## Palomar Pomerado Health BOARD OF DIRECTORS SPECIAL BOARD MEETING ANNUAL PERFORMANCE IMPROVEMENT (PI) REPORT

Palomar Medical Center, Graybill Auditorium, Escondido Monday, August 22, 2005 at 6:30 p.m.

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW- UP/RESPONSIBLE PARTY
CALL TO ORDER	6:30 p.m.		
	Quorum comprised Directors Bassett, Greer, Kleiter and Krider (Acting Chairman). Apologies from Directors Larson, Rivera (Chairman), and Scofield.		
	Other attendees:		
	Michael Covert, CEO Opal Reinbold, Chief Quality Officer Lorie Shoemaker, Chief Nurse Executive Sheila Brown, Chief Clinical Outreach Officer Duane Buringrud, MD, Chief Medical Quality Officer Cynthia Robertson, MD, Chair Patient Safety Committee Chiefs of Medical Staffs Jerry Kolins, M.D. Jim Flinn, Chief Admin Officer, Pomerado Mary Oelman, Associate Chief Nursing Officer		
	Carrie Frederick, Director Performance Excellence Janie Frincke, RN, Risk Management Chris Cauch, Case Management Steve Tanaka, Interim Chief I/T Officer		
	Gustavo Friederichsen, Chief Marketing & Communication Officer		
NOTICE OF MEETING	Notice of meeting was posted consistent with legal requirements.		
PUBLIC COMMENTS	None		

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ANNUAL REPORT ON THE STATE OF PERFORMANCE IMPROVEMENT Accomplishments  Opal Reinbold	Opal Reinbold, Chief Quality Officer, introduced the Annual Performance Improvement Report to the Board by stating that it was a privilege to present such a report concerning what had occurred over the past year and that everyone responsible for such positive accomplishments was present at this meeting.	Informational	
Key Focus Areas	A powerpoint presentation (copy attached) also aided in relaying these accomplishments to the Board.  Goals had been identified relating to the Key Focus Areas of Best Practice/Publicly Reported Data; Cerner implementation; Performance Improvement; Planning and Implementation of the Balanced Scorecard to drive key strategic priorities for the organization and necessary indicators, as we work toward the Baldridge Award scheme and move forward in a data-driven way, in addition to New Structure for Quality/Patient Safety/Resource Management.		
Demonstration Project - Benchmarking	An Accomplishments Overview was then provided that included a strategically driven quality process for Balanced Scorecard implementation with publicly reported data and national patient safety goals.  It was important to highlight that PPH had been part of a demonstration project with the Center for Medicare/Medicaid Benchmarking and we had done very well in comparison with top quartile performance by other organizations within our community and nation-wide, as well as in the "Get with the Guidelines" program.		



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JCAHO pilot project	JCAHO had invited us to be one of 30 hospitals in the country to participate in a pilot project of continuous readiness for interdisciplinary, coordinated, safe patient care processes. JCAHO is planning to come in December to make a presentation. It was noted that this was a definite compliment to PPH, reflecting the efforts of those in the organization.		
Quality/Patient Safety/Resource Management	A new structure for Quality/Patient Safety/Resource Management was in place that reflected an integrated approach including a strong Medical Staff partnership and PI assessment/ inventory completion. Patient Safety was constantly reviewed by Dr. Cynthia Robertson as Chair of the Safety Committee and member of the Board Quality Review Committee, as we look at Patient Safety in a very proactive manner.		
New I/T system implementation	A substantial amount of energy and diligence had been involved in the implementation of the new Cerner system with resultant changing out of several of our other I/T systems to ensure that the new system was properly in place. This provided an enhanced platform for datadriven review of care and concurrent capabilities.		
Medical Staffs' Leadership Accomplishments	Ms Reinbold then introduced Dr. Duane Buringrud, Chief Medical Quality Officer, to discuss the Medical Staffs' Leadership Accomplishments.		
Duane Buringrud, MD	Dr. Buringrud relayed that under the direction of Dr. John Massone, formerly interim Chief Quality Officer, a lot of work with the Medical Staffs leadership had been undertaken.  Program presentations included Cardiac Alert and other state-of-the-art projects, including a Joint Medical Staff Quality Committee		



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	between PMC and Pomerado and subsequent Medical Staff Quality meetings at both campuses.		
	He emphasized the need for Medical Staffs to get together to talk with both hospitals noting Dr. Conrad's efforts in joint, or common, Medical Staff Bylaws, and some combined Medical Staff meetings with PMC and Pomerado via a new physician leadership support team. In this way they were working towards common credentialing.		
	In addition, many MBA/educational programs were offered to the Medical Staffs, noting that we were seeing the efforts of Michael Covert, CEO, in starting to educate the Medical Staffs so that they may begin to understand the Board's and Administration's roles in the organization.		
	As a result, there was now more physician and organization interaction, with physicians needing to learn how to present their long-term plans instead of their needs for equipment, etc. Dr. Conrad was the Chair of their Planning Committee for Budgeting. Dr. Buringrud acknowledged that it was due to the hard work of Dr. Massone with programs such as Pneumonia etc., that had placed us in the top		
	10% nationally in many such programs.  Acting Board Chairman Krider thanked Ms Reinbold and Dr. Buringrud for their informative and progressive reports.		
<ul> <li>PI Highlight Reports</li> <li>Mr. Jim Flinn, Chief Administrative Officer, Pomerado Hospital</li> </ul>	Mr. Jim Flinn was pleased to report that the door-to-doc time at Pomerado Hospital was 20 minutes. The best had been averaged at 17 minutes. This had all been due to the excellent collaboration between the physicians and the nurses for which he was very proud.		

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	He noted that Facilities Planning had improved their process and was on-time and on-budget.		
	Regarding this year's JCAHO survey, there had been only one Type I at Pomerado regarding Environmental Care aspects. This had been a "sink bed" in the grounds of Pomerado to access the water supply shut-off which had been there for many years and was overlooked. This had since been rectified. He felt it was remarkable, given all of the facilities we have.		
Ms Lorie Shoemaker, Chief Nurse Executive	Ms Shoemaker reported that a lot of great things had occurred over the last year from a Quality and Shared Governance model with education and training undertaken. She referred to the National Data Base for Nursing Quality and California Nursing Outcomes data, noting that we give the nurses this information and ask them to provide solutions on their nursing floors regarding issues such as sores and pressure ulcers etc.		
Ms Sheila Brown, Chief Clinical Outreach Officer	Ms Brown reported to the Board that important strides had been made in her areas, including Home Health. Bi-monthly reports were also made to the full Board at their regular meetings.	-	
	She also relayed that Dr. Roger Schechter had been "rounding" on all patients as to best treatment of care, particularly pressure sores, and that Dr. Patrick Giesemann, Geriatric Medicine at PCCC received a 100% score on wound outcomes. It was noted that the JCAHO surveyor relayed to Ms Brown she had never participated in a survey whereby active physician involvement was so noticeable.		
	Acting Chairman Krider inquired of Dr. Cynthia Robertson if Patient Safety was involved in all of these areas. She responded that it was.		



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Board Members'     Comments	Director Krider asked Dr. Buringrud how close we may be to having a joint medical staff. Dr. Buringrud responded that what was needed was a stimulus such as the opening of the new hospital.		
,	Director Nancy Bassett, RN referred to the many Community Conversations meetings held prior to the passage of Proposition BB, and that it appeared that a lot of people in her neighborhood go to Scripps or Sharp. However, she relayed that a neighbor was recently brought to PMC whose daughter checked us on the website, and the family was thrilled with the care this patient received under PPH.		
ADJOURNMENT TO CLOSED SESSION	6:50 p.m.	MOTION: by Kleiter, 2 <sup>nd</sup> by Krider and carried that that the meeting adjourn to Closed Session pursuant to Section 32155 of the Health and Safety Code.	
OPEN SESSION RESUMED/FINAL ADJOURNMENT	7:45 pm.  Acting Chairman Krider thanked all involved for this comprehensive review of the past year's achievements in the area of Performance Improvement/Quality for PPH.  Director Greer welcomed Ms Opal Reinbold as Chief Quality Officer, and Mr. Steve Tanaka as Interim Chief I/T Officer, wishing them well.  Final adjournment at 7:50 p.m.	No reportable action taken.	
SIGNATURES  Board Secretary			
<ul> <li>Board Assistant</li> </ul>	Nancy H. Scofield  Christine D. Meaney		

