#### ANNUAL REPORT

#### **ACCOMPLISHMENTS**

FISCAL YEAR 2013









# QUALITY











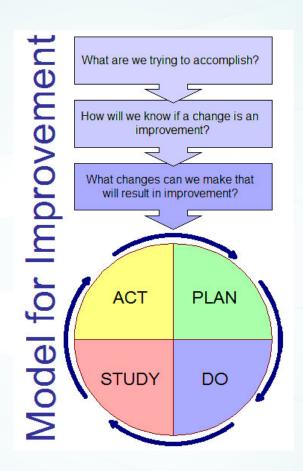


The Best Protection is the Flu Shot.

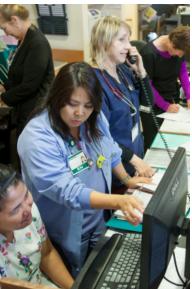


- Create a quality vision & culture of safety
- Upgrade services that are fundamental to safe, reliable, high quality, culturally competent patient care
- Reduce harm
  - Implement evidence-based practices (core measures)
  - Reduce hospital-acquired infections
  - Improve the safety of medication administration

- Create a quality vision & culture of safety
  - Continued the full implementation and application of the model for improvement framework for performance improvement activities.







Create a quality vision & culture of safety:

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

- Convened 2 training events in 2012-2013
- Total NMC leadership trained as of May 2013: 185

#### Enhancement of Interpreter Services

- Facilitated "Bridging the Gap" 40-hour qualified interpreter training course for 2 sessions
  - Total now trained: 57 dual-role staff and 68 community individuals
- Implemented Internship/Shadowing Program for Indigenous Language interpreters
  - 4 interns completed training
- Fully deployed the Health Care Interpreter Network (HCIN) video technology in 9 departments
- Continue to increase the number of interpreter encounters facilitated by qualified interpreters
  - Averaging over 1400 qualified interpreter encounters per month



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- Implement a strategy to assure individual unit/departmental ownership of The Joint Commission Core Measure performance
  - Developed Comprehensive PI Plan for FY13
  - Formed Unit-Based Councils to improve core measure performance:
    - ✓ Congestive heart failure
    - ✓ Surgical site infection prevention
    - ✓ Immunization compliance
    - ✓ Venous Thromboembolism prevention
    - ✓ Stroke management
    - ✓ Perinatal care management
  - Report clinical unit performance at hospital committees

- Decrease the number of hospital-acquired infections through implementation of process improvements based on best-practices
  - Ventilator-Associated Pneumonia (VAP)
    - Focus on compliance with bundle practices
    - 430 days without an infection
  - Central Line Infection prevention (CLABSI)
    - Insertion Bundle practices
      - -CU 99% and 505 days without an infection
      - -NICU 100% and >1428 days without an infection
  - Catheter-Associated Urinary Track Infection prevention (CAUTI)
    - Implemented use of silver-impregnated catheters
    - Nursing completed focused education on catheter insertion
      - -ICU 167 days without an infection









- Implement the Delivery System Reform Incentive Pool (DSRIP) five-year plan that defines NMC's future quality and patient satisfaction goals.
  - Achieved 12-month milestones for DY7
    - Received \$9M
  - Achieved defined 6-month milestones for DY8
    - Received \$5.6M

- 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









- DSRIP Category 3 Population-focused improvement
  - Report data for Natividad Medical Group and Laurel Family Medicine
    - Patient/Care Giver experience
    - Care Coordination: Diabetes, Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD)
    - Preventive Health: Breast Cancer Screening, Influenza Immunization, Child Obesity, Tobacco Cessation
    - At-Risk Populations: Diabetes, CHF Readmission, Hypertension, Peds Asthma
- 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

- Enhance NMC's Nursing Education Program to support the implementation of Best-Practices
  - Completed focused education on telemetry monitoring and overall care provided by nurses and technicians in the critical care and medical/ surgical units
  - Completed focused education on urinary catheter insertion and management
  - Launched comprehensive assessment of training policies and purchased state-of-the art program for enhancing nursing education program
  - Completed comprehensive documentation and basic practice education for all nurses











- Improvement NMC's Wound Care Program
  - Dedicated Wound Care nurse
  - Pressure Ulcer Prevention Team meets regularly to improve program
  - Maintained Pressure Ulcer prevalence rate of zero for two years in a row

- Achieved international recognition as a Baby-Friendly® Hospital
  - Offering resources to mothers for successful initiation and continuance of breastfeeding their babies
  - NMC is the 58<sup>th</sup> Hospital in California to receive this recognition

Breastfeeding Pocket Notes



M Natividad









# SERVICE











#### Service

- Elevate patient satisfaction/customer service as a high priority key to success initiative
  - Continued customer service training for all new hires
  - Received national recognition from the Picker Institute for NMC's always event "Know Your Physician" on the Medical/ Surgical unit.
  - Realized improvements in our HCAHPS scores for the overall rating and would recommend questions (compared to FY 2012)

#### Service

- Elevate patient satisfaction/customer service as a high priority key to success initiative
  - Initiated ED patient experience team
    - Held on-site Always Event training with other Safety Net hospitals
    - Conducted patient and staff focus groups
    - Established improvement team to improve the patient experience during the handoff from the ED to the Radiology Department
  - Implemented discharge phone calls in Mother Infant Unit
  - Reported PRC Loyalty Plus and HCAHPS patient satisfaction results to hospital committees and reported weekly overall quality of care and would recommend data in the huddles









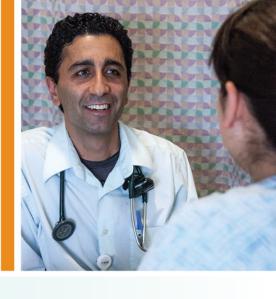


#### Service

- Create an inviting & friendly health care facility environment that promotes healing and well maintained facility & campus: complete Facility & Campus Master Space Plan
  - Completed Med/Surg unit Physician Workroom
  - Started refresh of Med/Surg 3 unit
  - Provided weekly Farmer's Market
  - Completed ED Room 7 refresh







# **PEOPLE**







- Create a quality vision and culture of safety
  - Implemented IHI patient safety and customer service training. Planning to implement new modules
  - Implemented daily bed huddle to enhance communication and build teamwork amongst the caregiver team and ancillary departments
- Recruit, develop, and retain a committed, patient-focused, high quality workforce
  - Expanded Health Stream to allow employees to log in from remote locations to complete course work
  - Added Authoring Module and developed inhouse online training materials





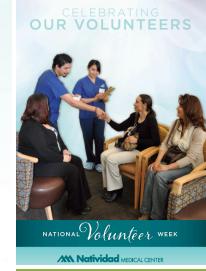


Matividad MEDICALCENIER



- Conduct employee satisfaction surveys regularly with the goal of achieving performance above the national healthcare average on employee opinion survey:
  - Obtained 75% participation from staff
  - Met the national average for hospital wide participation
  - Developed a monthly newsletter that concentrates on employee satisfaction
  - Re-vamped the Ambassador Committee and renamed it to Employee Experience Committee

- Implement enhanced employee awards and recognition program that honors NMC staff for their performance of highly meaningful work
  - Re-launched employee recognition program
  - Continued Hospital Week & other national recognition events
  - Continued the Florence Nightingale Award







- Streamline HR/Payroll processes to increase productivity & timeliness of services
  - Implemented Kronos Timekeeper to calculate time
  - Moved a Significant Amount of Kronos input from nursing to HR
  - Launched Kronos HR
  - Purchased new Kronos Clocks with expanded capabilities
  - Developed workers compensation computer input for managers
  - Implemented online reference checking system
  - Expanded usage of applicant tracking system







# DELIVERY SYSTEM REALIGNMENT







#### Delivery System Realignment

- Secure passage of state legislation creating a Public Hospital Authority
  - California Assembly Bill AB276 was signed by the governor for the creation of a public hospital authority for Monterey County if activated by the Board of Supervisors
- Research and act on governance structure to allow partnerships with community providers
  - Pursued affiliation with Salinas Valley Memorial Healthcare System through the creation of Public Hospital Authority.
     NMC was selected as a finalist for consideration.





#### Delivery System Realignment

- Build a seamless inpatient and outpatient delivery system
  - NMC & Health Department leadership worked with The Camden Group in the development of an implementation plan for the affiliation of clinic services as a strategy in the formation of an integrated health care system
  - Met with other Monterey County Clinics and FQHC's to consider other affiliations in the formation of an integrated health care system





#### **Delivery System Realignment**

- Implement the Low Income Health Plan (LIHP), a coverage expansion demonstration as part of the California Section 1115 Waiver
  - Implemented ViaCare, the LIHP for Monterey County, a coverage expansion program to expand health insurance coverage for medically indigent adults as a bridge to implementation of health care reform in 2014. Submitted Application to **DHCS** and CMS
  - As of May 1, 2013 819 applications received, 438 approved by DSES, and 111 denied



VIaCare Monterey County provides health care services to low-income Individuals living in Monterey County. VIaCare members choose or are assigned to a Primary Care Provider (PCP). The PCP will provide basic health care services and refer members to specialty services if necessary.

#### Who is eligible for ViaCare Monterey County?

- Resident of Monterey County
- Legal permanent resident (at least 5 years)
- Between 19-64 years of age
- Not eligible for Medicare or Medi-Cal
- Income at or below \$931/month or \$11,172/year

#### What services are covered under ViaCare Monterey County?

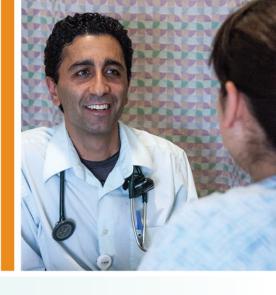
- (office visits, check-ups)
- by Primary Care Physician)
- Medications
- Hospital Care
- Primary care services
   Diagnostic Services (Radiology, Laboratory, Diagnostic Imaging)
  - Supplies
  - Hospital Care

  - Emergency Services Mental Health Services









# **GROWTH**











- Develop relationships with community providers across Monterey County for Primary & Specialty Care
  - Expanded medical services with the addition of dermatology and pain management specialists to the NMC medical staff
  - Expanded medicine service line with the expansion of on site neurology services and provision of tele-neurology services

- Develop best economic ambulatory care delivery model(s) to expand access for all patient payor types
  - Opened D' Arrigo Family Specialty
     Services Clinic with 27 new and improved exam rooms for use by over 60 physician specialists
  - Developing Building 400 primary care clinic expansion
    - Finalized design & construction documents
    - Expected completion date Q4 FY 2014
  - Evaluating space plans for new primary care physician office space in the Creekbridge area









- 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 FY13 ADC of 94.4 compared to 93.6 in FY12
  - Successfully recruited three NMC Family Medicine Residency graduates expanding NMC's primary care base
  - Upgraded Diagnostic Imaging services
    - Phase 1 is complete
    - Phase 2 anticipated to be completed by end of June 2013

- Evaluate the establishment of an NMC Trauma Program
  - Completed feasibility study
  - Submitted letter of intent to Monterey County Health Department
  - Under the guidance of the Abaris Group, developed proposal to be submitted in August, 2013
  - Formed multidisciplinary team of physicians, nurses, technicians, and hospital management to engage in quality improvement activities to prepare becoming a trauma center
  - Implemented facility, equipment, and system improvements to enhance trauma services at NMC

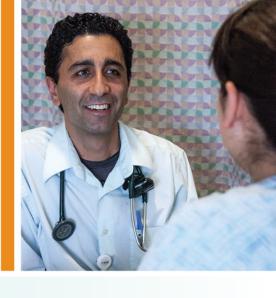












# **TECHNOLOGY**











# Technology

- Develop a hospital centric IT organization with a focus on service
  - Created a Clinical Informatics Team
     (N.I.C.E Natividad Informatics Clinical Experts) consisting of 5 Nurses whose total time equals 2 FTE's
  - Created a CMIO (Chief Medical Information Officer) titled position to bridge IT strategy with clinical IT needs
  - Hired a hospital IT software business analyst

# Technology

- Create efficient linkages to county systems
  - Advantage interfaces: working with Auditor/ Controller on
    - Kronos Time Keeper
    - Meditech Accounts Payable, Accounts Receivable & Materials Management
  - Health Information Exchange (HIE): researched different HIE vendors/partners to implement a private Health Information Exchange for NMC and Health Department Clinics – continuing collaboration with CHOMP on community-wide HIE implementation strategy
  - MS Exchange (email): implemented email
     Global Access List (GAL) update workflow with county ITD for email address synchronization







# Technology

- Implement new IT infrastructure
  - Sophos Endpoint Encryption: Sophos SafeGuard encryption software is designed to provide NMC workstations and laptops with the security required to protect confidential data from being accessed or captured by unauthorized users. It also strengthens NMC's compliance with the Health Insurance Portability and Accountability Act (HIPAA)
    - Full-disc encryption
    - Lock laptops remotely
    - Decrypt the hard drive at start-up
    - Continuous data encryption







- Implement new IT infrastructure
  - Security audit: completed a comprehensive (3<sup>rd</sup> party vendor) external network penetration test
  - Information Security Policy (InfoSec):
     created new robust policy that defines
     Personal Health Information (PHI),
     Personally Identifiable Information
     (PII), federal and state laws mandating
     information protection, who is affected
     by this policy, and managing
     confidential and/or highly confidential
     information











- Implement new clinical IT systems
  - BMV (Bedside Medication Verification): ability to electronically scan medication at the patient bedside using bar code technology
  - eMAR (electronic Medication Administration Record): ability to electronically record the administration of medications using bar code technology
  - TAR (Transfusion Administration Record): ability to electronically identify and track blood transfusion patients using bar code technology

#### Implement new clinical IT systems

- Med Rec (Medication Reconciliation): ability to electronically reconcile all patient preadmission medications against the physicians' admission, transfer, and/or discharge orders
- eRx (ePrescribe): ability to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point-of-care
- OBIX: fetal monitoring system

- Achieve electronic medical "Meaningful Use"
  - Meaningful Use (Stage 1 MediCal) Attestation: successfully submitted the Meaningful Use Stage 1 attestation application to the State of California for Year 1 of the MediCal EHR Incentive Program: completed 12/18/2012
  - Meaningful Use (Stage 1 Medicare) Attestation: started
     Meaningful Use Stage 1 Medicare attestation scheduled to
     complete September 2013
  - Next steps: Meaningful Use (Stage II): implement enhancements to existing Core Measures, new measures and more CQMs. Emphasis will be on data exchange
  - Business Intelligence (BI) Reporting Platform: implement a SQL reporting platform that will answer multi-dimensional analytical queries. 13 dashboards to date have been created







## **STEWARDSHIP**













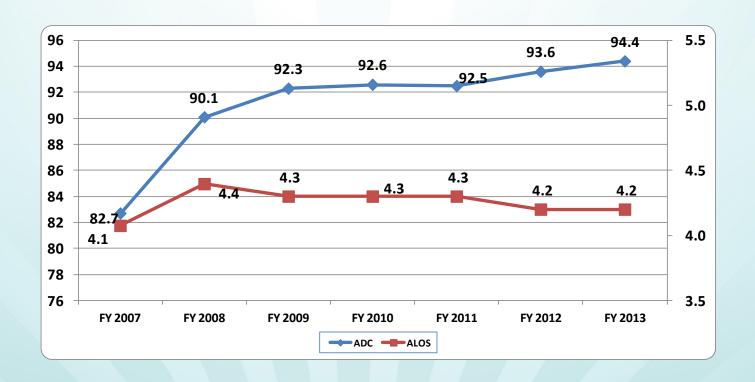
### Stewardship

- Adopt a new NMC strategic plan
  - Under the guidance of The Camden Group, launched a new strategic planning process identifying mission, vision, core goals, strategies, and critical success factors for NMC in this dynamic healthcare delivery environment.

### Stewardship

- Continuing to manage hospital expenses below budget by 4.5% or \$170.00 per adjusted patient day while actual census is higher than budget by 1.2%
- Successfully completed the FY2012 external financial audit performed by Moss-Adams with no material changes to the financial statements
- Completed negotiations with Anthem Blue Cross for a new contract to provide continuation of services to its membership
- Developed stronger nursing program relationships with Hartnell College and California State University Monterey Bay

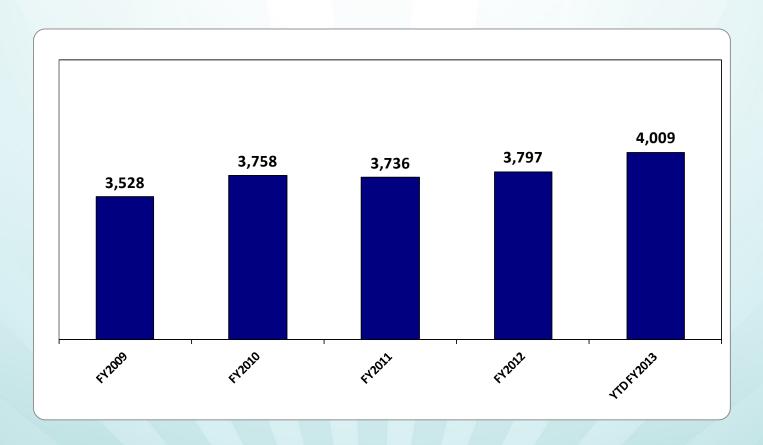
# Average Daily Census and Length of Stay



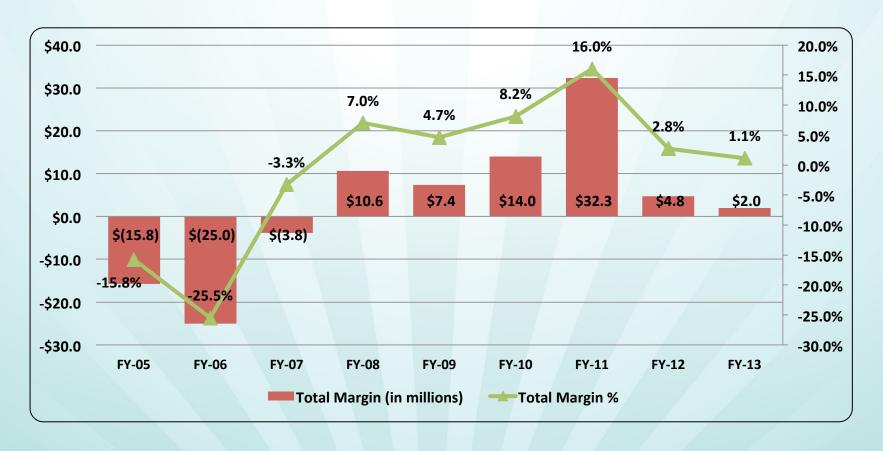
# Deliveries Average per month annual



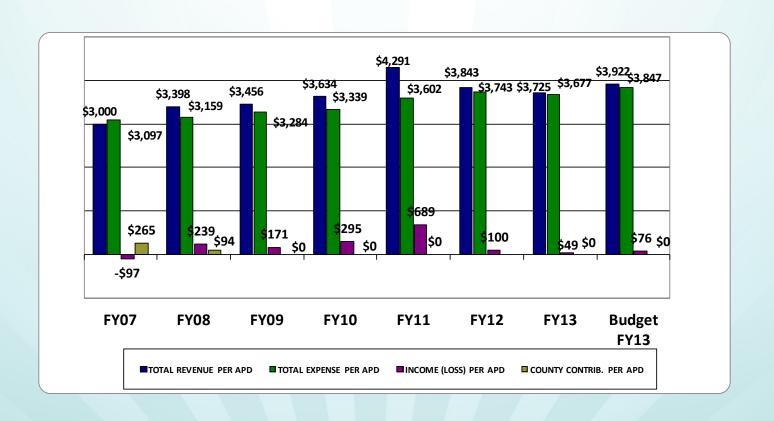
# E.R. Visits Average per month annual



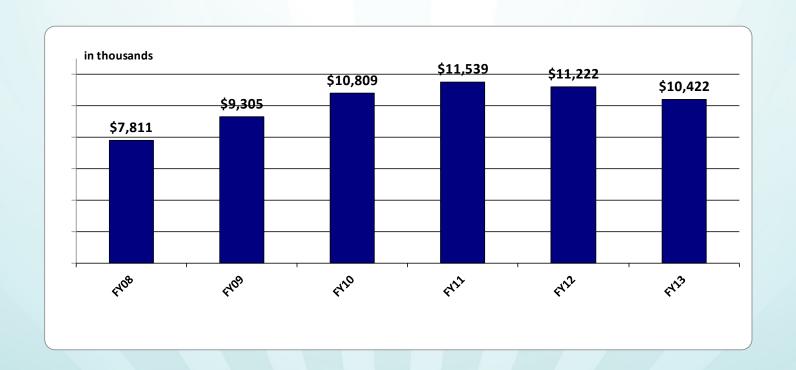
### Net Margin Annual



## Revenue, Expense, Profit, per APD Annual



## Cash – Patients Average per month annual



### Days Cash on Hand Annual

