**BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE MEETING**

**REVISED**

WEDNESDAY, MARCH 25, 2015

6:30 p.m.

PALOMAR HEALTH DOWNTOWN CAMPUS
GRAYBILL AUDITORIUM
555 E. VALLEY PARKWAY, ESCONDIDO, CA  92025

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**CALL TO ORDER**

- Public Comments

  5 minutes allowed per speaker with a cumulative total of 15 minutes per group. For further details & policy, see Request for Public Comment notices available in meeting room.


2. * Review: Revised Board Strategic & Facilities Planning Committee Meeting Schedule – Calendar Year 2015 (ADD B-P10)…………………………………………………………………………………………………………………………………………………………………………………………3  ......3  6:21

3. Centers of Excellence Presentations (ADD C-Pp12-45)………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………60  7:21

**ADJOURNMENT**

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**Board Strategic & Facilities Planning Committee Members**

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<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Linda Greer, RN, CCP, Chair</td>
<td>Ray McCune, RN</td>
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<tr>
<td>Robert Hemker, President &amp; CEO</td>
<td>Dara Czerwonka, MSW</td>
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<td>Diane Hansen, EVP Finance</td>
<td>1st Alternate: Dr. Aeron Wickes</td>
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<td>Lorie Shoemaker, VP PMC</td>
<td>Jodi Mansfield, IEVP Operations</td>
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<td>Dan Farrow, AVP Hospitality / Facilities</td>
<td>Maria Sudak, CNO PMC</td>
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<td>Jean Larsen, Philanthropy Officer</td>
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<td>Janine Sarti, General Counsel</td>
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**NOTE:** If you have a disability, please notify us by calling 760-740-6375 72 hours prior to the event so that we may provide reasonable accommodations

* Asterisks indicate anticipated action. Action is not limited to those designated items.
<table>
<thead>
<tr>
<th><strong>MEETING DATES:</strong></th>
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<th>2/25/15</th>
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<td><strong>MEMBERS</strong></td>
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<td>Director Linda Greer – Committee Chair</td>
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<td>Director Ray McCune</td>
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<td>Director Dara Czerwonka</td>
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<td>Director Aeron Wickes, M.D.</td>
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<td>Director Hans C.M. Sison</td>
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<td>Director Jerry Kaufman</td>
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<td>Paul Neustein, MD</td>
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<td>Charles Callery, MD</td>
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<td>Debbie Hollick – Secretary</td>
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<td><strong>INVITED GUESTS</strong></td>
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**See Text of Minutes for Names of Guest Presenters**
Minutes
Board Strategic & Facilities Planning Full Board
Wednesday, February 25, 2015

TO: Board Strategic & Facilities Planning Committee
MEETING DATE: Wednesday, March 25, 2015
FROM: Debbie Hollick, Committee Secretary

Background: The minutes of the Board Strategic & Facilities Planning Full Board meeting held on Wednesday, February 25, 2015 are respectfully submitted for approval (Addendum A).

Budget Impact: N/A

Staff Recommendation: Staff recommends approval of the Wednesday, February 25, 2015 Board Strategic & Facilities Planning Full Board meeting minutes as presented.

Committee Questions:

Committee Recommendation:

Motion:

Individual Action:

Information:

Required Time:
TO: Board Strategic & Facilities Planning Committee

MEETING DATE: Wednesday, March 25, 2015

FROM: Debbie Hollick, Committee Secretary

Background: Yearly, the Board Strategic & Facilities Planning Committee reviews the meeting calendar (Addendum B).

Budget Impact: N/A

Staff Recommendation: Review

Committee Questions:

COMMITTEE RECOMMENDATION:

Motion:

Individual Action:

Information:

Required Time:
ADDENDUM A
# Strategic & Facilities Planning Full Board Meeting Minutes – Wednesday, February 25, 2015

## Agenda Item

### Discussion

### I. Call to Order

The meeting – held in the Palomar Health Administration Office 1st Floor Conference Room, 456 E. Grand Ave, Escondido, CA 92025 – was called to order at 5:59 p.m. by Committee Chair Linda Greer

### II. Establishment of Quorum

- Quorum comprised of Directors Greer, McCune, Czerwonka, Sison, Wickes
- Excused Absences: Directors Griffith, Kaufman

### III. Notice of Meeting

- Notice of Meeting was posted at PH's Administrative Office; also posted with Full Agenda Packet on the PH web site on Wednesday, February 18, 2015, which is consistent with legal requirements. Notice of that posting was made via email to the Board and staff members

### IV. Public Comments

- There were no public comments

### IV. Information Items

- There were no information items

### 1. Approval of Meeting Minutes – Board Strategic & Facilities Planning Committee Meeting – January 26, 2015

- No discussion

    **Motion:** By Director McCune, 2nd by Director Sison and carried to approve the January 26, 2015 Board Strategic & Facilities Planning Committee meeting minutes as submitted. All in favor. None opposed

### 2. Q2 FY2015 Strategic & Operational Initiatives Review
## Discussion

- Palomar Health President and CEO Bob Hemker welcomed everyone and introduced Executive Vice President Strategy Della Shaw. Mr. Hemker noted that there would be two main take-aways from this meeting:
  - Q2 status report on the initiatives
  - Educational component re: the Triple Aim initiative and how to position the organization within that structure; what is the tie out and our relevance to where the industry is going

- Utilizing the presentation distributed in the meeting packet, the committee reviewed the second quarter updates to the FY15 strategic and operational initiatives
  - Ms. Shaw provided an introduction, sharing the 7 characteristics of an integrated delivery system and how it ties into the Triple Aim
  - Discussed comparison between Volume-Based First Curve to Value-Based Second Curve and the strategies needed for this journey, illustrating how all six PH initiatives tie-in

### FY2015 Strategic Initiative 1: Achieve and maintain Center of Excellence status in orthopedics/spine and rehabilitative care, cardiovascular care, neuroscience and women's services

- Ms. Shaw and Program Development Managers Brian Cohen and Serrina Bergstraesser reported that the initiative is on track to meet targets
  - Mr. Cohen shared the two year journey for the spine and joint Centers of Excellence, noting that the delivery systems for each were very fragmented and lacked consistency. Using best practices from Mayo Clinic and other regional providers, worked with physicians to create standardized processes i.e. preference cards in operating rooms, varied levels of instrumentation, pain management, all of which have resulted in a more predictable product overall
    - Standardized approaches have resulted in a vast improvement in quality metrics for ortho - reduced lengths of stay (patients ambulating sooner post-surgery) and patients being discharged in a safer state to reduce readmissions. Our current pain management score is at the 99th percentile in the country
    - These metrics are shared with physicians to create buy-in to the new standardization. Currently 98% of physicians are in compliance with new standardized pain protocols
  - Ms. Bergstraesser noted that the organization is early in its cardiovascular Centers of Excellence journey
    - Scorecards were created to track quality measures
    - A team of cardiac surgery clinicians visited the Mayo Clinic to share in a knowledge exchange around best practices and improvement opportunities. Anesthesiology and ICU staff scrubbed in to observe procedures. Significant improvements have been realized from this experience
    - Current challenges relate to volumes. Nationally, the market trend for interventional cardiology and CT surgery is flat or declining; ED volumes down as well. However, growth opportunities do exist - currently looking at fib treatment growth opportunity and valve clinics for cardiology patients

### FY2015 Strategic Initiative 2: Become the dominant provider of primary care in support of the total patient health experience provided, including the expansion and growth of Arch Health Partners, effective affiliations with local providers and development of a strong regional primary care network in the secondary markets

- Ms. Shaw reported that the initiative is on target
  - There is an ongoing open invitation to Graybill physicians to be part of this committee
  - Milestone 3 – PH has recruited 18 physicians over the last 5 years; many are aligned with our Centers of Excellence; others are specialties where there is public need
  - Crimson Marketing Technology provides data that identifies alignment between primary care physicians and specialists
<table>
<thead>
<tr>
<th>AGENDA ITEM</th>
<th>CONCLUSION/ACTION</th>
<th>FOLLOW UP / RESPONSIBLE PARTY</th>
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<tr>
<td>DISCUSSION</td>
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**FY2015 Strategic Initiative 3: Develop a delivery model that supports care coordination and transitions across the continuum, with emphasis on chronic disease management, illness prevention, and patient involvement**

- Dr. Alan Conrad reported that the initiative is on track and is the broadest in terms of the work and resources needed. Will do a deep dive next month on population health in the marketplace here and across the country; data will measure the six evaluation metrics on the journey to the second curve for aligning hospitals, physicians and other providers across the continuum of care
  - Developed new case management model that will involve clinicians as well as case managers. Will add 5 case manager assistant positions to free up clinicians from paperwork
  - Milestone 7 – created transfer form for patients who are transferred from skilled nursing facility to hospital; will provide additional details for reason for transfer, and aids with transitions across the continuum
  - Milestone 8 – have previewed four vendors with IT tools to assist with continuum of care and future population health needs

**FY2015 Operational Initiative 1: Build and operate a decision analytics structure that supports the real time availability and standardized use of information and expertise for knowledge management and measurement of value based metrics of care**

- Vice President Information Systems Prudence August reported that, while Milestones 1 and 2 are currently not at target, this initiative is on track overall to meet its year end goals
  - Milestone 1- still working to inventory all available reports
  - Milestone 2 – goal is to create a single source of input for information requests
  - Milestone 3 – steering committee in place
  - Milestone 4 – identified 3 additional areas of opportunity:
    - 30 day readmission report – completed
    - Medication reconciliation report – completed
    - Lab / Imaging / Cardiology turnaround time reports – slated for April completion
  - Milestone 5 – created more than five reports from the EDW and VHA/Truven
  - Milestone 6 – will create the education framework for Milestones 2 and 3

**FY2015 Operational Initiative 2: Create a positive experience for all key stakeholders by improving clinical and business throughput and efficiency through all transitions of care**

- Interim Vice President Palomar Medical Center Lorie Shoemaker reported that this initiative is all about throughput and the patient experience
  - All milestones on track with the exception of number 3, which has seen challenges with ED urinalysis testing turn-around times (TAT)
  - New Imaging director will work to improve their turn-around times. Currently working on troponin level and basic metabolic panel (TAT)
  - Patient flow expense reduction new for this initiative
  - Created patient flow dashboard; refining data prior to dissemination to a broader audience. Next steps – automate it to desktop
  - Milestone 4 – plan includes discharging patients between 11:00 am – 1:00 pm rather than later in the day and within 60 minutes of physician discharge orders

| Forward Patient & Family Advisors improvement opportunities to Medical Staff | Dr. Kolins / Lorie Shoemaker |
## DISCUSSION

- Milestones 5 and 6 – participated in IHI / VHA collaborative for past 18 months; many best practices were learned that will be hardwired across the organization. Patient & Family Advisors have provided invaluable input re: improvement opportunities; currently creating video marketing tools with patients
  - Chief of Staff Palomar Medical Center Dr. Jeffrey Rosenberg requested that the Patient & Family Advisors improvement opportunities information be forward to Medical Staff

**FY2015 Operational Initiative 3: Develop and implement a strong physician integration and alignment model that allows for effective communication, partnership and accountability in the management and care of patient**

- Vice President PHDC / POM Dr. David Tam reported that the milestones for this initiative had to be broken out into phases due to the ongoing nature of these processes
- Have completed all aspects of Phase 1; will continue to generate and change over time
  - Expressed appreciation to Executive Vice President Human Resources Brenda Turner and her team for success of the Academy Applied Physician Learning program (AAPL); key aspects of which have been used to create a leadership training module that has been vetted and approved by Mayo Clinic. AAPL Module 9 to be presented Saturday, February 25th
  - Physician orienting / onboarding program designed to help inculcate the culture of the organization
  - Scores from next month’s Physician Engagement survey will determine whether this initiative is a success

## ADJOURNMENT

The meeting was adjourned at 7:01 p.m.

## SIGNATURES:

- **COMMITTEE CHAIR**
  - LINDA C. GREER, R.N., C.C.P.

- **BOARD ASSISTANT**
  - DEBBIE HOLLICK
ADDENDUM B
### BOARD STRATEGIC & FACILITIES PLANNING COMMITTEE

**MEETING SCHEDULE – CALENDAR YEAR 2015**

Fourth Wednesday of every month  
6:00 p.m. meeting

<table>
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<tr>
<th>DATE</th>
<th>LOCATION OF MEETING</th>
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| Monday 1  
January 26, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
February 25, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
March 25, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
April 22, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
May 27, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
June 24, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
July 22, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
August 26, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
September 23, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
October 28, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
November 25, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |
| Wednesday  
December 23, 2015 | 456 E. Grand Ave, Escondido CA  
1st Floor Board Conference Room |

1 Addition/Exception noted in red
ADDENDUM C
Orthopedic & Spine Center Of Excellence

Initiative Manager:
Brian Cohen

Physician Leader:
James Bried, MD, Andrew Nguyen, MD, PhD, Thomas Knutson, MD
Why a Center of Excellence?

New Private Payer Payment Models
- Reference Pricing
  - Employer/insurer sets maximum payment limit for particular procedures
- Narrow networks/Centers of Excellence
  - Directing care to centers with high “value” – low cost, high quality

Government Funding Cuts
- Medicare Value Based purchasing
- Hospital Readmissions Reduction Program
- Hospital Acquired Condition Reduction program
- Recovery Audit Contractors (RAC)
- Meaningful Use Requirement
- Bundled Payments

The Triple Aim
- Provide optimal care delivery across the continuum
- Focus on improving the health of the population and cost of care
- Right care, Right time, Right place
It’s Not Only About The Designation

• Partnership between physicians, nurses and administrators
• Focus on patient centric model of care and patient satisfaction
• Data transparency
• Leveraging best practices to reduce variation
• Accountability for change and action
• Change how we look at team
Define the Change

1. Partnership Development
2. Market Focus
3. Staff and Physician Engagement
4. Data Based Decision Making
5. Best Practices
6. Change Management

Good to Great
Our Focus

- **METRICS** | Measure What Matters
- **TRANSITIONS OF CARE ACROSS THE CONTINUUM** | Patient Focus – Patient First – Patient at the Center (Gap Analysis)
- **CASE MANAGEMENT** | Right Care - Right Place - Right Resources
- **THINK BIG, START SMALL, ACT FAST** | Pilot - 10,000 lives Project
- **MOVE FROM ACUTE CARE TO ‘TOTAL CARE’** | Engage patients, pre-acute, acute and post-acute providers
- **CLINICAL INTEGRATION / INFORMATION TECHNOLOGY** | Move from ‘Meaningful Use’ to ‘Using Meaningfully’
- **VALUE** | Move from Fee For Service (FFS) to Fee for Value (FFV)
Palomar Health’s Orthopedic/Rehab Accreditations

<table>
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<tr>
<th>Facility</th>
<th>Designation</th>
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<tr>
<td>Pomerado Hospital</td>
<td>Blue Distinction for Quality – Joint Replacement (2013)</td>
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<tr>
<td>Palomar Medical Center</td>
<td>Blue Distinction for Quality – Joint Replacement (2013)</td>
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<td>Blue Distinction for Quality – Spine (2013)</td>
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<td>Aetna Institute of Quality – Spine (2013)</td>
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<tr>
<td>Palomar Downtown</td>
<td>Commission on Accreditation of Rehabilitation Facilities (CARF) - Acute Rehab.</td>
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What Areas are Commonly Measured?

- Patient Satisfaction
- Clinical Process
- General Outcomes
- Physician Sub specialization
- Volume and Program Longevity
- Complications and Readmissions
- Efficiency and Cost
Center Of Excellence

Total Joints

Initiative Manager:
Brian Cohen

Physician Leader:
James Bried, MD and Thomas Knutson, MD
Clinical Leadership Workgroups:
- Chaired by Business Development
- Ortho. Clinical Coordinator
- Clinical Resource Management
- Nursing Unit Leaders / CNSs
- Physical Therapists
- Pharmacy
- Quality / Infection Control

Total Joint Committee:
- Everyone from Clinical Leadership Workgroups
- Orthopedic Medical Directors
- Surgeons (Kaiser and community)
- Facility Vice Presidents (POM & PMC)
- Invited Guests (anesthesia, other medical directors, CAOs, supply chain, etc)
Total Joint Care Pathway

Team Charter: To develop an Integrated Care Pathway that will **identify and measure** processes and steps that can impact care in the following four categories:

1. Safety and reliability
2. Effectiveness
3. Efficiency
4. The patient and family experience
Quality Goals for 2014

• Improve Pain Management
• Cut Readmissions
• Participate in California Joint Registry
• Fully Implement Patient Care Pathway
• Improve Publicly Reported Quality Indicators (SCIP, SSIs)
Key Successes in 2014

1. Implemented Standardized Pain Protocol
   • 97% compliance across both campuses (Kaiser and community physicians)
2. POM and PMC are maintaining volumes and quality performance in line with all COE requirements
3. Utilizing implants that are priced 26% lower than they were in 2013
4. Over 85 nurses and CNAs attended a ‘Orthopedic Nursing Symposium’ hosted at both campuses
Program Successes to date
Achieved Center of Excellence Designation

Designated as a
Blue Distinction®
Center
for Knee and Hip Replacement

Pomerado Hospital (2013)
Palomar Medical Center (2013)
VOLUMES

- (July 2012) FY13Q1 – (December 2014) FY15Q2
- Avega Financial Server – Palomar Health
- OSHPD State Data

As volumes increase, it’s critical to create standardization across physicians and campuses to achieve and maintain Center of Excellence status.

The Total Joint Committee, featuring orthopedic surgeons, nursing leaders and Palomar administrators, has lead to adoption of more evidence-based practices across both Pomerado Hospital and Palomar Medical Center.

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Scripps Green = 252
Sharp Memorial = 176
Tri-City Medical Center = 81
**SCORECARD: PAIN CONTROL**

- Baseline (December ‘13-February ‘14)
- Post-Protocol (June ‘14)

Inadequate control of pain may result in patient dissatisfaction, impaired patient rehabilitation, and prolonged hospitalizations.

Compliance with the pain protocol was nearly universal (97%).

Use of a standardized pain protocol reduced the use of PCAs.

**Average # of hours with a pain score of 7 or more during first 48 hours postop**

- Baseline: 3.9
- Post-Pain Protocol: 2.0

![Bar chart showing comparison between Baseline and Post-Pain Protocol phases](chart.png)
SCORECARD: PAIN CONTROL

- Baseline (July ’14 – September ’14)

### Pain Control

<table>
<thead>
<tr>
<th>Pain Control</th>
<th>Pomerado (n=29)</th>
<th>PMC (n=135)</th>
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<tr>
<td>Pain well controlled (always)</td>
<td>85%</td>
<td>79%</td>
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<td>Staff do everything to help with pain (always)</td>
<td>99th Percentile</td>
<td>94%</td>
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<tr>
<td>Tell you what meds were for (always)</td>
<td>85%</td>
<td>85%</td>
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**Total Joints using Pain Protocol**

- 99th Percentile
SCORECARD: OVERALL PATIENT SATISFACTION

- Baseline (July ’14 – September ‘14)

Global Rating (9-10)
- Pomerado (n=29): 79%
- PMC (n=135): 90% 98th Percentile

Recommend the Hospital (Def Yes)
- Pomerado (n=29): 79%
- PMC (n=135): 92% 98th Percentile

Comm with Nurses (always)
- Pomerado (n=29): 89% 96th Percentile
- PMC (n=135): 89% 96th Percentile

Total Joints
SCORECARD: SATISFACTION WITH NURSING

- Baseline (July ’14 – September ’14)

Nurses treat with respect (always)
- Pomerado (n=29): 99th Percentile
- PMC (n=135): 89th Percentile

Nurses listen carefully (always)
- Pomerado (n=29): 86th Percentile
- PMC (n=135): 95th Percentile

Nurses explain in way you understand (always)
- Pomerado (n=29): 90th Percentile
- PMC (n=135): 99th Percentile
SCORECARD: LENGTH OF STAY

- (July 2012) FY13Q1 – (July 2014) FY14Q4
- Avega Financial Server – Palomar Health

• LOS generally indicates more efficient consumption of hospital resources and reduced risk to patients.

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SCORECARD: COST OF IMPLANTS
• (July 2012) FY13Q1 – (July 2014) FY14Q4

$351,770 in potential savings without any major changes in surgeon’s practice or implant availability.

Same products at a better price.
Quality Goals for 2015

- Zero Avoidable Readmissions
- Expand and Maintain Pain Management Protocols
- Focus on High Impact Quality indicators
- Refine Patient Care Pathway
- Engage Patients for better outcomes
- Achieve Projected Growth in Volume and Margin
Center Of Excellence
Spine

Initiative Manager:
Brian Cohen

Physician Leader:
Andrew Nguyen, MD, PhD
Strategic Goals for 2014

• Develop Spine Medical Directorship
• Establish alignment model to drive collaboration between physicians, administration and nurses
• Develop platform for data sharing to drive decision making
• Leveraging of best practices to reduce variation among surgeons
Key Successes in 2014

1. Utilizing implants that are priced lower than they were in 2013
2. Better engagement of spine surgeons to participate in building comprehensive program
3. Established baseline set of metrics to measure quality over next 6 months
Program Successes to date
Achieved Two Center of Excellence Designations

Designated as a
Blue Distinction Center for Spine Surgery

blue of california
Blue Shield of California
An independent member of the Blue Shield Association

Aetna INSTITUTES OF QUALITY

Palomar Medical Center (2013)
Spine Volumes vs. Projections

- Exceeded Projections in FY13 and FY14.
- Behind after Q2 FY15
Quality Goals for 2015

• Establish Culture of Collaboration
• Streamline Operations using a Spine Care Pathway
• Refine Patient Care Pathway
• Develop Pain Management Protocols
• Engage Patients for better outcomes
• Achieve Projected Growth in Volume and Margin
Cardiovascular Center of Excellence

Initiative Manager:
Serrina Bergstraesser

Physician Leaders:
Surin Mitruka, MD and Mikhail Malek, MD
Why a Center of Excellence?

New Private Payer Payment Models
- Reference Pricing
  - Employer/insurer sets maximum payment limit for particular procedures
- Narrow networks/Centers of Excellence
  - Directing care to centers with high “value” – low cost, high quality

Government Funding Cuts
- Medicare Value Based purchasing
- Hospital Readmissions Reduction Program
- Hospital Acquired Condition Reduction program
- Recovery Audit Contractors (RAC)
- Meaningful Use Requirement
- Bundled Payments

The Triple Aim
- Provide optimal care delivery across the continuum
- Focus on improving the health of the population and cost of care
- Right care, Right time, Right place

39
Where We Are Today

Good to Great

1. Partnership Development
   - Multiple disciplines have committed to COE journey

2. Market Focus
   - Tracking industry and market trends, new technology for procedures

3. Staff and Physician Engagement
   - High engagement from cardiac surgeons, anesthesiology, pulmonology, ICU/telemetry nursing - willing to examine current practices for improvement

4. Data Based Decision Making
   - Participation in national data registries for benchmarks – cardiac surgery scorecard in place

5. Best Practices
   - Mayo partnership and “Knowledge Exchange” Visit

6. Change Management
   - Ongoing dialogue around “why” and adoption of evidence-based pathways
Cardiovascular Center of Excellence
Governance and Physician Leadership Structure

Dr. Malek
Medical Director 1:1

Cardiology COE Meeting
(Monthly)

Cardiovascular Service Line Meeting
(Quarterly)

CABG COE Meeting
(Monthly)

Dr. Mitraka
Subsection Representative 1:1
Center of Excellence Measures

Interventional Cardiology

- Appropriateness of PCI procedures
- High proportion of STEMI Patients receiving PCI within 90 minutes
- Avoidance of complications for PCI patients
- Low PCI in-hospital mortality rate

Cardiac Surgery

- Low cardiac surgery 30-day mortality rate
- Low rate of cardiac surgery complications

Both

- Appropriate discharge medications
Industry Trends and Market Dynamics

• **Achieving/maintaining volumes to demonstrate quality**
  - Significant decline in interventional cardiology procedural volumes
  - Cardiac surgery volumes low and flat

• **Competitive activity**
  - Opening of UCSD Sulpizio Cardiovascular Center (2011)
  - Opening of Temecula Valley (October 2013)
  - Opening of Scripps Prebys Cardiovascular Institute (March 2015)
Mayo Knowledge Exchange - Learnings

- Low volumes should not be perceived as barrier but an opportunity for the team to focus intensely on each case and reflect on every part of the case.

- Physician leadership invaluable in their journey towards excellence over the last 4 years.

- Process of change is evolutionary, not revolutionary.

- Team-based and patient-oriented culture underlies all their successes.

- We are focusing on the right areas for improvement and have the people and measurement tools in place for success.
What’s Next?

• Maintain steady, persistent focus on quality through benchmarking

• Continue to foster culture of collaboration and continuous improvement

• Launch interventional cardiology scorecard

• Implement strategies to increase cardiology referrals

• Deepen collaboration between cardiologists and cardiac surgeons around volumes and quality

• Reset the targets from median to higher percentile