



**CEO Board Report
Board of Trustee Meeting
October 13th, 2021**



AHS Operations and Program Update

Workforce



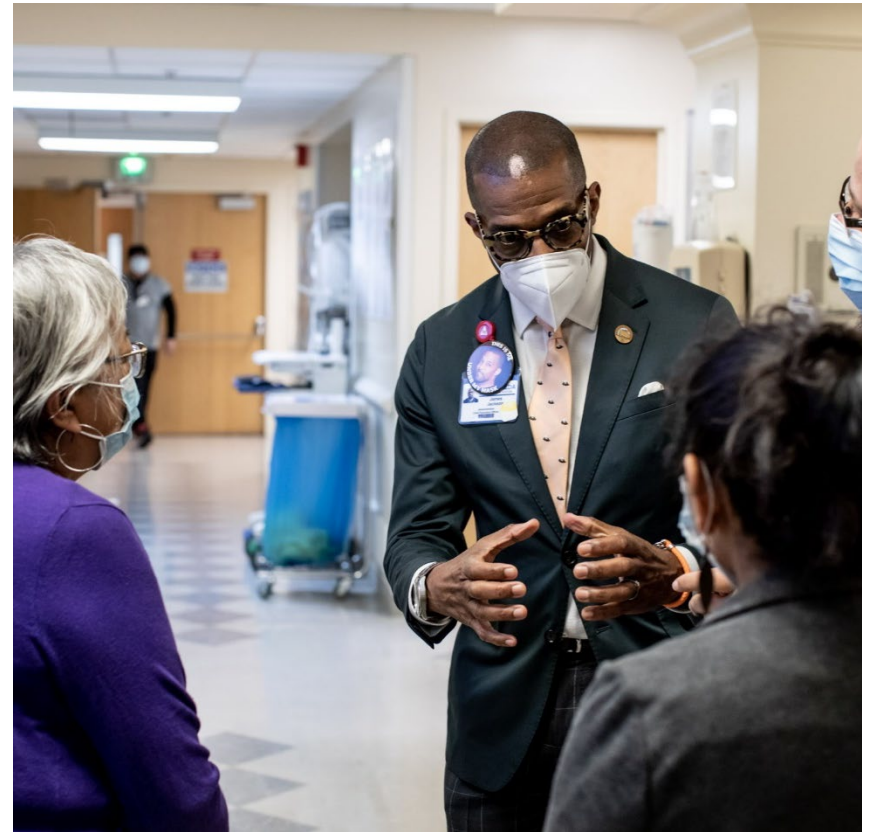
COVID-19 Vaccination Update



- ❑ As of October 11th, we have Active employees only (LOA/WC/ACTIVE – Fully Vaccinated):
Total – 5,178
- ❑ 91% - Active Employees Fully Vaccinated.
- ❑ 9% - AHS Employees Unvaccinated.

CEO Rounding

- ❑ Productive way to connect with staff, and identify and eliminate obstacles
- ❑ Can contribute to a positive work environment
- ❑ Rounding at all AHS sites
 - ❖ 43 facility visits
 - ❖ 103 meetings with indiv. staff
 - ❖ 54 meetings with physicians



“The Walks” w/ the CEO

Lake Merritt (10/9/2021)



- ❑ 15+ Employees participated (pets are welcomed)
- ❑ Parking spaces provided in partnership w/ the DT Senior Center located in the historic Veteran’s Memorial Building
- ❑ AHS T-shirts, baseball caps, towels and bottled water provided



Culture of Safety Survey Update



2021 AHS Culture of Safety Survey

3,592 Staff and Physicians Participated

72% Response Rate

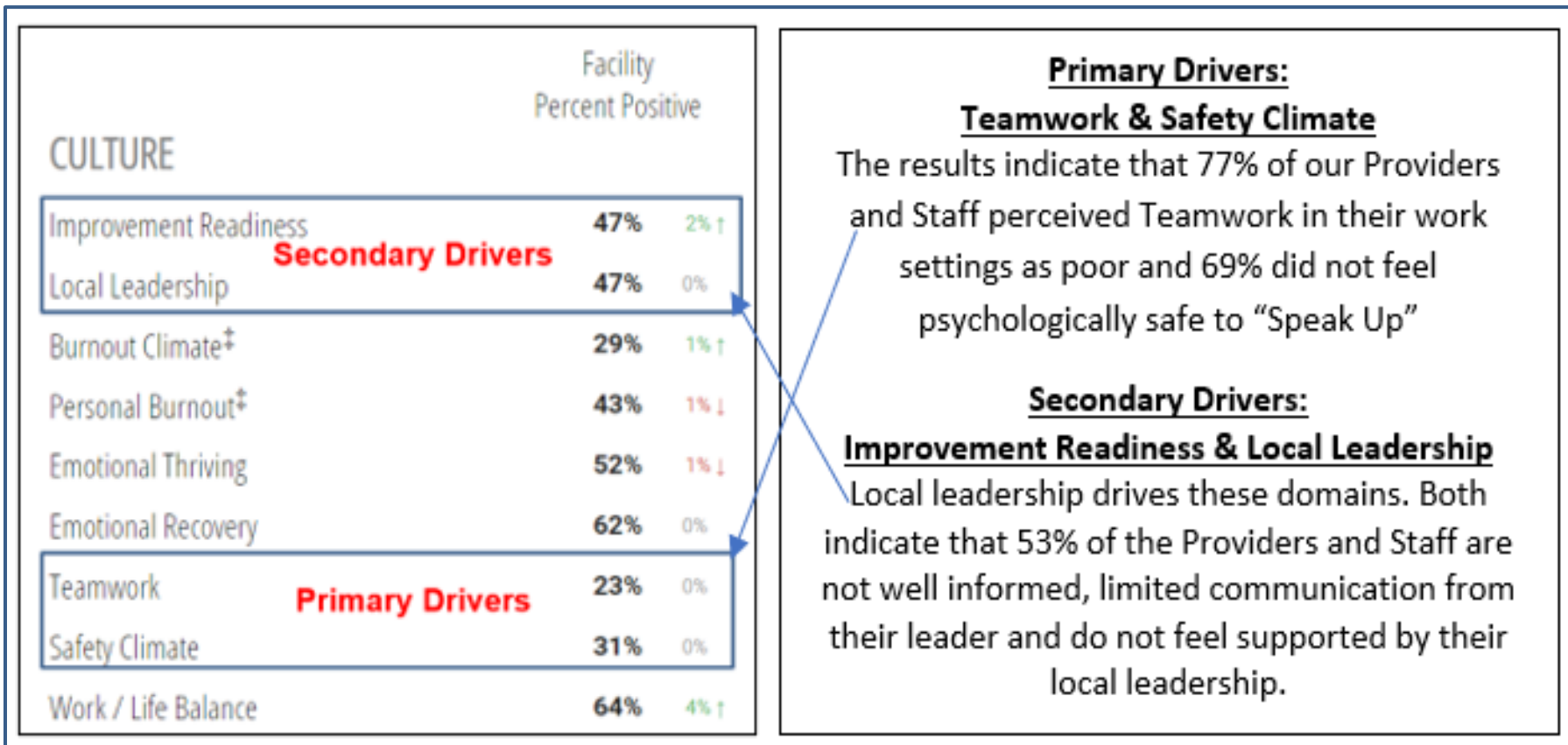
Steps in Debriefing Process	Total Work Settings	Step 1	Step 2	Step 3	Step 4	Step 5
Steps 1-5:		Prepare to Debrief	Record Debriefing Notes	Review and Reflect	Develop Action & Monitoring Plans	Action Plan(s) Implementation & Monitoring
Manager's Actions:		Schedule Debriefing(s)	Request Neutral facilitator to debrief and capture notes	Facilitator to review notes with Unit Leader	1-2 Actions from Teamwork or Safety Climate Domains	Implement actions and monitor effectiveness
Actions Due By:		Schedule by June 30, 2021	July 31, 2021	July 31, 2021	August 31, 2021	Sept-Dec 2021
Alameda Hospital	15	100%	100%	100%	100%	2/15 = 13%
Ambulatory Care	21	100%	100%	100%	100%	0%
Highland Hospital	39	100%	100%	100%	100%	3/39 = 7%
JGPH	9	100%	100%	100%	100%	0%
Post-Acute	9	100%	100%	100%	100%	1/9 = 11%
San Leandro	16	100%	100%	100%	100%	1/16 = 6%
SSC	10 + 8**	100%	100%	100%	100%	2/10 = 20%
Total – 7 Facilities	127 Work Settings**	100% Complete	100% Complete	100% Complete	100% Complete	To be completed by 12/31/21

*Recommended monitoring period is 3 months or until compliance is sustained. Monitoring period recommended for October-December 2021

**Some work settings have multiple divisions (i.e., Finance, IS, Nursing Leadership, etc.)

(Updated 10/12/21)

AHS – Results from 9 Domains of Culture



FY2022 AHS Goal:

Focus on organization wide Teamwork and Safety Climate

What's Next – Step 5

DEBRIEFER

Quality Programs Survey
Debrief **1**

Quality Staff Meeting

- ✓ Prepare to Debrief
Facilitator & Manager
- ✓ Record Notes
Facilitator
- ✓ Review & Reflect
Manager
- ✓ Develop Action Plan
Manager & Staff
- 5 Take Action**
Manager & Staff

CONTINUE DEBRIEF

Only actions produce results. Your staff have provided candid feedback through the survey and debriefings. Leaders and staff have collectively created actions plans based on survey results relating to Teamwork and Safety Climate results. Engage staff and commit to your action plans. Statistical evidenced of not committing to your agreed upon actions erodes trust, credibility, staff morale, and lower results the next survey period.

- ✓ Prepare to Debrief
Facilitator & Manager
- ✓ Record Notes
Facilitator
- ✓ Review & Reflect
Manager
- ✓ Develop Action Plan
Manager & Staff
- 5 Take Action**
Manager & Staff

2

Action Plan Progress

Update your progress as you execute your action plan:

Our aim

To address the teamwork domain relating to difficult external colleagues and communication breakdowns by creating a standardized communication tool. The tool will incorporate a brief SBAR, clear/concise expectations, and a reasonable timeline. The implementation of a standardized communication tool will improve quality-customer relationships, communication, and promote timely deliverables of the requested information, from our customers. Other recommendations include providing various communication options to colleagues, prioritizing respectful closed-loop communication, and promoting data literacy to enable the usage of data to premise

Overall Progress: 40%



Completion Date

Choose the date you completed your action plan

Notes

Join our world walking group "AHS Quality Department". Please sign up - great way to motivate you to walk more and to learn about new landmark start a healthy journey together as we virtually walk the world. You can download the app on your iPhone, Android or use the website. Connect your Fitbit, HealthKit (iphone), or download any step tracker app to add you steps.

If you have any questions, please reach out to me. Thank you!

Move the dial towards your "Overall Progress"

Record progress notes to monitor your performance.

What is “Just Culture”?

- ❑ At Alameda Health System (AHS) we strive to build a culture of trust and accountability so we can continue to provide our patients with high quality safe care.
- ❑ The concept and philosophy behind a Just Culture is one of continuous learning and is a foundation for patient safety. In a Just Culture, the focus is on addressing systems issues that contribute to errors and harm while also holding clinicians and staff accountable for behavioral choices.
- ❑ AHS is committed to adopting a Just Culture and ensuring that all staff feel safe and empowered to voice concerns about patient and workforce safety and encouraged to report errors, lapses, near-misses, and adverse events.

Just Culture Implementation Plan

❑ Management Participation :

- A mandatory 4-hour Just Culture Training is required for all AHS management.
- Just Culture training for management will begin the week of October 18 through mid-December 2021.
- Leaders are pre-assigned into interdisciplinary cohorts.
- Leadership Academy will forward you an email with your registration link.
- Please register and block your calendar to attend your assigned training.

❑ Staff Participation:

- In January 2022 – A one-hour E-Learning Just Culture module will be required for all AHS Staff.
- Staff E-Learning modules will be available from January 1, 2022 through March 31, 2022.

Access

Strategic Planning Partner Selection Process

- The most recent Strategic Plan for the Alameda Health System was envisioned to extend through FY 2021.
- It is imperative to have a forward-looking strategic plan in place as soon as practical, and to that end we initiated a Request For Proposal (RFP) process with four highly reputable firms with extensive experience in this type of assessment and planning process.
- The firms interviewed were Guidehouse, Kaufman Hall, Huron and Premier MDs. Each firm received information about the prior strategic plan, and the elements we were seeking in a forward-looking plan.
- Interviews were held with each firm, and the AHS CEO, COO and Board of Trustees Chair were present for a Q & A style session to allow the firms to achieve sufficient clarity of the desired work product.
- After assessing the proposed product, timelines and costs, the evaluation team felt unanimously that the Huron proposal was the best fit.
 - The alignment with the mission of AHS, the fact that they have a 'running start' given the work underway with the Building Excellence, Sustainability & Trust (BEST) and the economies of scale that were apparent by their fees structure for the work proposed led us to agree that Huron was the best fit for what we must accomplish.
 - Huron had the added benefit of being able to bring to the project the Innosight component of their organization. Innosight is the strategic and innovation subdivision of Huron that will bring subject matter expertise to this important project. Huron and Innosight will bring extensive experience in strategic planning for safety net organizations in and out of California to this project.

Quality & True North Metrics

Quality

Mock Survey Summary

HIGHLAND HOSPITAL MOCK SURVEY SUMMARY

- ❑ 4-day survey with 4-surveyors (2 RNs, 1-MD & 1-LS) was conducted on 10/5 – 10/8/2021
- ❑ **Objective:** Assess compliance with the Joint Commission Standards & CMS COPs and to identify gaps in organizational and system issues related to patient safety and quality.
- ❑ **Findings:** The information below is based on the preliminary report. The final report will be available in 2-3 weeks.
- ❑ While there were findings across several areas, we have grouped the findings into the following four focus areas:
 - Environment of Care / Life Safety - includes barrier / egress management; emergency management; hazardous material management; fire safety; safety / security; utility management
 - Infection Prevention – hand hygiene data for 2020; contaminated instrument cleaning process
 - Care of the Patient – medication reconciliation; maternal hemorrhage education; maternal pre-eclampsia; patient education
 - Leadership – medical staff OPPE/FPPE process; policy management; patient flow

Quality Action Plan

Action Plan:

- Create four work groups (as in previous slide) to address the findings across the system.
 - Work groups will prioritize the work per the matrix.
 - Work groups will meet weekly and should begin meeting within the next week or two.
 - All the findings will be placed under one of the work groups.
 - Each work group will consist of an executive leader, team lead, subject matter expert and regulatory affairs.
 - Planning meeting to be held with COO to identify team members.

- Conduct a high risk & priorities review for San Leandro and John George in November.

True North Metric	Baseline FY 21	Goal	Jul 2021	FY22 YTD	Trend Legend: Orange AHS Performance, Blue Benchmark	
ACCESS	Days to Third Next Available Appointment (Primary Return)	29.5	26.55	27	27	
	Days to Third Next Available Appointment (Specialty Return)	15.5	13.95	8	8	
	Adult Acute Med/Surg Observed to Expected Length of Stay	1.07	1.04	1.01	1.01	
	Adult Acute Med/Surg Unadjusted Length of Stay	5.7	4.6	4.7	4.7	
	Median Time from Decision to Admit to Inpatient Bed (ED Admitted Pts)	5:09	4:38	4:52	4:52	
SUSTAINABILITY	EBIDA Margin	-3.00%	2.30%	2.10%	2.10%	
	Operating Margin	-1.70%	1.6%	1.30%	1.30%	
	AHS Cash Collections as a percent of Expected Net Revenue	100.00%	100%	113.40%	113.40%	
	AHS Gross Days In Account Receivable	59.00	50.00	56.90	56.90	
QUALITY	Percent of QIP Metrics on Target	90% Q1-2 40% Q3-4	90%	77.25%		
	Acute: All Cause 30 Day Readmits	11.88%	11.56%	5.92%	5.92%	
	Hospital Acquired Infections Index	0.88	0.59	0.97	0.97	
EXPERIENCE	HCAHPS - % Rate Hospital 9 or 10	69.11%	71.66%	75.78%	75.78%	
	CG-CAHPS - % Recommend Practice (In-Person)	81.15%	Pending	78.14%	78.14%	
NETWORK	Patient Activations of my chart	15.50%	17.05%	15.50%		
WORKFORCE	Workplace Injury Reduction	282	Pending	24	24	
	Turn Over	14.70%	Pending	12.92%	12.90%	

At or better than Goal Worse than Goal

Trend Graphs include data for last 12 months



Network

Service

Afghanistan Relocation Update

Big picture:

- ❑ The county is now using a consulting organization to develop the workflows for the medical aspects (that we are part of), as well as additional workgroups that have been stood up to organize social and behavioral health needs.
- ❑ The product that the consultants will be developing are documents that can be disseminated throughout the county on our workflows. Once these are developed, it's recommended that we also push them out throughout AHS.

Refugee clinic:

- ❑ The Eastmont refugee clinic is doing well. We've added additional clerical and translation support and they are currently able to meet demand. Over the next few weeks, we will likely seek provider and LVN/RN/MA volunteers across AHS to support an increased demand. As soon as we know more about the expected patient influx timeline, we'll be able to operationalize this.

Communication:

- ❑ Timeline/plans to ask for AHS-wide volunteers will be coordinated/communicated during the CEO Leadership Chat. We expect this to be 2-3 more weeks minimum.

