

# **San Benito Health Care District: Follow-up of the Implementation of Measure L and Provision of Quality Healthcare**

**Conducted by**

**Health, Education, and Welfare Committee**

**Issued July 31, 2008**



**County of San Benito  
Civil Grand Jury  
2007-2008**



# SAN BENITO HEALTH CARE DISTRICT: FOLLOW-UP OF THE IMPLEMENTATION OF MEASURE L AND PROVISION OF QUALITY HEALTHCARE

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## SUMMARY

The San Benito Health Care District (SBHCD), a public agency, provides the only emergency, surgical, hospital, acute inpatient care, and skilled nursing facility services in San Benito County. In 2005, San Benito County voters passed Measure L to authorize SBHCD to implement a multi-million dollar expansion of its medical facilities. The 2006-07 San Benito County Civil Grand Jury conducted an investigation of the SBHCD to establish how effectively it was implementing Measure L, as well as to assess the quality of the healthcare services provided by Hazel Hawkins Memorial Hospital (HHMH). Upon completing its study, the Grand Jury offered recommendations for improvement in the areas of program plans, budgets and schedules, operations of current facilities, and quality of healthcare. The 2007-08 Grand Jury conducted a follow-up investigation to assess the status of the findings revealed by the previous year's jurors.

## PURPOSE OF INQUIRY

The 2007-08 San Benito County Grand Jury performed a follow-up investigation of the 2006-07 Grand Jury inquiry into the implementation of Measure L and the quality of healthcare services at HHMH. The purpose of the current examination was to determine whether SBHCD performed any or all of the recommendations presented by the 2006-07 Grand Jury.

## METHODOLOGY

The members of the Health, Education, and Welfare Committee of the 2007-08 Grand Jury interviewed various SBHCD staff and officials. Jurors also reviewed written materials, including 2006-07 Grand Jury report and data regarding the quality of the performance of the HHMH.

## DISCUSSION

The SBHCD has approximately 540 employees, 105 physicians (who are hired on a contractual basis), and 400 volunteers. The SBHCD oversees the operations of the Hazel Hawkins Memorial Hospital, 2 skilled nursing homes, 2 rural health clinics, a free-standing outpatient ambulatory surgical center, a home health agency, an outpatient lab, and the "Solutions" senior mental health services.

In May of 2005, San Benito County voters passed Measure L that authorized SBHCD to issue \$31 million in bonds for medical facility upgrades and for improvements to local medical care. The particular goals of Measure L are to “improve life-saving emergency services, reduce emergency room waiting times, and improve access to advanced medical technology” (note: in this report, the *emergency room* is now known as the Emergency Department).

The 2006-07 Grand Jury conducted an investigation of SBHCD to establish how effectively it was implementing Measure L. Jurors were also interested in learning what programs SBHCD was conducting to improve the quality of healthcare at HHMH. The 2006-07 Grand Jury offered recommendations for improvement in the areas of plans and schedules, operations in current facilities, and quality of care.

## **PLANS, BUDGETS, AND SCHEDULES**

### **2006-07 Grand Jury Recommendation**

The 2006-07 Grand Jury reviewed plans, budgets, and construction schedules for the execution of the provisions of Measure L. Jurors found it difficult to determine the status of the budget. Hence, the Grand Jury recommended that SBHCD and HHMH “keep and present an up-to-date ‘current estimate’ of the projected budget in addition to the line item budgets based on the original, 2-year-old, estimates.”

### **Results of the 2007-08 Grand Jury Follow-Up Inquiry**

SBHCD has implemented the recommendation made by the 2006-07 Grand Jury. Project cost estimates are assessed and updated monthly at the SBHCD Finance Committee and Board meetings, as well as at all Measure L Community Oversight Committee meetings.

## **OPERATIONS IN CURRENT FACILITIES**

### **2006-07 Grand Jury Recommendation #1**

The 2006-07 Grand Jury noted that the number of patients using Emergency Department (ED) services increases significantly at the end of the day when the hospital clinic closes or when the clinic has a larger number of patients. SBHCD plans to put in a clinic/emergency triage in the new ED. Jurors recommended that HHMH “consider alternate procedures to relieve some of the emergency room crowding and wait times as interim measures until new facilities are available.”

### **Results of the 2007-08 Grand Jury Follow-Up Inquiry**

HHMH resolved the overcrowding problem in the ED by seeking permission from the California Department of Health Services to create an “overflow” area for treating patients. In August 2007, HHMH received the state agency’s approval to turn a 4-bed outpatient surgery center, adjacent to the emergency department, into an “overflow” area

to see emergency patients. This “overflow” area is staffed with a nurse and a physician’s assistant.

Patients’ wait times at the HHMH ED, as well as patients leaving the ED untreated against the medical advice, has significantly decreased, as documented in the periodic report issued by the Hospital Quality Alliance (*Hospital Performance: Reporting Period for Clinical Process Measures: Third Quarter 2006 through Second Quarter 2007 Discharges*).

### **2006-07 Grand Jury Recommendation #2**

The patient admitting section of the ED is responsible for the admission and billing of emergency patients. It is located in the waiting area of the ED. The 2006-07 Grand Jury observed that the office that handles billings and payments for emergency patients was “very small and cramped.” Because it is within the waiting area, patients do not have much privacy when they speak with staff about financial matters. The jurors recommended that SBHCD “develop interim procedures to relieve the crowding and ensure privacy in the customer billing and associated waiting area until new facilities are available.”

### **Results of the 2007-08 Grand Jury Follow-Up Inquiry**

To address the issue of crowding in the admitting area of the ED, HHMH has extended its hours of service for financial counseling in the ED.

The patient financial counseling area is in front of modular cubicles, temporary structures placed within the waiting area of the ED. To ensure patient privacy, HHMH has made provisions for patient financial counseling in the back offices—when needed.

The construction of the new emergency department building will be completed in 2008. It will include a new admitting area and designated areas for private financial counseling.

### **QUALITY OF CARE**

The 2006-07 Grand Jury noted that HHMH was cited by the Joint Commission as being below the performance standards of most Joint Commission accredited organizations in the areas of heart failure care, pneumonia care, and surgical infection protection during the period June 2005 and June 2006. (The Joint Commission is an independent not-for-profit organization recognized nationwide for its accreditation of the quality of healthcare programs and services in the United States.)

## **2006-07 Grand Jury Recommendation**

In light of the Joint Commission's findings, the 2006-07 Grand Jury offered the following recommendations to SBHCD to improve its delivery of quality of care to HHMH's patients:

- pursue quality improvement and record keeping in the areas of heart failure care, pneumonia care, and surgical infection protection.
- perform, and publish the results of, periodic independent rotating audits of the three areas of concern to measure the effectiveness of improvement programs.
- establish internal "stretch goals" and programs designed to exceed the performance of other accredited hospitals, along with the measurement metrics established by the Joint Commission.
- visit, study, and benchmark superior performing hospitals in California, with the objective of implementing similar programs.

## **Results of the 2007-08 Grand Jury Follow-Up Inquiry**

Hazel Hawkins Memorial Hospital is accredited by the state of California. HHMH, like all other hospitals in California, must go through a mandated state accreditation every 2 to 4 years. A loss of the state accreditation would severely impact the operations of the hospital.

To ensure the quality of its delivery of healthcare services, HHMH implements various measures and programs, including the following:

- HHMH has a Medical Executive Committee, consisting of senior physicians, that monitors and evaluates the quality of the hospital's performance on a regular basis, including concurrent reviews of the heart failure care, pneumonia care, and surgical infection protection measures by individual physicians. This committee reviews and recommends action for improvement to practitioners or to the Performance Improvement Coordinator, who makes sure staff and physicians comply with quality reviews. The Medical Executive Committee has broadened its quality improvement measures, educational training, and scoring mechanisms that are used to evaluate the performance of hospital staff and contracting physicians.
- HHMH obtains accreditation on a voluntary basis from different organizations, such as the Joint Commission, to monitor the quality of the different aspects of its operations. According to the latest accreditation survey (October 2007) by the Joint Commission, HHMH had successfully met the performance standards set by this organization. This includes the areas of heart failure care, pneumonia care, and surgical infection protection, in which they had been previously cited as being below performance standards.
- HHMH is a member of the Institute of Healthcare Improvement and Lumetra, 2 nonprofit organizations that offer consulting services for improving the quality of healthcare programs.
- The HHMH staff and contracting physicians attend workshops and programs that provide state-of-the-art performance improvement education.
- Benchmarking is done quarterly with 40 other rural hospitals, located throughout the United States, and in conjunction with data supplied by the Association of California Healthcare Districts.

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## FINDINGS

- F1.** SBHCD has addressed all the recommendations that the 2006-07 Grand Jury offered to improve the implementation of Measure L and the provision of quality healthcare services at the HHMH.
- F2.** SBHCD assesses and updates project cost estimates on a regular basis.
- F3.** SBHCD established an “overflow” area next to the ED to see emergency patients.
- F4.** SBHCD developed procedures to help relieve the crowding in the ED, as well as to ensure customer privacy in the customer billing and associated waiting area - until the new facilities are available.
- F5.** HHMH meets the standard performance ratings by the Joint Commission in the areas of heart failure care, pneumonia care, and surgical infection protection.
- F6.** SBHCD regularly conducts programs to monitor and evaluate the quality of the performance of HHMH staff and contracting physicians.

## RECOMMENDATIONS

None.

## RESPONSE REQUIRED

No response is required.

## BIBLIOGRAPHY

### Documents

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### Web Sites

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