

A N N U A L   R E P O R T

# ACCOMPLISHMENTS

FISCAL YEAR 2012

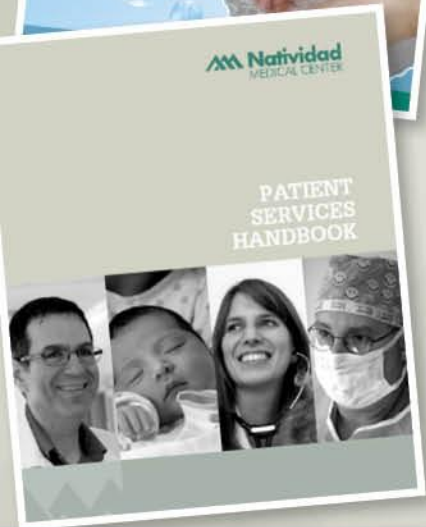
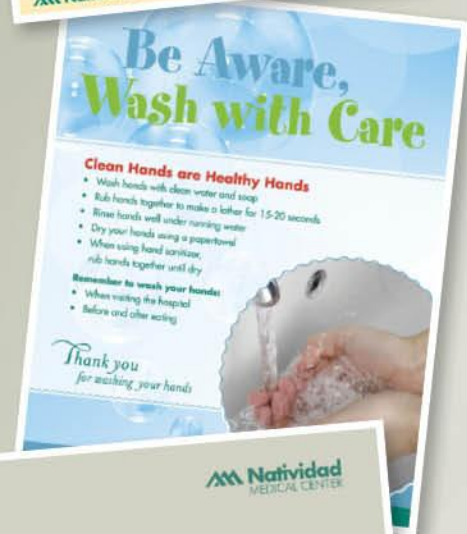
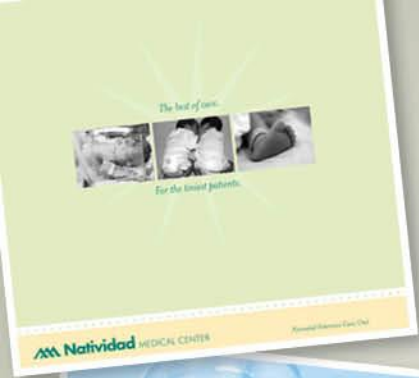
 **Natividad** MEDICAL CENTER

# QUALITY



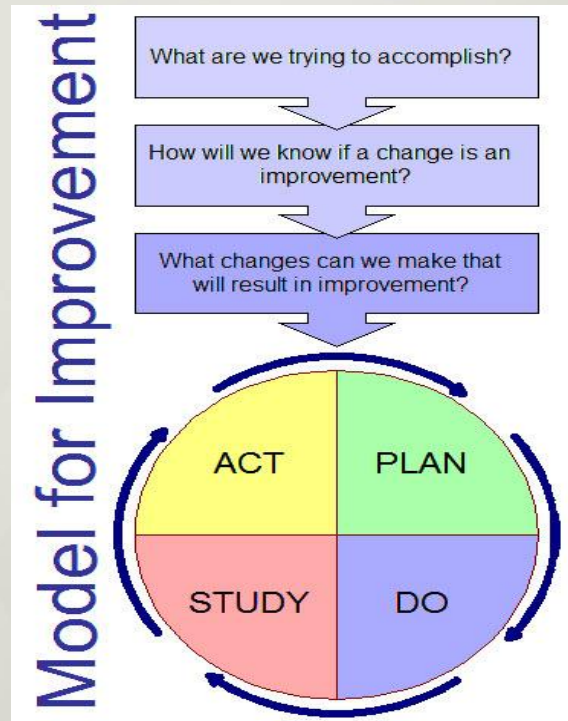
# Quality

- **Create a quality vision & culture of safety**
  - ❑ Successful completion of 2 unannounced Joint Commission surveys achieving full accreditation
    - ✓ Laboratory
    - ✓ Hospital
  - ❑ Successful CMS Validation re-survey
    - ✓ Compliant with all CMS Conditions of Participation



# Quality

- **Create a quality vision & culture of safety**
  - ❑ Full implementation and application of the Model framework for performance improvement activities





# Quality

## ➤ Create a quality vision & culture of safety

❑ Continue training staff through the Leadership Academy:  
Patient Safety & Quality Track

✓ Convened 3 Training events in 2011-2012

✓ Total NMC Leadership Trained as of May 2012: 170



# Quality

## ➤ Enhancement of Interpreter Services

- ❑ Hired 2<sup>nd</sup> Full-Time Spanish Interpreter
- ❑ Facilitated “Bridging the Gap” 40-hour Qualified Interpreter training course for 2 sessions – over 30 staff trained
  - ✓ Translated course materials into Spanish and co-sponsored the course in Spanish for the first time:
    - Targeted training for Indigenous Language Interpreters
- ❑ Developed Internship/Shadowing Program for Indigenous Language Interpreters
  - ✓ 1<sup>st</sup> Intern currently working
- ❑ Fully deployed the Health Care Interpreter Network (HCIN) Video Technology in 4 departments
- ❑ Implemented new computer queries for Race, Ethnicity and Language

# Quality



➤ **Implement a strategy to assure individual unit/departmental ownership of The Joint Commission Core Measure performance**

- Developed Comprehensive PI Plan for FY12
- Formed multidisciplinary Performance Improvement Teams to oversee the improvement of core measure performance
  - ✓ Congestive heart failure
  - ✓ Surgical site infection prevention
  - ✓ Pneumonia immunization compliance
- Report clinical unit performance at hospital committees

# Quality

## ➤ Decrease the number of hospital-acquired infections through implementation of process improvements based on best-practices

- ❑ Head-of-Bed Team to prevent Ventilator-Associated Pneumonia (VAP)
  - ✓ 100% compliance with Head-of-Bed  $\geq 30^\circ$
  - ✓ 400 Days without an infection
  - ✓ Rolling rate down to 0%
- ❑ Central Line Infection prevention (CLABSI)
  - ✓ Insertion Bundle practices
    - ICU 98% and 111 days without an infection (High = 505 days)
    - NICU 100% and 1124 days without an infection (High = 1124)
- ❑ Catheter-Associated Urinary Track Infection prevention (CAUTI)
  - ✓ Implemented use of silver-impregnated catheters
    - ICU 16 days without an infection (High = 167 days)



# Quality

➤ **Implement the Delivery System Reform Incentive Pool (DSRIP) five-year plan that define NMC's future quality and patient satisfaction goals.**

- Achieved defined 6-month milestones for second year of DSRIP
- Received \$11.8M

# Quality

## ➤ **DSRIP Category 1 – Infrastructure Development**

- Increase training of Primary Care workforce
- Enhance interpretation Services and culturally competent care

## ➤ **DSRIP Category 2 – Innovation and Redesign**

- Improve how the patient experiences care and the patient's satisfaction with the care provided
- Apply process improvement methodology to improve quality and efficiency

# Quality

## ➤ **DSRIP Category 3 – Population-focused improvement**

- Report data for Natividad Medical Group and Laurel Family Medicine
  - ✓ Patient/Care Giver experience
  - ✓ Care Coordination: Diabetes
  - ✓ Preventive Health: Breast cancer screening and influenza immunization
  - ✓ At-Risk Populations: Diabetes

## ➤ **DSRIP Category 4 – Urgent improvement in quality and safety**

- Reduce avoidable harm or death due to sepsis
- Prevent central line-associated infections
- Prevent hospital-acquired pressure ulcers
- Reduce avoidable harm or deaths due to a venous thromboembolus

# Quality



## ➤ Enhance NMC's Nursing Education Program to support the implementation of Best-Practices

- Hired first Clinical Nurse Specialist for Acute and Critical Care Services
- Completed recruitment plans for Peri-Operative Clinical Nurse Specialist and Women and Children's Clinical Nurse Specialist



# Quality



## ➤ Improve NMC's Wound Care Program

- Dedicated Wound Care Nurse
- Pressure Ulcer Prevention Team meets regularly to improve program
- Zero reportable pressure ulcers since 5/2011



# Quality

## ➤ Improve the safety of medication administration and management

24/7 Pharmacy Services implemented as of 10/2011

✓ Pharmacy protocols under development

Bedside Medication Administration and Electronic Medication Administration Record (E-MAR) to go LIVE 6/2012

✓ Final staff training underway

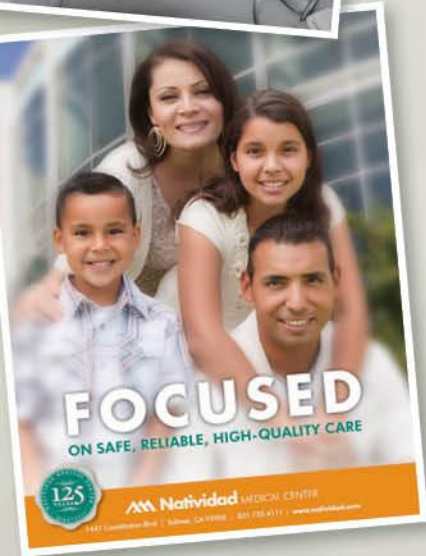
# SERVICE



# Service

➤ **Elevate patient satisfaction/customer service as a high priority key to success initiative**

- Implemented customer service training for all staff
- Participated in 9 month collaborative to improve the patient experience focusing on Med/Surg.
- Conducted focus groups.
- Established improvement teams
- Conducted Housekeeping tests of change





# Service



- **Elevate patient satisfaction/customer service as a high priority key to success initiative**
  - ❑ Reported PRC patient satisfaction results to hospital committees
  - ❑ Launched a palliative care program initiative with a grant supported pilot
  - ❑ Pursuing Baby Friendly Breastfeeding Initiative certification – Site visit conducted. Grant supported education being implemented

# Service

- **Create an inviting & friendly health care facility environment that promotes healing and well maintained facility & campus: complete Facility & Campus Master Space Plan**
  - Upgraded Diagnostic Imaging, Emergency Department, and Laboratory public waiting areas
  - Schedule completed to upgrade nursing units
  - Provide weekly Farmers Market



# PEOPLE



# People



## ➤ Create a Quality Vision and Culture of Safety

- ❑ Implemented IHI patient safety and customer service training. Planning to implement new modules

## ➤ Recruit, develop, and retain a committed, patient-focused, high quality workforce

- ❑ Developing new employee evaluation system
- ❑ Implemented Health Stream on line education electives. Planning to add new modules



# People

- **Conduct employee satisfaction surveys regularly with the goal of achieving performance above the national healthcare average on employee opinion survey re: “I get the tools and resources I need to do my job**

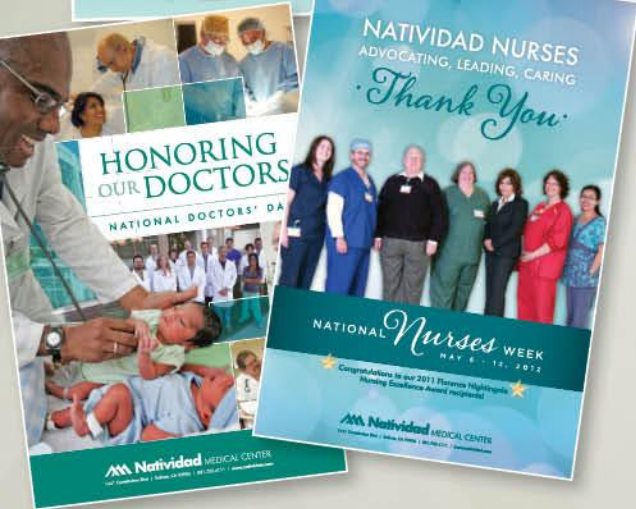
- Improved participation rates of semiannual survey
- Reporting out survey results to employees and hospital committees
- Soliciting & following up on employee suggestions for improvement



# People

- Implement enhanced employee awards and recognition program that honors NMC staff for their performance of highly meaningful work

- Implement Program Plan
  - ✓ Florence Nightingale Awards
  - ✓ BOS recognition



# DELIVERY SYSTEM REALIGNMENT





# Delivery System Realignment

- **Research and act on governance structure to allow partnerships with community providers**
  - Pursued affiliation with SVMH through the creation of Public Hospital Authority
    - ✓ Submitted proposal
    - ✓ Conducting due diligence.
  
- **Secure passage of state legislation creating a Public Hospital Authority**
  - Submitted enabling bill to legislature





# Delivery System Realignment



- **Achieve NMC/Health Department Improvement Initiatives' goals to enhance the coordination of patient care & foster strategic alignment between the two departments**
  - Participated in development of HD Strategic Plan
  - Met regularly with Health Department team to plan for elements of healthcare reform
  - Health Department participated in Family Medicine Residency Program Strategic Plan development

# Delivery System Realignment

- **Implement the Low Income Health Plan (LIHP), a coverage expansion demonstration as part of the California Section 1115 Waiver**
  - ❑ Submitted application to DHCS and CMS.
  - ❑ Negotiating terms with the County in the management of program funds



# GROWTH



ACCOMPLISHMENTS | 2012 FISCAL YEAR

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# Growth

## ➤ **Develop relationships with community providers across Monterey County for Primary & Specialty Care**

- Expanded access to primary and specialty care through recruitment
  - ✓ Recruited over 60 physicians in the last 24 months
- Expanded medicine service line with the addition of oncology services
- Building seamless inpatient and outpatient delivery system
  - ✓ Met regularly with Monterey County clinics and FQHC's to design new delivery system
- Expanded relationship with local cardiology group through the addition of consultative and on call services





# Growth

- **Develop best economic ambulatory care delivery model(s) to expand access for all patient payor types**
  - ❑ Developing Building 400 Ambulatory Care Space Plan
    - ✓ Selected architect
    - ✓ Collaborating with MC Health Department and NMC Family Medicine Residency Program developing schematic design
  - ❑ Complete D'Arrigo family Specialty Services Expansion
    - ✓ Phases 1 & 2 completed



# Growth

➤ Expand the # of patients through the development and implementation of service expansion and effective marketing plans that support the successful attainment of growth goals

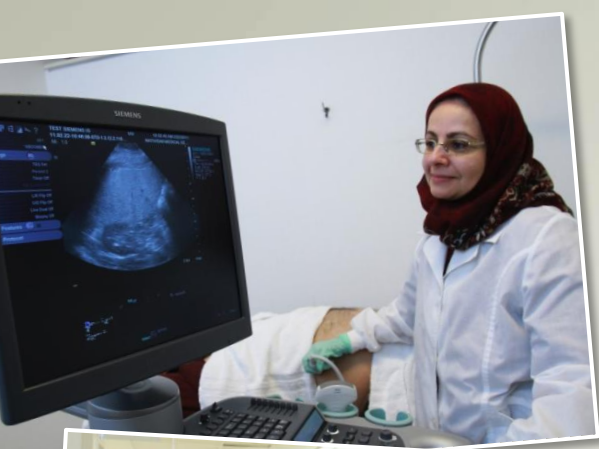
- Achieved FY12 ADC of 96.2, a 4% increase over period. Births increased by 5%
- Developing Bariatric Center of Excellence
  - ✓ Fully Accredited.
  - ✓ Added service procedures
- Entered into other county contractual agreements for behavioral health overflow patients
- Strengthened outreach team for Rehab patient referrals.



# Growth

- **Expand the # of patients through the development and implementation of service expansion and effective marketing plans that support the successful attainment of growth goals**

- Upgrading Diagnostic Imaging Services**
  - ✓ Plans completed for 3 X-Ray and 1 Fluoro Rooms
- Implementing direct contracting arrangements with employers and 3<sup>rd</sup> party administrators**





# Growth

## ➤ Evaluate the establishment of an NMC Trauma Program

- Completed preliminary feasibility study
- Monterey County Health Department released Request for Qualifications
- Requesting delay in RFQ timeline until SVMH affiliation decision





# TECHNOLOGY



# Technology

## ➤ Develop a Hospital Centric IT organization with a focus on service

- Hiring and developing employees technical skills to support Infrastructure and applications
  - ✓ Continuing to develop technical support
  - ✓ Developing a strategy for Clinical Informatics Department
- Enhanced Helpdesk functions



# Technology



## ➤ Create efficient Linkages to County systems

- Working with Auditor/Controller on Advantage to Kronos Interface
- Creating a Health Information Exchange to transfer data between care entities
  - ✓ Created a Monterey County HIE Core Team (NMC & Health Department)
  - ✓ Developing strategies around security, governance, & data analytic
- Working with County IT to implement email sync



# Technology



## ➤ Implement new IT infrastructure

- Implemented Voice Over IP (VoIP)
- Implementing Guest Wireless
- Installed new technologies to enhance storage and server platforms
- Implemented LAN desk



# Technology



- **Implement new clinical IT systems**
  - ❑ Installed CPOE, med reconciliation, and ePrescribe in the ED
  - ❑ Plan completed to install bedside medication verification and electronic medical administration on all units
- **Developing data analytics**
- **Establishing co-Location (off-site) Datacenter**

# Technology

## ➤ Achieve Electronic Medical Record “Meaningful Use”

- ❑ Upgraded and acquired software to support meeting MediCal Stage 1 attestation
- ❑ Developed roadmap to meet Stage 1 Medicare Attestation measures
  - ✓ 15 of 19 measures met



# STEWARDSHIP





# Stewardship

- **Assure that resources – people & buildings/equipment – are available to meet the hospital’s mission over time**
  - ❑ Rolled out compliance education to employees and physicians
    - ✓ Ensured education completion
    - ✓ Employee Compliance Program booklet distribution



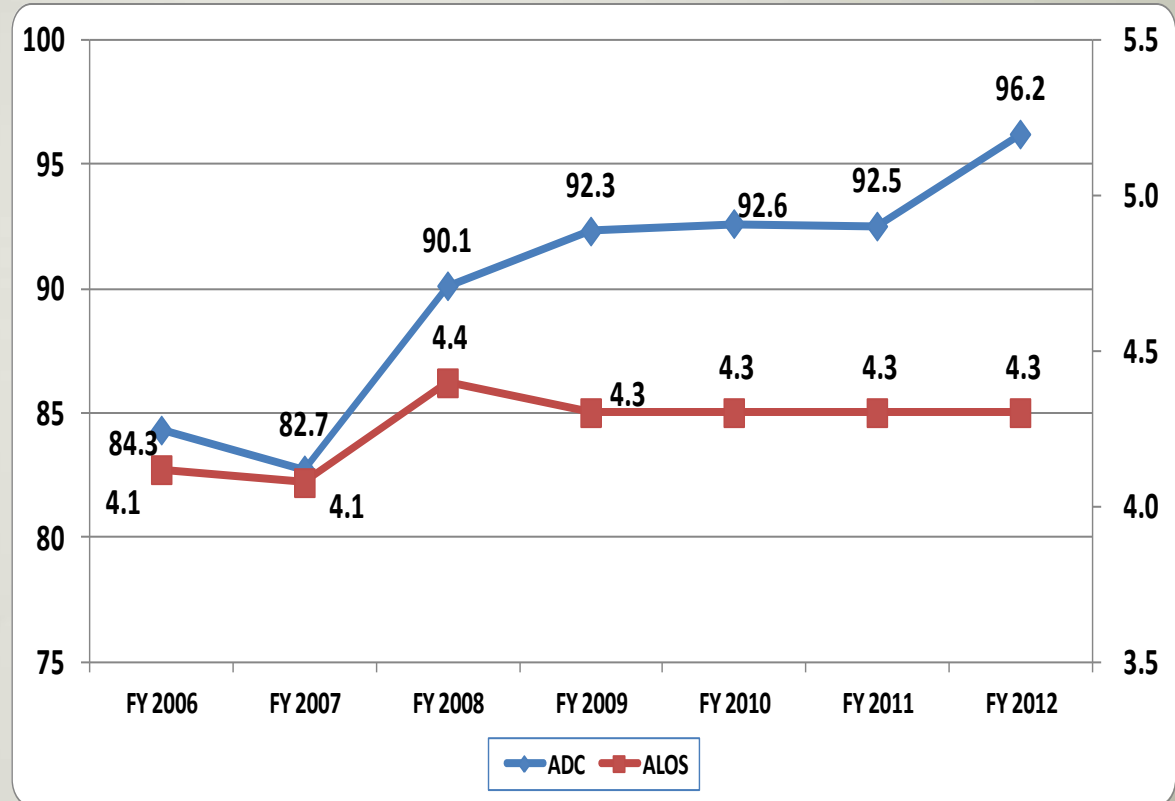
# Stewardship



- **Assure that resources – people & buildings/equipment – are available to meet the hospital’s mission over time**
  - Implemented early resolution process for risk related issues
    - ✓ Let investigations and action planning of risk and compliance issues
  - Redesigned patient complaint process

# Stewardship

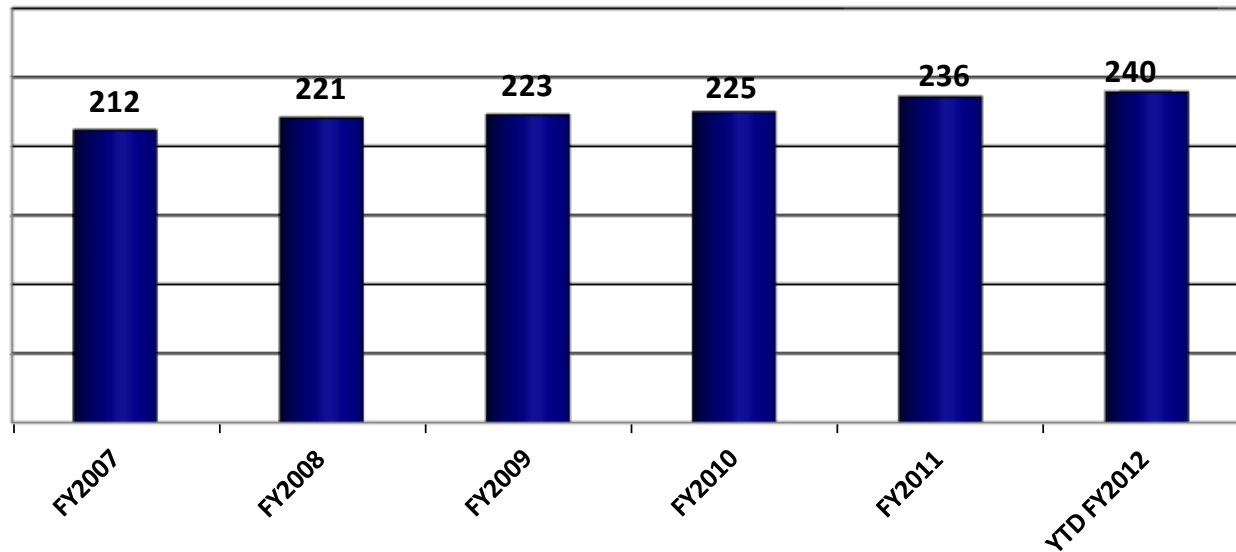
## Average Daily Census & Length of Stay Total Hospital - Annual



Note FY2012 information is as of April 30, 2012

# Stewardship

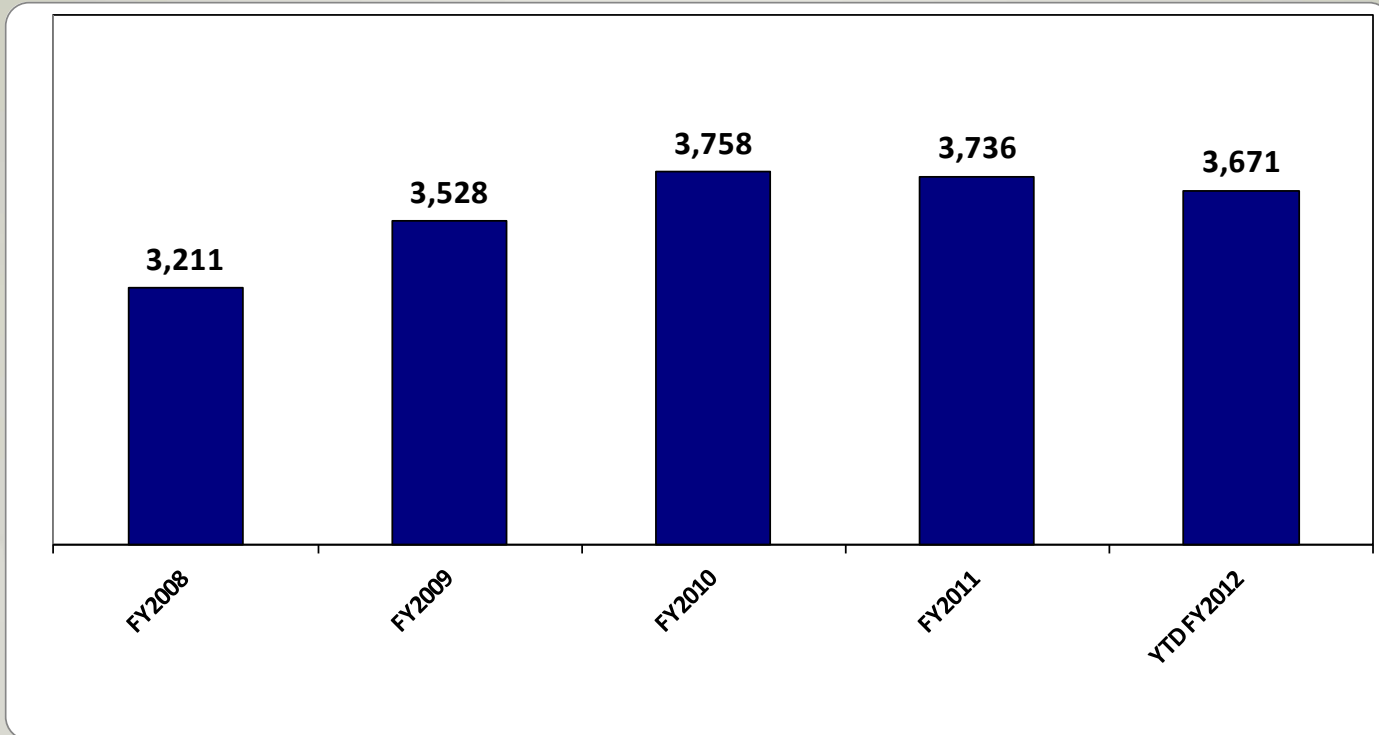
## Deliveries – Average Per Month Annual



Note FY2012 information is as of April 30, 2012

# Stewardship

## E.R. Visits – Average Per Month Annual

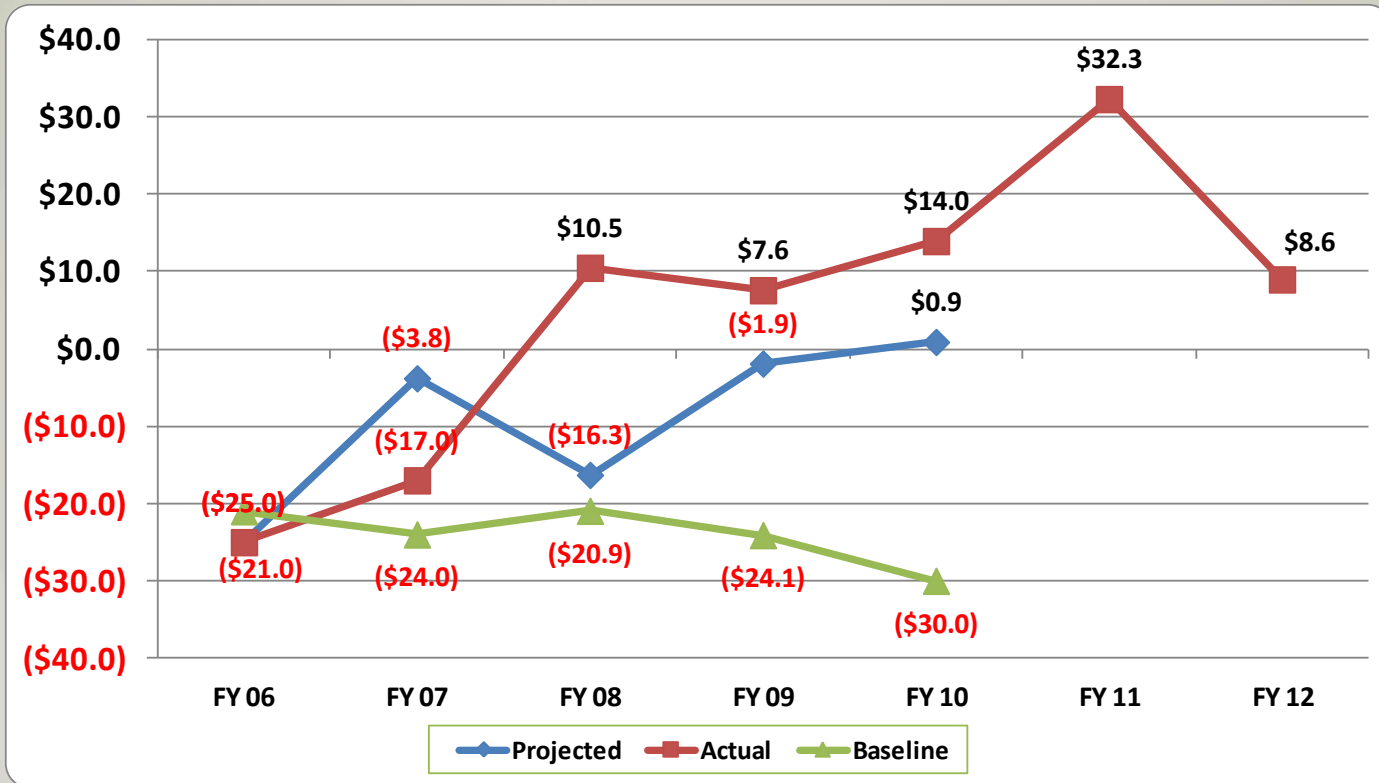


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# Stewardship

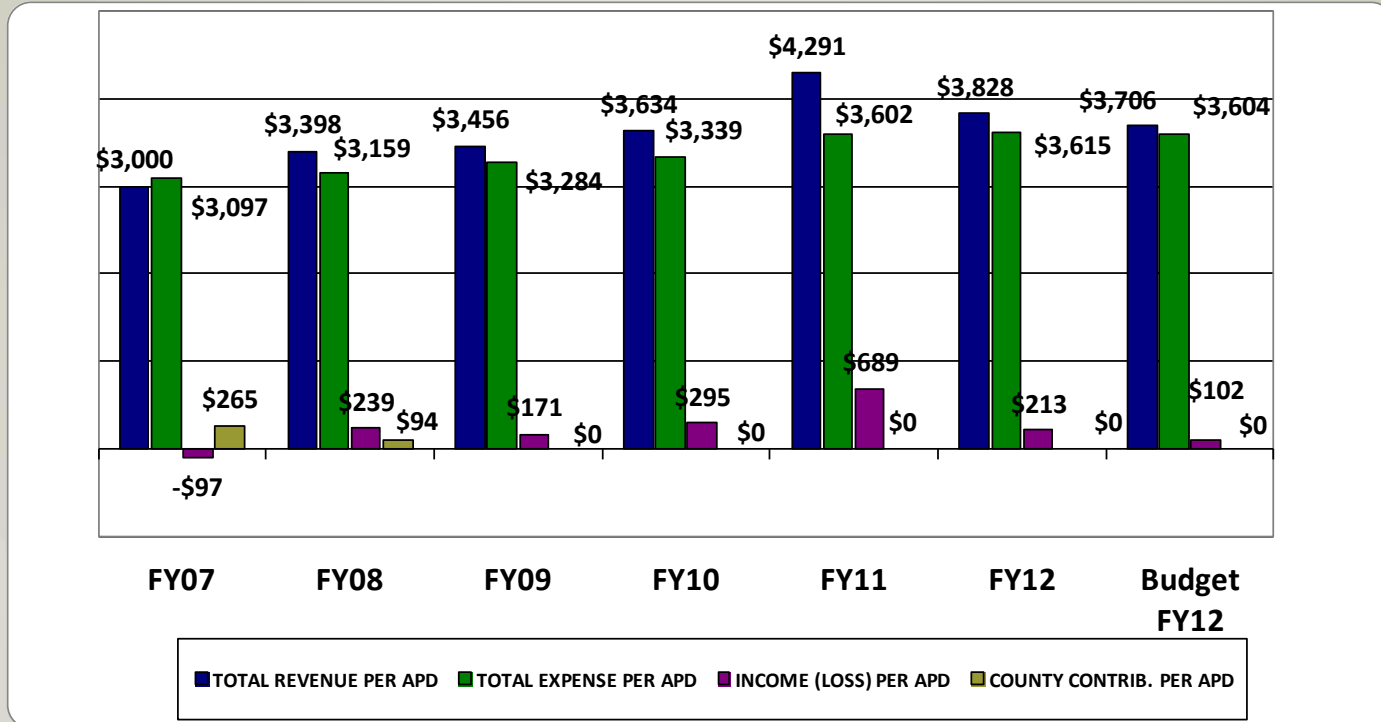
## Annual Net Income or <Loss> FY-12 Annualized (millions)



Note FY2012 information is as of April 30, 2012

# Stewardship

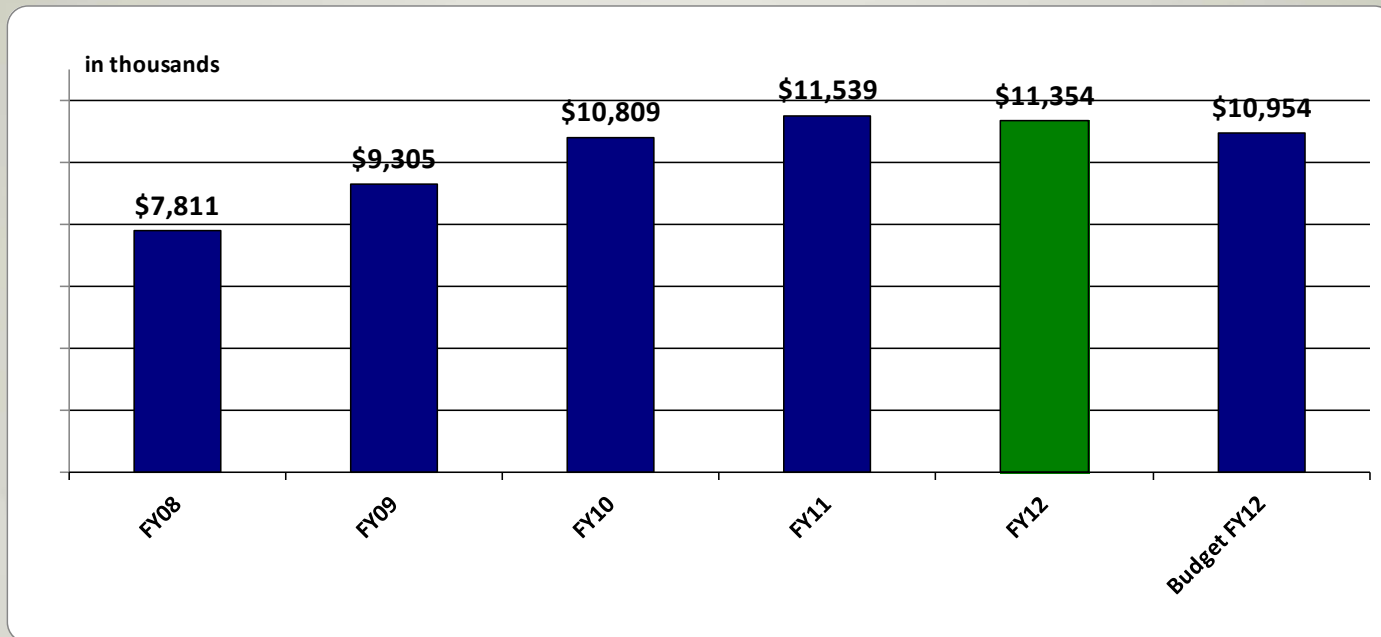
## Revenue, Expense, Profit Per APD Annual



Note FY2012 information is as of April 30, 2012

# Stewardship

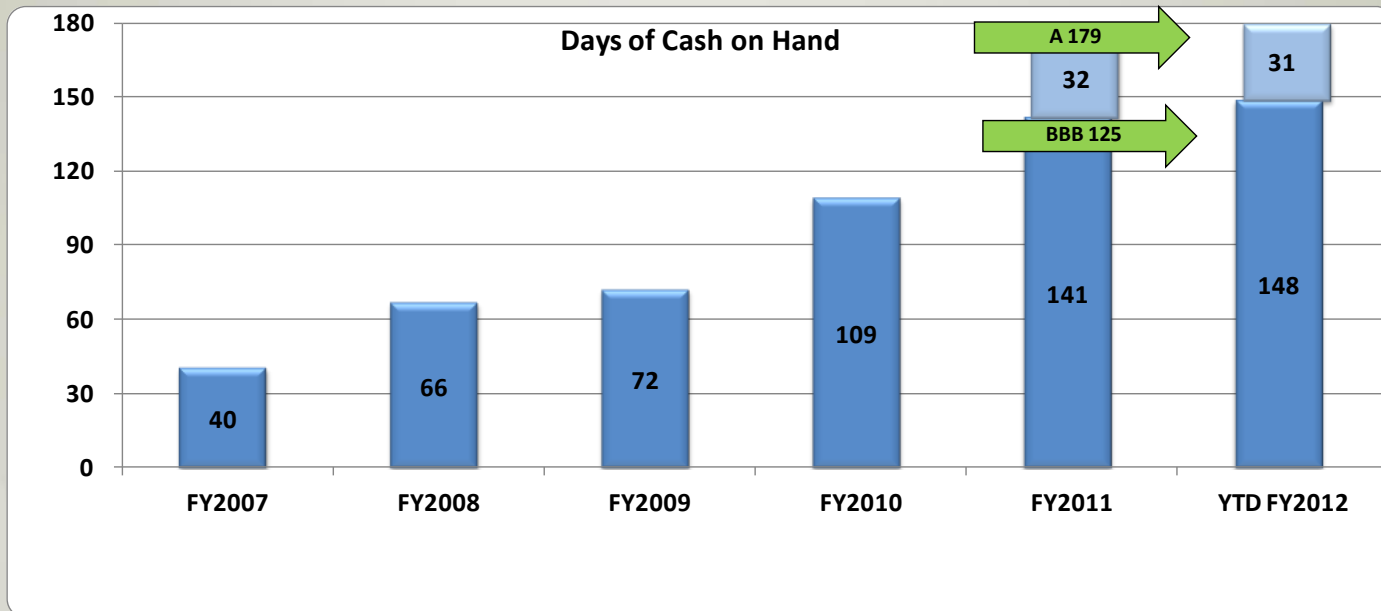
## Cash – Patients – Average Per Month Annual



Note FY2012 information is as of April 30, 2012

# Stewardship

## Days Cash on Hand Annual



Note FY2012 information is as of April 30, 2012



# Stewardship

- **Implemented OnBase scanning technology in Patient Financial Services for electronic retrieval of information from Explanation of Benefits**
- **Secured the managed care contract with Health Net to provide hospital and physician services for State inmates**
- **Negotiated a managed care contract directly with a Third Party Administrator**



# Stewardship



- **Developed a daily nursing labor performance management tool**
- **Instituted a Capital Committee to organize the acquisition of capital purchases and secured reimbursement from Bank of America**
- **Successfully transitioned to new external financial auditors (Moss Adams) without major negative financial impact**

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# ACCOMPLISHMENTS

FISCAL YEAR 2012

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