HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA

Leadership in Health Affairs

HASC Briefs

Early Bird Registration for Patient Safety Colloquium Is This Week

Early bird registration for HASC's Annual Patient Safety Colloquium is now through Dec. 16. Tuition is only $99 per person if you register three or more. Register today at http://www.hasc.org/scpsc-colloquium.

Quality, case management and infection prevention professionals, as well as CNOs and nursing leaders, will find great value in this event. This year's conference includes a focus on new content for C-Level Executives. Every team that includes a CEO, CMO or COO will receive a special reward and recognition.

Attendees can choose from sessions in the following tracks: Hospital-Acquired Infection/Hospital-Acquired Conditions; Executive; Surgical Safety; Perinatal Safety; Culture Change; and Continuum of Care.

Keynote speaker Dr. James Reinertsen, a nationally known thought leader and consultant to health care executives, will present insights on leadership that transform culture and save lives.

The event's second keynote speaker, Dr. Chris Goeschel, will offer actionable pearls of wisdom learned from her work with Dr. Peter Pronovost of Johns Hopkins Hospital and from her own organizational experiences. Dr. Goeschel will present the "must have" strategies to Transform Research Into Practice.

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Orange County Board of Supervisors Adopts Revised CalOptima Ordinance

Revisions to the composition of the CalOptima Board of Directors were formally adopted by the Orange County Board of Supervisors in a 3-2 vote this week after an initial "first reading" vote that was taken on Dec. 6. The changes include the designation of a permanent seat for hospitals on the CalOptima Board, give hospitals a voice in the selection of their representative, and minimize the need for conflict-of-interest-related recusals by provider representatives on the CalOptima Board.

The revisions also increase the size of the CalOptima Board from 9 to 11, and more specifically delineate criteria for serving in Board seats. The changes bring CalOptima's Board into closer alignment with those of similar entities across the HASC region. At the request of the Orange County membership, HASC strongly supported the hospital-related changes and the concept of closer alignment in composition for the CalOptima Board with the boards of other County Organized Health System and Local Initiative entities as a means toward achieving a stronger partnership among all stakeholders striving to serve the Medi-Cal population.

Supporting this week's second reading vote were Chairman Campbell, Supervisor Bates, and Supervisor Nguyen. Supervisors Moorlach and Nelson voted no. Revisions to the Ordinance will take effect in 30 days.

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Save the Date: 4th Annual Palliative Care Conference, Feb. 29

End-of-life care and the various options for patients with chronic, life-threatening diseases are becoming a centerpiece of health care reform discussions. As more and more hospitals develop their in-house palliative care programs, this national initiative has moved to post-acute care settings using integrated delivery system models across the continuum of care.

In this comprehensive two-track program Feb. 29, 2012, learn how each piece of this movement is growing, demonstrating significant cost reduction and improved quality of care and quality of life for

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2011 Hospital Emergency Code Survey Results Now Online

The complete results of the 2011 Hospital Emergency Code Standardization Survey, conducted by the California Hospital Association (CHA) in partnership with the regional associations, is now available to download at www.hasc.org/general-information/hospital-emergency-code-standardization-survey.

The survey, a follow-up to one conducted in 2009 to assess statewide hospital emergency code usage, revealed improved code consistency among facilities. Of the 240 responding hospitals, 75% or more reported using codes first recommended by HASC in 2000 for the following incidents: fire, adult medical emergency, infant abduction, bomb threat, combative person, person with a weapon/hostage situation, hazardous material spill, and emergency alert.

However, confusion continues to arise from a diversity of codes and/or similarly named codes, causing workers who share time across multiple facilities to place themselves and others at risk. In one reported incident, a nurse was surrounded with security guards and police after calling a "Code Blue" when a patient stopped breathing. At that hospital, a "Code Blue" indicated a person with a weapon.

Hospital associations have advocated for the adoption of a standardized code system for more than a decade. HASC was first to propose nationwide standardization in 2000. Currently, 21 state hospital associations have similar programs with only one—Maryland—legally mandated. Three national health care organizations also provide standards—American Hospital Association, US Army Medical Command, and Hospital Emergency Incident Command.

The final results of the survey illustrate ongoing progress in hospital emergency code implementation among California health care facilities.

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PDS User Group Highlights

At the PDS User Group meeting last week, key highlights included new how-to guides as well as tips for contract negotiations.

Two new user guides were shared: "How to Use PDS for Contract Negotiations" and "How to Use PDS for Strategic Planning." Each manual lists the essential questions for these areas, then shows which report(s) to run and how to interpret the data to get the information you need. Once the final editing has been completed, these manuals will be posted on the PDS website.

Also at the meeting, users offered a variety of ideas for system enhancements. These included enhanced outpatient reporting, additional LOS detail, additional reports on contracts with major medical groups, and trended reporting of inpatient cases and days. Please contact PDS with additional ideas for new features.

Darren Magness, who has successfully negotiated managed care contracts for organizations throughout Southern California, shared his experiences on contract negotiations and offered tips for working with payers, including:

Start with data: You need data from multiple sources to understand your market position, build your strategy, and communicate your plan.

Build a compelling story as to why the payer needs you: Know which physician groups primarily refer to your facility. Know which plans your local employer groups offer. Know your centers of excellence.

Create a focused long-term strategy: Look for those areas where you have the greatest strengths, and target those for the biggest increases. Don't expect to get everything you want in the first year; consider a multi-year approach.

Share your strategy with the c-suite: Be sure that your negotiation strategy is in line with institutional goals. If the payer goes over your head to try to get what they want, be sure senior leadership is prepared to support your position.

PDS is now on LinkedIn. Join the LinkedIn PDS User Group today by searching for "PDS User Group" from your LinkedIn account.

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patients, families and communities.

Learn from a national faculty of experts with case studies from hospital programs in Track 1. Track 2 will focus on post-acute continuum of care, highlighting the power and effectiveness of palliative care and hospice care.

More information and a detailed program brochure will be available on the HASC website in the coming weeks.

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