

## **Subject: Transforming Our System, Improving Safety and Quality**

This week, we are submitting a required Plan of Correction to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) to describe how we are going to correct concerns that CMS identified during a survey of Contra Costa Regional Medical Center (CCRMC) in September. I want to share some of those issues with you and explain how our Plan of Correction fits in with very exciting efforts underway at CCRMC to improve patient safety and quality. I've written about some of this before, but I take this matter very seriously and there is always the potential for misinformation, so I want to be sure everyone knows what is happening. *You can read more about this on our public website at [http://cchealth.org/medical\\_center/cms.php](http://cchealth.org/medical_center/cms.php)*

### **The Drive to Improve**

Since 2005, CCRMC has been working to transform its operations to improve quality and continue to provide safe and effective care. Change in an organization this big and complex is a long process, but we've already made progress and a strong foundation for continuing the redesign of key structures and processes is in place. We've talked about the dramatic results CCRMC has had as part of the nationwide 100,000 Lives Campaign – teams at CCRMC are working to reduce errors and save lives. And in at least one area, the outcomes have been so impressive that the Institute for Healthcare Improvement has named us a Mentor Hospital. (See below for more details about these successes.)

We undertook the improvement efforts for a number of reasons. First, the demand for services is outstripping the capacity to provide excellent and safe care. Visits to CCRMC outpatient Health Centers, the Emergency Department, Psychiatric Emergency Department, admissions to CCRMC and the number of babies delivered have all increased. At the same time, because of budget cuts, we've had to find ways to do more with less without sacrificing safety or quality.

Most recently, the CMS conducted a survey, first of the Psychiatric Inpatient Unit and other selected areas and then of all of CCRMC's operations. CMS regularly conducts surveys of hospitals across the country, and it would be extraordinary if they didn't find a number of areas where improvement would be possible. I'm delighted to say that in general, the survey gave us a clean bill of health in major departments like Surgery, Obstetrics and Gynecology, the Emergency Department, Internal Medicine, Intensive Care and Outpatient Services.

### **Three Areas of Concern**

The CMS survey spotlighted three departments for improvement: Psychiatric Inpatient, Dietary and the Pharmacy. In general concerns fell into three areas, including patients rights, the governing body (that's the Board of Supervisors) and Quality assessment and performance improvement. We take these findings very seriously because they affect patient outcomes and safety — our number one priority. Many of the concerns were areas we were already working to improve. Some of them, related either to the county structure or funding, are more difficult.

### **Our Improvement Plan**

The CMS requirement for a Plan of Correction comes at an ideal time, because CCRMC has already been rebuilding its operations through a System Redesign process led by Dr. Steve Tremain, Anna Roth, R.N. and action teams involving a broad range of CCRMC staff. They are applying proven methods to key areas where quality can be improved and lives can be saved.

We are working to implement some new strategies, such as establishing real-time quality monitoring in areas such as the Psychiatric Inpatient Unit and Pharmacy where efforts can be enhanced.

### **What Has Already Been Accomplished?**

I have complete confidence in our ability to redesign and transform our operations, not only in CCRMC and the Health Centers but also eventually throughout CCHS. We've made impressive progress already:

- The number of patients with completely reconciled medications (checking accuracy of medications at every step) has improved from 53% to 93%. For its significant improvement, CCRMC has been designated a mentor hospital by the Institute for Healthcare Improvement.
- Early aspirin use for patients admitted to the Emergency Department with heart attack symptoms has gone from 67 minutes after arriving at triage to 8 ½ minutes.
- Ventilator associated pneumonia rates have been reduced by over 90% since January 2004.
- CCRMC's new Rapid Response Team can get to an incident in three minutes. There have been no deaths from code blues (cardiac arrest) in a floor bed in at least 12 months.

The CMS has until March 15 to review of Plan of Correction and announce its findings. We are continuing our much broader improvement and transformation efforts begun nearly two years ago. We have an obligation to work continuously to improve quality and safety. I welcome your ideas about how we can achieve those goals.