PALOMAR POMERADO HEALTH

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PALOMAR POMERADO HEALTH COMBINED PPH FULL BOARD & STRATEGIC PLANNING COMMITTEE MEETING

October 21, 2008 — Innovation Offices
5:30 p.m. Dinner (Board Members & Invited Guests) — 15255 Innovation Drive, San Diego CA
6:00 p.m. Meeting Start — Conference Room B & C

Revised: 10/10/08

			Time	Page
!		**Call To Order**		
!		**Public Comments**		
1.	*	**Approval of Minutes – September 9, 2008**	**5 Minute**	**1**
2.	*	**Rehab Plan**	**50 Minutes**	**9**
3.		**Behavioral Medicine Plan**	**50 Minutes**	**21**
4.		**Long Term Care**	**20 Minutes**	
5.		**Committee Comments, Suggestions**		

Distribution:

Alan W. Larson, M.D., Chairperson
Nancy Bassett, R.N., MBA
Linda Greer
Bruce Krider
Michael Covert, CEO
Benjamin Kanter, M.D.
John Lilley, M.D.
Gerald Bracht
Duane Buringrud, M.D.
Bill Chaffin
Steve Gold
Lorraine Gilbert
Bob Hemker
Frank Martin, M.D.
Lorie Shoemaker
David Tam, M.D.
Robert Trifunovic, M.D

NOTE: ***Asterisks indicate anticipated action; action is not limited to those designated items.***

"If you have a disability please notify us at 858-675-5123, 48 hours prior to the event, so that we may provide reasonable accommodations."

Approval of Minutes: September 9, 2008

TO: Strategic Planning Committee

MEETING DATE: September 9, 2008

FROM: Alan Larson, MD, Chairperson

BACKGROUND:

The Secretary of the Strategic Planning Committee respectfully submits the minutes of the Strategic Planning Committee meeting held on September 9, 2008.

BUDGET IMPACT: Not Applicable

STAFF RECOMMENDATION: Approval of attached minutes.

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion: X

Individual Action:

Information:

Required Time*:*

Palomar Pomerado Health
BOARD OF DIRECTORS
STRATEGIC PLANNING COMMITTEE

Innovation Offices
15255 Innovation Drive, Escondido, CA 92128
Conference Room B & C
September 9, 2008, Meeting Minutes

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
CALL TO ORDER	6:05 p.m. by Alan Larson, MD, Chair		
ESTABLISHMENT OF QUORUM	Present: Directors Larson, Bassett, Greer, Bruce Krider, and Dr. Kanter Excused: Director Rivera, Ted Kleiter		
ATTENDANCE	Also in attendance were: Michael Covert, Gerald Bracht, Sheila Brown, Gustavo Friederichsen, Steve Gold, Dr. Frank Martin, Lorie Shoemaker, Opal Reinbold, Dr. Buringrud, Dr. Ben Kanter, Dr. George Kung, Dr. John Lilly, Brenda Turner, Dr. Frank Martin, Lorraine Gilbert Guests: Jackie Close, Nancy Roy, Darin Libby, Mike Moden, Kay Stuckhardt, Lisa Hudson, Stonish Pierce, Natalie Bennett, Joanna Sainmervil….., Susan Linback,		
NOTICE OF MEETING	The notice of meeting was mailed consistent with legal requirements.		
PUBLIC COMMENTS	Michael announced that PPH has been selected as one of the Modern Healthcare's Best Places to Work. Outstanding reflection of all leadership, medical staff and the 400 PPH employees who responded to the Modern Healthcare survey.		
MINUTES None Pending	Prior minutes were all approved at the monthly full PPH Board meeting.		
Informational: **Long Term Care Plan** ***Presenters: Carolyn Koch, Sergei Shvetzoff***	1. Steve Gold introduced the Health Dimensions Group invited to present the Long Term Care Plan analysis and recommendations. 2. Long Term Care strategies for PPH including transitioning patients from the acute to long term care. 3. Four financial plans will be presented to Finance Committee. 4. Discussion included: a. Demand for post-acute care services supporting system hospital discharges, b. Market need for residential senior living c. Assessment of financial proforma 5. Key findings included: a. Mean age of hospital discharges to PPH skilled nursing was lower than	Presentation is posted in the Board folders on the Leadership drive.	

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
	discharges to non-PPH facilities, impacting payor mix and financial performance. b. Highly competitive market impacting PPH skilled nursing occupancy (16 facilities within the hospital district) c. National capture rate of hospital system discharges can be as high as 60%; PPH is 27.5% 6. Information from 20 stakeholder interviews included: a. Need for expeditious and coordinated care transition of hospital discharges to post-acute care b. Need for appropriate care alternatives for patients with specific socially disadvantaged needs (dementia, indigents, behavior care, etc). c. Need for specialty types of care within skilled nursing facilities (wound care, hospice, dialysis, etc.) d. Need improved physical environment to be competitive (PCCC is an aging building). e. Funding concerns related to future federal and state funding for uninsured, underinsured, elderly waiver programs 7. Key findings from skilled nursing facility performance included: a. PPH does not appear to receive referrals reflective of the Medicare RUG (Relative Unit Grouping) distribution within the market. b. PPH skilled nursing facilities do not appear to receive appropriate numbers of Medicare referrals from PPH acute care facilities. c. Nursing staffing ratios reflect the number of hours needed for higher acuity patients (4.73 hours). d. Occupancy at PCCC is 89% (equivalent to state average), Villa Pomerado is at 94%. 8. Currently there is an oversupply of long-term care beds; in five years this will change. a. Present PPH inventory supports current needs; this will change as the new facility opens b. A higher capture rate would exceed the current supply of beds c. Present inventory will be inadequate in the future due to population growth, increase in PPH acute discharges and increased PPH capture rate d. Opportunity exists to increase the capture rate, which would then create an unmet demand for beds 9. Recommendations: a. Expand PCCC by creating a new facility of 144 beds to meet the current capture rate, 170-222 beds by 2015; including 64-bed transitional rehab care unit, and alternative services b. Expand Villa Pomerado from 129 beds to 149 beds; including converting 20 adult geriatric outpatient program to skilled nursing beds, transitioning the adult geriatric outpatient to Black Mountain c. Recommendation to increase the current 225 beds to 371 beds by 2015		

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
	10. Rationale: a. Opportunity to develop focused units through a well-organized and coordinated process b. Opportunity to increase capture rate exists within PPH with a new facility c. Opportunity to maximize post-acute revenue and expense through redistribution of patients 11. N. Bassett requested a definition of payer mix if the larger facility is developed in the Escondido area. 12. Residential Living was also addressed. Key findings: a. Market feasibility and demand is there for 75 year + individuals b. Occupancy rates within PPH market area run 94.2% for 16 independent living facilities and 97.5% for 14 assisted living communities 13. Recommendations: a. Continue consideration of development of a Program of All-inclusive Care for the Elderly (PACE) within the hospital district. b. Market data supports additional senior living including independent living, assisted living and memory care assisted living c. Suggested consideration recommended for 101 assisted living units, and 132 senior living units. d. Consider development of a Program of All-inclusive Care for the Elderly (PACE) site within PPH hospital district		
Informational: PPH Needs Assessment ***Presenter: Mike Moder, Kay Stuckhardt, Nancy Roy***	1. The Community Relations Committee requested a needs assessment to the Board Strategic Committee. 2. Mike Moder reviewed the health needs within the Palomar Pomerado Health Community. Fourteen primary areas were reviewed. 3. Key stakeholders were interviewed by input relating to the fourteen areas of health concerns ranked by age. 4. Data was reviewed by population areas within the PPH district including: a. Race/ethnicity b. Household income c. Discharges by year – PPH Service Area (OSHP&D data) d. Reasons for discharge (obstetrics, ortho, general surgery, etc) e. Market share: PPH has a 55% market share within our region overall f. Where patients being discharged are coming from g. Payor mix of discharged patients (Medicare, medical, self-pay, etc) h. Emergency Department utilization (approximately 25% for each hospital) i. Percentage of patients admitted per year j. Trauma utilization has increased by approximately 38% k. PPH births including the race/ethnicity of the mother and the age mix as related to ethnicity; 16% increase l. Births by region; RB is no longer a retirement community m. Number of deaths by year; has been fairly constant n. Causes of death; cancer and heart diseases are the leading cause with	Presentation is posted in the Board folders on the Leadership drive.	

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
	Alzheimer's is becoming more of a factor. 5. 97% of the PPH population is in the North Inland area. Statistics were reviewed comparing North Inland Region with San Diego County including: teen birth rates and mortality causes; adults 25-64 causes of death, reasons for hospitalization, causes for ED usage; 65 and older causes of death, causes of cancer death, leading causes of hospitalization, reasons for ED discharges. 6. Obesity statics from the behavioral risk factor surveillance system for patients 18 and older showed a steep rise in North County. 7. Overweight SD children at grade five is decreasing although it holds steady. As the grades increase, overweight children and adolescents also increases. Coloration with weight increases with some ethnicities and financial status. 8. L. Bailey noted that the Community Relations Committee recommends that obesity trending be an issue for PPH this year.		
Action Item: **HCAC Name Change** ***Presenter: Nancy Roy***	1. Nancy Roy discussed the request from the five councils making up the Health Care Advisory Council to change their name. 2. The five councils have discussed and approved the name change to, "Palomar Pomerado Health Community Action Councils." 3. Name change would reflect the close work they do with Palomar Pomerado Health. 4. Community Relations Committee recommends approval of the name change by the Strategic Planning Committee and the PPH Board.	Motion by: Linda Bailey to accept the name change of the Health Care Advisory Council to "Palomar Pomerado Health Community Action Councils." 2nd by: Nancy Bassett Motion carried	
NICHE Presentation ***Presenter: Jackie Close***	Lori Shoemaker introduced Jackie Close, RN, MSN, Clinical Nurse Specialist who provided information on the status of the Nurses Improving Care to Health System Elders program (NICHE). This is a standardized program that nursing is implementing, centering on patients 65 and older. PPH is the first hospital system in Southern California to implement this program. 1. Statistics were provided on percentages of the Older Adult population contributing to our Core Business. 2. Information was included on the risks for longer lengths of stay, readmissions and high ED usage. 3. Adverse health events were also described including relativity to PPH patients 4. Best practice for geriatric outcomes was shared. Best practices will help reduce falls, lesson use of physical restraints, fewer re-admissions, etc. Nursing schools do not train nurses in geriatrics. 5. Jackie discussed why PPH should be initiating evidence based nursing practice with our mature adult patients; PPH will be the first health care system in Southern California to implement specialized care for the mature adult population.	Presentation is posted in the Board folders on the Leadership drive.	

AGENDA ITEM	DISCUSSION	CONCLUSION / ACTION	FOLLOW-UP
	6. Effectiveness of nurses in working with elderly patients will improve the nurse satisfaction as well as patient satisfaction. 7. In conjunction with Dr. Giesemann (Physician champion), nursing education has begun to achieve positive outcomes in falls, pressure ulcers, lower incidence of delirium, less de-conditioning, incontinence, urinary tract infections and decreased LOS. Program is being implemented on T4 at Pomerado, T7 at PMC, Villa Pomerado and PCCC.		
Update: Foundation Model ECG ***Presenter: Darin Libby***	1. Michael Covert provided an overview of the planning process that PPH has followed in developing a California medial foundation with key medical groups in this community. 2. Darin Libby reviewed the importance of physician alignment and outlined the importance of working closely with primary care physicians as well as the challenges driving physicians to alignments. 3. Darin provided information relative to the stabilization of primary care and specialty care physicians in the community including the effects of current economics. 4. One of the objectives is to evaluate opportunities existing for alignment that would benefit physicians, the hospital system, and the community. 5. A California medical foundation provides a vehicle for physicians/medical group to contract with a hospital system while maintaining their own medical group. The medical foundation would employ all staff, own payor contracts and provide all support services. 6. Medical foundation would handle strategic planning, financial and operations oversight, compensation plan approval, etc. The medical group board would be responsible for hiring/termination of physicians, compensation distribution, quality assurance, care coordination, peer review, coverage, etc. 7. Funds are transferred from the medical foundation to the medical group for clinical and administrative services. The medical group establishes the compensation plan to distribute funds to the physicians. 8. The medical foundation maintains a primary care base and creates a stable physician entity to support the retention of existing physicians. 9. Development of the medical foundation will require initial capital and ongoing operational investment by PPH. If the medical foundation is properly structured there is limited legal risk. 10. Darin reviewed the feasibility assessment to determine the key elements of the foundation/medical group relationship. 11. At this point in time PPH and interested physicians have formed a steering committee to guide the development of key elements of the foundation/medical group relationship and the feasibility of moving forward. 12. A goals grid outlined the steering committee key outcomes relative to what they would like to preserve and what needs to be achieved. Also included were practices that should be eliminated and avoided. 13. Next steps: defining key components to the PPH medical foundation structure including a financial structure.	Presentation is posted in the Board folders on the Leadership drive.	Future meetings will discuss key issues as research into this type of program continues.

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	14. In San Diego has a medical foundation comprised of several groups. In Orange County many of the hospitals have foundations. 15. Initial financial output usually shows returns in four-five years. Question asked about good will. 16. A. Larson noted that PPH will have many questions as PPH has tried this process unsuccessfully in the past. 17. M. Covert noted that this time due diligence will be more in depth this time. PPH may not decide on this type of vehicle, but it is being explored. There are a lot of topics yet to be covered over the next three to four months.		
Committee Member Comments (If any)	1. M. Covert outlined the topics for the remainder of the meetings this year: October: Rehab Plan, Behavioral Medicine Plan November: Outpatient Plan, Women's Strategic Plan and POP Update December: Construction Update, Laborist and Peds Program Update, IT Integrative Medicine, Radiation Therapy/Trilogy Program, Express Care		
Final Adjournment	A. Larson, Chairperson, adjourned this meeting at 8:35 p.m.		

SIGNATURES

- Committee Chairperson

  _____
  Alan Larson, MD

- Committee Secretary

  _____
  Lorraine Gilbert

Informational: Rehabilitation Services Plan

TO: Strategic Planning Committee

MEETING DATE: October 21, 2008

FROM: Virginia Barragan DPT, Director, Rehabilitation Health Services
Sheila Brown, FACHE, Chief Clinical Outreach Officer

BACKGROUND: PPH leaders partnered with RehabCare to perform a strategic assessment of Rehabilitation needs for the district. PPH has worked successfully with RehabCare for a number of years. Over the past 6 months, both RehabCare and PPH executives conducted interviews with key PPH members, external stakeholders, physicians, and the community. They reviewed our current services, structure, and financial status compared to national trends, and assessed the current community needs. The findings of this assessment resulted in a range of proposed programs with recommendations. From this, PPH will then be able to make an informed decision on the options and recommendations that best suit our organization and determine the short-term and long-term services PPH should provide.

BUDGET IMPACT: No budget impact

STAFF RECOMMENDATION: Information

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

PALOMAR POMERADO HEALTH

Rehabilitation Services Strategic Plan

Virginia Barragan DPT, MOMT
PPH Director of Rehab Services

Cathy Knight
Regional Vice President RehabCare Group

EMT Sponsor- Sheila Brown RN, FACHE

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PPH Rehabilitation Services Vision:

Provision of a clinically integrated rehabilitation continuum of care that results in patients regaining their functional abilities and achieving their maximum potential

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Strategic Development Process

- Consulted healthcare experts regarding national and regional trends
- Obtained Original Inquiry investigation from the Advisory Board to assess best practice models for rehabilitation service continuums
- Interviewed and discussed rehabilitation needs with local primary and specialty physicians and physician groups
- Interviewed and discussed community needs and opportunities to collaborate with health systems and businesses
- Explored educational needs and options for partnership with local colleges and universities
- Interviewed key internal stakeholders to determine their needs for rehabilitation support

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Rehabilitation Services

- Nationally defined to include multiple therapeutic services within continuum of care including acute, sub-acute, and post-acute care.
- General sites in comprehensive continuum:
  - Acute inpatient (IP)
  - Inpatient Rehab Facility (IRF or ARU)
  - Long Term Care Hospital (LTAC)
  - Skilled Nursing Facility (SNF)
  - Home Health Agency (HHA)
  - Outpatient Rehab (OP)

Source:
Definition from The Advisory Board, Rehab Trends Research Findings, April 8, 2008

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PPH Rehabilitation Services

- **Current Service Areas**
  - Inpatient
  - Pediatric/NICU
  - Acute Rehab
  - Sub Acute
  - Skilled Nursing
  - Home Health
  - Outpatient
- **Current Specialties**
  - Lymphedema
  - NICU OT/Pediatric Speech
  - Hand
  - Neuro (NDT)
  - Occupational Medicine
  - Balance Program
  - Swallow/Voice
  - Incontinence Program
- **Current Collaborative Efforts**
  - Shared Staffing
  - Shared Continuing Education
  - Internal Rehabilitation Referral Process
  - Marketing Rehabilitation Services
  - Corporate Health

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National Trends - Best Practice Models

- Modern facilities
- Large patient rooms
- Partnerships with local allied health colleges/universities
- Fee for service health promotion programs
- Seamless integration of rehabilitation services into institution's continuum of care for specific patient populations

Source:

The Advisory Board, Case Studies of Successfully Integrated Rehab Service Lines, March 12, 2008

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PPH Best Practice Model

- Modern Facilities & State of the Art Equipment
- National certifications: Certified Acute Rehabilitation, Cardiac Rehabilitation, Joint Commission, Magnet
- Advanced specialty education for therapists, nurses & students
- Affiliations with local colleges: Western, St Augustine, Cal State San Marcos, SDSU, Mesa
- Strategic Partnerships: RehabCare Goup, VitalCare
- Health Promotion: community lectures & clinics
- Strategic Locations & Programs based on Demand and Stakeholder Involvement
- Research for Best Practice for Treatment and Processes
- Collaborative Partnerships with Physicians in Multiple Specialties

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Current Market Status - Strengths

- Certified Acute Rehabilitation Unit
- Continuum of rehabilitation services with cross-trained staff
- Expanding partnerships with local colleges/universities
- Unique specialties
  - Hand
  - Lymphedema
  - Incontinence Program
  - Electrical stimulation for Swallow
  - Balance Program

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Current Market Status - Weaknesses

- No formalized specialty certification of Acute Rehabilitation Unit
- Lack of geographical presence
- No infrastructure to support rehabilitation connectivity to/with physicians and community
- Lack of recognition in community of strong orthopedic and neurological rehabilitation specialty.

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Current Market Status-Opportunities

- Expand Acute Rehabilitation beds
- Provide infrastructure for connectivity to/with physicians and community
- Advance specialty programs throughout continuum of care to meet community needs
- Collaborate with corporate health to meet local business needs
- Increase geographical presence
- Explore additional opportunities to partner with health plans and physician groups to keep patients within district
- Provide outpatient services to PPH employees with Jan 1st new benefit period

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Current Market Status - Threats

- Significant market competition from individual practitioners
- Significant market competition for rehabilitation from major San Diego Health systems with foundation models (Scripps Clinic and Sharp) and physicians
- National and local therapist shortage
- Uncertainty of healthcare reimbursement

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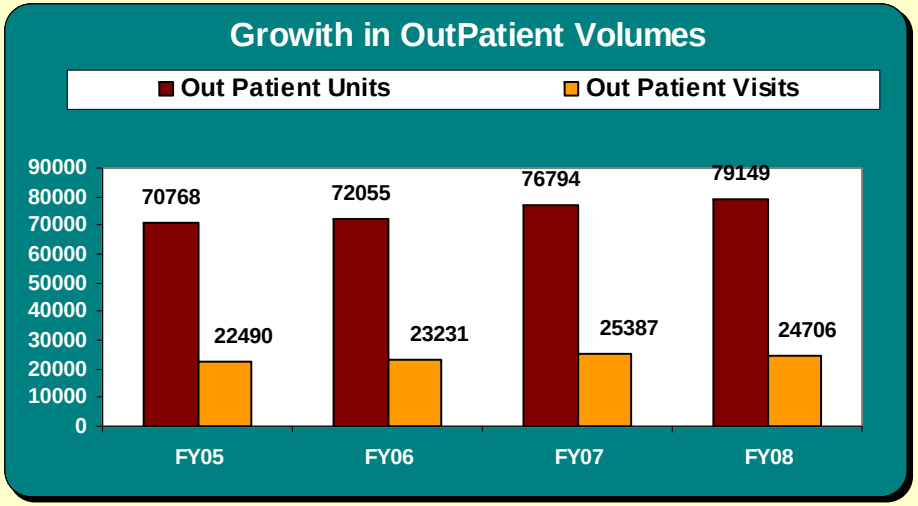
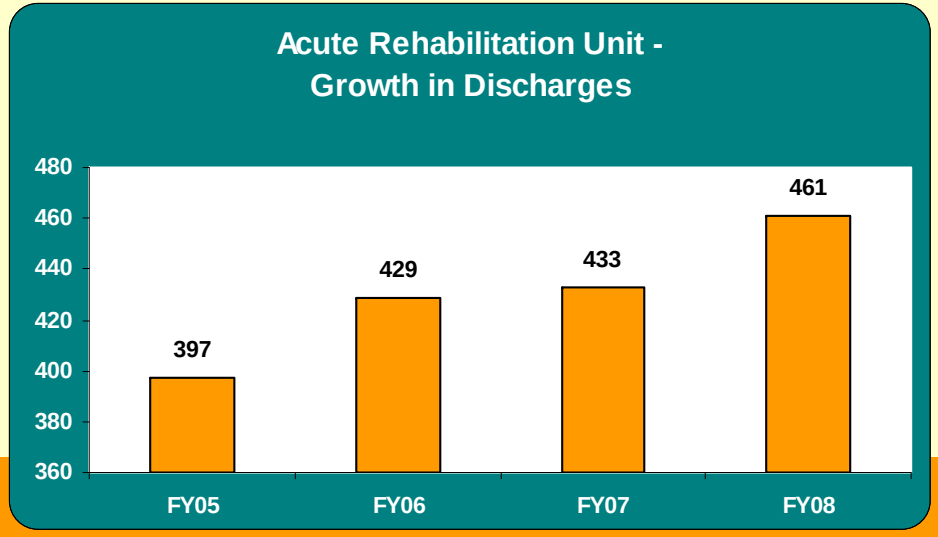
PPH Rehab Current Growth Trends



11.84% growth in units

9.85% growth in visits



16.12% growth in discharges

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National Trends - Future Growth

- Future projected growth in rehabilitation component of healthcare dollars (based from 2007)

PT/Rehab	5 Yr	10 Yr
ARU/IRF	9.1%	20.5%
OP	11.8%	24.8%

- Factors in increased demand
  - Medical Technology advancement
  - Aging of population
  - Increased public awareness of therapy services

Source:

Rates & factors from The Advisory Board, Rehab Trends Research Findings, April 8, 2008

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Market Specific Future Growth

- Based on PPH primary service line development and population growth in the primary service area, OP visit demand will increase by 10.3% between 2008 and 2013
- Based on PPH primary service line development and population growth in the primary service area, Acute Rehabilitation service demand will increase to 50 beds in the next 5 years

Source:

Incidence rate per Robertson & Milliman Study; Thomson Reuters OP Estimates, RHB Experience; Demographic data from Claritas-Thomson Reuters

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Out Patient Projections:

Future Growth and Expansion Potential

Escondido, CA, Outpatient Market

Zip Code	Post Office Name	2000 Population					2008 Population					2013 Population				
		00-17	18-44	45-64	65+	Total	00-17	18-44	45-64	65+	Total	00-17	18-44	45-64	65+	Total
92025	ESCONDIDO	14,399	19,917	8,174	4,407	**46,897**	14,135	19,035	9,834	4,516	**47,520**	14,150	18,489	10,921	4,888	**48,448**
92026	ESCONDIDO	12,225	17,436	8,875	6,903	**45,439**	12,787	16,838	10,707	6,942	**47,274**	13,368	16,693	11,956	7,336	**49,353**
92027	ESCONDIDO	14,326	19,512	8,865	5,110	**47,813**	14,403	19,181	10,802	5,195	**49,581**	14,862	18,960	12,161	5,433	**51,416**
92029	ESCONDIDO	4,348	6,225	4,845	2,295	**17,713**	4,467	5,805	5,370	2,520	**18,162**	4,650	5,831	5,510	2,772	**18,763**
92069	SAN MARCOS	12,217	17,231	6,386	2,874	**38,708**	17,071	23,031	11,260	3,885	**55,247**	19,815	25,478	14,828	4,917	**65,038**
92078	SAN MARCOS	4,717	7,009	4,590	6,274	**22,590**	8,755	10,681	8,566	10,506	**38,508**	11,318	12,506	10,959	12,878	**47,661**
92082	VALLEY CENTER	4,667	5,174	4,124	2,237	**16,202**	4,811	5,806	5,140	2,588	**18,345**	5,102	6,440	5,433	2,905	**19,880**
TOTALS		**66,899**	**92,504**	**45,859**	**30,100**	**235,362**	**76,429**	**100,377**	**61,679**	**36,152**	**274,637**	**83,265**	**104,397**	**71,768**	**41,129**	**300,559**
% OF TOTAL		**28.4%**	**39.3%**	**19.5%**	**12.8%**		**27.8%**	**36.5%**	**22.5%**	**13.2%**		**27.7%**	**34.7%**	**23.9%**	**13.7%**	

		% req OP	# outpts	# visits
Population ≥ 65	**30,100**	12%	3,612	10
Population under 65	**205,262**	4%	8,210	10
	235,362			

		% req OP	# outpts	# visits
Population ≥ 65	**36,152**	12%	4,338	10
Population under 65	**238,485**	4%	9,539	10
	274,637			

		% req OP	# outpts	# visits
Population ≥ 65	**41,129**	12%	4,935	10
Population under 65	**259,430**	4%	10,377	10
	300,559			

Outpatient Demographic Demand	Total cases	11,822

Outpatient Demographic Demand	Total cases	13,878

Outpatient Demographic Demand	Total cases	15,313

% Increase from 2000 - 2008 & 2008 - 2013	**From 2000 - 2008**	**17.4%**	**From 2008 - 2013**	**10.3%**
% Annual Increase	**From 2000 - 2008**	**2.2%**	**From 2008 - 2013**	**2.1%**

Sources: Incidence Rate per Robertson & Milliman Study; Thomson Reuters OP Estimates; RHB Experience
Demographic Data from Claritas - Thomson Reuters

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ARU : Competitive Analysis

	Sharp Memorial San Diego	Tri-City Rehab Vista	Scripps Encinitas
Miles Away	30	18	30
Size/ADC	18.5 census /40 beds	5.2 census/10 beds	20.4 census/30 beds (12.5 ext; 8 internal)
Strengths	Long hx; reputation Specialization		Contracts for Rehab Scripps reputation Strong external fill from Scripps system hospitals
Weaknesses	Distance; aesthetics of facility; do not serve ortho population	Under-utilization of service	Distance; Medical Dir is Neurologist
Our Opportunities	Promote smaller more intimate unit; more individualized care; closer to home;	Market our outcomes to physicians/referral sources	Promote PM&R service Closer to home
Threats	Increasing competition	Despite poor utilization, population not willing to travel	Difficulty related to exclusive contracts (Scripps Penn Elm)
2008 ADMISSIONS FROM LOCATION	3	2	11 (Scripps System)

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ARU Projections:

Future Growth and Expansion Potential

Zip Code	Post Office Name	2000 Population					2008 Population					2013 Population				
		00-17	18-44	45-64	65+	Total	00-17	18-44	45-64	65+	Total	00-17	18-44	45-64	65+	Total
92003	BONSALL	775	1,069	947	751	**3,542**	810	1,150	1,071	823	**3,854**	871	1,230	1,092	895	**4,088**
92025	ESCONDIDO	14,399	19,917	8,174	4,407	**46,897**	14,135	19,035	9,834	4,516	**47,520**	14,150	18,489	10,921	4,888	**48,448**
92026	ESCONDIDO	12,225	17,436	8,875	6,903	**45,439**	12,787	16,838	10,707	6,942	**47,274**	13,368	16,693	11,956	7,336	**49,353**
92027	ESCONDIDO	14,326	19,512	8,865	5,110	**47,813**	14,403	19,181	10,802	5,195	**49,581**	14,862	18,960	12,161	5,433	**51,416**
92028	FALLBROOK	11,507	15,004	9,639	6,454	**42,604**	11,773	16,117	11,113	6,703	**45,706**	12,250	16,993	11,704	7,204	**48,151**
92029	ESCONDIDO	4,348	6,225	4,845	2,295	**17,713**	4,467	5,805	5,370	2,520	**18,162**	4,650	5,831	5,510	2,772	**18,763**
92056	OCEANSIDE	13,172	19,156	9,641	8,929	**50,898**	12,997	18,072	11,387	8,564	**51,020**	13,207	17,593	12,459	8,565	**51,824**
92059	PALA	485	581	304	115	**1,485**	520	627	370	132	**1,649**	530	621	391	152	**1,694**
92061	PAUMA VALLEY	701	747	425	199	**2,072**	537	602	393	176	**1,708**	537	625	401	182	**1,745**
92064	POWAY	14,665	16,996	12,147	4,225	**48,033**	13,087	16,406	14,342	5,094	**48,929**	12,672	16,659	14,973	5,987	**50,291**
92065	RAMONA	9,999	12,274	7,784	3,052	**33,109**	9,685	11,984	9,394	3,327	**34,390**	9,857	12,064	10,032	3,797	**35,750**
92069	SAN MARCOS	12,217	17,231	6,386	2,874	**38,708**	17,071	23,031	11,260	3,885	**55,247**	19,815	25,478	14,828	4,917	**65,038**
92070	SANTA YSABEL	284	371	344	216	**1,215**	263	332	348	203	**1,146**	274	352	320	208	**1,154**
92078	SAN MARCOS	4,717	7,009	4,590	6,274	**22,590**	8,755	10,681	8,566	10,506	**38,508**	11,318	12,506	10,959	12,878	**47,661**
92082	VALLEY CENTER	4,667	5,174	4,124	2,237	**16,202**	4,811	5,806	5,140	2,588	**18,345**	5,102	6,440	5,433	2,905	**19,880**
92084	VISTA	12,991	17,780	8,260	5,420	**44,451**	12,732	17,013	9,675	5,282	**44,702**	13,015	16,799	10,451	5,383	**45,648**
92127	SAN DIEGO	5,366	7,152	3,563	1,810	**17,891**	7,719	9,873	7,010	2,501	**27,103**	8,952	11,138	9,071	3,308	**32,469**
92128	SAN DIEGO	8,957	15,056	9,365	9,828	**43,206**	9,944	14,580	11,334	10,380	**46,238**	10,600	14,492	12,320	11,303	**48,715**
92129	SAN DIEGO	15,539	19,997	11,405	2,508	**49,449**	16,902	20,484	15,851	3,504	**56,741**	17,913	20,732	18,121	4,794	**61,560**
92592	TEMECULA	15,817	18,179	8,192	3,207	**45,395**	21,135	27,840	15,871	4,874	**69,720**	24,361	32,460	22,205	6,363	**85,389**
TOTALS		**177,157**	**236,866**	**127,875**	**76,814**	**618,712**	**194,533**	**255,457**	**169,838**	**87,715**	**707,543**	**208,304**	**266,155**	**195,308**	**99,270**	**769,037**
% OF TOTAL		**28.6%**	**38.3%**	**20.7%**	**12.4%**		**27.5%**	**36.1%**	**24.0%**	**12.4%**		**27.1%**	**34.6%**	**25.4%**	**12.9%**	

Inpatient ARU ADC Demand Estimate	**68.7**		**78.5**	**85.4**
% Increase from 2000 - 2008 & 2008 - 2013		**From 2000 - 2008**	**14.4%**	**From 2008 - 2013** **8.7%**
% Annual Increase		**From 2000 - 2008**	**1.8%**	**From 2008 - 2013** **1.7%**

Sources: Incidence Rate of 11.1/100,000 from California Community Foundation (based on independent study of Rancho Los Amigos Rehab, CA)
Demographic Data from Claritas - Thomson Reuters

ARU bed demand in the PPH service area is currently to serve a census of 78.5;
With an 8.7% growth anticipation in the next 5 years, demand will be for 85.4

PALOMAR POMERADO HEALTH
SPECIALIZING IN YOU

Planned Program Specialties

Strategic Service Lines	PPH System	PPH Rehabilitation Services
Neurosciences	Spine/Brain Stroke Certification	CARF Stroke accreditation for Acute Rehabilitation unit; Adult Day Rehabilitation Program
Orthopedic	Joints/Trauma/ Sports	Joint Camp; Specialty focus in areas driven by local need
Women's & Children's	Women's Health/CCS	CCS certification Acute Rehabilitation unit; Women's specialty for OP
Cardiovascular	Enlarge program	Cardiac Rehabilitation site expansion; Medically Complex Acute Rehabilitation unit

PALOMAR POMERADO HEALTH
SPECIALIZING IN YOU

Planned Business Expansions

- PMC West Specialty units – “Joint Camp”
- Geographical expansion of outpatient satellites with customized specialty niches
- Adult Day Treatment Program with neurologic rehabilitation focus
- South campus expansion of Cardiac Rehabilitation
- Palomar East specialty campus

PALOMAR POMERADO HEALTH
SPECIALIZING IN YOU

Informational: Behavioral Health Services Plan

TO: Strategic Planning Committee

MEETING DATE: October 21, 2008

FROM: Susan Linback, R.N., M.B.A., Director, Behavioral Health Services
Sheila Brown, FACHE, Chief Clinical Outreach Officer

BACKGROUND: Diamond Healthcare Corporation, a national Behavioral Health Planning and Management company, has performed a strategic assessment of Behavioral Health needs for PPH. PPH has worked successfully with Diamond Healthcare for a number of years. In July and August, Diamond executives conducted interviews with key PPH Management Team members, external stakeholders, physicians, and the community. They reviewed our current services, structure, and financial status compared to national trends, and assessed the current community needs. The findings of the assessment resulted in a range of options and pro forma analyses for each of the options, and recommendations. PPH will then be able to make an informed decision on the options and recommendations that best suit our organization and determine the short-term and long-term services PPH should provide.

BUDGET IMPACT: No budget impact

STAFF RECOMMENDATION: Information

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time:

Informational: Long Term Care

TO: Strategic Planning Committee

MEETING DATE: October 21, 2008

FROM: Steve Gold, District Administrator Skilled Nursing

BACKGROUND: As a follow-up to the September presentation by Health Dimensions regarding strategic planning for long term care, financial projections will be presented for a 20 bed addition to Villa Pomerado and a new replacement facility of 170-222 beds for Palomar Continuing Care on the Palomar East Campus.

BUDGET IMPACT: Preliminary financial Projections

STAFF RECOMMENDATION: For information only

COMMITTEE QUESTIONS:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information: X

Required Time*:*