

COUNCIL CONNECT

Excellence Through Leadership & Collaboration

November 30, 2008

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TAX EXEMPT FINANCING FOR RURAL HOSPITAL CONSTRUCTION

Recently, Plumas District Hospital in Quincy received \$3.2 million in tax-exempt financing for a new hospital. UnitedHealth, as the lowest bidder, purchased the first bond issued at 6.9 percent and also paid \$120,000 in closing costs. The hospital district passed a parcel tax increase in July to pay the interest on a potential \$17.5 million needed for construction. Additional revenue and general

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obligation bonds will be needed.

The UnitedHealth funding for this project resulted from the state's approval of a merger in late 2005 of PacifiCare Health Systems and the UnitedHealth Group. PacifiCare and UnitedHealth agreed to contribute funds to provide easier access to capital financing for smaller health care organizations including hospitals that serve rural and other underserved California communities.

The Capital Access Small Issuance Program is designed for smaller health care entities seeking capital amounts between \$1 and \$5 million. Funds can be used for:

- Expanding and upgrading physical and technology infrastructure,
- Electronic health care technology including medical records,
- New and/or additional services and equipment,
- Building, renovating, modernizing or expanding facilities, and
- Re-funding higher-cost debt obligations.

The program offers tax-exempt financing at interest rates often lower than those of conventional loans, maturity and term structure design flexibility, assistance in the overall financing process, and issuance costs subsidized through the grant program. Of the initial \$200 million in funding made available through the merger for this program, approximately half has been allocated to projects throughout the state.

Additionally, at the California Hospital Association (CHA) Rural Health Center Symposium in mid March 2009, Steven Henry, CFA, Director, UnitedHealth

Group, and his colleague Lilo Trujillo of Piper Jaffrey, will provide a program entitled “Bond Financing 101.” Information about the Rural Health Center conference can be obtained from Sophie Madden, CHA, 916-552-7550, smadden@calhospital.org.

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

HOSPITALS: BEWARE OF FRAUDULENT CPR CERTIFICATIONS Course Card Reference Guide Available

In light of recent reports regarding healthcare workers in Southern California working with fake CPR cards, Hospital Council urges its members to heightened awareness about the importance of employee certifications. These instances serve as an important reminder that employee certifications need to be taken very seriously. Current training and proper certification reduces disability and death from cardiac and respiratory emergencies and provides patient safety. The Joint commission requires hospitals to collect data related to processes and outcomes of resuscitation and identify performance measures.

In the event a hospital has reason to believe any of its workers may be working under fraudulent certification, an audit may be necessary. Even without such information, hospitals may want to take this opportunity to review their processes and procedures for certifying employees, or for ensuring that their employees have proper certifications. Hospitals must ensure that any outside entities that provide certifications for employees are legitimate, and that their processes are not susceptible to fraud.

As a quality-control tool for identifying valid CPR cards, the American Heart Association has published the *Emergency Cardiovascular Care Program Course Card Reference Guide*. Attached is a copy of the guide, which includes:

- Descriptions of Emergency Cardiovascular Care (ECC) course cards.
- Samples of current cards for each discipline.
- Quality-control checkpoints.
- Dates when old cards were withdrawn from use.

Please note that the *Course Card Reference Guide* is not a policy document. The policy for issuing course cards can be found in the *Program Administration Manual: Guidelines for Program Administration and Training*, 4th Edition, March 2008.

Both the Course Card Reference Guide and Guidelines for Program Administration and Training are available on the American Hospital Association Instructor Network website at www.ahainstructornetwork.org.

For more information contact Mary Lopez, RN, Vice President, Quality Initiatives, 559-650-5692, mlopez@hospitalcouncil.net

HEPATITIS B INITIATIVE FORMED IN SAN MATEO COUNTY Many Health Care Communities Come Together to Address County Issue

Hospital Council, the Hospital Consortium of San Mateo County, San Mateo Medical Association, San Mateo Health Plan, San Mateo County Public Health Department and physicians from several hospitals have formed a steering committee to develop a strategy to address the issue of Hepatitis B (Hep B) in the county. The first prong of the three pronged strategy will be to educate physicians through communications from the medical association and then direct education programs. Further aspects of the strategy will be to identify funding sources for the provision of Hepatitis B testing and vaccine provision for uninsured at risk patients in San Mateo County.

Hep B is a potentially deadly condition that is treatable and can be eradicated in America as it has been in Australia. It is estimated that one in 1,000 people in the general population have chronic Hep B, and one in ten Asians and Pacific Islanders have chronic Hep B infection, contracted at birth or in early childhood. It is the cause of 80% of all liver cancers worldwide, and causes the greatest disparity in health between Asians and other populations.

This Hepatitis B Initiative is the result of a presentation at a Hospital Council San Mateo Section Meeting in 2007, when Dr. Samuel So, Stanford University Medical Center, made a presentation on the topic of the prevalence of Hepatitis B in San Mateo County.

For more information contact Pamela Smith Martin, Regional Vice President, 925-746-5108, pmartin@hospitalcouncil.net

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STATEWIDE ROLL-OUT OF “JUST CULTURE” TRAINING

The Hospital Council, in conjunction with CHA and other regional associations, has signed on to support the roll-out of the “just culture” movement in our state. Leading this effort is the California Patient Safety Action Coalition, with collaborative support from a broad base of health systems and public and private entities.

Workshops were held at 15 regional locations between October 22 and November 13, 2008, with David Marx and his team leading the educational sessions, training 900 health care leaders on a new approach called “fair and just culture.” Engaging health care providers to adopt a fair and just culture is one step toward building an approach to responding to human errors, system-generated errors, and reckless behaviors that plays a role in preventing adverse events.

For more information, contact Mary Lopez, Vice President, Quality Initiatives, 559-650-5692, mlopez@hospitalcouncil.net.

COLOR-CODED WRISTBANDS A Different Way to Go!

In 2006, The Hospital Council Board of Directors, in partnership with CHA and ACNL, approved a patient safety project to encourage use of standardized color coded wrist bands, as one method to help hospitals looking for simple solutions to communicate critical information to caregivers throughout the hospital without depending on charts, records and communications among caregivers.

In order for color coding to work successfully, standardization is required. Otherwise, staff working at multiple facilities may misinterpret colors, leading to potentially serious errors. In the past 2 years, the use of yellow armbands for ‘falls’ and red for ‘allergies’ seems to be well established, however, using a “do not resuscitate” message on a purple armband is not felt to be appropriate at some facilities.

Also, the use of multiple armbands on one patient is an issue for some frontline caregivers. “Many nurse leaders have worked with an alternative product called the ‘In a Snap’ Alert Clasps,” stated Sue Bartlett, RN, MBA, Hospital Council Vice President Quality Initiatives. “The clasps product uses one patient ID

band and a color-coded snap-on to communicate the same information to the care giver. Some hospitals are now more interested in exploring this method of the color-coded wristband standardization.” To view this product, produced by St. Johns Company, visit <http://www.patientidexpert.com/In-A-Snap-Demo/In-A-Snap-Demo-Page.html>.

For more information, please contact Sue Bartlett, Vice President, Quality Initiatives, 925-746-1551, sbartlett@hospitalcouncil.net

SANTA CLARA COUNTY MEDICAL RESPITE CENTER OPENS Reception Honors Seven Hospitals for Supporting Project

Over 300 people from Santa Clara County the City of San Jose, including San Jose Mayor Chuck Reed and Board of Supervisor Don Gage, came together at a press conference and reception on November 20, 2008, to honor seven South Bay hospitals for their financial contributions and hard work to establish the Santa Clara County Medical Respite Center came to fruition.

The hospitals contributing funds for the respite center, located at EHC LifeBuilders are El Camino Hospital, O’Connor Hospital, Regional Medical Center, Santa Clara Valley Medical Center, Stanford Hospital and Clinics, Kaiser San Jose, and Kaiser Santa Clara. The Center, which opened on October 27, 2008, consists of 15 beds in semi-private rooms.

The Medical Respite Program in Santa Clara County was identified by the Hospital Council’s Santa Clara Section Chief Executive Officers as a top priority in 2007. It was later identified as a needed service through community meetings led by the Hospital Council and prompted by AB 2745 (Chapter 792, Statutes of 2006) that required communities to report best practices for hospital discharges of homeless patients and identify gaps in services.

The Hospital Council, through its work with the Blue Ribbon Commission to end homelessness in Santa Clara County (chaired by Supervisor Gage), brought the program concept to the group and developed a proposal. The Medical Respite Center later was brought forward by the Commission to the Board of Supervisors as its top priority and first step in helping end homeless. A key aspect of the respite program is assisting clients obtain permanent housing is based on findings of

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the Hospital Council's New Directions program that determined permanent housing is important to stabilizing and enhancing a person's health status.

For more information contact Pamela Smith Martin, Regional Vice President, 925-746-5108, pmartin@hospitalcouncil.net

DISASTER DRILLS AND EMERGENCY PREPAREDNESS MEETINGS PAY-OFF TJC Applauds O'Connor Hospital

Congratulations to O'Connor Hospital and Santa Clara County EMS Agency for receiving kudos from The Joint Commission (TJC) during a recent power outage.

On October 27, 2008, Murphy's Law struck O'Connor Hospital at 3:15 pm: The hospital lost its main electrical supply from Pacific Gas and Electric (PG&E). To further exacerbate this situation, the emergency generator failed to start, causing a complete power outage. In any situation, this would be a very serious event, but it was a particularly difficult test for the new Interim CEO, Ron Galonsky, who had just taken the reins of the hospital that day--with TJC surveyors arriving for the triennial survey.

Utilizing lessons learned from the monthly meetings of the Hospital Council's Santa Clara Section Safety Officers Task Force and experience from recent disaster drills, the hospital jumped into action. Galonsky, Chief Medical Officer George Block, MD, and John Walker, Safety Officer, immediately established a hospital command center board room. Santa Clara County EMS Agency and San Jose Fire Department were notified and responded within four minutes and a unified command center was formed. Within minutes, 20 fire trucks and 11 advanced life support ambulances were on site and on standby should an evacuation be required.

At the precise moment of the power outage, two people arrived at O'Connor Hospital's emergency department. They were immediately taken to Santa Clara Valley Medical Center before ever being admitted to receive necessary care.

Generator power was restored in 35 minutes and PG&E power was restored within two hours. The Joint Commission surveyors were impressed with the swift transition to disaster mode by both the hospital and county staffs and deemed that at no time were patients at risk.

For more information, contact Pamela Smith Martin, Regional Vice President, 925-746-5108, pmartin@hospitalcouncil.net.

5 MILLION LIVES TOWN HALL MEETINGS

Update

On October 23, 45 attendees met at the Ukiah Community Center to listen to great presentations and panel discussions regarding boards on board, an overall leadership framework for system-wide improvement efforts, stroke care, and hospital-acquired pressure ulcer prevention. The presenters did an excellent job of focusing on applications to small and rural settings but encouraged high performance no matter the location. Thanks to Frank R. Howard and Ukiah Community Hospital for co-hosting this event.

On November 6, at a town hall meeting in Monterey at Ryan Ranch, 90 attendees and 25 online viewers at the host hospital watched as the town hall meeting was streamed across the Internet. The hosted keynote speaker at this full-day conference, Frederick Ryckman, MD, Cincinnati Children's Hospital, focused on "building safety" throughout the organization, through system design to focus on reliability while reducing variation in practice. Eric Dickson, MD, IHI faculty, led the discussion on engaging physicians in a shared quality agenda. Additional topics included methicillin-resistant *Staphylococcus aureus* (MRSA), computer physician order entry, and improving cardiovascular care using the American Heart Association's "Get with the Guidelines." Clinicians from hospitals in the Monterey Bay area and surrounding counties also gave presentations and participated in panels to provide insight into valuable ongoing activities to enhance patient safety. The entire conference will be available on DVD soon for a small fee through Salinas Valley Memorial Healthcare. Of key importance was the media interest in this region. A small press conference was facilitated to ensure communication to the public that our region's hospitals are working to make a difference. As a result, an article appeared in the Salinas publication and two news stories ran on local stations. The emphasis of all of these stories was on the coming together of 28 hospitals to share information on enhancing patient's safety in local hospitals.

For more information, contact Mary Lopez, Vice President, Quality Initiatives, 559-650-5692, mlopez@hospitalcouncil.net.

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HOSPITAL COUNCIL'S HOLIDAY SCHEDULE

In observance of the holidays, the Hospital Council Corporate and Regional offices will close at 2:00 pm, on December 24, 2008. We will resume normal business hours again on January 5, 2009.

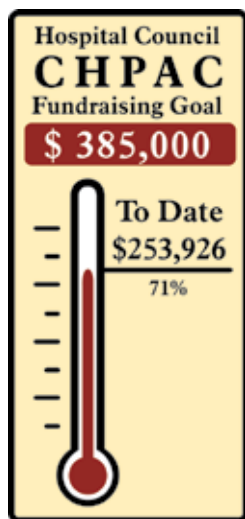
Hospital Council wishes everyone a happy and safe holiday season.

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

CHPAC UPDATE

The CHPAC is the only organization that gives financial support to responsible pro-health care candidates running for office throughout the state. This year's statewide goal is \$1 million. The Hospital Council's portion of the statewide goal is \$385,000.

Appointing a CHPAC campaign coordinator for your facility is a great way to initiate staff campaigns and reach your hospital's CHPAC fund-raising goal. Another way is to promote the benefits of CHPAC Presidents' Club membership to hospital vendors and invite them to join. Hospital campaign coordinators can contact Justin Matheson, CHPAC, Executive Director, 916-552-7533, jmatheson@calhospital.org, for a campaign coordinator's kit.



Make your CHPAC contribution today at one of the following levels:

- Presidents' Club member at \$1,250
- Leadership Board member at \$750
- Golden State Club member at \$500

For more information contact Ron Smith, Regional Vice President, 415-616-9990, rlsmith@hospitalcouncil.net

BUSINESS PARTNER PROFILE American Red Cross, Northern California Blood Services Region

The American Red Cross has served the greater Bay Area, from Contra Costa County to Monterey County, for nearly 50 years. The region annually provides more than 130,000 units of blood and 16,000 platelet units to 31 local hospitals.

Implementation of a blood product management system is urged by Michael Gregory, Senior Account Manager, American Red Cross, gregorym@usa.redcross.org, (510) 594-5123. See the end of this newsletter to read *Optimized Use of Blood Products Through Education and Management*, presented by the American Red Cross and see why this is a Best Practice.

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 Rebecca Rozen, Regional Vice President, 925-746-1550, rrozen@hospitalcouncil.net

CEO UPDATES

Eugene Suksi is the new CEO at Sutter Coast Hospital, replacing John Menaugh.

Lorraine Auerbach is the new CEO at San Mateo Medical Center. Auerbach was formerly Interim CEO.

Ed Glavis is the new Senior Vice President/Area Manager, Sacramento/Roseville at Kaiser Permanente Sacramento/Roseville Medical Center, replacing Deborah Aspling.

Bahram Ghaffari is the new Interim Executive Director at Delano Regional Medical Center, replacing Allan g. Komarek. Ghaffari will also maintain his position as COO/CFO.

Bruce Waldo is the new Interim Executive Director at Sierra Vista Hospital, replacing Nancy Purtell.

John Boyd is the new Chief Administrative Officer at Sutter Center for Psychiatry, replacing Diane G. Stewart.

Effective January 5, 2009, Mike Thomas will be the

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new President/CAO at John Muir Medical Center
Concord Campus, replacing Tom Harlan who retired in
September.

EDUCATIONAL PROGRAMS AND SPECIAL EVENTS

December 4, 2008 10:30 am – 3:30 pm

Hospital Council
Beacon Compass Series – East
New Horizons, San Francisco
Contact Teresa Roebuck 925-746-0728

December 11, 2008 9:00 am – 4:00 pm

California Hospital Association
Hospital Compliance Seminar, Sheraton Grand
Sacramento Hotel
Sponsored by California Hospital Association
Contact 916- 552-7500

January 14, 2009 10:00 am – 3:00 pm

Hospital Council
Beacon Collaborative
Practical Skills for Quality Improvement
O'Connor Hospital, San Jose
Contact Teresa Roebuck 925-746-0728

January 27, 2009 9:30 am – 3:30 pm

Hospital Council
Beacon Collaborative Quarterly Meeting

South San Francisco Conference Center
Contact Teresa Roebuck 925-746-0728

March 11, 2009

California Hospital Association
Health Policy Legislative Day
Sacramento Convention Center, Sacramento
Contact 916-443-7401

March 12 – 13, 2009

California Hospital Association
Rural Health Care Symposium
Location TBD
Contact 916-552-7689

April 26 – 29, 2009

California Congressional Action Program
Renaissance Mayflower Hotel, Washington, D.C.
Contact 916-443-7401

October 1 – 3, 2009

Hospital Council
2009 Leadership Summit
Meritage Resort, Napa
Contact Petrina Aiello 925-746-5106



American Red Cross

Blood Services

OPTIMIZED USE OF BLOOD PRODUCTS

THROUGH EDUCATION AND MANAGEMENT

The goal of blood management strategies is to ensure that every unit of blood transfused is appropriate. This minimizes transfusions and complications while providing a more efficient use of all other medical resources. How do we achieve this goal?

The three parts to an effective blood management program includes education, change management strategies and metrics with accountability. John Muir Health System reduced total transfusions by 16% in 6 months, resulting in significant savings in annual acquisition costs under Strategic Blood Management.TM

Following the success at client hospitals within the John Muir Health System, the American Red Cross contracted with Strategic Healthcare Group LLC to provide Strategic Blood ManagementTM consultation services to over 100 Red Cross client hospitals across the United States. Scott Buker, Director of National Accounts, Biomedical Services, American Red Cross said, "The Strategic Blood ManagementTM system brings tremendous value to hospital clients of the American Red Cross by promoting the appropriate use of blood products. As hospitals use blood more wisely they benefit from more efficient operations as well as improved care and patient safety."

Ensuring an adequate supply of blood is increasingly a challenge. The American Red Cross is constantly recruiting new donors as the current pool ages. In addition, the organization is working with hospitals on reviewing the utilization of blood products, potentially reducing the blood supply needed.

According to Dr. Richard Benjamin, Chief Medical Officer of the American Red Cross Biomedical Services, evidence-based utilization of blood products is essential to the organization's mission as a steward of the nation's blood supply. "Strategic Blood ManagementTM focuses on the appropriate utilization of blood products, which the American Red Cross strongly supports. This approach is consistent with our mission to provide the best possible service to our client hospitals and optimal outcomes for their patients."

The blood management process is designed to promote the optimal use of blood products, resulting in their safe and efficient use. An audit of routine transfusion orders¹ at Brigham and Women's Hospital of Boston found 73% of all medical staff issued inappropriate orders for

¹ ER, OR, PACU and emergent transfusions were excluded.

transfusions. Another recent audit of two New York hospitals showed 62% of transfusion orders were in appropriate. Why is this?

Physicians must make highly-individualized trade-off decisions between the risk of anemia versus the risks and benefits of transfusion. This decision is often based more upon custom and habit rather than formal training and current evidence-based principles. The presence or absence of education, oversight and monitoring of blood utilization and blood management best practices can make a difference. The percentage of inappropriate orders declined to 60% at Brigham and Women's Hospital of Boston with education and computerized decision support.

In July 2007, an article in TRANSFUSION dispelled what, till then, was considered a fact by blood centers: 60 percent of the population was qualified to give blood. The study dropped the figure to only 37 percent of the U.S. population when you account for an aging population and additional donor restrictions over the years.

In 1999, a study in the New England Journal of Medicine said, "A restrictive strategy of red cell transfusions is at least as effective as and possibly superior to a liberal strategy in critically ill patients, with the possible exception of patients with acute myocardial infraction or unstable angina."²

Massive transfusion protocol issues include finding the ideal ratio of red blood cells to coagulatives and avoiding "collateral damage." Close coordination is needed with the trauma team, transfusion service and blood supplier. Numerous safety issues, infectious complications, allergic reactions, hemolytic transfusion reactions and TRALI, can be reduced with appropriate transfusions.

For more information on this program, contact the American Red Cross Northern California Blood Services Region Senior Account Manager, Michael Gregory at 510-594-5123 or gregorym@usa.redcross.org.

² The New England Journal of Medicine, February 11, 1999, "A Multicenter, Randomized, Controlled Clinical Trial of Transfusion Requirements in Critical Care"