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May 6, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Kae Robertson
Managing Director
Navigant Consulting, Inc.

SUBJECT: KING/DREW MEDICAL CENTER ACTIVITY REPORT – WEEK ENDING May 6, 2005

This is to provide you with an activity report for the week ending May 6, 2005 for King/Drew Medical Center (KDMC). As you know, I was out of town last week, so the report details the activities conducted by Navigant Consulting, Inc. during that period.

- ***Pressing Issues***

  - Maintaining federal funding requires that we maintain standards set by the Centers for Medicare and Medicaid Services (CMS). Completion of the Plan of Correction for the CMS Statement of Deficiencies was extended to May 13, 2005. The deficiencies were identified in a survey conducted by CMS in October 2004. Work began on correcting those deficiencies long before the report was delivered to the hospital on April 21. The plan of correction will address how those deficiencies will be fixed. There were no surprises in the deficiencies. Two of the deficiencies, Management of Assaultive Patients and Medical Staff Bylaws, have now been corrected. The rest are already being addressed as part of the KDMC Quality Turnaround Plan. Navigant expects to

have a new survey by CMS within 90 days after their receipt of the plan of correction and acknowledgement that it is addressing the deficiencies.

- Having enough physicians to quickly read and interpret x-rays is necessary to avoid overcrowding and slow processing of patients in the Emergency Department. Another physician was placed on leave with a letter of intent to discharge. A physician was suspended with intent to discharge. Another physician resigned with an effective date of July 1. Another physician has requested medical leave. Radiology physician coverage has continued to be difficult, especially for the weekends and night shift. KDMC sought and received approval for the Interim Chair to cover from 10:30 a.m. to 5:00 a.m. on Thursday, May 5, 2005. KDMC Medical Administration has mandated overtime and gaps in coverage be provided by the full-time attending staff. A purchase order had been put into place for nighthawk radiology services; however these funds have been exhausted. The Department has developed a long-term contract with the nighthawk vendor for consideration by the Board of Supervisors; however, the nighthawk provider did not provide a timely response to contract terms. As of today, it appears the nighthawk service has accepted the contract terms allowing the contract to be moved forward for approval. Any studies read by the nighthawk radiologist are only providing a preliminary read. The films have to be read again for a final report. This is a costly and slow approach but better than no coverage. Navigant has contacted UC San Diego to determine whether they could provide teleradiology services in the near future and expect to receive a proposal this week. The service they would provide would not necessitate a duplicate read.

- Each physician has an account and password for the information system that contains patient records. Medical Administration received notification that a physician who had left in 2003 was accessing the system. Information Systems Department was able to verify the information and deactivate the account. Human Resources was notified, recent suspensions and terminations were identified and closure of those accounts was verified. A review of past terminations was requested to ensure that no unauthorized individuals could access the system.

- Based the Medical School Operating Agreement, Drew University was notified that physicians were not providing the hours required under the contract. Payment was withheld for recoupment of a portion of the funds. Drew University was given two weeks to provide the verification of hours or the remainder of funds due will be requested.

- ***Progress Made in KDMC Quality Turnaround Plan***

  - No sentinel events month-to-date

- Further review has been requested for three deaths; upon completion of these reviews, it will be determined whether they were sentinel in nature.

- KDMC Quality Turnaround Plan
  - Navigant has been conducting weekly Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) mock surveys in preparation for the real survey of the hospital in November 2005. Of the elements tested 55 percent were either in full or partial compliance.

- Physicians
  - The inaccuracies of the physician on-call schedule have been frequently mentioned as barriers to getting attending physician support for residents in a timely manner. The on-call schedule was recently revised. It is provided daily by each department to Medical Administration where it is compiled and distributed by 5:00 p.m. Audits were conducted of response time with 82 percent responding within the allotted timeframe. Audits were conducted to ensure that the schedule was available in the patient care areas with results of 92 percent. Lastly, audits were conducted of the ability of nursing staff to read and use the schedule with results of 100 percent accuracy.

- Nursing
  - Transfers into and out of the hospital to other facilities had been identified as a problem by the Emergency Medical Services Agency. Transfers out are important to alleviate backup in the Emergency Department. Transfers in are important to address the costs to the County of paying for these patients in private facilities. This week a nurse was appointed for the day shift to manage patient flow.

- Pharmacy
  - There has still been no resolution of the Pharmacy Security Camera issue. The cameras remain turned off. These cameras are important to avoid drug diversion which the hospital has had a problem with in the past. It is critical to get them turned back on. Human Resources is drafting a letter to SEIU Local 660. The letter will include a request for a meeting within 14 days. Coming to resolution on this important issue requires collaboration between the union and the hospital.
  - Ensuring staff competency was a key concern in the Quality Turnaround Plan. Pharmacy Department Management, Human Resources, and SEIU Local 660 are working out the testing format and approach to remediation for the competency testing for Pharmacy Technicians. The test will be a national standardized test. It will ensure that the technicians have the competencies required for their role. Once agreement is reached the same test will be used for all new hires and agency staff.

- Human Resources
  - New Hires
    - Two physicians
    - Twp pharmacists
    - Three personnel staff

- ***Barriers Encountered in KDMC Quality Turnaround Plan***

  - Six cases were referred for discipline to Human Resources. There were two physicians, two medical ancillary, one nurse, and one other staff.
  - Six physicians were placed on leave and given letters of intent to discharge. An additional physician was suspended and given a letter of intent to discharge.
  - The Interim Chair of Anesthesia has been on loan to KDMC from UCLA for the past 15 months. He has notified Dr. Peeks and the Dean of Drew University of his intent to return to his regular duties at UCLA effective July 2005. This leaves another critical vacancy.

Please let us know if you have any questions.

TLG:KR:mm

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors