

# PUBLIC NOTICE

## CITY OF ALAMEDA HEALTH CARE DISTRICT BOARD OF DIRECTORS

### REGULAR MEETING AGENDA

### Monday, February 2, 2015

**7:00 P.M (CLOSED SESSION) | 7:30 P.M. (OPEN SESSION)**

**Location:** Alameda Hospital (Dal Cielo Conference Room)  
2070 Clinton Avenue, Alameda, CA 94501  
**Office of the Clerk: (510) 814-4001**

*Members of the public who wish to comment on agenda items will be given an opportunity before or during the consideration of each agenda item. Those wishing to comment must complete a speaker card indicating the agenda item that they wish to address and present to the District Clerk. This will ensure your opportunity to speak. Please make your comments clear and concise, limiting your remarks to no more than three (3) minutes.*

- I. Call to Order (7:00 p.m. – 2 East Board Room)** J. Michael McCormick
- II. Roll Call** Kristen Thorson
- III. Adjourn into Executive Closed Session**
- IV. Closed Session Agenda (7:00 p.m. – 2 East Board Room)**
- A. Call to Order
  - B. Approval of Minutes
    - January 12, 2015
  - C. Consultation with Legal Counsel Regarding Pending and Threatened Gov't Code Sec. 54957.6 Litigation
  - D. Adjourn into Open Session
- V. Reconvene to Public Session (Expected to start at 7:30 p.m. – Dal Cielo Conference Room)**
- A. Announcements from Closed Session J. Michael McCormick
- VI. Regular Agenda**
- A. Consent Agenda **ACTION ITEMS**
    - ✓ 1) Approval of December 1, 2014 Minutes (Regular) [enclosure] (pages 3-6)
    - ✓ 2) Approval of January 12, 2015 Minutes (Regular) [enclosure] (pages 7-9)
    - 3) Adoption of Resolution No. 2015-1 Recognizing Lynn Bratchett, RN
  - B. Alameda Health System and Alameda Hospital Update
    - ✓ 1) Chief Administrative Officer Report Bonnie Panlasigui, CAO  
INFORMATIONAL [enclosure] (pages 10-18)
    - ✓ 2) Financial Report
      - ✓ a. Approval of Revisions to the FY 2014-2015 Parcel Tax Budget **ACTION ITEM** [enclosure] (page 19) Bonnie Panlasigui, CAO
    - ✓ 3) Quality Report Bonnie Panlasigui, CAO  
INFORMATIONAL [enclosure] (pages 20-22)
  - C. District Updates
    - 1) President's Report & Operational Updates J. Michael McCormick  
INFORMATIONAL

2) Subcommittee Update

INFORMATIONAL

Jim Meyers, DrPh

Kathryn Sáenz Duke

3) District Financial Update

INFORMATIONAL [enclosure] (page 23)

Kristen Thorson

D. Alameda Health System Board of Trustees Report INFORMATIONAL

Tracy Jensen

**VIII. General Public Comments**

**IX. Board Comments**

**X. Adjournment**

CITY OF ALAMEDA HEALTH CARE  
DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors  
Open Session  
Monday, December 1, 2014 Regular Meeting

Board Members Present	Legal Counsel Present	AHS Management / Guests	Excused
Robert Deutsch, MD J. Michael McCormick, President Jim Meyers, DrPH Tracy Jensen Kathryn Sáenz Duke	Thomas Driscoll, Esq.	David Cox, CFO Mark Fratzke, COO Bonnie Panlasigui, CAO William Perruzi, MD, CMO David Warmouth, AVP Support Services	
Submitted by: Kristen Thorson, District Clerk			

Topic	Discussion	Action / Follow-Up
I. Call to Order	The meeting was called to order at 6:30 p.m.	
II. Roll Call	Kristen Thorson called roll, noting a quorum of Directors was present.	
III. Swearing-In of District Board Members	<p>A. Oath of Office</p> <ol style="list-style-type: none"> <li>1) Robert Deutsch, MD</li> <li>2) Tracy Jensen</li> <li>3) Jim Meyers, DrPH</li> <li>4) Kathryn Sáenz Duke</li> </ol> <p>The four (4) board members stood and took the oath of office together and were seated on the Board of Directors.</p>	
IV. Adjourn into Executive Closed Session	The meeting was adjourned into Executive Closed Session at 6:45 p.m.	
V. Closed Session Agenda		

Topic	Discussion	Action / Follow-Up
VI. Reconvene to Public Session	The meeting was reconvened into public session at 7:40 p.m.	
	<p>A. Announcements from Closed Session</p> <p>President McCormick announced that the Minutes from October 6, 2014 were approved in closed session.</p>	
VII. <b><u>Regular Agenda</u></b>		
A. Consent Agenda	<p>1) Approval of October 6, 2014 Minutes (Regular)</p> <p>The minutes were distributed and reviewed by the Board.</p>	<p>Director Jensen made a motion to approve the October 6, 2014 Minutes as presented. Director Deutsch seconded the motion. The motion carried with one abstention (Meyers).</p>
B. Alameda Health System and Alameda Hospital Update		
	<p>1) Chief Administrative Officer Report</p> <p>On behalf of the Board, Director Deutsch welcomed new Chief Administrative Officer, Bonnie Panlasigui. He stated that he has received positive feedback from staff and physicians about her presence and high profile, her willingness understand operations and to provide feedback in a positive way. Mr. McCormick echoed Director Deutch's comments.</p> <p>Ms. Panlasigui distributed a written CAO report presented her report which outlined the True North Metrics for Alameda Hospital and the steps being taken to meet those goals. Copies of the report will be posted with the Board packet online. Ms. Panlasigui noted that her goal is to be transparent, provide real-time data and keep the Board informed as to decisions being made.</p> <p>Director Deutsch inquired if the District would have input on the True North Metrics. Ms. Panlasigui responded yes. There was discussion on the quality dashboard and Director Deutsch wanted to be assured that the data reported in the quality reports, as required in the JPA, was accurate. Ms. Panlasigui stated that she is working with the Quality Department on collecting data electronically and developing the quality dashboard. Director Deutsch stated that it was important for the district to see the quality reporting in</p>	<p>No action taken.</p>

Topic	Discussion	Action / Follow-Up
	<p>order to keep informed as to the status of the affiliation with AHS.</p> <p>President McCormick thanked her for the thorough report and expressed that he liked the format of the report.</p> <p>Director Jensen inquired about the surgical numbers as during the affiliation, surgical volume from the System was important to volume/revenue to Alameda Hospital and was important to the System to relieve demand throughout the system. Ms. Panlasigui stated that surgical volumes continue to grow from Highland and from Alameda based physicians. Ms. Panlasigui stated that the team is having a meeting with the office staff from Alameda based physicians to get a better understanding of their needs in order to serve the patients and physician better.</p> <p>Director Meyers inquired about the status of the development of geriatric evaluation program and expansion of the orthopedic program and the role she and the Alameda Hospital Medical Staff have played in the development of that program. Ms. Panlasigui stated that the System has been working on the development of these programs and will provide updates as part of a future CAO report.</p>	
	<p>2) Financial Report</p> <ul style="list-style-type: none"> <li>• September – October 2014 Financials (Consolidated System and Alameda Hospital only)</li> </ul> <p>Mr. Cox presented the financial statements and a PowerPoint presentation that was given to the AHS Board of Trustee Finance Committee. Copies of presentation will be posted with the Board packet on the website and will be available through the District Clerk.</p>	No action taken.
	<p>3) Seismic Status and Overview</p> <p>Ms. Panlasigui reviewed the memorandum in the Board packet (page 26) noting the progress on seismic projects and deadlines.</p>	No action taken.
D.	<p>District Board President's Report</p> <p>President McCormick and Ms. Thorson presented the written report in the Board packet.</p> <p><u>Board Orientation / Refresher Course</u></p> <p>There was detailed discussion regarding a Board orientation and/or a possible retreat to discuss the strategic direction of the District post affiliation. Director Jensen suggested</p>	No action taken.

Topic	Discussion	Action / Follow-Up
	<p>that if there was a retreat that it happen before the annual election of officers. Director Saenz Duke stated that she would like to better understand the District operations and history before election of officers. Director Meyers agreed with Director Duke and wanted a better understanding of the mission and what the District wants to do going forward. Director Meyers suggested that the Health and Safety Code be reviewed, along with the operations of other District's do to get a sense of what the District could do and should do in the future. Director Deutsch stated that he did not see the value in a retreat. He stated that the District's mission is clear, to support Alameda Hospital. Discussion continued with the Board expressing their thoughts and concerns.</p>	
D.	<p>Alameda Health System Board of Trustees Report</p> <p>Director Jensen reported that Daniel Boggan, Jr. was appointed as interim Chief Executive Officer for Alameda Health System. She encouraged the Board of Directors to attend the open committee meetings of Alameda Health System until the committee appointments were made as part of the JPA. She reported that the next Board of Trustee meeting would be taking place on December 2, 2014 at 4 pm and the trustees would be discussing the CEO search. She also informed the Board that there would be a joint meeting of the Alameda County Board of Supervisors and AHS Board of Trustees on December 9, 2014 at 9 AM.</p>	No action was taken.
I.	<b>General Public Comment</b>	No general public comments
II.	<b>Board Comments</b>	No board comments
III.	<p><b>Adjournment</b></p> <p>Being no further business the meeting was adjourned at 9:43 p.m.</p>	

Attest:

\_\_\_\_\_  
 J. Michael McCormick  
 President

\_\_\_\_\_  
 Tracy Jensen  
 Secretary

CITY OF ALAMEDA HEALTH CARE  
DISTRICT

Minutes of the City of Alameda Health Care District Board of Directors  
Open Session  
Monday, January 12, 2014 Regular Meeting

Board Members Present	Legal Counsel Present	AHS Management / Guests	Excused
Robert Deutsch, MD J. Michael McCormick, President Tracy Jensen Kathryn Sáenz Duke	Thomas Driscoll, Esq.	Bonnie Panlasigui, CAO Vanetta N. Van Cleave, VP Finance Karen Taylor, RN, Director of Quality	Jim Meyers, DrPH
Submitted by: Kristen Thorson, District Clerk			

Topic	Discussion	Action / Follow-Up
<b>I.</b> Call to Order	The meeting was called to order at 7:10 p.m.	
<b>II.</b> Roll Call	Kristen Thorson called roll, noting a quorum of Directors was present. Mr. Meyers was absent from the meeting.	
<b>III.</b> Adjourn into Executive Closed Session	The meeting was adjourned into Executive Closed Session at 7:11 p.m.	
<b>IV.</b> Closed Session Agenda		
<b>V.</b> Reconvene to Public Session	The meeting was reconvened into public session at 7:40 p.m.	
	A. Announcements from Closed Session President McCormick announced that the minutes from December 1, 2014 were approved in closed session.	
<b>VI.</b> <u>Special Recognition</u>		
A. Action Items		
	1) Adoption of Resolution No. 2015-1 Recognizing Lynn Bratchett, RN Mr. Bratchett was asked to stand as Director Deutsch read Resolution No. 2015-1 as presented in the Board packet. Mr. Bratchett thanked the Board and community for their support.	No action taken.

Topic	Discussion	Action / Follow-Up
<b>VII. <u>Regular Agenda</u></b>		
A. Consent Agenda	<p>1) Approval of December 1, 2014 Minutes (Regular)</p> <p>Approval of the minutes was deferred until the next meeting.</p>	No action taken.
B. Alameda Health System and Alameda Hospital Update		
	<p>1) Chief Administrative Officer (CAO) Report</p> <p>Ms. Panlasigui distributed the monthly CAO report for review. Ms. Panlasigui presented a 2014 Year End Reflection which outlined highlights for Alameda Hospital in 2014. Ms Panlasigui also gave a presentation on the newly instituted Safety Huddles with leadership at Alameda Hospital. Copies of the report and both presentations will be posted with the board packet on the website and will be available through the District Clerk.</p>	No action taken.
	<p>2) Financial Report</p> <ul style="list-style-type: none"> <li>• November 2014 Financials (Consolidated System and Alameda Hospital only)</li> </ul> <p>Ms. Vanetta Van Cleave presented the finance report for Alameda Hospital and Alameda Health System. Copies of presentation will be posted with the Board packet on the website and will be available through the District Clerk.</p>	No action taken.
	<p>3) Quality Report</p> <p>Ms. Panlasigui requested that Karen Taylor, Director of Quality present the quality dashboard as presented in the Board packet. Ms. Taylor presented the quality metrics. Director Deutsch requested that the HCAHPS “Willingness to Recommend” score be added to the dashboard. AHS management agreed to add it per his request.</p>	No action taken.
C. District Board President’s Report & Operational Updates	<p>President McCormick reviewed his written report in the Board packet providing updates on the affiliation status, including the status on the appointment to the AHS Board of Trustee Committees, parcel tax transfer, and district operations. He also announced the formation of a sub-committee to study and report on the direction, purpose and scope the Board of Directors should pursue post-affiliation. Director Meyers and Director Sáenz Duke have been asked to head up this committee and have agreed to work on this project.</p> <p>Director Deutsch inquired about how the current and upcoming seismic projects were to be funded. Mr. Driscoll responded, referencing the JPA. AHS has committed to ensure that hospital</p>	No action taken.



Topic	Discussion	Action / Follow-Up
	<p>meets seismic requirements will be satisfied up to but not including the 2030 standards. It was always anticipated that the parcel tax would offset operating losses and support capital expenditures at Alameda Hospital. If Hospital becomes closer to break even operationally, then parcel tax funds could be set aside for capital reserves and planning for 2030. It was clarified that the District Budget was not solely responsible for funding seismic projects.</p>	
D.	<p><b>Alameda Health System Board of Trustees Report</b></p> <p>Director Jensen announced that AHS has announced several management changes in the past six months and the focus is on operations and finances including addressing issues from the Toyon Report (independent auditor's report), staffing issues and clinic visits. She also informed the Board about Alameda Health Partners (physician organization) which is moving forward and effectively. The Governance Committee meets on Wednesday which will include a discussion on the bylaws and we may see progress on committee appointments. Director Jensen announced that she has been appointed to the Human Resources and Strategic Planning Committee. Director Jensen noted and appreciated the improvements in information flow, information/content and transparency with the materials associated with the Board of Trustees.</p>	No action taken.
<b>I.</b>	<b>General Public Comment</b>	No general public comments
<b>II.</b>	<b>Board Comments</b>	No board comments
<b>III.</b>	<p><b>Adjournment</b></p> <p>Being no further business the meeting was adjourned at 8:52 p.m.</p>	

Attest:

\_\_\_\_\_  
 J. Michael McCormick  
 President

\_\_\_\_\_  
 Tracy Jensen  
 Secretary



2070 Clinton Avenue  
Alameda, CA 94501

**TO:** City of Alameda Health Care District, Board of Directors

**FROM:** Bonnie Panlasigui, FACHE  
Chief Administrative Officer

**DATE:** February 2, 2015

**SUBJECT:** Alameda Hospital Update – Jan 2015

**True North Goal 1: Access: Be a leader in access to quality, affordable care**

Action	Goal	% Complete	Next Steps
New Marketing Campaign	Feb 2015	100%	Alameda Hospital print and TV commercials will be hitting the press and TV stations. (Will show video in the meeting to the audience) See attachments for a copy of the print ads that will be on display on billboards, newspaper and bus clings. The focus on the commercials is that Alameda Hospital is here to stay and we are here to serve the community.
Implement LEAN Performance Improvement to be more efficient and increase access	May 2015	25%	Several leaders will be going through LEAN process improvement training. The first hospital-wide project is focused on the patient flow from the ER to the inpatient flow and addressing bottlenecks. Currently the time is 3.8 hours which exceeds our goal. Department leaders being trained on lean include: admitting, EVS, case management, radiology, lab.

**True North Goal 2: Sustainability: Be an organization with an investment grade credit rating**

Action	Goal	% Complete	Next Steps
Actual performance compared to budget	+ margin	ongoing	In the month of December, our admits were over budget by 8%, patient days over budget by 6%, surgeries over budget by 14%, ED visits off budget 4%, cardiology, lab, and therapies following the patient volume over budget, imaging 3% off budget. The month of January was extremely high in volume with acute care inpatient census reaching 58, one of the

			highest census in years. The long term care census also remained high at 95% of 181 bed capacity. The ER experienced days of visits that doubled prior year volume. Our outpatient surgery volumes have also grown significantly over prior year.
Positive financial standing with all vendors for all supplies and services	May 2015	10%	The accounts payable prior to May 2014 remains at 3 million. Aging accounts payable from May to current are now at 5 million. The senior team at Alameda Hospital has identified the high priority vendors that need to be paid in full in order to continue providing care. The hospital would like to propose taking 1.5M of the 2.5M allocated for capital expenditures and add it to the \$800,000 allocated for accounts payable backlog. This will continue to be a weekly focus until we are able to get our accounts to a positive financial standing.
Capital equipment planning	Jun 2015	25%	A multidisciplinary adhoc physician committee has been created to review the capital requests submitted by the department leaders and to add any additional items that may be needed. Representation includes: internal medicine, surgery, ER, Cardiology, Ortho and Radiology. The final list will be submitted Feb 6 and capital dollars should be distributed in March/April. Alameda Hospital has 1 million allocated for capital needs plus an additional 500,000 for facility needs and 100,000 for IT needs. An additional 1 million will come from the parcel tax dollars. Areas of focus include aesthetic upgrades and new beds/gurneys.

**True North Goal 3: Integration: Achieve zero preventative harm and produce the best achievable outcomes**

Action	Goal	% Complete	Next Steps
Magnet Journey is the focus in 2015 and for the next 5 years to achieve nursing excellence.	On-going	10%	Magnet Status is an award or recognition given by the American Nurses Credentialing Center (ANCC). It is one of the highest recognition awards for nursing. The designation represents a high standard of care, service and nursing professionalism. It is awarded to healthcare organizations that satisfy a set of criteria designed to measure the strength and quality of their professional nursing practice. Magnet designation has helped healthcare organizations to promote quality in an environment that supports professional clinical practice, identifies excellence in the delivery of nursing services to patients, and provides a mechanism to disseminate best practices.
Quality metrics	On-going	FYI	The quality dashboard is being revamped with input from our medical staff and leadership to include more robust data that covers more publicly reported data. The dashboard will be reviewed by the medical committees in the month of February.

**True North Goal 4: Experience: Be the best to stay well, heal, and receive care**

Action	Goal	% Complete	Next Steps
Improve publicly reported HCAHPS patient satisfaction scores	Dec 2015	0%	Alameda Hospital will switch to Press Ganey for collecting patient satisfaction data. House wide education has taken place on the details of the HCAHPS survey. A new HCAHPS patient experience committee is being created to tackle the areas where we are falling short of our target of 75 <sup>th</sup> percentile.

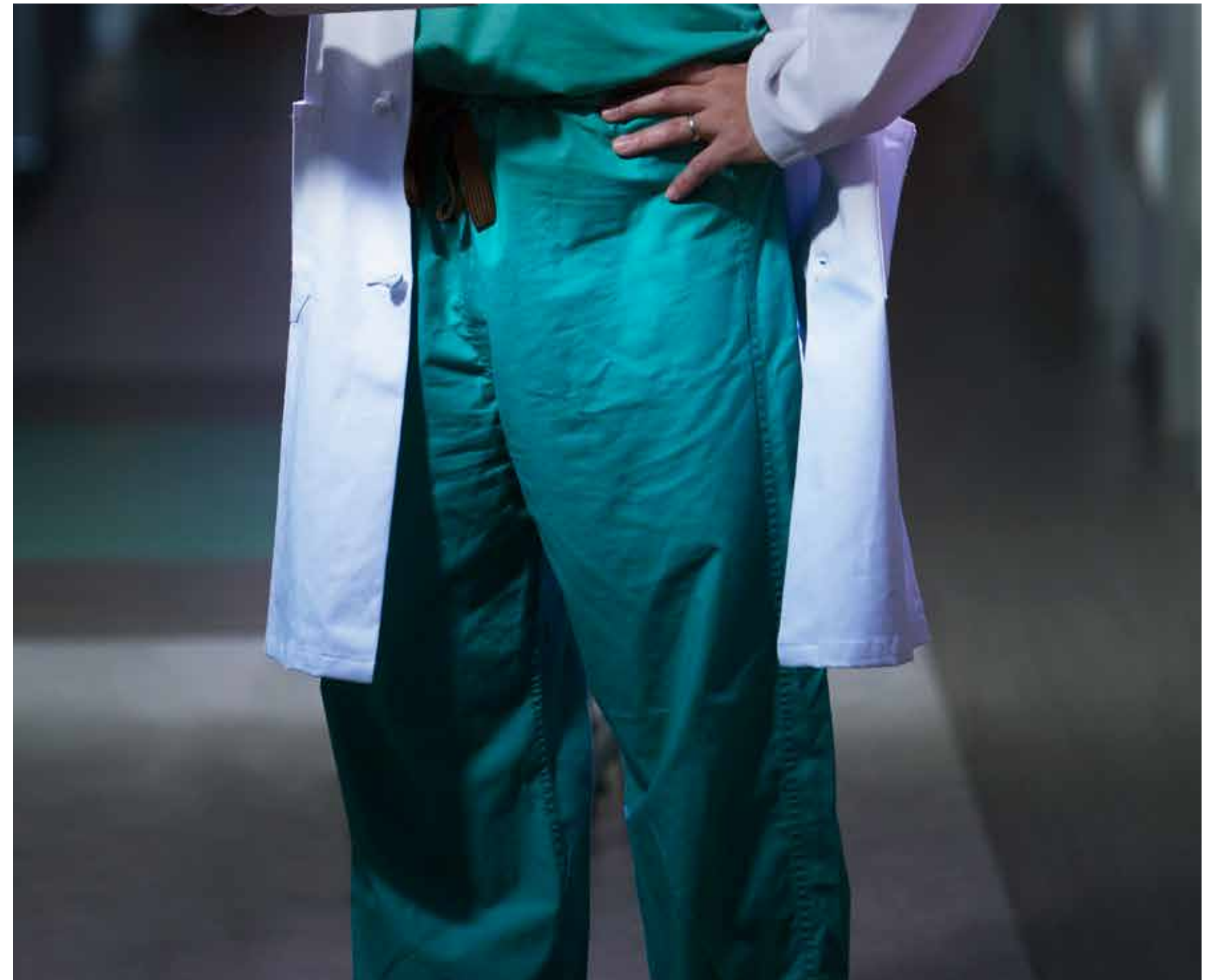
**True North Goal 5: Network: Provide the highest rated community health program**

Action	Goal	% Complete	Next Steps
Re-engage “Project Island” to grow volume and services at Alameda Hospital	Mar 2015	25%	<p>Service line growth is currently focused on general surgery, orthopedic surgery and urology outpatient surgery.</p> <ul style="list-style-type: none"> <li>• Through Alameda Health Partners, we are looking into partnering our general surgeons with San Leandro’s general surgeons to share on-call responsibilities.</li> <li>• Dr. George Kim, a pain management surgeon is growing in his volume and we are looking to bring him on one day a week at the Bay Area Bone and Joint Center to see patients in Alameda.</li> <li>• Dr. Jacobsen will be our new urologist and we are ramping up with capital expenditures to be able to provide outpatient urology services to Alameda. Focus in February will be an onboarding introduction to referring physicians.</li> </ul>
Crimson Market Data Analysis	Feb 2015	100%	We now have access to a new program that provides an overall picture of market data that will help us in our strategic growth plans. The Crimson Market Data Analysis will include details on referral patterns by physician name, service lines that are outmigrating the most from Alameda zip codes and where they are going, areas of opportunity by payer mix and our current status of capturing market share.

**True North Goal 6: Workforce: Be the best place to learn and work**

Action	Goal	% Complete	Next Steps
Employee Engagement Pulse Survey	Apr 2015	50%	Survey results are in! The resounding theme is that our employees enjoy working at Alameda Hospital and plan to stay with the organization for the next several years. Areas of opportunity include communication with front line team on nights and weekends. The leadership team is working on action plans with the employees on addressing the department specific

			feedback in areas for improvement.
Physician Engagement	Mar 2015	50%	We are starting a monthly lunch with our Chief of Staff and ACMO for Alameda Hospital and with CMO for Alameda Health System to discuss physician concerns and ideas for improvement. The goal is to create more avenues for the medical staff to be involved in strategic decisions.



# CARING ABOUT THOSE WE CARE FOR

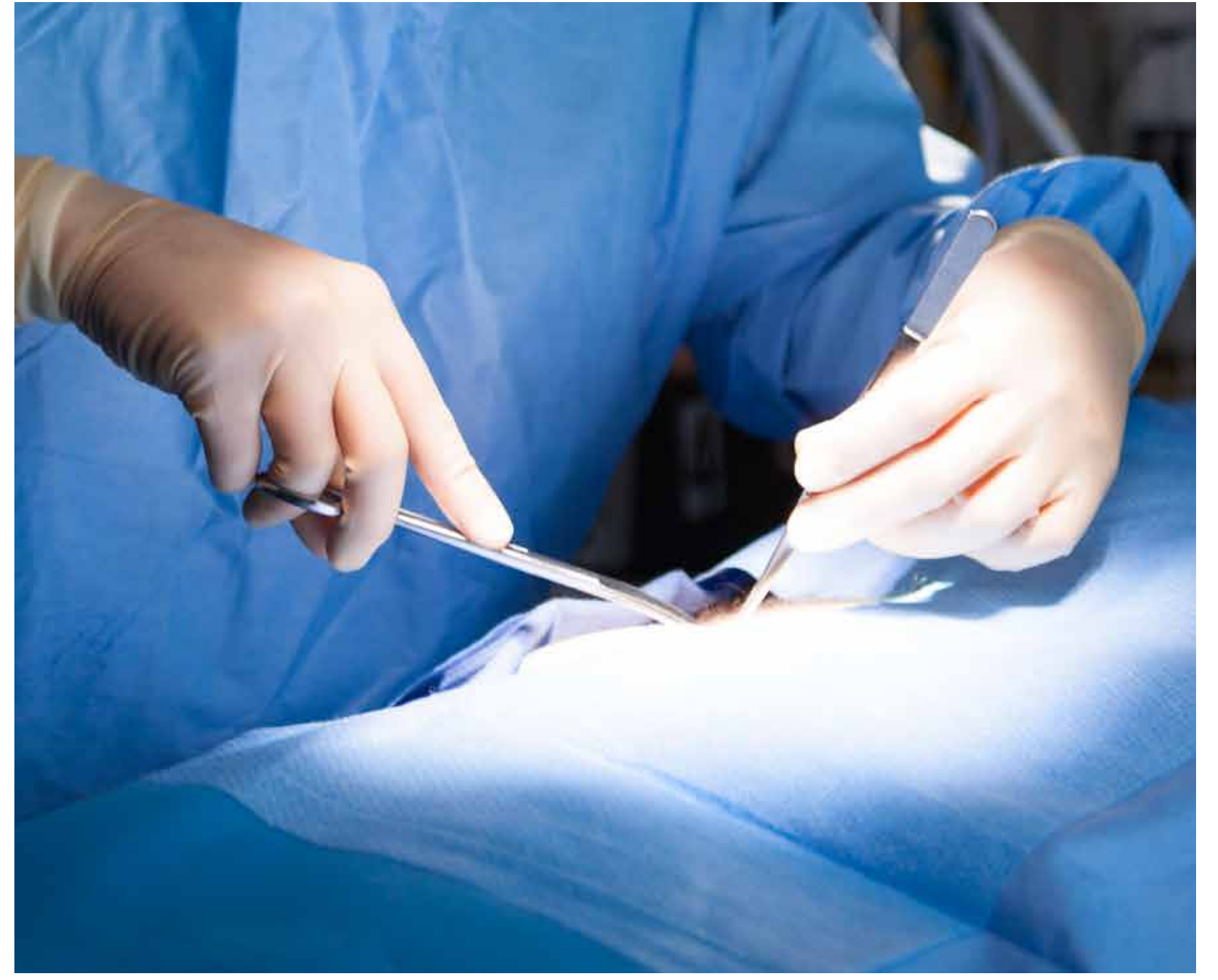
Alameda Hospital genuinely cares for and is committed to our community. One way we demonstrate our commitment is by continuing to enhance our level of care. It's evident in our award-winning stroke center and innovative specialty services. And now that we've partnered with one of the country's most respected health care systems, we're committed to provide even greater access and expanded services to those we care about most. [AlamedaAHS.org](https://www.AlamedaAHS.org)



## Alameda Hospital

A member of Alameda Health System

**ALWAYS HERE FOR YOU**



# ADVANCED CARE FOR THOSE YOU CARE ABOUT

For over a century, Alameda Hospital has championed innovative care. From our groundbreaking specialty services to an award-winning stroke center, we've advanced to meet the needs of our growing community. Now, we're part of a larger, more comprehensive system that offers greater services and increased access. All of this adds up to more advanced and compassionate care for you. [AlamedaAHS.org](https://www.alamedaahs.org)



## Alameda Hospital

A member of Alameda Health System

ALWAYS HERE FOR YOU



# GREAT COMMUNITY DESERVES GREAT HEALTH CARE

Alameda Hospital believes a great community deserves great care. Since our inception, the field of medicine has witnessed significant advancements. Through the years, our pledge has been to provide you with the latest, most advanced care – from our innovative specialty care services to our award-winning stroke center. And now we’ve joined forces with a leading health care system to bring you expanded access to compassionate quality care. Making what was great even better. [AlamedaAHS.org](https://www.alamedaahs.org)



## Alameda Hospital

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## Alameda Health System Magnet Journey

### FAQs

**1. What is Magnet Status or Magnet Designation?**

Magnet Status is an award or recognition given by the American Nurses Credentialing Center (ANCC). It is one of the highest recognition awards for nursing. The designation represents a high standard of care, service and nursing professionalism. It is awarded to healthcare organizations that satisfy a set of criteria designed to measure the strength and quality of their professional nursing practice (Kaplow, 2008). Magnet designation has helped healthcare organizations to promote quality in an environment that supports professional clinical practice, identifies excellence in the delivery of nursing services to patients, and provides a mechanism to disseminate best practices (Drenkard, 2010).

**2. Why is AHS doing this at this time?**

Over the last 2 years Alameda Health System has gone through many changes in effort to transform our image. As a strategic initiative, AHS is committing to excellence in clinical practice and professionalism. Though we had a great Joint Commission survey, we still have opportunities for improvement in patient experience, patient safety, and demonstrated clinical quality outcomes. Our Magnet Journey will provide us a much needed approach to tackle the work we need to accomplish over the next few years.

**3. What will the ANCC Magnet Readiness Assessment focus on in January?**

Some of the areas the assessment reviews are the governance and involvement of nursing in decision-making of nursing practice, use of evidence-based practices, patient satisfaction scores, nurse sensitive clinical indicators, and nurse satisfaction and quality.

**4. Which locations will be part of the Magnet assessment?**

The assessment will include the hospital locations of Highland, San Leandro Hospital, John George, Alameda Hospital and Fairmont.

**5. What happens after the assessment? How will the information be used? Do the assessment results determine if we move forward with Magnet?**

The assessment results will tell us where we are compared to the standards needed for Magnet Designation. We will use this information to make plans and implement changes that will not only improve our patient care processes but will help us reach our goal of Magnet Designation.

**6. Will all locations go for Magnet Designation at one time?**

The current plan is for Highland Hospital and John George to go through the rigor of officially pursuing Magnet and the other hospitals learning and applying what is learned as appropriate. This will provide as a great deal of learning to support the rest of the organization through the Magnet Journey.

**7. Is this only focused on Nursing?**

The primary focus is on nursing practice, during our journey we will collaborate with the entire healthcare team to create and ensure positive practice outcomes and great a patient experience. There will be interdisciplinary teams working across departments.

**8. Magnet Designation and Magnet Journey are both used, are both the same and why are their two different titles?**

Magnet Journey- is the journey taken to ensure that the organization has met all of the elements needed. Magnet Designation- is when the organization has had a successful Magnet Journey and they have applied and have been awarded the recognition by the ANCC.

**9. How will the nursing staff be involved in the “journey”?**

Nursing at all levels are very involved in the journey for Magnet Designation. The foundation of Magnet uses shared governance as a vehicle in driving nursing practice including, peer review, quality, safety, research, professional development, clinical practice, etc.

**10. What are the benefits to nursing? Patients? AHS?**

Studies have demonstrated a strong relationship between professional nursing practice and improved patient outcomes (Kaplow, 2008). The quality of nursing care has been found to be instrumental in preventing patient falls, pressure ulcers, ventilator-assisted pneumonia (VAP), central line associated blood stream infection (CLABSI), and catheter associated urinary tract infections (CAUTI) (Hayes, 2006). Hospitals accredited by the American Nurses Credentialing Center (ANCC) as Magnet Hospitals are recognized for having better nursing environments, promoting excellence in nursing practice, and providing high quality patient care (Johnson, 2014). Several studies have found that Magnet Hospitals have lower mortality rates, shorter lengths of stay, higher patient satisfaction, and better patient outcomes than non-Magnet Hospitals (Johnson, 2014).

**11. Can we really do this with our budget constraints?**

The funding for our Magnet Journey will be planned for during our annual operating budgeting process. Nursing involvement in training, meetings and improvement processes will be planned for.

**12. Are there other Magnet hospitals in CA?**

Magnet Designated hospitals in northern California include John Muir Medical Center in Concord, John Muir Medical Center in Walnut Creek, UC San Francisco Medical Center in San Francisco, Stanford Hospital & Clinics, Washington Hospital in Fremont , El Camino in Mountain view, Northbay Healthcare in Fairfield, and UC Davis Medical Center in Davis.

**13. How long is the Magnet Journey?**

One of the reasons Magnet is called a “journey” is because it takes time to achieve the designation. Time is required for the initial assessment, usually takes 2 years to perform the gap analysis and compile documents needed for the standard requirements and about 4 to 5 years to completely transform the current culture to a culture of excellence (Upenieks, 2008).

## Parcel Tax Plan – FY2015

	Approved October 2014	Proposed Revision February 2015
Estimated parcel tax receipts	\$ 5,784,199	\$ 5,784,199
District budget allocation	\$ 613,527	\$ 613,527
Repayment of loan plus accrued interest	\$ 1,598,438	\$ 1,598,438
Capital projects		
> Kitchen remodel to meet regulatory compliance	\$ 47,588	\$ 47,588
> Alameda Hospital Boiler Retrofit	\$ 183,450	\$ 183,450
> Other capital	\$ 2,500,000	\$ 1,000,000
Accounts payable backlog	\$ 841,197	\$ 2,341,197
Total Uses of Parcel Tax	\$ 5,784,199	\$ 5,784,199

## Alameda Hospital Monthly Quality Dashboard (CY 2014)

QUALITY INDICATORS		AH CURRENT PERFORMANCE												CURRENT	
		JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014	OCT 2014	NOV 2014	DEC 2014	BENCH MARK / GOAL	COMPARISON ORGANIZATION
I.	<b>30-Day Readmissions: (all diagnoses)</b>														
	(#of readmits/#of total admissions X100)	N/A	N/A	N/A	N/A	5.1%	5.4%	5.7%	3.9%	5.3%	4.6%	3.5%	3.2%	15.8%	HSAG/CMS(CA)
II.	<b>Medication Errors:</b>														
	• Acute (# errors/doses dispensed)	0.08%	0.09%	0.12%	0.05%	0.04%	0.10%	0.10%	0.07%	0.05%	0.01%	0.05%	0.13%	≤ 0.1%	AH
	• Acute (#errors/patient days)	0.019%	0.024%	0.029%	0.012%	0.009%	0.024%	0.024%	0.017%	0.013%	0.003%	0.013%	0.032%		
	• LTC (#errors/patient days)	0.004%	0.003%	0.001%	0.000%	0.000%	0.001%	0.001%	0.000%	0.0001%	0.000%	0.000%	0.000%		
III.	<b>HAPU: (per 1000 patient days)</b>														
	• Acute	0.00	0.00	0.00	0.00	2.26	0.00	0.00	0.00	0.00	1.01	0.00	1.05	1.27	CALNOC
	• Long Term Care (Sub-Acute; SSC;WE) (per 1000 pt days)	0.56	0.43	1.38	0.10	0.70	0.60	0.00	0.37	1.17	.93	1.39	0.19	2.54	NE
IV.	<b>Falls: (per 1000 patient days)</b>														
	• Acute (CCU/TELE/3W/ECC)	0.39	1.86	2.53	0.42	0.43	1.46	1.33	0.90	1.73	0.42	0.0	1.29	2.89	CALNOC
	• Long Term Care (Sub-Acute SSC;WE)	2.63	1.95	3.56	2.00	2.30	1.40	1.96	3.50	1.17	.93	1.58	1.36	5.78	MQI
V.	<b>Infection Prevention:</b>														
	• Catheter Associated Urinary Tract Infections: per catheter days (# of infections/catheter days)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.56%	SIR 2.99
	• Hand Hygiene	95%	93%	89%	81%	72%	96%	89%	93%	94%	88%	90%	90%	90%	TJC
	• Surgical Site Infections: (per inpatient elective orthopedic procedures)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	SIR 1.64
VI.	<b>Core Measures:</b>														
	• SCIP: Venous Thrombosis Embolism (VTE) prophylaxis received	100%	100%	100%	100%	100%	100%	100%	100%	100%	NR	NR	NR	99.9%	CMS / TJC
	• SCIP: Antibiotics within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	NR	NR	NR	99.9%	CMS / TJC
	• SCIP: Antibiotics dc'd within 24 hours	100%	100%	100%	100%	100%	80%	100%	100%	100%	NR	NR	NR	99.8%	CMS / TJC
	• OP SCIP: Timing of ABX Prophylaxis	Retired	Retired	Retired	Retired	Retired	Retired	Retired	Retired	Retired	Retired	Retired	retired	99.9%	CMS / TJC
	• OP: Time to EKG (minutes)	N/A	N/A	139	8	4	12	N/A	7	110	NR	NR	NR	10 min	CMS / TJC
VII.	<b>HCAHPS: Target goal selected at 75 percentile</b>														
	• Communication with Nurses	71.1	63.6	63.0	64.3	71.7	72.5	71.2	53.8	69.3	66.7	62.8	NR	82.1	Target Goal
	• Staff Responsiveness	40.4	42.1	58.7	38.1	56.1	38.9	45.7	50.0	57.6	50.0	56.5	NR	70.3	Target Goal
	• Pain Management	63.2	57.1	68.8	63.3	66.7	65.0	50.0	66.7	55.6	50.0	73.3	NR	75.0	Target Goal
	• Communication about Medications	44.4	40.0	61.1	38.1	47.7	46.2	33.3	50.0	62.0	38.9	50.0	NR	67.0	Target Goal
	• Willingness to Recommend the Hospital	60.7%	59.1%	52.0%	46.2%	64.1%	66.7%	43.5%	63.6%	56.8%	64.3%	68.0%	55.6%	74.4%	Target Goal
VIII.	<b>*ECC Turn-Around-Times (TAT/Hours):</b>														
	• Door ➔ Doctor Time	31	29	N/A	N/A	30	31	32	38	30	28	28	30	31 min	AHS True North
	• Door ➔ Admit	2.3	2.8	N/A	N/A	2.8	2.5	4.38	3.00	2.02	2.28	3.43	3.32	2.8 Hrs.	AHS True North
IX.	<b>Stroke (Mean Times)</b>														
	• Door ➔ CT for Code Stroke	21	15	29	20	19	19	18	32	16	21	21	17	≤ 25 min	Am St Assoc
	• Door ➔ Alteplase	49	53	51	59	49	56	47	61	41	54	49	54	≤ 60 min	Am St Assoc

NA = Not Available / NC = No Cases / NE = Not Established  
 Green = Meets or exceeds goal; Yellow = Just below goal; Red = Significantly below goal  
 NR=No Responses

## Alameda Hospital Monthly Quality Dashboard (CY 2014)

### COMMENTS:

#### **I. 30-Day Readmissions: (all diagnoses):**

- Medicare reports for 30-Day Readmissions have been delayed due to CMS data calculation issues for AMI, CHF, & Pneumonia. In addition, rates currently available are calculated from Medicare and VA data on patients discharged between July 1, 2009 and June 30, 2012. As reported by CMS, Alameda Hospital is “no different than the National Rate”. Local reporting from Meditech shows rates continue to be low and cases are monitored by Case Management.

#### **III. HAPU:**

- Alameda Hospital has received the National Sharon Baranoski Foundation’s Award from the 29<sup>th</sup> Annual Clinical Symposium on Advances in Skin & Wound Care
- HAPU and Falls Data will be combined together in future reports as part of the AHS True North Reduction in Patient Harm Data.
- Data source currently is collected manually but will begin being collected from coding abstraction in the near future.
- LTC had 5 HAPU in October & 7 HAPU in November

#### **IV. FALLS:**

- Alameda Hospital has been recognized and presented with the Performance Excellence in the Prevention of Injury Falls Award from CALNOC
- HAPU and Falls Data will be combined together in future reports as part of the AHS True North Reduction in Patient Harm Data
- A Falls Harm Reduction Team has been in place for several months to identify patient who may be at risk for falls. AHS system wide falls team will be developed to help reduce the falls. Team is in the process of educating Nursing Staff in Assessments, obtaining new bedside commodes, and helping to implement a revised Administrative Policy for Fall Reduction. This team meets monthly to review data and identify needs.
- LTC has reduced falls overall since the beginning of 2014 with efforts focused on debriefing huddles when a fall occurs to identify preventable efforts, falling star program was implemented and discussions with staff about prevention. LTC has 5 falls in October and 9 falls in November with no injuries.

#### **VI. Core Measures:**

- July – November charts are currently being abstracted; delayed due to coding issues.
- Heart Failure Indicator retired; a new indicator was selected. OP SCIP Antibiotic Timing was selected since the number of OP surgeries has increased in 2014 due to the affiliation with AHS.

#### **VII. HCAHPS:**

- Inpatient Responses- Volume of responses is low so that rate of return has a higher impact on scores.
- Studer training for leaders and employee rounding as well as AIDET training for staff has started and is expected to improve the communication scores. Physician training will also need to receive focus to improve communication. Communication scores impact the Value based purchasing scores.
- It is important to note that this information is preliminary and may not have been verified by the vendor
- Willingness to Recommend the Hospital was requested to be added to the dashboard the District Board Members.

#### **VIII. ECC Turn-Around-Times**

- Time increases due to ECC Electronic Physician Order Entry implementation

#### **IX. Stroke Mean Times**

- November: There were 4 Code Strokes, the shortest time to CT Imaging completion was 10 minutes and longest was 34 minutes. One patient received Alteplase with a Door to Drug Time of 49 minutes
- December: There were 6 Code Strokes, the shortest time to CT Imaging completion was 11 minutes and longest was 33 minutes. One patient received Alteplase with a Door to Drug Time of 54 minutes

# HCAHPS Report by Questions (1.28.2015)

Overall	3 Months† 1.28.15	Qtr 1 2015†	Qtr 4 2014†	Qtr 3 2014
Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?	57.7% PR=9 (n=52)	50.0%µ (n=2)	58.0% (n=50)	55.6% (n=81)
<b>Questions</b>				
<b>Discharge Information</b>				
	81.4% PR=11 (n=43)	100.0%µ (n=2)	80.5% (n=41)	75.3% (n=73)
During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?	85.4% (n=41)	100.0%µ (n=2)	84.6% (n=39)	78.1% (n=73)
During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?	79.1% (n=43)	100.0%µ (n=2)	78.0% (n=41)	72.2% (n=72)
<b>Would Recommend Hospital</b>				
	66.0% PR=26 (n=50)	100.0%µ (n=2)	64.6% (n=48)	54.9% (n=82)
Would you recommend this hospital to your friends and family?	66.0% (n=50)	100.0%µ (n=2)	64.6% (n=48)	54.9% (n=82)
<b>Communication with Doctors</b>				
	72.4% PR=6 (n=52)	100.0%µ (n=2)	71.3% (n=50)	78.0% (n=85)
During this hospital stay, how often did doctors explain things in a way you could understand?	71.2% (n=52)	100.0%µ (n=2)	70.0% (n=50)	71.4% (n=84)
During this hospital stay, how often did doctors listen carefully to you?	65.4% (n=52)	100.0%µ (n=2)	64.0% (n=50)	79.5% (n=83)
During this hospital stay, how often did doctors treat you with courtesy and respect?	80.8% (n=52)	100.0%µ (n=2)	80.0% (n=50)	81.9% (n=83)
<b>Communication About Meds</b>				
	46.2%µ PR=1 (n=26)	75.0%µ (n=2)	43.8%µ (n=24)	50.0% (n=50)
Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?	65.4%µ (n=26)	100.0%µ (n=2)	62.5%µ (n=24)	62.0% (n=50)
Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?	24.0%µ (n=25)	50.0%µ (n=2)	21.7%µ (n=23)	37.5% (n=48)
<b>Responsiveness of Hospital Staff</b>				
	54.4% PR=5 (n=45)	75.0%µ (n=2)	53.5% (n=43)	50.0% (n=73)
How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?	50.0%µ (n=24)	100.0%µ (n=1)	47.8%µ (n=23)	51.4% (n=35)
During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?	47.7% (n=44)	50.0%µ (n=2)	47.6% (n=42)	47.8% (n=69)
<b>Communication with Nurses</b>				
	64.1% PR=1 (n=52)	66.7%µ (n=2)	64.0% (n=50)	69.2% (n=85)
During this hospital stay, how often did nurses treat you with courtesy and respect?	75.0% (n=52)	100.0%µ (n=2)	74.0% (n=50)	76.2% (n=84)
During this hospital stay, how often did nurses listen carefully to you?	62.7% (n=51)	50.0%µ (n=2)	63.3% (n=49)	67.9% (n=84)
<b>Cleanliness / Quietness</b>				
	52.9% PR=3 (n=51)	50.0%µ (n=2)	53.1% (n=49)	47.1% (n=85)
During this hospital stay, how often was the area around your room quiet at night?	49.0% (n=49)	50.0%µ (n=2)	48.9% (n=47)	32.1% (n=81)
During this hospital stay, how often were your room and bathroom kept clean?	56.0% (n=50)	50.0%µ (n=2)	56.3% (n=48)	61.4% (n=83)
<b>Care Transitions</b>				
	36.9% PR=2 (n=51)	0.0%µ (n=2)	38.4% (n=49)	45.7% (n=78)
When I left the hospital, I clearly understood the purpose for taking each of my medications.	46.2% (n=39)	0.0%µ (n=2)	48.6% (n=37)	58.8% (n=68)
When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.	36.5% (n=52)	0.0%µ (n=2)	38.0% (n=50)	46.3% (n=80)
During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.	31.4% (n=51)	0.0%µ (n=2)	32.7% (n=49)	33.3% (n=78)
<b>Pain Management</b>				
	68.5%µ PR=28 (n=27)	0.0%µ (n=1)	71.2%µ (n=26)	55.0% (n=40)
During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?	74.1%µ (n=27)	0.0%µ (n=1)	76.9%µ (n=26)	57.5% (n=40)
During this hospital stay, how often was your pain well controlled?	63.0%µ (n=27)	0.0%µ (n=1)	65.4%µ (n=26)	52.5% (n=40)

Green - score is equal to or greater than the NRC Average

Yellow - score is less than the NRC Average or marginally significant and Data is not final and subject to change.

\* - Benchmark

**City of Alameda Health Care District**  
 Comparison of FY July 1, 2014 - June 30, 2015 Budget with YTD December 31, 2014

	<b>July - June</b>	<b>July - December</b>	
	<b>Fiscal Year 2015</b>	<b>Fiscal Year 2015</b>	<b>\$ Variance</b>
<b>District Revenue Sources</b>			
Jaber Property Gross Revenues	166,800	86,762	
District Property Tax Revenues	5,780,000	3,158,612	
Other		-	
Interest		-	
<b>Total Revenues</b>	<b>5,946,800</b>	<b>3,245,374</b>	
<b>Administrative Expenses</b>			
Salary, Wages and Benefits	49,500	-	(49,500)
Board Stipend	6,000	600	(5,400)
Education & Conferences	5,000	-	(5,000)
Dues & Subscriptions	5,000	202	(4,798)
Insurance - General, D&O, Property	138,000	112,818	(25,182)
Accounting	10,000	-	(10,000)
Annual Independent Audit	17,500	10,180	(7,320)
General Counsel	60,000	55,559	(4,441)
Office Expenses	4,800	597	(4,203)
District Marketing, Promotions	2,500	281	(2,219)
Consultant Fees	25,400	4,136	(21,264)
Lease Expense (Equipment & Building)	27,700	12,000	(15,700)
Utilities, Phones, Maintenance	4,800	957	(3,843)
Jaber Property	38,997	12,095	(26,902)
Interest Expense	51,672	17,341	(34,331)
Other Misc Operating Expenses	3,600	1,398	(2,202)
Food/Meals	2,250	1,158	(1,092)
Election Year Expenses	120,000	-	(120,000)
<b>Total Administrative Expenses</b>	<b>572,719</b>	<b>229,322</b>	<b>(343,397)</b>
<b>Capital Outlay</b>			
Principal on Note	25,808	8,485	(17,323)
Leasehold Improvements, Furnishings	15,000	7,094	(7,906)
<b>Sum of Total Uses</b>	<b>613,527</b>	<b>244,901</b>	<b>(368,626)</b>
<b>Total Revenue Sources</b>			
	<b>5,946,800</b>	<b>3,245,374</b>	
<b>Minus Total District Uses</b>			
	<b>613,527</b>	<b>244,901</b>	
<b>Balance to Transfer to Alameda Health System</b>			
	<b>5,333,273</b>	<b>3,000,472</b>	

Footnote:

<sup>1</sup> This is a cash budget. Depreciation of \$34,720.49/month or \$416,646/year will be recorded in the audited Financial Statements

Items from  
District Board Meeting  
including:  
handouts,  
“to be distributed”  
documents, and  
presentations



# City of Alameda Health Care District Board Meeting

February 2, 2015

Presented by

Bonnie Panlasigui, FACHE  
Chief Administrative Officer



Alameda Hospital

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A member of Alameda Health System



# CARING ABOUT THOSE WE CARE FOR

Alameda Hospital genuinely cares for and is committed to our community. One way we demonstrate our commitment is by continuing to enhance our level of care. It's evident in our award-winning stroke center and innovative specialty services. And now that we've partnered with one of the country's most respected health care systems, we're committed to provide even greater access and expanded services to those we care about most. [AlamedaAHS.org](http://AlamedaAHS.org)



**Alameda Hospital**

A member of Alameda Health System

ALWAYS HERE FOR YOU



# GREAT COMMUNITY DESERVES GREAT HEALTH CARE

Alameda Hospital believes a great community deserves great care. Since our inception, the field of medicine has witnessed significant advancements. Through the years, our pledge has been to provide you with the latest, most advanced care – from our innovative specialty care services to our award-winning stroke center. And now we've joined forces with a leading health care system to bring you expanded access to compassionate quality care. Making what was great even better. [AlamedaAHS.org](http://AlamedaAHS.org)



**Alameda Hospital**

A member of Alameda Health System

ALWAYS HERE FOR YOU



# ADVANCED CARE FOR THOSE YOU CARE ABOUT

For over a century, Alameda Hospital has championed innovative care. From our groundbreaking specialty services to an award-winning stroke center, we've advanced to meet the needs of our growing community. Now, we're part of a larger, more comprehensive system that offers greater services and increased access. All of this adds up to more advanced and compassionate care for you. [AlamedaAHS.org](http://AlamedaAHS.org)



**Alameda Hospital**

A member of Alameda Health System

ALWAYS HERE FOR YOU



**Alameda Hospital**

A member of Alameda Health System

# Revisions to FY2015 Parcel Tax Budget

	Approved October 2014	Proposed Revision February 2015 (Packet)	Proposed Revision February 2015 (Handout)
Estimated parcel tax receipts	\$ 5,784,199	\$ 5,784,199	\$ 5,784,199
District budget allocation	\$ 613,527	\$ 613,527	\$ 613,527
Repayment of loan plus accrued interest	\$ 1,598,438	\$ 1,598,438	\$ 1,598,438
Repayment of AH Foundation Loan (No interest)	\$ -	\$ -	\$ 405,000
Capital projects			
> Kitchen remodel to meet regulatory compliance	\$ 47,588	\$ 47,588	\$ 47,588
> Alameda Hospital Boiler Retrofit	\$ 183,450	\$ 183,450	\$ 183,450
> Other capital	\$ 2,500,000	\$ 1,000,000	\$ 1,000,000
Accounts payable backlog	\$ 841,197	\$ 2,341,197	\$ 1,936,197
Total Uses of Parcel Tax	\$ 5,784,199	\$ 5,784,199	\$ 5,784,199

# Aging Accounts Payable Summary

As of January 30, 2015

Over 120 days	\$ 5,279,736.00
91-120 days	\$ 754,226.79
61-90 days	\$ 726,197.14
31-60 days	\$ 510,451.78
1-30 days	\$ 368,352.38
<b>TOTAL AGING AP</b>	<b>\$ 7,638,964.09</b>

Contracts	\$ 3,308,656.60
Basic Hospital Supplies	\$ 1,562,116.42
Physicians/Physician Groups	\$ 324,610.03
City	\$ 68,273.26
Rental Equipment	\$ 51,879.05
Employee Reimbursement	\$ 13,889.13

QUALITY INDICATORS		AH CURRENT PERFORMANCE											CURRENT		
		JAN 2014	FEB 2014	MAR 2014	APR 2014	MAY 2014	JUN 2014	JUL 2014	AUG 2014	SEP 2014	OCT 2014	NOV 2014	DEC 2014	BENCH MARK / GOAL	COMPARISON ORGANIZATION
I.	30-Day Readmissions: (all diagnoses)														
	(#of readmits/#of total admissions X100)	N/A	N/A	N/A	N/A	5.1%	5.4%	5.7%	3.9%	5.3%	4.6%	3.5%	3.2%	15.8%	HSAG/CMS(CA)
II.	Medication Errors:														
	• Acute (# errors/doses dispensed)	0.08%	0.09%	0.12%	0.05%	0.04%	0.10%	0.10%	0.07%	0.05%	0.01%	0.05%	0.13%	≤ 0.1%	AH
	• Acute (#errors/patient days)	0.019%	0.024%	0.029%	0.012%	0.009%	0.024%	0.024%	0.017%	0.013%	0.003%	0.013%	0.032%		
	• LTC (#errors/patient days)	0.004%	0.003%	0.001%	0.000%	0.000%	0.001%	0.001%	0.000%	0.0001%	0.000%	0.000%	0.000%		
III.	HAPU: (per 1000 patient days)														
	• Acute	0.00	0.00	0.00	0.00	2.26	0.00	0.00	0.00	0.00	1.01	0.00	1.05	1.27	CALNOC
	• Long Term Care (Sub-Acute; SSC;WE) (per 1000 pt days)	0.56	0.43	1.38	0.10	0.70	0.60	0.00	0.37	1.17	.93	1.39	0.19	2.54	NE
IV.	Falls: (per 1000 patient days)														
	• Acute (CCU/TELE/3W/ECC)	0.39	1.86	2.53	0.42	0.43	1.46	1.33	0.90	1.73	0.42	0.0	1.29	2.89	CALNOC
	• Long Term Care (Sub-Acute SSC;WE)	2.63	1.95	3.56	2.00	2.30	1.40	1.96	3.50	1.17	.93	1.58	1.36	5.78	MQI
V.	Infection Prevention:														
	• Catheter Associated Urinary Tract Infections: per catheter days (# of infections/catheter days)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0.56%	SIR 2.99
	• Hand Hygiene	95%	93%	89%	81%	72%	96%	89%	93%	94%	88%	90%	90%	90%	TJC
	• Surgical Site Infections: (per inpatient elective orthopedic procedures)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	SIR 1.64
VI.	Core Measures:														
	• SCIP: Venous Thrombosis Embolism (VTE) prophylaxis received	100%	100%	100%	100%	100%	100%	100%	100%	100%	NR	NR	NR	99.9%	CMS / TJC
	• SCIP: Antibiotics within 1 hour	100%	100%	100%	100%	100%	100%	100%	100%	100%	NR	NR	NR	99.9%	CMS / TJC
	• SCIP: Antibiotics dc'd within 24 hours	100%	100%	100%	100%	100%	80%	100%	100%	100%	NR	NR	NR	99.8%	CMS / TJC
	• OP SCIP: Timing of ABX Prophylaxis	Retired	Retired	Retired	Retired	Retired	Retired	Retired	Retired	Retired	Retired	Retired	retired	99.9%	CMS / TJC
	• OP: Time to EKG (minutes)	N/A	N/A	139	8	4	12	N/A	7	110	NR	NR	NR	10 min	CMS / TJC
VII.	HCAHPS: Target goal selected at 75 percentile														
	• Communication with Nurses	71.1	63.6	63.0	64.3	71.7	72.5	71.2	53.8	69.3	66.7	62.8	NR	82.1	Target Goal
	• Staff Responsiveness	40.4	42.1	58.7	38.1	56.1	38.9	45.7	50.0	57.6	50.0	56.5	NR	70.3	Target Goal
	• Pain Management	63.2	57.1	68.8	63.3	66.7	65.0	50.0	66.7	55.6	50.0	73.3	NR	75.0	Target Goal
	• Communication about Medications	44.4	40.0	61.1	38.1	47.7	46.2	33.3	50.0	62.0	38.9	50.0	NR	67.0	Target Goal
	• Willingness to Recommend the Hospital	60.7%	59.1%	52.0%	46.2%	64.1%	66.7%	43.5%	63.6%	56.8%	64.3%	68.0%	55.6%	74.4%	Target Goal
VIII.	*ECC Turn-Around-Times (TAT/Hours):														
	• Door ➔ Doctor Time	31	29	N/A	N/A	30	31	32	38	30	28	28	30	31 min	AHS True North
	• Door ➔ Admit	2.3	2.8	N/A	N/A	2.8	2.5	4.38	3.00	2.02	2.28	3.43	3.32	2.8 Hrs.	AHS True North
IX.	• Stroke (Mean Times)														
	• Door ➔ CT for Code Stroke	21	15	29	20	19	19	18	32	16	21	21	17	≤ 25 min	Am St Assoc
	• Door ➔ Alteplase	49	53	51	59	49	56	47	61	41	54	49	54	≤ 60 min	Am St Assoc