Lean Times Call for Lean Solutions

Last month I described a cross-divisional briefing conducted to introduce the key concepts of Lean management—a strategy being used by our Regional Medical Center (CCRM) to streamline operations and improve patient experience. Because I’m hoping that Lean approach will become an important tool for all of us in the coming year, I am sharing some of the concepts in this month’s message. When our official description of proposed budget cuts is posted this month, you will see Lean described as a way to achieve efficiency and reduce costs.

A word about the budget

Although we have come to expect annual budget cuts, I know there is always a certain amount of anxiety at this time of year. I wish I could report that there will be no impact when we trim $7,178,453 out of our budget. When you take that much out of an operating budget in an organization that has been hacking away at its costs every year, there is no way those cuts won’t be felt by residents of Contra Costa in some way. We will be eliminating 16 positions, but it will be a while before we know how many actual layoffs that will involve. It also will be a while before we know whether all of the revenue assumptions that are built into the budget are going to come to fruition. If they don’t, we will have to go back to the drawing board at some point. In fact, these days, given continuing federal and state actions and the County’s declining revenue, our budget is a work in progress year round. So at this point, when we are required to submit our reduction proposal to the County Administrator to meet the target we were given, we’re going with the best information we have—for now.

Customer, safety, quality, staff satisfaction

Back to Lean, which we will be using to help us through these hard times and into the recovery. The Lean approach is built on a few simple concepts that we have already embraced through our Service Excellence commitment: the customer/patient/consumer comes first. Safety and quality are driving forces. Staff satisfaction is critical and eliminating waste is essential. Lean management doesn’t just stress those goals. It provides practical methods for accomplishing them, including the need to understand what the patient/customer/consumer wants; a mechanism called value stream mapping that helps identify where operations can be improved and what keeps things from flowing; and the engagement, including training, of everyone in the process.
We know that this approach works because CCRMC has been implementing Lean for more than a year and has conducted nine value stream mapping efforts that have dramatically identified areas for improvement. (See separate story on a recent presentation to the Board of Supervisors.)

Staff involvement
I want to say a word about the importance of staff involvement—and you’ve heard me say this in the past when we’ve looked for cost-savings ideas. I believe each of you knows best about the work you are doing and how it can be improved. So the Lean approach, which stresses the importance of involving the team and empowering them, works well for us.

Seven wastes
Key to Lean is bringing everyone’s eyes and ears to the process of mapping the flow of our work and identifying areas where patient and organizational resources are wasted. As we continue to learn more about Lean, we’ll come to understand where to look for these areas where improvement is possible: overproduction, waiting time, transportation, processing, inventory, movement and defective products.

Five solutions
The Lean strategy also outlines a very clear methodology for turning the process around: five specific steps to creating a more productive work environment, including sorting, setting in order, shining, standardizing and sustaining. The standardizing step is an interesting one because CCRMC’s experience demonstrated that there are many areas where each person is doing a procedure in his or her own way, opening up the process for errors, inefficiency and confusion.

Not yet please
As enthusiastic as I am about Lean, I am also concerned that we not begin using this approach until we are appropriately equipped. Lean is very clear about the concept of ensuring that our staff has adequate training and support to conduct the efforts. We are exploring how best to accomplish that in an organization as diverse and as large as ours and at a time when resources are scarce. Lean calls for a methodical approach, a data driven strategy that obtains agreement around goals and target and proceeds through prescribed steps. You’ll be hearing more soon.

Sincerely,

William B. Walker, MD

A Word About Health Reform
As you can imagine after my many messages over the years about the pressing need for health reform, I am extraordinarily pleased the Congress has approved measures that will provide health care to almost all. We can now begin to plan for the light at the end of the tunnel—it will be at least 2014 before we begin to see meaningful expanded coverage. By then, many of the patients we serve now will be eligible for a variety of coverage options. Given that the largest expansion will involve Medi-Cal and since we are one of the very few providers who accept Medi-Cal rates, we should expect to see more insured patients. That’s good news for the financial stability of our system. In next month’s Director’s message, I will attempt to “unpack” some of this extraordinary gift and explain what we can expect immediately and in the future. Stay tuned. —WW

Recommended CCHS budget cuts will be posted on the website after April 9. Budget hearing April 20.
County Supervisors Commend Improvement Efforts
The success of our quality improvement efforts has caught on and could spread. One effort that has particularly energized staff is Contra Costa Regional Medical Center’s Lean Management model. CCHS Director Dr. William Walker and CCRMC CEO Anna Roth went before the County Board of Supervisors last month to talk about Lean Management and its success at CCRMC. Anna said the idea behind Lean Management is to work smarter, not harder. The presentation, which included a video that outlined core principles, sparked interest among County Supervisors and prompted a second presentation to other County Department heads. Strategies are also being explored for using the approach in other Divisions. Dr. Walker said he is excited about this process of improving the patient/client/customer experience and making our systems more efficient. The Lean video is available on our website: http://cchealth.org/medical_center/

Cancer Program Receives Outstanding Achievement Award
Congratulations to Contra Costa Regional Medical Center’s Cancer Program for receiving the Outstanding Achievement Award. The award, given by the American College of Surgeons’ Commission on Cancer, is given to programs that “strive for excellence in providing quality care to cancer patients.” Our Cancer Program is one of only three programs in California to obtain this honor. Cancer Program Medical Director Dr. Sharon Hiner said the recognition reflects the program’s commitment to quality. In 2009, the Cancer Program was reaccredited with no deficiencies and six commendations. The Cancer Program also recently issued its 2010 Annual Report, which is available at www.cchealth.org. The annual report includes an in-depth look at breast cancer treatment at CCRMC.

Divisions Discuss Communications Options for Catastrophic Earthquake
Our Emergency Management Team held a tabletop exercise last month to improve understanding of the roles and functions of the Department Operations Center (DOC) in response to a catastrophic earthquake. Public Health Director Dr. Wendel Brunner opened the session by clarifying the Department’s health and medical priorities following a disaster. He stressed that the DOC would be activated in response to a large-scale disaster and would play a lead role in coordinating, supporting, priority setting, decision-making and allocating resources throughout the medical and health system in the county. Discussion included ways to ensure communication and coordination between the DOC and Division Operations Centers, and with the County’s Emergency Operation Center. Emergency Services Manager Kim Cox encouraged staff training on the use of alternate communication methods such as 440 mHz radios and satellite phones. She emphasized that as disaster service workers all CCHS employees should have family and personal preparedness kits in the event they are called in to work during an emergency.

To find out more about the CCRMC Cancer Program or the annual report, contact Dr. Sharon Hiner at sharon.hiner@hsd.cccounty.us or Dr. Jane McCormick at jane.mccormick@hsd.cccounty.us

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/

Public Health, Partners Provide New Directions for Incarcerated Women

“See Them as Women, See Them as Mothers” is the affirming battle cry from Lift Every Voice Coordinator Jeannie Cummings, and our other Family Maternal Child Health staff, who provide services for pregnant women and teens. In March, LEV and its community partners (CCC Probation Department, First 5 Contra Costa, CA Department of Corrections, Alameda County Sheriff’s Department MOMS Program, Project WHAT!, RYSE, ONTRACK Program, Center for Young Women’s Development, Legal Services for Prisoners with Children, CA Coalition for Women Prisoners and the Latino Commission) came together to share information about promising approaches, non-traditional methods and resources to support incarcerated women, their children and each other. LEV works with these women to create a better future by providing them with opportunities to develop life skills, remain free from alcohol and drugs and become better parents. This is achieved by ensuring the women get prenatal care, helping prepare for court and providing emotional support. They also empower the women to take charge of their lives and connect with other health services such as Healthy Start, Prenatal Care Guidance, Black Infant Health and Ujima Family Recovery Services.

Did you know?
» California holds the largest number of women prisoners of any U.S. state, 11,250.
» 40% of women were employed at the time of arrest and had incomes less than $600 per month.
» 54% of California incarcerated mothers are never visited by their children.
» There are 12,000 women on parole with 1,000 beds available for drug treatment as an alternative to re-incarceration for petty drug use or parole violations.
» African American women are more than 3 times as likely as Latino woman and six times more likely than white women to be locked up (California Prison Focus in Oakland: www.prisons.org)

IN DEPTH
See isite (http://cchs/) to find out more about the new approaches and to find out how trauma can affect service providers.

Back row, left to right: Suzzette Johnson, Jeannie Cummings, Patt Young, Doris I. Mangrum, Itika Greene and Phyllis Johnson. Front row left to right: Kenzey Tedesco, Petrenya Boykins, Anamarie Lee and Jana Aloo.

To find out more about Lift Every Voice, contact Jeannie Cummings at jeannie.cummings@hsd.cccounty.us
TeenAge Program Reducing STDs Through School Partnership

African Americans age 15 to 24 have some of the highest rates of Chlamydia and gonorrhea in Contra Costa. To help raise awareness and prevent the spread of these and other sexually-transmitted diseases, our TeenAge Program was awarded a grant to institutionalize sexuality education in two local school districts. The TeenAge Program, which is part of Public Health’s Family, Maternal & Child Health Unit, will partner with local school districts and ETR, a leading publisher of evidence-based prevention programs. Jeff Gould, of the TeenAge Program says that the goal is to work with the Mount Diablo and West Contra Costa Unified school districts to ensure sex education is both culturally sensitive and inclusive for youths from various racial, cultural and LGBT (Lesbian, Gay, Bisexual and Transgender) backgrounds. The project will assess current school district practices with sex education, identify best practice programs, ensure programs are in compliance with state and local sex education mandates, develop sex education instruction capacity within the districts and develop sustainability plans for districts.

To find out more about this project, contact Jeff Gould at jeff.gould@hsd.cccounty.us or 925-313-6437.

CCRMC Staff Discuss Arts, Humanities to Reduce Health Disparities

How can reading literature, examining the arts or talking about the humanities improve patient care? “It is a way to discuss different value-laden issues in a respectful manner,” says CCRMC ethicist Dr. Jon Stanger, who leads regular discussions about how seeing things from the patient’s perspective can reduce health disparities. Although there have been similar gatherings the current iteration, called Food for Thought, brings physicians, medical residents and administrators together to discuss health issues beyond the usual biomedical definition. Dr. Stanger said it is a way to define a patient’s well being from his or her point of view; an approach to the health condition from the individual patient’s perspective. Food for Thought consists of a conversation with ground rules and dinner thanks to donations from the participants. Each month Dr. Stanger selects a centerpiece topic to jump-start discussion. Dialogues are open and go wherever the group takes them, as long as it’s relevant to health care or health services. Many participants have shared the discussions outside of the sessions and report the benefits are improved listening skills and increased compassion toward patients.

To find out more about the Food for Thought discussions, contact Dr. Jon Stanger at jstanger@hsd.cccounty.us

Visit iSITE, our intranet, to read personal stories from our Lesbian, Gay, Bi-sexual, Transgender, Queer, Questioning, Intersex (LGBTQQI) employees and service recipients. These stories may assist you in providing more culturally competent services.
Luisa Arguello-Mendoza  
Community Health Worker  
Public Health Clinic Services

For being extremely vigilant, perceptive and sensitive to recent patient needs, despite very busy and hectic clinics.

♦ Nominated by Leigh Pierson Brown

Diana Butterfield  
Computer Operations Analyst  
Information Systems

For consistently doing an excellent job of maintaining Information Systems Documentation, carefully documenting new conditions and changes efficiently and always with an upbeat, cheerful and positive attitude.

♦ Nominated by Pat Page

Sherry Bradley  
MHSA Program Manager  
Mental Health

For her tireless and successful efforts to draft MHSA plans, support the Consolidated Planning Advisory Work Group and for epitomizing the voters’ Proposition 63 intent to transform the mental health system to be consumer and family-centered.

♦ Nominated by Donna Wigand

Consolidated Planning Advisory Workgroup  
Mental Health

For its members’ immeasurable devotion and tireless efforts that have resulted in improvements that will transform the mental health system to be consumer and family-centered and for working together to establish a process for continually reviewing MHSA plans and outcome data so that the annual updates can be accomplished in a timely way.

♦ Nominated by Sherry Bradley

Beth Chew  
Supervising Pediatric Therapist  
California Children’s Services

For skillfully handling administrative tasks while compassionately dealing with families and clients; always making herself available to consult and problem solve; being a tenacious advocate for continued quality services for ccs clientele and for maintaining a pleasant work environment.

♦ Nominated by Turner and O’Hara

Healthcare Partnership  
(see isite for list of names)  
Contra Costa Regional Medical Center

For dedication and commitment in working collaboratively to transform the way in which families and patients get information about psychiatric care and participating in difficult dialogues to forge creative solutions.

♦ Nominated by Anna Roth

Joanna Greenwood  
Public Health Nurse  
Public Health Clinic Services

For assisting a WIC Lactation Consultant with a newborn’s medical problem, quickly assessing the situation and assisting with obtaining immediate medical care. The baby was hospitalized with a cardiac condition and is now doing well.

♦ Nominated by Lisa Broughton and Jeanette Braker

Do you know someone who’s going the extra mile?  
Milestones  Congratulations to these employees who have given us long years of service: Dianne Dunn-Bowie, Fonnie Mo Au, Maura J. Hoag, Marina M. Rowoldt, Josephine S. Gonsalves, Glynis J. Samb, Julia R. An-drews, Susan J. Juno (10 years); Laura C. Easley, Pedro A. Martinez, Marcia L. Furtado, Edna Riwkes, Ofelia M. Dimas, Enriqueta Gomez, Maria T. Padilla, Lori A. Carone, Betty A. Carpiso, Lucy Rodriguez (15 years); Carolyn S. Galitzen, Chungpei W. Loor, Tommy Nunnelly, Maria A. Ruiz Casillas, Deborah A. Cho, Jacqueline D. Pigg, Charles S. Nicholson, E. Jaye Anderson (20 years); Elizabeth A. Vargas (25 years); Alan Abreu and Sheree J. Howe (30 years).

Arturo Hernandez  
Ambulatory Care Clinic Coordinator  
Richmond Health Center  
For helping the Promotoras familiar-ize themselves with the Richmond Health Center so they will have suc-cess in their new role as co-facilita-tors of patient group visit discussion and activities so that Spanish-speaking patients can have improved dia-betes health outcomes.  
♦Nominated by Connie James

Xochitl Saldana  
Community Health Worker II  
Child Health and Disability Preven-tion Program  
For being understanding, patient, persistent, incredibly compassion-ate and accessible to help a family obtain necessary dental surgery for their toddler.  
♦Nominated by Michelle Williams

Dave Shoemaker  
Secretary—Advanced Level  
Public Health Administration  
For coming up with a campaign for broadcasting and collecting donated hygiene products for the new Home-less Respite Program and for being instrumental in educating others that, working together, we can end home-lessness and reduce health disparities in our community.  
♦Nominated by Cynthia Belon

Reducing Health Disparities Champions  
(see isite for a list of names)  
For working to develop strategies to institutionalize cchs’ commitment to reducing health disparities and for discussing in a respectful, honest and positive way the progress and chal-lenges facing RHD champions.  
♦Nominated by William Walker

Reducing Health Disparities Staff (see isite for a list of names)  
Office of the Director  
For working to implement the dif-ficult concept of institutionalizing cchs’ commitment to reducing health disparities and for convening RHD champions to discuss in an appre-ciative, safe and respectful way for how each Division can embrace RHD permanently.  
♦Nominated by William Walker

Cathy Myers  
Clerk—Specialist Level  
Child Health & Disability Preven-tion Program  
For being a great asset to our office, having an impeccable eye for detail and for always being happy, smiling and willing to help in any way.  
♦Nominated by Laurie Terranova and Annabelle Cadiz
Obesity Prevention Efforts Move Forward Without Federal Grant

When Tracey Rattray found out last month that Health Services did not win a $12 million American Reinvestment and Recovery Act grant to fight the epidemic of obesity, she said we can still carry out some of the activities, but more slowly. Tracey, the Director of our Community Wellness & Prevention Program, said the grant had included methods for reducing consumption of sugary drinks, expanding distribution of locally grown produce, installing water fountains and replacing junk food with healthy snacks in schools. Other strategies covered creating plans for pedestrian and bicycle friendly streets, improved park designs, safe routes to school and more. Some of these ideas will be pitched to other funders in collaboration with community organizations and other Public Health programs. A Leadership Council was created while writing the grant to oversee policy and systems change to address nutrition and physical activity in our schools and community. Though the grant was not awarded, the Council decided to work jointly on policy issues and enhance collaboration between different sectors in the county.

To find out about wellness and prevention efforts in Contra Costa, visit www.cchealth.org/groups/prevention/

Environmental Health Puts New Law Information Online

To help consumers and business owners navigate some new laws, our Environmental Health Division has updated its pages on our website with educational materials. The new content includes guidelines and answers to frequently asked questions about the recent trans fat ban in food facilities and the menu labeling law. The trans fat law requires food facilities, including restaurants, to begin phasing out the use of trans fat oils. The menu-labeling law requires certain nutritional information to be made public in chains of 20 locations or more. This new content is available by visiting www.cchealth.org and clicking Environmental Health in the left navigation menu.

To find out more about the Retail Food Program, contact Vanessa Cordier at vanessa.cordier@hsd.cccounty.us

Thinking Outside the Food Box

Senior Environmental Health Specialists Timothy Ellsworth and Lori Braunesreither last month presented at the Agency Food Summit in Pleasant Hill. The purpose of the summit was to disseminate information about food safety and food handling during a disaster.
Health Column Offers Advice for Bladder Control Problems

An uncontrollable bladder is an uncomfortable and embarrassing problem that can be fixed through exercise and certain lifestyle changes, according to a recent Healthy Outlook column by Dr. Sonika Shah. Stress incontinence is the most common bladder control problem in women. It results when the muscles and tissues supporting the bladder or the urinary sphincter, a ring of muscles surrounding the urethra, weaken. Dr. Shah said Kegel exercises and high-fiber foods can improve or even cure incontinence. Caffeinated beverages, nicotine and obesity are things that can worsen the condition. Dr. Shah said although stress incontinence is common, it is not normal and should be checked out by a doctor.

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.

Preparing for a Disaster

Contra Costa Regional Medical Center employees take part in a surprise disaster drill to test the efficacy of new evacuation equipment and to be better prepared for evacuating patients under high stress conditions. Pictured from left to right, Operating Room Technician Lisa Carchidi, Registered Nurse Francisco Una, Anesthesia Technician Don Knepper, Registered Nurse Emily Delacruz, EVS Manager Stuart Runt (who volunteered as the patient) and Dr. Mark Vukalic.

The Director’s Report is published monthly. Deadline for the May edition is April 16. 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: kate.fowlie@hsd.cccounty.us The Director’s Report is available online at www.cchealth.org and on iSite.
Health Plan Receives High Marks on Annual Report Card

Our Health Plan recently won some acclaim following the release of the Health Care Quality Report Card, an annual report by the state Office of the Patient Advocate. According to the report, our Health Plan delivers a quality of care that is equal to or better than all Medi-Cal health plans statewide 94% of the time. Additionally, nine out of 10 parents who have a child in the Healthy Families program gave Contra Costa Health Plan a high rating. Health Plan CEO Patricia Tanquary said the high marks reflect the staff’s dedication to high-quality, affordable health care. Overall, our Health Plan scored the same as last year in all categories with the exception of “care after childbirth,” which rose from an average rating in 2008 to a higher than average rating in 2009.

To view the Health Care Quality Report Card in detail, visit www.opa.ca.gov/report_card/

EMS Encourages West County to Form ‘HeartSafe’ Communities

Our Emergency Medical Services Division helped West County kick off its HeartSafe Community challenge last month in El Cerrito. The HeartSafe Community designation is given to communities that have built a strong “Chain of Survival,” meaning they have taken steps to increase the chances of survival from sudden cardiac arrest. Sudden cardiac arrest causes a person’s heart to stop beating and can affect people of any age. Communities can improve their “Chain of Survival” by training residents in CPR, placing defibrillators throughout the community and encouraging improved cardiovascular health in their community, among other things. Our Prehospital Care Coordinator Pam Dodson and EMS Medical Director Dr. Joe Barger also went before the El Cerrito City Council to honor the people involved in the successful resuscitation of a 15-year-old El Cerrito High School basketball player who suffered sudden cardiac arrest during a game.

To find out more about the HeartSafe Community initiative, contact Pam Dodson at pam.dodson@hsd.cccounty.us or 925-646-4490. See a story on the event on the CCHS Facebook page.

Emergency Department Head Assumes Role of Chief Medical Officer

Longtime staff physician and CCRMC Emergency Department Head Dr. David Goldstein will become the new Chief Medical Officer of CCRMC and Health Centers this month. Dr. Goldstein replaces another valued and longtime employee, Dr. Steve Tremain. Dr. Goldstein, who will assume his new role April 19, trained in our Family Practice Residency Program from 1991–94 and has been a staff physician since graduating. He was elected to Chief of Emergency Medicine in 2002 and has become a leader in change management, serving as a National Association of Public Hospitals and Health Systems (NAPH) fellow in 2009–10. Dr. Tremain, who formally retired at the end of 2009 after 31 years with CCHS, will continue on staff in a part-time role as Chief Medical Information Officer, helping usher electronic medical records into CCRMC and our Health Centers.