

Administrator's Report
8/9/2010

PEOPLE

Staff Recognition:

As you know, we recognize four employees each quarter for the contribution they make to our community and the ways in which they demonstrate the importance of **S**ervice, **T**eamwork, **A**ttitude and **R**espect. Our STARS for the 2nd Quarter of 2010 are:

Erin Aas	NWCC
Anne-Marie Kerns	Diagnostic Imaging
Lanie Kiel	Surgical Services
Nino Olalia	MIS

Leadership Development Institute (LDI): *Rounding for outcomes*

The Rounding for Outcomes process and Listening for Understanding were the topics of the July LDI, facilitated by Debbi Williams, Director of Learning and Performance. The segment on Rounding focused on how the process is going for the managers. Following were the discussion questions and some of the responses:

1. What is working well with rounding?
 - Reward/recognition of others
 - The positive message of "what's working well"
 - Helps clear up misconceptions among staff
 - Get to know quieter staff
 - Can interweave the standards of behaviors
 - Staff feel valued because of regular input opportunity

2. What barriers have you encountered and what solutions have you found?

BARRIERS/CHALLENGES	SOLUTIONS
<ul style="list-style-type: none"> • Lack of private space • Time consuming/difficult to get moving • Time to schedule • Paranoia tendency of employee • Unplugged, disengaged employee 	<ul style="list-style-type: none"> • Find quiet space – cafeteria, go for walk • Round every 2-3 months in larger departments. Make schedule work for manager & staff. • Plan well in advance – block out time on schedule; have a certain time of day scheduled specifically to round • Assure staff these are private conversation • Be sensitive to "unplugged" person...why are they unplugged? Don't give up, refocus, give questions ahead of time.

3. What have you learned?
- Staff members are learning more about each other's issues
 - Getting to under currents, asking questions in a different way and to multiple staff members to get to deeper issues
 - Feedback to employee is very important to them
 - Allows us to know what people want
 - Staff like it, has value in the focused way information is obtained
 - Managers feel appreciated by staff
 - Made aware of stuff would never have known or understood if we hadn't asked

Overall, the managers agreed that the Rounding process is working well and they and their staff members are finding it to be valuable.

The complex skill of listening was addressed by providing information on the three different levels of listening. Several activities were provided allowing the participants to experience the listening levels. This generated a lot of positive energy and connection...and hopefully improved listening skills.

Following are some of the comments from the session evaluations:

- Relationship development with other managers
- Listening exercise enlightening
- Not alone with issues with rounding
- Levels of listening was very insightful
- Tools to be a better listener
- It was great for the managers to learn about how Rounding is working for one another
- I will be more aware of the different listening practices
- Good laughs today

Standards of Behavior

Throughout June and July, the Innovation Team has done a tremendous job of keeping the Innovation Standards of Behavior visible and alive for all staff. Following are the specific standards focused on:

- Live An Attitude Of Excellence
- Be Customer Focused
- Encourage Creativity
- Communicate Innovations Throughout The Process
- Every Attempt Provides Opportunities For Innovation
- Acknowledge And Celebrate Accomplishments

An email spotlighting each one of these behaviors was sent out weekly. The team also chose an innovative idea to implement ~ the development of a children's play area in the Emergency Department waiting room. This is still in process and the progress will be shared

on an ongoing basis with all staff via a slide show on the intranet. Congratulations to the Finance division for a job well done!

During August and September, the focus will be on the Quality Standards of Behaviors. An engaged team from the Human Resources and Quality departments have already had two meetings and are using INNOVATION and TEAMWORK to ensure they deliver exceptional opportunities for the organization to experience QUALITY. Stay tuned...

SERVICE

Hospital Expansion Project

At the July Hospital Board Meeting, I gave the Hospital Commissioners a detailed presentation on the critical need to replace our existing inpatient hospital facilities. Before the commissioners will consider any decision to proceed, they directed me to take the issue to the community. My plan is to seek opportunities to inform Whidbey Islanders of the reasons why the existing facilities are inadequate and what new modern facilities can offer.

As employees you will be asked by your friends and neighbors what you think are the issues and whether you support the project or not. What you say will have more impact than any presentation that I give. I have included some bullet points below to help stimulate discussion, but I encourage you to come, listen and ask questions at our meetings on August 26 and August 31.

What is wrong with the current inpatient facilities?

- Current two-patient rooms are a challenge for maintaining infection control standards in the modern age of MRSA and other antibiotic resistant infections.
- Shared rooms provide little privacy for patients sharing a room, bathroom, and the small room size does not provide adequate space for patient's family and visitors.
- Compromised confidentiality for patient, family and physician discussions.
- Facility infrastructure does not allow installation of safe patient handling equipment like ceiling lifts. Facility infrastructure cannot provide optimum ventilation, it is not energy efficient, it does not meet current standards for noise abatement and makes implementing physician order entry, medication bar-coding and electronic medical records challenging.
- Small size of rooms restricts use of modern technology like, state-of-the-art monitoring equipment and bariatric equipment.
- Size of rooms and the units themselves impact physician and nursing efficiency.

Why can't we just renovate the current facilities?

- The exterior walls, windows, lateral bracing, roof and ceiling space do not meet current hospital building code.
- Mechanical, electrical and plumbing systems will not support increased use or modern technology.
- Inpatient operations would be negatively impacted or compromised during construction.

- The estimated cost of renovation equals or exceeds the cost of a new wing.

What does a new inpatient hospital wing offer?

- A state-of-the-art facility and patient rooms that provide the full spectrum of modern diagnostic, monitoring and communication technology, support enhanced infection control measures and safe patient handling equipment.
- Single patient rooms which provide privacy, confidentiality, adequate noise control and space for families and visitors.
- An efficient design that places patients close to needed services like diagnostic imaging, laboratory, surgery and emergency department.
- Support for physician and nursing efficiency with new technology, convenient placement of charting, unit stations and storage.

Patient Comments

We receive many positive comments from our patients about their healthcare experience at WGH. Our Leadership Team has been recognizing the importance of these comments by writing personal thank you notes to individuals and Departments mentioned. Below are some of the more recent comments:

*Dr. Z has been the most caring doctor I have encountered.

Day nurse on 7/14 was exceptionally comforting 5 star *Miguel

*Michelle Beasley is the best!

*Phil has been very patient and excellent therapist. I will recommend him to anybody who needs therapy.

If I ever know of anyone going to Whidbey Island, I would definitely advise them to see your hospital for an emergency - We were vacationing & I have to say that my husband & I were very impressed w/your facility. Totally unlike anything we have in Akron, OH!! Thanks for the great care from your entire staff!

*Fru is my hero and truly a skilled surgeon and wonderful human being. The best.

Thank you *Dr. Perera kicks

The entire staff @ MAC/ONC are the very best 24/7. I know, I'm there a lot.

QUALITY

Awards

The Rural Healthcare Quality Network presented awards to hospitals for their successes on the 2010 RHQN Quality Initiatives.

Whidbey General Hospital was recognized for adopting the Statewide STEMI protocols. STEMI means ST-segment elevation myocardial infarction protocol. Early activation of 911 for patients complaining of chest pain and early recognition of ST elevations results in implementation of the STEMI protocol. Research has shown quick recognition and intervention can save heart muscle and save lives. WGH was one of several hospitals across the state to adopt the STEMI protocols.

We were also recognized for our transparency of our quality scores and public reporting of data. Small hospitals are uniquely challenged in public reporting data due to small numbers which can create false artifacts like big swings in scores. We will continue to educate people that it is most helpful and important to notice the trend over time in data, not the month to month variability.

WGH was named as one of the superstar systems for assuring every heart failure patient receives all six of the heart failure discharge instructions. This is an all or nothing score. If a patient only receives 5 of the 6, we receive a grade of zero. WGH has implemented a revised discharge instruction sheet as one of the ways to hardwire this important aspect of care for our heart failure patients.

We received a special mention for adopting the ACOG (American Congress of Obstetricians and Gynecologists) Guidelines and we were one of only 4 hospitals in RHQN that also collect data for improvement in OB care.

Lastly WGH was recognized for developing and sharing best practices across the state for our CAH volunteer program and the use of volunteers in the Department of Quality and Patient Safety for data collection and analysis.

Congratulations to all staff and providers at Whidbey General Hospital. Our patients are the beneficiaries and real winners of these quality initiatives.

GROWTH

Current Physician Recruitment Successes

Physician access continues to be the prime area influencing our growth and our standing in the community. While there is a great desire to fill a vacant position as soon as possible, it is incumbent upon us to ensure that we have the right person rather than the first person. We have been fortunate in our efforts:

- Dr. Anita Asadorian, Family Practice, made her second visit to Whidbey July 2nd, she is interested in a south end practice, feedback was positive and we are extending her an offer.
- Dr. David Lemme, Family Practice was onsite for an interview on July 27, feedback so far has been positive. We will bring Dr. Lemme back for an interview with a larger group of staff and physicians.
- Dr. Valarie Wrede, Family Practice, had her first phone interview; we are currently scheduling another phone interview with our family practice physicians.

Current Physician Recruitment Initiatives

- WGH Hospitalist
- Langley Clinic Physician

FINANCIAL

The month of June saw some improvement from May. Most of our patient volumes increased from May, notably the inpatient census and surgery volumes. Outpatient service lines were generally near budget targets, except for lower than expected volumes in diagnostic imaging and laboratory. In total, our net revenues were 3% under-budget, due to increases in uncompensated care and changes in our service mix noted above. In concert with decreased revenues, our operating expenses were 1% under-budget. June's net operating gain was \$63,424 on a budgeted gain of \$214,955. For the year, our patient volumes are 1% under-budget and expenses are 1% under-budget, resulting in an operating gain of \$657,788 against a budget of \$1,240,621. The operating margin year-to-date (YTD) is 1.5% on a budget of 3%. Like most hospitals and clinics, the national recession has contributed to a sharp increase in uncompensated care. The following table presents the total uncompensated care we have provided our community, through June of the respective year.

	YTD June 2010	YTD June 2009	YTD June 2008
Uncompensated Care	\$5,231,432	\$4,786,870	\$3,761,492
Increase over prior year	9.3%	27.3%	25.8%

Time and Attendance/Payroll

The organization continues to parallel test and validate the ADP electronic time and attendance system. The parallel testing phase is important as we continue to develop enhancements and complete the system build. Employees need to continue to punch into the ADP system for testing purposes, as well as complete the paper time sheets in order to process actual payroll. Please continue to check with your supervisor, your pay stub,

hospital email or intranet for additional information. If you have questions about ADP, please contact our Payroll or Human Resources Departments.

INFORMATION SYSTEMS

Information System Selection

With the challenges of the Federal HITECH Stimulus Readiness and Meaningful Use looming on the current horizon, McKesson has proposed a solution for WGH that would migrate our information system from Star to McKesson Paragon. The Centers for Medicare and Medicaid Services (CMS) and the Office of National Coordinator for Health IT (ONC) issued the final rule July 13, 2010 which providers must follow in order to demonstrate "meaningful use" of an electronic health record (EHR). "Meaningful use" is a concept defined by CMS/ONC as a set of functionality and process criteria for operability of an EHR. Kathleen Sebelius, secretary of the US Dept of Health and Human Services was quoted this past week stating, "Electronic Health Records are the foundation of a high performing and high quality health system." In concert with this expectation of adoption of a "meaningful use" EHR to support high quality care, WGH has engaged ACS consultants to facilitate an independent, objective evaluation of available EHRs and work with Hospital Leadership, Medical Staff and stakeholders to develop a migration road map to achieve "meaningful use". Based on our goals and preliminary timelines, we anticipate identifying a vendor of choice by February/March of 2011.

Network Connectivity

We recently upgraded our equipment and bandwidth capacity on our microwave connections to the Everett Clinic and Whidbey General North. As we have grown, demands on these connections have reached capacity. The upgrade will allow us to provide superior performance across applications.

Horizon Lab

We will begin our next phase of the Lab software implementation late August. The Outreach system will provide remote access for ordering and reviewing results on the HLAB system. The system is accessible over the internet and expands our connectivity to clinics on Whidbey Island.

Whidbeygen.org Upgrade

We began a project to upgrade the Whidbey General external website in late July. Hospital employees selected for the committee will focus on content and accessibility. We are also planning interviews and surveys with the residents of Whidbey Island to gather the user's perspective and align the redesign accordingly.