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June 24, 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 June 24, 2005

This is to provide you with an activity report for the week ending June 24, 2005 for King/Drew Medical Center (KDMC).

- **Hospital Advisory Board**
  - The Quality Oversight Committee held their second meeting. The agenda included a discussion of community health indicators, the credentialing process, the 2005 KDMC Patient Safety Indicator Report, the Pharmacy Quality Report and the Event Notification Policy.
  - The Steering Committee continues to meet weekly. They reviewed the Weekly Indicator report, the Audit Report, Respiratory Therapy, Executive Recruitment and other key operational issues.

- ***Women's Center***
  - The Women's Center of Excellence opened to patients on June 20 and is offering high-risk pregnancy care, cervical and breast cancer screenings and management, well baby exams, and a myriad of obstetrical and gynecological services.

- ***Physicians***
  - Dr. Peeks has been working to recruit a sufficient number of intensivists to provide on-site coverage for both Intensive Care Units (ICU) Monday through Friday and on-call coverage evenings for nights and weekends. Intensivists are physicians who specialize in caring for patients in the ICU. He has met with several intensivists who are willing and available to provide the coverage. We are awaiting the return of their signed contracts. This will improve medical management of patients in the ICU.
  - Providing radiology coverage continues to require daily management of the schedule. A new teleradiology contract is being processed for Board consideration. We are also reaching out to radiologists under contract to increase coverage. The backlog is still growing.

- ***Nursing***
  - Nursing Job Fairs are one means of recruiting nursing staff. Another Nursing Job Fair was held with approximately 20 attendees.
  - While there has been significant improvement in the number of patients in the Emergency Department awaiting inpatient beds, we are still continuing to work on reducing the delay. Two additional beds are being opened in the Intensive Care Unit to help in alleviating the backup.
  - Measurement of intake and output has been a chronic problem as noted in the October survey and report of deficiencies by the Centers for Medicare and Medicaid Services. Nurse managers have been conducting daily audits and counseling staff as needed. In addition, in-service training has occurred and will provide again. As a result, compliance with documentation of intake and output improved to 93 percent in the charts reviewed this past month.
  - Training was conducted early in the year on managing aggressive behavior. This was part of the plan for removal of Immediate Jeopardy and improving the Code Nine response. Nursing staff has expressed the need to learn more techniques to manage verbally abusive patients, physicians and co-workers. A needs assessment was completed this week on two units. The training will be developed and administered in the near future.
  - Patient census and acuity on a unit dictates the number of nurses required for the shift. We move nurses between units to match the staffing needs. This is referred to as "floating". We have developed specific competency requirements for nurses to float between units to ensure that competencies are appropriate to patient needs.

- ***Pharmacy***
  - Candidates for the Director of Pharmacy were interviewed. One candidate is being pursued for hire. If the candidate accepts, we are targeting a July start.
  - The Medication Task Force is continuing to work on improving event reporting. This includes all events, even those with no harm. The membership is multidisciplinary and includes physicians, nurse management, staff nurses and pharmacy. We have already seen an improvement in reporting.

- ***Perioperative Services***
  - The Perioperative Governance Committee instituted a zero tolerance for physicians with disruptive behavior. This will a new performance measure tracked in the Perioperative Compass. This is important because staff feel it has played a role in behavior that might contribute to errors and decreases efficiency and effectiveness. It is also a retention issue for nursing staff.
  - The Perioperative Governance Committee appointed a subcommittee to deal with the planning and communications for the moves involved in the renovation and tracking the progress. The paint, finishes, flooring, chairs, and furniture for the renovated operating rooms, waiting rooms and reception areas have been selected.
  - First case on-time starts increased from 38 percent to 43 percent this month.

- ***Health Information Management (Medical Records)***
  - The medical records storage space needs to be decreased for renovations of the Operating Room tower. We are working with a vendor to accelerate the transfer of over two years of files offsite to accommodate construction in the acute building.
  - Clinical Pertinence Reviews are a key part of the preparation for JCAHO. We had been trying to use staff that could only return to work with light duty to complete the reviews. This has not provided sufficient reviews so we are obtaining HIM temporary assistance through a current contract. The additional resources should be onsite next week.

- ***Employee and Community Forums***
  - Another series of Employee Open Forums was held by executive management in an ongoing effort to improve communications to staff about changes at the hospital, current issues and provide an opportunity for staff input.
  - KDMC hosted a meeting of the County's Hospitals and Healthcare Delivery Commission.
  - The Interim Chief Executive Officer attended a community meeting to answer questions and discuss progress and future plans.

Please let us know if you have any questions.

TLG:KR:mm

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