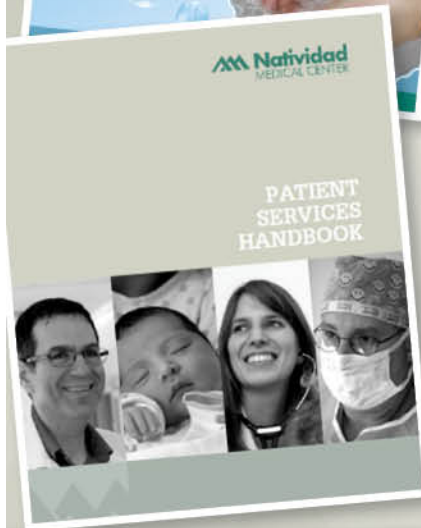# ACCOMPLISHMENTS

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

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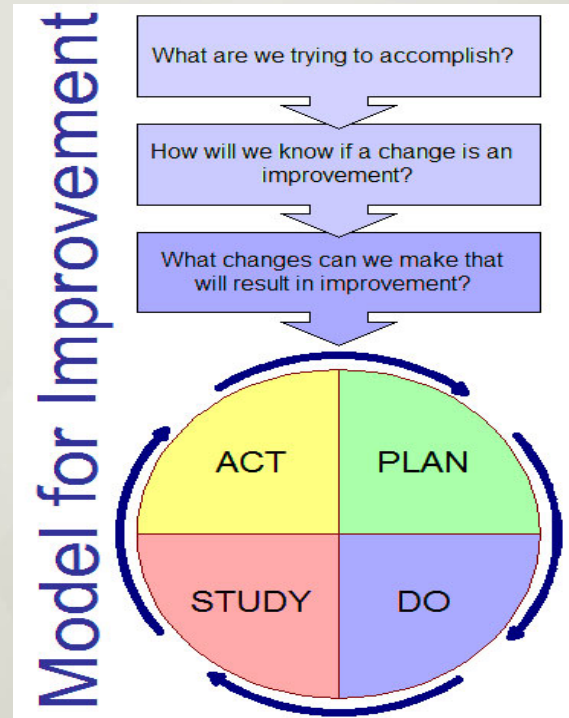
Quality

➢ **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 2nd 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
- ✓ 1st 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 ≥30°

✓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 NMCʼs 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

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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

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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
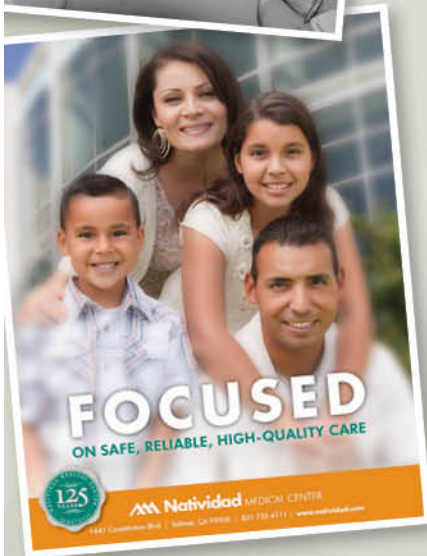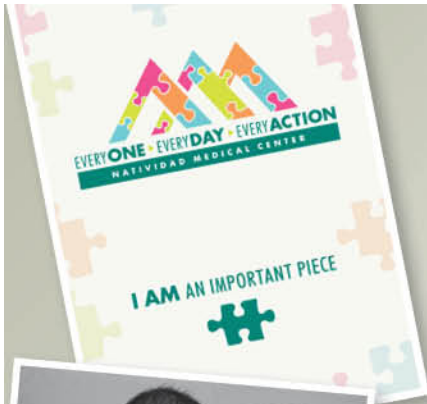✓Final staff training underway

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

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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

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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

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PEOPLE

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People

- ➢ **Create a Quality Vision and Culture of Safety**

  - ❑ Implemented IHI patient safety and customer service training. Planning to implement new module**s**

- ➢ **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

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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

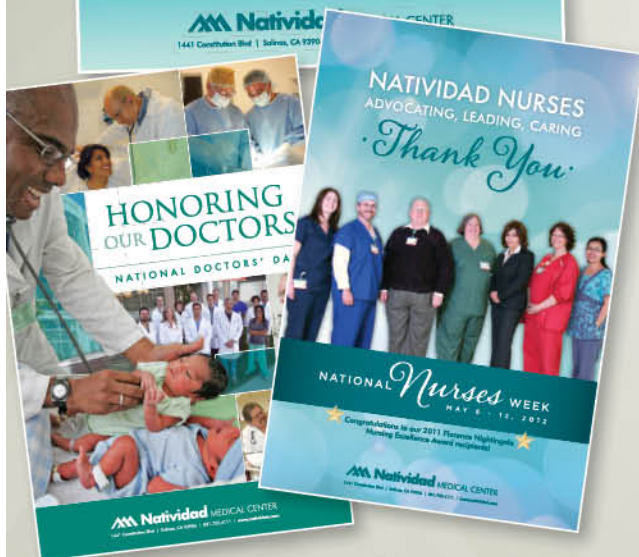- ❑ Soliciting & following up on employee suggestions for improvement

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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

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DELIVERY SYSTEM REALIGNMENT

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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

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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

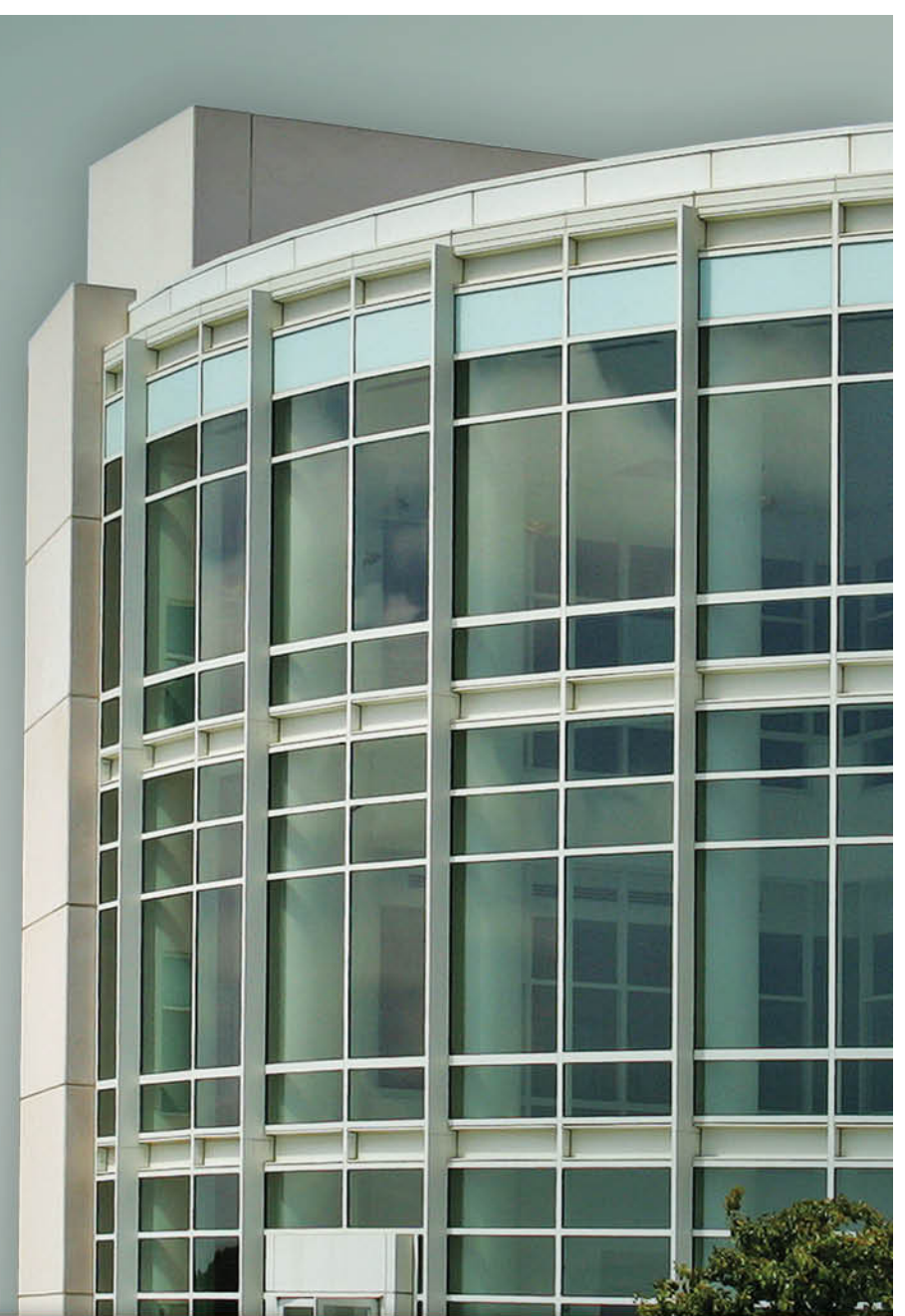**Natividad** MEDICAL CENTER

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

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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
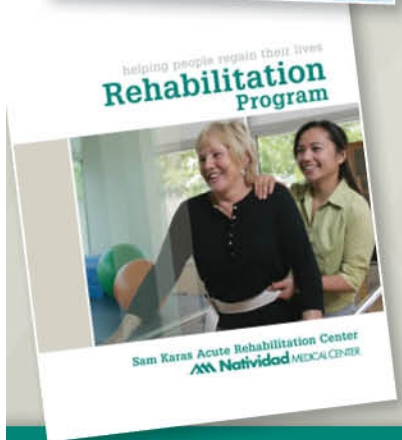
Growth

➢ **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
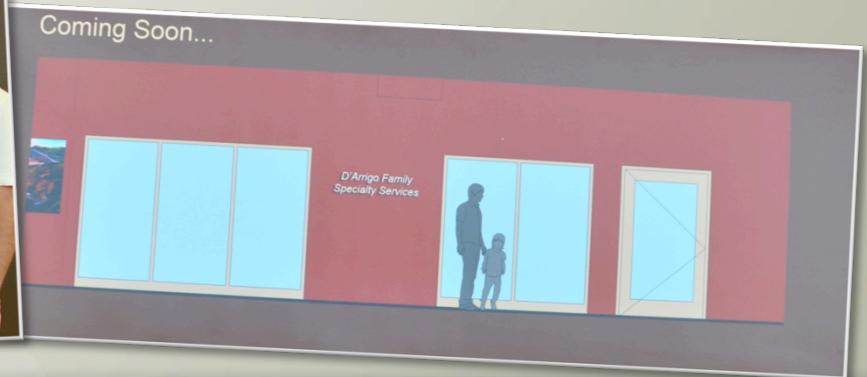
Growth

➢ **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 3rd party administrators
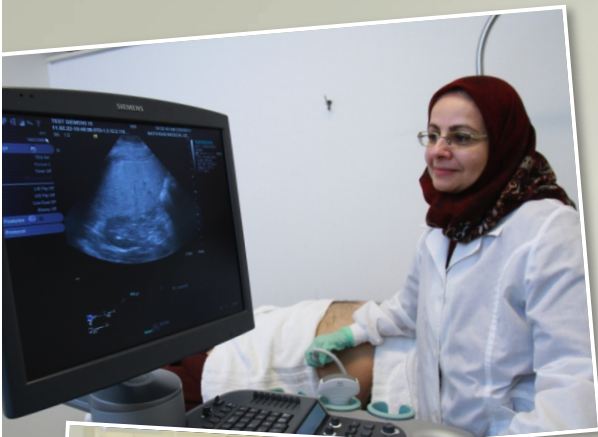
Growth

➢ **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

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TECHNOLOGY

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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

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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

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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**

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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

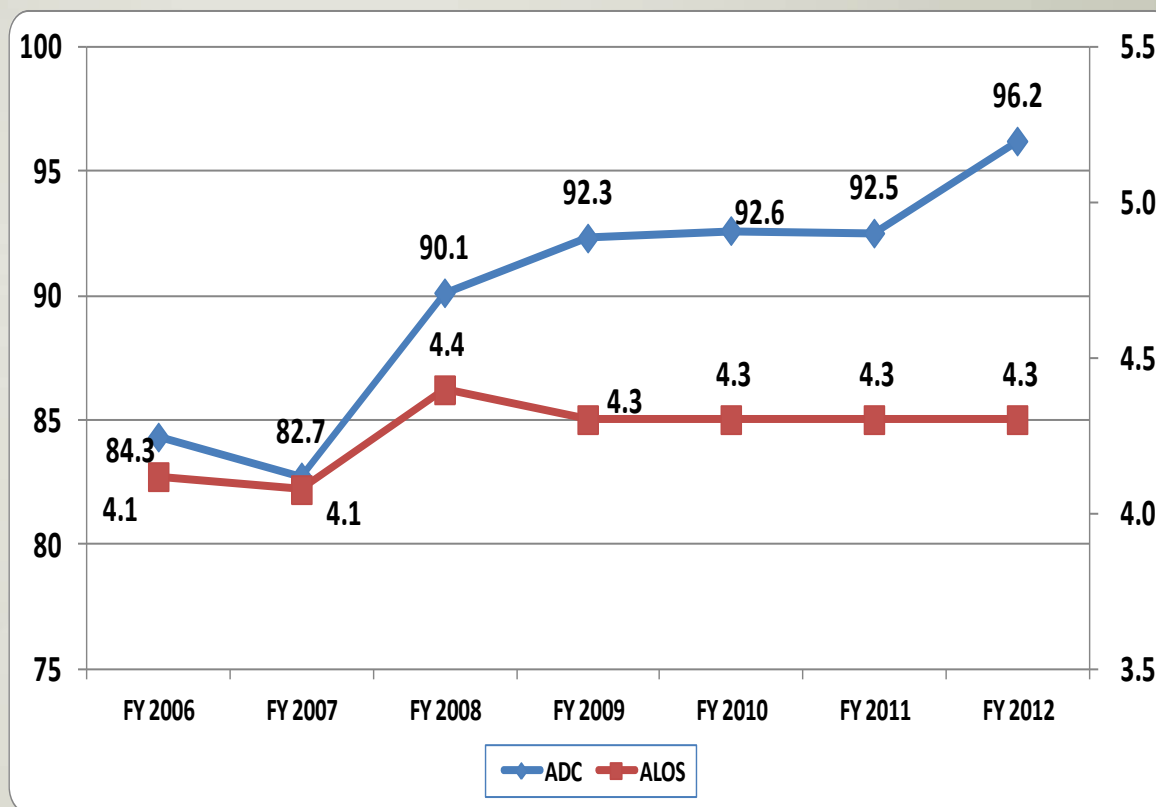**Natividad** MEDICAL CENTER

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

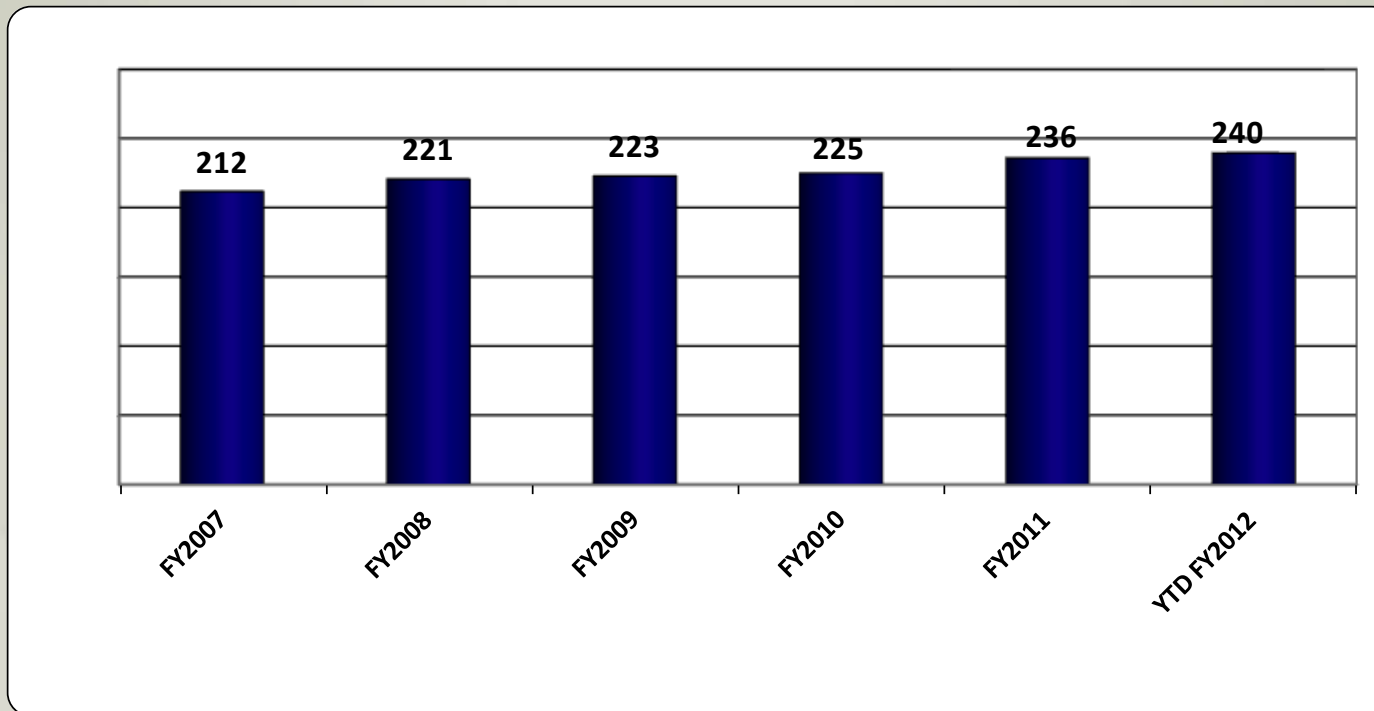❑ Redesigned patient complaint process

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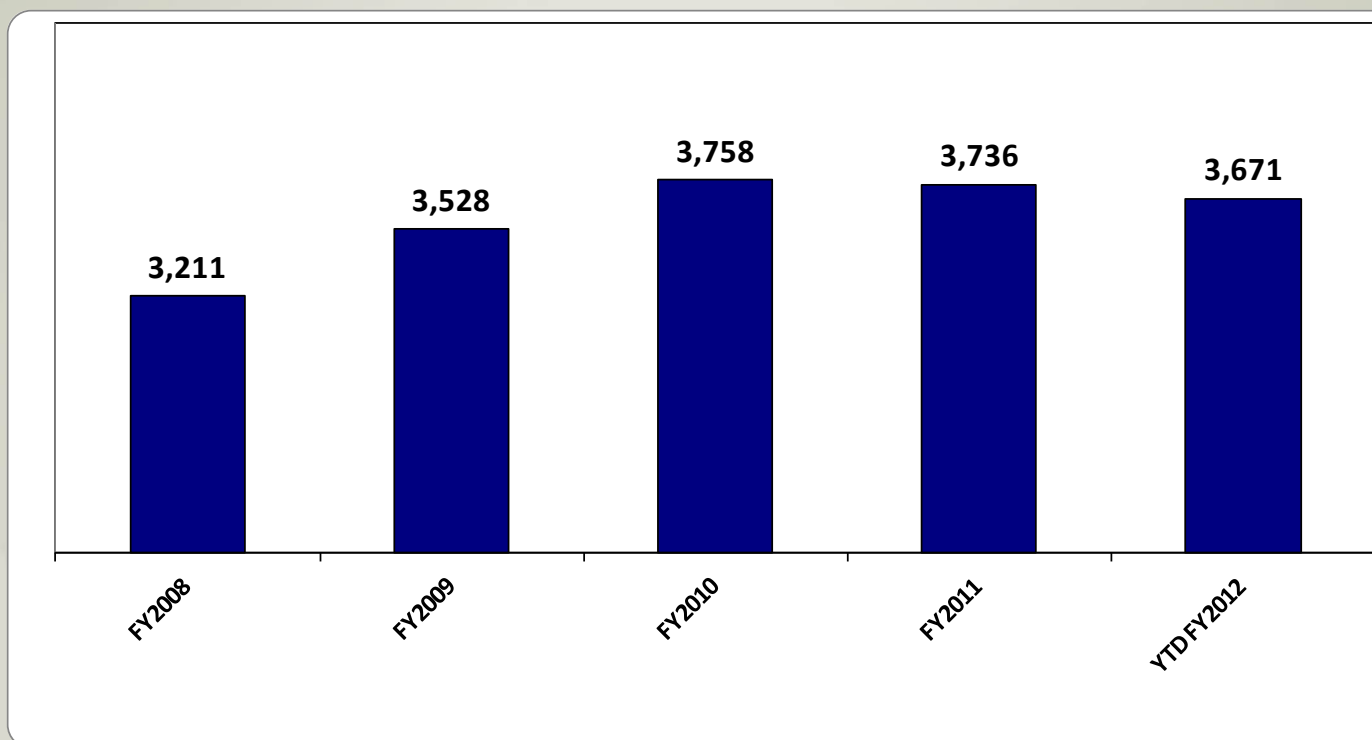

Note FY2012 information is as of April 30, 2012

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Stewardship
Deliveries – Average Per Month
Annual

Note FY2012 information is as of April 30, 2012

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Stewardship
E.R. Visits – Average Per Month
Annual

Note FY2012 information is as of April 30, 2012

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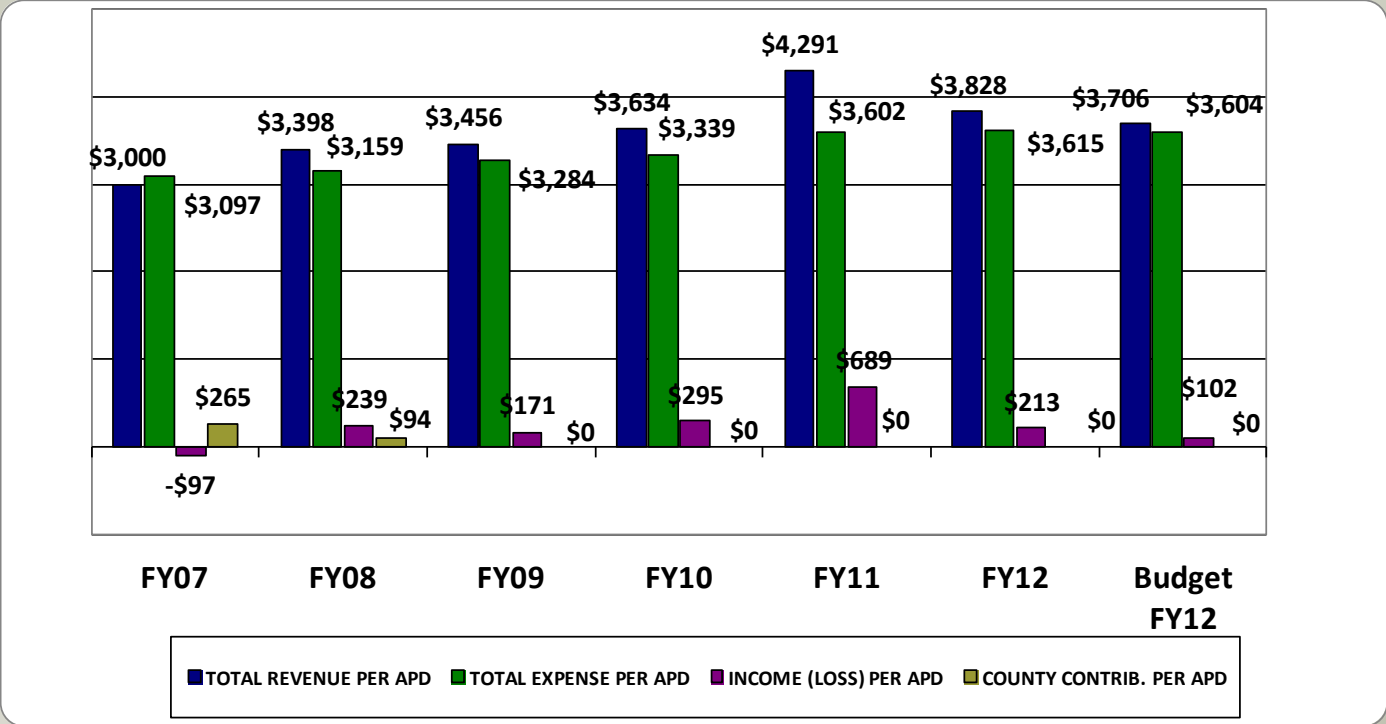
Stewardship
Annual Net Income or <Loss>
FY-12 Annualized (millions)
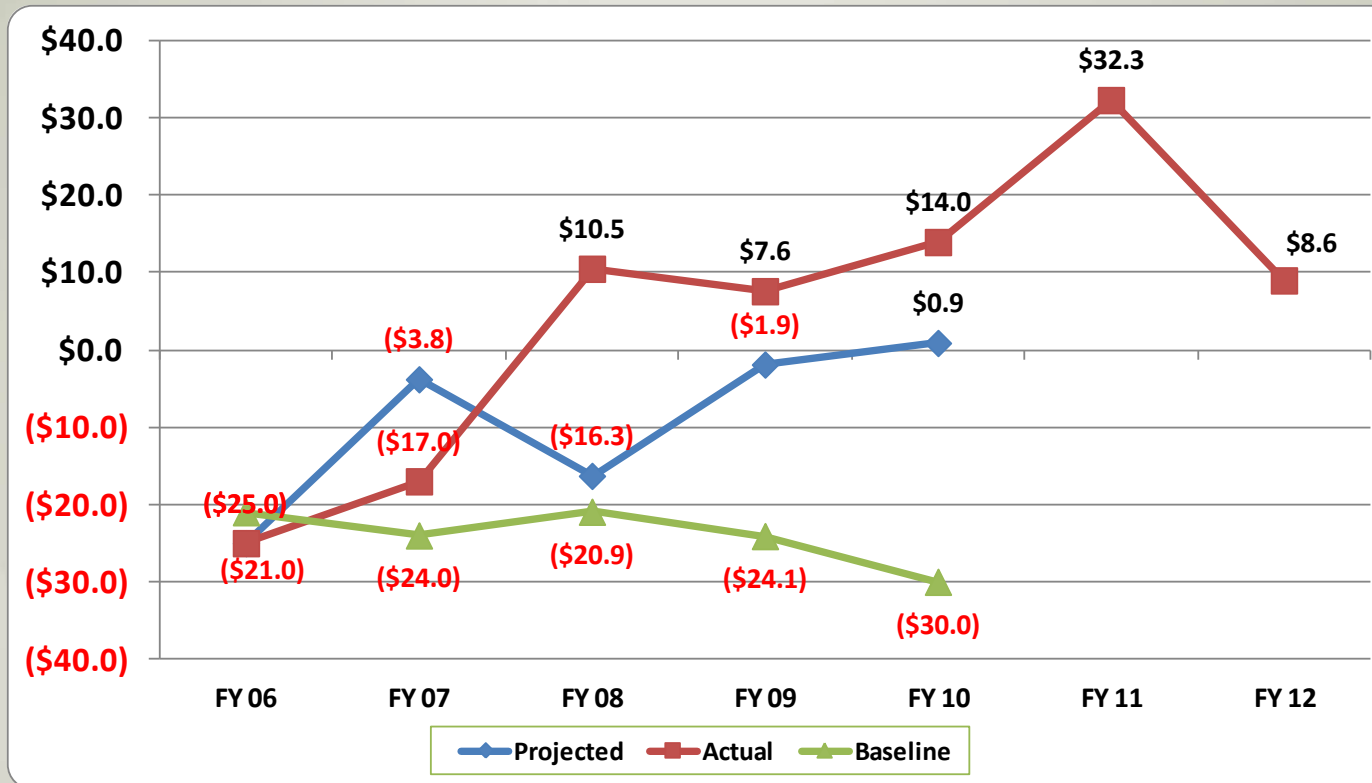
Note FY2012 information is as of April 30, 2012

Stewardship
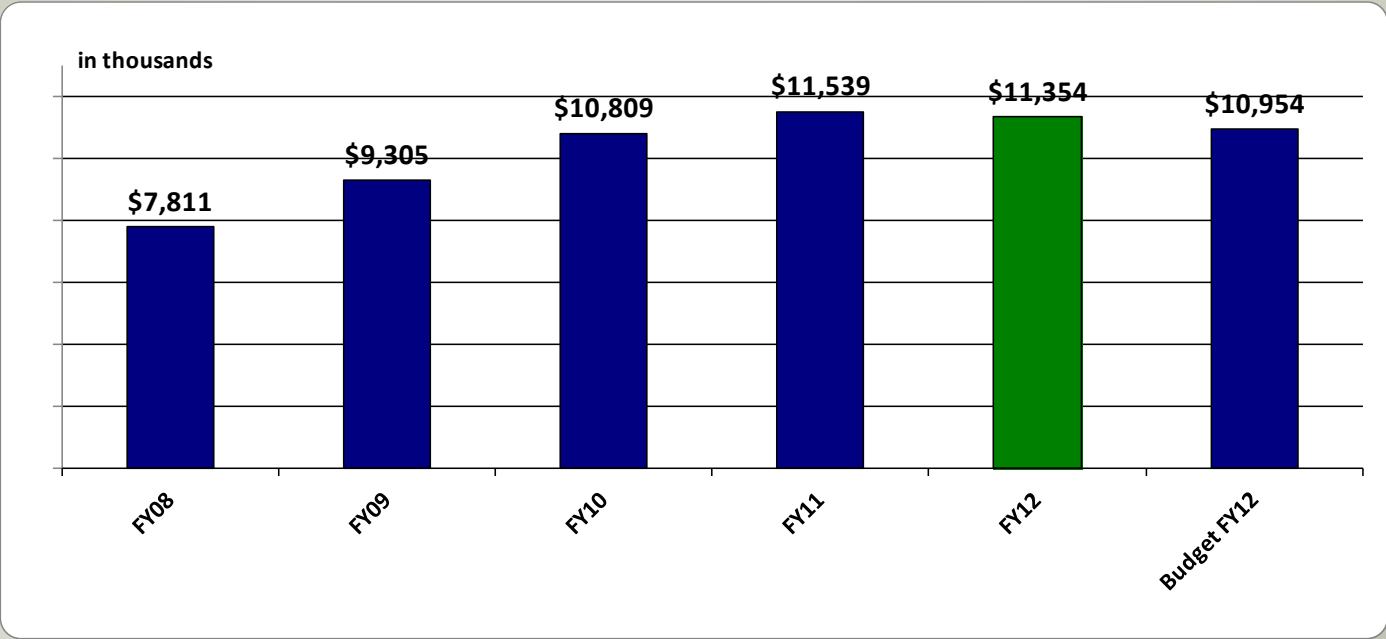## Revenue, Expense, Profit Per APD
Annual
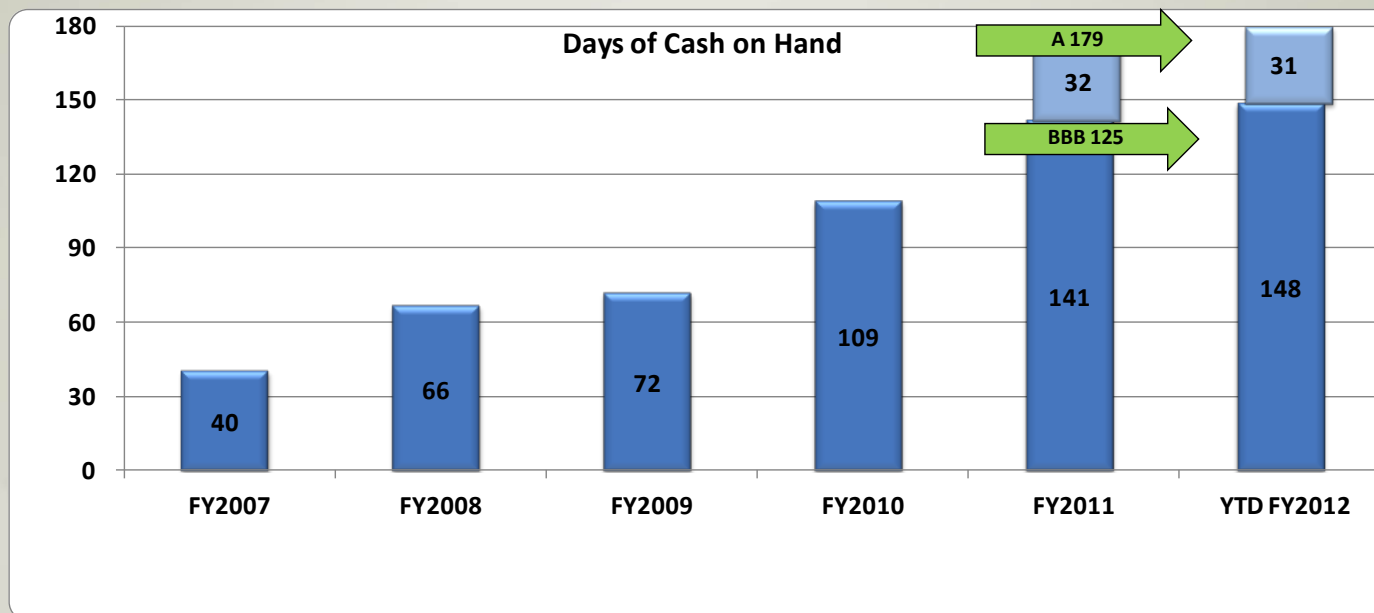

Note FY2012 information is as of April 30, 2012

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Stewardship
Cash – Patients – Average Per Month
Annual

in thousands

	FY08	FY09	FY10	FY11	FY12	Budget FY12
	$7,811	$9,305	$10,809	$11,539	$11,354	$10,954

Note FY2012 information is as of April 30, 2012

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Stewardship
Days Cash on Hand Annual

Note FY2012 information is as of April 30, 2012

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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**

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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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