

Administrator's Report 7/9/2012

PEOPLE

New Controller

I would like to thank everyone who participated in the interview process for the controller position. All feedback was carefully considered and weighed with skills, knowledge, and fit for our culture. I am pleased to announce that David Stob, has accepted our offer and will be joining us next month. David comes to us with a wealth of experience in both the controller position and as a former CFO, with his latest assignments being with Swedish Hospital and Kindred Healthcare.

SERVICE

Standards of Behavior Standard of the Month

The Standard of Behavior for July is:

BE CUSTOMER FOCUSED - I ask our customers what they need and want.

- I know my audience and explore my options.
- I know and utilize my resources.
- I know my organization's mission.

This standard supports the organizational value of Great Service.

Following are stories from staff members that exemplify this standard:

- "I introduce myself and my role to all clients and make them feel welcome." Pat Strong, WGH Rehab
- "My commitment to the Standards of Behavior is Great Service! I treat every patient like I would like my mom to be treated. I explain and answer any questions and make sure their comfort level is priority. When I am done with the exam, I always make sure they are comfortable and ask if they need anything before I leave, and thank them for being a great patient." Jennifer Suey, Diagnostic Imaging Department

Great Service

The Great Service Team is pleased to announce James Buck as the May 2012 Great Service Story winner. James has been a Cabulance driver for Care Management since June of 2006. He is described as his co-workers as being reliable and courteous. James enjoys building model airplanes, watching movies, playing video games and listening to music from the 80's and 90's. Here is James' story as submitted by his courier teammate Katie Bassett:

A patient receiving dialysis treatment became ill and was taken to our emergency room. Unfortunately, as this visit was unplanned, she was brought to our facility without her motorized scooter. This patient was treated and taken back to her residence via our Cabulance. During the ride, she expressed to the driver (James) how concerned she was about not having her scooter. After James finished his work, he took the effort to track down her scooter and deliver it directly to the patient. This act clearly demonstrates how James puts Patients First!

Community Outreach

Outreach is the practice of conducting local public awareness activities through targeted community interaction. The goal is to promote health, build trust, and create a sense of belonging and ownership of our local health care systems.

On June 1st the hospital's Relay for Life team participated in a yearly celebration and fundraiser. We partnered with the American Cancer Society and organized a walk, this year on the North Whidbey middle school track. The location is highly visible and despite the rain, had over one hundred registered teams. The WGH team raised nearly \$4,000 with the overall team efforts generating over \$100,000.

The survivors took the opening lap to kick off the walk. There was no doubt the pride our community felt as a result of our participation that day. Words spoken were powerful, inspiring, and a good reminder that health care is all about people. The walk needs more participants to fulfill the charge of "less cancer and more birthdays"." This among other events held in our community benefit from a wide range of WGH employee support.

To seek out a time to participate in a future event you can access the community outreach opportunities via the WGH Outlook calendar. Log on to Outlook/Public Folders/All Public Folders/Community Outreach events. You may also contact Michele Renninger at **678-7656 ext 2136 or** communityoutreach@whidbeygen.org.

Patient Comments

I was very nervous about having my yearly. Staff and Dr. Chinn were amazing! Thank you for making this visit not bad at all!

Dr. Burnett did everything right. He is an excellent doctor & especially kind to 80 year olds

Loved Dr. Chinn - she is awesome!

I am very thankful my mom recommended me to Dr. Chinn and her wonderful staff :)

Dr. Sherman did a super job of stitching up my cut. The scar is barely noticeable.

Jen was great! So friendly & interested. We had a good conversation - I was very much at ease. Dr. Scheidt is a very good listener, also really good at explaining concerns. I'm pleased to be her patient!

Dr. Hansen, in the ED, did a tremendous job caring for my mother. He took the time to explain things and called her PCP.

Dr. Bahiraei is a great doctor! I told him the world needs more people like him.

Our ultrasound tech was amazing (Ann-Marie) she worked very well with our autistic teenaged son, and put him at ease.

No matter how busy PA Young is, she always takes time with me. I never feel rushed in & out.

I was very impressed with Dr. Sanders

Everyone was very nice and helpful. I especially am grateful for Cynthia Smith and all she has done, and doing to help me heal!

Toni Marthaler is one of the best care providers I have ever had. She always shows concern for me.

Nathan was very helpful and concerned for my needs. He made me feel comfortable.

I liked Dr. Oakland's way of telling me what I needed to know in terms I could understand

I am currently in an outpatient status in rehab therapy Andy & Gary are great. Please pass this on to them

Nursing staff & PT (Diana) were all great.

Dr. Helen Lhamon was absolutely wonderful and worked an MRI in for me right there. I was in bad shape and Dr. Lhamon was just awesome. It was the best hospital experience I've ever had in my life I've had two other surgeries - one at Skagit Valley Hospital and one at UW. Dr. Lhamon and her staff were just fantastic! Thank you so very much!!

Based on the results of the cataract surgery, the skill of the physician, Dr. Johnson, is outstanding. Dr. Johnson's assistants & nurses are angels!

No pain, severe dizziness and staff and Gary took great care of me.

Chris, has been kind, helpful and very efficient.

Therapist Gary Piazzon, not only took his time to explain things to me and he was very compassionate

Dr. Jiang is a great doctor - I feel like they care about me as a person. I've had several scans & have been impressed w/the treatment they gave me. I also like rehab Tristan & Ryan.

QUALITY

Falls Prevention

In the United States, falls among hospital inpatients are common, generally ranging from 2.3 to 7 falls per 1,000 patient-days and almost 30 percent of inpatient falls result in injury. These serious fall-related injuries can include fractures, subdural hematomas, excessive bleeding, and even death. Injuries due to falls also increase health care costs. Using conservative estimates, there are more than 500,000 falls each year in U.S. hospitals, resulting in 150,000 injuries. The CDC reported the average medical cost of a fall to be \$19,440.

The CDC reported that more than a third of adults over 65 fall each year and that the total direct costs of all fall injuries in the elderly in 2000 exceeded \$19 billion. Furthermore, the costs of injurious falls are expected to reach \$32.4 billion by 2020.

Four factors have been found to be effective predictors of fall risk: 1) impaired memory, 2) muscle weakness, 3) age (>60 years), and 4) ambulatory assist devices. Accidental falls are primarily preventable using environmental interventions like equipment checks and nonslip footwear. Fall interventions should be both protective and preventive. Some examples are making the

environment safe; increasing observation; establishing toilet routines; as well as implementing medication, gait, and mental assessments.

At WGH our patients receive a fall risk assessment on admission. Patients at high risk for falls receive many interventions to help prevent falls. These may include a fall risk identification on the door and arm band, a bed alarm, hourly rounding for physiologic needs such as toileting, pain control and ongoing fall risk assessments per shift.

WGH is also providing fall prevention education for our community residents through the Stay Active and Independent for Life (SAIL) program. SAIL training is led by several WGH departments that lend support and promote accountability for individuals that have fallen or are at risk for falling. It provides a functional self assessment that empowers those in their 40's, 50's and 60's to be forward thinking about maintaining the highest level of independence in later life. SAIL education is available by request through Community Outreach x2136.

Our WGH Falls Prevention Program is working. We collect fall risk data and monitor our fall rates. Our total number of falls and falls resulting in injury and the corresponding rate of falls has decreased since 2011.

GROWTH

Current Medical Staff Recruitment Efforts

- Two Family Practice physicians for PCA (1 north and 1 south)
- Hospitalist replacement for Tom York
- Midlevel & Physician for the Rural Health Clinic
- Orthopedic Surgeon
- General Surgeon

FINANCIAL

May's financial statements showed a small loss of \$3,439 with an operating margin of -0.57%. The average inpatient census was the lowest this year at 12.90. That is a 4% drop from the April average census of 13.47. However, inpatient surgeries were up from 21 in April to 36 for May. Outpatient surgeries were also up to 212 in May, which is the highest this year. Total outpatient volumes were also up 2.4% in May over April.

Several outpatient areas had their highest volumes this year in May. Among these were Mammography, Nuclear Medicine, Respiratory Therapy, MAC Clinic, Occupational Therapy, Speech Therapy, North Whidbey Community Clinic, Sleep Center and outpatient Endoscopies.

Gross patient revenues were under budget by 13.2%, or \$2.1 million. Operating expenses were under budget by \$588,000, or 8.2%. Purchased services were under budget by \$308,000 which is 33%, and salaries and wages were under budget by \$281,000 (8.2%). Physician fees were over budget by \$97,000 and professional fees were over budget by \$78,000.

Cash on Hand days increased from 90.3 in April to 95.3 in May due to the receipt of some property taxes after the due date of April 30th. Days of Net Revenue in Receivables dropped from 35.1 in April to 28.9 in May. This means we collected more cash for patient bills than we did the previous month. This also helped increase the days of Cash on Hand.