Refrigerator Cleaning	XVI
Misc - Omnicells	
Misc - Beds (Deep Clean)	
Waste Management - [Sharps Containers]	IX
Reject Linen	XXI
Waste Management - [Storage Room]	IX
Misc - Spa Cleaning	
Coach/Check	
Transport, Delivery, Time for Biohazard, Trash and Linen	XVII
Transport, Delivery, Time for Biohazard, Trash and Linen	XVII
Privacy Curtain Replacement	XX
Misc - Supervisor Daily Inspections	
Actively Work	
Pest Control and Animal Abatement	XV
LOW RELIABILITY	

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Improvement Center

IMPROVEMENT

- What is *one problem* we can work on?

- What are the *reasons* why we are having this problem?

- What can we do differently?

- What is one thing we can try to experiment today?

- When can we go see the results?

IMPROVEMENT CENTER

A. IMPROVEMENT
TYPE III: New Target Condition

Outcome

| RUN CHART | RUN CHART | RUN CHART |

Problem
<insert>   <insert>   <insert>

Experiment
<insert>   <insert>   <insert>

Process Measure

| RUN CHART | RUN CHART | RUN CHART |

Next Step
<insert>   <insert>   <insert>

B. IDEAS & INNOVATIONS
TYPE IV: Open Ended

waste wheels

Ideas   *Sort*   *Working*   *Done*

Ideas

Ideas   Implement   Challenge   Just Do It
            L-difficulty H-difficulty
            H-impact   H-impact   Ideas   BAR CHART

Ideas   L-difficulty H-difficulty
            L-impact   L-impact   Ideas   Ideas

Blank Tickets   Ideas
            Possible   Kibosh   Ideas   Ideas

                                   PDSA
Waste Wheel   PDSA

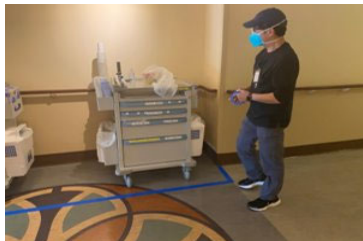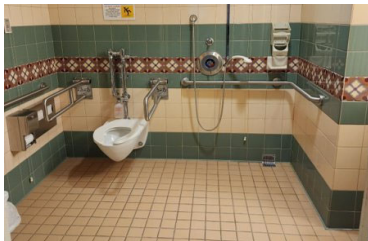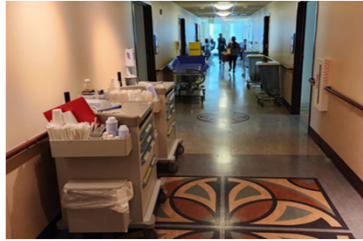Kaizen Promotion Office | San Francisco Department of Public Health

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Nursing Units

Equipment Storage 5S/Kaizen

IDT, Huddles, QAPI & Sustainability Effort Results

Environmental & Infection Prevention

15% to 90+% compliance

Restraints

700+ to 20 restraint devices

Wounds

60+ active Pressure injuries (PIs) to ≤ 30

Purell Dispensers

Average of 30% "broken" Purell dispensers to ≤ 5%

Call Lights

Area of concern to 95%+ compliant with industry standard of under 7 minutes

Expired Food Items

18 findings per day to ≤ 2 findings per week

Meal Tray Accuracy

Average of 98.5% for the past 6 months

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Standard Work Repository

STANDARD WORK, SORTED BY END USER

Standard of Work [2]

✓	Name		Date Updated
	End User : All LHH Users (14)		
	Abuse Allegations Staff Off Work-PAL		(August 2023)
	Admission to LHH Application Review		(Feb 2021)
	Anterior Nasal Using PCR Test Kits		(May 2023)
	DET Standard Work Upload Request v.1 7.21.2023		
	Education Fund Application		(Feb. 2020)
	Education Fund Proposal Standard Work		(Feb. 2020)
	Mandated Reporter		(March 2023)
	Notice of Bed Hold Policy and Notice of Proposed Transfer or Discharge (applies to SNF units ONLY)		(April 2023)
	Providing Residents with a New or Different Power Wheelchair		(September 2022)
	Resident Dining Adaptive Devices Sanitization Process		December 2023
	South 5 Closure SW_v2 (1)		(September 2023)
	South 5 Opening after closure SW(2)		(September 2023)
	Standard Work for Noncompliance with Regulatory Standards		(Jan. 2023)
	Standard Work for Violation of Code of Conduct v3		(Jan. 2023)
	End User : Resident Care Team (9)		
	Communication Between Psychiatry and RCT		(August 2023)
	Expiring Medications Renewal		(Sept 2020)
	Non-Formulary Herbal Supplements		(August 2023)
	Relocation referral to a vacant SNF bed		(Mar 2021)

STANDARD WORK, NURSING SPECIFIC

Standard of Work [1]

✓	Name	Date Updated	Nursing User
	End User : Nursing (31)		
	Nursing Category : Clinical (16)		
	Clinical Safety Search	(April 2022)	All Nursing
	Completion of the MDS Comprehensive and Non-Comprehensive Assessment	(May 2023)	All Nursing
	Notice of Bed Hold Policy Form		All Nursing
	Notice of Proposed Transfer and Discharge Form		All Nursing
	Notice of Proposed Transfer and Discharge - Appeal Information Form		All Nursing
	Licensed Nurse Wasting Controlled Substances	(Aug 2021)	Licensed Nurses
	LN Wasting Controlled Substances	(Aug 2021)	Licensed Nurses
	Locating Medications and Request for Meds Not Available	(Apr 2022)	Licensed Nurses
	Nursing Managers Responsibilities Post Allegation of Abuse	(May 2023)	Nurse Manager
	Nursing Operations Email Notification Allegation of Abuse	(May 2023)	Nursing Operations
	Nursing Operations Preliminary Interview Response During Off Hours	(May 2023)	Nursing Operations
	Oxygen E-Cylinder Storage and Cabinet Replenishment	(July 2023)	All Nursing,CPD Staff
	Room Readiness (Terminal Clean)	(June 2023)	All Nursing
	Shower Gurney and Shower Chair Cleaning	(Aug 2021)	All Nursing
	Unit to Unit Resident Handoff	(May 2023)	Sending Licensed Nurse to Receiving Licensed Nurse
	Unit-to-Unit Resident Handoff	(August 2023)	All Nursing

All of the standard work have been revisited and reviewed to ensure that the most current best practice is documented, educated and shared across the organization.

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4 Recognition & Celebration

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Highlights

▶ **Welcoming a New Era of LHH Leadership**

Sandra Simon,
Nursing Home Administrator
and Chief Executive Officer

Jennifer Carton-Wade,
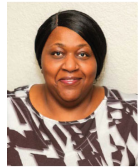Assistant Nursing
Home Administrator

Diltar Sidhu,
Assistant Nursing
Home Administrator

Dr. Albert Lam,
Medical Director/
Chief Medical Officer

Elizabeth Schindler,
Director of Kaizen
Promotion Office

Tracey Brown,
Director of Nursing

Lily Conover,
Chief Financial Officer

Nawzaneen Talai,
Chief Quality Officer

Eugenio Ocampo,
Director of Pharmacy

Special Thanks To:

City and County of
SAN FRANCISCO

San Francisco
Department of Public Health

HSAG HEALTH SERVICES ADVISORY GROUP

MOSSADAMS

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Please visit us at
our website
sf.gov/lagunahonda

San Francisco Health Network
Laguna Honda Hospital
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