

Communication from a Roundtable with Robert Ambassador to their department

I attended the Roundtable with Robert Braithwaite on July 25, 2012 and we would like to share the information discussed during the session:

- Facilities Update – the current biggest project is the Hoag Heart Institute which is expected to complete on September and hopefully to open the following month October 2012. Other projects going on: South entrance elevator and the Hoag Health Center in Huntington Beach.
- Financial Update – the operating income trend is down in June and expected to be the same throughout the summer. Salaries expense creep up over time – the practice is to continue to hire fewer Full time and more per diems employees. The goal is \$2.5 Million dollars Operating Income per month and 110% productivity, No discretionary spending, selective hiring, place moratorium on move/relocation and Business office/non-clinical supplies.
- Business Care Model Transition - Brief description - Value Base Purchasing – where cost reimbursement is determined by our Performance as measured by SCIP (define) metrics through multidisciplinary participation with Dr. Philip Robinson, Barbara Goss and Sue Evans in charge of the project. In two months during the optimization period, SCIP is going to be accessible in SCM. Also described the Upside down Health care pyramid – it showed 5% of our population at their end of life stage, with polychromic medical condition that accounts for 45 % of the overall cost. – Focus care of these patients through Extensivist – Intensive outpatient MD's - providing comprehensive care to decrease hospitalization and multiple procedures.
20% of US population at risk for major procedures – this accounts for 35% of the overall cost - Need for innovations to focus on coordinated care, prevention, compliance, etc...
75% of population- Healthy or have minor health issues – account for 20% of overall cost.
- CIS Update – up and running and CPOE in Hoag Irvine 90%. Super users winding down. Great adoption of system through organization.
- Hoag Medical Practice Group- has been established and already received 28 MD's letters of intent with contract to be signed in days. Goal is geographic distribution and patient access.
- Kevin, Brian and Denise presented - Patient Satisfaction – Hearing stories that demonstrates Own It declaration in action touched and inspired us. We need to hear more of this. This is why all ambassadors are encouraged to send their "Own It in action story" in writing to Denise Phillips by September 1st.
- Video Presentation of Staff reading patient's letter about their positive experience and the not so great experience at Hoag. There are 2 areas we want to improve on: in the Dot up initiative - Clean Up and Quiet Down in patient areas. In our OWN it declaration card the other side has the 6 things we can do to help Clean up and Quiet down:
 1. Tidy up patient areas, including when I'm working in a patient patient's room.
 2. Pick up trash, any trash, anywhere, all the time

3. Gel in/gel out
 4. Listen to what I am doing: how much noise am I making?
 5. Speak softly and lower ring tones in and around patient areas: use my inside voice
 6. Politely remind co-workers, staff, and guest that "Cleaning Up and Quieting down" is important for patient's health
- The bottom line, our patients love us but... we still have a lot to improve on so we can DOT up and be rated higher on the scale as a recommended hospital.
 - Roundtable with senior leaders and departments coming soon to various areas. More info to follow
 - In the healthcare model we want to be a Specialized Episode/Condition Manager and then move up to a Population Health Care Manager. We want to be as close as possible to the funding source. In order to move to a Population Health Care Manager we need to provide care to an entire county. This can be done through partnerships.
 - Our goal is to be in the top docile on quality and bottom quartile on price.

Please feel free to call me if you have any questions. Thank you!