

## Creating a Quality Movement in Your Hospital

**By Marcia Nelson, MD**  
*Vice President for Medical Affairs*  
*Enloe Medical Center*



*“We can stand still and fall behind, we can move forward and stay even, or we can choose to lead and define the future.”*

These words by Dr. Arthur Dugoni served as a wake-up call and challenge to Enloe Medical Center in 2009. In 2006, Enloe’s administration received a no-confidence vote from its medical staff. The following three years were marked by four different acting hospital administrators, several tragic surgical services outcomes and

three Immediate Jeopardy determinations. In addition, regulatory agencies were on-site nearly two-thirds of the time for months on end. This drama was played out in the local press and in coffee shops and businesses. The status quo had to change, and it had to change immediately.

In January 2009, the Board, hospital leadership, and medical staff leaders recognized we had to change in order to survive. We had an enviable representation of medical staff specialties, dedicated nursing and other staff but we needed to communicate a burning platform for change and create a vision that people felt passionate about. We needed to be deliberate and explicit in forming a roadmap for success. Mandated data reporting was not producing the momentum needed for this kind of change. We needed something else.

So in January 2009 we asked ourselves a simple question: “What do we stand for?” To answer this, the first Quality Summit was convened in April 2009. At that Summit, we asked Board, administration, medical staff and nursing leaders these questions:

- What does the highest quality care at Enloe look like?

- What standards of practice will help us achieve that quality?
- How will we roll this out?

The answer was to establish five Quality Initiative Teams committed, in one year’s time, to implementing evidence-based standards shown to improve patient care. Physicians volunteered to lead these teams, supported heavily by Quality Management staff.

The goals were to:

- Decrease ventilator-associated pneumonia by 50%
- Decrease urinary catheter-associated infection by 50%
- Decrease venous thromboem-

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**LETTERS TO THE EDITOR**

If you have questions or suggestions regarding the News and its contents, please reply to [dpeel@cahcnews.com](mailto:dpeel@cahcnews.com).

## Letter from the Publisher and Editor



Dear Reader,

We are working to improve the products and services offered by the California News. For example, we continue to increase our readers in California and currently have over 7,000. Our goal is to reach 10,000 by the end of 2010.

We’ve also added Healthcare News web sites in Arizona (Arizona Healthcare News - [azhcnews.com](http://azhcnews.com)) and Colorado (Colorado Healthcare News - [colhcnews.com](http://colhcnews.com)) to our

web sites in Washington ( Washington Healthcare News - [wahcnews.com](http://wahcnews.com)) and California (California Healthcare News - [cahcnews.com](http://cahcnews.com)).

Additional California readers mean increased value for our customers targeting California sales. Web sites in other states increase our overall web site traffic to help produce more applicants for job postings and more customers for the companies that participate in our Consultant Marketplace.

Until next month,

*David Peel, Publisher and Editor*

## California Healthcare News 2010 Editorial Calendar

Month and Year	Theme of Edition	Space Reservation	Distribution Date
January 2010	Clinics	December 1, 2009	December 21, 2009
February 2010	Human Resources	January 2, 2010	January 19, 2010
March 2010	Hospitals	February 1, 2010	February 23, 2010
April 2010	Hospitals	March 1, 2010	March 23, 2010
May 2010	Clinics	April 1, 2010	April 20, 2010
June 2010	Human Resources	May 3, 2010	May 25, 2010
July 2010	Hospitals	June 1, 2010	June 22, 2010
August 2010	Insurance	July 6, 2010	July 20, 2010
September 2010	Clinics	August 2, 2010	August 24, 2010
October 2010	Human Resources	September 1, 2010	September 22, 2010
November 2010	Hospitals	October 1, 2010	October 19, 2010
December 2010	Facilities	November 1, 2010	November 23, 2010

## &lt; Quality, from P1

bolism events by 50%

- Decrease death from severe sepsis and septic shock by 50%
- Implement the IHI-endorsed surgical checklist

Incorporating best practice from the Institute for Healthcare Improvement and other published sources, the teams met several times a month. Progress was tracked by the medical staff's Performance Improvement/Patient Safety Committee and reported to Board, medical staff, and hospital staff regularly.

At the second Quality Summit in April 2010, the following results were presented:

- Ventilator-associated pneumonia: Eliminated for the prior seven months
- Urinary catheter-associated infection: Decreased by 74%
- Venous thromboembolism: All adults screened and best-practice prophylaxis choices given
- Death from severe sepsis and septic shock: Decreased 66%
- Implement the IHI-endorsed surgical checklist: Utilized in 98% of surgeries within two weeks of adopting the policy

Other highlights of the 2010 Quality Summit were the twenty-eight quality improvement poster presentations showcasing grassroots efforts from throughout the organization to improve care. The Sepsis Mortality Reduction Team's work received the first Quality Summit Award.

We are now in the midst of our 2010 quality cycle. The three

initiatives are:

- Throughput: Exceed national standards for ED timeliness (including left without being seen and boarding) and hospital discharge time
- Multiple drug resistant organisms: Standardize use of antibiotics, more effectively and efficiently screen for MRSA, and exceed national best practice for hand hygiene
- Maternal-newborn health: Perform elective deliveries at 39 weeks or later unless medically contraindicated

Besides the direct results of the Quality Initiatives, there have been other benefits of this movement. The local press has highlighted our work. Staff shares their pride in seeing the achievements of their peers. Enloe has achieved recognition for excellent outcomes in stroke management, STEMI care, bariatric surgery, and cardiac surgery. And we recently received the Community Value Five-Star Award from Cleverley+Associates.

What has been done at Enloe can be replicated at other organizations. The key points to consider are:

- Stand for quality and define that quality clearly
- Set SMART (Specific, Mea-

sureable, Attainable, Realistic, Timely) goals

- Anchor the work on evidence-based practice from organizations such as the IHI
- Support the teams and provide the resources (material and personnel) needed to engage in rapid PDCA cycles
- Enlist physician champions and recognize them for their contributions
- Communicate often and broadly about the work being done
- Celebrate successes

*Marcia Nelson, MD, is the Vice President for Medical Affairs at Enloe Medical Center. A Redding native and graduate of CSU, Chico, she earned her medical degree from UCLA and completed her Family Medicine residency in Merced. She has had a family medicine practice in Chico since 1989. Dr. Nelson became the VPMA at Enloe in 2005. In that role, her primary focus has been the annual Quality Summit, which highlights the past year's quality improvement successes and helps set the next year's quality priorities. Dr. Nelson has been honored by the Chico Chamber of Commerce as the "Outstanding Woman in Health Care" in 2004, and by Enloe with the "Spirit of Planetree Physician Champion" award in 2008.*



## HITECH “Check-up”: Where are you on the Road to Compliance?

**By Paul Frisch**  
*Senior Compliance Consultant*  
*Apgar and Associates, LLC*



Readers of the California Healthcare News are undoubtedly familiar with changes to HIPAA included in the HITECH Act, creating new privacy and security requirements and enhancing current enforcement tools. This article is intended to help organizations take a step back to reasonably ensure they are compliant with HIPAA/HITECH and if not, what key risk areas to address first.

As often is the case, many who are intimately involved with compliance sometimes miss critical compliance issues within our own organizations. Following are key

provisions that change the compliance landscape and a roadmap that can assist in a timely meeting of compliance requirements.

- Business associates are now subject to HIPAA security rule and the use and disclosure provisions of the privacy rules and are directly subject to civil and criminal penalties;
- Breaches of unsecured protected health information (PHI) now require written notice to individuals of the breach and the US Department of Health and Human Services (HHS), Office for Civil Rights (OCR);
- Individuals can now request an electronic copy of medical or claims records maintained by providers or other covered entities;
- New civil enforcement authority has been granted to state attorneys general;
- OCR is required to conduct privacy and security compliance audits of covered entities and business associates of all sizes; and
- Civil penalties for HIPAA violations have increased up to \$50,000 per violation, and up to a maximum of \$1.5 million for the same type of violation per calendar year.

Congress vested OCR with the

power and means to significantly increase HIPAA enforcement activities and, in some cases, enforcement is mandated. As an example, when a complaint is filed with OCR and alleges willful neglect, OCR must investigate. February 17, 2010 was the deadline for adopting most of the new HITECH related policies, procedures and practices. Even though OCR recently published a draft rule clarifying the meaning of privacy, security and enforcement changes that is not yet in effect, many provisions of HITECH are in effect now. It is not wise to delay compliance activities until after the OCR rule has been finalized (likely not until the end of 2010).

### **Audits and Potential Enforcement Actions**

OCR is required to regularly audit covered entities and business associates to assess HIPAA/HITECH compliance which may result in formal or informal rule enforcement as an audit outcome. It is likely OCR will publish information about the new audit program the latter part of this year with audits starting in 2011.

Now that state attorneys general have the authority to bring suit in federal district court against any individual or entity violating the rules on behalf of state residents and potentially seek damages on

behalf of residents, the Connecticut Attorney General has used the new enforcement power to do just that involving Health Net. It is likely the healthcare industry will see more such actions in the not too distant future.

### **Enhanced Civil Penalties**

Civil penalties are now a maximum of \$50,000 per incident and a maximum of \$1.5 million per calendar year for any violation. OCR's new draft rule, while not final, does include information regarding how OCR intends to enforce HIPAA/HITECH privacy and security requirements. OCR indicated it is likely if a covered entity or business associate is found guilty of willful neglect, enforcement will move immediately from informal to formal. There has been a clear line drawn between unknowingly or inadvertently violating the rules and knowingly violating the rules.

Movement to formal enforcement means covered entities or business associates may find themselves required to adhere to a formal corrective plan, subject to higher civil penalties or both. It has been said that willful neglect may be difficult to prove. That is not necessarily true.

As an example, the first HIPAA security rule administrative simplification requirement is to conduct a risk analysis on a periodic basis. Most healthcare organizations have not conducted a risk analysis or have not for some time. This can relatively easily be viewed as willful neglect – the organization knew it was required to conduct a risk analysis periodically but did not. This is a case where ignorance is no longer an excuse.

### **Security Breach Notification Requirements**

As most healthcare organizations know, HITECH created the first comprehensive breach notification requirements for the breach of PHI. HITECH and the related rule require individual notification, OCR notification and potentially media notification in the event of a breach.

If a breach occurs and it involves 500 individuals or more, OCR is currently posting the names of entities experiencing the breach on a public web site. Breach notification aside, announcement of a breach of PHI is a good way for an organization to find its way onto the radar of OCR and state attorneys general, open the door to law suits, become a headline in local and national media and damage the reputation of the organization. Often regulatory costs associated with breaches and other security events are small in comparison to things like legal risk and business or brand damage.

### **How much progress have covered entities and business associates made?**

Here is a brief checklist to self-assess whether a healthcare organization may be in violation of the HIPAA Privacy and Security Rule and potentially guilty of “willful neglect.” A “no” answer places the organization in the “non-compliant” or “guilty” column.

1. I have conducted a risk analysis and developed the appropriate mitigation plans within the last year.
2. I have performed a privacy and security compliance audit of my organization within the last

year and regularly conduct periodic audits.

3. I am familiar with and have implemented HHS's guidance for securing PHI.
4. I have a privacy and security officer.
5. Our policies and procedures address HIPAA Privacy and Security Rule requirements;
6. We have proof all workforce members attend regular on-going privacy and security training at least annually.
7. We consistently document efforts to reasonably ensure the privacy and security of PHI.
8. Our disaster recovery and emergency mode operations plans are up to date, regularly tested and workforce members know their responsibilities in the event of a disaster.

### **What are some “next steps”?**

The top risks facing most covered entities and business associates that need to be addressed quickly include:

- Conducting a risk analysis
- Conducting an annual compliance audit and periodic audits
- Reasonably ensuring policies and procedures are current, accurate, enforceable and communicated
- Reasonably ensuring privacy and security training is current and accurate, all new workforce members are trained and refresher training is conducted annually
- Disaster recovery and emergency mode operations plans

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that address technical and business requirements and assure that the plans are regularly tested and updated

- Amending Business Associate Contracts (BAC) to reasonably ensure a business associate's compliance with and knowledge of all relevant provisions of the regulation
- Encrypting Electronic PHI when transmitted across the In-

ternet and on laptops and other portable media that leaves the office

Many organizations are not compliant with HIPAA and HITECH. If external assistance is required in the areas of compliance assistance and auditing, or organizations are considering outsourcing compliance duties, one option is to contact Apgar & Associates, LLC to obtain a review of current privacy and security compliance programs and determine if you

are interested in contracting out all or a part of your compliance activities. Apgar & Associates, LLC offers, among other services, virtual compliance officer services which give healthcare organizations access to compliance support. For more information, see our web site at [www.apgarandassoc.com](http://www.apgarandassoc.com).

*Paul Frisch is the Senior Compliance Consultant for Apgar and Associates, LLC. He can be reached at [paulfrisch@apgarandassoc.com](mailto:paulfrisch@apgarandassoc.com).*



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(Covina, CA)

Citrus Valley Health Partners, located in Covina, CA, is seeking a VP of Public Relations and Communications to be responsible for the development, planning and control of the public, community, and media relations to enhance the image and reputation of Citrus Valley Health Partners. Qualified candidate will have a Bachelor's degree in Journalism, Communications, Marketing, Business, English or closely related field. A Master's degree is preferred. You must have 5+ years of healthcare public relations experience with a strong background in media relations and crisis management. Experience in a union represented facility is preferred. A good working knowledge of major trends in healthcare and mass communications is necessary.

We offer competitive compensation and benefits in a positive work environment. Please visit <http://www.cvhp.org/Careers.aspx> and search Job ID #40.86320-1-04718 to apply online or to learn more, you may call Angela Bernacki, Employment Manager at (626) 858-8517. EOE/ drug-free workplace.

## UCLA Health System

### Senior Strategic Planning Analyst (Los Angeles, CA)

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#### Senior Strategic Planning Analyst

In this position, you'll lead the development and implementation of strategic business plans that will focus on the growth and cost-effectiveness of our departmental programs and services. Responsibilities include training and supervising staff; developing operating and capital budgets and evaluation tools; negotiating service contracts; monitoring expenditures; overseeing billing operations, materials management and capital equipment procurement; performing financial analyses; and developing financial forecasts.

To qualify, you must have a bachelor's degree (preferred applicants will have a master's degree in business administration and previous experience in a clinical laboratory), 5-10 years of experience in financial management and a demonstrated understanding managed care market demands and business/service operations of clinical departments within an academic medical center.

For more information, please apply online at: <http://hr.healthcare.ucla.edu> and reference the Job Code H53725.



### Director of Strategic Partnerships (Cerritos, CA)

Under the direction of the Chief Executive Officer, develops and implements strategic partnerships with network providers and customer accounts. Provides leadership for implementation of new accounts and will work regularly with providers and customers to identify opportunities for strategic relationships.

#### Duties/Responsibilities

Provide senior oversight for the Network Department and Provider Relations. Serve as account manager for provider community. Review and update Network policies and procedures to support strategic partnerships. Create and conduct presentations to provider and account partners. Participate in creation of business strategies to enhance provider and customer partnerships. Create provider contracting models for new and ongoing account implementation. Interface with other Senior Managers to identify required support services for strategic partnerships. Serve as project manager for implementation of new accounts. Supervise Manager, Network Development. Participate in Network Management, Regulatory, Quality Improvement, and Sr. Management Committees.

#### Requirements

Minimum BA degree in Healthcare or related field. Valid California Clinical License (RN, LCSW, Ph.D. MFT required). Minimum 5 years of clinical experience in behavioral health care field. Have a professional demeanor and good public relations abilities. Advanced level PC skills and working knowledge of Access, Word and Excel software. Some marketing skills desirable. Strong written and verbal communication skills. Valid California Clinical License (RN, LCSW, Ph.D. MFT required).

Send resume with cover letter and salary history to [info@chpa.com](mailto:info@chpa.com)

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## Senior Business Planning Analyst (Oakland, CA)

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The **Senior Business Planning Analyst** provides the CFO and Administration with accurate cost and financial profitability information, with the goal of optimizing the short-term and long-term financial performance of Children's. This includes support and any recommendations for improving the Cost Accounting/Decision Support System.

### Position Requirements

Minimum Education: Must have a Bachelor's Degree in Business Administration with a major in Accounting or Finance. A Masters Degree in Business Administration is preferable.

Minimum Experience: Four to six years financial planning or suitable accounting/auditing experience preferable in a health care setting or the equivalent experience in a recognized CPA firm. Business planning background is preferred.

We offer highly competitive salaries, comprehensive benefits and a wonderful environment for our employees. Please apply online at: [childrenshospitaloakland.org](http://childrenshospitaloakland.org); EOE

## UCLA Health System

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In this position, you will assist with the clinical management and administrative coordination of our OR nursing services. Responsibilities include monitoring specialty area operations, identifying the educational needs of OR nursing staff, presenting new treatment modalities and information to help meet those needs, and evaluating employee performance.

To qualify, you must be a graduate of an accredited school of nursing with current California RN licensure and at least 5 years of OR nursing experience in a hospital setting. BSN highly preferred. You also must be familiar with the requirements of collective bargaining agreements.

**For more information, please apply online at: <http://hr.healthcare.ucla.edu> and reference the Job Code H51113.**



### Clinic Medical Director (Oakland, CA)

The Clinic Medical Director at Alameda County Medical Center will lead, organize, direct, plan and oversee the medical practice in order to ensure and promote high-quality medical care. The Clinic Medical Director serves as clinical leader for the site and is responsible for policies and procedures and operations. Additionally, the position ensures compliance with all federal, state, and local laws and accreditation. It also oversees all required training and continuing education requirements for all physicians practicing within the site.

#### Qualifications

Valid California medical licenses required. Completion of an approved residency in a specialty and three years of post residency experience which must have included at least one year of experience with teaching, supervision, or administrative responsibility. Previous management level experience in supervising professional, technical and clerical staff. Ability to plan, organize, and direct a clinical service, and coordinate activities of the service with other medical psychiatric services. Ability to supervise and instruct subordinate professional and technical personnel. Ability to assist in the development and presentation of educational programs for interns and residents assigned to the service

We offer a competitive compensation and benefits package. If you share our passion for providing high quality, compassionate care for everyone, we invite you to apply by visiting [www.acmedctr.org](http://www.acmedctr.org). EOE.



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We offer competitive compensation and benefits in a positive work environment. Please visit <http://www.cvhp.org/Careers.aspx> and search **Job ID #11.87530-1-03454** to apply online or to learn more, you may call Angela Bernacki, Employment Manager at (626) 858-8517. EOE/drug-free workplace.



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We are seeking professionals who are interested in a long-term career in healthcare consulting dedicated to providing high-quality, value-added services. You must possess a master's degree, be driven to excellence, have an entrepreneurial spirit and a passion to be a leader in the consulting profession and healthcare industry. We are looking for entry-level professionals and experienced professionals with demonstrated success in healthcare consulting. You must be willing to travel and be able to relocate to within commuting distance of our office. We offer an attractive compensation package that rewards success and accomplishment, as well as the opportunity for rapid professional growth for individuals willing to devote the effort required. If this describes your ideal consulting environment and your own personal characteristics, e-mail a letter and resume to:

Recruiting Manager  
ECG Management Consultants, Inc.  
[recruiting@ecgmc.com](mailto:recruiting@ecgmc.com)  
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## UCLA Health System

### Operations Manager - Pharmaceutical Services (Los Angeles, CA)

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#### Operations Manager - Pharmaceutical Services

As an Operations Manager, you'll oversee our inpatient pharmacy practice unit to ensure the delivery of outstanding pharmaceutical services. Responsibilities include managing drug distribution and clinical services, ensuring adequate staffing, training and evaluating employees, and resolving departmental issues.

Qualifications include current CA pharmacist licensure; 2 years' experience as a hospital pharmacist and the ability to perform pharmacokinetic calculations and compound intravenous admixtures and other sterile products such as ophthalmic preparations and intrathecal injections. Completion of an ASHP-accredited residency is preferred.

**For more information, please apply online at: <http://hr.healthcare.ucla.edu> and reference the Job Code H49181.**

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