HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA®

December 4, 2013

HASC Briefs

In This Issue:

Find Us Online
www.hasc.org

LinkedIn:
Hospital Association of Southern California

Twitter:
SoCalHospNews

Facebook:
Hospital Association of Southern California

Hospitals Embrace Psychiatric Emergency Services Model for Orange County

Orange County hospitals have embraced the Psychiatric Emergency Services (PES) model of care for patients experiencing psychiatric emergencies, citing data from the Alameda Health System indicating that the model reduces the need for involuntary, inpatient hospitalization by 75 percent and reduces wait times for treatment for these patients in busy hospital emergency rooms by 80 percent.

In California, there are at least 11 PES departments operating in eight counties. In Orange County, where the PES model of care is not currently in place and treatment sites for the uninsured are extremely limited, most patients experiencing psychiatric emergencies are taken to hospital emergency rooms and wait hours and sometimes days for treatment to commence.

Hospitals are working closely with Department of Behavioral Health officials to take advantage of funding opportunities afforded by the recently enacted Investment in Mental Health Wellness Act of 2013 to improve the delivery of care to these patients. In the PES model of care:

- Medical screening is provided in the field by an EMT or at the PES site, making the step of sending every patient to a medical emergency department in a designated or non-designated acute care hospital for medical clearance unnecessary.
- The PES provides rapid stabilization of patients in a comfortable and safe environment for all patients, including those presenting with acute psychiatric symptoms that include uncontrolled or dangerous behaviors.
- Each patient is assessed by a psychiatrist at the PES to determine their personal treatment needs and then referred to the appropriate treatment or level of care.

Contact: Julie Puentes
(714) 663-0294, jpuentes@hasc.org

Construct of Future Safety Net Program in Orange County Remains Controversial

Notwithstanding its own data supporting the health benefits to patients and the County Budget of a medical home model for the chronically ill and uninsured in Orange County as implemented through the County's current LIHP/ Welfare & Institutions Code Section 17000 program, and over the objections of hospitals and physicians, Orange County officials propose to abandon that care model going forward, forcing poor and uninsured individuals experiencing medical emergencies to seek care in costly hospital emergency departments in order to enroll in its future program.

Individuals with annual incomes of up to 200 percent of the Federal Poverty Level – $22,980 – will be confronted with co-payments of $300. Co-payments will be deducted from payments to hospitals, whether or not they are collected.

The Orange County Board of Supervisors will consider the county's new program on Dec. 17. For the above reasons and many more, hospitals are not currently supportive of the program, and some may opt not to participate as contracted facilities.

Contact: Julie Puentes
(714) 663-0294, jpuentes@hasc.org

Fast Facts from November Patient Safety Collaborative Meeting Now Online

The Patient Safety First Phase 2 Collaborative Meeting, focusing on Sepsis, Surgical Safety, Perinatal Safety and HAI – C. Difficile, convened 128 attendees from 45 of 81 PSF Collaborative hospitals in early November.

The full Fast Facts document, a one-page summary of meeting highlights distributed after each meeting and designed to offer senior leaders a communication tool that can be used to facilitate a short debriefing with meeting attendees, is available online at http://www.hasc.org/fact-sheet/fast-facts-18 .

Topics included:

- *Learning from Experience: The Human Cost of Medical Errors*
- *Learning from Successful Strategies on a National Scale: Project Joints*
- *Learning from the AACN: Six Essential Standards for Healthy Work Environments*

In addition, eight clinical breakout sessions were attended by the hospitals' respective clinical topic leads. The topics were:

Surgical Safety

- *Analyzing Failures in Sponge Accounting*
- *Improving Team Dynamics*

Sepsis Management

- *Initiating MEWS in the ER: Identifying Sepsis Cases*
- *CVP Monitoring: Theory, Effectiveness, & Alternatives*

HAI – C. Difficile

- *Hand Hygiene Program Design & Development*
- *Getting to ZERO with C. Difficile: A Facilitated Discussion*

Perinatal Safety

- *Stemming the Increase in C Section Deliveries*
- *CMDCC Resources for Your Perinatal Safety Program*

In 2014, Patient Safety First meetings will begin on March 11 at the Pacific Palms Conference Center in Industry Hills.

Contact: Julia Slininger
(213) 538-0766, jslininger@hasc.org

Early Bird Registration Now Available for 2014 Palliative Care Conference

Grow your expertise in palliative and supportive care at the 6th Annual Palliative Care Transitions Conference, Feb. 25, 2014, at the Hilton Pasadena. Early bird registration for this event, through Dec. 18, 2013, is $150 per person. Visit http://www.hasc.org/palliative-care-2014 for full conference and registration information.

This year's program will focus on the latest evolution of palliative care transitions across pre- and post-acute care settings, bringing speakers equipped to share experiences from varied perspectives on how best to deliver care to patients with advanced disease. It will provide an updated framework for future regional networks of integrated, coordinated patient transitions for all acute, post-acute and physician providers and payers. Attendees will represent providers at various stages of palliative care program implementation, sharing multidisciplinary team and multi-agency collaborative best practices. Specific clinical challenges facing this patient population, and early data demonstrating steady progress toward the triple aim in several local continuum delivery models in Southern California will stimulate further movement of transforming payment and delivery reform efforts.

Topics and speakers include:

The Palliative Care Evolution in Coordinated Care Integration
Charles von Gunten, MD, Ohio Health

Health Policy Issues
Judy Citko, JD, Executive Director, Coalition for Compassionate Care

Clinical Challenges with Depression Comorbidities and the Palliative Care Patient
Scott Irwin, MD, PhD, Director, Psychiatry & Psychosocial Services, UC San Diego Moores Cancer Center, Director, Palliative Care Psychiatry, UC San Diego Health System, Associate Clinical Professor, Psychiatry, UC San Diego School of Medicine

Care Transitions Programs – Where Does Palliative Care Fit In?
Catherine Bannerman, MD, Torrance Memorial Health System, and Josh Luke, PhD, FACHE, VP, Post-Acute Services, Torrance Memorial Health System

The Triple Aim in the Care Continuum: Is it Achievable?
Susan Stone, MD, Associate Director, Palliative Care Services, Cedars-Sinai Medical Center, and Martha Jones, Vice President, Regional Care Management, HealthCare Partners

Attendees can also participate in breakout sessions on the following topics:

Program Certification and Clinician Credentialing

Continued on page 3

ReddiNet Used Extensively in Statewide Medical and Health Exercise

California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA) conducted a Statewide Medical and Health exercise on November 21, 2013. This year's exercise was focused on the *Homeland Security Target Capabilities of Medical Surge, Communication, Emergency Operations Center Management, Emergency Public Information and Warning, and Public Health Epidemiological Surveillance* and the exercise scenario was a foodborne disease outbreak.

ReddiNet was used extensively during this drill in 14 California counties, by local EMS Agencies and hospital preparedness programs, including clinics and LTCs. Hospitals updated their HAvBED data true ReddiNet (using the BED Capacity module), responded to assessment polls (using the Assessment module) and participated in MCIs (using the Mass Casualty Incident module). LEMSAs submitted their HAvBED reports from ReddiNet to the state within the expected timeframe.

Per CDPH, according to the Federal HAvBED system, California had 91percent of hospital preparedness programs report HAvBED data. The requirement was 75 percent, so California passed.

Contact: Soraya Peters
(213) 538-0790, speters@hasc.org

Mark Your 2014 Calendar for HASC Annual Meeting

Please join us April 2-4, 2014, for the HASC Annual Meeting at the La Quinta Resort & Club.

Nationally recognized keynote speakers for the 2014 event include:

- Former United States Senator Olympia Snowe
- Health care consultant, author and businessman Quint Studer
- Filmmaker and business writer Ron Galloway
- Army veteran, inspirational speaker and actor J.R. Martinez
- California Hospital Association president Duane Dauner

In addition to first-rate educational programming, the conference will include opportunities for networking, relaxation, a golf tournament, round-robin doubles tennis, and a fun run/walk.

Breakout topics will feature:

- Think Like a Health Plan: How Hospitals Can Learn to Take Risk
- Building Systems for Most Appropriate Care
- What's Really Going On: Strategy, M&A and Survival in California
- Quality Reporting: How Will We Get California Out of the Bottom Quartile?
- Modernizing Hospital Charges
- Are Wellness Programs in California Hospitals Making a Difference?
- Models for Population Health Management

For complete meeting information, including registration, visit http://www.hasc.org/2014-HASC-Annual-Meeting.

Contact: Pat Wall
(213) 538-0715, pwall@hasc.org

Palliative Care *from page 2*
Helen McNeal, Executive Director, CSU Institute for Palliative Care at California State University San Marcos and Parkview Community Hospital Team (to be named)
Cultural Diversity
David Kessler, RN, Palliative Care Consultant; Carlos Priestley, Chief Operating Officer, Providence Little Company of Mary – San Pedro; and Natalie Moy, Director, Patient Care Management, Riverside County Regional Medical Center
C – Difficult Conversations
Michael Hunn, Senior Vice President/ Regional Chief Executive, Providence Health & Services – Southern California; Finly Zachariah, MD, Assistant Clinical Professor of Medicine, Department of Supportive Care, City of Hope; and Alice Gunderson, Patient and Family Adviser, St. Francis Medical Center

Contact: Jamila Mayers
(213) 538-0739, jmayers@hasc.org