



**Medical Center and
Care Clinics
Governing Board Meeting**

October 22, 2019

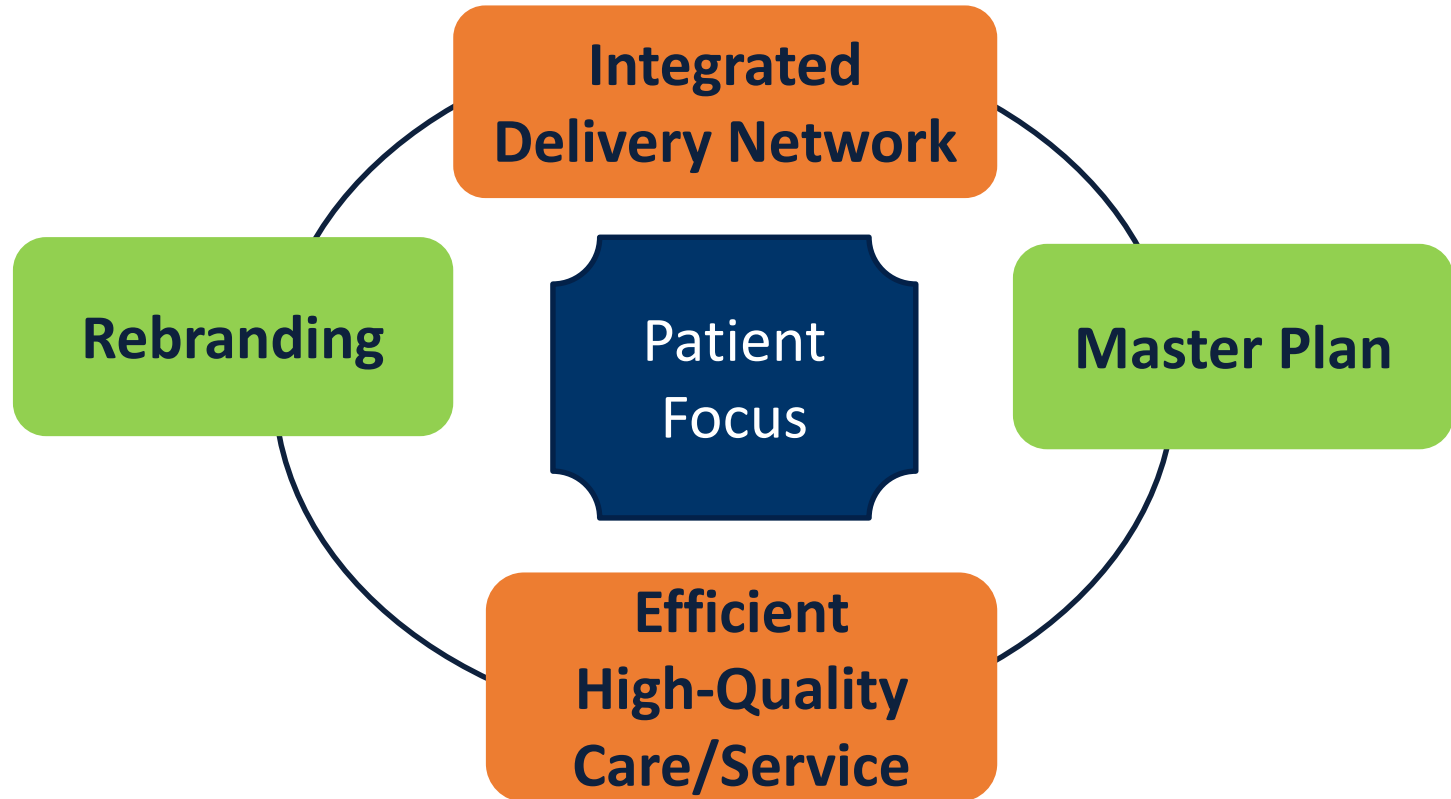
Chief Executive Officer Remarks

Jennifer Cruikshank
Chief Executive Officer

Finance Report

Joe Zamora
Finance Director,
Health System

Strategic Initiatives



Key Objectives

Access

- Improve access to healthcare and health resources through an integrated delivery network.

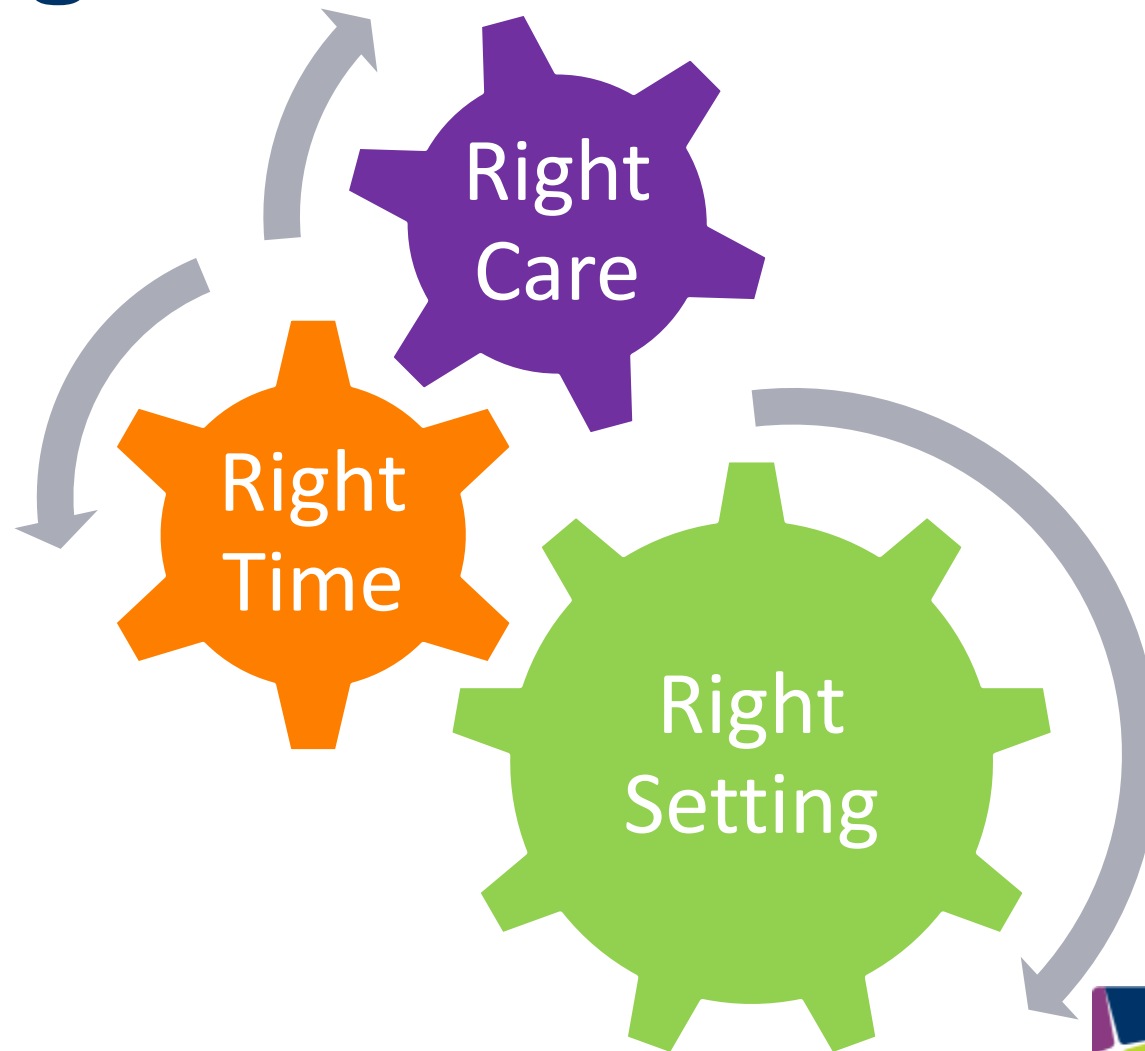
Quality

- Improve the health and well-being of our patients and community by delivering quality and compassionate care, education, and research.

Continuous Improvement

- Embrace continuous improvement to enhance the customer experience, identify efficiencies, and exercise fiscal prudence.

Integrated Healthcare Vision



Current System



**Medical
Center**



**Behavioral
Health**



**Public
Health**

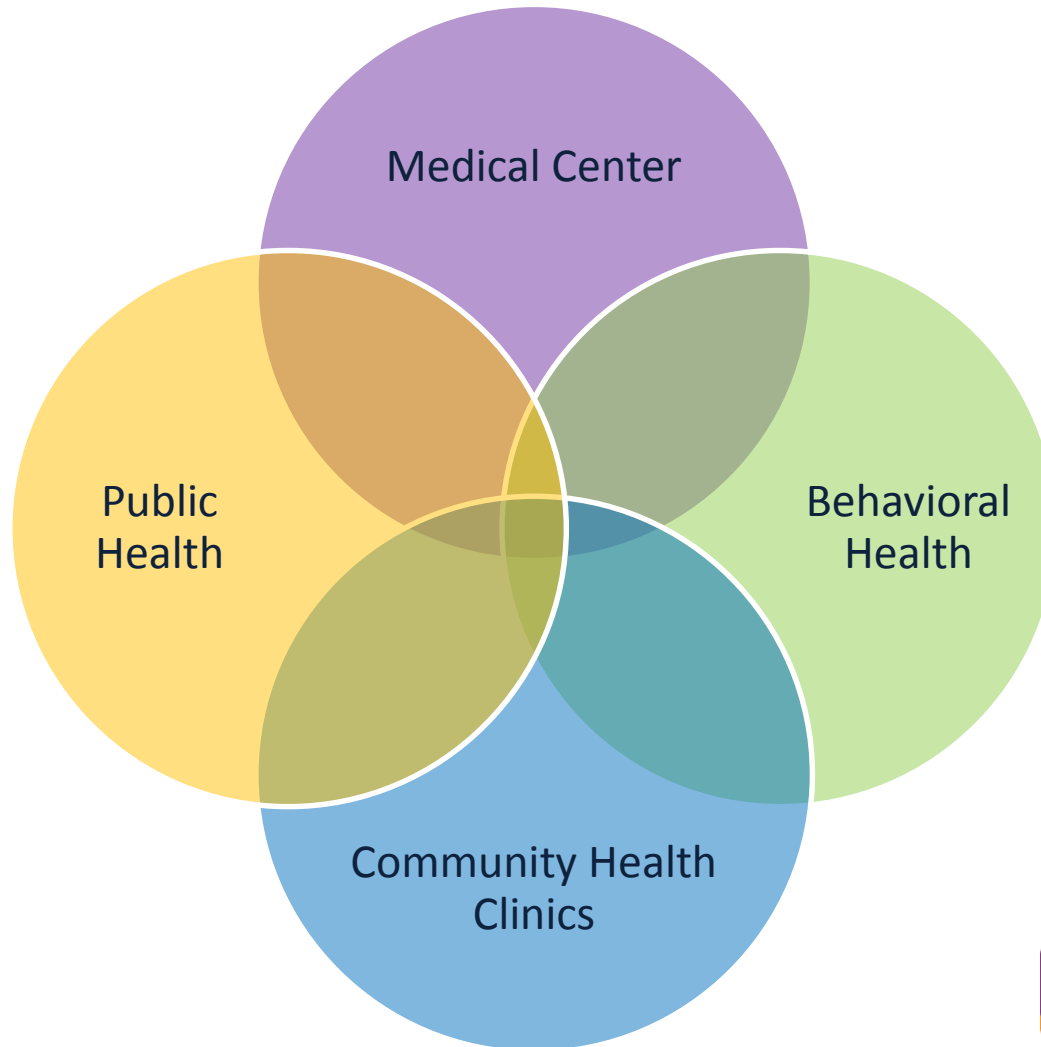


**Care
Clinics**

Patient-focused care facilities linked by a shared electronic health record & seamless services in medical, behavioral and population health management.

RUHS Workforce ~ 8,500 Strong

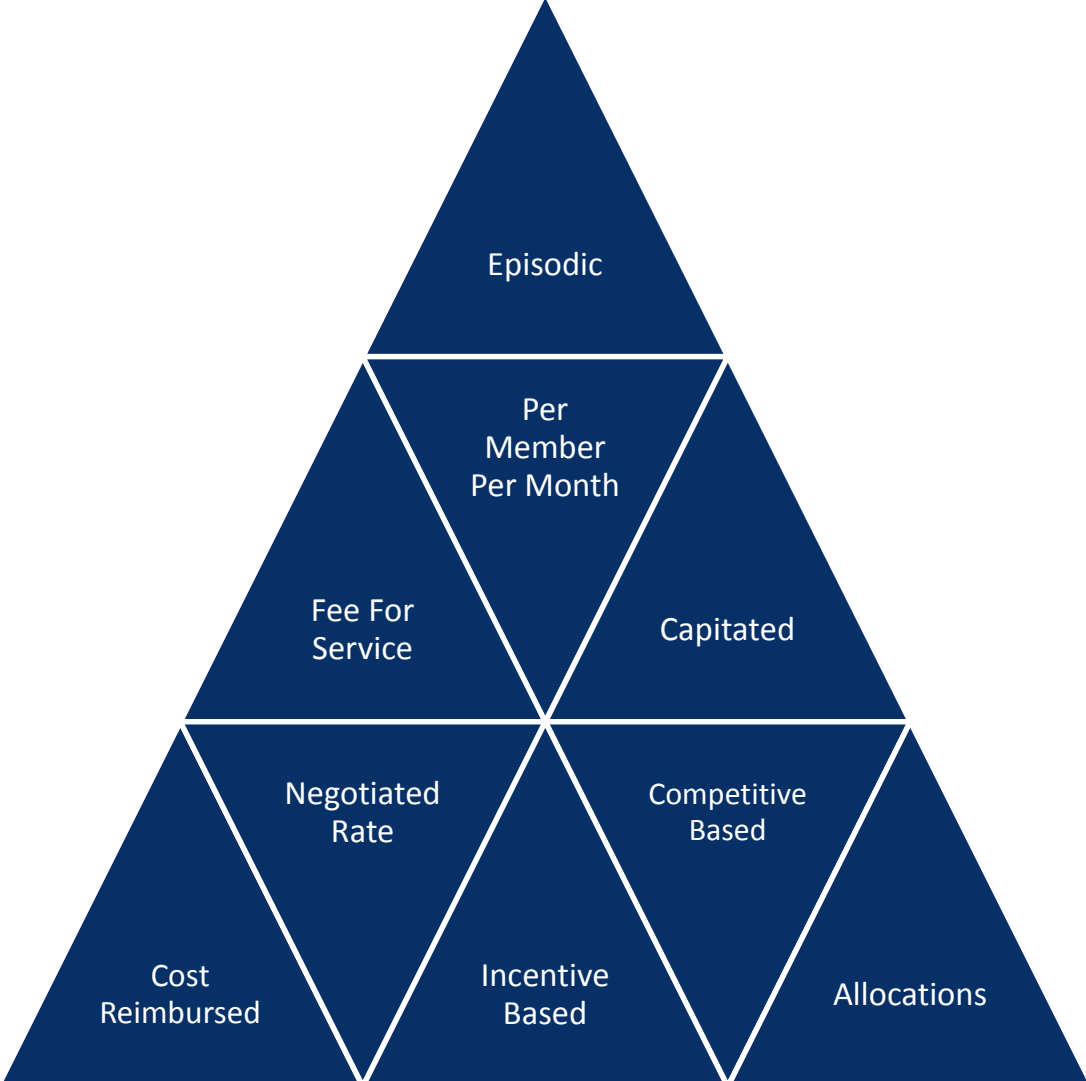
Future System



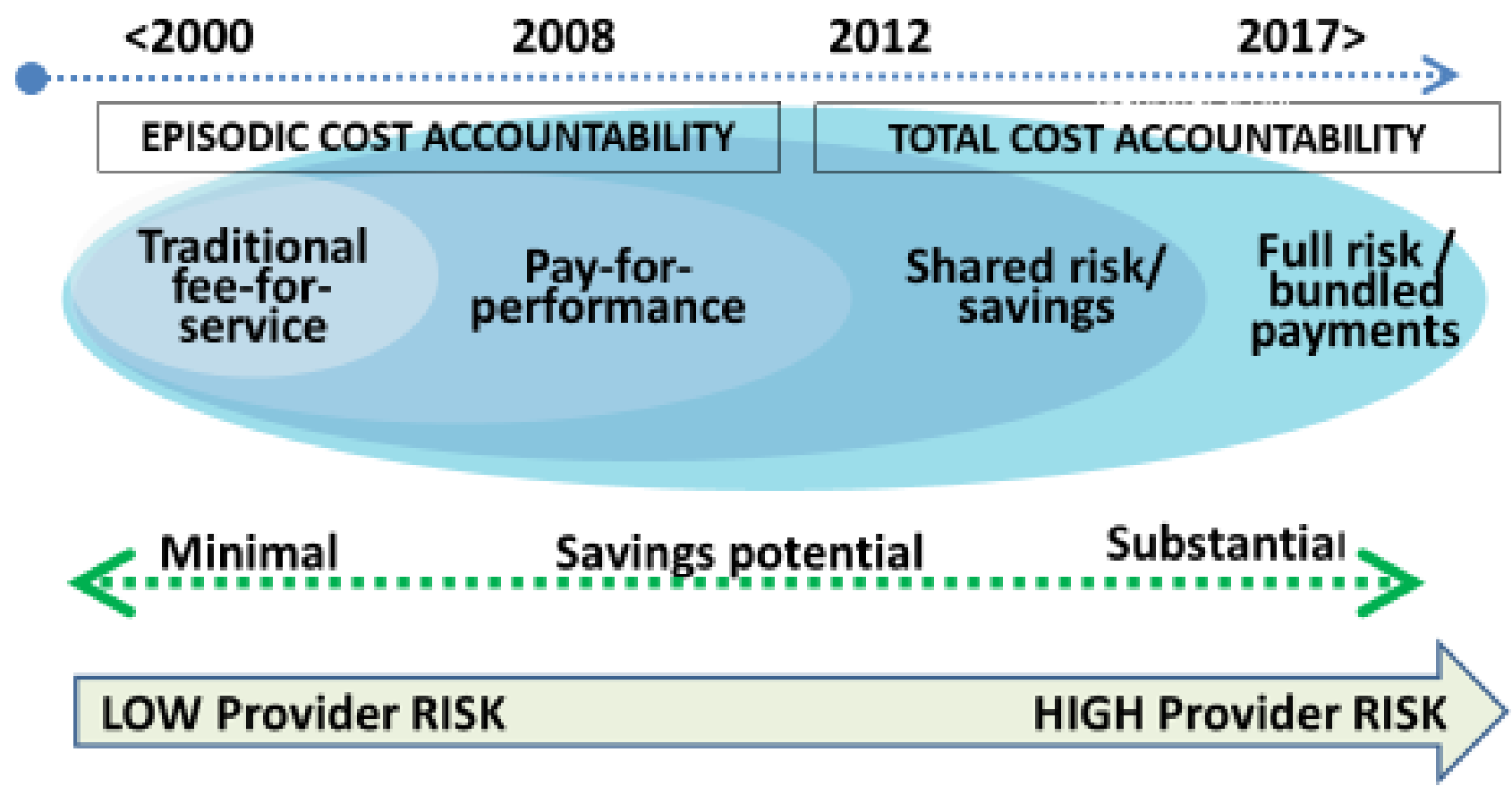
Why are we doing this?

- County mandate to provide healthcare to indigent, uninsured, low income residents, inmates, and seriously mentally ill
- Health System also helps defray the cost of other unfunded County mandates:
 - Inmate Healthcare
 - Seriously Mentally Ill
 - Exclusive Care
- Mandates never come with enough money
- Citizens deserve access to integrated quality healthcare system
- Right thing to do

Current Reimbursement Models



Continuing Movement Towards Accountability and Population Health Management

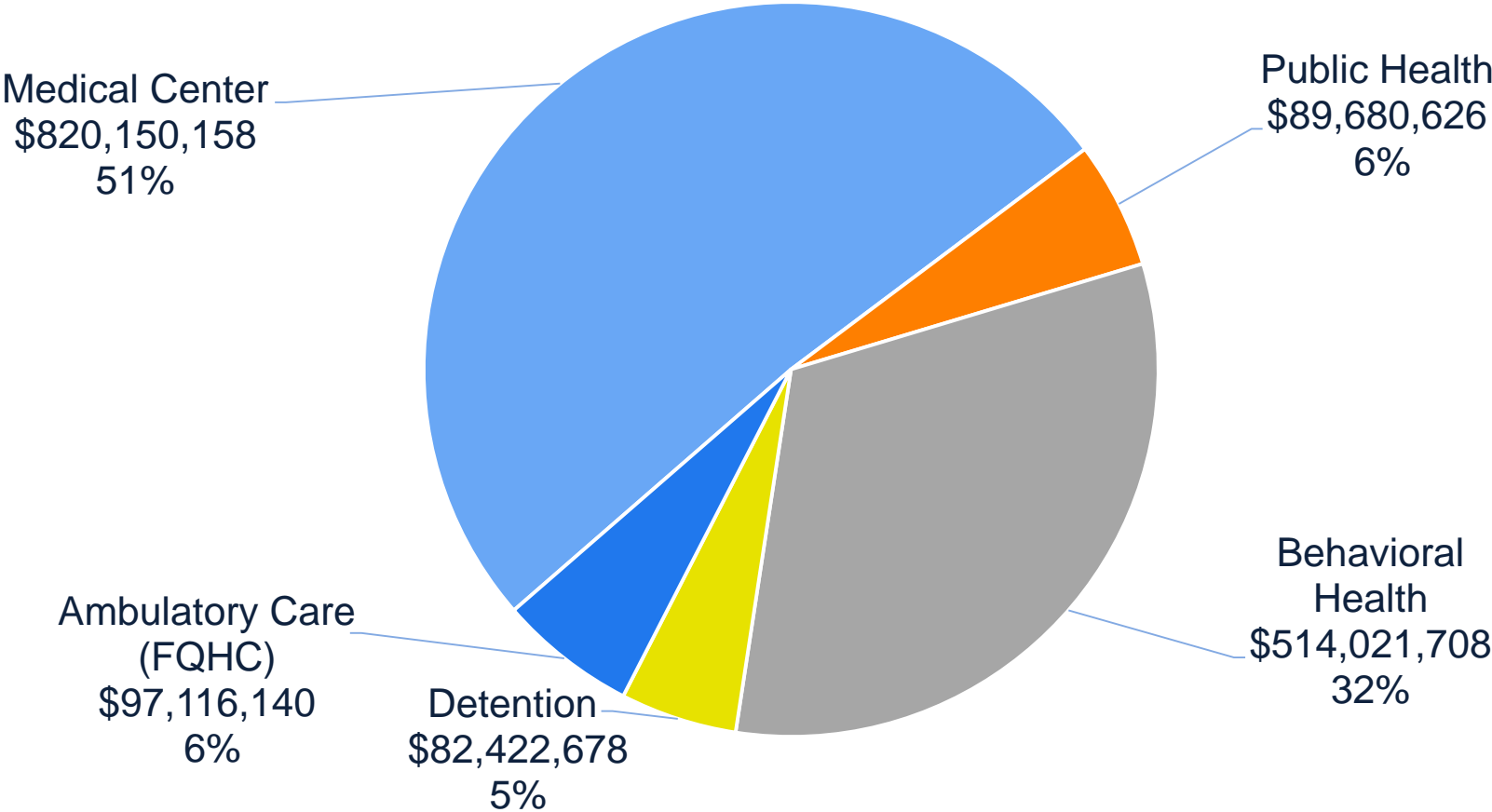


Each step brings us along the journey of controlling cost, increasing quality and improving the Patient experience

Key Financial Challenges

- Maintain Medical Center Financial Position
- Stabilize Community Health Centers
- Operationalize the RUHS Medical and Surgical Center (MOB)
- Minimize Inmate Care Financial Impact
- Maximize Financial Opportunities of Integrated Care Vision

Riverside University Health System FY 2019/20 Budget \$1,603,391,310



Budget Requests

- MOB Operationalization - Request to support the MOB lease and operational startup costs.
- RUHS anticipates the startup period, this year and next, will be the most challenging while operations ramp up.
- RUHS will make every attempt to maximize cost recovery through the enterprise fund.
- This project is a key strategic initiative to enhance access to health care services and improve patient outcomes while providing mandated care at the lowest possible cost.
- Initial request ranged from \$8 to \$13m, reduced to \$7m.

Budget Requests – cont.

- Inmate healthcare –
 - Medical center continues to cover \$11m+, no additional request.
 - Correctional Health \$6m request continuance of Gray Case requirements from FY 18/19, reduced from \$8m.
 - Behavioral Health returned \$3m, reduced by \$8m from planned need of \$5m.
 - JJBDC
 - No Phase I Request, Reduced from planned need of \$700k.
 - Phase II/III, Pending, Reduced from \$21m to \$17m.
- Community Health Centers \$15m – to continue support access and care expansion during optimization and rate resetting period.
- MOB and Community Health Centers are key to long term strategies.

Key Long Term Strategies

- MOB and Community Health Center requests are key to long term strategies.
- Commitment:
 - Maximize Investment and Opportunities
 - Openness
 - Transparency
 - Communication
 - Progress Updates
 - Demonstrate Accountability
 - Data Driven Outcomes

RUHS Medical Center Challenges

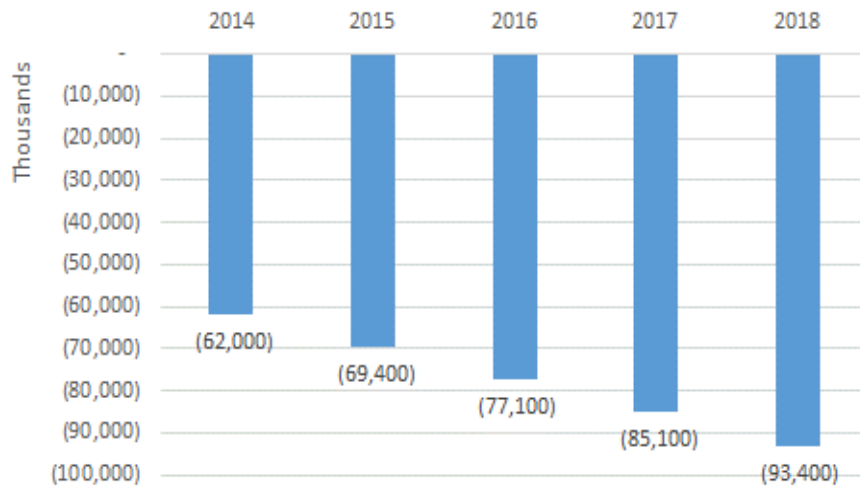


The Past & Current Challenges:

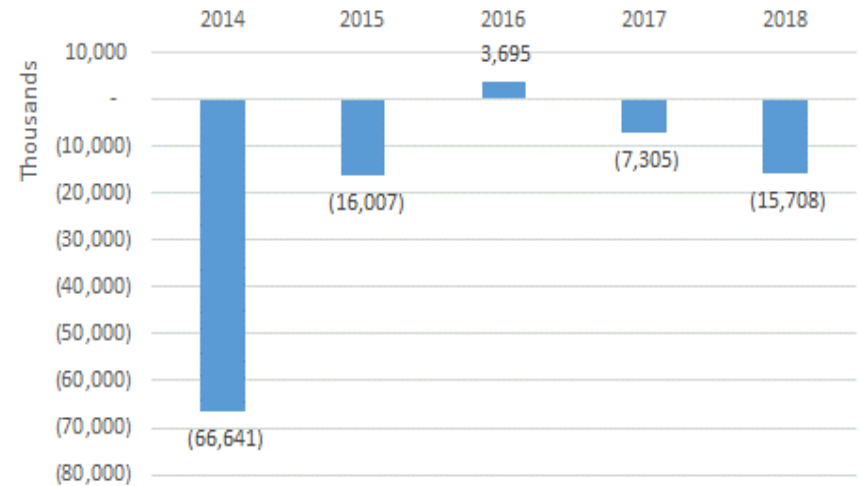
- ACA impacts: lack of preparation prior to implementation
- ACA impacts continue with complexity of reimbursement structures continually changing
- Funding reductions to ACA population from 100% of COST to 94%
- Loss of volume early in ACA: geographic disadvantage; recovering however still capacity and use challenges without MOB and expanded ambulatory surgery space
- Continuing to fix processes
- Complex patient population
- Continuing to recover from underinvestment in capital from prior years

RUHS Medical Center's Various Projections

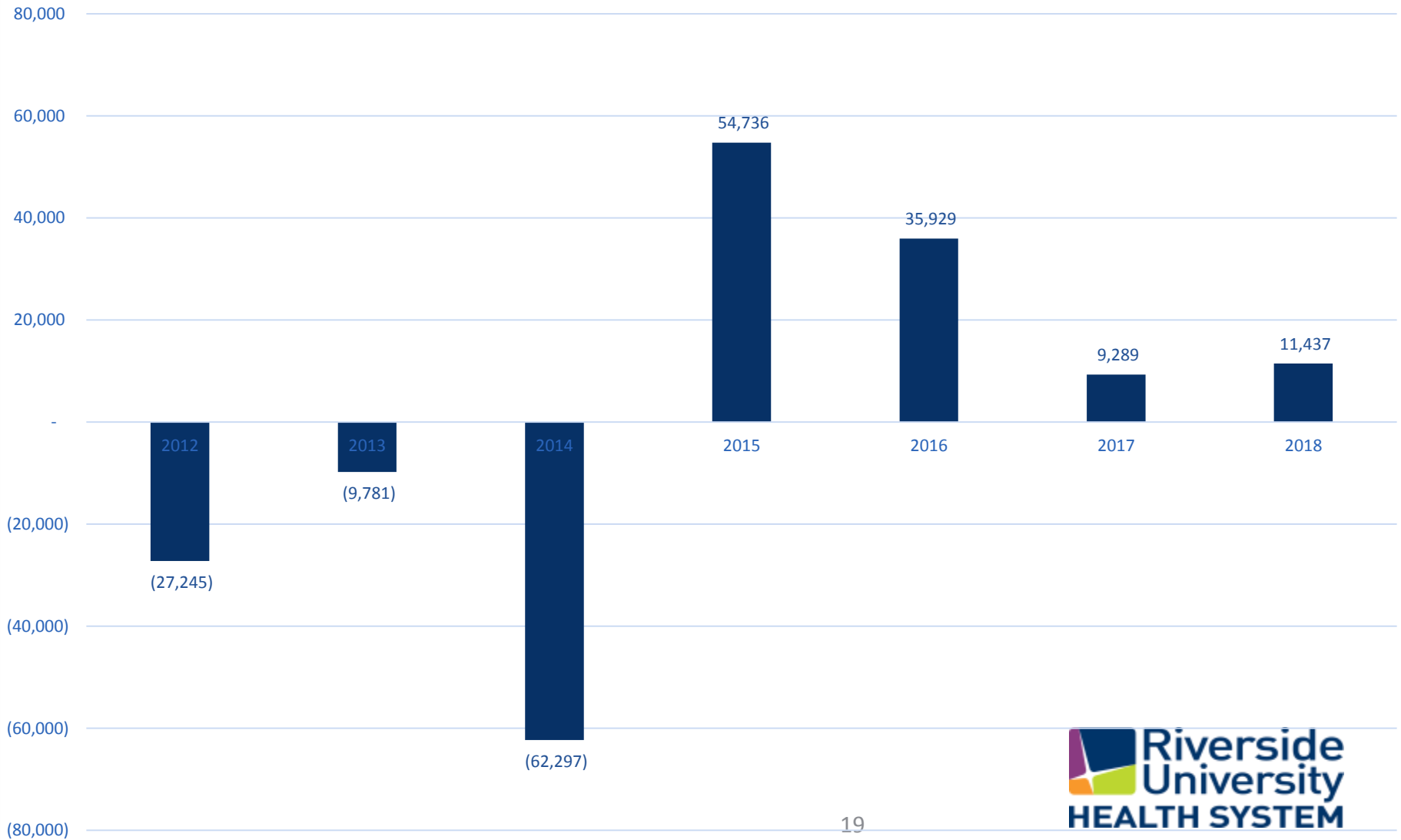
Pre Huron Projected Financial Performance



Huron Projected Financial Performance



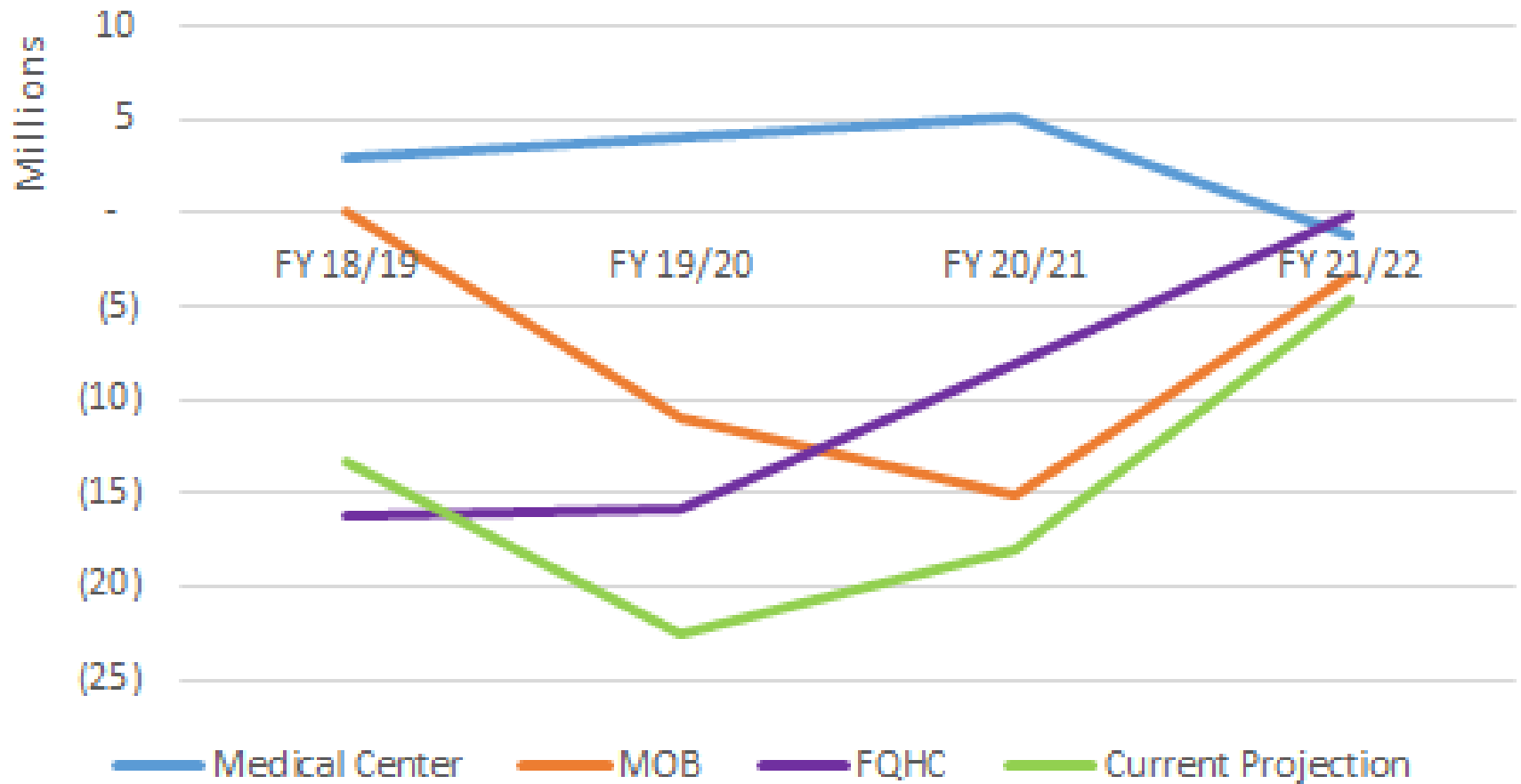
RUHS Medical Center Actual Performance



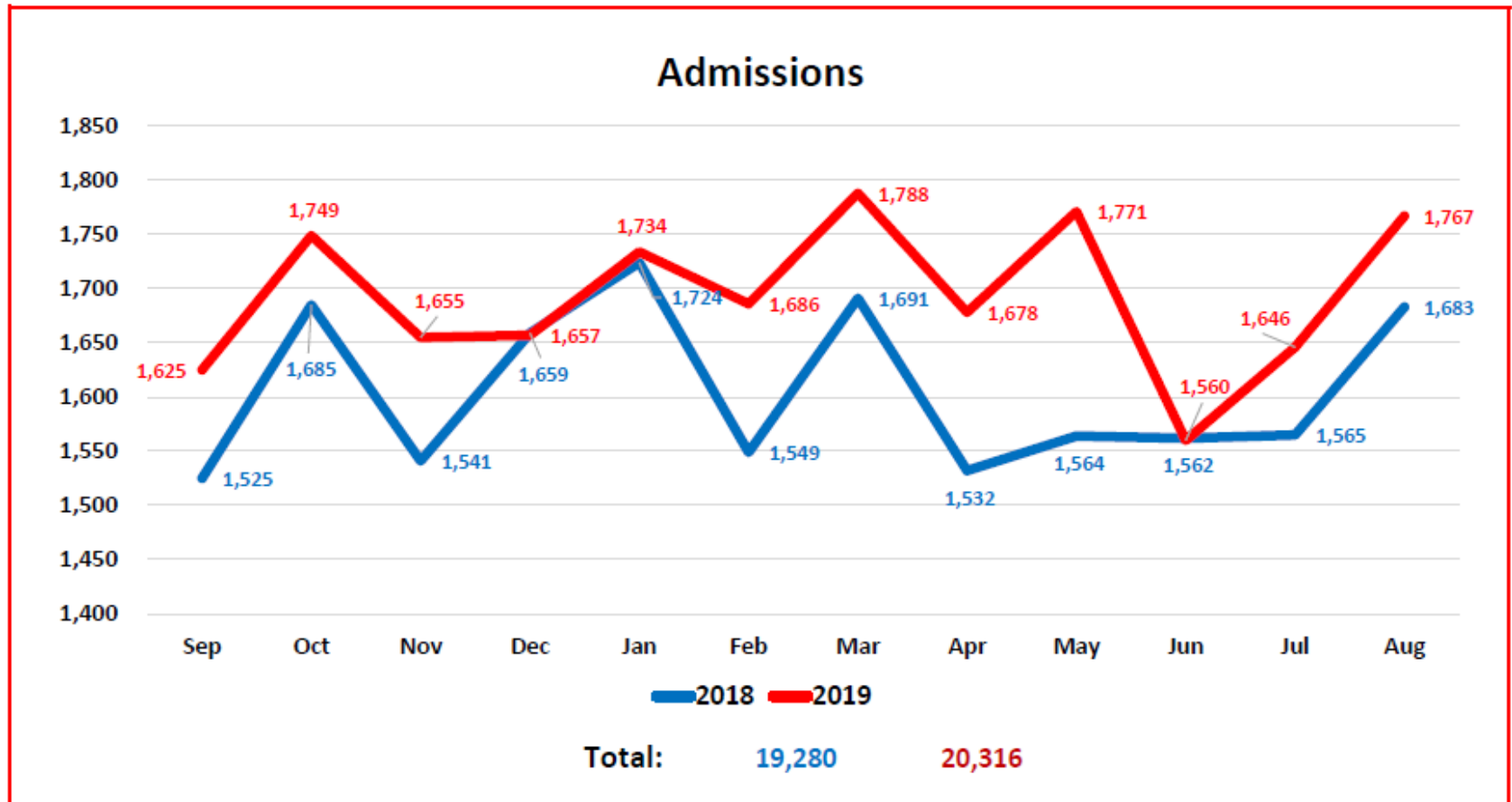
Community Health Center Challenges, Progress and Accountability

- Budget
- 10+ Year Old Antiquated Reimbursement Rates
- Productivity
- Patient Volume
- Capacity Limitations
- Payor Mix
- Assigned Lives
- Indigent/Uninsured Care

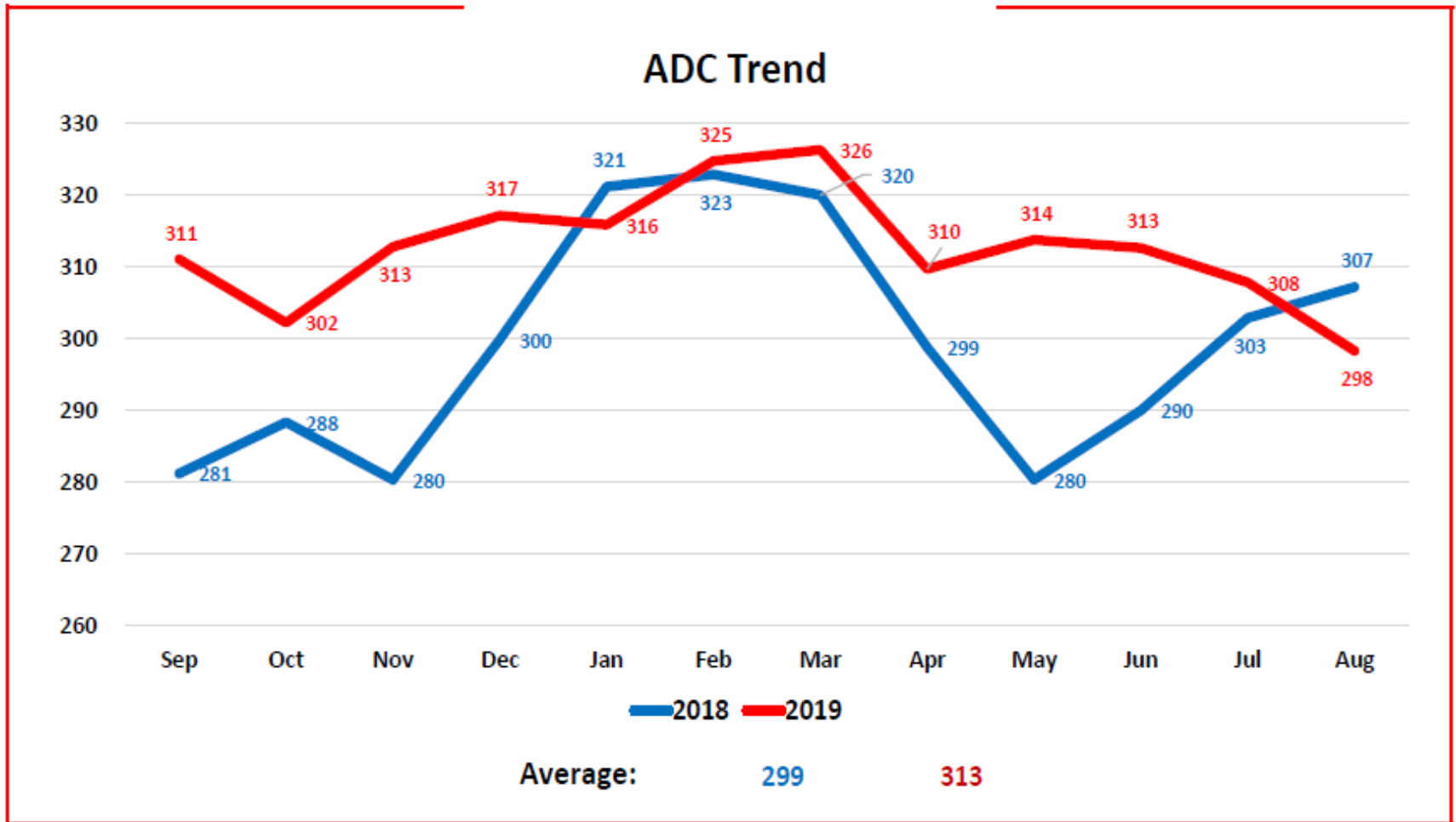
Multi-Year Financial Projection



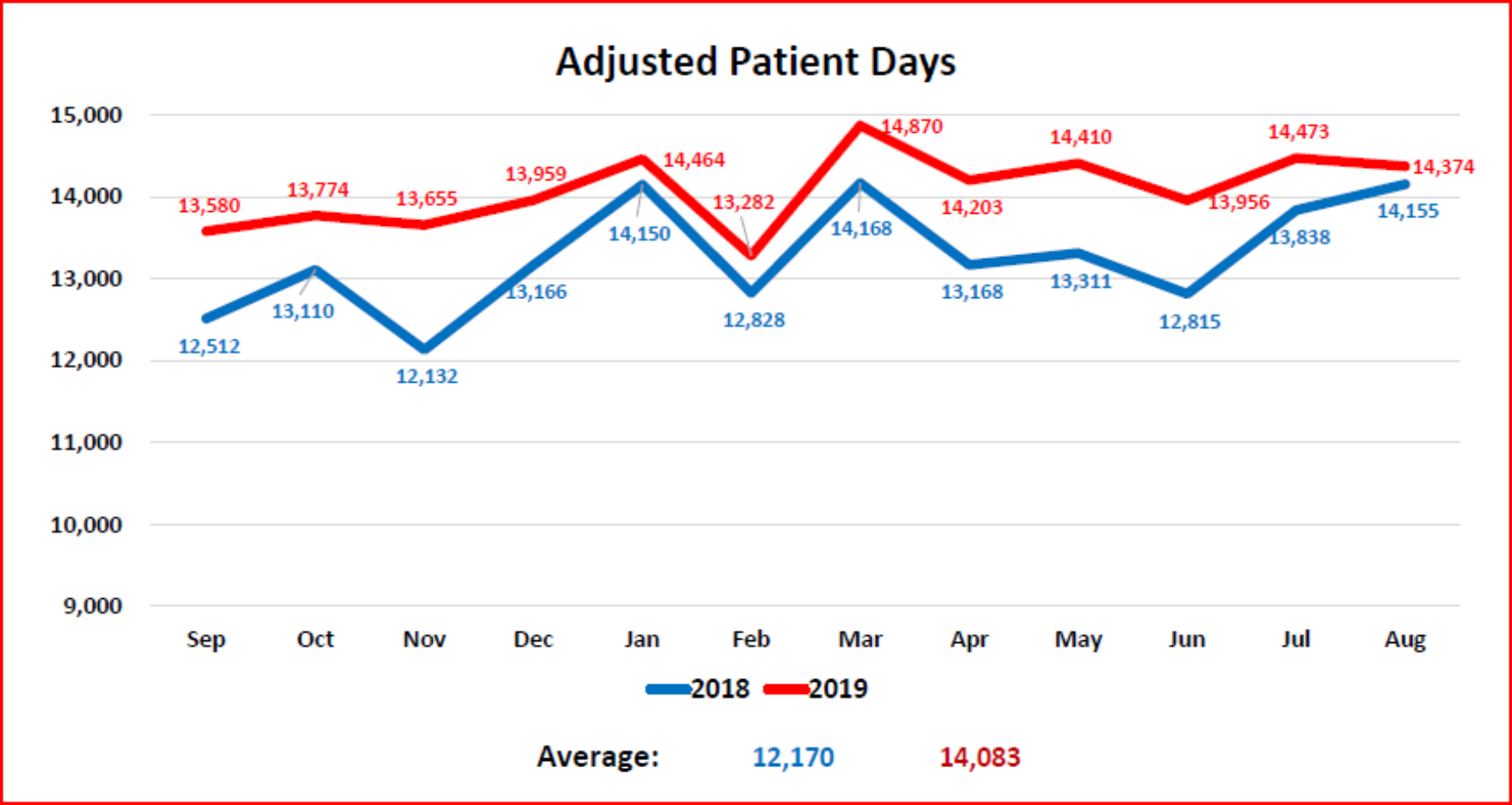
Improve Access: Admissions



ADC Trend

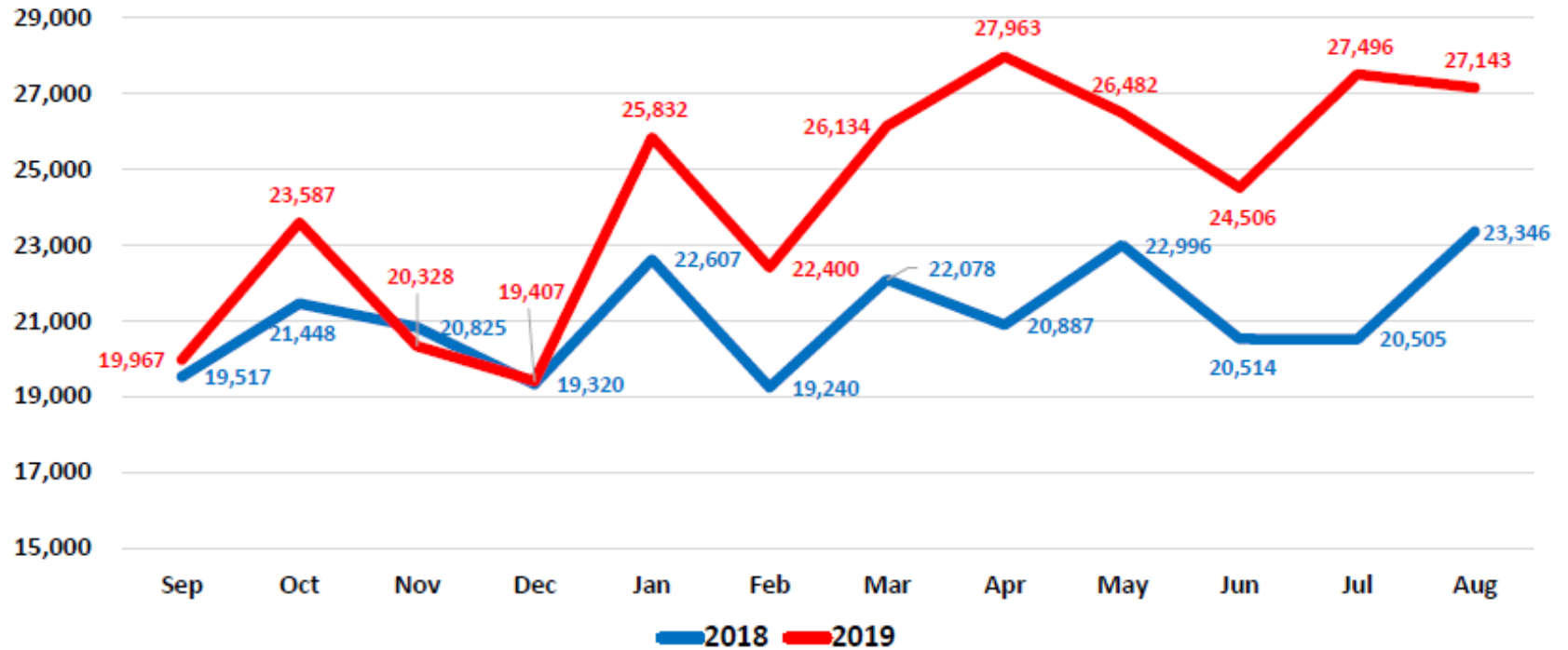


Adjusted Patient Days



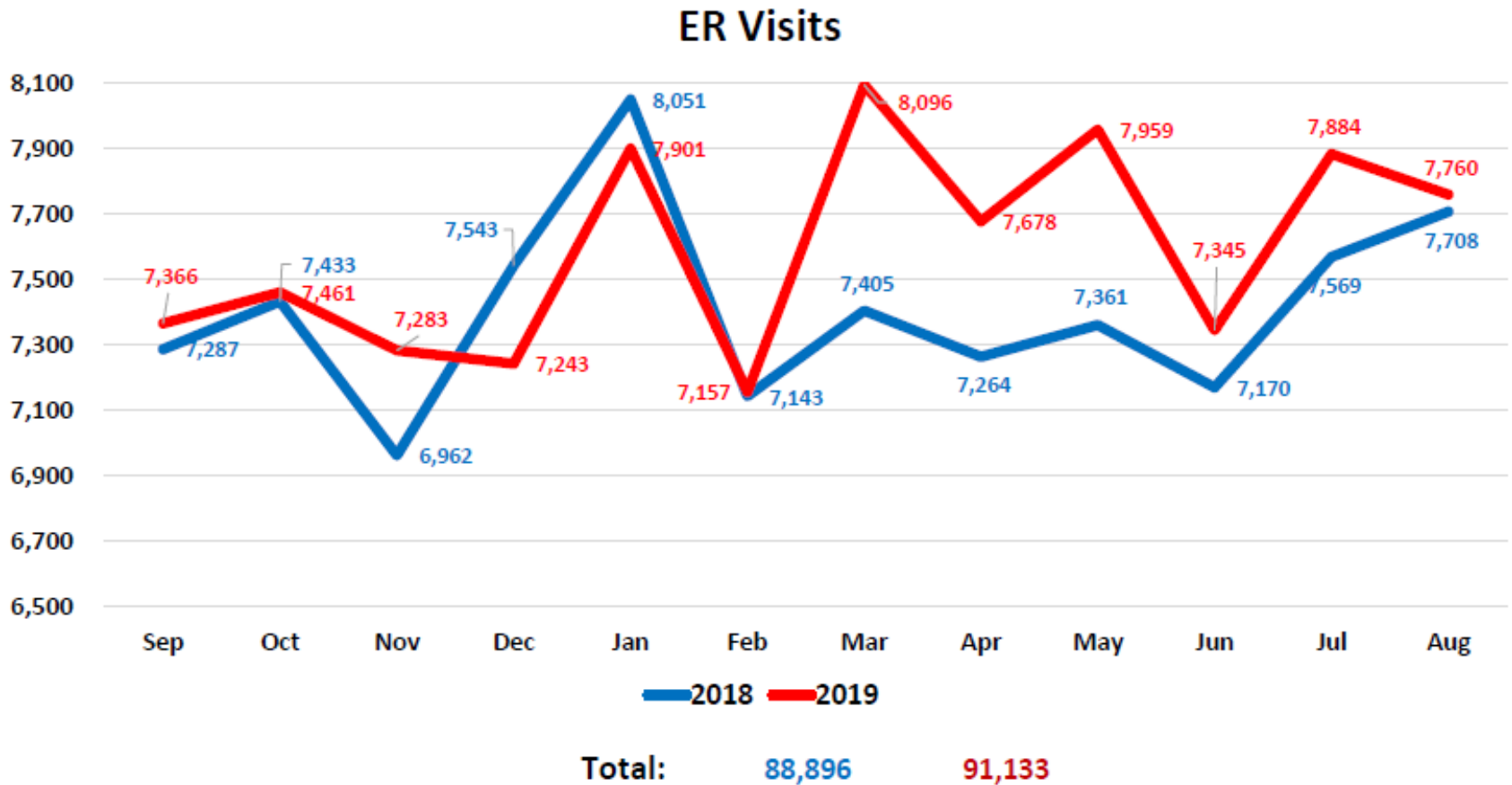
Hospital & FQHC Clinic Visits

Hospital + FQHC Clinic Visits

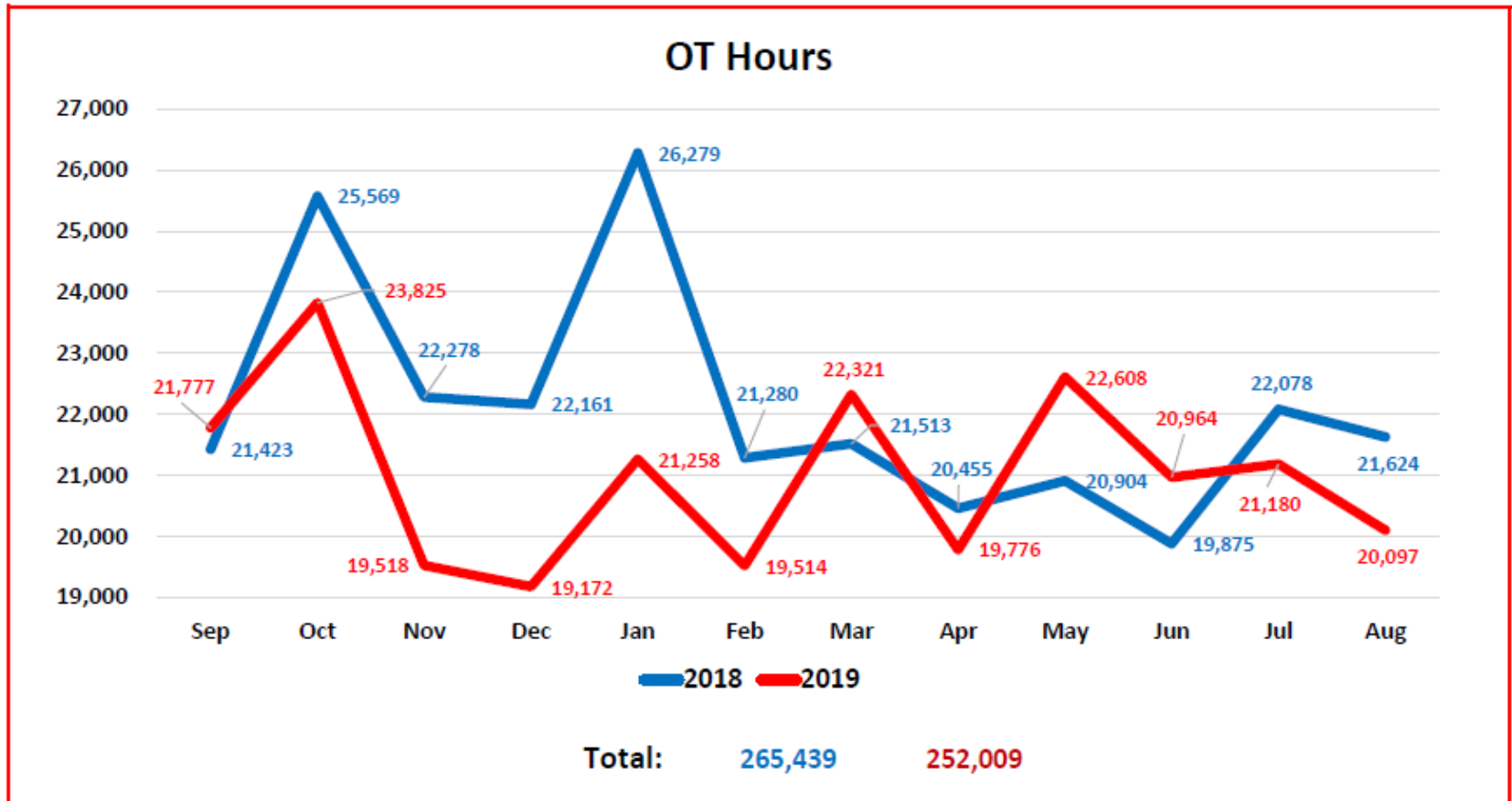


Total: 253,283.0 291,245

ER Visits



FINANCIAL STEWARDSHIP: Overtime Hours



Master Plan/ Medical & Surgical Center Report

Dave Baucom

Executive Director, Facilities, Design &
Development

Medical & Surgical Center Services



First Floor:

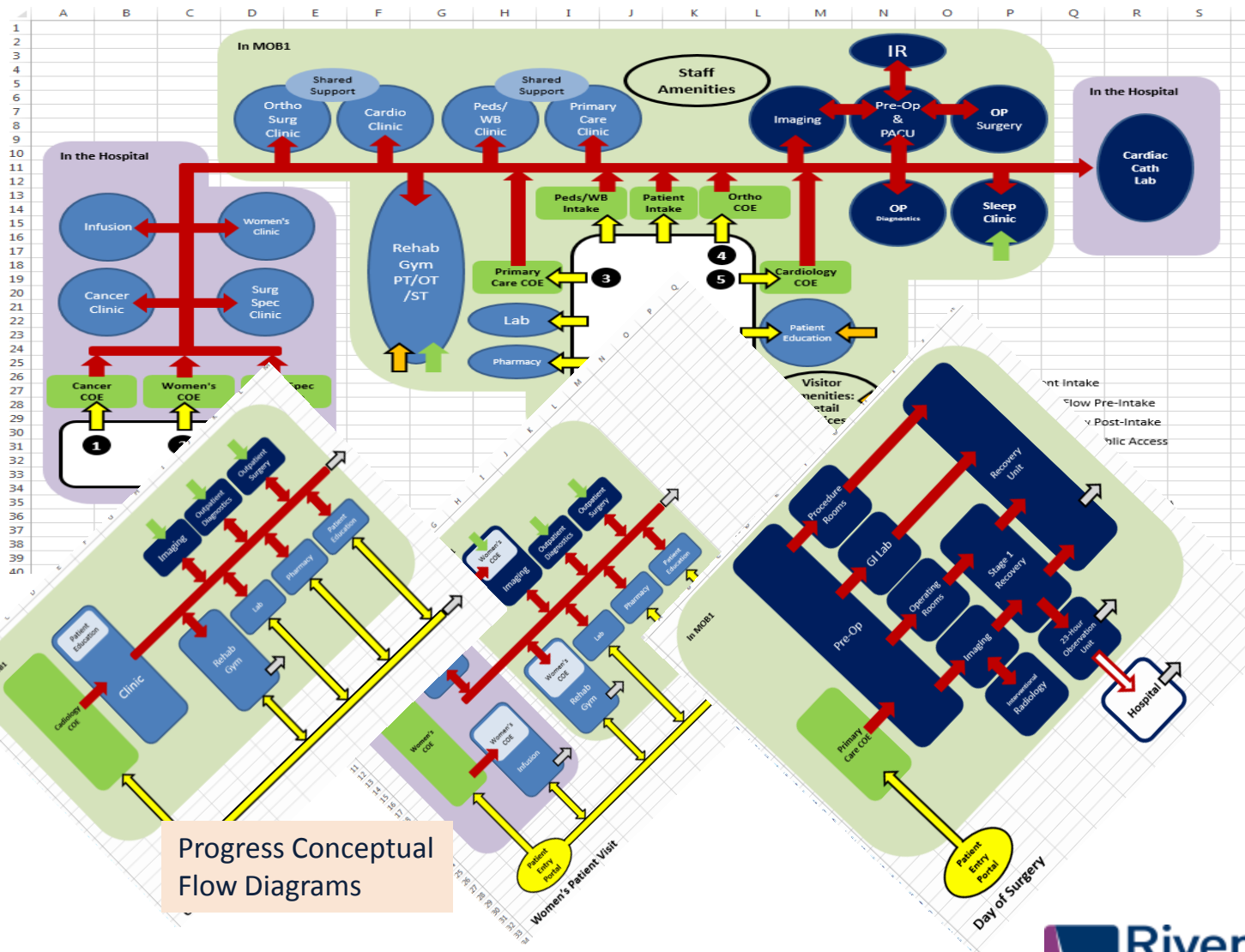
- Outpatient Rehab (Peds & Adult)
- Outpatient Imaging Center
- Laboratory
- Diagnostics
- Pharmacy
- Registration
- Maintenance

Second Floor:

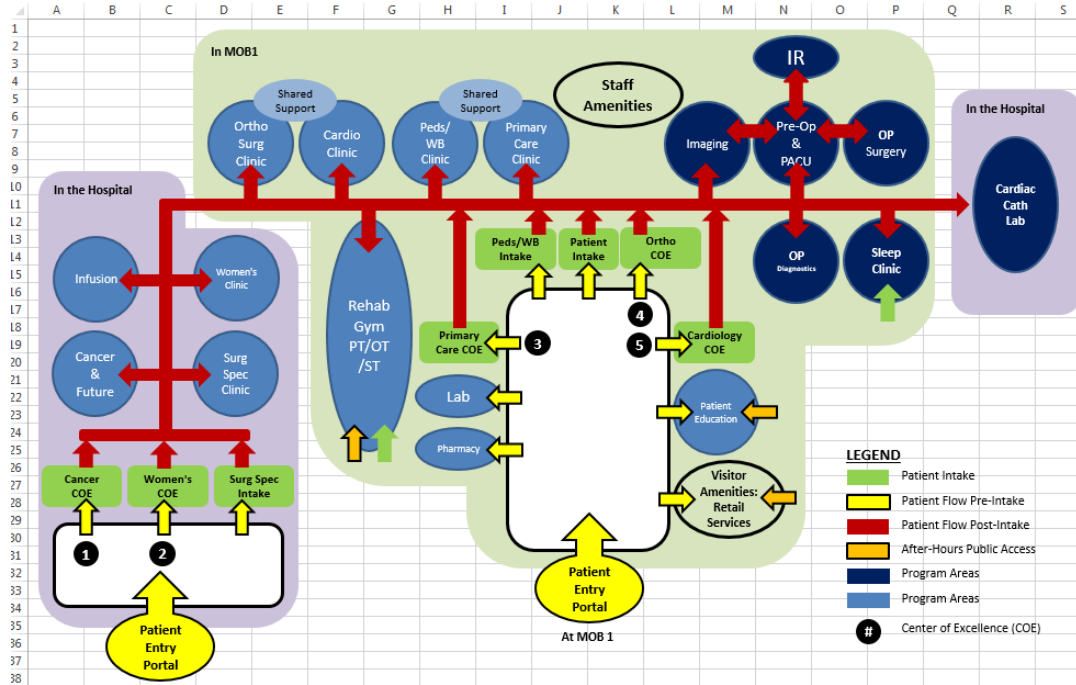
Ambulatory Surgery Center
with Surgical Clinics

Third Floor:

Primary Care Clinics
(Women's Peds, Internal
Primary Medicine and
Cardiology)



Progress Conceptual Flow Diagrams



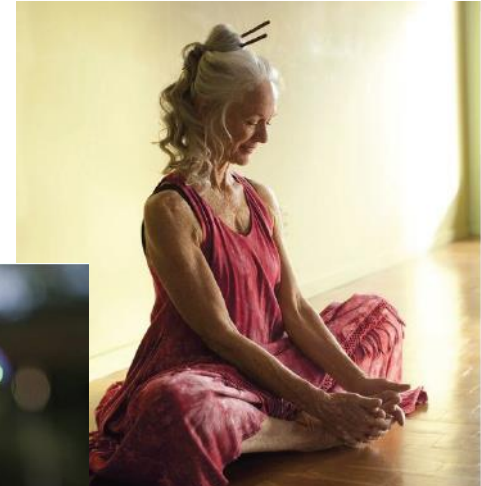
Driver	Physician Offices	Staff Count
Exam Rooms	5	18
Exam Rooms	6	21
Exam Rooms	6	21
Exam Rooms	8	31
Exam Rooms	5	20
---	---	9
Modalities	---	32
Modalities	2	29
---	---	---
Sleep Rooms	---	2
Rooms	---	---

LEGEND

- █ Patient Intake
- █ Patient Flow Pre-Intake
- █ Patient Flow Post-Intake
- █ After-Hours Public Access
- █ Program Areas
- █ Program Areas
- # Center of Excellence (COE)

Final Program Data and Conceptual Flow Diagram

36	48	7.0	PACU (Recovery)	15,808	55	Pre-op & Recovery Bays	---	---
37	50	8.0	Pharmacy	1,889	4	Sales Stations	---	---
38	52	9.0	Stat Lab & Specimen Collection	2,002	2	Blood Draw Stations	---	---
39	54	10.0	Imaging	16,338	17	Modalities	9	---
40	56	11.0	Interventional Radiology	1,495	6	Physician Offices	6	12
41	57	12.0	Patient Education	902	2	Classrooms	---	---
42	58	13.0	Staff Amenities - MOB Clinics	3,686	---	---	---	---
43	---	14.0	Shell Space	7,000	---	---	---	---
44	---	15.0	Receiving & Waste Storage	600	---	---	---	---
45	---	16.0	Mechanical & Electrical Space	3,000	---	---	---	---
46	A		TOTAL DGSF (rounded):	156,500				
47	B		Interdepartmental Circulation:	10%	15,650			
48	A+B=C		Subtotal:	172,150				
49	D		Structure & Enclosure	3%	5,165			
50	C+D=E		TOTAL BGSF:	177,315				
51	F		Common Area Factor	8%	14,185			
52	E+F=G		TOTAL RGSF:	191,500				



The project was designed around the themes of:

- Healing
- Uplifting
- Warm
- Inviting
- Nature and Community



Bright well lit areas with fresh colors and materials will greet every visitor





All areas, public and staff, will be warm, bright and inviting - Speaking to our Core Values:
Access
Experience
Safety





Warm inviting materials extend to the outside details – Above: Outdoor Pediatric Therapy area Below: MOB Drop-Off



Chief Nursing Officer Report

Leah Patterson

Executive Director, Critical Care Services

Integration: Code BERT

Video Presentation

A Hospital Consumer Assessment of Healthcare Providers System (HCAHPs)

What the patient believes they experience is ultimately their “truth” about the quality of care given.

It's also our reputation.



Value-Based Purchasing (VBP)

- Linking provider payments to improved performance by health care providers.
- HCAHPS scores are part of VBP and reimbursement for services from Medicare.
- Staff Responsiveness is part of HCAHPS



Dimension Related to Staff Responsiveness

How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always



Dimension Related to Staff Responsiveness

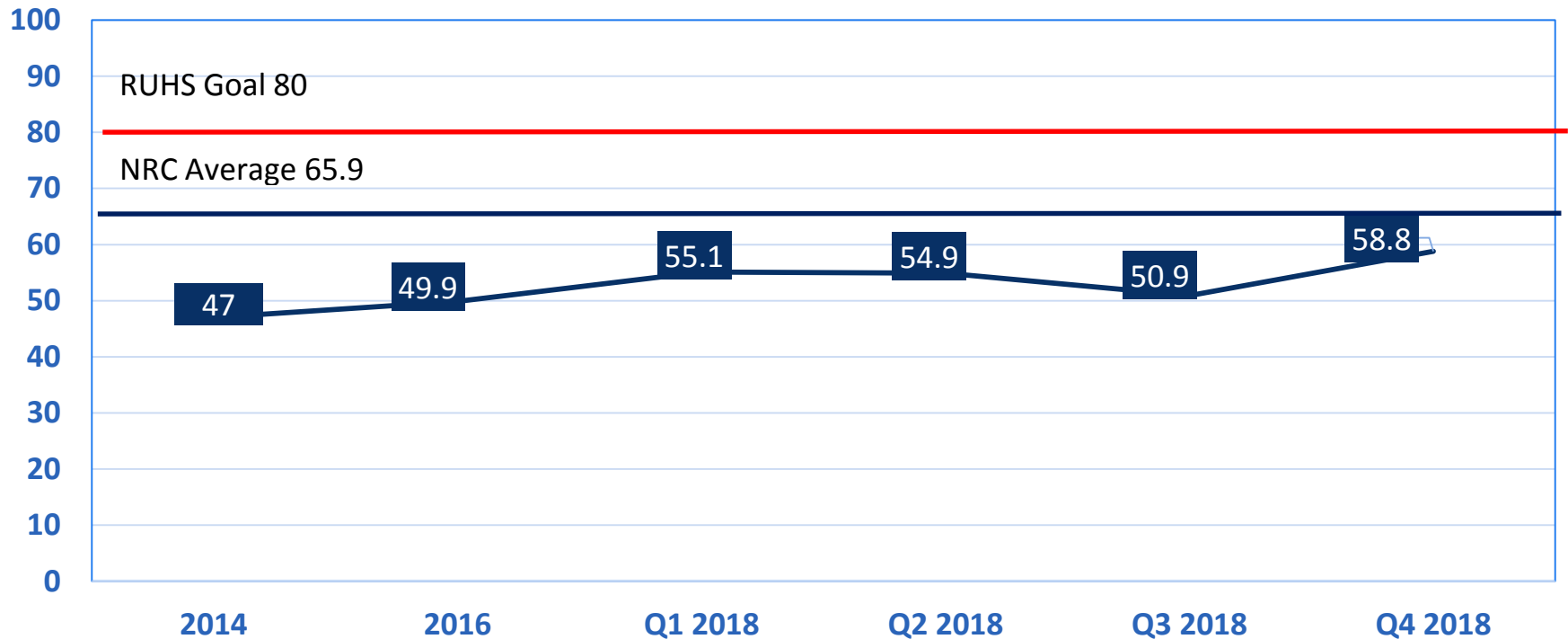
During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- NA I never pressed the call button



Our Past

Responsiveness of Hospital Staff

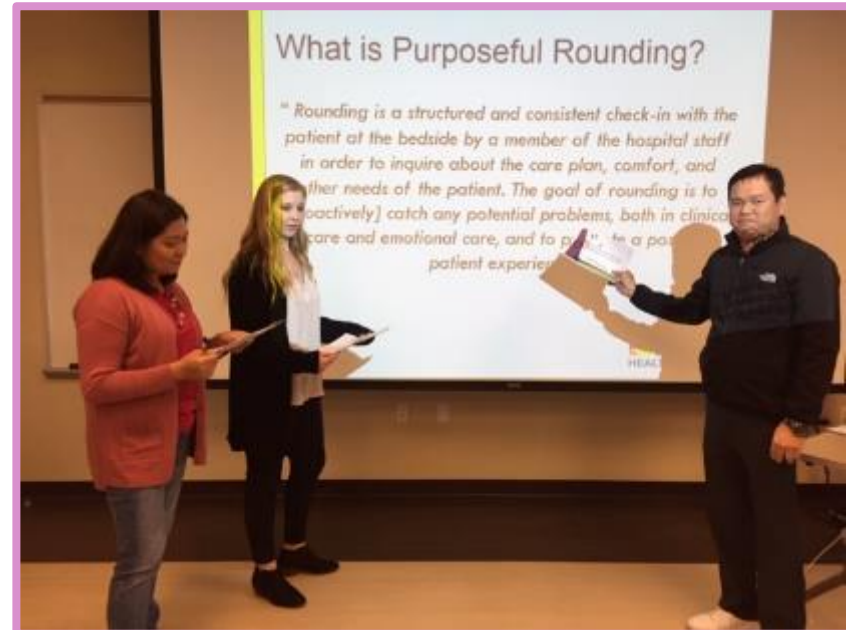


2014: Below the nationwide average with only 2% improvement by 2018

Q4, 2018: Improvement, still below the “average”

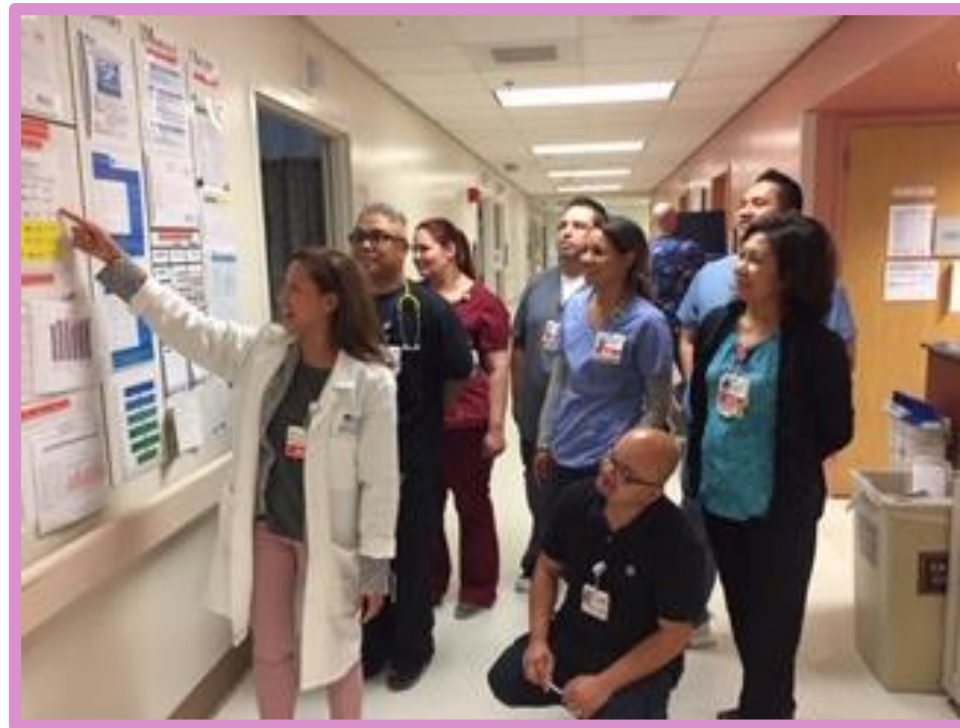
Our Initiative at RUHS - MC

- 3500 Unit volunteered to lead project.
- Best Practices were researched and selected: Bedside Reporting and Rounding with a Purpose
- Dec-January: Surveys of patients to get baseline data (6 questions)
- January-February: Staff training & classes.
- March-May: other units trained



Improving Practices and Keeping the Goals at the Forefront

- Data from patient rounding is shared with staff in daily huddles.
- RNs are observed and given feedback on their communication skills during bedside report



Celebrating Success

- Quarterly Awards given to the top performing unit.
- We continue to fine tune and hard wire.

GOAL: 80th percentile



Growing Needed Services For our Community:

Cath Lab

State of the Art

- First day of operation was February 7th
- As of October 11th 279 diagnostics procedures performed
- Future Services Offered
 - Neuro intervention
 - Progress to interventional procedures, not just diagnostic
 - Eventually expand to emergency, after hours services



Medical Staff Report

RUHS Our Past, Present & Future

**Dr. Arnold Tabuenca
Chief Medical Officer**

2014

**Correctional
Health**

Hospital

**Specialty
Clinics**

**Behavioral
Health**

**Primary
Care Clinics**

**Public
Health**

**Care for the vulnerable =
inefficiency & poor service**

RUHS

Correctional Health

Hospital

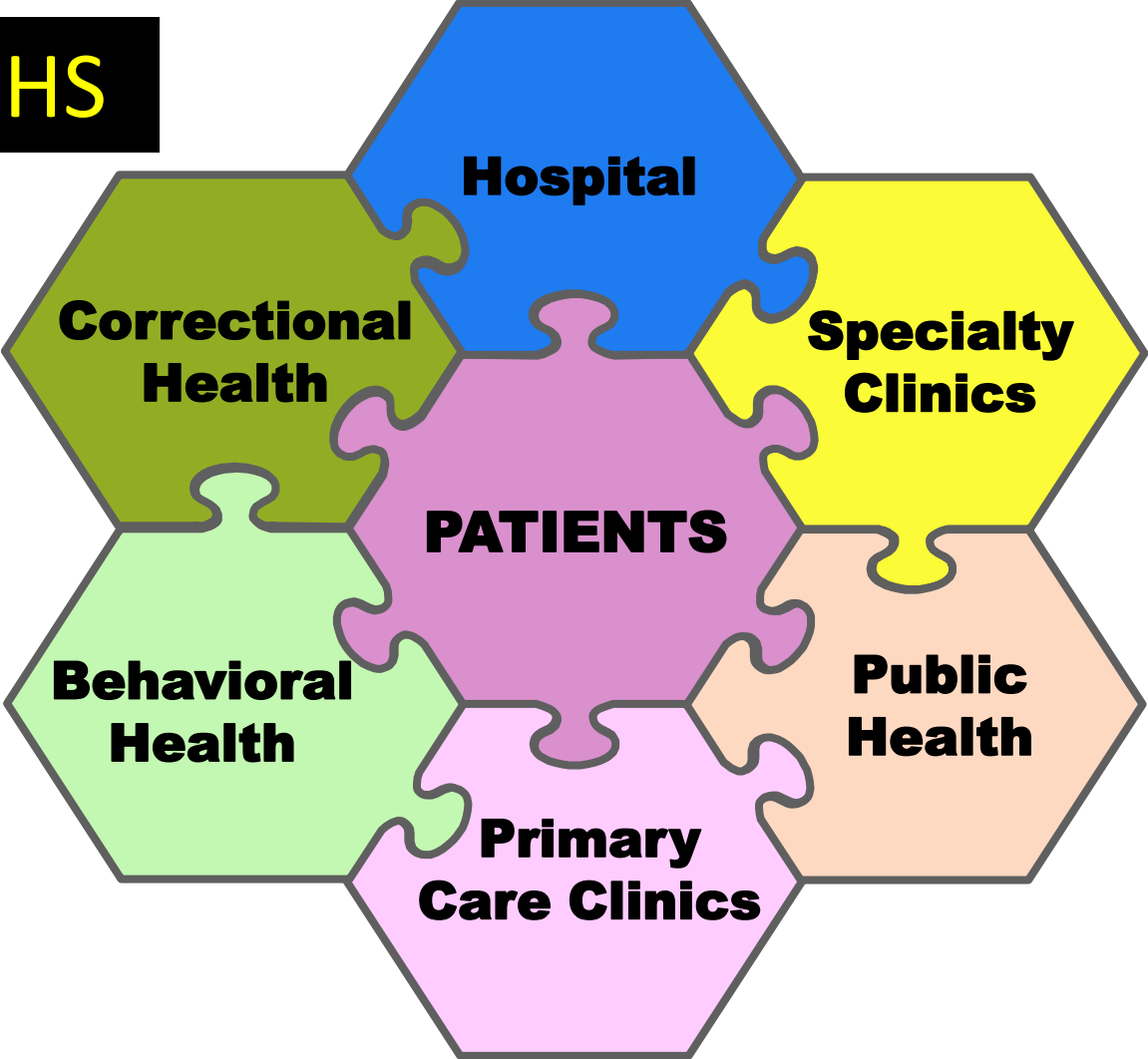
Specialty Clinics

Behavioral Health

Primary Care Clinics

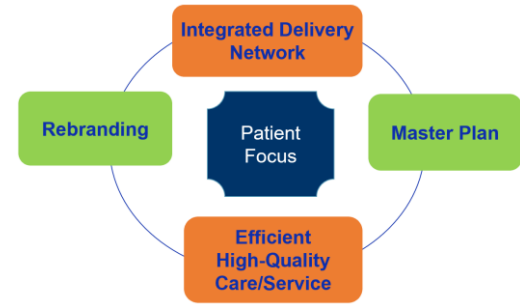
Public Health

RUHS





Master Plan



Corona



Jurupa



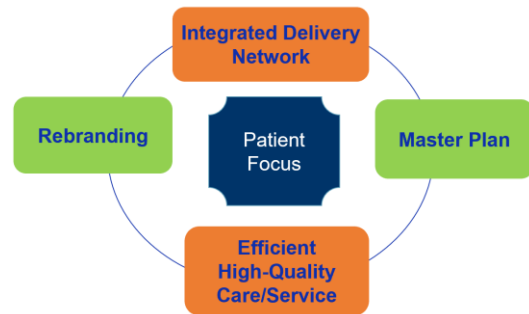
Moreno Valley



Perris

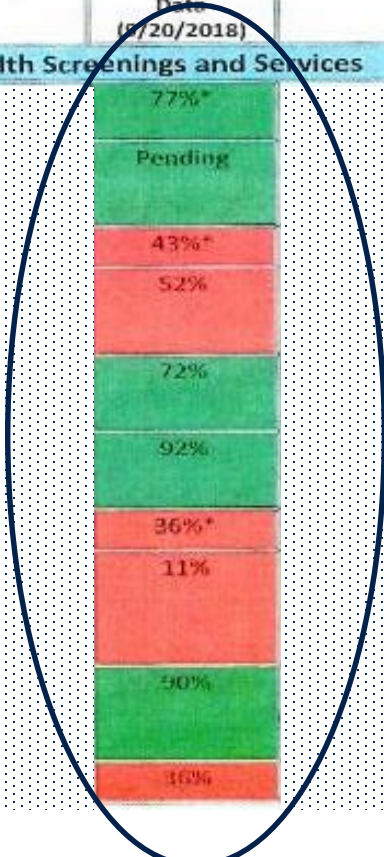


Quality



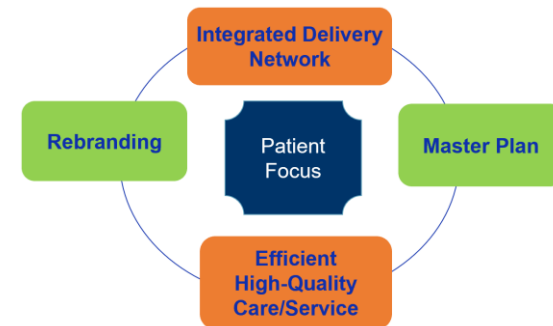
FQHC UDS Clinical Quality Data 2018

Quality Metric	2016 Submission Data	2017 National Health Center Data	2017 Submission Data	2018 RUHS Year to Date Data (8/20/2018)	Quality Metric Definitions
Preventative Health Screenings and Services					
Access to Prenatal Care (First visit in 1 st Trimester)				77%*	
Low Birth Weight				Pending	
Cervical Cancer Screening				43%*	
BMI Pediatric				52%	
BMI Adult				72%	
Tobacco				92%	
Colorectal Cancer Screening				36%*	
Childhood Immz				11%	
Depression				50%	
Dental Sealants for Children 6-9				36%	





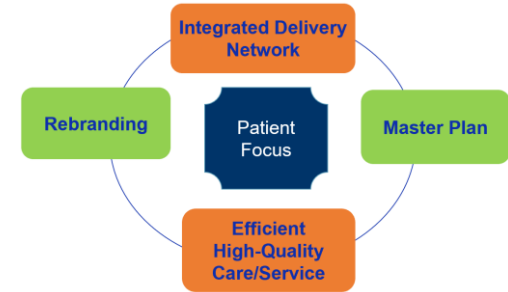
Quality



FQHC Clinical Quality Data 2018

Quality Metric	2015 UDS Submission Data (70 chart review except as noted)	2016 UDS Submission Data (70 chart review except as noted)	2017 UDS Submission Data (Total population except as noted)	2017 UDS National Health Center Data	2018 RUHS FQ Year FINAL (as of EPIC dashboard 1/22/2019)	DY13 PRIME FQ & MED Data (July 1, 2017-June 30, 2018)	DY14 PRIME FQ & Med Target (July 1, 2018-June 30, 2019)	2018 IEHP FQ & Med Global P4P Data (as of 10/1/2018)	2018 IEHP FQ & Med Global P4P Goals (HEDIS)	MediCal 2020 Goals	UDS Quality Metric Definitions (and others as noted)
Preventative Health Screenings and Services											
Access to Prenatal Care (First visit in 1 st Trimester)					71.57% [^] (705/985)						
Low Birth Weight					6.63% [^] (37/558)						
Cervical Cancer Screening					54% [^] (9980/18628)						
BMI Pediatric					78% [^] (3903/5013)						
BMI Adult					75% (27395/36660)						
Tobacco					94% (22936/24491)						
Colorectal Cancer Screening					50.5% [^] (6896/13631)						
Childhood Immz <small>*combo 10 requirement change and denominator change no longer excluding patients not seen ever prior to turning 2 in 2016</small>					14% (37/329)						
Depression					91% (32904/36259)						
Dental Sealants - Children 6-9 <small>*introduced in 2015</small>					63.5% [^] Chart audit						

Quality & Service

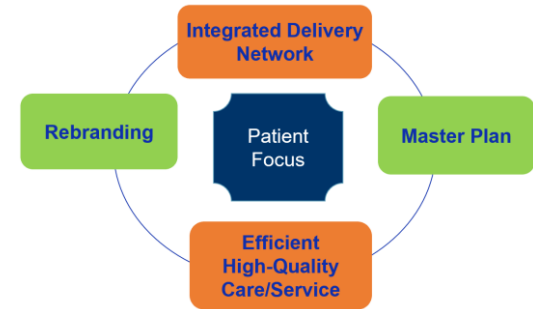


UDS 2018

Total by quartile	RUHS	SACHS	Borrego
	4 (1)	4 (6)	4 (1)
	3 (3)	3 (6)	3 (6)
	2 (9)	2 (2)	2 (6)
	1 (2)	1 (1)	1 (2)

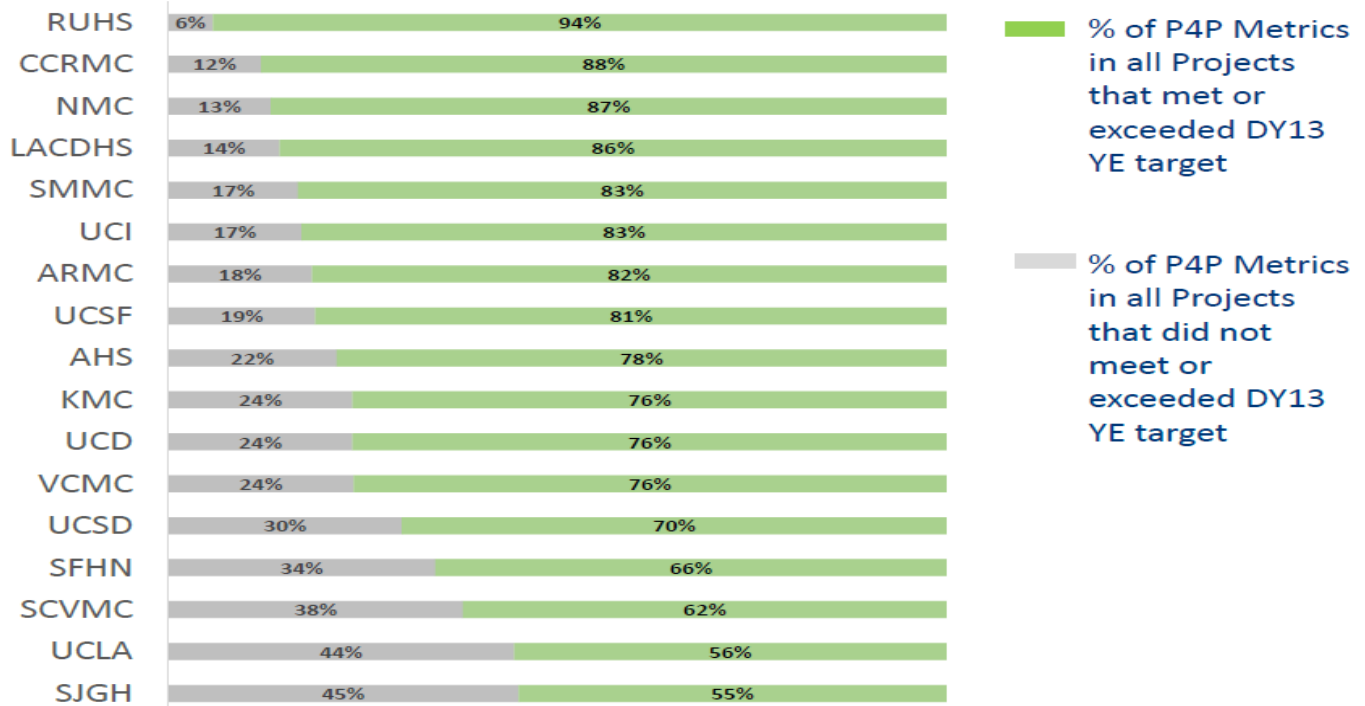


Quality

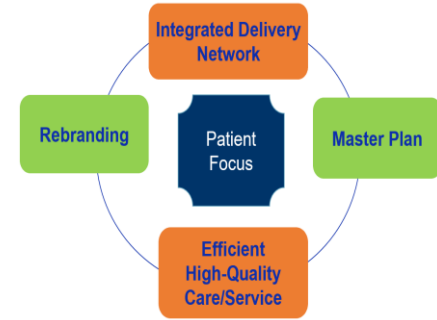


PRIME

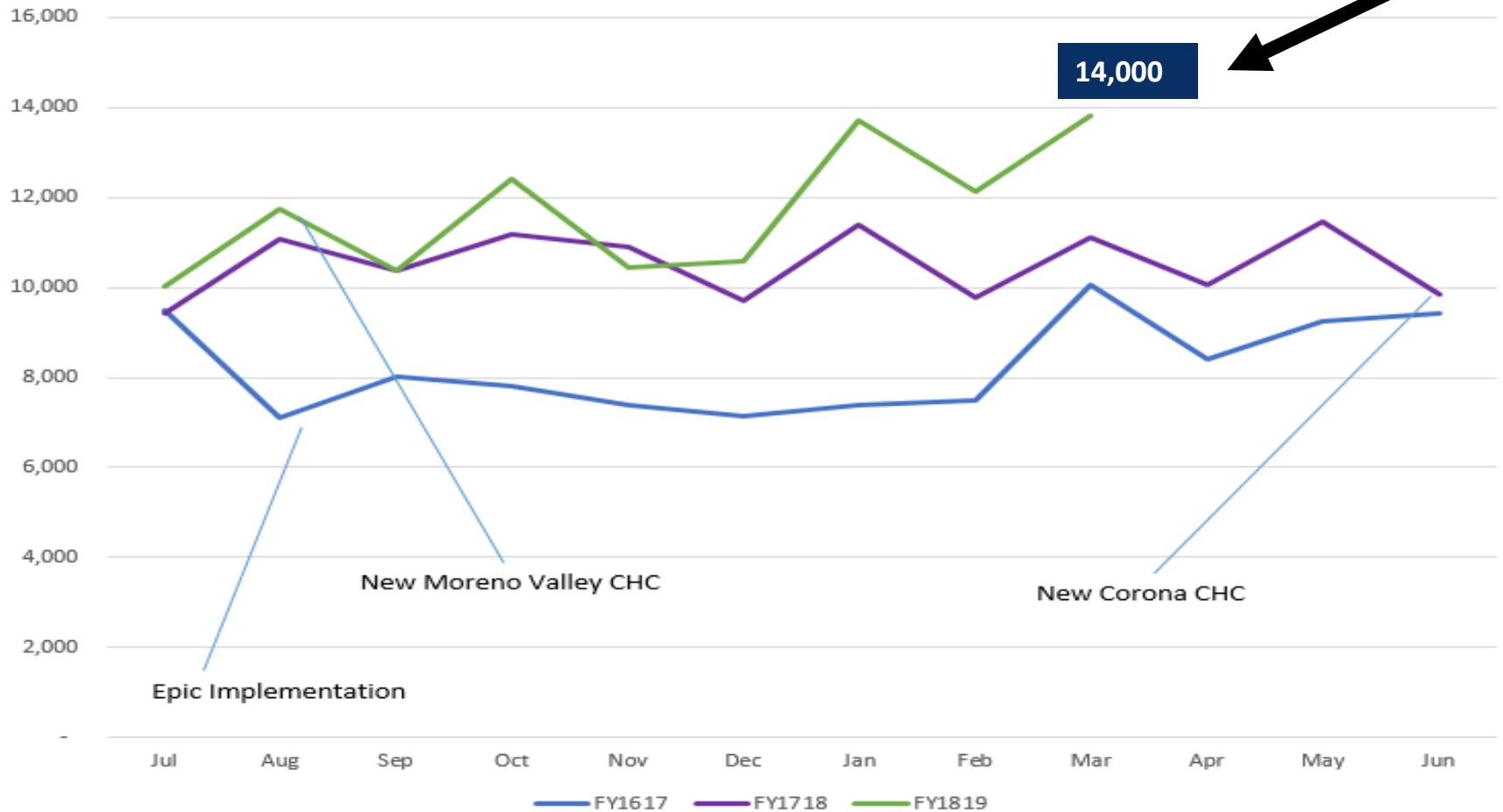
% of P4P Metrics that Met Year End (YE) Targets at DY13 Mid Year

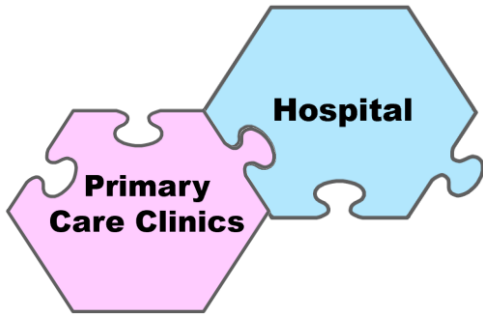


Efficiency & Service

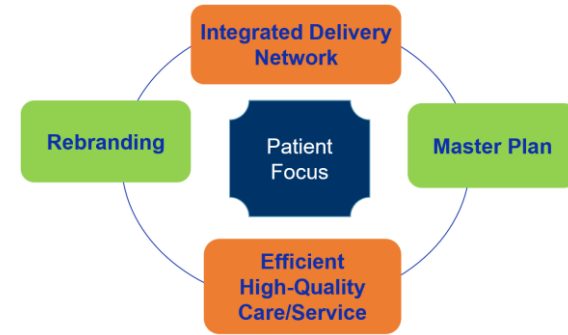


RUHS CHC Billable Visits by Month



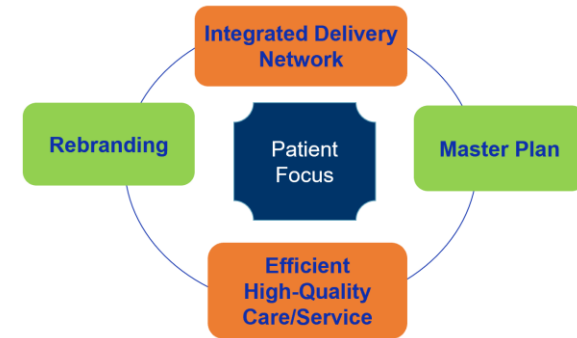


Master Plan





Master Plan



- Cath lab/Angio Suite
- Trauma/Acute resuscitation area
- New ED intake

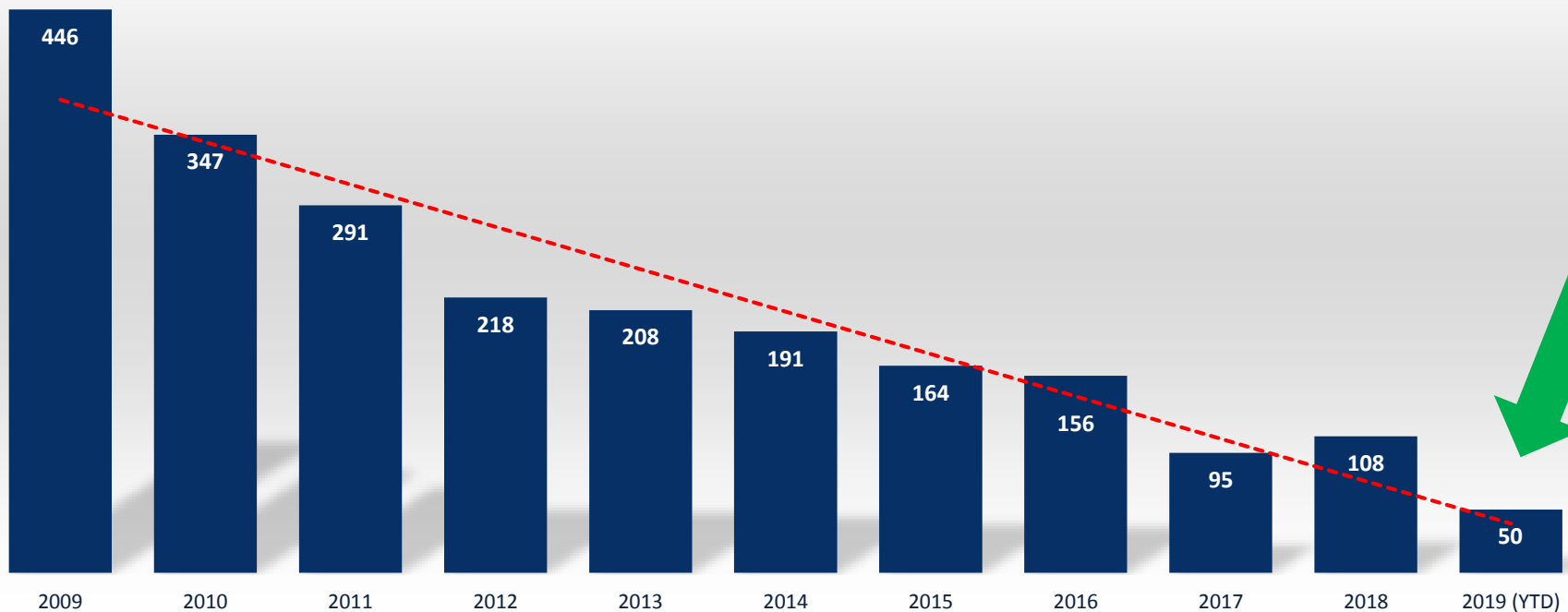
Future

- Second angio suite
- Jail clinic
- ED expansion to radiology

Hospital Acquired Infections 2009 – 2019 (YTD)

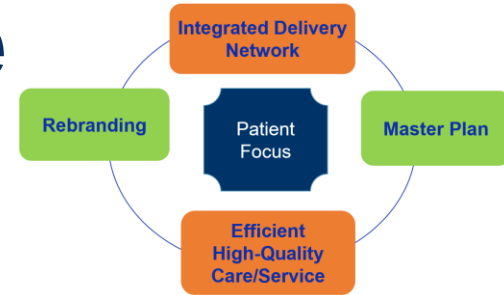


Absolute Numbers of All HAIs - RUHS 2009 - 2019 (YTD)

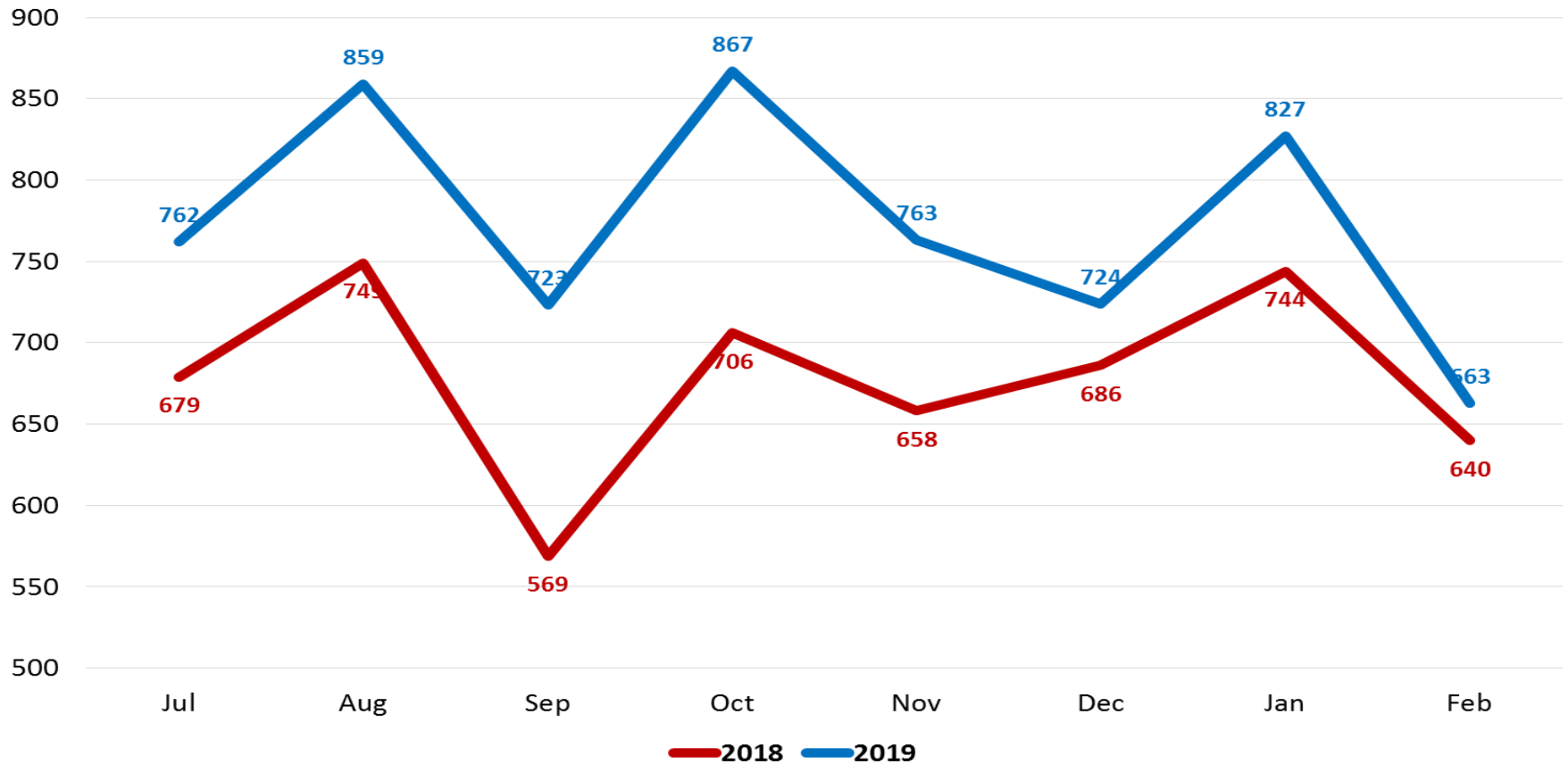




Efficiency & Service

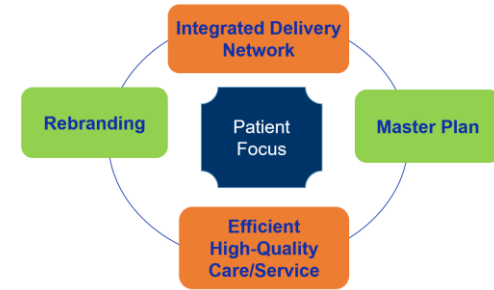


Total Surgery Cases 2018-2019

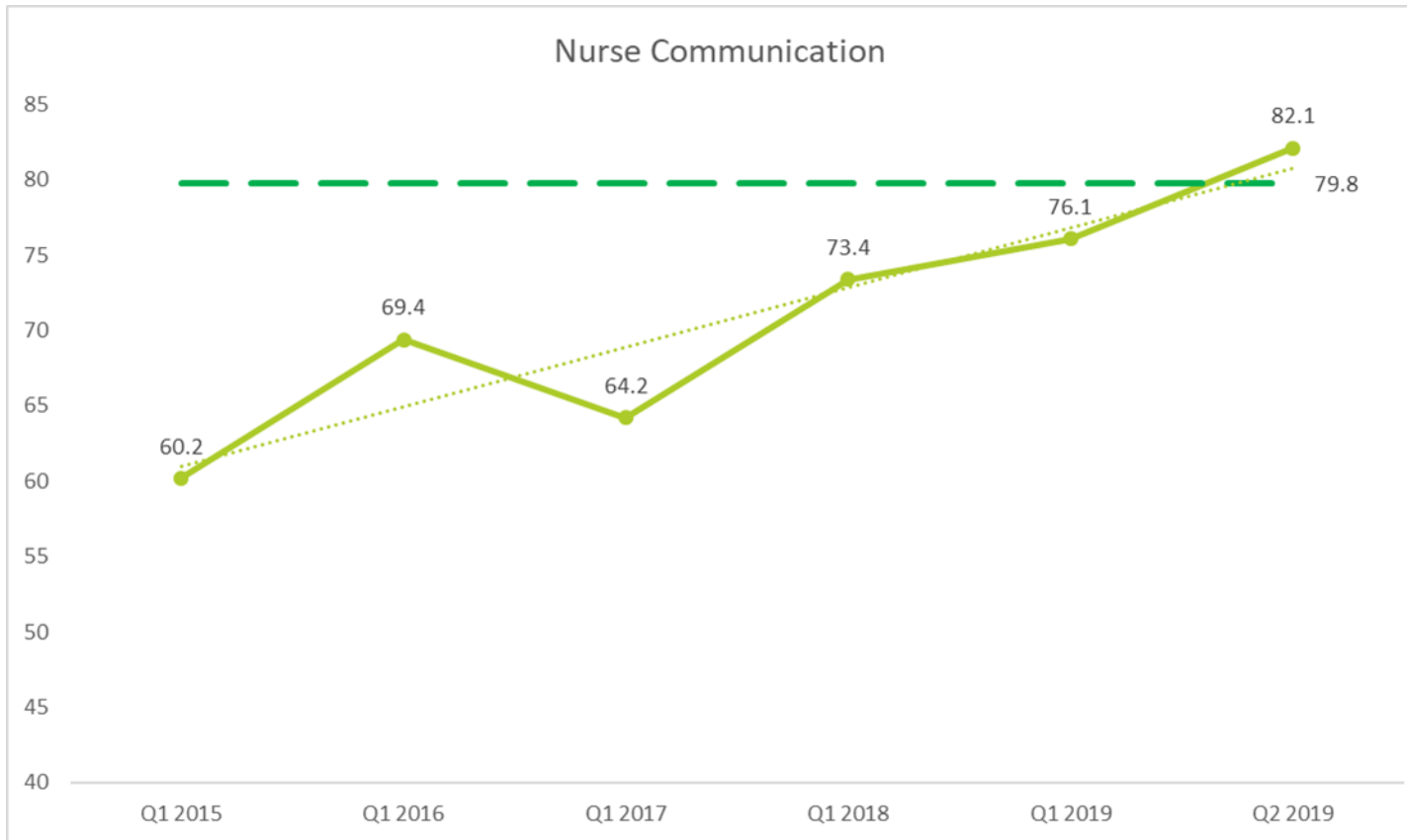




Service



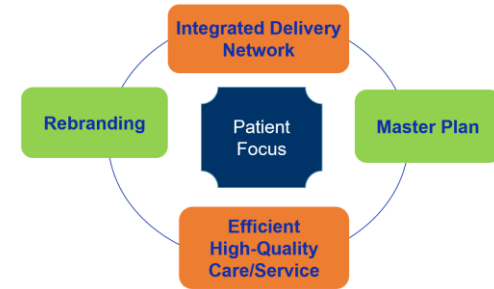
Nurse Communication



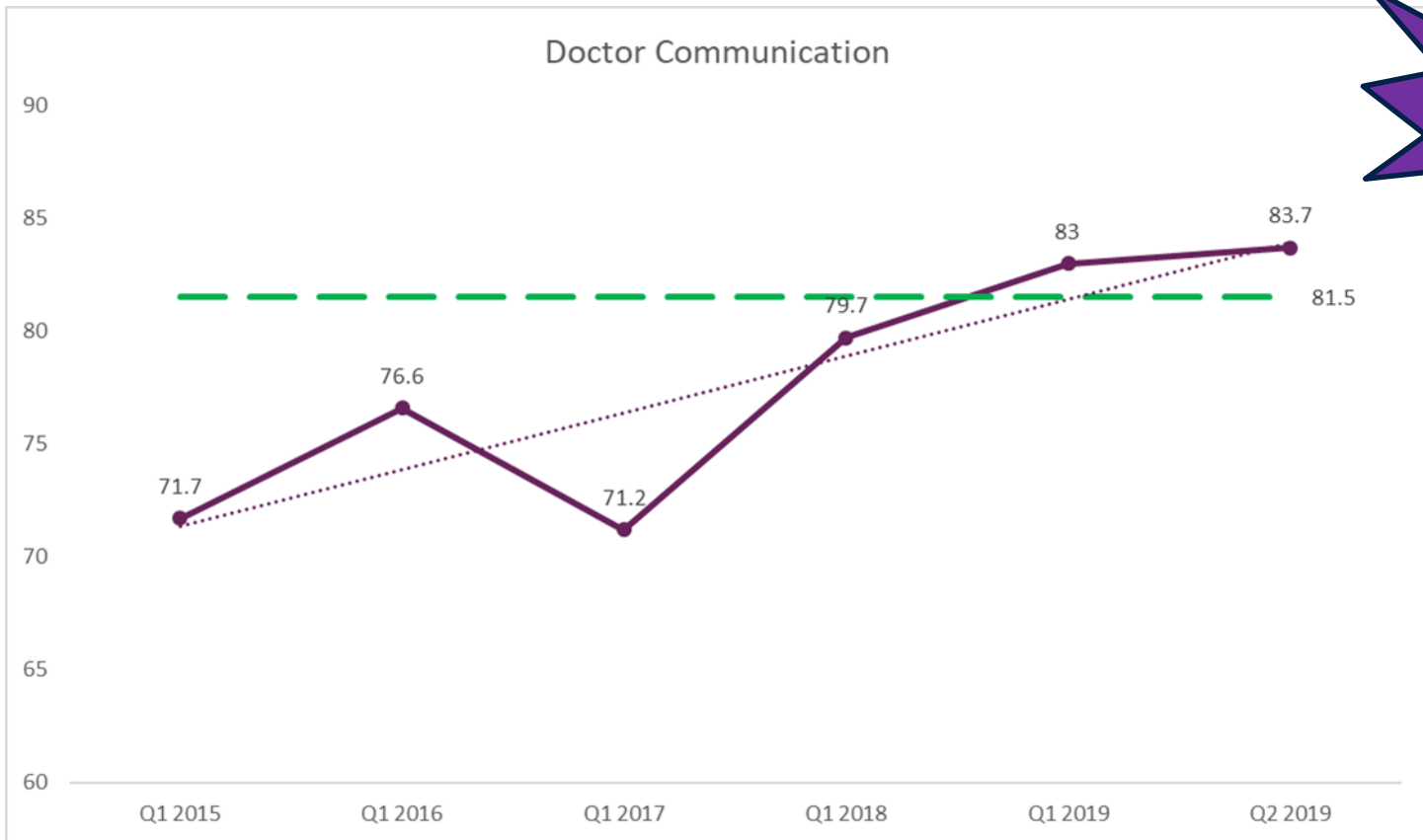
36% Increase



Service



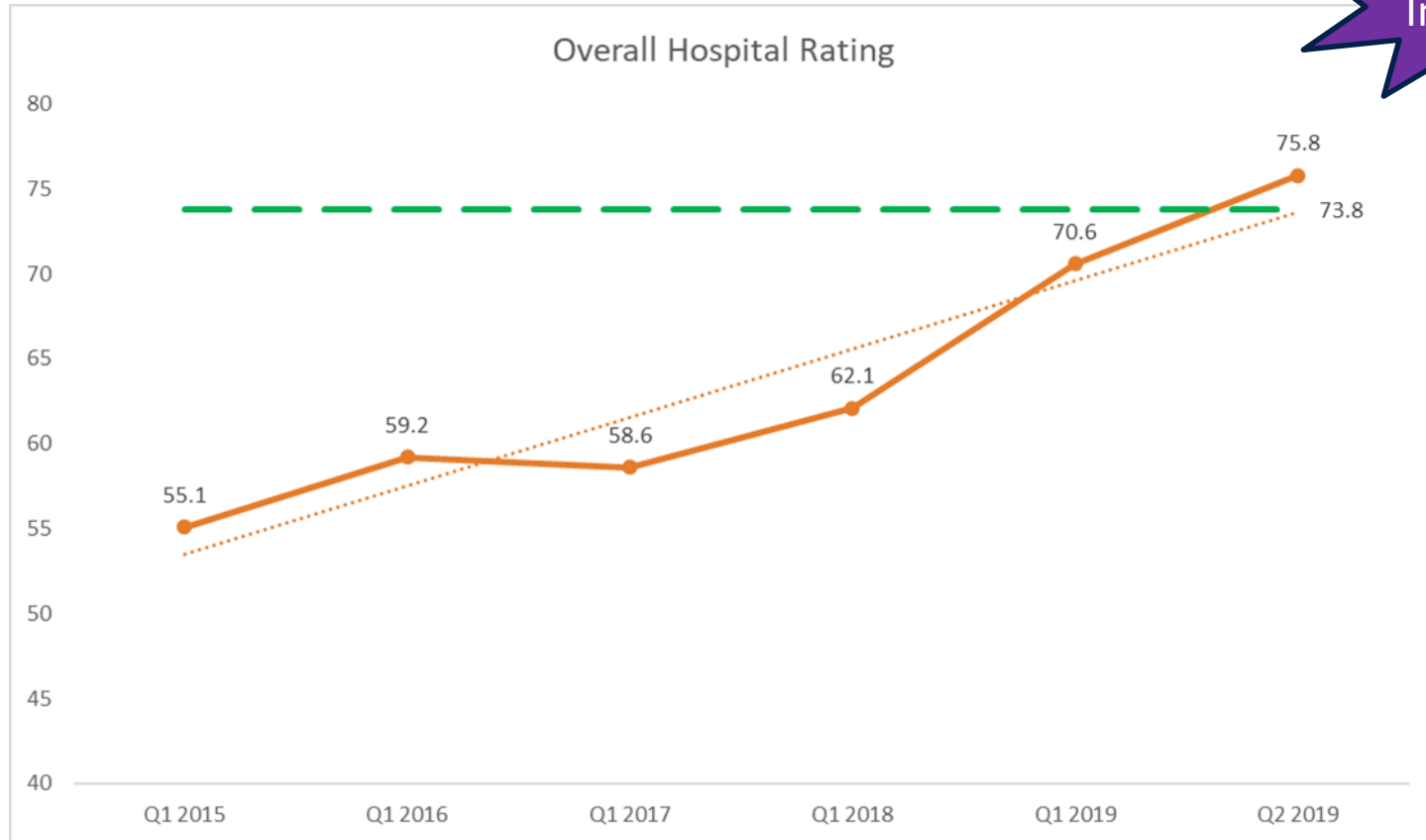
Doctor Communication



17% Increase

Overall Hospital Rating

38%
Increase





Master Plan, Quality & Service

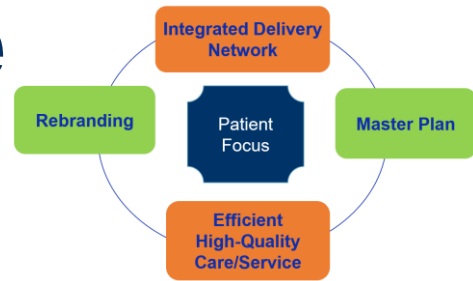


Comparative Effectiveness Clinical Outcome Research Center

- Center Director: Dr. Raul Coimbra
- Surgical & Perioperative Research Director: Dr. Megan Brenner
- Medicine Research Director: Dr. Anthony Firek
 - Research Center Manager
 - 1 biostatistician
 - 1 database coder
 - 2 clinical trials specialists
 - 1 coordinator
 - 1 manager
 - 7 volunteers (medical students, residents, college/grad students)



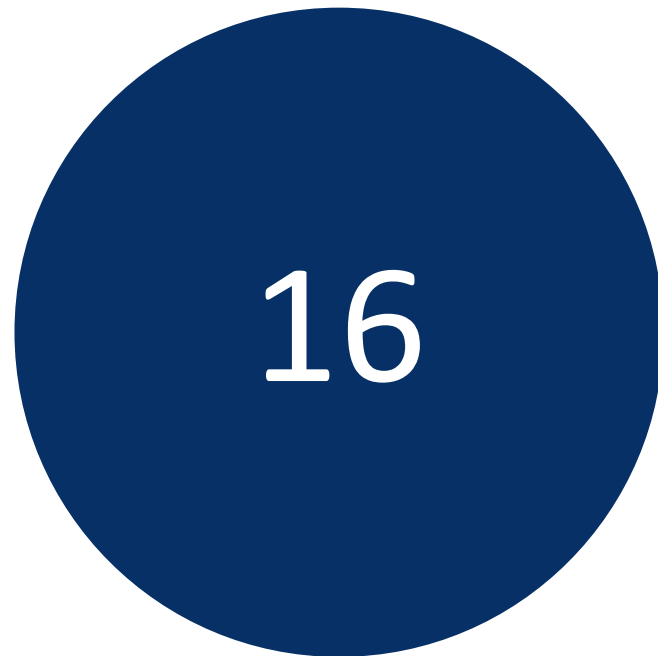
Efficiency & Service



Specialty Clinics Backlog

2017 Clinic Backlog >100 days

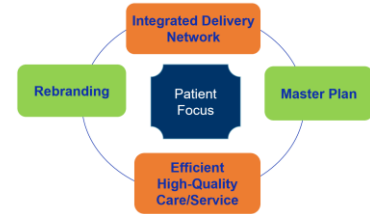
2019 Clinic Backlog >100 days



- 35 clinics with appointments in < 30 days



Efficiency & Service

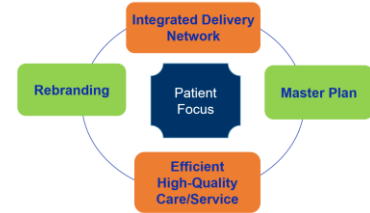


Behavioral Health Urgent Care Clinics

- 12 beds in each facility
 - Riverside
 - Palm Springs
 - Perris
- Clients on voluntary status
- May stay up to 23 hours, 59 minutes



Efficiency & Service

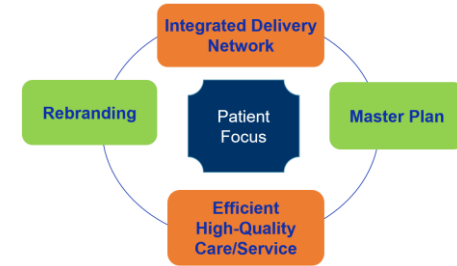


Crisis Residential Treatment Centers

- 15 - 16 beds in each facility
 - Riverside (16)
 - Jurupa Valley (15)
 - Indio (15)
- Clients on voluntary status
- May stay up to 2 weeks



Efficiency & Service

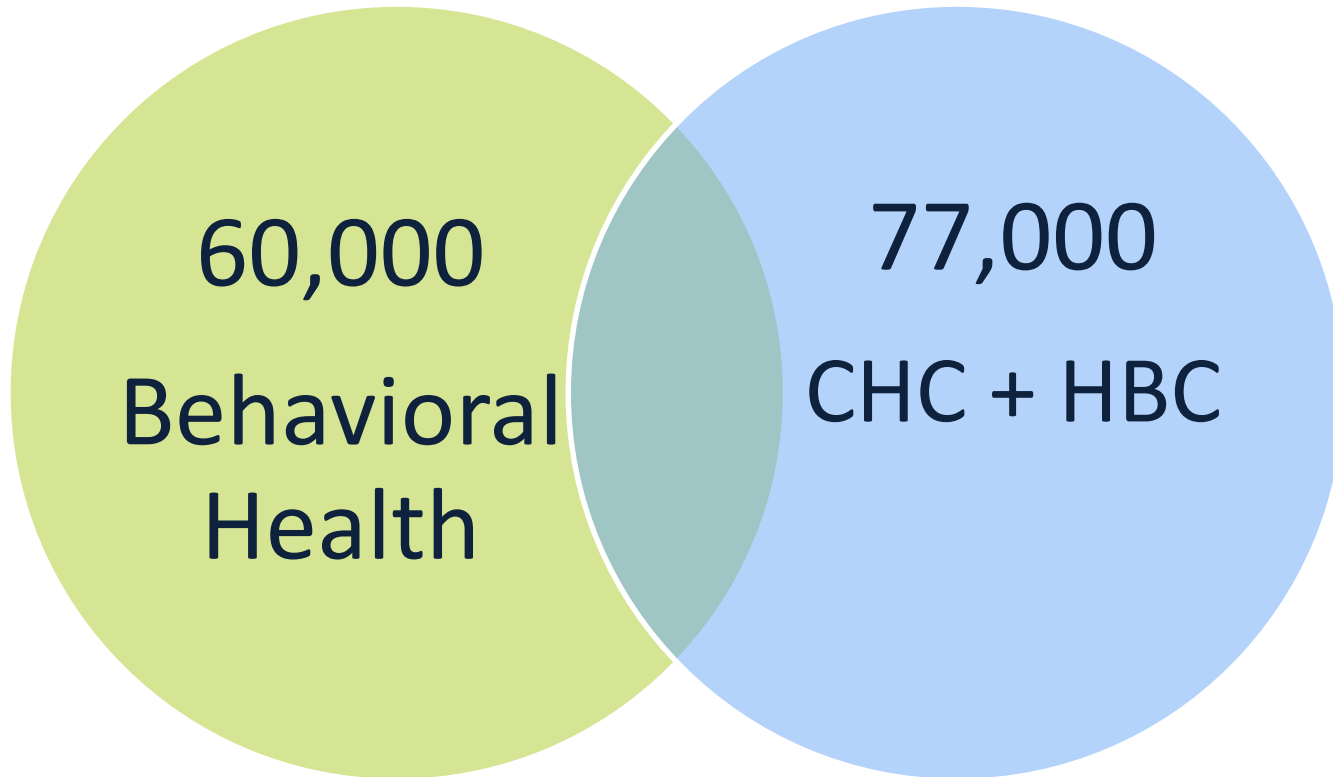
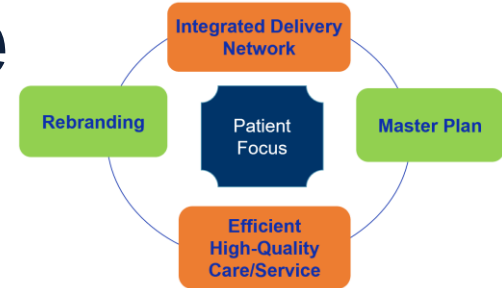


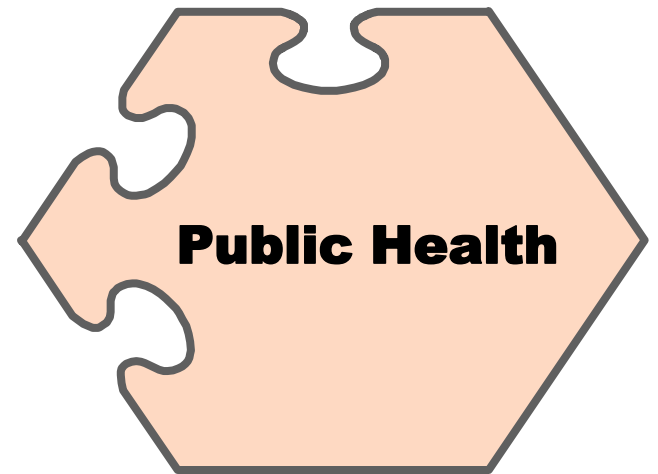
Institute for Mental Disease (IMD)

- Locked units
- Bed cost per day is 1/10th of hospital bed
- Contracted with three institute for mental disease (IMDs) for a guaranteed **147 beds**
- Progressive transfer of conserved patients



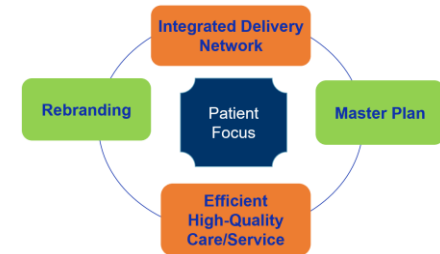
Quality & Service







Quality & Service



- Behavioral Health and Clinical Health teams joint rounding
- Tracking chronic diseases - follow-ups weekly
- Jail onsite optometry and dental reduced transports to medical center by 500/year
- With orthopedic clinics at the jail, we estimate an additional reduction of 450 transports/year
- In coming months: Tele-health capability for primary and specialty care between 5 jails and RUHC-MC

**Care for the vulnerable ≠
inefficiency & poor service**

Integration: Diabetes

Video Presentation

**Dr. Geoff Leung,
Medical Staff President**

RUHS Medical Center Recognized with NRC Patient Experience Award



Patient Experience

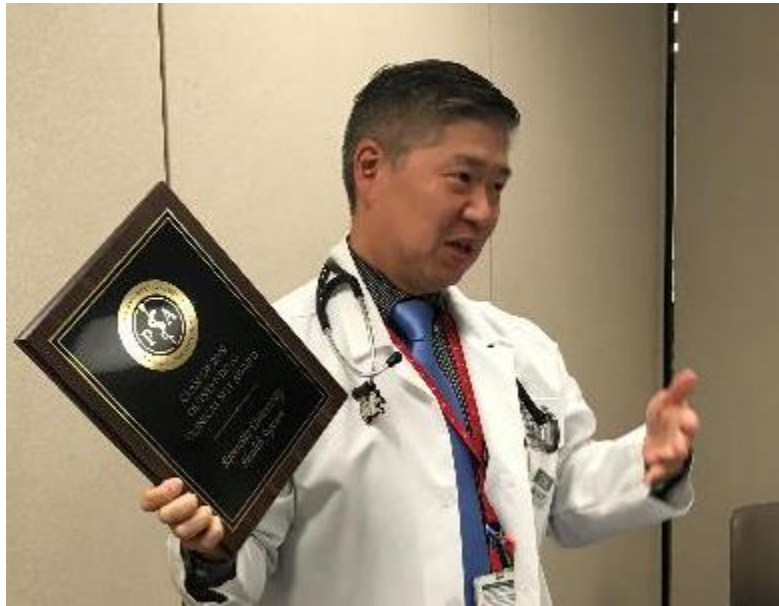
RUHS Meets 96% of Medi-Cal Waiver PRIME Metrics in 2018-2019

PRIME DY14 Metric Tracker			
Metric #	Measure	DY 14 YE Rate	DY14 % Target
1.1.1.a, 1.2.1.a	Alcohol and Drug Misuse SBIRT Rate 1	78.70%	
1.1.1.a, 1.2.1.a	Alcohol and Drug Misuse SBIRT Rate 2	4.88%	1.18%
1.1.3.d, 1.2.4	Diabetes: HbA1c Poor Control	29.00%	29.07%
1.1.5.f, 1.2.12.f	Screening for Clinical Depression	94.68%	86.86%
1.1.6.t, 1.2.14.t, 1.5.4	Tobacco Assessment/Counseling	95.80%	95.17%
1.2.10	SOGI/REAL Disparity Reduction Plan	Met	
1.2.11	REAL Data Completeness	99.70%	60.00%
1.2.13	SOGI Data Completeness	77.89%	60.00%
1.2.2	CG-CAHPS Provider Rating	79.22%	76.68%
1.2.3.c	Colorectal Cancer Screening	56.69%	54.03%
1.2.5, 1.5.1	Controlling BP DY13v.	72.13%	71.61%
1.2.5, 1.5.1	Controlling BP DY14v.	68.92%	
1.2.7.i, 1.5.2.i	IVD: Use of Aspirin/Antithrombotic	88.33%	87.80%
1.2.8	AHRQ/PQI #90 - Primary Care	0.43%	0.59%
1.3.1	Closing Referral Loop: receipt of specialist report	91.21%	84.72%
1.3.2	DCHS All Cause Readmissions	10.26%	12.35%
1.3.2 DY15	Plan All Cause Readmissions DY15	13.79%	
1.3.3	Influenza Immunization	65.65%	54.71%
1.3.5	Referral Reply Turnaround Rate	68.74%	25.00%
1.3.6	Specialty Care Touches	7.39%	13.20%
1.3.7	Tobacco Assessment/Counseling	97.11%	96.03%
1.5.3	PQRS Preventative Care and Screening: Screening for High BP and Follow Up Documented	54.15%	52.35%
2.1.1	Baby Friendly Hospital Designation	Met	
2.1.2	Exclusive Breast Milk Feeding	83.04%	
2.1.3	OB Hemorrhage: Massive Transfusion Number of women transfuse >4 units RBCs	0.00%	
2.1.4	OB Hemorrhage: Total Products Transfused - Total number of units of RBCs and Fresh Frozen Plasma transfused per 1000 births	3.36%	
2.1.5	Cesarean Section	17.98%	
2.1.6	Postpartum care	68.04%	64.78%
2.1.6	Prenatal Care	79.38%	77.66%
2.1.7	Severe maternal morbidity per 100 women with OB hemorrhage	26.47%	
2.1.8	Unexpected Newborn Complications	3.13%	

2.1.9	Nat'l Obstetric Patient Safety Bundle	100.00%	
2.2.1	DCHS All Cause Readmissions	9.30%	11.86%
2.2.1 DY15	Plan All Cause Readmissions DY15	12.84%	
2.2.2	H-CAHPS - Care Transition Metrics: understanding your care	51.59%	47.21%
2.2.3	Med Reconciliation - 30 days - Care Transitions	94.46%	93.30%
2.2.4	Reconciled medication list received by discharged patients	94.71%	92.60%
2.2.5	Timely transmission of transition record - Care Transitions	97.62%	95.98%
2.3.2	Med Reconciliation - 30 days - Complex Care	97.31%	95.78%
2.3.4	Timely transmission of transition record - Complex Care	98.46%	96.58%
2.6.1	Alcohol and Drug Misuse SBIRT - CNMP- Rate 1	87.05%	
2.6.1	Alcohol and Drug Misuse SBIRT - CNMP- Rate 2	4.82%	1.28%
2.6.2	Assessment and Management of Chronic Pain	31.48%	25.00%
2.6.3	Patients with Chronic Pain on long term opioid therapy checked in PDMPs	87.04%	25.00%
2.6.4	Screening for Clinical Depression - CNMP	97.46%	86.86%
2.6.5	Treatment of CNMP with multi-modal therapy	91.53%	83.84%
3.3.1	Adherence to medications for individuals prescribed high cost pharmaceuticals (Current Year)	50.16%	56.54%
3.3.3	High Cost Pharmaceutical Ordering Protocols (Current Year)	62.37%	42.79%
3.3.4	Documentation of current medications in medical record (Current Year)	96.83%	
1.1.7	Depression Follow-up, Remission, & Response* 3 sub rates will capture 2/3 available funds	28.08% 2.28% 5.31%	26.19% 2.25% 5.71%
	DY14 PRIME ELIGIBLE POPULATION	70504	

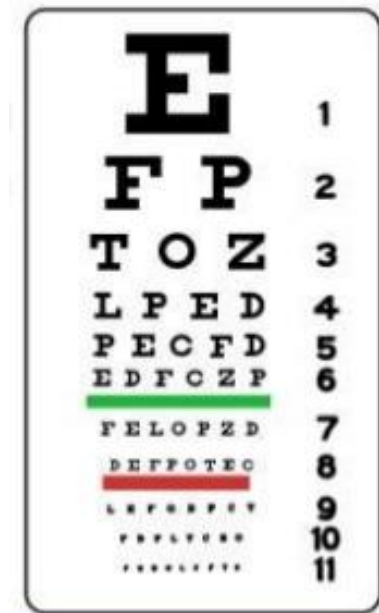
Quality

California Baptist University Recognizes RUHS with “Outstanding Clinical Site Award”



Education

Primary Care / Specialty Care Integration



Integration

<http://cteyehospital.com/> (accessed Oct 17th, 2019)

RUHS to Receive California Association of Public Hospitals Quality Leaders Award for “Whole Person Health Score” Program

WPHS (Whole Person Health Score)

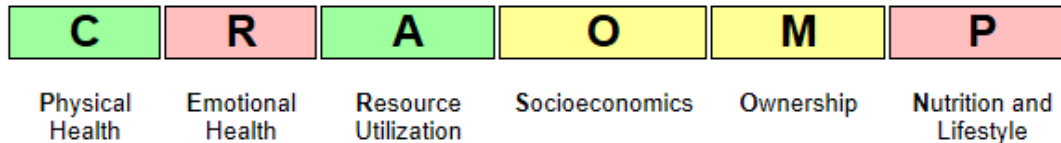
QUALITY LEADERS AWARDS WINNERS

← ↻ 🔍 Snapshot report Discharge Planning Ind



Whole Person Health Score Summary

Assessment Last Completed: 10/7/2019 2:37 PM



A-F	Good. Little opportunity for improvement (no referral needed).
G-O	Fair. This is an area of health that is likely impacting your overall well-being. Consider seeking additional support or help (referral needed).
P-Z	Needs Improvement. This is an area of health that is already impacting your overall well-being and needs immediate or continued attention (referral needed).

Follow-up / Referral Recommendations:

- **Emotional Health:** Clinical Therapist or Psychologist
- **Socioeconomics:** Social Work or Social Services
- **Ownership:** Health Coach or Dietitian
- **Nutrition and Lifestyle:** Dietitian or Substance Abuse Counselor

Innovation



Physician Lounge Coming Spring 2020



Engagement



RUHS Medical Center
Emergency Department Expansion





RUHS Medical Center
Emergency Department Expansion





