



COUNCIL CONNECT

Excellence Through Leadership & Collaboration

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ART'S ANNOTATIONS: Quality Departments --- Do We Have It Right?

Hospitals are committed to providing high quality patient care and ending inadvertent harm to patients. Assessing how quality, patient safety and other related resources are organized and deployed in hospitals is long overdue. After all, this is the era of pay for performance, increasing efforts to measure quality and public reporting. While the actual deployment of these resources is and will continue to be organization-centric, common principles, guideposts and best practices in guiding management analysis and recommendations may be useful.

QUESTION: *What are the 'best practices' for organizing, structuring, staffing, and deploying quality-related resources to achieve quality and patient safety*

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goals? What should the accountability, responsibility, structure, and organization of these resources look like?

The first step is to articulate a vision, a purpose or mission statement and a set of values for quality related activities. An important early step is to survey high-performing organizations, the literature, quality organizations such as the Institute for Healthcare Improvement (IHI), and other resources for best practices and good ideas. A grant that would allow us to conduct a broad survey of best practices might be useful.

Many hospital quality departments are staffed and organized along traditional lines: A group of experts perform expert jobs on behalf of the hospital. These jobs typically include quality assurance, utilization review/diagnose-related groups (DRG), total quality management/continuous quality improvement (TQM/CQI), risk management, and others.

These resources need to be reorganized and redeployed. The 'expert' model, where quality is the job of the quality department, is structurally flawed and may be unable to fulfill our aspirations for reliable, safe and high-quality patient care. This is not a people problem: Everyone wants to do the right thing. It's a structural and organizational problem.

What is needed is an integrated function where experts lead, consult, train, and measure while other departments perform related activities. Quality and patient safety are the responsibility of every department in the hospital and not just the responsibility of the expert departments.

Models

Staff Departments – Major staff departments may provide a starting point for this analysis: Consider the human resources and finance departments. Each has a leader who is accountable and responsible for the overall function. That leader, along with senior management, sets the strategic and tactical direction for the function. A set of experts reporting to the leader provides resources to both the function and the organization. Both of these departments manage large databases and use that data to measure performance. Finally, each of these departments must work and share responsibility with every other department within the organization. Structurally these departments may not provide a model for the reorganization of quality and patient safety resources but it's worthwhile to see them as models of accountability.

IHI – The IHI recommends appointing a patient safety officer who reports to the, chief operating officer, chief medical officer or other member of the c-suite. The Institute further recommends that risk management, quality assurance, quality improvement, and other related activities be subsumed into one organizational unit. This 'quality unit' might:

- be responsible for assessing performance throughout the organization
- create cross-departmental teams
- align system measures with strategy and goals
- be charged with training and bringing forward innovations such as SBAR (situation, background, assessment, recommendation), the Model For Improvement or other improvement strategies
- set targets, strengthen incident reporting and initiate redesign of care processes to increase reliability
- compile a database of information and use that data for dashboard reporting, drill downs, looking for patterns, etc.
- work with every other department to get the job done.

Other departments would work on interventions, implement redesign of care practices, and collect and submit interventional data to the quality function.

Related Issues

Line Department Resources – Some line departments may have internal quality improvement resources. Consideration should be given to how these resources relate to overall quality function. One option is to move all such resources into the new quality function.

Unit-Based Leadership – Some hospitals have established unit-based medical directors who work closely with clinical nurse practitioners. How these

positions and other similar roles relate to the overall quality function needs to be addressed.

Name Follows Function – What should the new and improved integrated quality function be called? Something like "Clinical Performance Improvement" or similar might be considered.

Incentives – Related to the creation of an integrated quality function is the need to align performance incentives for c-suite and management positions around quality and patient safety goals.

Many hospitals have already addressed the need to restructure quality resources, some are in the planning stages and others haven't started. To achieve significant improvement in patient care outcomes, it is critical to continue to re-conceptualize the quality improvement and patient safety functions in hospitals.



For additional information, contact Art Sponseller, President/CEO, (916) 552-7608, asponseller@hospitalcouncil.net

HEALTH CARE FOR THE HOMELESS Council Assesses Planning Needs

Hospital Council regional vice presidents are actively engaging chief nursing officers, discharge planners and other key hospital staff to frame the issue of hospital discharge of the homeless in each of the local communities/regions served.

The initial work is designed both to identify the scope and unique quality of the problem in local areas and to plan for the convening of regional forums to address best practices when hospitals discharge homeless patients.

Since January 2007, when legislation regarding the homeless took effect (see box for details), attention given to the discharging of homeless patients has gained momentum particularly in Southern California, resulted in newspaper editorials in Fresno, Sacramento and the Bay Area, and in planned 60 Minutes and Dateline segments in Los Angeles.

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Member hospitals, with the leadership of Hospital Council staff, will be able to provide leadership on an important community health issue and again demonstrate a commitment to meet the needs of all residents in the communities served. In addition, it is an opportunity to address the homeless patient issue ahead of the curve rather than in response to an adverse incident or a local news investigation.

**LEGISLATION AT A GLANCE:
AB 2745**

- **Signed into law** by the governor in 2006; took effect in January 2007
- **Requires hospitals to have written policies** dealing with a homeless patient's post-hospital and continuing care requirements
- **Defines a homeless patient** as *"an individual who lacks a fixed and regular nighttime residence or who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations," or who is residing in a public or private place that was not designed for temporary living or sleeping accommodations.*
- **Requires regional hospital associations to convene community meetings** to address the identification of best practices for post hospital transition; systems for improved communication in dealing with these patients; and identification of resources to serve the population; to improve the post-hospital transition for homeless patients, resulting in a summary document, including recommendations for action, by January 1, 2008.
- **Prohibits a hospital from transferring a homeless patient** from one county to another to receive social services or healthcare services without prior authorization from the receiving agency/facility.

For additional information, contact Lynne Ashbeck, Regional Vice President, Fresno Office, (559) 650-5694, lashbeck@hospitalcouncil.net, or the Regional Vice President assigned to your area.

**SAN JOAQUIN VALLEY PARTNERSHIP
Consortium Launches Nursing Retention
Plan**

The Nursing Education Consortium may prove to be the best way to address severe nursing shortages in California hospitals.

Spearheaded by the Hospital Council's Fresno Office, the consortium is an innovative regional model funded through the California Partnership for the San Joaquin Valley. The 26-member partnership, led by California's Business, Transportation and Housing (BTH) agency and composed of state agency and Central Valley representatives, makes recommendations regarding changes that would improve the economic well-being of the Central Valley and the quality of life of its residents.

Beginning in 2008, the eight-county region plans to produce 250 additional registered nursing (RN) graduates annually. The consortium is targeting five measurable strategies to achieve and sustain that goal:

1. Increase retention in registered nursing programs by 6 percent, resulting in an annual increase of 50 RN graduates.
 - In 2004/2005, the average rate of retention in the nine registered nursing programs in California was 74 percent.
2. Increase pass rates on the National Council Licensure examination (NCLEX) by 10 percent, resulting in an annual increase of 100 RN graduates.
 - In the 2004/2005 academic year, 598 of 665 RN graduates in the San Joaquin Valley passed the NCLEX, an 80 percent pass rate. The Consortium will help increase the pass rate to 90 percent.
3. Increase the supply of faculty through better coordination and planning, resulting in an annual increase of 40 RN graduates.
4. Increase availability of clinical placement slots, resulting in an annual increase of 40 RN graduates
5. Increase access to RN education programs in underserved areas, resulting in an annual increase of 20 RN graduates.

The purpose of the Consortium is twofold: 1) to serve as the "go to" organization for the development and management of a strategically driven, comprehensive and sustainable regional nursing workforce plan in the rapidly-growing San Joaquin Valley containing a significant number of medically underserved areas, and 2) to serve as a source of registered nurses for the rest of California.

The consortium is staffed by Pilar de la Cruz-Reyes, RN, MSN, a nursing executive with over 30 years of

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experience in clinical, hospital executive and nursing education roles. A steering committee made up of hospital, education, and association nurse leaders from throughout the region guides the work of the consortium and reports to a larger forum of interested stakeholders in the eight-county region.

The consortium is driven by the principles of sustainability, quality and accountability. It will be most successful when it can deliver additional nurses to the workforce and leverage the already substantial investments hospitals make in nursing education.

For additional information, contact Pilar de la Cruz-Reyes, Executive Director, preyes@hospitalcouncil.net, (559) 650-5693, visit www.bth.ca.gov/capartnership/sanjoaquinvalley.asp, or contact Lynne Ashbeck, Regional Vice President, (559) 650-5694, lashbeck@hospitalcouncil.net

WIRING RURAL AREAS Pilot Program Addresses Underserved Issues

The Federal Communications Commission (FCC) has established a competitive rural health care pilot program to encourage provision of telehealth and telemedicine services throughout the nation. The Hospital Council has collaborated with the California Hospital Association (CHA), University of California system, California Business, Transportation and Housing agency (BTH), and other agencies and associations currently providing health care in rural California to develop a single proposal:

- to support rural health care providers' access to telemedicine and advanced applications in continuing education and research,
- to enhance their ability to provide a rapid and coordinated response in the event of a national crisis, and
- to implement nationwide electronic medical records.

The goal of the FCC's pilot program is to increase rural access to high-speed, switched, broadband telecommunications. Users will be able to originate and receive high-quality voice, data, graphics, and video telecommunications using any technology. Successful applicants will receive up to 85 percent of the costs of:

- building state and regional broadband networks and connecting those networks to dedicated nationwide backbone providers (Internet2 or National

LambdaRail, Inc.) and

- advanced telecommunications and information services that will ride over those networks.

Selected applicants will also receive up to 85 percent of the cost of connecting to the public Internet.

Broadband has enabled health care providers to vastly improve access to quality medical services in remote areas. Telehealth applications allow patients to access critically-needed medical specialists in cardiology, pediatrics and radiology without leaving their homes or communities. A single medical professional is able to provide services to many patients. This is especially beneficial in underserved rural areas that may lack access to medical expertise and advanced medical technologies.

Under the pilot program, all public and non-profit health care providers may apply for funding to construct a dedicated broadband network that connects health care providers in a state or region. Nationwide approximately \$65 million will be available. The pilot program is limited to two years but the FCC has stated that it will continue to fund those applicants already accepted into the program, subject to the availability of funds.

The Office of Management and Budget approved the FCC's criteria for applications. Proposals from multiple health care providers are encouraged. The application filing date is May 7, 2007.

For additional information, contact Suzanne Ness, Regional Vice President, (916) 552-7534, sness@hospitalcouncil.net

DISASTER PLANNING New RSPCs Contribute Their Expertise

Jointly, the Hospital Council and CHA team hired four new Regional Surge Planning Coordinators (RSPC). These RSPCs will join others throughout California to help our hospitals develop response plans for emergency planning and operations of their facilities during an unexpected increase in demand for emergency hospital care.

Guided by the California Department of Health Services (CDHS), PricewaterhouseCoopers consultants and CHA staff, RSPCs will help our hospitals plan and

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respond to new standards and guidelines, operational tools and training curriculum that continue to develop. Recently, our team spent seven days of intensive training on surge planning, standards, liabilities, and reimbursement issues related to specific disaster scenarios.

Over the next few months our RSPCs will contact all 190 hospitals in the Council to make sure that surge planning data and information from each facility are accurate and complete. Clear and accurate disaster-related standards, guidelines and definitions are being delineated so that hospitals can make plans to expand and provide for an influx of patients.

Introducing the Hospital Council's regional surge planning team:

Dan Stratman/Sacramento and north state - Brings a wealth of decision-making and problem-solving expertise as an emergency preparedness and security administrator at the University of California Davis Medical Center. Responsible for the emergency response for a 7,000-employee health system, Stratman analyzed and documented highly technical issues. Stratman covers California's northern sector.

Diane Akers/Bay Area – Has had diverse experience in planning, implementing and coordinating emergency medical services for 1.3 million people, 14 cities and fire departments and more than 70 agencies. Akers has organized and planned cross-functional responses to multi-casualty incidents and disasters, and implemented quality improvement. Akers covers the Bay Area with Vol Ranger.

Vol Ranger/Bay Area - Prepared a surge planning inventory and database for hospitals, a best practices review for Santa Clara County, and hospital deliverables to the Health Resources and Services Administration (HRSA). Ranger has developed full-scale pandemic flu exercises as well as a first-response training curriculum for hospitals. Ranger is program lead at California State University Monterey Bay's certificate program for emergency preparedness in public health and hospitals. Ranger covers the Bay Area with Diane Akers.

Curt Douglas/Central Valley - Brings the perspective of an experienced hospital operator and administrator with nearly 20 years in health care administration throughout the Central Valley. Familiar with Joint Commission standards and applications, he has a thorough knowledge of how a hospital operates and what measures and plans are needed to apply appropriate directives to hospital teams in an emergency situation. Douglas has

participated in many exercises in Central Valley hospitals and is a member of the emergency medical services planning committee in Kern County.

For additional information, contact Scott Seasons, Regional Vice President, (916) 552-7564, sseamons@hospitalcouncil.net

HOSPITAL COUNCIL ON THE WEB Visit. Comment!

Have you visited the Hospital Council website at www.hospitalcouncil.net lately? Designed for hospitals, the Web site can be used as a resource for locating important health care information as well as information about our northern and central California association. You'll find:

- online special reports on community needs assessments, report cards and trends in health care involving our sections' hospitals
- the latest information on compensation and employee benefits surveys
- easy access to federal and state government Web sites, to elected officials and to updates on the status of legislation
- links to other health care and disaster preparedness resources
- information regarding quality initiatives and health care laboratory workforce issues
- links to other health care websites and much, much, more.

We welcome your suggestions to strengthen the Web site and make it more useful to you and your hospital.

Please submit your comments to Petrina Aiello, Manager, Member Services, (925) 746-5106, paiello@hospitalcouncil.net.

CHPAC AWARDS Congratulate the Winners

Congratulations to our member hospitals that received 2006 CHA's political action committee (CHPAC) awards at the recent health policy legislative day in Sacramento. Thanks to all hospital executives, staff and volunteers for helping the Hospital Council raise \$263,715 (101% of its 2006 goal) and CHPAC reach its 2006 goal of \$720,000.

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2006 CHPAC Award Winners:



NorthBay VacaValley Hospital
Quick Draw Award
 (Fastest to reach 2006 goal)



Frank R. Howard Memorial Hospital
Leader of the PAC Award – Small Hospital
 (Highest Percentage over 2006 Goal - 270%)



CHPAC is the only organization that gives financial support to responsible pro-health care candidates running for office throughout the state.

We ask each facility to appoint a CHPAC campaign coordinator and conduct a 2007 campaign to support our goal. Make your CHPAC contribution now at one of the following levels:

- President’s Club Member at \$1,250
- Leadership Member at \$750
- Golden State Member at \$500.

Pledge forms are available on the CHPAC website, www.calhealth.org/public/chpac/index.html.

For more information, contact Justin Matheson, CHPAC, Executive Director, (916) 552-7533, jmatheson@calhealth.org or Anna McAleer, Administrative Assistant, (916) 552-7560, amcaleer@calhealth.org

CEO SPOTLIGHT

The Hospital Council welcomes Katharine Ann Campbell, the new CEO at Mayers Memorial Hospital in Fall River Mills, to California. Campbell served as CEO of Mountainview Medical Center in White Sulphur Springs, Montana, for six years. Prior to that, she served as administrator for Harms Memorial Hospital District in American Falls, Idaho.

Campbell has extensive experience in marketing, program development and health care consulting. She received her master’s degree in health administration from the University of Colorado and her bachelor’s

degree in journalism and botany from West Virginia University.

Campbell is a Fellow of the American College of Healthcare Executives (ACHE) and has made presentations on staff development and fundraising in frontier hospitals at national and regional conferences. She was honored by the Montana ACHE, the Idaho Department of Health and Welfare and the National Association of Social Workers which recognized her as West Virginia’s Public Citizen of the Year.

For more information, contact Suzanne Ness, Regional Vice President, (916) 552-7534, sness@hospitalcouncil.net

BUSINESS PARTNER PROFILE
HFS Consultants

HFS Consultants provides complete health care management solutions for hospitals, skilled nursing, senior housing and long term care facilities, clinics, medical groups, and other health care organizations. Their distinctive approach in integrating services yields the greatest long term benefit to clients. They offer a broad range of consulting services including financial, clinical, and operations management; health information management; reimbursement and revenue cycle management; licensing and regulatory compliance; materials management consulting; strategic planning; and interim and permanent executive placement. The consulting staff at HFS consists of individuals from a variety of backgrounds and includes certified public accountants, chief financial officers, hospital administrators, registered nurses, nursing home administrators, business office directors, medical record technicians, and health information systems coordinators. These varied backgrounds and skills afford HFS a unique perspective that enables the company to provide quality service to clients on a timely basis.

Remember: When you do business with a Hospital Council Business partner, you help generate non-dues revenue in support of member services.

For more information, contact Don Whiteside, Managing Director, (510) 768-0066, donw@hfscconsultants.com, www.hfscconsultants.com or contact Petrina Aiello, Manager, Member Services, (925) 746-5106, paiello@hospitalcouncil.net.

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UPCOMING SPECIAL EVENTS

- CHPAC/Hospital Council Reception with Congressman Mike Thompson
April 5, 2007 4:00 – 6:00 pm
Kendall Jackson Winery Center, Santa Rosa
For additional information, contact Justin Matheson, (916) 552-7533, jmatheson@calhospital.org or Anna McAleer, (916) 552-7560, amcaleer@calhealth.org
- CHPAC/Hospital Council Sierra Nevada Brewery Lunch
April 25, 2007 12:00 – 1:30 pm
Sierra Nevada Brewing Company, Chico
For additional information, contact Justin Matheson, (916) 552-7533, jmatheson@calhospital.org or Anna McAleer, (916) 552-7560, amcaleer@calhealth.org.
- California Congressional Action Program
May 6 – 9, 2007
Mayflower Hotel, Washington, D.C
For additional information, contact Dawn Vicari, (916) 552-7659, dvicari@calhealth.org.
- CHPAC/Hospital Council BBQ and River Cats baseball game
May 22, 2007 6:30pm
Raley Field, Sacramento
For additional information, contact Justin Matheson, (916) 552-7533, jmatheson@calhospital.org or Anna McAleer, (916) 552-7560, amcaleer@calhealth.org
- Hospital Council Annual Healthcare Summit
October 10 – 12, 2007
Portola Plaza Hotel, Monterey
For more information, contact Scott Seamons, (916) 552-7564, sseamons@hospitalcouncil.net, or Petrina Aiello, (925) 746-5106, paiello@hospitalcouncil.net.

APRIL / MAY SECTION MEETINGS

- San Francisco Section
April 18 5:30 – 9:00pm
R & G Restaurant, San Francisco
- North Bay Section
April 25 12:00 – 2:00pm
Ca' Bianca Restaurant, Santa Rosa
- Redwood/Mendocino/Lake
May 25 12:00 to 1:30pm
Phone Conference
(For dial-in access information contact Kathy Sowers, 916-552-7565, ksowers@hospitalcouncil.net)
- San Joaquin/Mother Lode and Stanislaus/Merced
May 31 12:00 to 2:00pm
Memorial Hospital Association Health Education Center, Modesto

