Striving for Excellence

A few weeks ago, the Robert Wood Johnson Foundation and the University of Wisconsin released health rankings for more than 3,000 U.S. counties, including ours. The rankings reflect the influence of health behaviors and social conditions on health. (You can read about this online at cchealth.org)

Our work is often ranked—by regulatory agencies and surveyors looking at the Regional Medical Center, our Health Plan, Mental Health and community health indicators. Often we are buoyed up by the results because they show our hard work can produce improved outcomes. Sometimes we are discouraged, because improving population health and reducing health disparities for the patients we serve is not an easy job and takes years. Improved outcomes also depend on many things that are beyond our control and many partners working together not only to change individual health behaviors, but social, economic and other conditions. When hospital rankings are released, we are often compared with private hospitals that treat patients far less sick than ours and with many more resources.

Working in hard times

In this time of recession, when everyone is hurting and we are once again submitting budget reduction proposals (see budget calendar on Page 2) to the County Administrator and the Board of Supervisors, I am struck by the paradox of the task set out for us. We must do ever more for an increasing number of people impacted by both the recession and also Congress’ failure to move forward with health reform, to do it with resources that shrink every year, and to do it well enough to “score” well in surveys.

That said—and as much as we might argue about the scientific validity of some of the rankings and surveys we see—they do give us benchmarks to consider and to compare ourselves to. It serves us well, I think, to establish our benchmarks high and to prove we can produce excellent outcomes with efficient processes at lower costs. It serves us even better to think about our own measures of excellence and work to achieve them.

We are charged with providing high quality, safe care to those in our county who are most vulnerable. That used to mean people who were chronically uninsured, chronically

DID YOU KNOW?

About 100 CCHS staff have been trained in Lean Management.
unemployed or underemployed. Now it means all those people plus middle class people who have had private health providers for all their lives and now are turning to our safety net for help.

Rather than make excuses about our strained resources and our increased load, we are making every effort to continue to set high benchmarks, do common things uncommonly well and streamline how we do them.

**Lean Management shows the way**

That’s why I’m especially pleased with the Lean Management process that our Regional Medical Center has embraced to identify ways to improve patients’ experience and eliminate inefficiency. I’m delighted that after a year of concrete results, we’ve now introduced managers and supervisors in other parts of Health Services to this quality improvement process.

I am responsible for protecting the health and safety of the community and with fewer resources, I can’t think of a better way to do that than by using quality improvement strategies like Lean Management to maximize the resources we have.

We don’t embrace process improvement and quality enhancement efforts like Lean to improve our rankings with regulatory agencies or surveyors. We do it because we are a public agency and all public agencies ought to subject themselves to scrutiny and demand better outcomes for the people we serve. At the end of the day, our jobs are about making the public—our customers/patients/clients/community—the center of everything we do. We accomplish that by respecting and supporting all of you who deliver our services. That’s what our 10-year commitment to Service Excellence is about. You’ll be hearing more soon about how Lean Management will help us focus on this real bottom line.

*Sincerely,*

William B. Walker, MD

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**Stories from Haiti**

After a devastating earthquake struck Haiti, several Health Services doctors and nurses were quick to lend a helping hand. Some of these employees, now back from the relief effort, share their experiences. Visit isite to read stories and view photos. Additional information and photos are on our Facebook page: http://bit.ly/91DGG5

Left, Dr. Neil Jayasekera

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The Director’s Report is published monthly. Deadline for the April edition is March 19. Publicize your upcoming events and successes by sending information to Kate Fowlie at 597 Center Avenue, Suite 255, Martinez 94553, fax 925-313-6219, or email: kfowlie@hsd.cccounty.us The Director’s Report is available online at www.cchealth.org and on iSITE.
Public Health Thanks Partners for Successful H1N1 Response

The tremendous response to the H1N1 flu outbreak would not have been as effective if not for key partnerships with hundreds of community volunteers, local businesses, and groups. These partnerships allowed our Public Health Division to quickly distribute antiviral medications, flu vaccine, and other resources, as well as hold numerous flu clinics. Last month Public Health Director Dr. Wendel Brunner thanked the partners during an update to the County Board of Supervisors. Several of the partners included Rite-Aid, Walgreens, Hilltop Mall, Sleep Train Pavilion, PG&E, the Cities of Richmond, Pittsburg, Concord and San Ramon, the Town of Danville, numerous school districts, the Sheriff’s Office, local schools of nursing, the Contra Costa Medical Reserve Corps, and the more than 800 volunteers and everyone else who helped fight the H1N1 flu in Contra Costa.

To find out about the latest H1N1 flu activity, visit www.cchealth.org/topics/swine_flu/ To see a copy of the presentation, visit http://bit.ly/cUXUVo

Homeless Program Seeks Donations

Our Homeless Program is gearing up to open the doors of a new 24-bed Respite Care Facility, which will provide services to medically vulnerable homeless people who are discharged from local hospitals and are too sick to be in a shelter or on the street. The Homeless Program needs help stocking up on the following items:

- soap
- shampoo
- conditioner
- combs
- brushes
- toothpaste
- toothbrushes
- deodorant
- body lotion
- lip balm
- sanitary products
- disposable razors
- adult diapers

Bring donations to:
Dave Shoemaker  
597 Center Avenue,  
Suite 200  
Martinez, CA  
7 a.m. to 5 p.m.  
925-313-6712  
dave.shoemaker@hsd.cccounty.us

For more information about the census, visit www.cococensus.org.

Census 2010: Getting Everyone Counted Critical

Considering our current budget crisis, participation in the 2010 Census is even more critical because it influences federal funding for the next 10 years. The goal of the census is to count every person living in the United States. Census data is used to distribute Congressional seats to states, allocate more than $400 billion in federal grants to state and local governments, and help guide decisions at every level of government, such as where to build hospitals, schools, senior centers and more. The Census questionnaire is quick and easy to complete—10 questions, 10 minutes. If we miss just 100 people, state and local governments lose an estimated $1 million in federal funding. Census forms will arrive in mailboxes this month and should be returned by April 1. As Health Services employees, we urge you to help raise awareness by posting flyers and talking with family and friends. It could make the difference between gaining and losing vital services.
Rhonda Clancy  
Clerical Supervisor  
Environmental Health

For her prompt and efficient response to public inquiries submitted through the cchs website. Her reliability and helpful attitude are much appreciated.

♦ Nominated by Kate Fowlie

Dave Fry  
Health Services IS Programmer/Analyst  
Information Systems

For demonstrating grace, perseverance, humor and creativity to access an audio file needed to meet an impending deadline and for delivering a flashdrive containing the files.

♦ Nominated by Dawna Vann

IS Team (see ISITE for list of names)  
Information Systems

For working creatively and cooperatively with Health Services’ staff to find solutions and removing barriers involving a variety of technology issues.

♦ Nominated by the HEEP Coordinating Team

Andre Lindsey  
Medical Social Worker II  
AIDS Program

For going above and beyond to assist HIV/AIDS patients including coming out to help (and clean up after) a North Richmond AIDS community event on a Saturday and preparing 25 complete breakfasts for our HIV/AIDS patients (at his own expense).

♦ Nominated by a patient

Arwen Mohr, MD  
Brentwood Health Center

For being very professional, friendly and caring. There should be more doctors like her. I would wish to never have another doctor!

♦ Nominated by Cheryl Goodwin, David Pepper and Alan Siegel

Linda Thomas  
Medical Staff Coordinator  
Medical Staff Office

For dedication and commitment to providing CME support and for helping providers navigate through the process of getting reimbursed.

♦ Nominated by Cheryl Goodwin, David Pepper and Alan Siegel

Milestones  Congratulations to these employees who have given us long years of service: Margarita Allen, Lauro C. Cui Jr., Lynor E. Jackson, Maria E. Betancur, Rosalie M. Cabading, Emily A. Karr, Lesley A. Gillis, Pamela P. Phimphasarn, Joan B. Weiner, Grace T. Brooks, Grace M. Dwyer, Kelly A. Morris, Vincent King (10 years); Bridget A. Brown, Dina Y. Alvarez, Frances M. Crockett, Tracy J. Kelly (15 years); Hugo Javierre, Kathryn Gawley, Deborah S. Oehrlein, Paul Andrews, Eric M. Jonsson, Sonny G. Khoo, Kimberly Davis (20 years); Sherry A. Boney, Jonathan W. Wong, Patti L. Villarreal, Ana M. Cortez (25 years); and Janie H. Decesare (30 years).

Do you know someone who’s going the extra mile?  
Ambulatory Care Gets New Director of Nursing Operations
Our Health Centers have a new Director of Nursing Operations, Jeanette Landucci. Jeanette started February 1 and comes to Health Services with a wide breadth and depth of management, nursing and health care experiences. She previously worked as the Clinic Manager for Occupational Health Services at New United Motors Manufacturing where she was responsible for all aspects of clinical operations and project management. She has also worked for the U.S. Army Nurse Corps, Lawrence Livermore National Laboratories, Kaiser Permanente and elsewhere in the health care industry. In addition to serving as a critical care nurse for eight years, she has worked in quality improvement and clinical operations capacities. Ambulatory Care CEO Dianne Dunn-Bowie said Jeanette has the skills and abilities to fit into our system of value-added care. Jeanette will report to Dianne and will work out of the Ambulatory Care administrative offices at 50 Douglas Drive in Martinez.

iSITE Users Provide Feedback for Redesign
As part our Information System Division’s redesign project for iSITE, our internal employee website, more than 200 staff (or 20% of users) responded to a user satisfaction survey. The results showed 68% of respondents agreed or strongly agreed that iSITE helps accomplish job-related tasks, but only 33% agreed or strongly agreed that iSITE has a “concise layout and structure,” said iSITE Information Architect Marc Miyashiro. More than 20 staff from different divisions also were interviewed about what they liked and didn’t like about iSITE. This information is being used by the redesign consultant, Blue River Interactive, to build a new intranet. After the information design for iSITE is completed and approved, the final step will be to design an updated look for iSITE in the next several months.

Visit iSITE for more user survey results: http://cchs/Surveys/ISITERedesignSurveyResults.aspx
Anyone interested in participating in any of the redesign exercises or in becoming a member of the iSITE Users’ Group, contact Marc Miyashiro at marc.miyashiro@hsd.cccounty.us or 925-313-6420.

Control Triggers to Control Rosacea, Health Column Says
Rosacea, a common condition that causes irritation and redness of the face, is the subject of a recent Healthy Outlook column by Dr. John Lee. Though the condition can be very unpleasant, Dr. Lee described various ways to control the symptoms. The first thing to do, he said, is to pinpoint and limit your triggers. Triggers—like spicy foods, sun or alcohol—are things that cause blood vessels to dilate and worsen the symptoms of rosacea. If rosacea reaches the bumpy, pimply phase, antibiotic creams or pills will help control the symptoms but not cure the condition. Dr. Lee said any facial redness that lasts longer than six weeks requires a doctor’s attention.

To read more of this and other Healthy Outlook columns, visit www.cchealth.org and click on the Healthy Outlook link in Items of Interest or on the Publications page.
In 2010, the Reducing Health Disparities Unit, in collaboration with cCHS Division staff, are working to integrate the core principles and practices associated with the RHD Five-Year Plan and its goals, which include: Improving consumer/client/patient/customer experience; Engaging and partnering with community and public entities; Improving staff respect, responsiveness and cultural sensitivity; and Creating systems that support and promote access and respectful delivery of services into the mainstream of existing Division priorities and activities. To view the Five Year Plan, visit www.cchealth.org/groups/rhdi/.

**Dialogues Address Integration of RHD Best Practices**

Nearly halfway through our Five-Year Plan to Reduce Health and Health Care Disparities, a group of employees is looking at the progress we’ve made and exploring ways to embed successful practices for reducing health disparities into the everyday workings of all our programs and units. Two dialogues were held last month to discuss some of these successes as well as how to further integrate these practices. Among the successes mentioned were our linguistic access efforts, Service Excellence training, policy development, community engagement and the Race, ethnicity, and language Data Collection, etc. The group includes: Dianna Collier of Mental Health; Jaime Jenett, Joanne Genet, Roxanne Carrillo and Sally McFalone of Public Health; Greg Lawler of Hazardous Materials; Vanessa Cordier, Kameiska Nichols and William Alejandro of Environmental Health; Sam Kahn of Information Systems; Otilia Tiutin of the Health Plan; Wanda Session of Finance; Chinyeere Madawaki of Ambulatory Care, Sue Meltzer of Hospital and health centers, Karen Jovin of Personnel, Juliene Latteri of Emergency Medical Services and Concepcion James, Dawna Vann, Julie Freestone and Rossio Aliaga-Caro of the Office of the Director. Director Dr. William Walker stressed that reducing health disparities is a lens from which everyday work should be examined in order to correct health and health care disparities.

To find out more about the integration dialogues, contact Concepcion James at connie.james@hsd.cccounty.us or 925-957-5421.

**MH Intern Training Includes Cultural Competency**

How does a genogram—a chart of individuals in the family for four generations, if possible—relate to psychology training? About 30 interns have been trained on cultural competency from an African American perspective, provided by Lynor Jackson-Marks, LCSW, Psy.D, of our Mental Health Hospital & Residential program. During the training, Jackson-Marks incorporates theory with practice and utilizes a genogram to demonstrate that people do not come to treatment by themselves with their own concerns. They come with generations of issues. To uncover the layers, she reviews the history of and the diversity of African Americans, the oil refinery and ship building history in Contra Costa, and prison and foster care data. All of which impact the community’s mental, physical and spiritual health. Trying on the perspective of the consumer helps practitioners reduce health care disparities.

To find out more about Mental Health intern training, contact Lynor Jackson-Marks at 925-521-5705.
Reducing Asthma Risks for North Richmond Children

Children living in San Pablo and Richmond have significantly higher hospitalization rates for asthma than do children in other communities. In the last year, the Public Health Asthma Program, under the direction of Cedrita Claiborne, has shifted its focus from solely community outreach and education activities, to include the development of public policies that can directly impact land use and transportation decision-making processes, as well as the built environment. One of their projects is the North Richmond Truck Route. The Asthma Program, in partnership with Asthma Community advocates and the Contra Costa Redevelopment agency, has worked to reduce diesel pollution exposure by re-routing trucks from residential areas in North Richmond. The Contra Costa Board of Supervisors recently approved the North Richmond Truck Route and once implemented it will limit truck travel where families live, work, play and go to school. Through this policy impact project, the Asthma Program aims to reduce asthma disparities for children living in North Richmond. This project illustrates the integration of the Five-Year Plan for Reducing Health and Health Care Disparities goals of community partnership; engaging community resident experts; and developing policy as strategies to reduce health disparities.

To find out more about our Asthma Program or the North Richmond Truck Route, contact Cedrita Claiborne at cedrita.clairborne@hsd.cccounty.us or 925-313-6861.

Public Health Homeless Program is on Highway for Success

The estimated 15,000 people who experience homelessness in Contra Costa every year have a mortality rate that is three to five times higher than the general population. Our Public Health’s Homeless Program, under the direction of Cynthia Belon, has reached out to close that disparity. Through embracing a no-wrong-door policy, a harm-reduction model and by listening to clients, the Homeless Program has been able to demonstrate significant outcomes with both a reduction of homelessness and improved health outcomes. Homeless clients have an 88% housing retention rate of five years or longer. Roughly 70% of clients are sober six months after completing treatment. Since 2004 when the Contra Costa Board of Supervisors approved the Ten Year Plan to End Homelessness, the overall homelessness population dropped by 38%. Cynthia attributes the program’s success to the provision of client driven, culturally competent services and approaches. Additionally this year, program staff in collaboration with Public Health, Healthcare for the Homeless staff, will open a 24-bed respite care unit located in Concord (See story on Page 3). The program illustrates how integrating key practices such as culturally competent services and care, client engagement, community partnerships and policy efforts can reduce disparities for the people we serve.

To find out more about our Homeless Program, contact Cynthia Belon at 925-313-6736.
HazMat Quick to Put New Equipment to Use

Shortly after it received a brand new oil-slick boom, our Hazardous Materials team was putting the device to use when a barge caught fire in Suisun Bay in February. The team was trained to use the boom less than a week before the barge fire. Thanks to a $25,000 grant from the Office of Spill Prevention and Response, a branch of the California Fish and Game Department, HazMat and the East Bay Regional Park District received the 1,000 feet of boom and a trailer to store it. Hazardous Materials Specialist Maria Duazo said the boom allows Health Services to respond to and contain hazardous materials spills in large bodies of water. In the past, HazMat had the capability to contain only spills in creeks and estuaries, Maria said. The equipment is shared with the East Bay Regional Park District and housed in one of its Martinez facilities.

To find out more about this new equipment, contact Maria Duazo at maria.duazo@hsd.cccounty.us or 925-335-3200.

Restaurant Inspectors on the Lookout for Trans Fats

Environmental Health inspectors have a new item on their food facility checklist: trans fat. With the passing of Assembly Bill 97 recently, food facilities are no longer allowed to use trans fats in food preparation, including in spreads and fried foods. An exception to this law is deep frying yeast dough or cake batter—though that will be outlawed beginning January 1, 2011. Natural trans fats and foods sold in original, sealed packaging are also exempt. Public Health’s Andrea Menefee and Environmental Health Specialist II Martin Sum briefed staff on the history of trans fats and the new law in February. Consuming even small amounts of artificial trans fats can double the risk for heart disease, according to Andrea, who is the Nutrition and Physical Activity Promotion Manager for Public Health’s Community Wellness & Prevention Program. Martin said many facilities are already in compliance and those still using trans fats are in the process of making the switch.

To find out more about the California ban on trans fats in food facilities, contact Environmental Health 925-692-2500.

EMS Helps Hospitals Prepare for Pediatric Surge During Health Emergencies

Children require special medical needs that make it necessary for health care facilities to be prepared for a surge in both pediatric and adult patients during health emergencies. Our Emergency Medical Services Division is working with disaster managers from local hospitals to help prepare for situations that could result in a sudden increase in pediatric patients. Assistant EMS Director Patricia Frost said the number of pediatric patients came close to overstretching emergency department and inpatient capacity during the recent H1N1 flu pandemic. She and Cynthia Frankel, EMS for Children and Pediatric Disaster Coordinator for Alameda County, recently spoke to both the TriCounty Hospital Council and the State EMS for Children Committee and hope to form a regional task force to address the issue.

To learn more about pediatric disaster preparedness in Contra Costa County, contact Patricia Frost at pfrost@hsd.cccounty.us