Good News – and Bad

You’ve heard the news by now, I’m sure, that the California Assembly approved legislation last month supporting Governor Arnold Schwarzenegger’s health reform. Those of us who have advocated for health coverage for all residents for years should be dancing in the streets.

I have spent hours and hours in the past few years addressing this issue. And hours in Sacramento working to be sure that public health systems like ours were adequately protected in whatever health coverage resulted. The legislation that was approved does contain safeguards for public hospitals and also counties and that is all good.

That the reform has gotten this far is remarkable because until a few weeks ago, the media was running headlines saying the effort seemed “dead on arrival.” It looked like this would be another year of endless discussions and no action. In fact, that might still happen. The California Senate must still approve the legislation and that is far from assured.

The bad news

Now we come to the bad news. Senate President Pro Tem Don Perata says he is reluctant to take up health reform now because of a projected $14 billion state budget deficit that is looming like a 500-pound gorilla in Sacramento. The Governor has already announced he will declare a fiscal emergency because of the deficit and may announce mid-year budget cuts. Senator Perata’s argument is that, with that kind of a shortfall, approving health reform is irresponsible and may only increase the red ink. The Senate reconvenes this month. Even after that, voters will have to approve a ballot measure for whatever financing mechanisms are required.

I have no doubt there will be a lot of red ink because it isn’t only Sacramento that is expecting a significant deficit. County Administrator John Cullen has already warned department heads that the county is predicting a drop in local revenue. Most of you know what this all means. We’ve been through this scenario a number of times in the past few years. I fully expect to be asking all Health Services division directors in the next few months to give me recommendations for reducing expenditures. That could happen quickly because the county budget hearings are anticipated to be held in April, with approval slated for May.

Looking at solutions

So, in the coming weeks, we’ll be looking at a variety of ways in which we can streamline operations while continuing to serve the residents of Contra Costa. Every county in California will be performing the same painful exercise. In fact, looking at ways to improve how we operate is something we do year round.

One example is the Pediatric Department at Contra Costa Regional Medical Center. Across the country, pediatric care has changed dramatically in the past decades and the closing of pediatric units in small hospitals like ours has been a trend.

There are a number of reasons for this shift. Years ago, before there were vaccines for

Continued next page
Director’s Message Continued...

childhood diseases like mumps, measles, chicken pox and polio, more youngsters got seriously ill. They were hospitalized regularly, often for long periods of time. Their family doctor visited them – usually in a small, local hospital. Before penicillin and other more recent antibiotic drugs, admission to a hospital was often the only treatment for sick children. Pediatric units in hospitals were busy places in those days.

Happily now, many fewer children have to be admitted to medical facilities. They can be seen in doctors’ offices and treated at home. The average daily census in our Pediatric Department reflects this evolution. For a number of years, there have been fewer than 1.5 children a day – fewer than 300 admitted in a year.

For really sick kids, the new strategy is to have very specialized, high technology medical centers – called tertiary care facilities – provide treatment. Sometimes family members point out that they have to drive further to see the child in that kind of medical center. We know that can be inconvenient, but what this approach means is that sick children can receive the highest quality care from health professionals with the best equipment and the most experience. The vast majority of doctors who see those children are specialty pediatricians who spend much of their time in hospitals rather than in a primary care setting.

Tertiary Care

Children’s Hospital in Oakland is that tertiary care facility for our seriously ill young patients. There were more than 4,000 pediatric admissions for Bay Area youngsters in 2006 at Children’s – about four times the number of admissions in all the hospitals in our county combined.

To provide high quality care to very sick children, we must be able to have an entire range of pediatric services available at all times. When there are such small numbers of patients, it is a major challenge to maintain competency and utilize nursing and other resources in the best possible way.

So like many health systems across the country, we’ve decided to stop accepting pediatric inpatients and instead utilize the best-qualified provider in the region: Children’s Hospital. We expect that change to be in place by April. Of course, we will continue to deliver primary care to children at our Health Centers throughout the county.

This change makes it possible for us to use our resources – nursing staff, beds, etc. – in other parts of the Medical Center where demand is increasing (see the box for one such story). In the end, what it means is that we can give our patients what we want for our own families: the highest quality of care available.

Sincerely

William Walker, MD

Demand Increases, Patients Respond

When the Brookside Community Health Center in San Pablo recently experienced a roadblock in having its Obstetric patients deliver at Alta Bates Hospital, Brookside asked CCRMC to serve those pregnant women. Despite the trip required from West County to Martinez, more than 90% of the women have chosen to deliver at CCRMC – due in large part to word-of-mouth rave reviews for the care we provide. CCRMC staff were already delivering more than 200 babies a month. Shifting resources from the Pediatric Department to Labor and Delivery and the Nursery will help meet that need. — WW

Developing an Emergency Plan – One Division’s Experience

Developing an Emergency Plan, or even revising an existing one, can be likened to running a race: Crossing the finish line with a fully executed plan is the goal. That’s how Sherry Bradley, the Mental Health Division’s Emergency Preparedness/Disaster Coordinator, described the process used in her division. A “champion” needs to be found to prepare for and run the race, with the flexibility to complete the task. Then the Champion works with the Division Director to create a “Plan for the Plan.” This includes a timeline and/or timeframe to complete the plan, a process to get the plan approved and a strategy to communicate the plan to Division Senior Staff, Managers/Supervisors, and then line staff. Once the Plan is established and then approved by the Division Director, the Champion assembles an Emergency Plan Workgroup/Team to work on the project. Other techniques Sherry has found useful are to gather materials from other divisions if possible, do a risk analysis using CCHS’ Continuity of Operations Tool distributed by the department’s Emergency Management Team, and once the plan is complete, “drill, drill, drill.” Every Division is currently revising its Emergency Plan to ensure that Health Services can respond appropriately to a natural disaster, health emergency or other crisis.

The Continuity of Operations tool is available on the iSITE main page and Mental Health Emergency Plan is posted on the Mental Health Division iSITE page. Electronic copies of the plan are also available by contacting Sherry Bradley at sbradley@hsd.cccounty.us or 925-957-5114.

The Director’s Report is published monthly. Deadline for the February edition is January 11. Publicize your upcoming events and successes by sending information to Dan Smith at 597 Center Avenue, Suite 255, Martinez 94553, fax 925-313-6219, email: dsmith@hsd.cccounty.us The Director’s Report is available online at cchealth.org and on iSITE, our intranet, at cchhs.
Two Health Education TV Series Available ‘On Demand’
Two of our television series produced at Contra Costa Television (CCTV) are now available on the Comcast cable company’s Video On Demand service. The episodes featured on the service are “Get Ready, Get Healthy: Emergency Planning” and “Vida Sana En Vivo: Violence and Terrorism.” Both shows are produced by Vicky Balladares, Senior Health Education Specialist.
Comcast customers can access On Demand by selecting Channel 1, then Bay on Demand, Public Affairs and CCTV.

For more information about Comcast On Demand, call 1-800-COMCAST. For more information about CCTV programming, visit www.contraostatv.org, the station website, or call Vicky Balladares at 925-313-6817.

CCHS Conducts Flu Clinic, Health Emergency Exercise at Antioch Mall
Our Public Health Division hosted a one-day flu clinic and a “Super Point of Dispensing” health emergency exercise Saturday, December 1 at the Somersville Towne Center in Antioch. The event was a groundbreaking partnership between the private sector, CCHS, the City of Antioch, Antioch Police Department, the California Highway Patrol and the Sheriff’s Office of Emergency Services. The drill was designed to exercise our capability to dispense a large amount of medication during a health emergency and practice how we would use the Strategic National Stockpile, the cache of emergency medications distributed by the federal government. Additional participants included nursing students from Los Medanos College and Samuel Merritt College, local Community Emergency Response Teams and the County’s Community Development and General Services departments.
Kudos for a successful exercise and clinic go to the main organizers: Kim Cox, Emergency Services Manager, her Health Emergency Response Team of Jason Gwaltney, Donna Mann, Christye McQueen and Gerald Tamayo, and Erika Jenssen, Immunization Coordinator. About 500 people received free flu shots or nasal flu vaccinations as part of the clinic. To see more photos from the event, visit iSITE, our intranet.

For more information, contact Kim Cox at kcox@hsd.cccounty.us or 925-313-6648.

Income Tax Help Is On the Way to Low-Income Residents
The “Earn It! Keep It! Save It!” (EIKISI) campaign is gearing up for its fifth year of providing free income tax preparation help to low-to-moderate income residents of Contra Costa. Last tax season, EKS, a Contra Costa partnership program, helped more than 2,100 low to moderate-income families receive more than a total of $2.4 million in tax refunds and credits. The tax preparation services are provided at locations all around the county, called VITA sites for Volunteer Income Tax Assistance. The VITA sites are staffed by trained volunteers, which last year included four CCHS employees. The sites will open in late January and early February and keep scheduled hours through April 15. The project is administered by the Family Economic Security Partnership, a public, private and nonprofit collaboration including CCHS, County Employment and Human Services Department, United Way of the Bay Area, First Five Contra Costa, Internal Revenue Service, and the East Bay Community Foundation.

For more information about where and when the VITA sites are open, call 1-800-358-8832 after January 15. Other information about the project is available on our website at cchealth.org or by contacting program manager Lloyd Madden at Lmadden@hsd.cccounty.us or 925-313-1736 or Margaret LeFebvre at mlefebvre@hsd.cccounty.us or 925-313-1719.

Healthy Outlook Column Covers Colon Cancer
Dr. Paul Reif, chief of gastroenterology at CCRMC, writes about the importance of screening for colon cancer in a recent installment of our “Healthy Outlook” column, which runs in the Contra Costa Newspapers chain. Colonoscopies are one of the best ways to detect early colon cancer, which is the second most common cause of cancer death, after lung cancer, among men, and the third most common, after breast cancer, among women. Fortunately, colon cancer is preventable and curable through screening, which is the early detection and removal of polyps (small growths that can become cancerous). Many people with colon cancer won’t have abdominal pain or abnormal stools, but some may have bloody stools, diarrhea or constipation, abdominal pain and tenderness, and unexplained weight loss. Colon cancer screening is recommended for everyone over the age of 50, but people with a parent, sibling or child that had colon cancer are at greater risk and should get screened earlier. The column explains screening recommendations and available tests. To read more of this and other Healthy Outlook columns, visit cchealth.org and click on the Healthy Outlook link in Items of Interest or on the Publications page.
GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

Honor Roll

Amilia Brown, OT
Supervising Pediatric Therapist
California Children Services

For going an extra 10 miles for her therapists, finding time to visit with the kids, being available for consultations and creating a pleasant and bright work space, all while keeping a smile on her face.

—Nominated by Allen Ergo

Genoveva Calloway
Program Manager
West County Adult Mental Health

Mathew Luu
Program Supervisor
West County Adult Mental Health

For your willingness to come to our campus on short notice and help our students, specifically our campus police aides.

—Nominated by Victor Montoya

Eric Jonsson and the Haz Mat Team
Hazardous Materials Specialists II

For going above and beyond during the recent bunker fuel spill. The team’s efforts effectively mitigated the degree and extent of the damage done to Contra Costa’s sensitive wetlands and shoreline.

—Nominated by Randy Sawyer

Kathryn Leppert
Director
Patient Accounting

For responding quickly and compassionately to website queries related to patient billing and for resolving problems efficiently.

—Nominated by Julie Freestone

Kathy Kushner
Home Economist
Pittsburg Women, Infants and Children Program

For her caring breastfeeding support and breast pump management. Kathy provides excellent education with a special touch of empathy and understanding. She is a team player and helps the staff’s morale by her thoughtfulness.

—Nominated by Mary Jane Kiefer

Laura Miller, FNP
Richmond Health Center

For doing an amazing job obtaining high quality donated books for all ages to give out in the waiting room at the Richmond Health Center. She has helped distribute thousands of books, particularly for children, to the low-income community served by Richmond Health Center.

—Nominated by Jan Diamond

Employee Milestones

Congratulations to these employees who have given us long years of service: Teresa L. S. O’Riva, Donald R. Hornback, Neil H. Haley, Mary A. Serb, Linda Lu, Jennifer E. Glassow, Jeffrey B. Jarmin, Martha C. Rodriguez, Kathleen Sloan (10 years); Patricia K. Christman, Martha J. Fergon, Annette Blackman, Jerri B. Murphy, John W. Jones, Shirley A. Robbins, Rosa Juareque, Priscilla A. Hinman (15 years); Lisa Barton, Teresita G. Inton, Mildred Gilbeaux, Mark A. Condit, Bernadette A. Brown (20 years); Claude Bardin (25 years); Cheryl Harris, Magdalena Tadlock, Phyllis R. Lloyd, Karen Pratt (30 years); and Karen Mossman (40 years).

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GOING THE EXTRA MILE FOR SERVICE EXCELLENCE

Honor Roll

Raz Moghbel
Nutritionist
Concord Women, Infants and Children Program

For the excellent breast pump lending and tracking system she set up for the WIC Program. Raz provides each WIC client excellent service and education with a smile.

—Nominated by Beverly Clark

Patricia Richards
Clerk-Specialist Level
Concord Women, Infants and Children Program

For her exceptional organizational ability to plan ergonomically conducive office space. Patty also recently went the extra mile in the layout design of a 24-page newspaper insert.

—Nominated by Mary Jane Kiefer

Dr. Lara Wright
Donald Maree, Tom Utterback and Frank McGauley
Wound Clinic Nurses
CCRM C

For providing exemplary wound care management and for their hard work at helping patients with chronic wounds to thrive in the community.

—Nominated by Brian Copperstein

Medical, Administrative and Laboratory Staff
CCRMC

For the many years of excellent and exceptional care I received at the Contra Costa Regional Medical Center for the past 12 years. The doctors, nursing, administrative, laboratory, therapy and x-ray staff were all kind, loving, gentle and caring toward me.

—Nominated by a patient

Do you know someone who’s going the extra mile?

To recognize a CCHS employee, vendor or volunteer for outstanding Service Excellence performance, submit the “Going the Extra Mile” [commendation form] available from every CCHS Division Director, or email your commendation to ServicEX@hsd.co.contra-costa.ca.us or fax it to 925-313-6219. The form can also be downloaded from the Internet [About Us page] or iSITE, our intranet.
As part of our Reducing Health Disparities efforts, our divisions are working to achieve outcomes in four categories: consumers/clients/patients/customers; the community; our staff; and our systems. Each month this page highlights what different divisions of CCHS are doing to reduce disparities in health and health care, and what still needs to be done.

Reducing Health Disparities

Ambulatory Care Works on Reducing Health Care Disparities

Language Proficiency Evaluated to Improve Service

About 140 Ambulatory Care bilingual staff were recently evaluated for language proficiency through a new process initiated by Dianne Dunn-Bowie, Director of Ambulatory Care Services, and Shannan Moulton, Ambulatory Care Administration. “Dianne recognized that language proficiency is a patient safety issue and took steps to correct problems that can lead to disparities in health care,” said José Martín, RHD Language Services Manager.

Bilingual staff that provide medical interpretation were certified in their language proficiency by Language Testing International, a private agency that provides language proficiency assessments in more than 50 languages. The 30-minute oral exam was conducted over the phone and performance was compared to criteria for 10 proficiency levels. At least 80% who took the exam passed and were issued special badges. Those who did not pass or who have not taken the exam cannot use the language on their own and must use a certified interpreter.

“This was very important for us,” said Shannan. “We wanted to be sure we met federal mandate as well as our own policy of access to services for patients who are limited English proficient.” The new policy has now been implemented at Contra Costa Regional Medical Center, making us the first public hospital in California to evaluate the language proficiency of our bilingual staff. The evaluation process will now be expanded to other Divisions.

Principles of Service Excellence Developed

Service Excellence is identified in CCHS’ Five-Year RHD Overview as key to creating an environment where staff and patients feel respected. The Ambulatory Care Unit began in 2005 to describe customer service behaviors that were functional and reflective of our mission, vision and beliefs of how to become the healthcare provider of choice while meeting the health needs of the community.

“Service excellence and reducing health disparities are very much interconnected,” said Connie James, RHD Manager. “When clients, patients, consumers or customers feel uncomfortable and disrespected, disparities in health care can result.” Ambulatory Care management reviewed patient satisfaction data and collected input from staff to define behaviors that evolved into Seven Principles of Service Excellence in Ambulatory Care.

“For us customer service is not just a training, it’s a total program, and the key to this program’s success lies in the inclusion of staff and patients,” said Dianne Dunn-Bowie, Director of Ambulatory Care Services.

The Seven Principles of Service Excellence are: greeting and acknowledgement, telephone skills, continuous patient information, service recovery, accepting responsibility for the system, appreciating diversity and internal customer service. The division is currently in the process of discussing strategies for implementation and rollout of the program.
Clerks Survey to Verify Accuracy of Race/Ethnicity Data

Registration clerks at the Antioch and Brentwood Health Centers conducted a survey recently to verify the accuracy of the race/ethnicity data found in Keane, our billing system. “This is one of many first steps we are taking to be able to move forward with our Health Disparities efforts. We can’t identify disparities by race or ethnicity if our data is inaccurate,” said Dr. Steve Tremain, Director of System Redesign. Patients identified their appropriate race/ethnicity from a list of Keane menu choices. The survey, in English and Spanish, was based on national best practices for scripting sensitive material. Registration clerks reported giving the patients a form was more comfortable than asking patients verbally. Feedback showed a 71% rate of accuracy – and patients said they preferred using one group for “Hispanic” instead Hispanic (Black, White, or Other); White Non-Hispanic patients preferred “Caucasian” or “White” to “White Non-Hispanic.” The surveys will be expanded to include data from our outpatient and inpatient registration sites.

For more information or for a summary of the findings, contact Dr. Steve Tremain at stremain@hsd.cccounty.us

Learning from Each Other sessions scheduled

CCHS staff can share strategies, resources and challenges at upcoming 90-minute sessions scheduled every other month. More detailed meeting information is available on iSITE, the CCHS intranet (type cchs in your browser from a county computer). For more information, contact Lauren Stoddard at 925 957-5422.

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<tr>
<td>Jan 30</td>
<td>What’s the Community Got to Do with It? (Part I) Best Practice</td>
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<td>Mar 26</td>
<td>What’s the Community Got to Do with It? (Part II)</td>
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<td>May – to be arranged</td>
<td>Unnatural Causes: Joining the national dialogue: Working with community leaders to create an action plan for reducing health disparities</td>
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<td>July 30</td>
<td>Are We There Yet? Tools for Measuring Your Program Success in reducing health disparities</td>
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<td>Sept 24</td>
<td>The Life Course Model - RHD prevention strategies across the divisions</td>
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International Recognition Accorded to CCRMC

Contra Costa Regional Medical Center and Health Centers continue to earn accolades for their efforts to improve patient and customer safety. Last month in Orlando, Florida, at the Annual Forum of the Institute for Healthcare Improvement, CCRMC/HC was honored in front of 6,500 people in the forum and 15,000 people worldwide via satellite as one of only six hospitals worldwide for its innovation and implementation of medication reconciliation. Medication reconciliation helps assure that accurate medication hand-offs occur at admission, transfer and discharge. Congratulations to Stephanie Bailey and the Medication Reconciliation Team, and to the several hundred staff who have worked together to make healthcare in Contra Costa safer for our patients. The Ventilator Pneumonia Prevention teamwork at CCRMC was also cited at the forum. And CCRMC was featured as one of two hospitals — the other was Johns Hopkins — for “collaboration amongst clinicians” for the work in reducing harm from ventilators. Congratulations to Dr. Mitch Applegate and the Ventilator Pneumonia Prevention team and to all the staff in the IMCU and CCU.

The Medical Reconciliation Team in the CCRMC Pharmacy is, from left, Pharmacy Technicians M. Alma Limon and Eleanor DeLara, Pharmacist Sung Park, and Pharmacy Director Shideh Amini. Also on the team but not pictured is Pharmacy Technician Mary Grace Costa.

County Celebrates 30 Years of Paramedics

To recognize the 30th anniversary of the creation of paramedics in Contra Costa County, a special event was held at the Walnut Creek Shadelands Art Center. The event was cosponsored by our Emergency Medical Services Division, American Medical Response, Contra Costa County Fire Protection District and REACH Air Ambulance. Current and former paramedics, emergency medical technicians and other persons associated with the development of paramedic services in Contra Costa were invited. CCHS Director Dr. William Walker spoke of the importance of paramedic services and recounted his own encounter with the system during its early days. Also in attendance were County Supervisor Mary Piepho and former Supervisor Tom Powers.

Public Health Working With Cities on Safer Walking, Bicycling Environments

Our Public Health Division’s Injury Prevention and Physical Activity Promotion Project will be working with city consultants and staff on the new General Plans for the cities of Richmond and San Pablo, thanks to a $192,000 grant from the state Kid’s Plate fund. The new program, called StreetWISE II, follows a prior StreetWISE project in West Contra Costa also funded by Kid’s Plate. The goal of the new program is to develop policies for a General Plan Circulation Element in each city that create safe walking and bicycling environments for children and teens. Contra Costa has received statewide recognition for its work in combining health, land use and transportation planning, including a paper written by Nancy Baer and Tracey Rattray of our Community Wellness & Prevention Program titled Planning Communities: What Health Has to Do With It (available by clicking Publications on cchealth.org). The West Contra Costa Transportation Advisory Committee and the Monument Community Partnership continue to be our partners in these efforts.

For more information contact Nancy Baer, Manager of the Injury Prevention and Physical Activity Promotion Project, at nbaer@hsd.cccounty.us or 925-313-6837.