



GOVERNING BOARD PRESENTATION

January 30, 2024



WELCOME & INTRODUCTIONS





Agenda

- 1 Agenda: Overview
- 2 Behavioral Health Services for Children & Teens
- 3 Naloxone Distribution
- 4 Financial Update
- 5 Staffing
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Behavioral Health Services for Children & Teens

Dr. Matthew Chang

Director, Behavioral Health

Janine Moore

Deputy Director, Children's & TAY



Transitional Age Youth Services



Expanding Access to Naloxone to Prevent Opioid Overdoses

Davalyn Tidwell, PharmD
Director, Pharmacy



Harm Reduction

Improving access to naloxone saves lives

- Nasal spray
- Easy to use, carry
- Reverses opioid overdose
- No effect if opioids are not present
- California Department of Health Care Services program



RUHS Naloxone Distribution Program

Started April 2023

- No prescription
- Free to community
- Managed by ED Pharmacists, Providers, Nurses
- Distribution:
 - Emergency Department
 - RUHS clinics
 - Community organizations



RUHS Naloxone Distribution in Riverside County

- **2020 – 2022**
385 - Average annual naloxone distribution, RUHS Outpatient Pharmacy
- **April 2023 – December 2023**
10,000+ - Take home kits distributed by RUHS over 8 months



Partners & Events

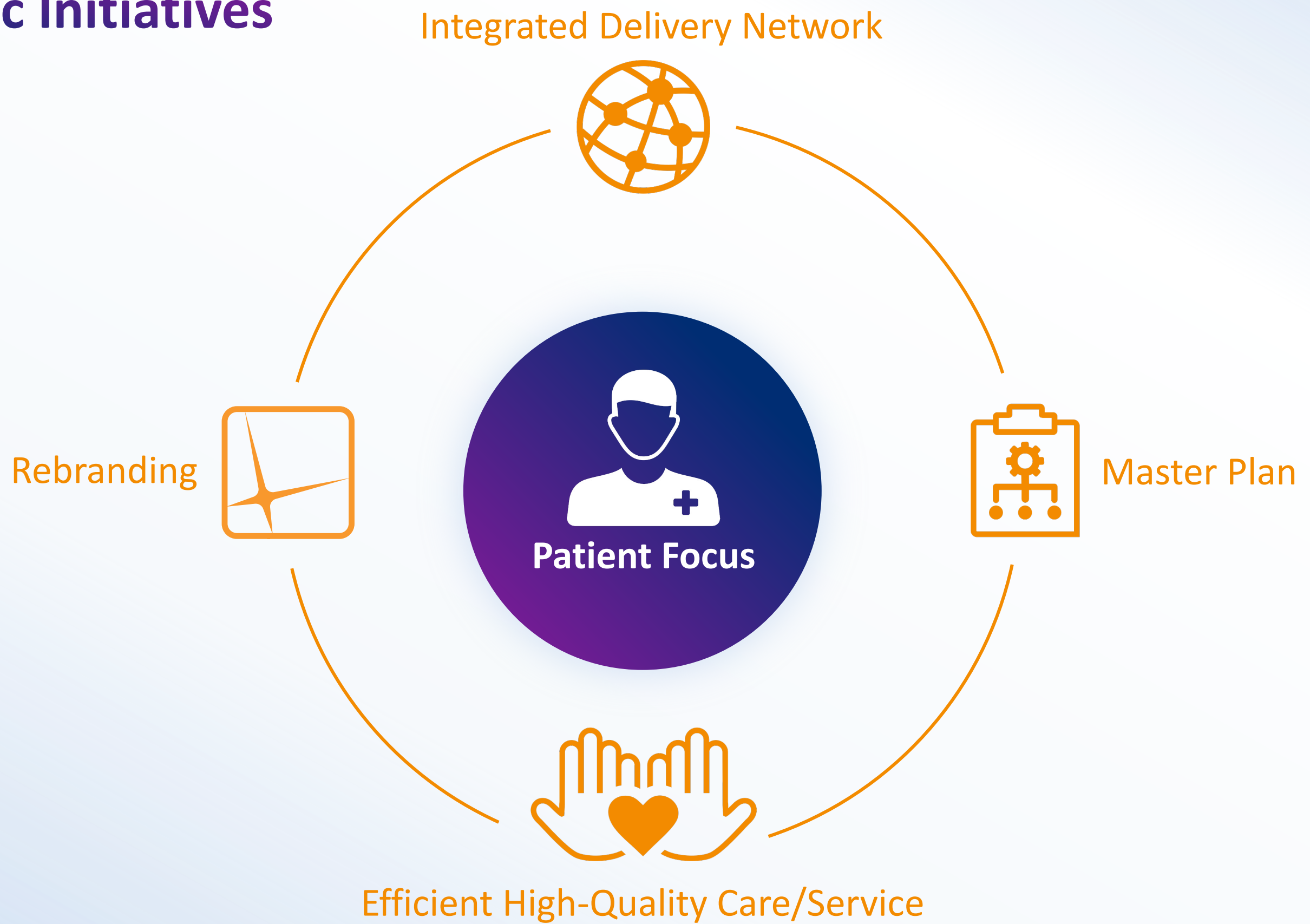
- **Moreno Valley Unified School District**
- **RUHS Behavioral Health Substance Abuse Providers and Clinics**
- **RUHS Public Health**
- **Riverside Free Clinic**
- **RUHS Farmers Market**
- **Mission Inn Run**

Financial Update

Joe Zamora
RUHS Finance Director



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



RIGHT TIME



RIGHT CARE



RIGHT SETTING

Past Structure



**Riverside County
Regional Medical
Center**



**Riverside County
Department of
Public Health**



**Riverside County
Department of
Mental Health**



**Community Health
Centers**

Four Agencies – One System

 **Riverside University**
HEALTH SYSTEM
Medical Center

 **Riverside University**
HEALTH SYSTEM
Public Health

 **Riverside University**
HEALTH SYSTEM
Behavioral Health

 **Riverside University**
HEALTH SYSTEM
Community Health Centers

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

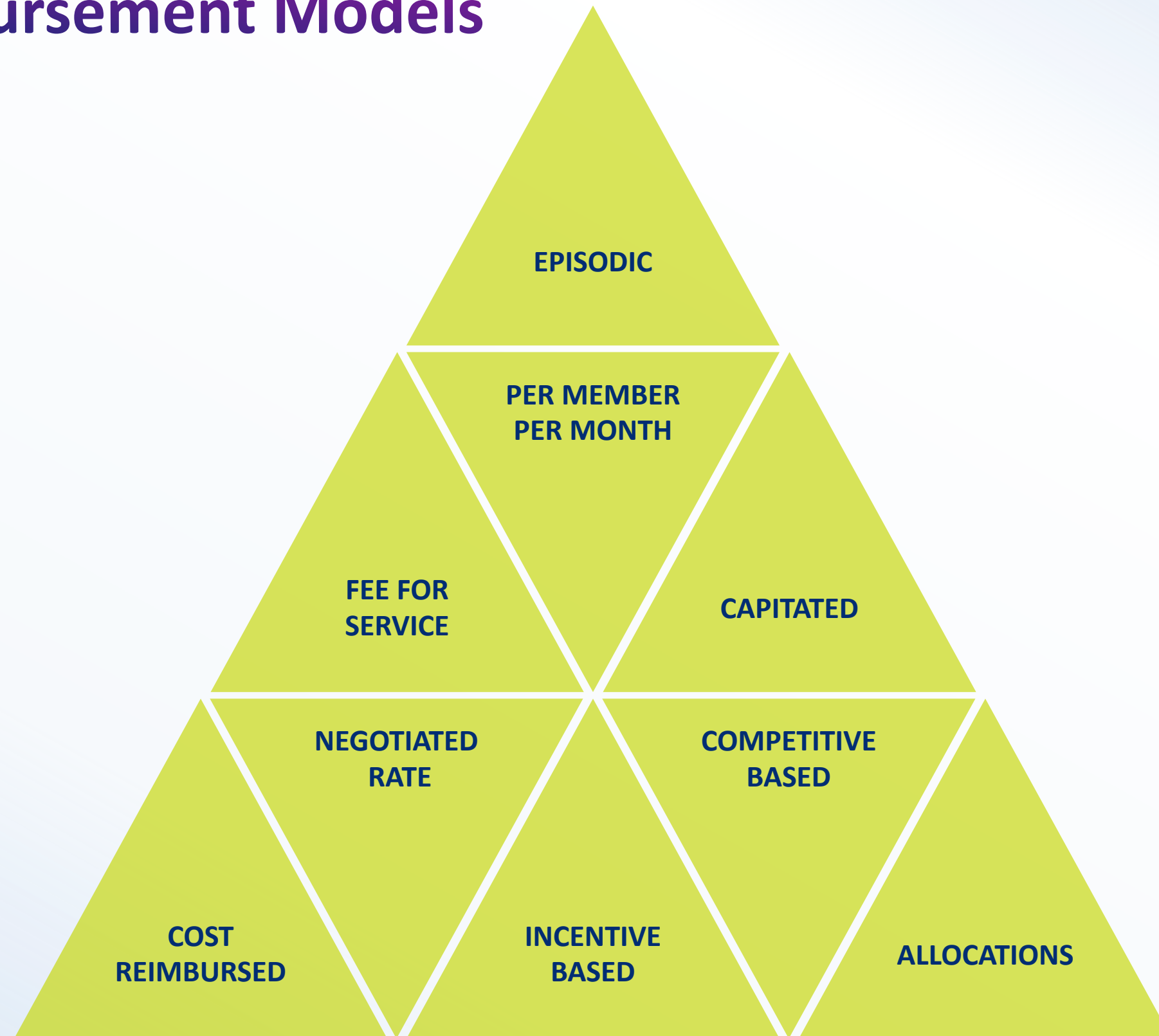
RUHS Workforce ~ 8,500 Strong



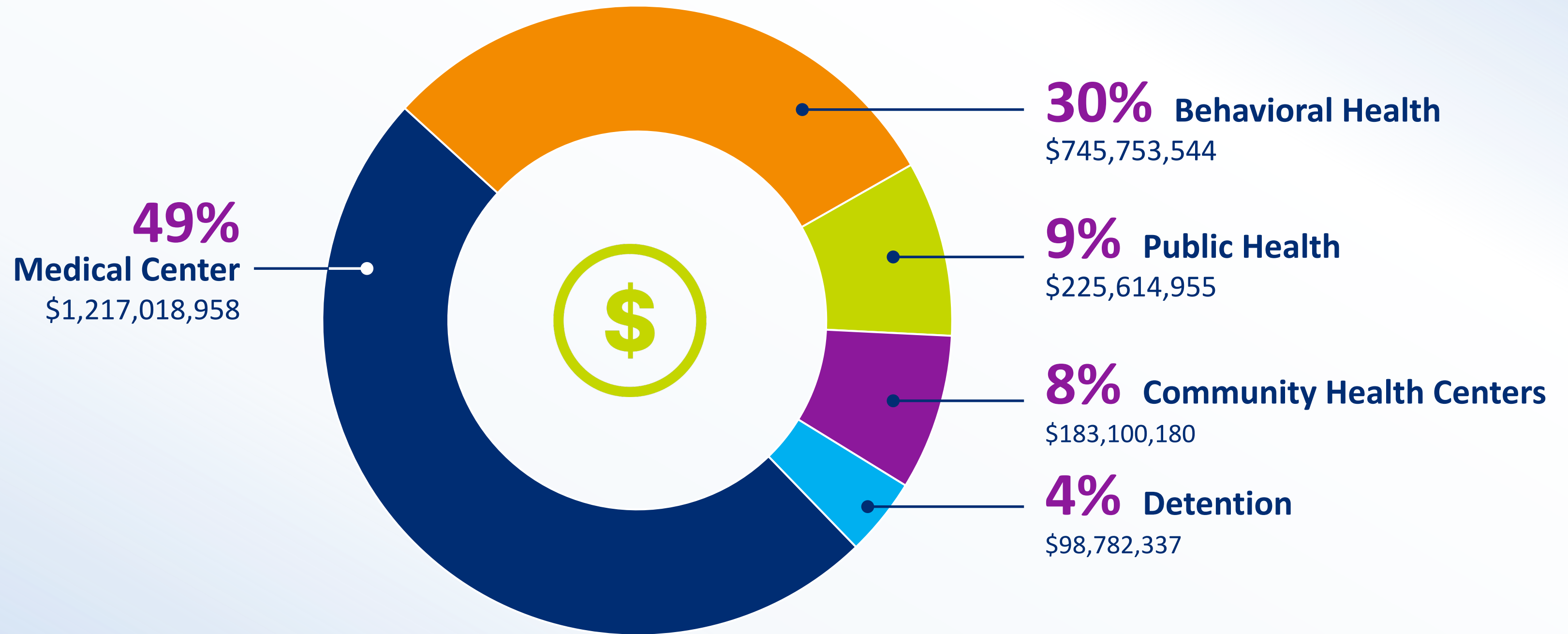
Why are we doing this?

- **County mandate to provide healthcare to:**
 - Indigent/Uninsured Low-Income Residents
 - Inmate Healthcare
 - Seriously Mentally Ill
- **Mandates never come with adequate funding**
- **RUHS strategic initiatives have minimized the impacts on the County General Fund**

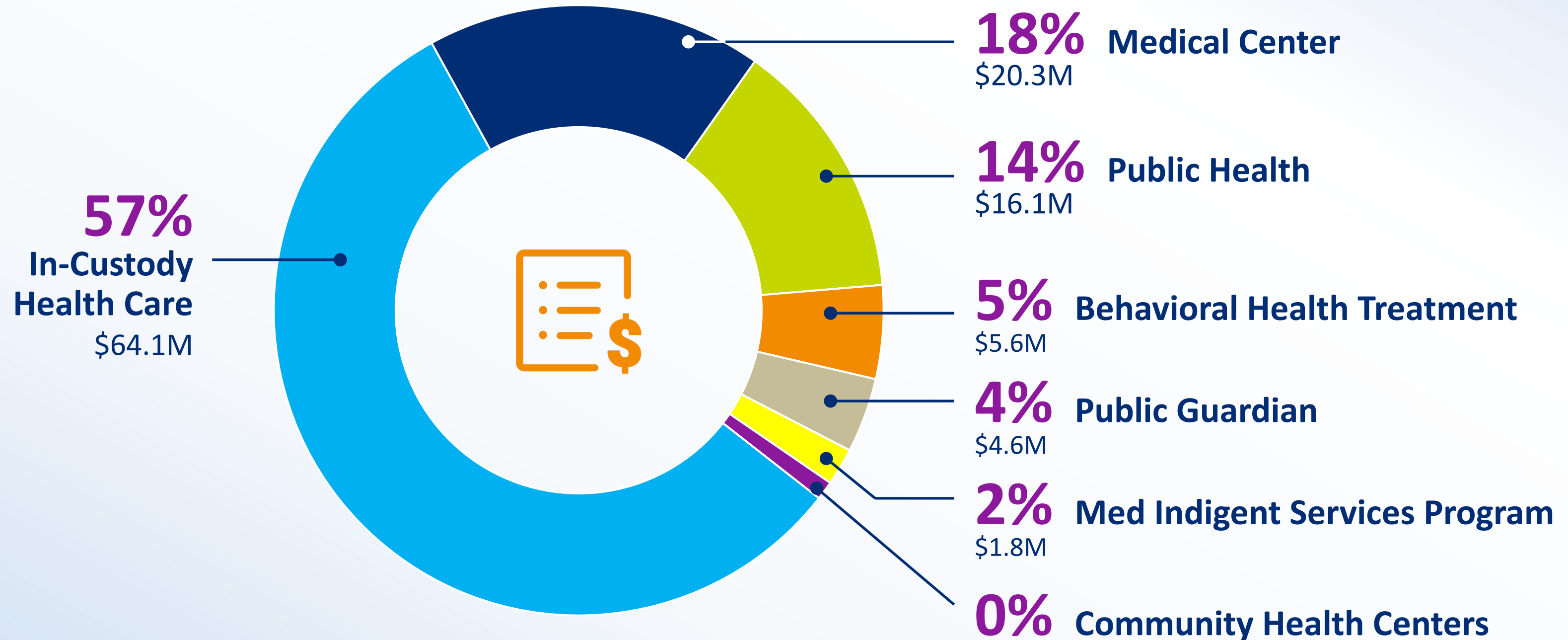
Current Reimbursement Models



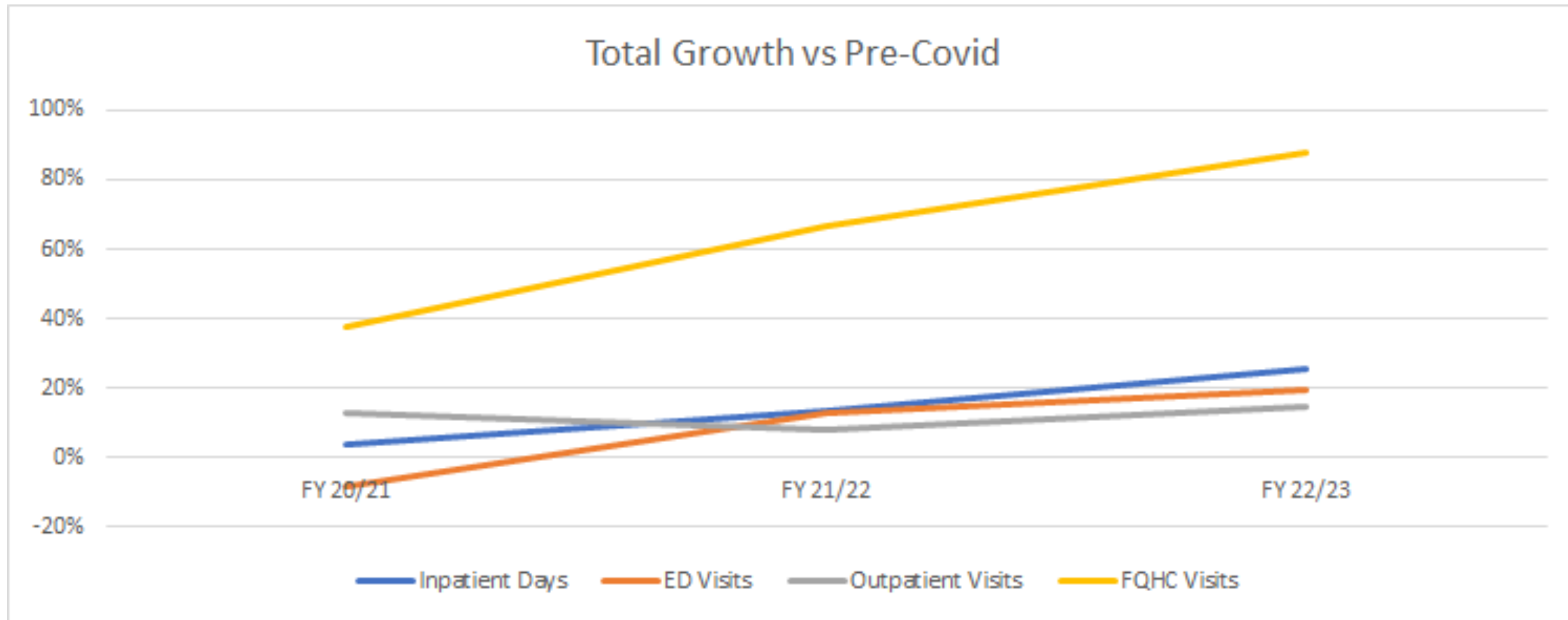
FY 2023/24 Budget - \$2,470,269,974



FY 2023/24 Budget – Net County Costs & Contributions



Service Demand Growth



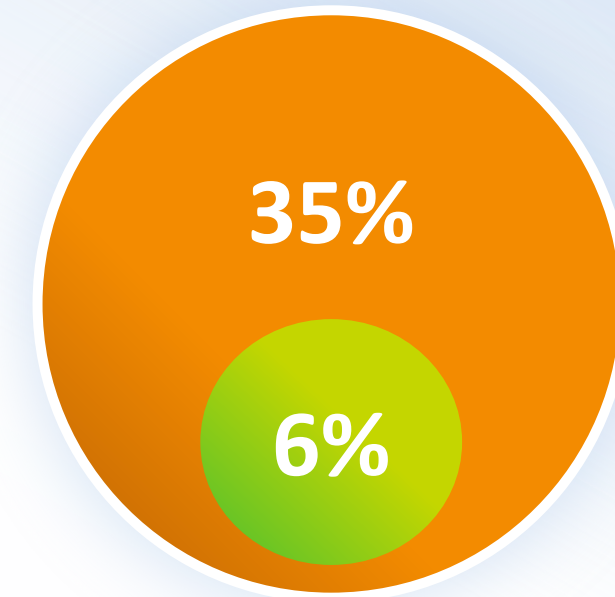
Key Financial Challenges

- **Maintain financial position of the health system**
- **Inflationary pressures, rising costs**
- **Population growth continues to increase demand**
- **Medi-Cal is not a good payor**
- **Lack of adequate and equitable state funding**
- **Despite strategic efforts, RUHS cannot sustain costs of unfunded mandates**

California's 21 Public Health Care Systems (PHS)

CAPH

- Our system, one of 21 public health systems in California, provides critical safety net care to at risk communities
- Provide more than hospital care to Medi-Cal and uninsured patients
 - Primary Care
 - Specialty Care
 - Behavioral Health
- Operate majority of trauma, burn centers in California
- Train half of the physicians in California, as well as nurses and other providers



Though just **6% of all hospitals** in the state, public hospitals serve **35% of all Medi-Cal and uninsured** care statewide.

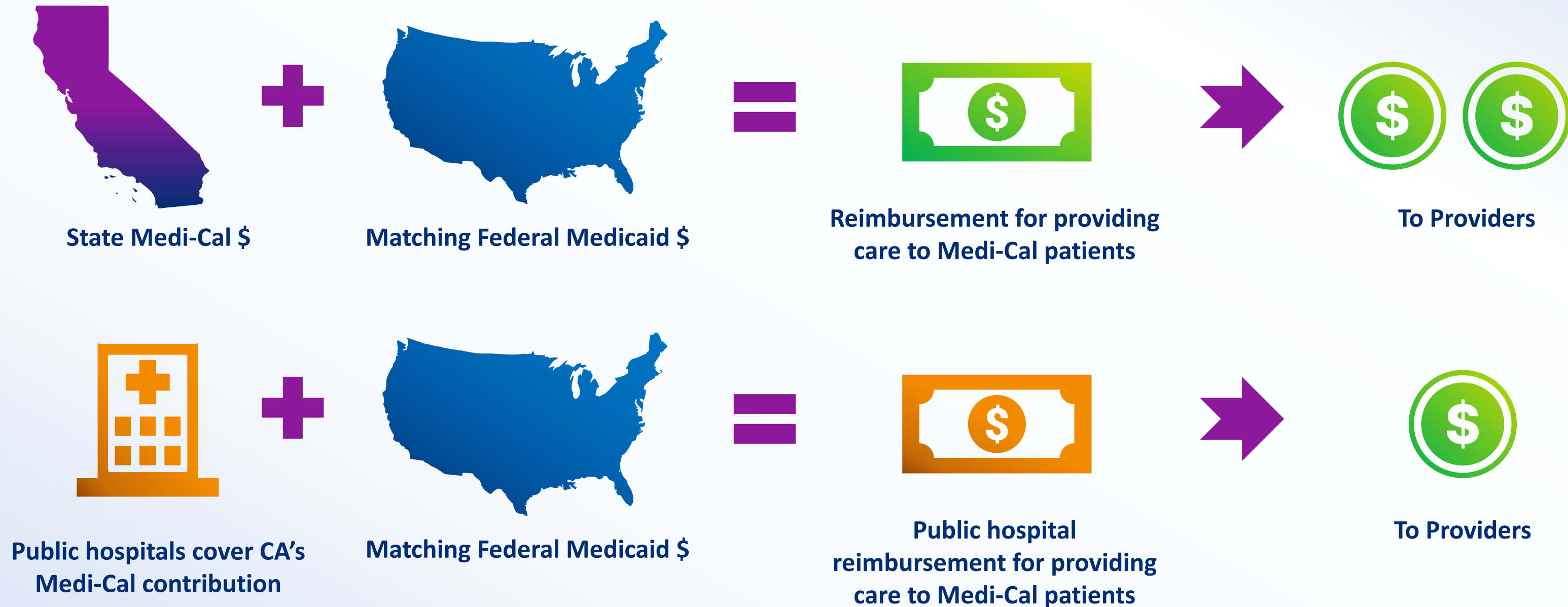
On average, **60% of patients are Medi-Cal or uninsured**. In some systems, it's nearly 80% of patients.



How PHS are Currently Funded

- **PHS are primarily funded through federal dollars that require a state match:**
 - Medi-Cal
 - Medicaid waivers for specific programs
 - Medicaid Disproportionate Share Hospital (DSH) funding
 - Other supplemental payments
- **For PHS, “supplementals” now represent 2/3 of their Medi-Cal & uninsured payments, with PHS paying the state’s share of those payments**

Public Health Systems are Paying Most of State's Share of Medi-Cal



Convergence of Factors Creating a Financial Crisis

Base Medi-Cal payments have never been enough to cover costs

Because of our mission and payor mix, it is not an option for PHS to offset these losses with commercial payors

Waivers and supplemental payments provide significant additional revenues, but those sources of revenue are either declining or are hitting limits

Coverage expansion and State-funded payments for CalAIM services help, but only marginally

Expansion of Medi-Cal managed care reduces the net financial return to DPHs because FFS is cost-based, and managed care rates are so low

Other factors: inflation, workforce shortages, ongoing pandemic services

Three Key Strategies to Stabilize Funding

1



Strengthen Partnerships with Medi-Cal Managed Care Plans

- Increase Medi-Cal base rates
- Assess other opportunities to expand services (i.e. dual-eligible) and improve value to plans

2



Secure Millions in Ongoing State General Fund/Revenues

- Reduce PHS' reliance on paying the Medi-Cal match
- Opportunities through the MCO Tax

3



Increase Existing Supplemental Payments Where Possible

Workforce Recruitment & Retention

Leah Patterson, RN
Chief of Patient Care Services/Chief
Nursing Officer



Nurse Recruitment

- **Reduced travelers**
- **Stabilized workforce**

Result:

- Decreased costs
- Increased patient satisfaction
- Improved outcomes



Staff Positions

~292 Full-time Employees Hired January – December 2023

- Lab scientists
- Housekeepers
- Radiology techs
- Stock clerks
- CT technologists
- LVNs
- RNs
- Respiratory care technicians

Post-COVID Changes

Factor	COVID-19 Peak	Dec. 2023	Change
Patient Census	~ 540	~ 400	- 140
Surge Areas	10	0	- 10
Length of Stay	6.5 days	4.25 days	- 2.25 days
Area Served	Statewide	RivCo/SoCal	

Recognition



B



Achieved higher letter grade of “B”
from Leapfrog Hospital Safety Grades

Comparative Effectiveness and Clinical Outcomes Research Center

Raul Coimbra, MD, PhD, FACS
CECORC Director

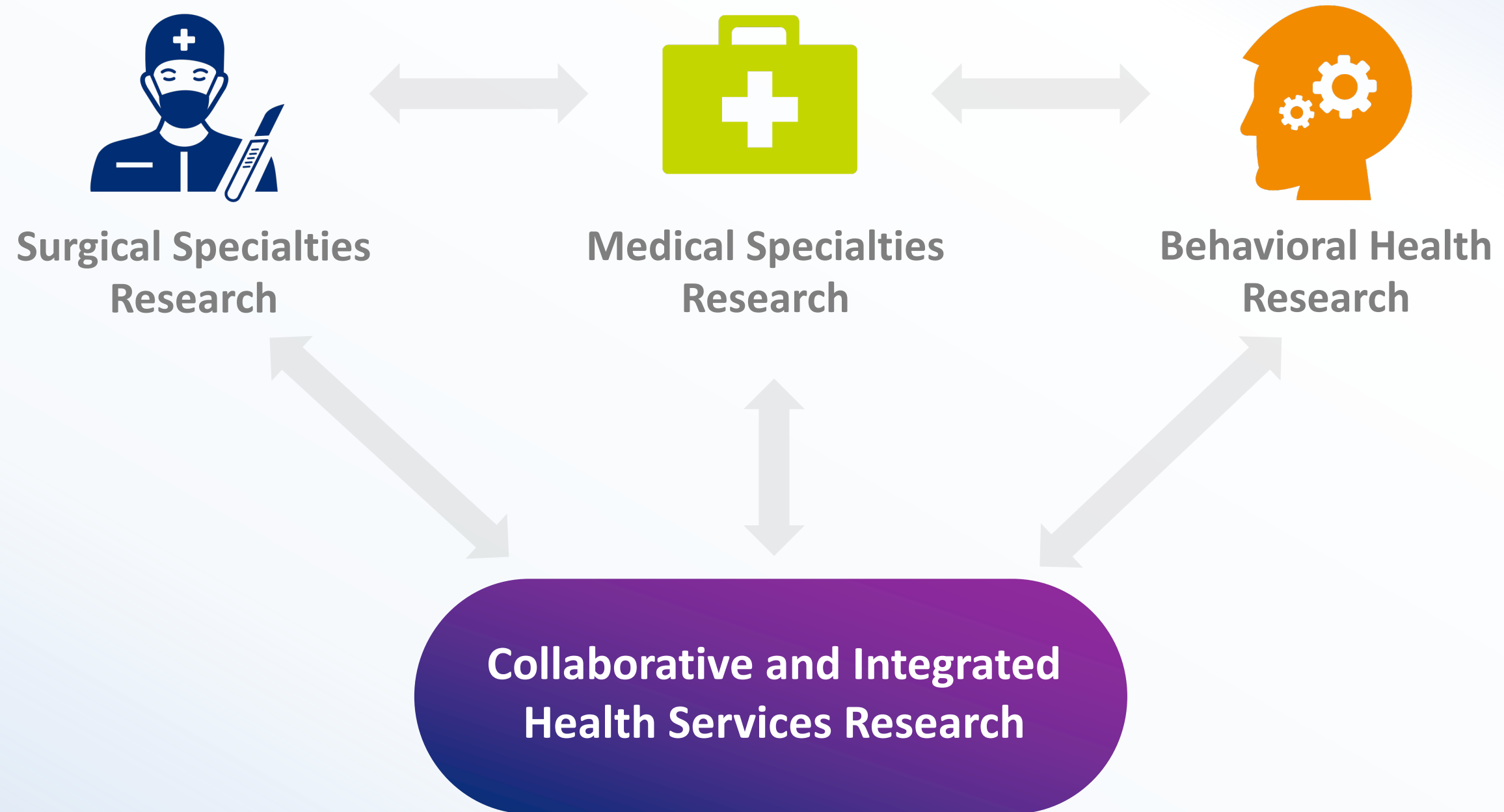


Concept and Goals

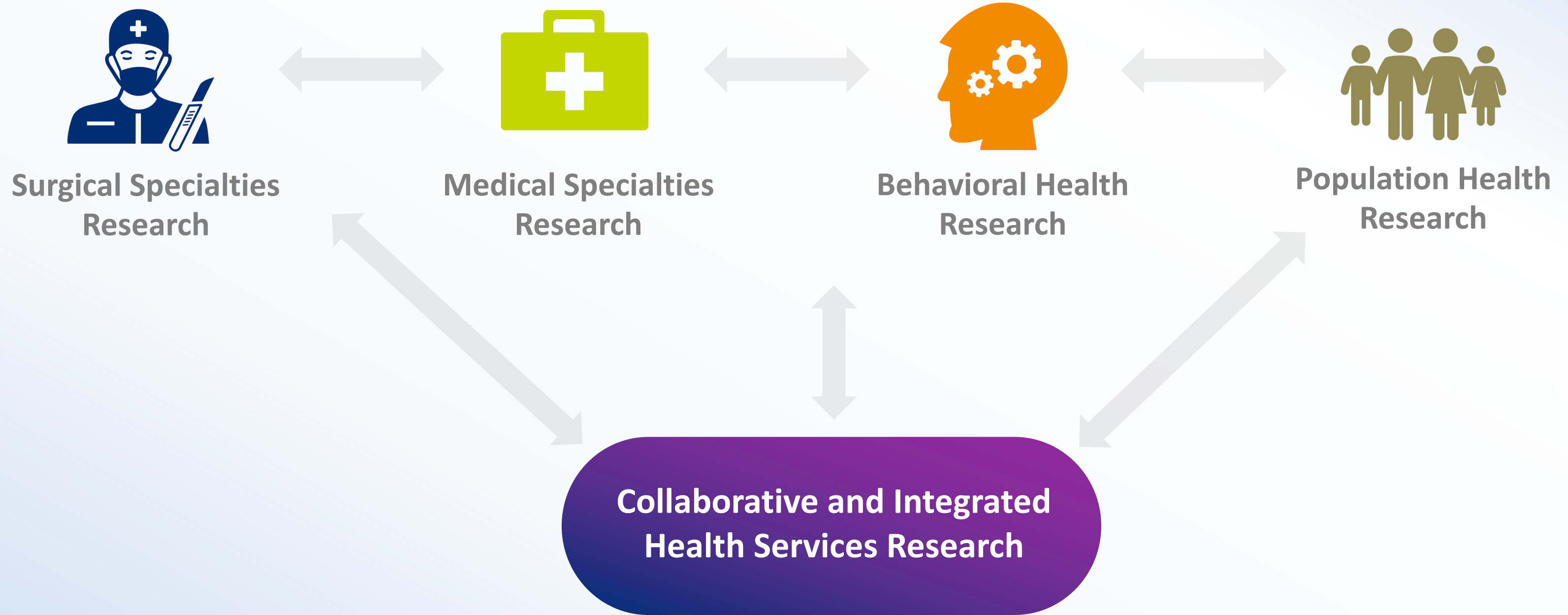
Develop Clinical Research Infrastructure to:

- Raise hospital profile
- Conduct phase II-III clinical trials
- Increase publications in peer-reviewed journals
- Offer opportunities for faculty development in research
- Attract extra-mural funding
 - Federal/State
 - Industry
 - Foundations
- Professional Organizations
- Comply with ACGME mandate of research for residents and fellows

Current State



Vision for the future



Ultimate Goals

- **Develop culture of research and data analysis**
- **Go from posters to manuscripts**
- **Make every research project publishable**
- **Improve resident training through research opportunities**
- **Collaborate/participate in multi-institutional research projects through professional organizations**
- **Perform high-quality health services research:**
 - Disparities
 - Quality
 - Epidemiologic
 - Prevention, etc.

CECORC Highlights – July 2018 - July 2023

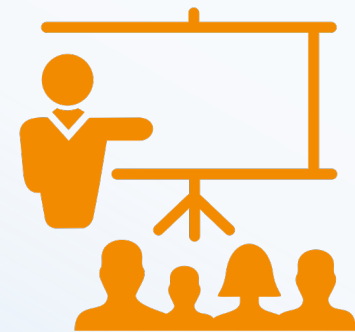


226 Manuscripts
published in peer-reviewed
journals



**International Research
Collaboration**

Germany, Japan, South Korea,
Denmark, Sweden, UAE



61 Presentations
at national meetings



2 International
Research Scholars

Taiwan and South Korea



16 COVID
published manuscripts



24 Students, Residents,
Fellows

Undergraduate students, medical
students, residents, fellows

CECORC Highlights – July 2018 - July 2023



28 Research
Volunteers



16 Clinical Trials



130 Research
Projects

From hospital departments
presented at CECORC



Sponsored Studies

- Eli Lilly
- Novo Nordisk
- Sky Mount
- CSL Behring



110 Statistical Report

Statistical support for hospital
department projects

CECORC Highlights – July 2018 - July 2023



110 Statistical Support

Statistical support for hospital department projects



Sponsored Studies

- Eli Lilly
- Novo Nordisk
- Sky Mount
- CSL Behring



16
Clinical Trials

CECORC News – July 2018 - July 2023

- **Behavioral Health research team joins CECORC**
- **Integrated projects**
- **Support for Behavioral Health and psychiatry projects**



Scholarship

First Place (Paper) Presentation Award

Surgery Resident

Dr. Sean Degmetich

American College of Surgeons Committee
on Trauma Annual Meeting (2018)

Scholarship

International Medical Student

Tiago Finco

Surgical Infection Society Annual Meeting
(2019)





Scholarship

Fourth-year UCR Medical Student

Monika Garcia

Southern California Chapter of the
American College of Surgeons (2020)

Scholarship

International Visiting Scholar, Taiwan

Dr. Zie-Jie Hong, MD

2019/2020





Scholarship

International Visiting Scholar, South Korea

Dr. Maru Kim, MD, PhD

2022/2023

GRADUATE MEDICAL EDUCATION

Dr. Daniel Kim
Medical Director



RESIDENCY PROGRAMS

Between July 2021 and June 2022, **583** resident physicians participated in clinical rotations at RUHS clinical sites.

13

RUHS – SPONSORED RESIDENCY PROGRAMS

- Anesthesiology (25 Residents)
- Emergency Medicine (29 Residents)
- Family Medicine (36 Residents)
- General Surgery (26 Residents)
- Internal Medicine (39 Residents)
- Neurology (4 Residents)
- Neurosurgery (11 Residents)
- Orthopaedic Surgery (15 Residents)
- Radiology (6 Residents)
- Sports Medicine (2 Fellows)
- Pharmacy (6 Residents)
- Psychiatry (23 Residents)
- Orthopaedic Surgery Physician Assistant (3 PA Residents)

22

RUHS – AFFILIATED RESIDENCY PROGRAMS

- University of California, Riverside (2 Programs)
- Loma Linda University Health Education Consortium (20 Programs)



STUDENT TRAINING PROGRAMS

Between July 2021 and June 2022, **over 3,100** students participated in clinical training rotations at RUHS clinical training sites

2,063 Nursing Students

553 Medical Students

- 899 Clinical rotations completed
- 100+ applications received world-wide
- traveled as far as Lebanon to participate

400+ High School Health Academy Students

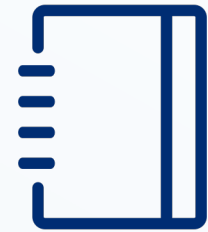
70 Physician Assistant (PA) Students

- 103 clinical rotations completed

46 Podiatry Students

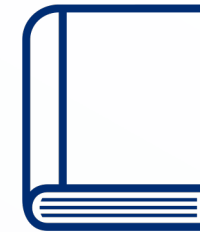
30 University of California, Riverside
(UCR) Health Coaches

RESEARCH



133 "PMID", Published Manuscripts

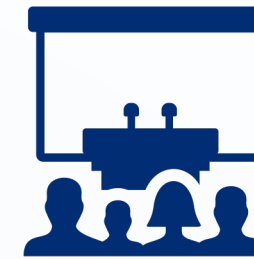
A PMID is assigned once an article or manuscript is published in an indexed journal. It is the premier source for biomedical literature and one of the most widely accessible resources in the world



27 Book Chapters



138 Other Types of Publications



69 Presentations at the RUHS 12th Annual Research Symposium



588 Presentations at local, regional, national and international conferences



50 Organized opportunities for Faculty Development

Improving Healthcare Through Academic Medicine

Dr. Alexandra Clark, MD
RUHS Chief Medical Officer



Specialized Care for Treating Sepsis

Jaclyn Bond, MSN-LM, MBS-HM, RN
RUHS Clinical Director of Nursing –
Clinical Support and Specialty Team



Medical Center Sepsis Program

Established 2013

- 24/7 rapid response to all adult inpatient units and Emergency Department
- Respond to patient's bedside within 15 minutes
- Early recognition
- Evidence-based practices
- Standardized sepsis care
- Reduce morbidity/mortality
- Research
- First nonprofit hospital on the West Coast to achieve Disease Specific Certification in Sepsis through The Joint Commission (2017)

Multi-disciplinary Sepsis Response Team



- Code Nurse(s)
- Respiratory Therapists
- Charge RN
- Pharmacists
- Primary RN
- Physician *(if called)*

Workflow Process

1. RECOGNITION - Patient is recognized as severe sepsis and/or septic shock

- BPAs, Sepsis Screening, MD/RN evaluations

2. ACTIVATION - Patient is internally activated as a rapid response

- Code Team is activated through internal page and arrives at bedside within 15 minutes

3. TREATMENT - Timely bundle treatment is initiated and/or continued

- Benchmark times are hour 1, 3, and 6

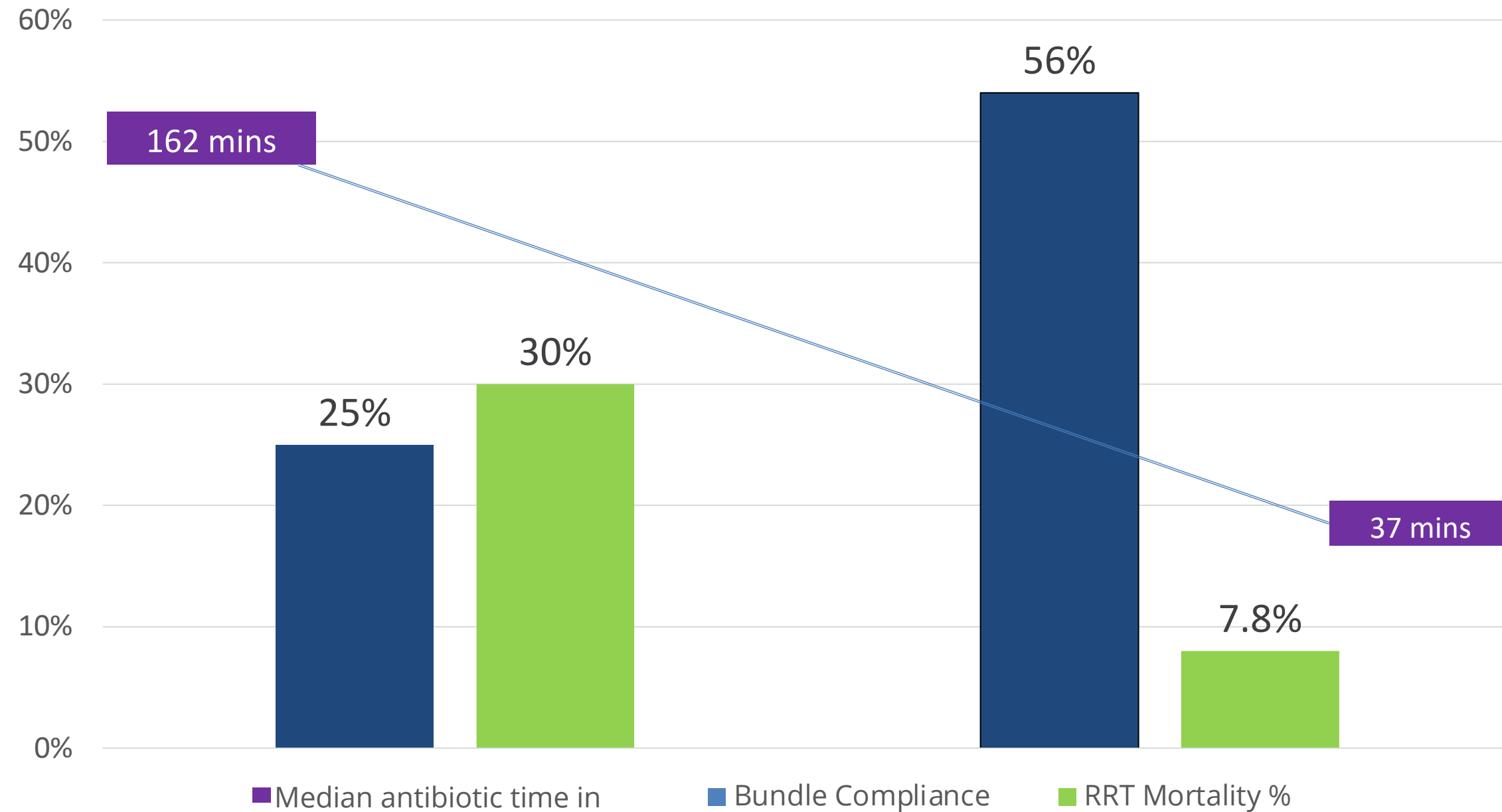
4. DISPOSITION - During treatment patient's disposition will be determined after collaboration

- Primary physician will consult with several teams and deem if patient needs to be admitted, upgraded, or discharged

5. CONTINUATION OF CARE - If admitted, the patient will be monitoring by the code team RNs

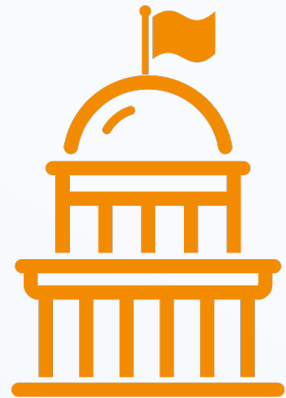
- The code team will continue the standard of care for all activated patients that are admitted.

Mortality / Antibiotic Time / Bundle Compliance



2013 - 2023

Sepsis Mortality



National Average

16-21%



RUHS

Less than half the
national average

Future Goals

- **Improve staff recognition of sepsis**
- **Implement Pediatric and Maternal Sepsis Programs by 2024**
- **Continue community outreach/education**
- **Upgrade EMR surrounding sepsis**
- **Start outpatient support group**

Specialized Care for Treating Sepsis



RUHS Transformation: Continuous Improvement System

Melissa Taylor, BS, RN, NI-BC
Program Administrator, Process
Improvement



RUHS Mission, Vision, Values



QUALITY / EXPERIENCE

- Patient Experience
- Employee Engagement



CONTINUOUS IMPROVEMENT

- Continuous Improvement
- Standard Work
- Respect for People



ACCESS

- Timely & Appropriate Care
- Adequate & Expanded Resources

Continuous Improvement in Action



Engage staff
How Can We Improve?

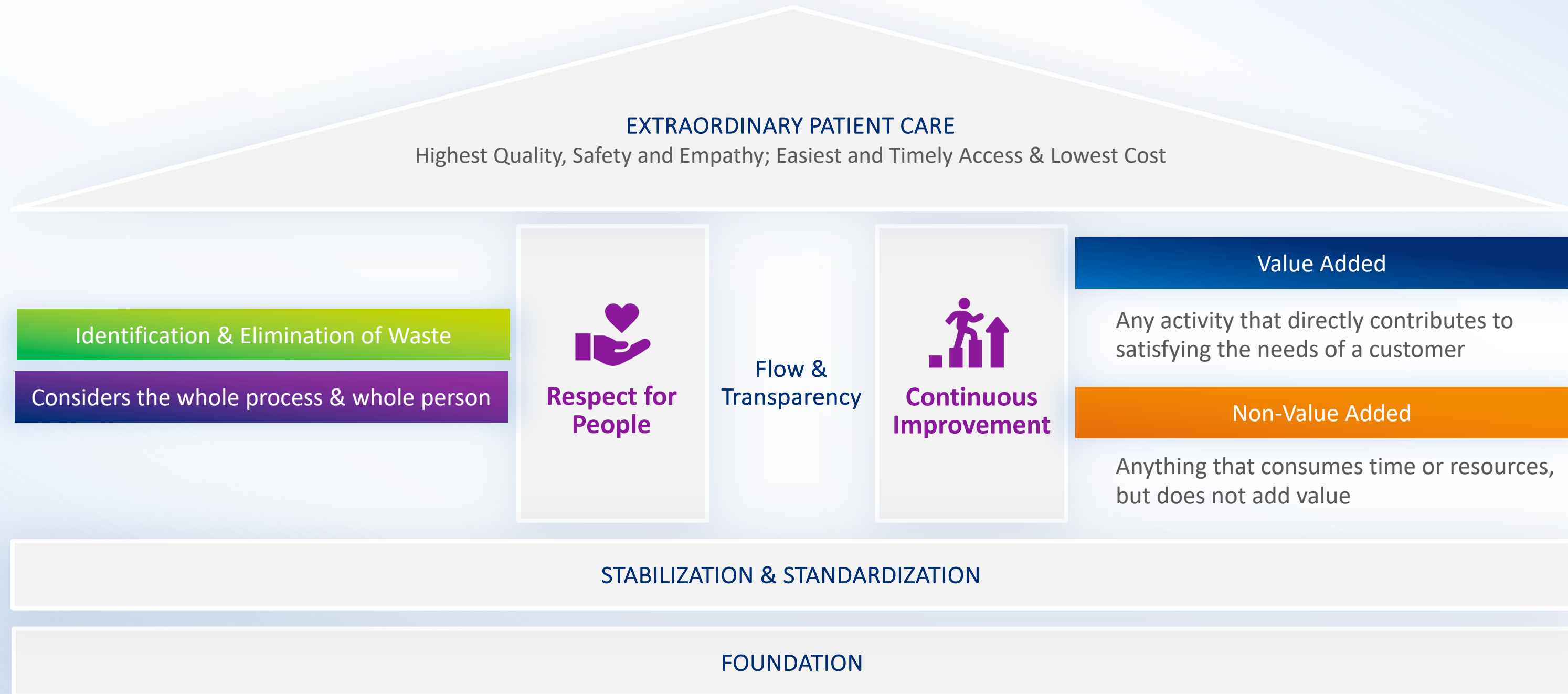


**Problem solving
by frontline staff**
(Rapid Improvement Events)

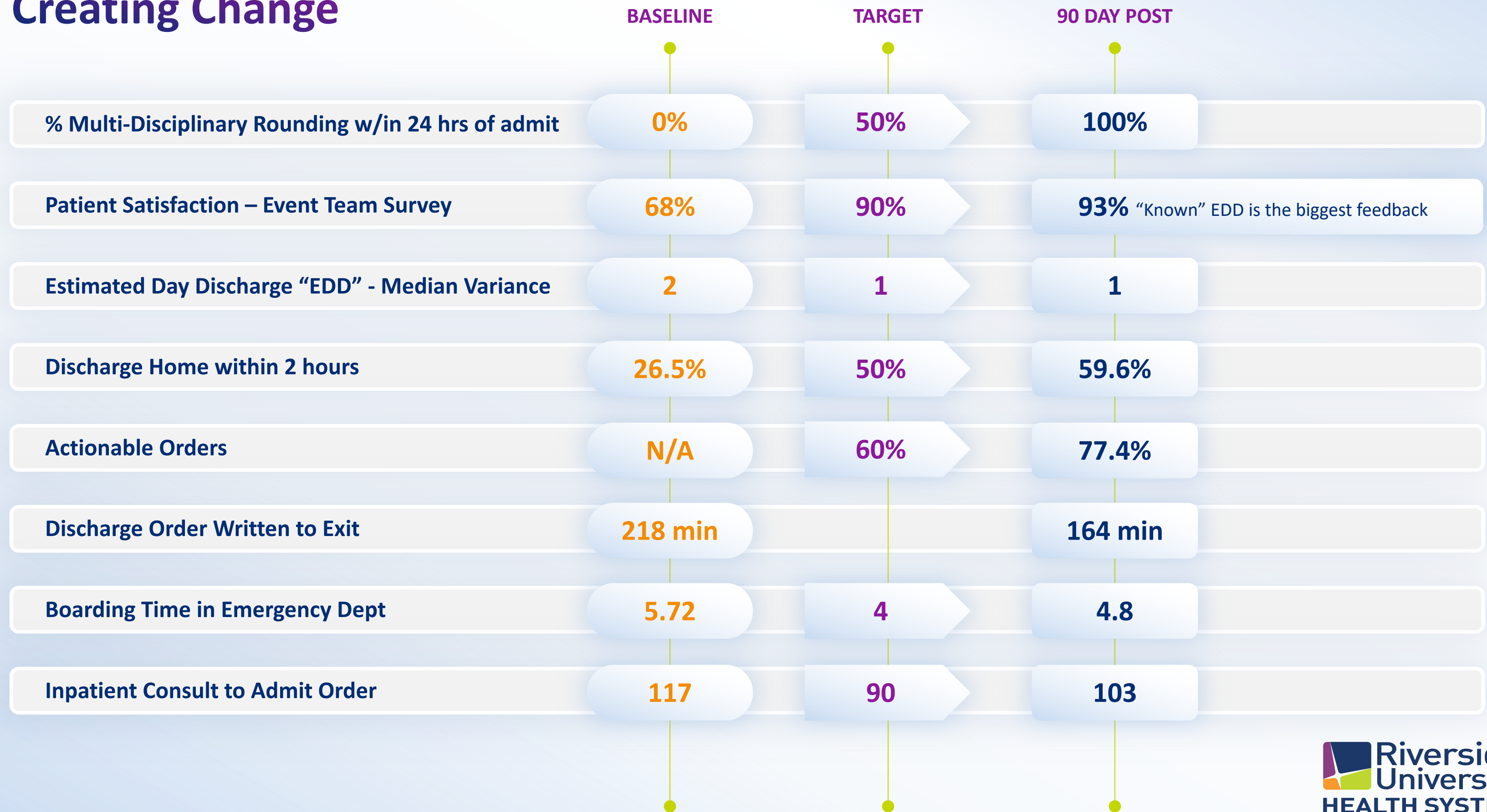


Results
Streamline Work,
Reduce Waste,
Increase
Productivity

Lean is a particular way of thinking about, seeing, and improving the way work gets done



Creating Change

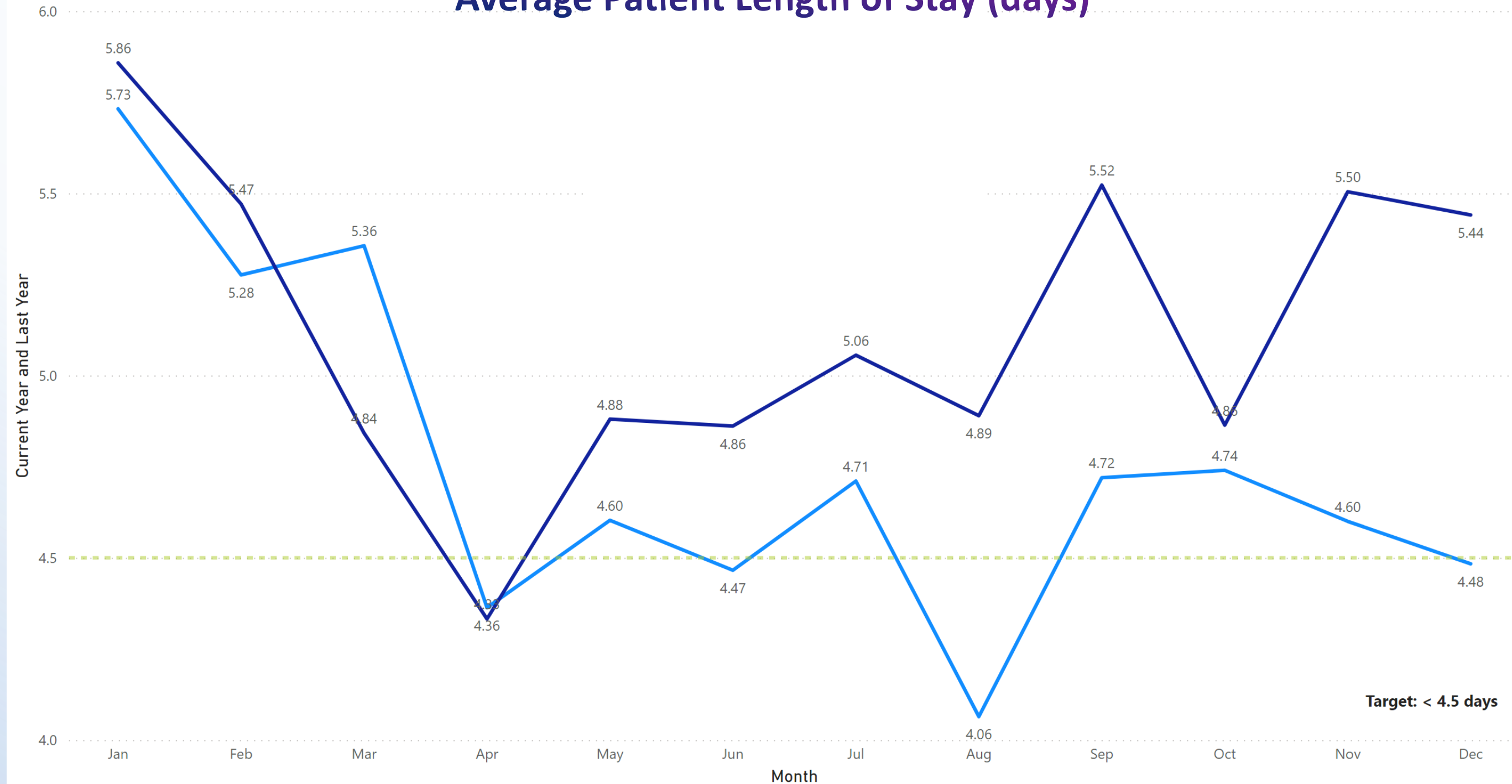


Patient Throughput & Transitions of Care Value Stream

Average LOS

● Current Year ● Last Year

Average Patient Length of Stay (days)



People Development



LEAN Processes



RUHS Highlights



Testimonial



**I was at the right place,
at that right time, and
surrounded with the
right people.**

- Mark Price



Highlights



