

**BOARD OF DIRECTORS
Joint Meeting Minutes
November 17, 2020**

A recording of this meeting can be found linked [here](#).

The Board of Directors of Grossmont Healthcare District (GHD) held a special joint meeting with the Board of Directors of the Grossmont Hospital Corporation (GHC) on Tuesday, November 17, at 5:00 p.m. via teleconference, in accordance with the current State of Emergency and Governor's Executive Order. Members of the public were also able to participate by telephone. For purposes of these minutes, the listed items are reflected in the order set forth on the posted Agenda. In some cases, discussion of items may have taken place out of sequence during the course of the meeting.

GHD Directors Present: Robert Ayres, Gloria Chadwick, Michael Emerson, Virginia Hall, Randy Lenac

GHD Staff Present: Barry Jantz, Chief Executive Officer
Rachelle Kierulff, Library Director
Carlos Moya, Director of Administrative Services
Lucy Poplawska, Communications Coordinator
Erica Salcuni, Director of Programs & Outreach
Jeffrey Scott, General Counsel
Crystal Sloan, Executive Assistant/Office Manager

Several GHC board members and staff were also present.

A. Call to Order

GHD President Lenac called the meeting to order at 5:00 p.m. President Lenac and GHC Chairman, Brian Moore, MD welcomed the respective board and staff members of both GHD and GHC.

B. Pledge of Allegiance

CEO of GHD Barry Jantz led the pledge of allegiance.

C. Approval of Agenda (GHD Board)

Motion was made by Director Emerson, seconded by Director Hall, and unanimously carried (4-0) to adopt the agenda. (Director Chadwick had not yet joined at the time of approval.)

D. Public Comment

There was no public comment.

E. Sharp Grossmont Hospital Annual Report

Sharp Grossmont Hospital CEO Scott Evans noted that this would be retiring GHD CEO Barry Jantz's last joint meeting and introduced several of Mr. Jantz's current or now-retired Sharp HealthCare colleagues to thank him for his service and commitment to the community. Mr. Jantz expressed gratitude to all his colleagues.

Mr. Evans introduced his staff members to make the following presentations and answer questions from the board members.

The presentations are linked [here](#).

1. Facilities Overview – Tony D'Amico
2. Master Site Planning Report – Gregg Zoll
3. Quality & Safety Report – Nancy Greengold. M.D.
4. Capital Investments Report – Daniel Kindron
5. Finance Report – Daniel Kindron
6. East County Market Data – Jason Broad
7. Grossmont Experience Data – Jason Broad and Louise White
8. Hospice & Palliative Care Report – Suzi Johnson

F. Open Discussion – GHD and GHC Board Members

In addition to the questions and discussion taking place during the presentations listed above, some brief additional open discussion took place. President Lenac, CEO Evans and members from both boards thanked the presenters for the hard work and preparation that went into today's reports.

G. Next Regular Scheduled Meeting(s):

1. Friday, November 20, 2020, 7:30 a.m.
2. Monday, December 7, 2020, 7:30 a.m.

H. Adjournment

There being no further business, **on motion duly made, seconded, and unanimously carried, the Board adjourned at 6:55 p.m.**

Respectfully submitted,

Robert Ayres, Secretary

ATTEST:

Randolph S. Lenac, President

**Grossmont Healthcare District
&
Grossmont Hospital Corporation**

Joint Board Meeting

November 17, 2020

OPEN SESSION: GROSSMONT HEALTHCARE DISTRICT

Call to Order – Randy Lenac

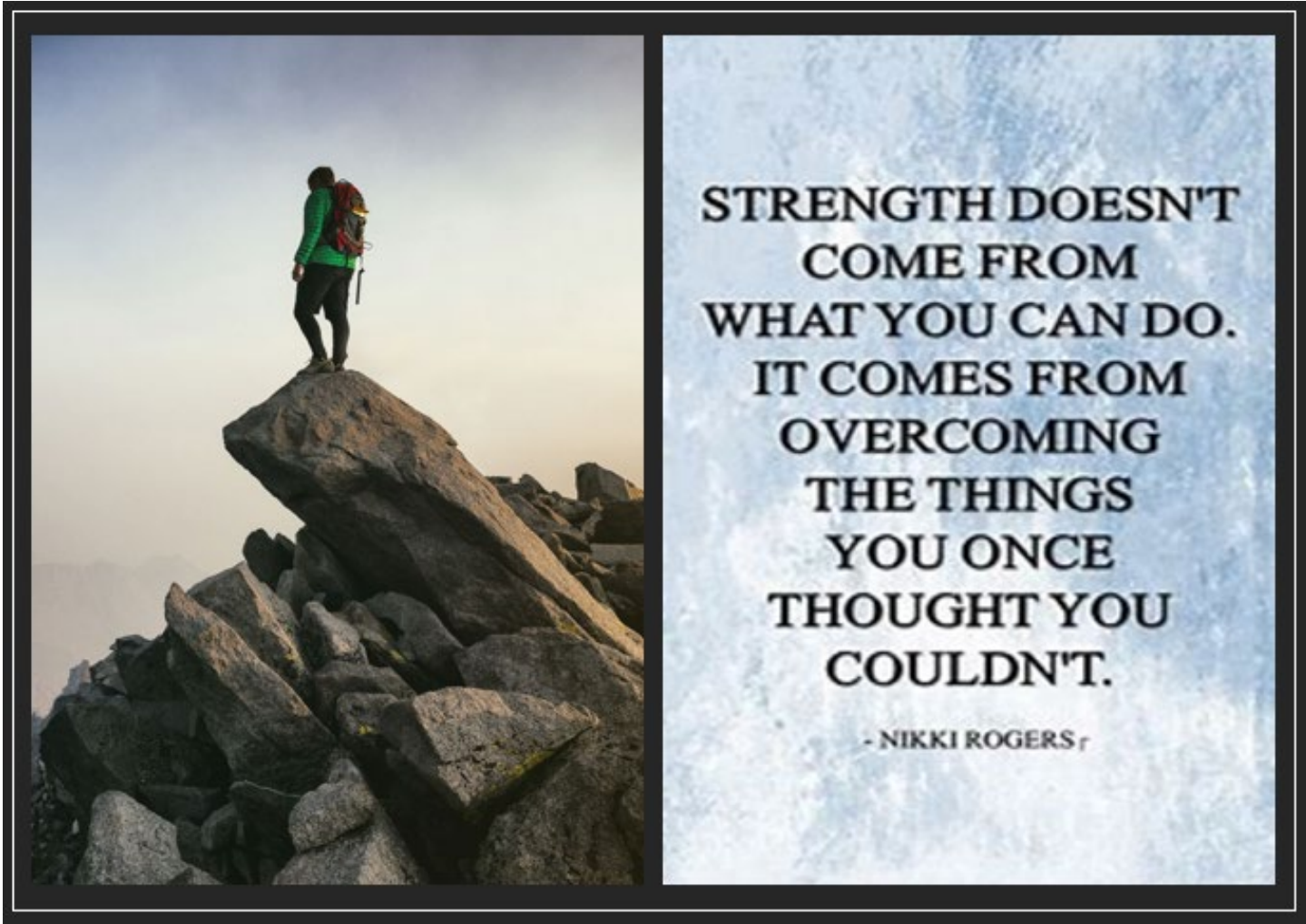
Pledge of Allegiance – Barry Jantz

Approval of Agenda – Randy Lenac

Public Comment

Reflection – Louise White

REFLECTION



Sharp Grossmont Hospital Annual Report

Scott Evans, PharmD
Chief Executive Officer



Thank you Barry!!



FY20 HIGHLIGHTS & ACCOMPLISHMENTS

Comprehensive Stroke Center Designation

MICU Beacon Award

Emergency Department Enhancements

- Patient Flow Redesign

- Geriatric Emergency Department Accreditation (GEDA) – Bronze Level

- G-Path Unit

Sharp Hospice & Palliative Care Growth

Robotic Surgical Program

COVID Response

COVID by the Numbers

COMPREHENSIVE STROKE CENTER



The Joint
Commission



American Heart
Association
American Stroke
Association

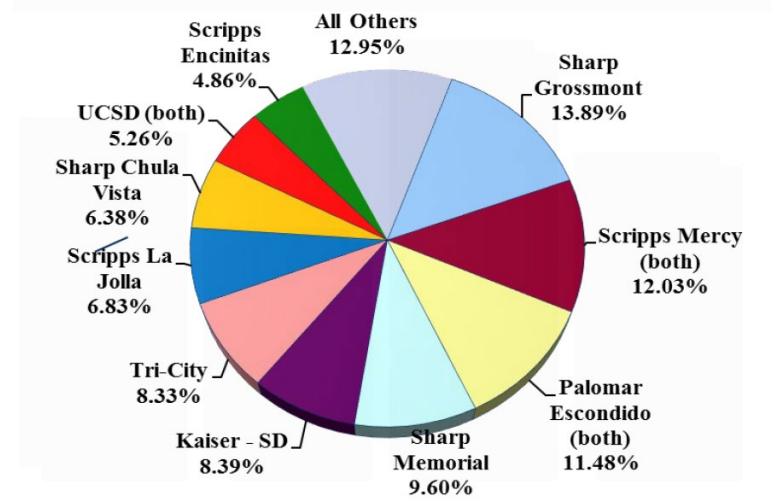
CERTIFICATION

Meets standards for

Comprehensive Stroke Center

Awarded on Feb. 14, 2020

Stroke volume in San Diego County



Jan 2020 - Sep 2020: # strokes 806; stroke codes ED 1312; stroke code in-house 86

MICU BEACON AWARD

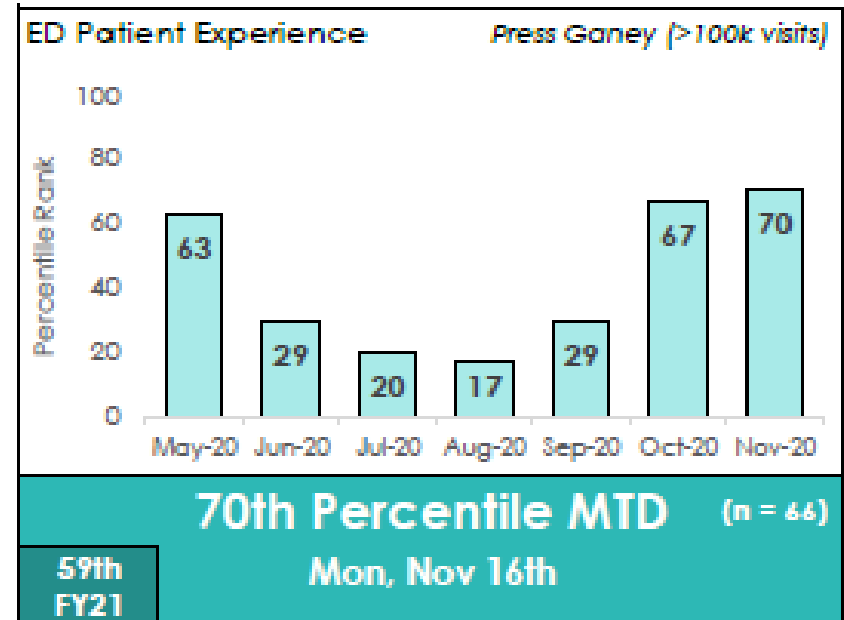
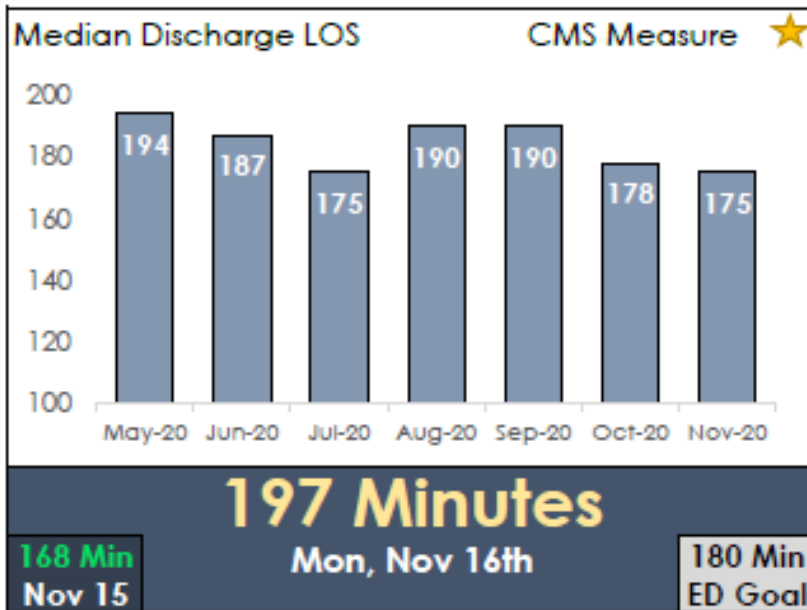
- Awarded Gold Level Designation by the American Association of Critical Care Nurses (AACN) on September 28th
- 4th Designation for the MICU
- Recognition demonstrates a commitment to excellence in leadership, employee development and patient care.



EMERGENCY DEPARTMENT ENHANCEMENTS PATIENT FLOW REDESIGN

Key Strategies:

- AcceleratED Care – Pod D
- AdvancED Care
- Throughput Transformation Project



Sharp Grossmont Hospital: Geriatric Emergency Department

April 2020: Awarded Bronze Certification

September 2020: Gold Certification application

Updated Environment of Care: warm paint, artwork, thick mattresses and warmed blankets

Physicians and Geriatric Emergency Medicine (GEM) RNs collaborate to provide in-depth senior assessment and referral to interdisciplinary team members:

- Social Work/Case Management
- Pharmacy
- Physical, Occupational and Vestibular
- Advanced Illness Management and Palliative Care
- Psychiatric Services
- Dietary consultation
- Volunteer services
- Outpatient Support (Sharp Grossmont Senior Resource Center)

Approximately 330 patients per month are evaluated and referred for intervention. Issues identified have included:

- Homelessness
- Hoarding
- Food Insecurity
- Suspected elder abuse
- Caregiver support and respite needs



EMERGENCY DEPARTMENT ENHANCEMENTS

G-PATH

- G-PATH (Grossmont - Psychiatric Assessment Treatment and Healing) is a transition from the typical emergency department medical model to a behavioral health rehabilitation model.
- G-PATH unit of the ED will treat patients who have been determined to be medically appropriate for psychiatric treatment outside of the main emergency department.
- Environmental changes – phase 1 complete & phase 2 (OSHPD work) in permitting
- Fully staff with Behavioral Health-trained staff by 11/29
- Observation order and protocols developed and currently in use

COVID RESPONSE

- Women's Hospital Observation Unit
- Grossmont Family Nights:
Virtual cooking class, Drive-In Movie, Prerecorded / Virtual Karaoke Event
- Rapid adoption of virtual meetings
- PPE – Safe management of key supply items
- Family Resource Center (FRC) & Employee Food Pantry:
FRC handlings 3630 phone calls, 850 walk ins, 4226 family dropping off belongings, 806 Zoom calls
- Foundation Fundraising:
\$1.47M raised from over 565 donors making 676 gifts

ROBOTIC SURGICAL PROGRAM GROWTH



First in San Diego County:
Monarch Robotic-assisted Bronchoscopy



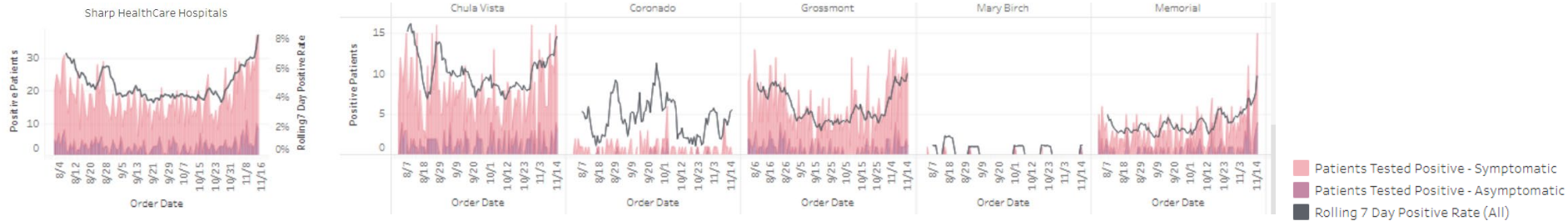
Hospital for Women and Newborns:
Da Vinci Si robot to expand female surgical services

Positive Rate			
<i>COVID-19 Positive Rate includes only lab cases resulted and confirmed at Sharp</i>			
Total Patients COVID-19 Resulted	Total COVID-19 Positive Patients		COVID-19 Positive Rate
48,838	Lab Confirmed	Self-Reported	Total
	2,354	181	2,535
			4.8%

Utilization Rates		
COVID-19 Positive Patients % Requiring Hospitalization	COVID-19 Positive Patients % Requiring ICU Level of Care	COVID-19 Positive Patients % Requiring Ventilation
100.0%	30.6%	18.5%

Average Length of Stay		
<i>Inpatient/Obs patients only</i>		
<input type="button" value="Exclude In-House"/>		
COVID-19 Positive Patients ALOS	COVID-19 Positive Patients ALOS Requiring ICU Level of Care	COVID-19 Positive Patients ALOS Requiring Ventilation
9.6	17.6	21.6

COVID-19 Patients Tested Positive (Symptomatic | Asymptomatic) and Rolling 7-day Positive Rate Period: 08/01/2020 – 11/15/2020

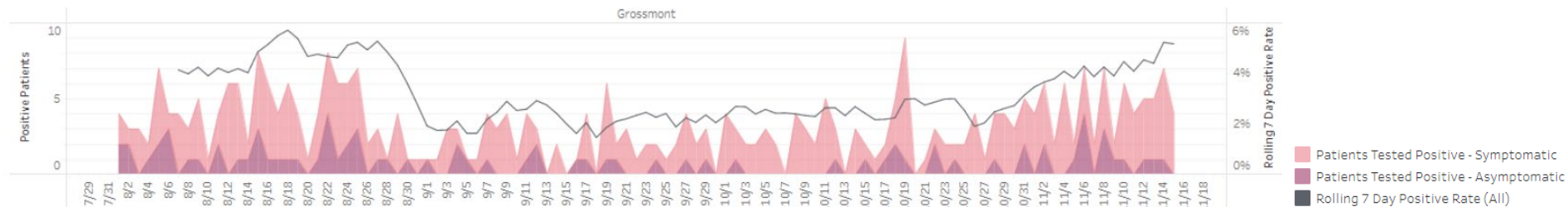


Positive Rate			
<i>COVID-19 Positive Rate includes only lab cases resulted and confirmed at Sharp</i>			
Total Patients COVID-19 Resulted	Total COVID-19 Positive Patients		COVID-19 Positive Rate
17,539	Lab Confirmed	Self-Reported	
	818	47	4.7%
		865	

Utilization Rates		
COVID-19 Positive Patients % Requiring Hospitalization	COVID-19 Positive Patients % Requiring ICU Level of Care	COVID-19 Positive Patients % Requiring Ventilation
100.0%	20.9%	13.4%

Average Length of Stay Exclude In-House ▾		
<i>Inpatient/Obs patients only</i>		
COVID-19 Positive Patients ALOS	COVID-19 Positive Patients ALOS Requiring ICU Level of Care	COVID-19 Positive Patients ALOS Requiring Ventilation
8.3	19.3	23.0

COVID-19 Patients Tested Positive (Symptomatic | Asymptomatic) and Rolling 7-day Positive Rate Period: 08/01/2020 – 11/15/2020



SHARP GROSSMONT HOSPITAL REPORT

Facilities Overview – Anthony D’Amico

Master Site Planning – Gregg Zoll

Quality & Safety – Nancy Greengold, MD

Finance Update – Daniel Kindron

Capital Investments – Daniel Kindron

Grossmont Market Assessment – Jason Broad

Grossmont Experience – Jason Broad & Louise White

Hospice & Inpatient Palliative Medicine Growth & Market Data – Suzi Johnson

Facilities Overview

Anthony D'Amico
Chief Operating Officer

Completed Projects

Radiology Room A3 Remodel



Remodel Project
Budget: \$700K
January 2020



Emergency Department Pod B & Pod E



After

Before

Remodel Project
Budget: \$1.5M
September 2020



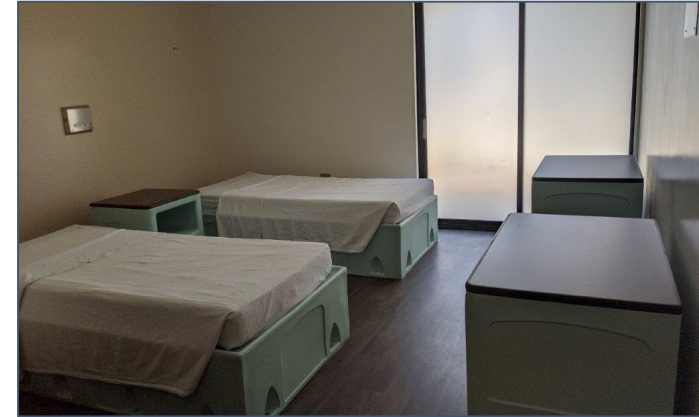
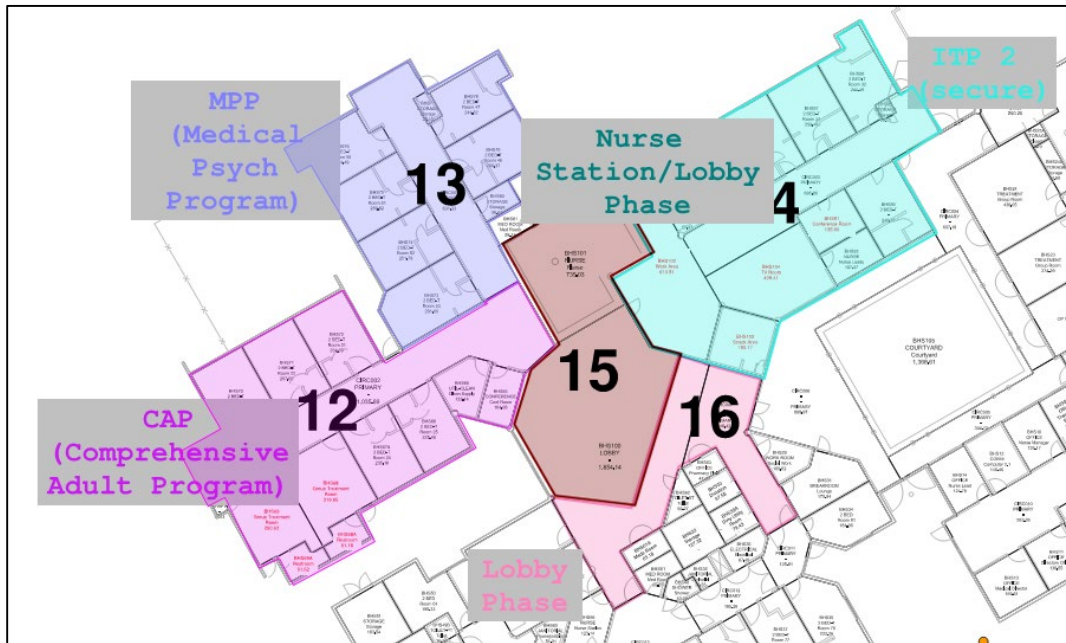
Beckman Lab Automation Equipment Replacement

Remodel Project
Budget: \$2.2M
June 2020



Flooring – Behavioral Health

Remodel Project
Budget: \$997K
September 2020

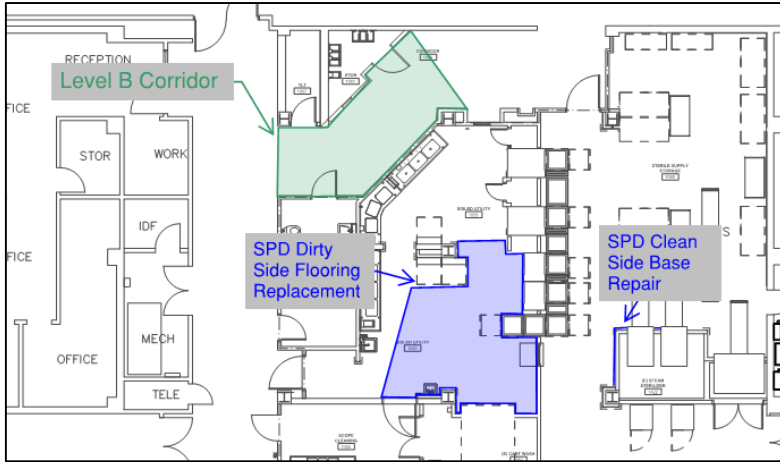


Patient Room

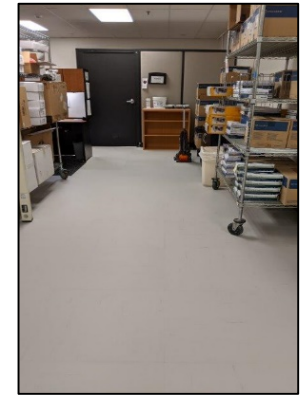
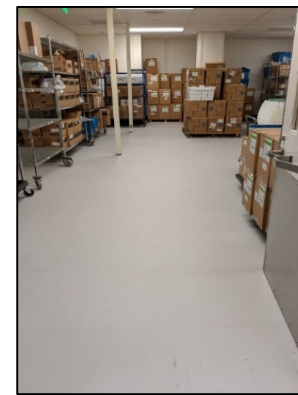
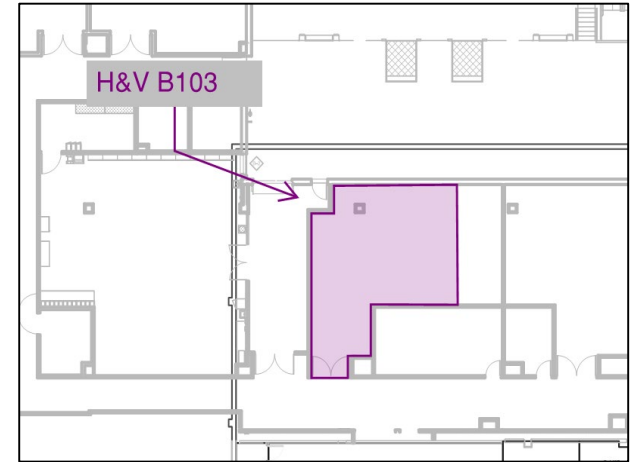


Lobby

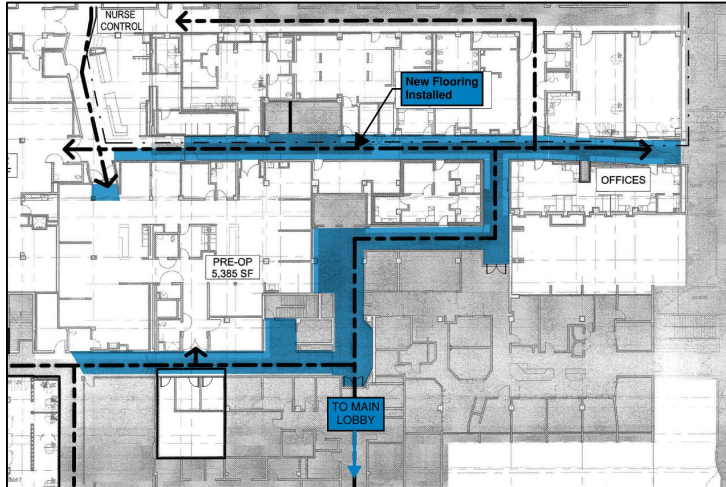
Flooring – Level B Corridor, SPD and H&V B103



Remodel Project
Budget: \$997K
September 2020



Flooring – Level 1 Corridor



Remodel Project
Budget: \$185K
June 2020



Before



After

Kitchen Renovation

Remodel Project
Budget: \$2.8M
September 2020



Infill Project

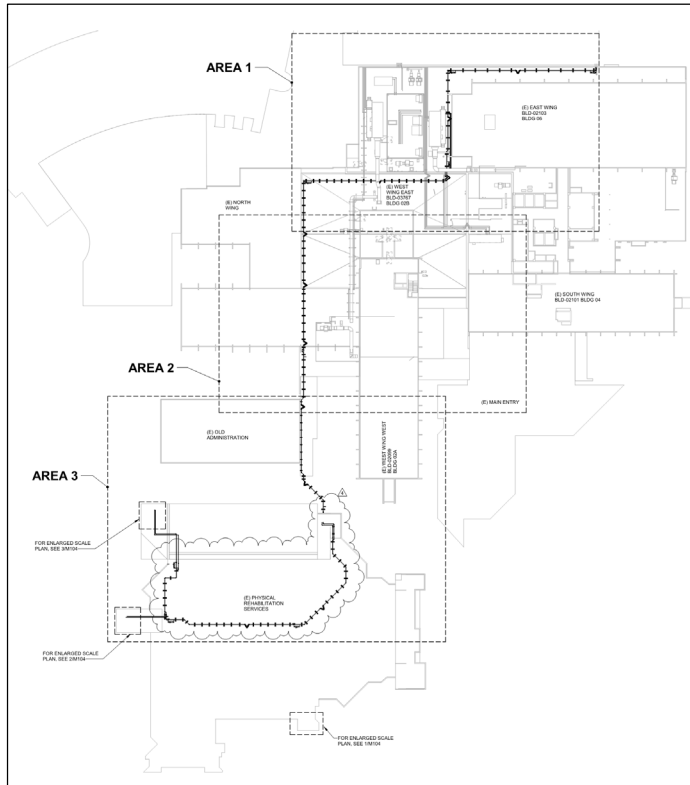


Remodel Project
Budget: \$56M
October 2019

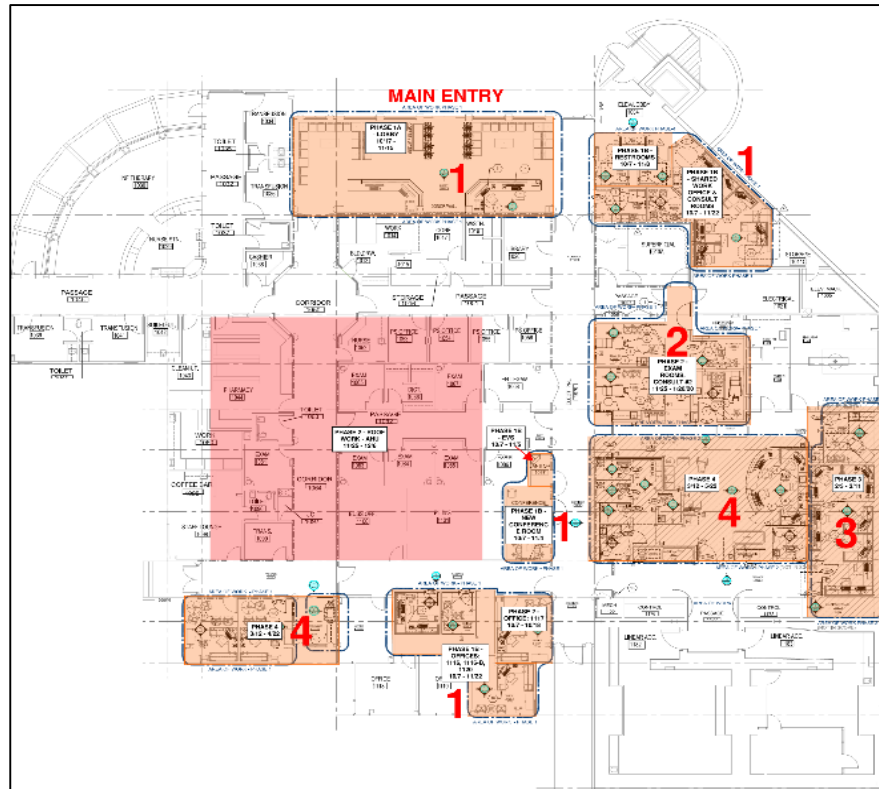


Ric-Well Steam Line Replacement

Remodel Project
Budget: \$2.2M
September 2020



Cancer Center Radiation Oncology Remodel



Remodel Project
Budget: \$2.4M
September 2020

Women's Hospital 2nd Floor Renovation – Phases 1-4

Remodel Project
Budget: \$4.6M
November 2020



Projects In Progress

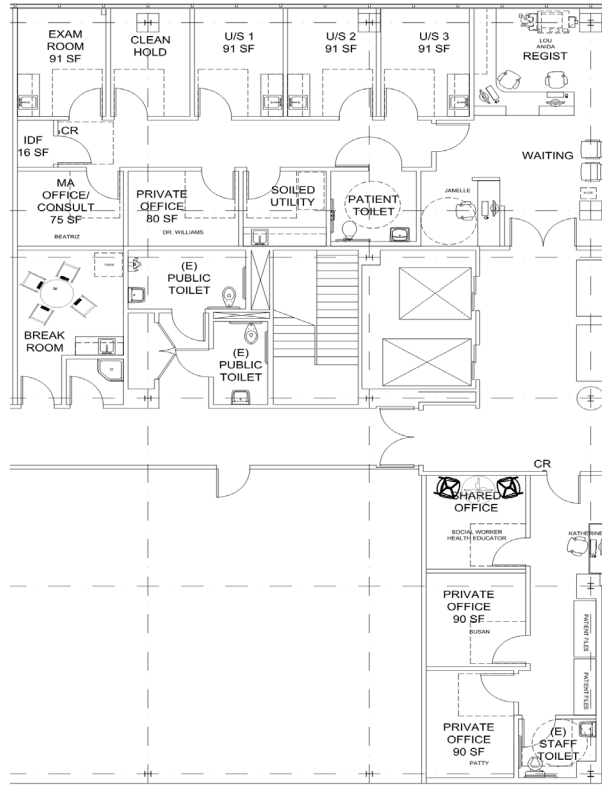
Women's Hospital Observation

Remodel Project
Budget: \$4.06M
Anticipated
Finish: March 2021



Prenatal Clinic to Grossmont Medical Arts

Remodel Project
Budget: \$1.1M
Anticipated Finish:
March 2021

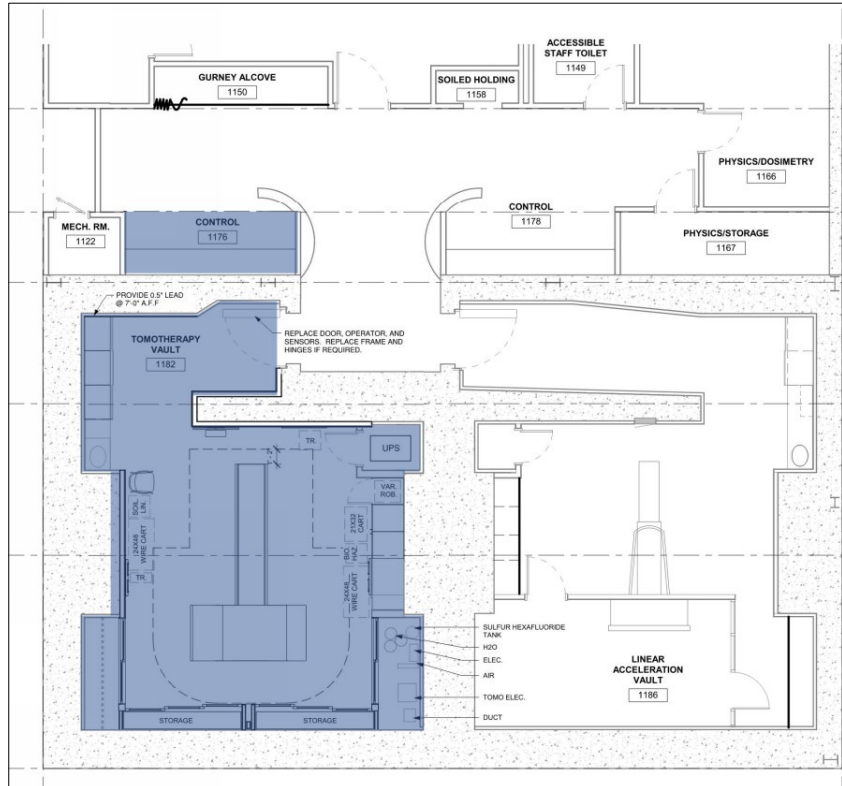


Project Status

- New Prenatal Clinic to have 3 ultrasound rooms and 1 exam room.
- Administrative offices to be located in space adjacent to Clinic.
- Currently in design phase with expected City of La Mesa submittal in November.

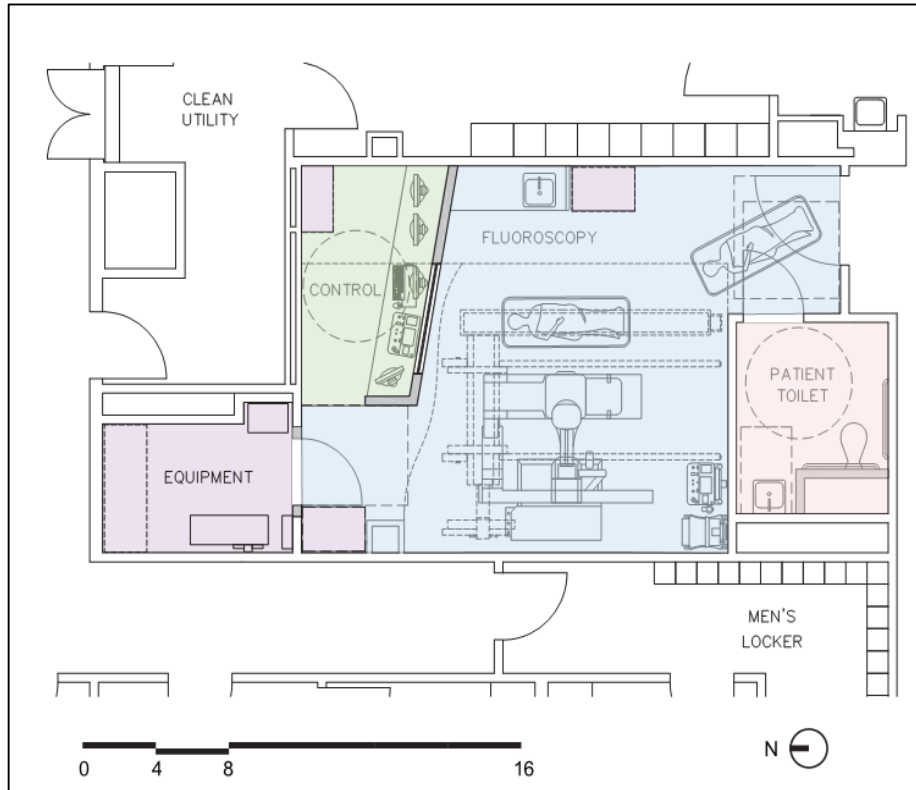
TOMO Therapy Equipment Replacement

Remodel Project
Budget: \$4.95M
Anticipated Finish:
December 2021



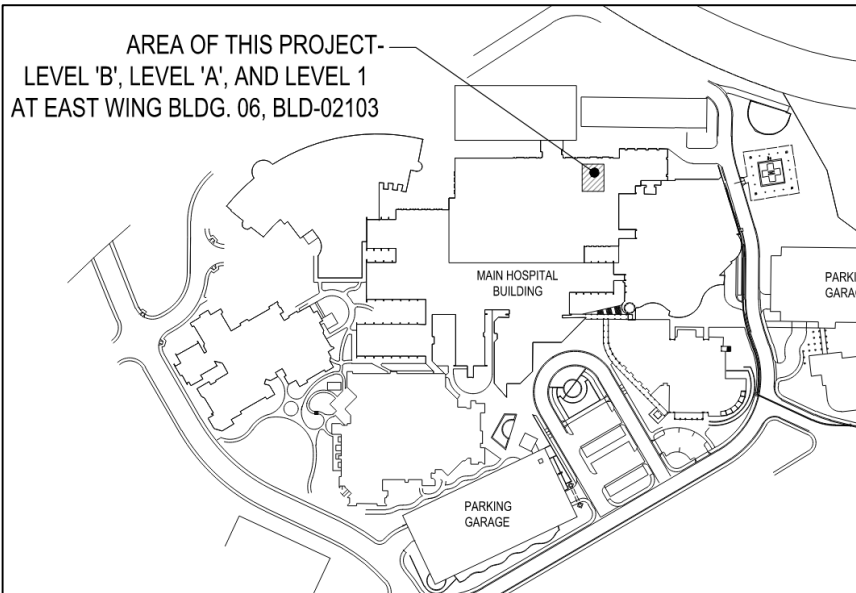
Fluoroscopy Room 'C' Remodel

Remodel Project
Budget: \$2M
Anticipated Finish:
April 2021



Elevator #10 Modernization

Remodel Project
Budget: \$755K
Anticipated Finish:
September 2021



Existing Elevator #10



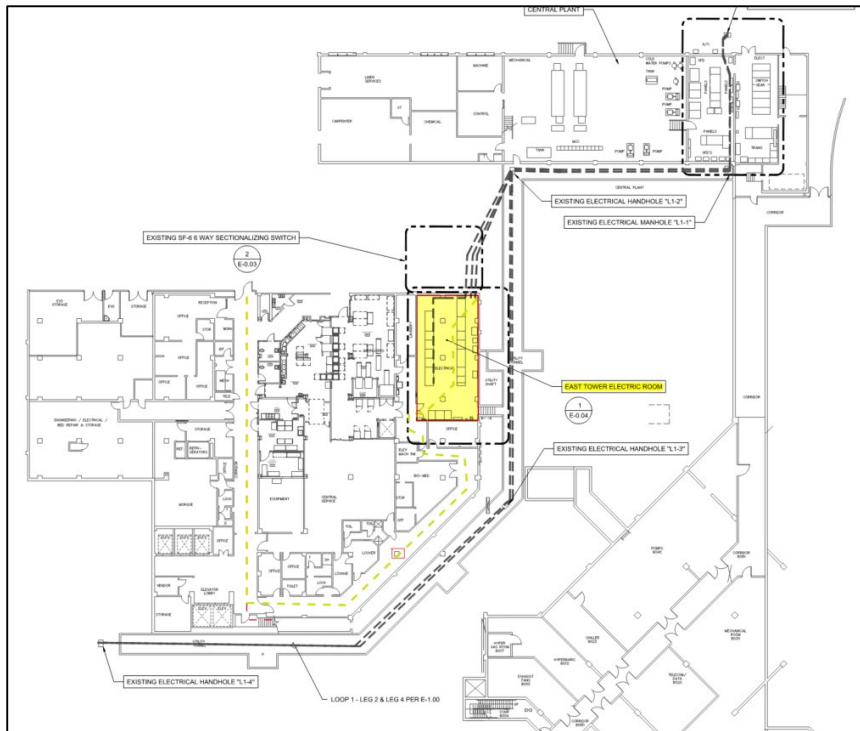
East Tower Electrical Upgrade (MER-3)

Remodel Project

Budget: \$4.4M

Anticipated Finish:

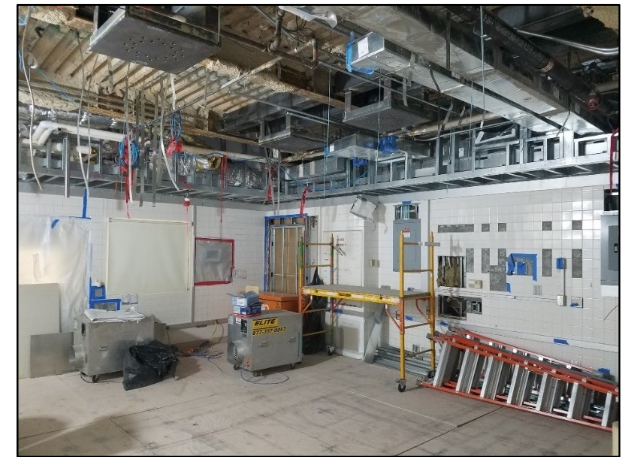
August 2021



OR HVAC & Orthopedic Suite Renovation



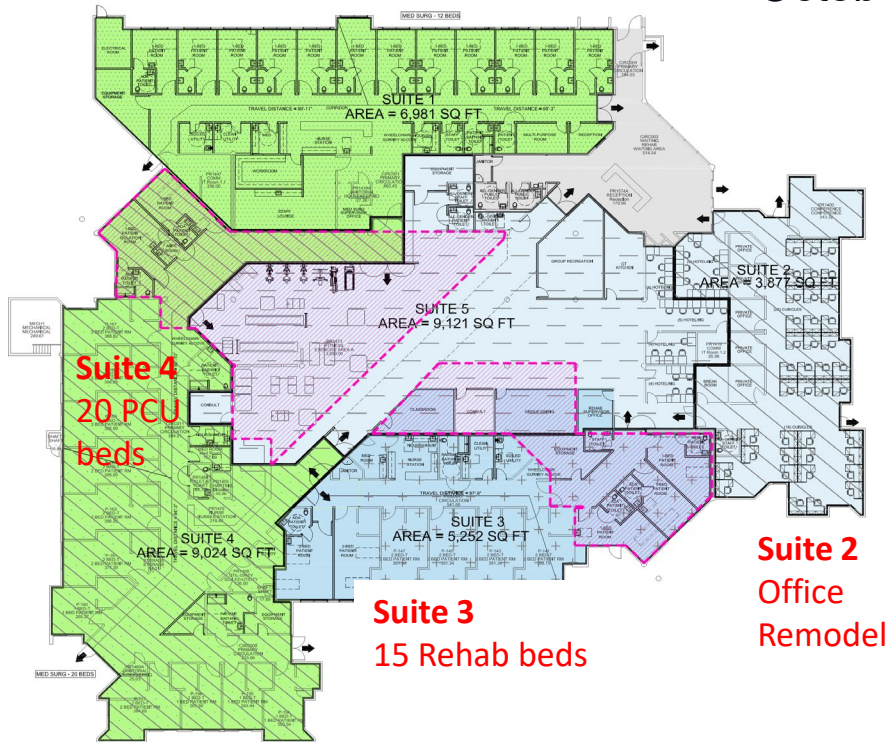
Remodel Project
Budget: \$14M
Anticipated Finish:
April 2022



Neurosciences-Focused Bed Expansion

Remodel Project
Budget: \$25-30M
Anticipated Finish:
October 2024

Suite 1 - 12 PCU beds



Project Status

- Base bid adds 14 Progressive Care Unit (PCU) beds and 3 additional beds to be licensed as Rehab
- Overall Rehab Building bed count increases from 30 to 47
- Currently in Bidding phase with an anticipated award date of December 11, 2020

Parking Structure & Surface Lot

Remodel
Project
Budget: \$14.4M
Anticipated
Finish: October
2022



Activity Name	Start	Finish
Sharp Grossmont Hospital Parking Structure		
Phase 1: Surface Lot		
Entitlements	09-Sep-20	14-Apr-21
Design and Permitting	09-Sep-20	14-Apr-21
Construction	16-Apr-21	26-Jul-21
Phase 2: Parking Structure		
Entitlements	11-Sep-20	21-Jun-21
Design and Permitting	11-Sep-20	21-Jun-21
Construction	27-Jul-21	14-Oct-22



Parking Structure & Surface Lot



Remodel Project
Budget: \$14.4M
Anticipated
Finish: October
2022



Parking Structure & Surface Lot

Remodel Project
Budget: \$14.4M
Anticipated
Finish: October
2022



Master Site Planning

Gregg Zoll

Vice President, Facilities & Corporate Development

HOSPITAL PROJECTION SUMMARY

(w/ Market Share Adjustments)

Hospital Beds: 524 Licensed to increase to 526 total beds with new bed tower with emphasis on private, spacious and comfortable rooms


- 74 Med/Surg + 12 ICU new beds in new tower minimum
- 41 additional replacement beds in new tower if East Tower reduced to smaller 26 Bed Units
- Dedicated new 35 Observation Unit

Emergency Department: Increase from 77 to 84 Total Rooms

- 7-10 New ED Pod in new tower minimum
- 35 Additional Replacement in new tower if Pod D and E are converted to an Observation Unit

Interventional Services: 4 Hospital OR replacement; Total of 15 to Remain

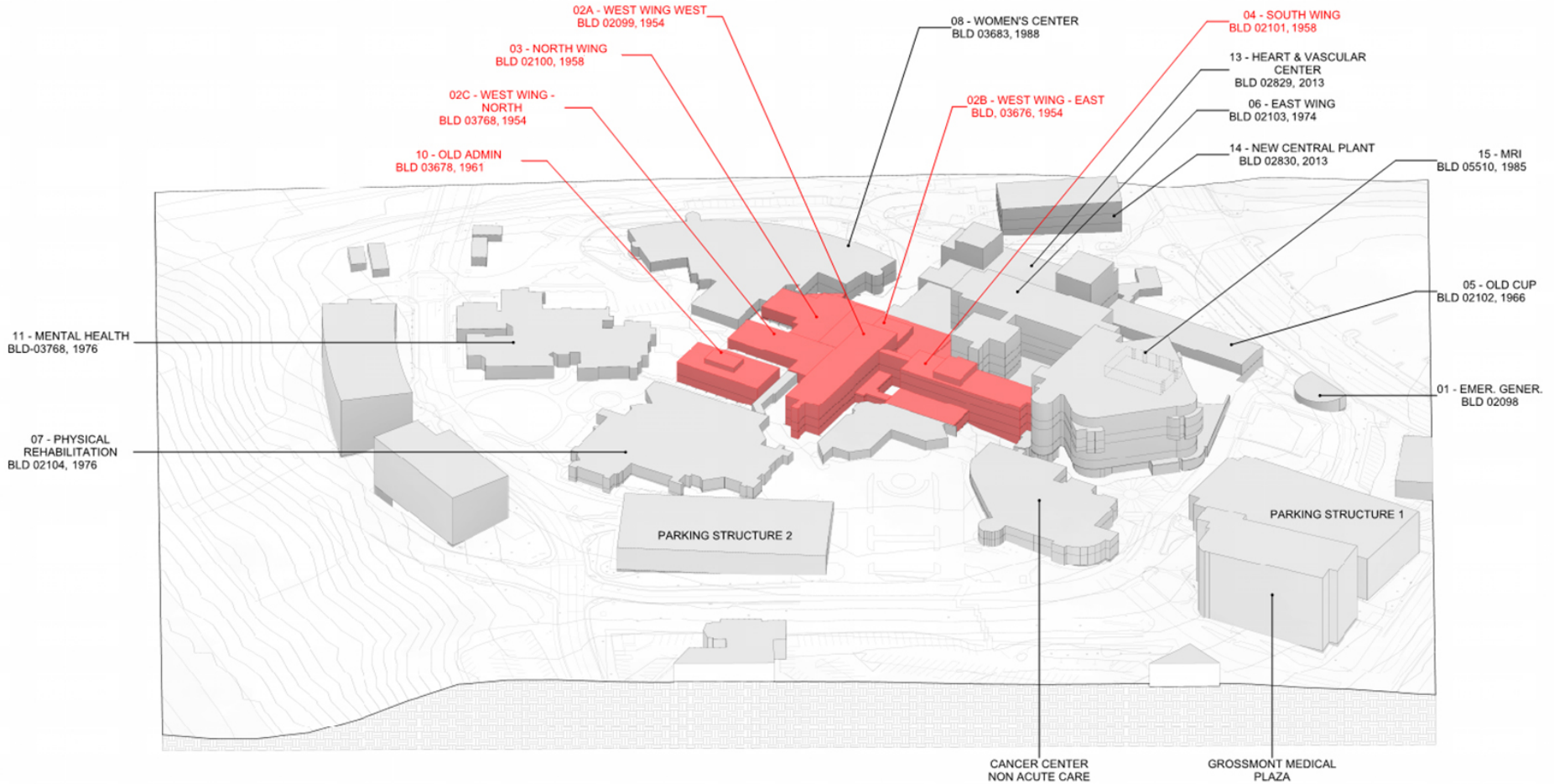
- 4 Cath Labs, 1 Hybrid, 3 IR, 15 Operating Rooms and 6 ASC ORs
- 3 Advanced Endoscopy procedures with 2-4 OP Endo Rooms outside of hospital

A photograph of the Steward Grossmont Hospital building, a large, modern, multi-story structure with a curved facade and numerous windows. The building is set against a clear blue sky. In the foreground, there are green trees and a parking lot with several vehicles. The text "STEWART GROSSMONT HOSPITAL" is visible on the upper part of the building's facade.

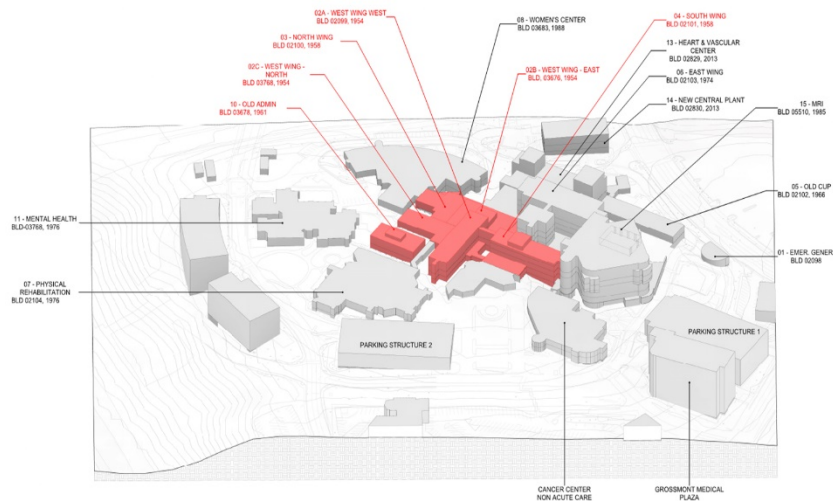
STEWART GROSSMONT HOSPITAL

CHOOSING BY ADVANTAGE

SEISMIC NON-COMPLIANCE

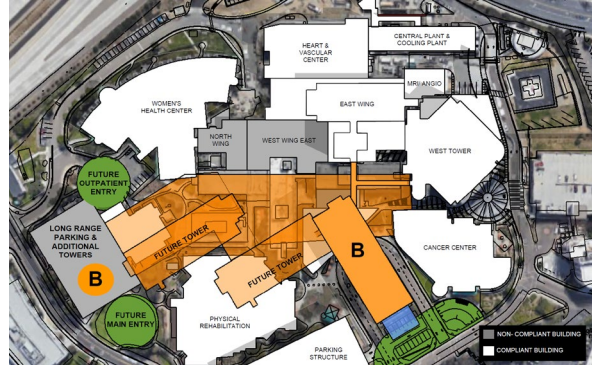


Choosing by Advantage Summary




		RETROFIT TO SPC 4D	RE-PURPOSE - OFFICE/ADMIN	RE-PURPOSE-NON ACUTE CARE	RE-PURPOSE - "PUBLIC"	REMOVE
02A	West Wing - West	9	10	10	10	13
02B	West Wing - East	33	11	7	7	11
02C	West Wing - North	47	28	29	17	70
03	North Wing	28	21	13	14	14
04	South Wing	9	4	4	3	8
10	Old Admin	0	20	2	17	43

Choosing by Advantage - Tower Location



FACTORS	Weight	CONCEPT A		CONCEPT B		CONCEPT C	
<u>OPERATIONS</u>	100	Operational Performance	167	Operational Performance	167	Operational Performance	0
<u>STRATEGIC ALIGNMENT</u>	100	Level of Alignment	225	Level of Alignment	175	Level of Alignment	125
<u>CODE COMPLIANCE IMPACTS</u>	80	Ease of Implementation	131	Ease of Implementation	150	Ease of Implementation	131
<u>MASTER PLAN ALIGNMENT</u>	80	Level of Alignment	120	Level of Alignment	60	Level of Alignment	40
<u>DISRUPTION FACTOR</u>	75	Orderly Execution	75	Orderly Execution	0	Orderly Execution	150
<u>HUMAN /SHARP EXPERIENCE</u>	70	Experience Index	140	Experience Index	140	Experience Index	35
<u>ENVIRONMENTAL IMPACT</u>	50	Objective Achievability	70	Objective Achievability	35	Objective Achievability	105
score			928		727		586

A photograph of the Stam Grossmont Hospital building, a large, modern, multi-story structure with a curved facade and numerous windows. The building is set against a clear blue sky. In the foreground, there are green trees and a parking lot with several cars. The entire image is overlaid with a semi-transparent blue filter.

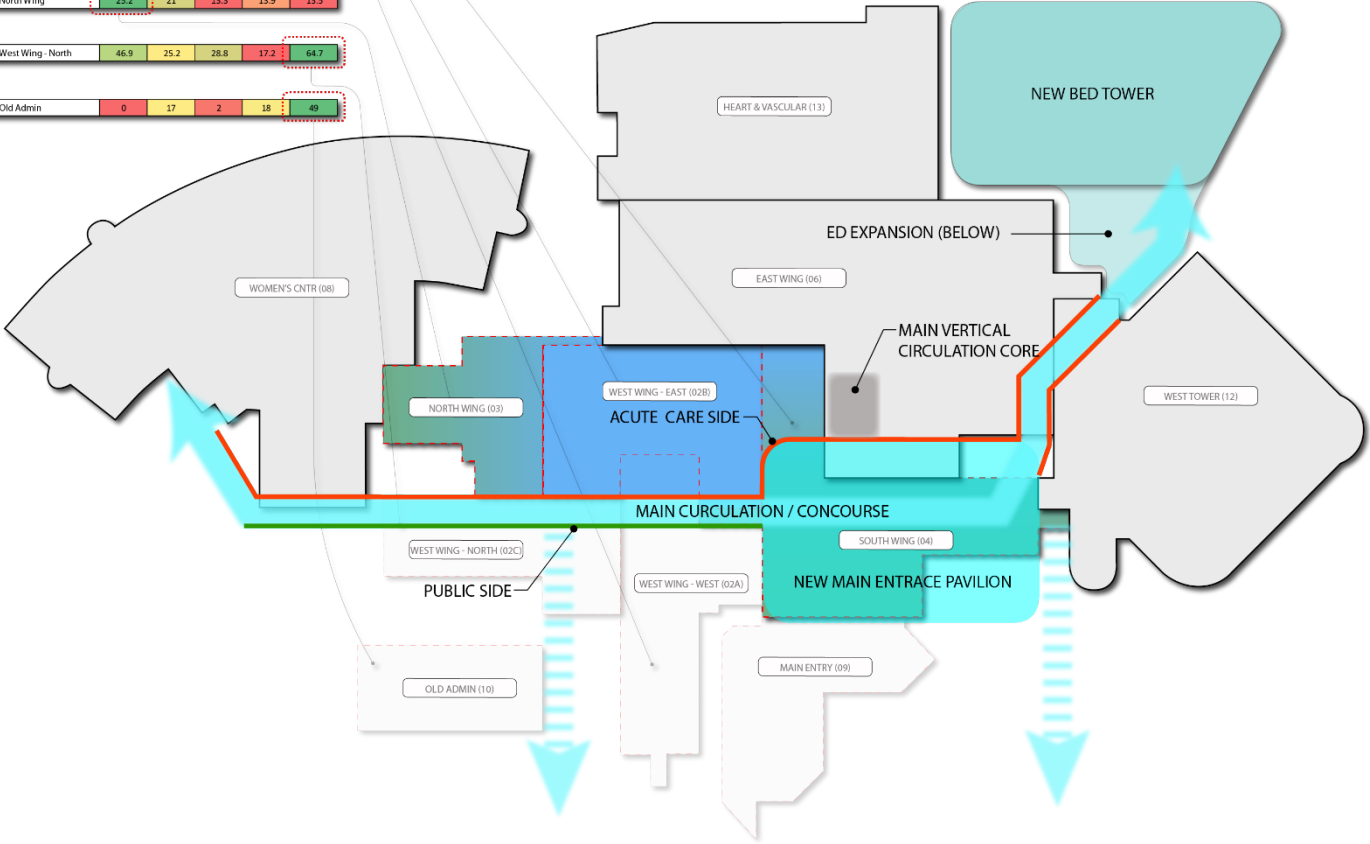
STAM GROSSMONT HOSPITAL

SCENARIOS

Scenario 1 – Directional Plan

- Removed Buildings
 - West Wing – North
 - Old Admin
 - Main Entry
- Retrofit
 - North Wing
 - West Wing – East
- Retrofit / Removed
 - South Wing (partly removed)
 - West Wing – West

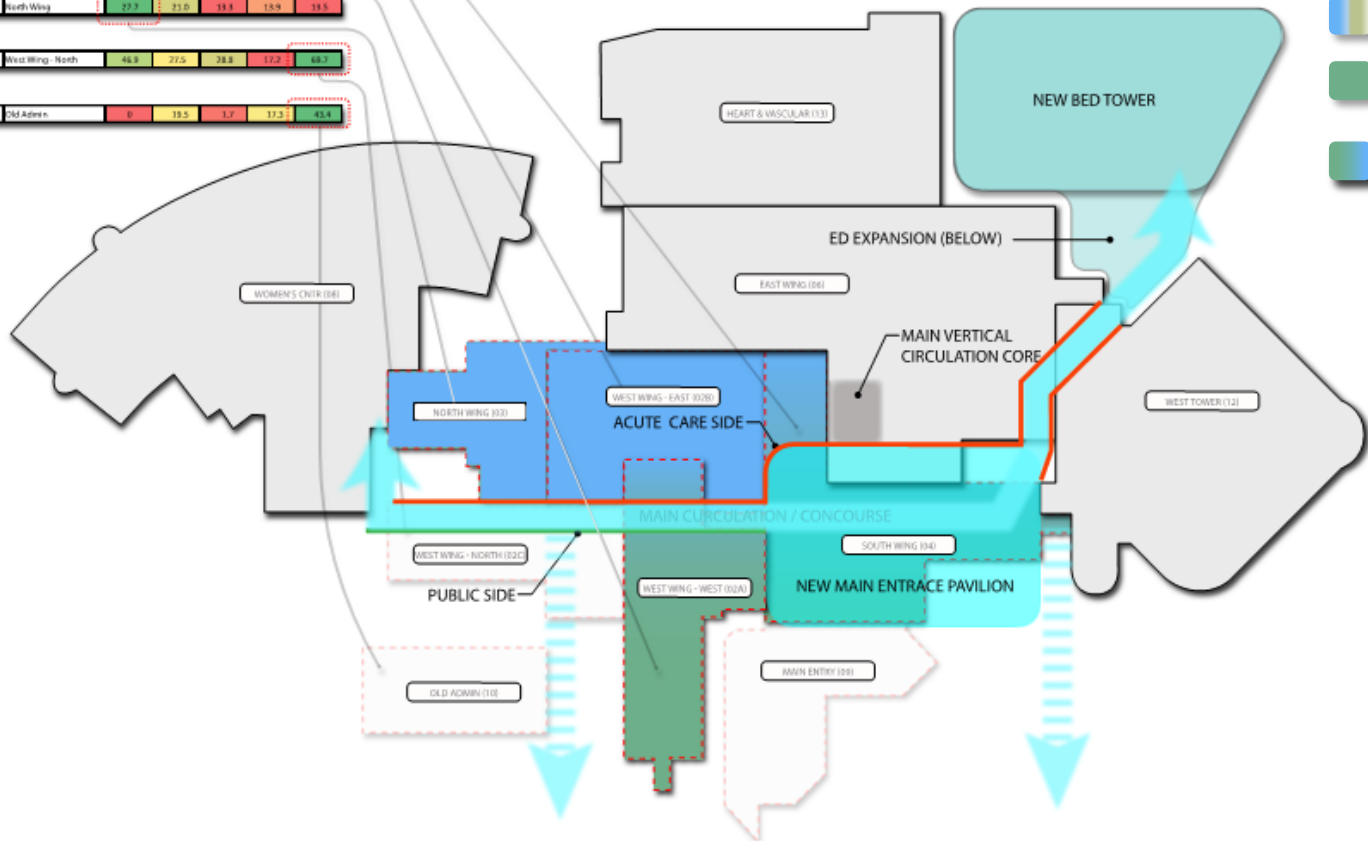
	RETROFIT TO SFC 4D	RE-PURPOSE TO OFFICE/ADMIN	RE-PURPOSE TO OSHPD 3 MOB	RE-PURPOSE TO "PUBLIC"	REMOVE
04 South Wing	15	5	5	4	13
02B West Wing - East	31.4	10.5	6.9	6.9	10.5
02A West Wing - West	8.6	10.2	10.3	10	12.1
03 North Wing	25.2	21	13.3	13.9	13.5
02C West Wing - North	46.9	25.2	28.8	17.2	64.7
10 Old Admin	0	17	2	18	49



Scenario 2 - Actionable Plan

	RETROFIT TO SPEC ID	RE-PURPOSE TO OFFICE/ADMIN	RE-PURPOSE TO ORPH/3 MOB	RE-PURPOSE TO "PUBLIC"	REMOVE
04 South Wing	8.7	5.7	3.0	3.2	9.9
02B West Wing - East	33.5	11.2	6.4	6.4	40.5
03A West Wing - West	8.4	29.2	20.3	10.5	15.4
02 North Wing	27.7	21.0	11.1	15.9	18.5
02C West Wing - North	46.0	27.0	28.0	10.2	68.7
01 Old Admin	0	18.5	1.7	17.2	43.4

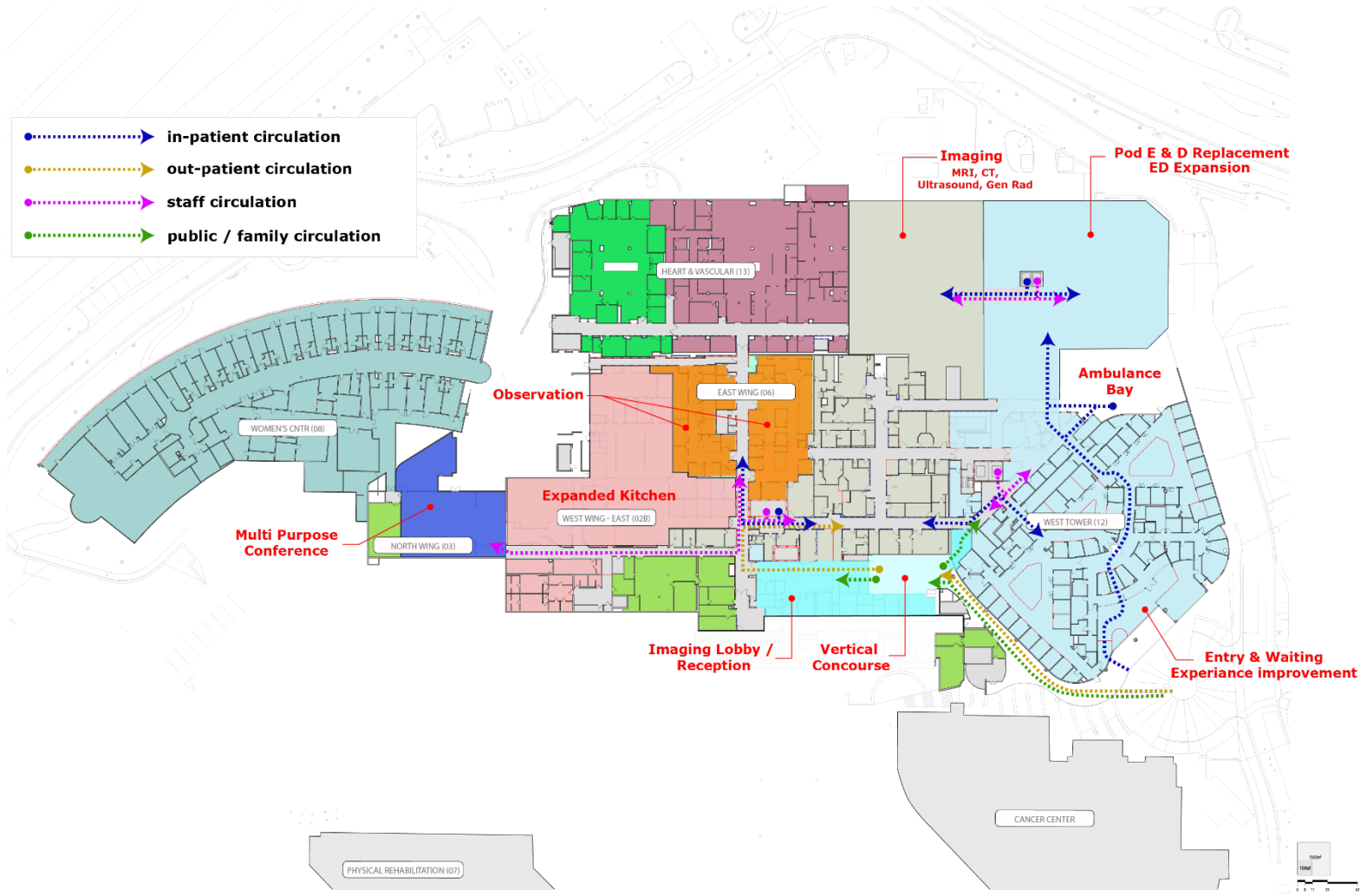
- Removed Buildings
 - West Wing – North
 - Old Admin
 - Main Entry
- Retrofit
 - West Wing – East
 - North Wing
- Retrofit / Removed
 - South Wing (partly removed)
- Repurpose
 - West Wing – West
- Repurpose / Retrofit
 - West Wing – West



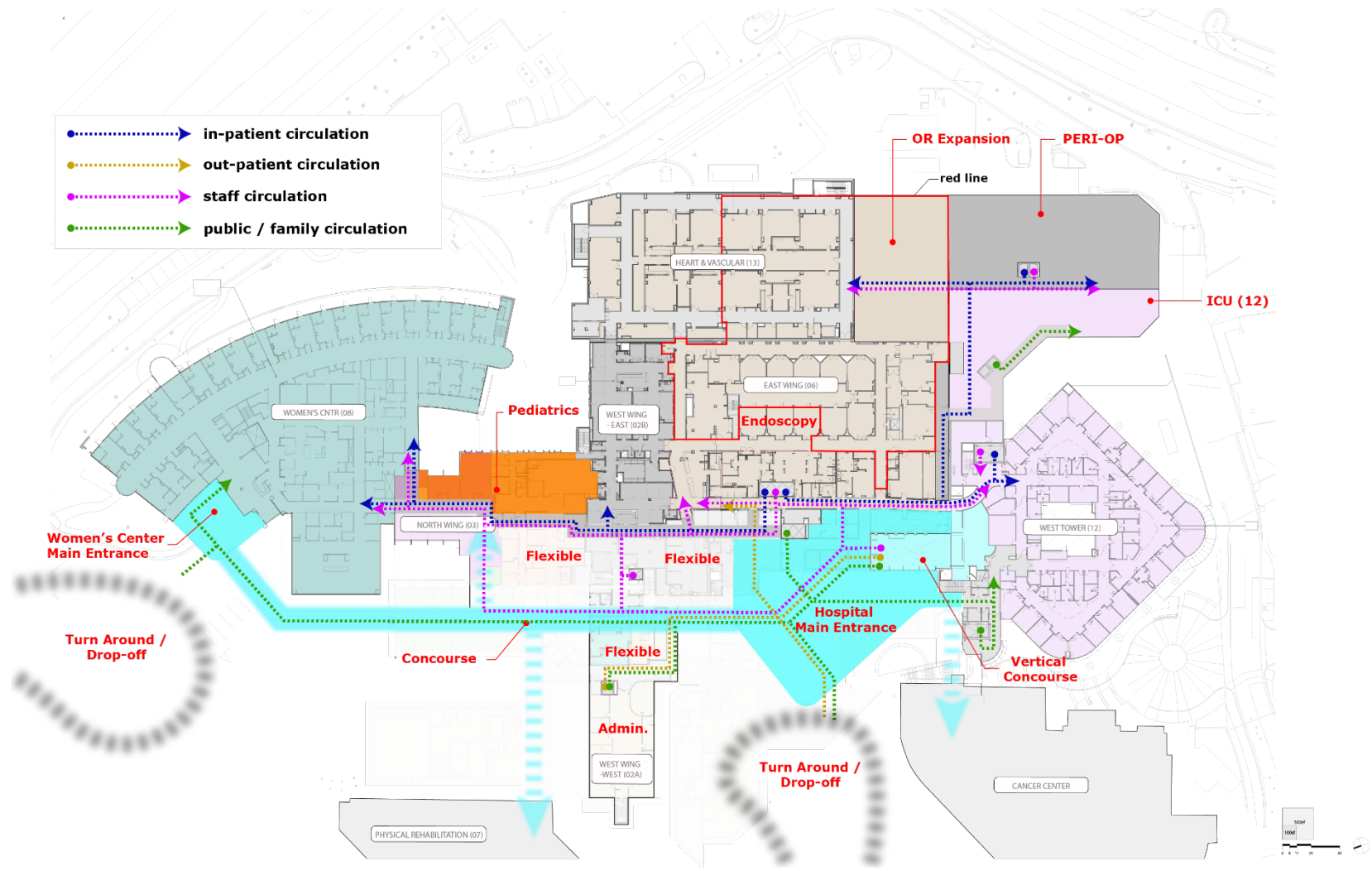
SEIARD GROSSMONT HOSPITAL

BLOCKING

- → in-patient circulation
- → out-patient circulation
- → staff circulation
- → public / family circulation

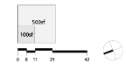
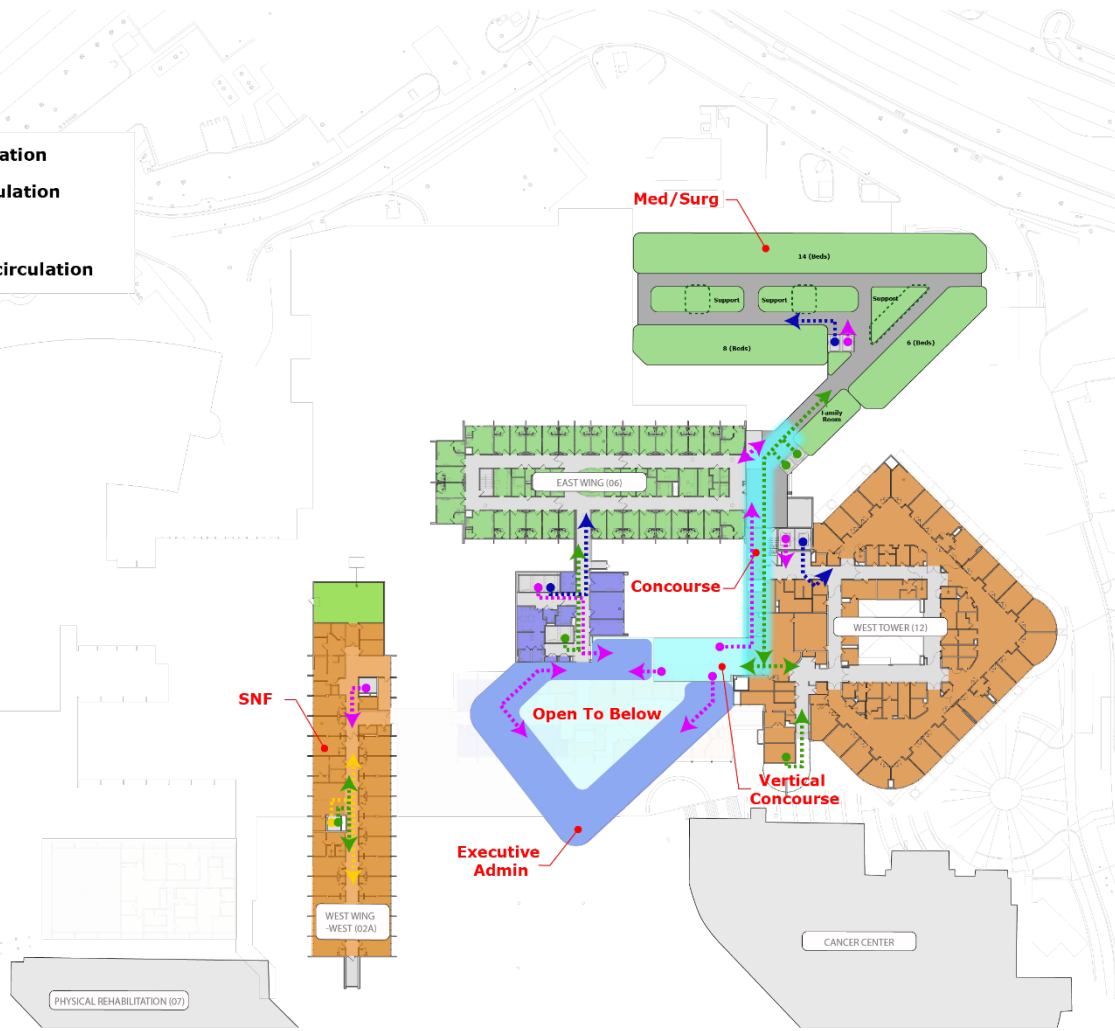


LEVEL A



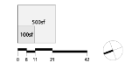
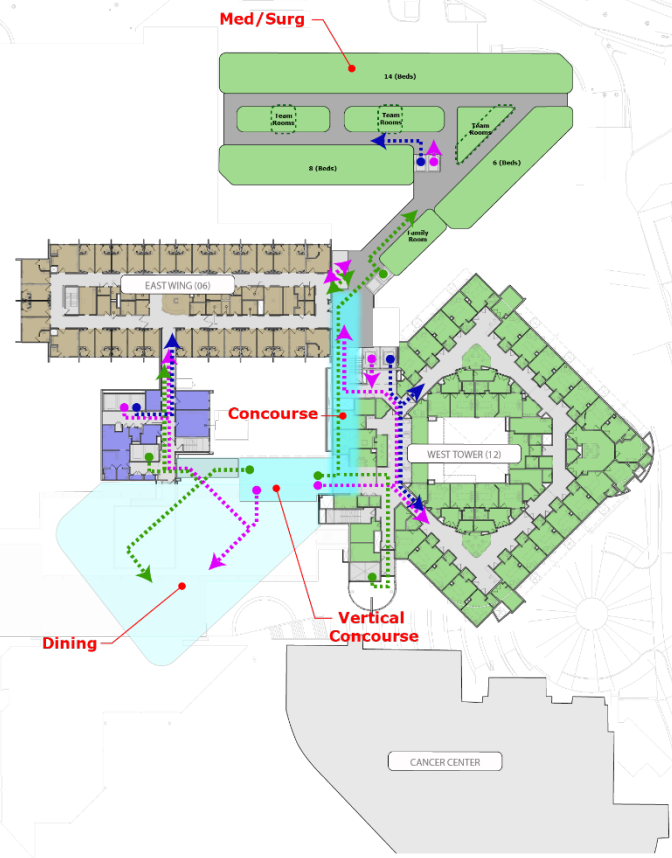
LEVEL 1

- → in-patient circulation
- → out-patient circulation
- → staff circulation
- → public / family circulation

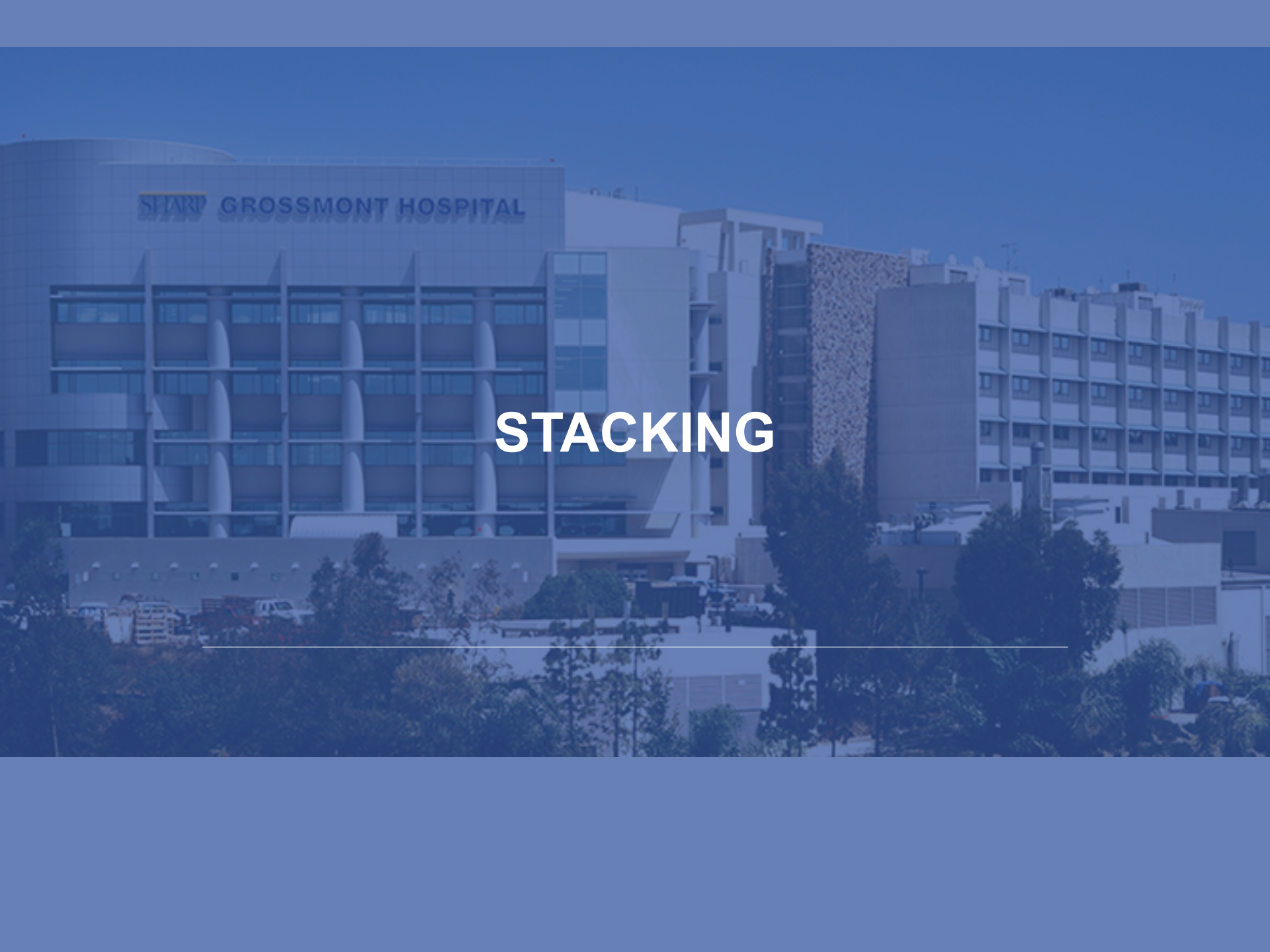


LEVEL 2

- → in-patient circulation
- → out-patient circulation
- → staff circulation
- → public / family circulation



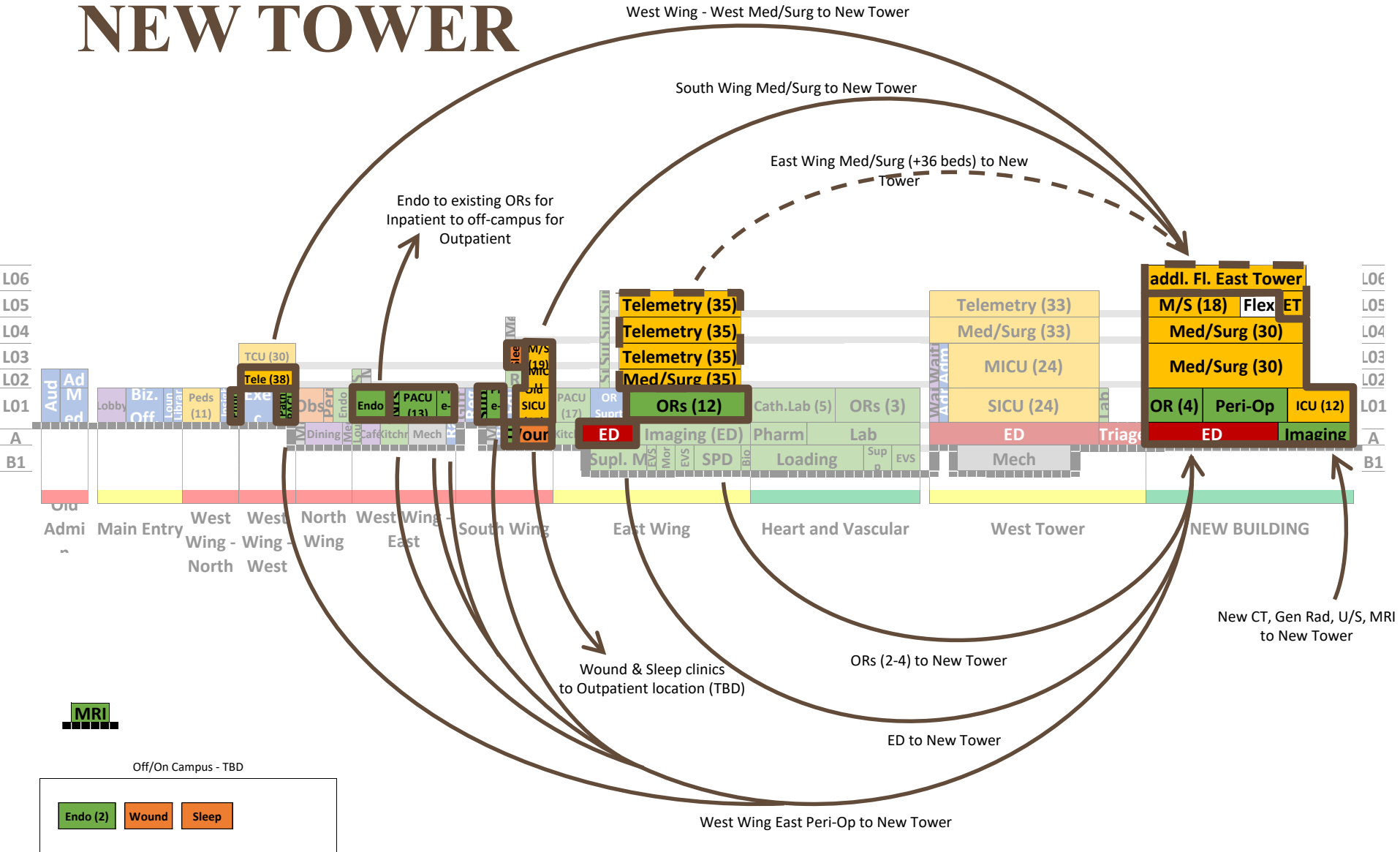
LEVEL 4

A photograph of the Steady Grossmont Hospital building, a large, modern, multi-story structure with a curved facade and numerous windows. The building is set against a clear blue sky. In the foreground, there are green trees and a parking lot with several vehicles. The word "STEADY" is written in a stylized font above "GROSSMONT HOSPITAL".

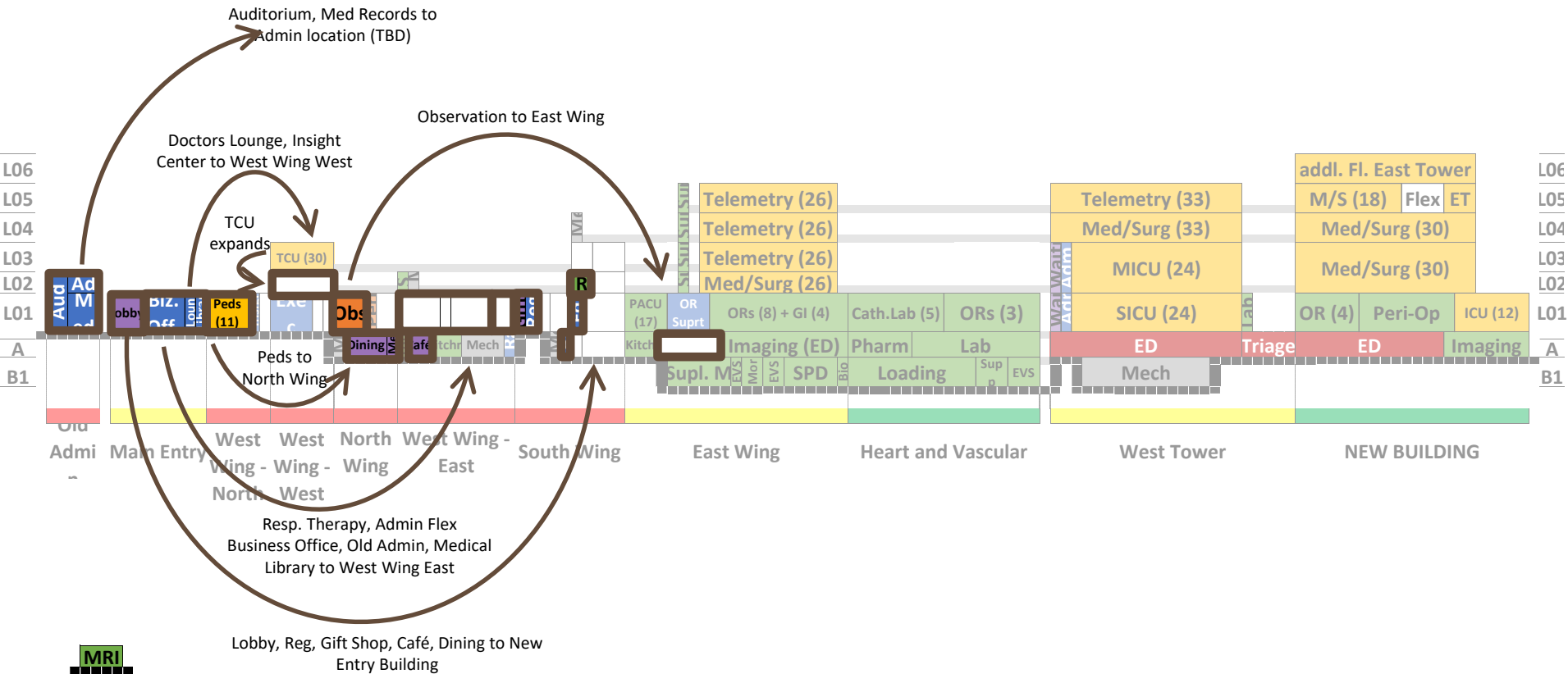
STEADY GROSSMONT HOSPITAL

STACKING

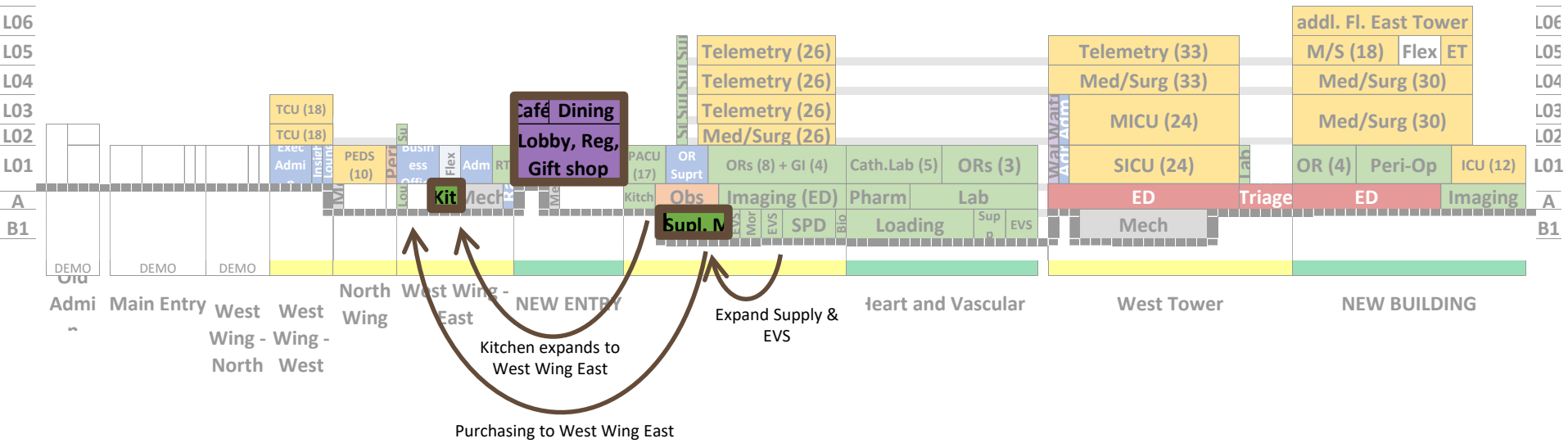
NEW TOWER



BACKFILL/UPGRADE

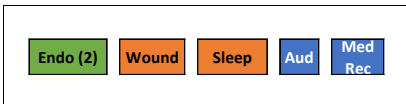


DEMO SOUTH TOWER & BUILD NEW ENTRY

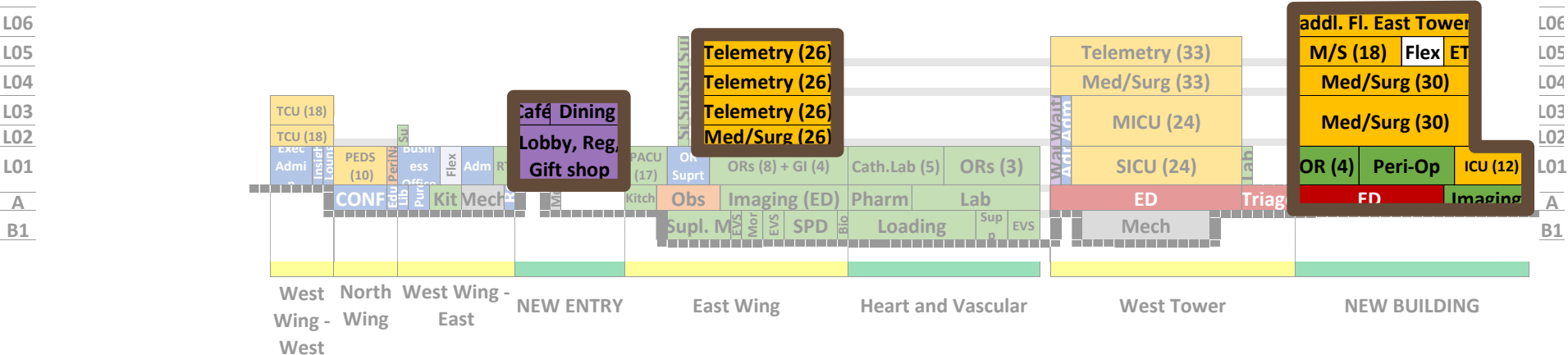


MRI

Off/On Campus - TBD



PROPOSED ACTIONABLE PLAN



- New Inpatient Hospital Building
- West Tower remains as is
- Heart and Vascular Building remains as if
- East Wing retrofit inpatient units to 26-bed
- New Main Entry
- All non-compliant buildings upgraded or demolished

MRI

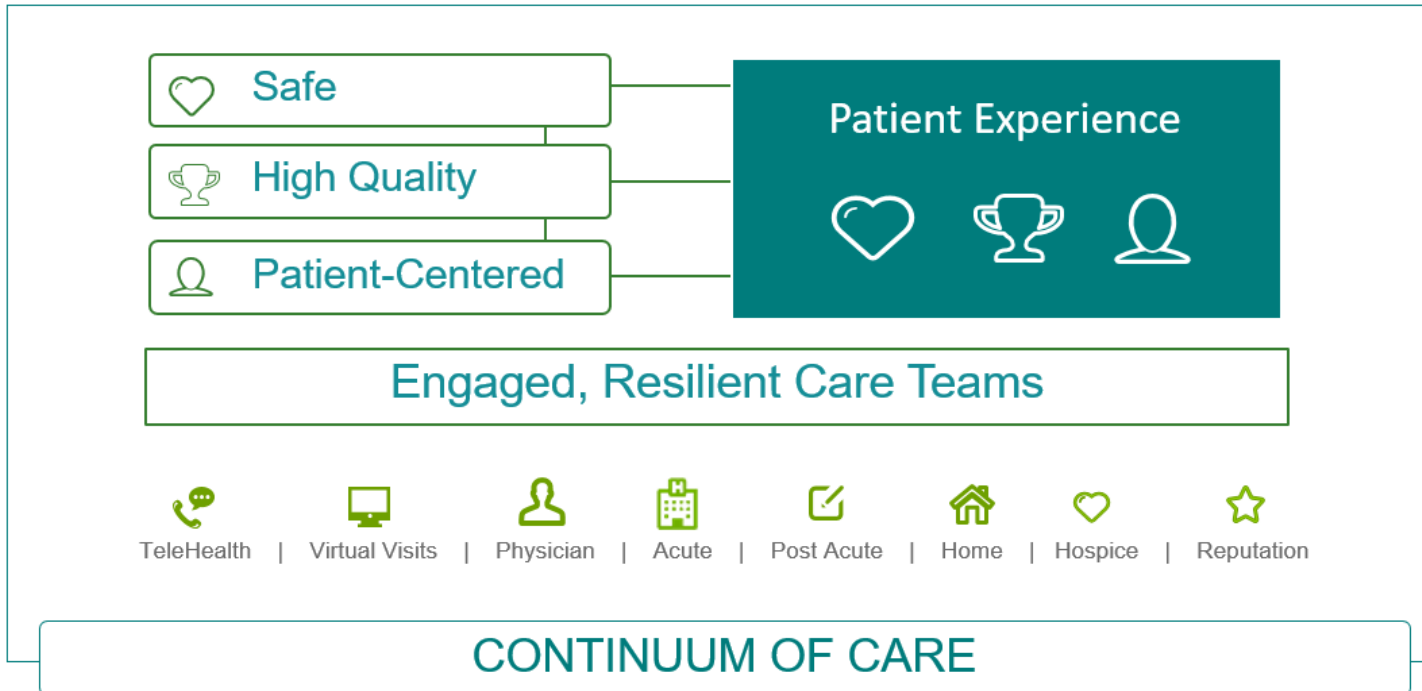
Off/On Campus - TBD

Endo (2)	Wound	Sleep	Aud	Med Rec
----------	-------	-------	-----	---------

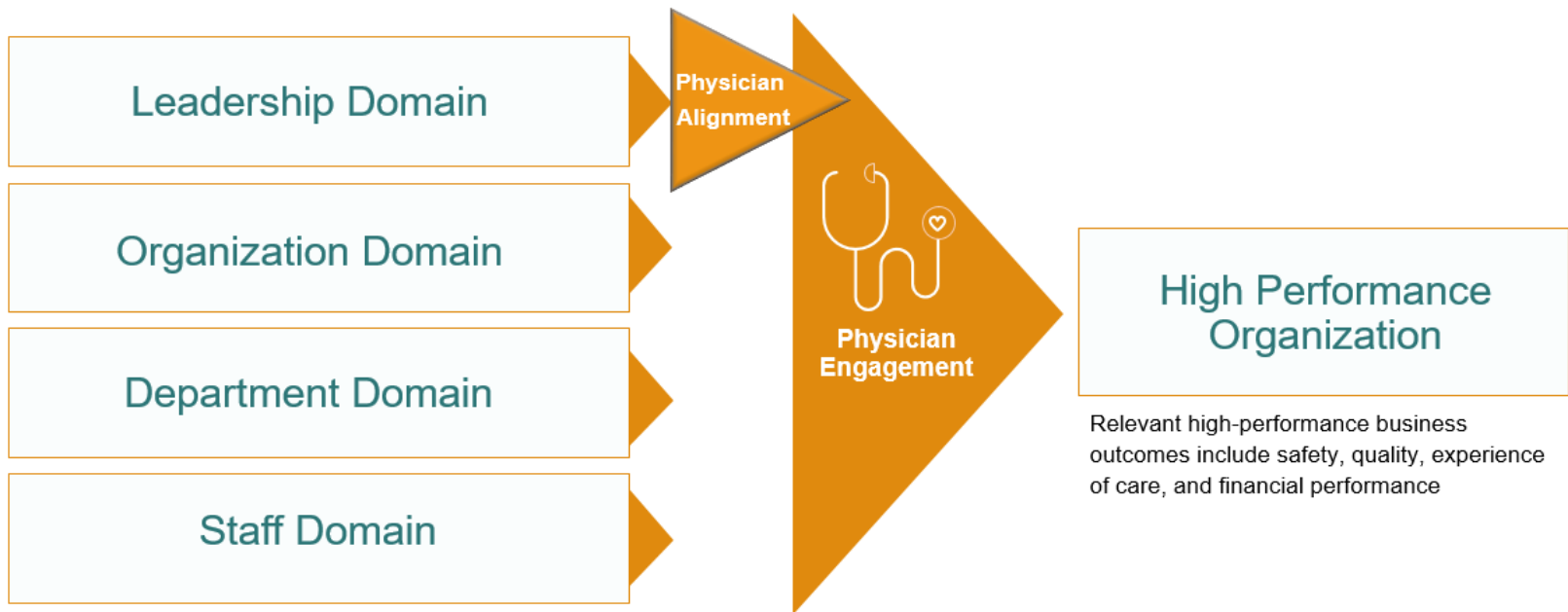
Quality and Safety Report

Nancy Greengold, MD
Chief Medical Officer

Delivering the Optimal Care Experience



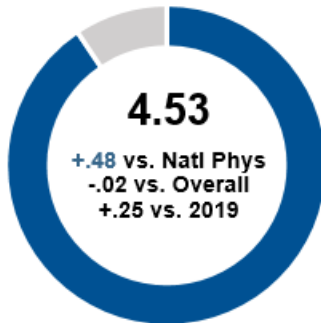
Our Model of Physician Partnership



Results at a Glance

Engagement

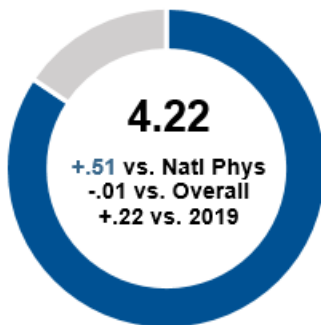
Physicians' emotional attachment and commitment to organization



	2020	2019
Natl Phys	92 nd	74 th

Alignment

The extent to which physicians feel a strong connection with leadership and a shared vision to execute the mission and vision



	2020	2019
Natl Phys	91 st	80 th

Survey Admin: July - August 2020
39% Response Rate (2019: 45%)

Summary

Executive Summary



Overall Performance

- **Engagement increased** to the 92nd percentile compared to Nat'l Phys Avg
 - 2019: 74th %ile
- **Alignment increased** to the 91st percentile compared to Nat'l Phys Avg
 - 2019: 80th %ile
- 39% Response Rate
 - 2019: 45%



High Performing Themes:

- Physicians get the tools/resources to provide best care
- Climate of trust
- Useful information received
- Hospital admin
 - Effective communication
 - Confidence in



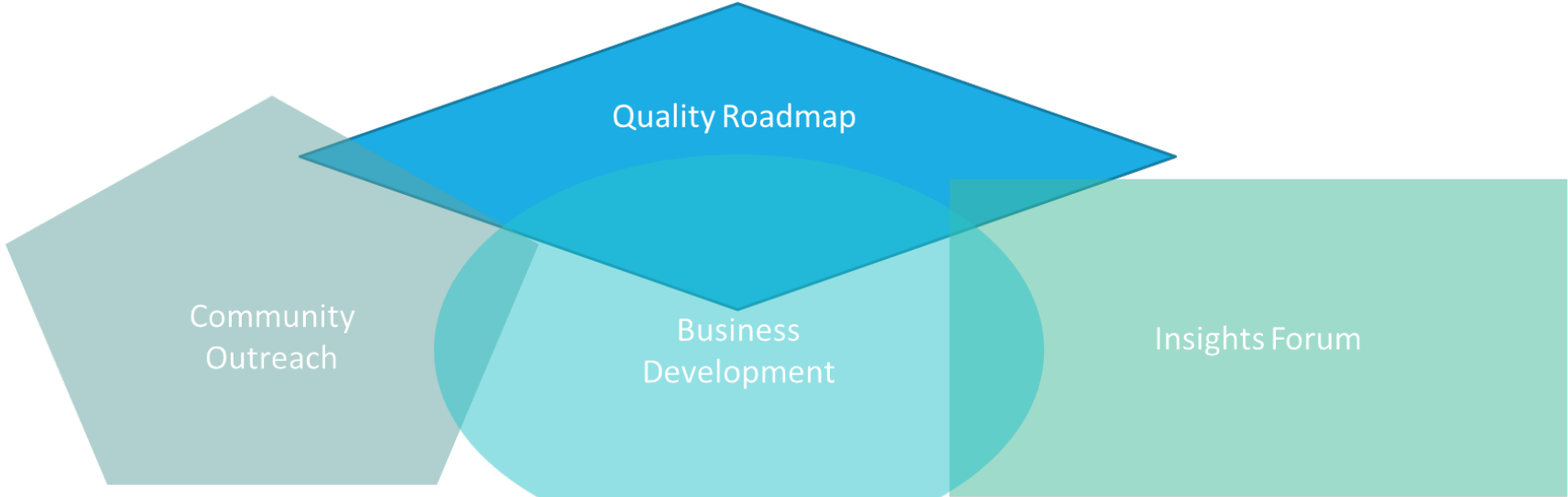
Areas of Focus

- Key Drivers
- Most Unfavorable:
 - Input into decisions that affect how physicians practice medicine

Clinical Decision-Making Drives Outcomes

- Increasing Physician Involvement
 - Insights Forum
 - Steering Committees
 - Business Development
- Performance and Value
- Tactics for Improvement

Performance and Value



Stakeholders:

- Senior Living Community
- Healthcare District Members
- East County Community



Regulatory TJC Programs

- Stroke
 - Hospice
 - Ortho
- Steering
- Emergency Department
 - Throughput





12 Process/Structural Measures

- (16%) Patient Experience (5 measures)
- (6%) Computerized Physician Order Entry
- (6%) Bar Code Medication Administration
- (7%) ICU Physician Staffing
- (4%) Hand Hygiene Program
- (11%) Safe Practices:
 - Culture of Safety Leadership & System
 - Culture Measurement & Intervention
 - Nursing Workforce (Magnet)

15 Outcome Measures

- (18%) Patient Safety Indicators
- (11%) Never Events
 - Foreign Object Retained
 - Air Embolism
 - Falls & Trauma
- (21%) Infections

Patient Experience

- Nurse Communication
- Physician Communication
- Responsiveness of Staff
- Communication About Medicines
- Discharge Information

Mortality

- PSI 4: Death Rate, Surg. Inpatients w/
Serious Treatable Complications

Safety of Care

Patient Safety Indicators (Rates)

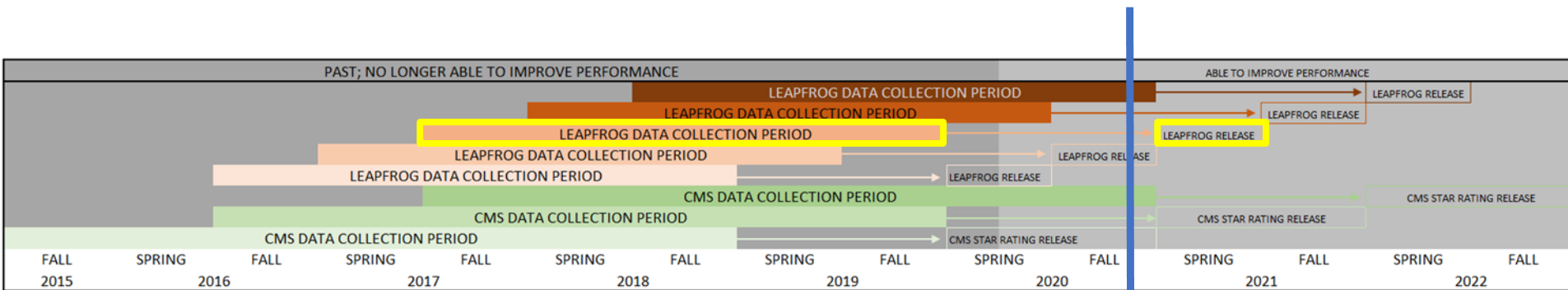
- PSI 3: Pressure Injury
- PSI 6: Iatrogenic Pneumothorax
- PSI 11: Postoperative Respiratory Failure
- PSI 12: Perioperative PE/DVT
- PSI 14: Postoperative Wound Dehiscence
- PSI 15: Accidental Puncture/Laceration
- Hospital Associated Infections (HAIs):
CLABSI, CAUTI, SSI: Colon, MRSA, C.
Diff

68 Measures in 7 Groups

- 22% Patient Experience (10 Measures)**
- 22% Safety of Care (17)***
- 22% Mortality (7)***
- 22% Readmission (9)***
- 4% Effectiveness of Care (11)**
- 4% Timeliness of Care (9)**
- 4% Efficient Use of Medical Imaging (5)**

**Risk Adjusted
(dependent upon
physician documentation)*

Publicly Reported Measures (CMS Star & LeapFrog) Data Collection vs. Rating Release



*Improvements through 2020 will not be reflected in Leapfrog ratings until Fall 2021 or Spring 2022, and will not be reflected in CMS star ratings until 2022.

Quality/Safety Measures Review

In-Hospital Mortality

Facility	Measure	Deaths	Discharges	Mort Rate	Expected Deaths	O/E	Weighting
SGH	AMI	16	291	5.5%	12.8	1.25	11.2%
	HF	16	635	2.5%	14.1	1.13	24.4%
	PN	22	489	4.5%	21.0	1.05	18.8%
	COPD	27	622	4.3%	24.8	1.09	23.9%
	CABG	3	44	6.8%	1.7	1.77	1.7%
	Stroke	36	524	6.9%	24.2	1.48	20.1%
	Total Mortality O/E		120	2,605	4.6%	98.5	1.22

Readmission

Facility	Measure	Readmits	Discharges	Readm Rate	Expected Readm	O/E	Weighting
SGH	AMI	20	140	14.3%	16.5	1.21	11.1%
	HF	53	365	14.5%	83.1	0.64	29.0%
	PN	44	268	16.4%	42.2	1.04	21.3%
	COPD	62	329	18.8%	64.4	0.96	26.1%
	CABG	4	17	23.5%	1.9	2.09	1.4%
	THA/TKA	1	140	0.7%	6.2	0.16	11.1%
	Total Readmissions O/E		184	1,259	14.6%	214.4	0.86

Healthcare-Associated Infections

Facility	Infection Type	Infections	Predicted	SIR	Weighting
SGH	CLABSI	2	16.5	0.12	20.0%
	CAUTI	14	34.1	0.41	20.0%
	CDIF	38	59.3	0.64	20.0%
	MRSA	4	11.0	0.36	20.0%
	SSI(COLO+HYST)	5	5.6	0.90	20.0%
	Total SIR		63	126.5	0.49

Key Tactics to Continued Performance Improvement

- More education on importance of accurate documentation
- Palliative care and Advanced Illness Management (AIM)
- Best Practices such as Early Recovery After Surgery (ERAS)
- Community partnerships with focus on continuity of care

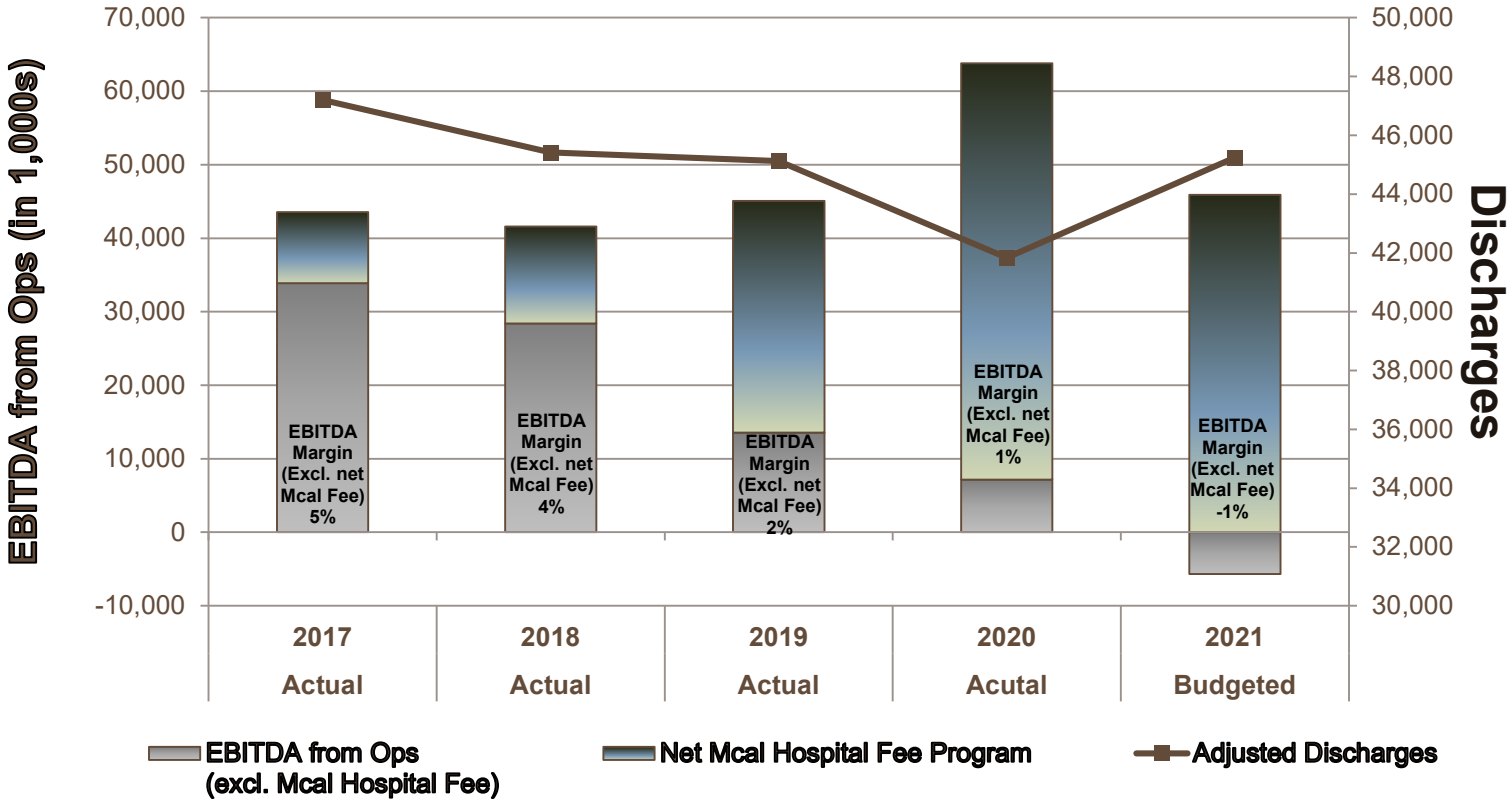
Finance & Capital Update

Daniel Kindron
Chief Financial Officer

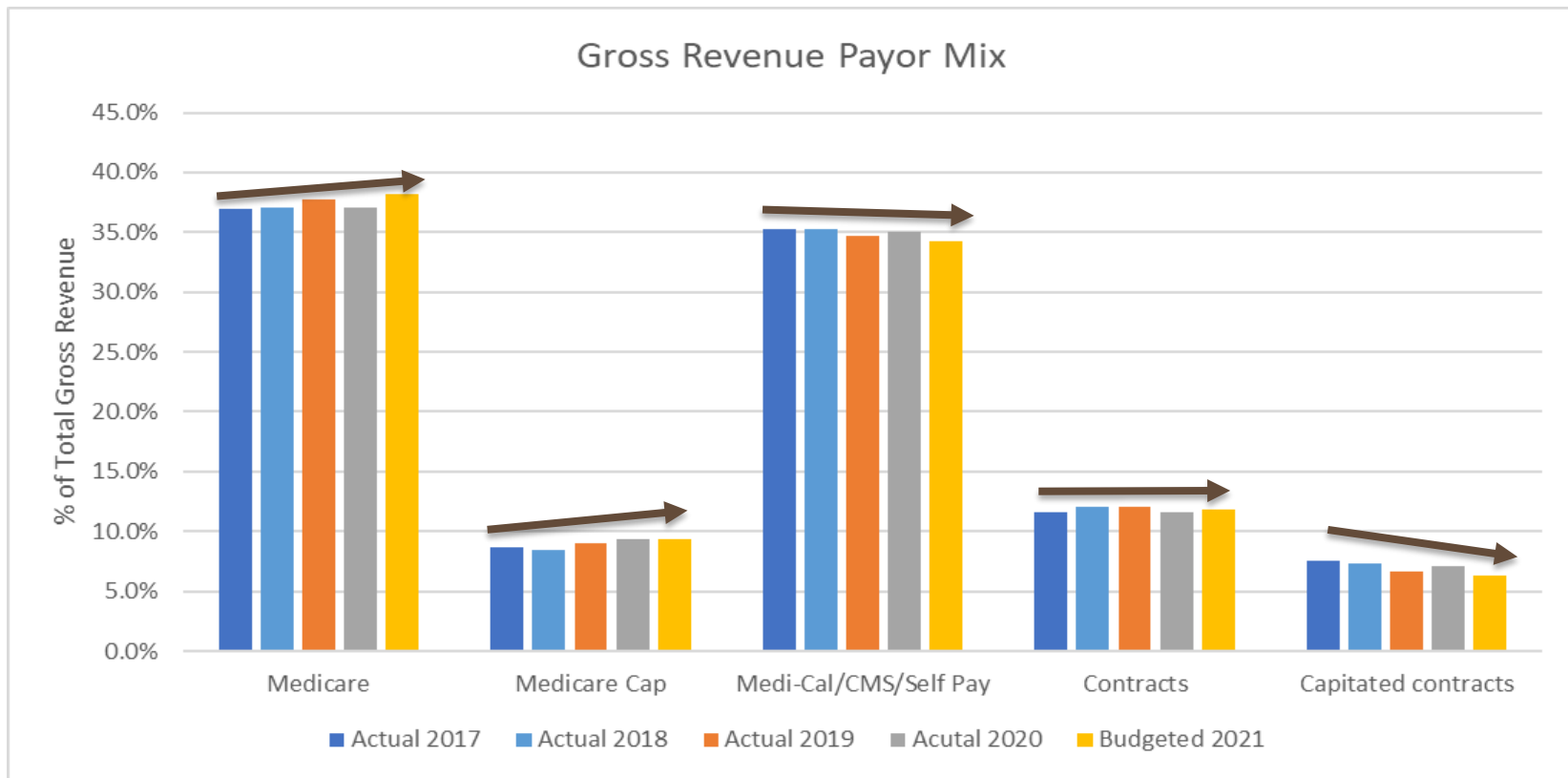
EBITDA from Operations Trend

Sharp Grossmont Hospital

EBITDA from Operations (Margin % excluding Mcal Hospital Fee Program)



Gross Revenue Trend



Capital Initiatives

(\$ in thousands)

Category	Actual FY2017	Actual FY2018	Actual FY2019	Actual FY2020	Budget FY2021
Construction	\$ 5,301	\$ 5,490	\$ 3,213	\$ 11,279	\$ 3,781
Routine Equipment	\$ 8,826	\$ 7,979	\$ 5,513	\$ 8,607	\$ 2,317
Maintenance	\$ 1,525	\$ 1,997	\$ 2,728	\$ 7,100	\$ 12,524
Strategic	\$ 5,896	\$ 5,446	\$ 468	\$ 7,126	\$ 16,030
Regulatory	\$ -	\$ 739	\$ 9	\$ 398	\$ 1,530
Total Constraint	\$ 21,549	\$ 21,651	\$ 11,931	\$ 34,512	\$ 36,182
Additional Foundation Funds	\$ 2,041	\$ 1,400	\$ -	\$ 1,234	
Adjust. Constraint	\$ 2,041	\$ 1,400	\$ -	\$ 1,234	\$ -
Sharp Funded Prop-G	\$ 29,717	\$ 16,538	\$ 15,370	\$ 1,057	
Grand Total	\$ 53,308	\$ 39,589	\$ 27,302	\$ 36,802	\$ 36,182

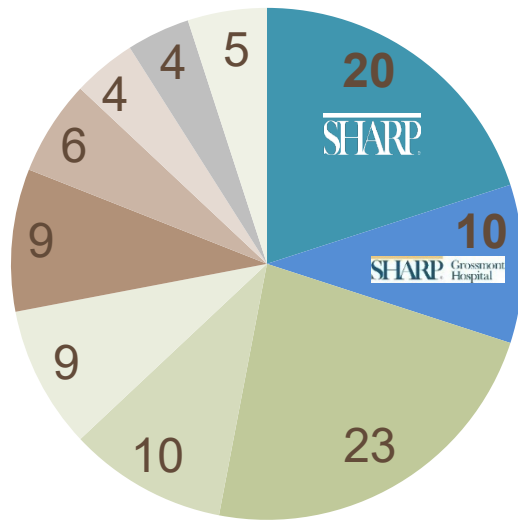
Grossmont Market Assessment

Jason Broad
Vice President, Performance

Market Share Growth

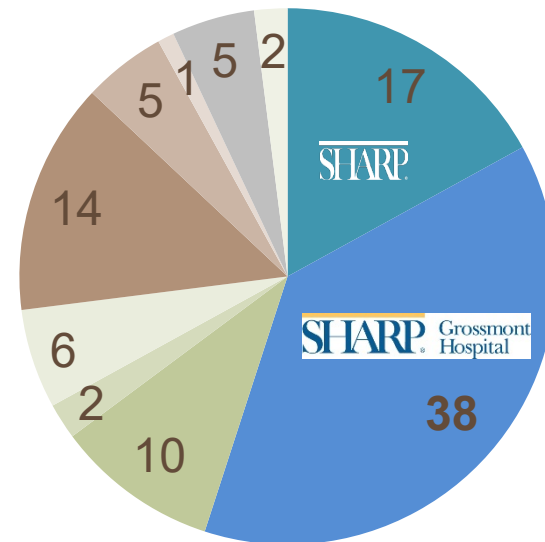
Sharp HealthCare is the only San Diego health care system to have 19 consecutive years of market share growth

San Diego County Inpatient Market Share



30%
SHARP

East County Inpatient Market Share



55%
SHARP

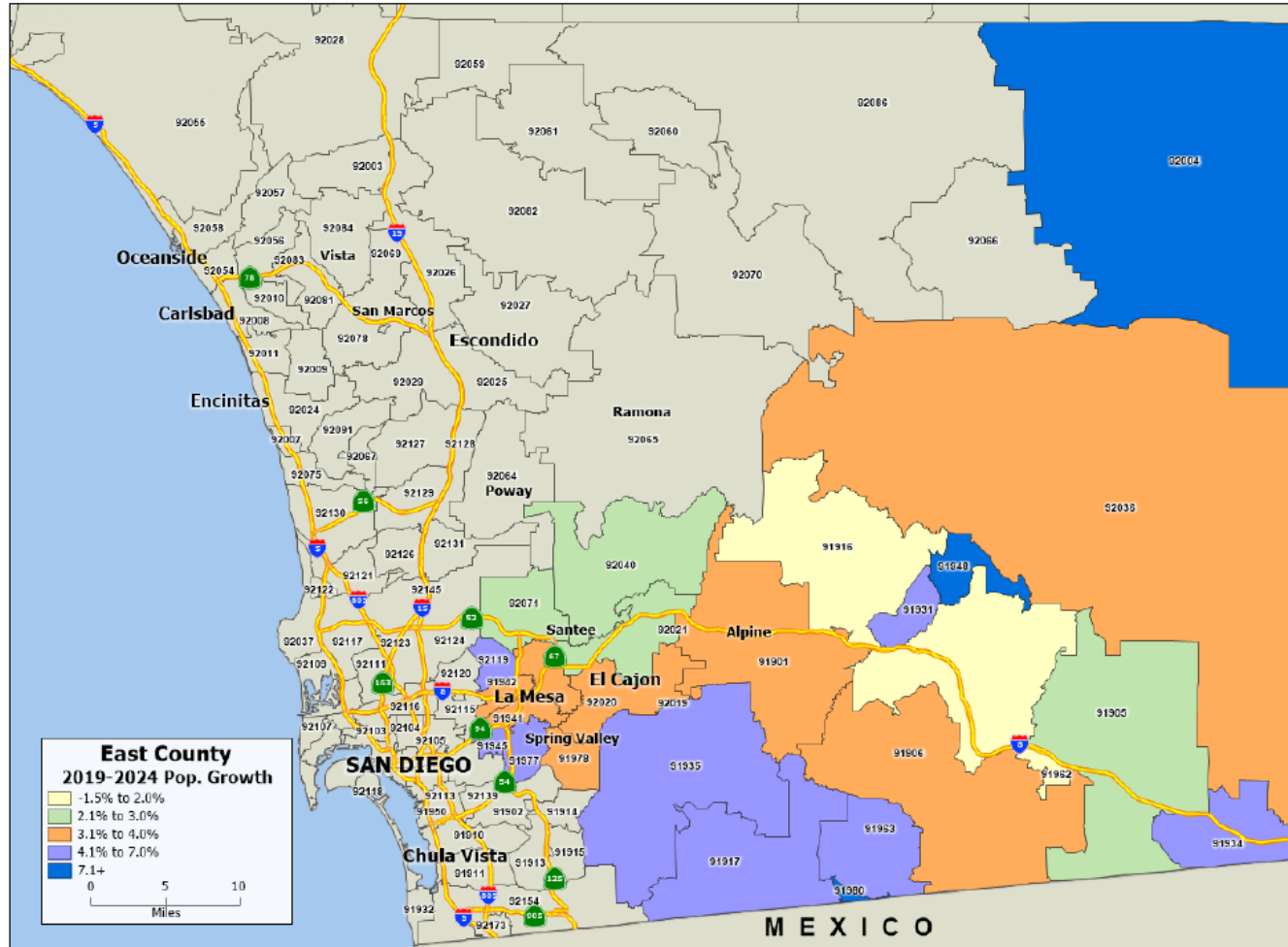
- Sharp (excl. SGH)
- Sharp Grossmont
- Scripps
- Palomar
- UCSD
- Kaiser
- Rady's
- Tri-City
- Prime
- Other

- Sharp (excl. SGH)
- Sharp Grossmont
- Scripps
- Palomar
- UCSD
- Kaiser
- Rady's
- Tri-City
- Prime
- Other

San Diego County Population Growth: 2019 - 2024

East County's total 2019 population is estimated at 530,943

East County's population is projected to grow 3.5% from 2019 to 2024



Sharp Grossmont Hospital Service Area Map

65%

Primary Service Area	
91941	La Mesa
91942	La Mesa
91945	Lemon Grove
91977	Spring Valley
92019	El Cajon
92020	El Cajon
92021	El Cajon
92040	Lakeside
92071	Santee
92114	Encanto

15%

Secondary Service Area	
91901	Alpine
91935	Jamul
91978	Spring Valley
92102	East San Diego
92105	City Heights
92113	Southeast San Diego
92115	College Area
92119	San Carlos
92120	Grantville



Data Source: IDX (internal) database, based on fiscal year 2019 inpatient discharges



Hospital Service Area Distribution of Growth: 2019–2024

The hospital service area is projected to grow 3.9% to 894,787

45-64
23%
- 0.6%

18-44
36%
0.0%



0-17
23%
+ 1.4%

65+
18%
+22.4%

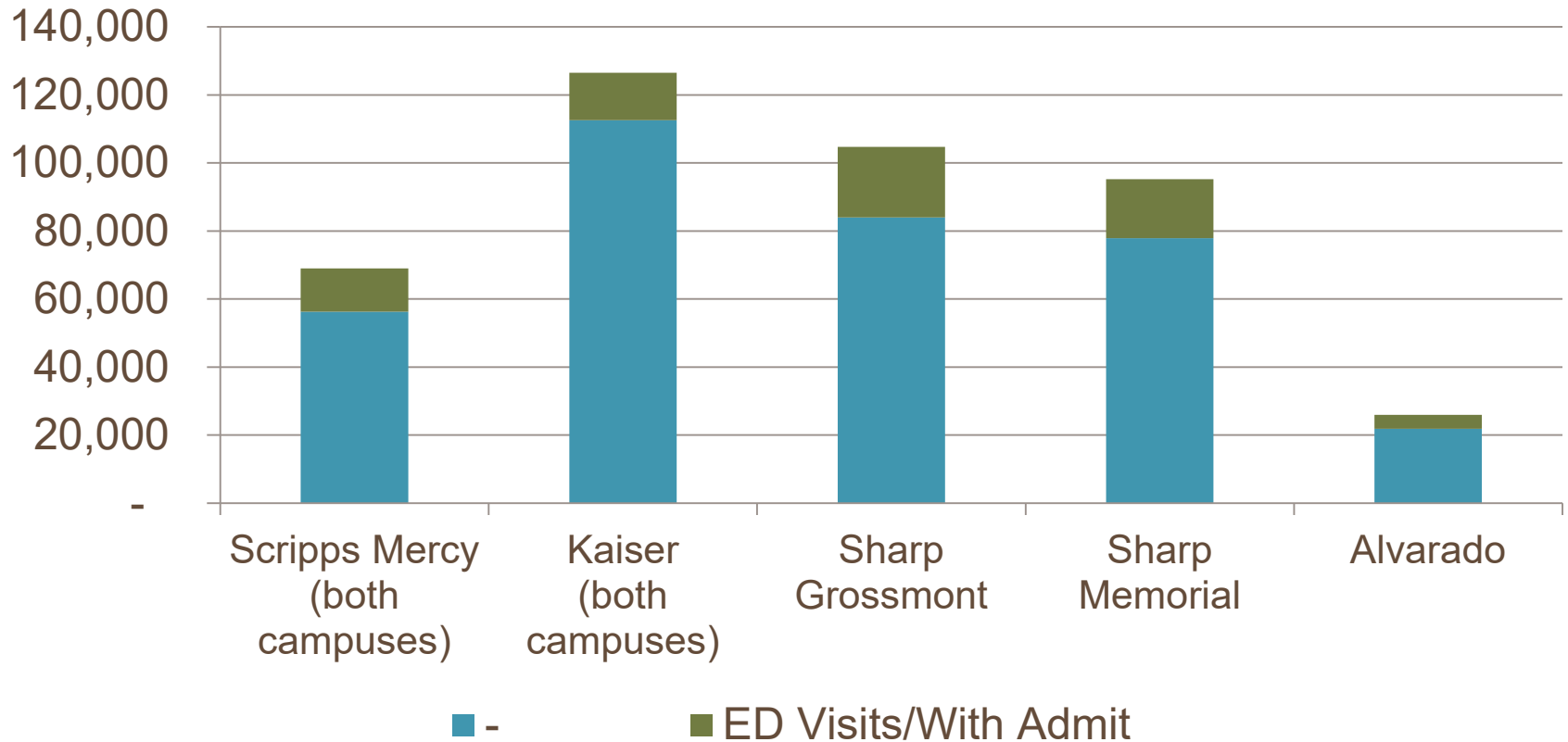
Sharp Grossmont Hospital Service Area Demographic Profile: 2019–2024

Race/ Ethnicity	2019 Population	2019 Percentage of Total	2024 Population	2024 Percentage of Total	2019-2024 Change	2019-2024 % Change
White	370,319	43.0%	376,934	42.1%	6,615	1.8%
Hispanic	306,830	35.6%	323,705	36.2%	16,875	5.5%
Asian/Pacific Islander	71,283	8.3%	73,768	8.2%	2,485	3.5%
Black	76,866	8.9%	80,626	9.0%	3,760	4.9%
Multiracial	29,920	3.5%	33,695	3.8%	3,775	12.6%
Native American	4,326	0.5%	4,526	0.5%	164	3.8%
Other	1,533	0.2%	1,533	0.2%	0	0%
Total	861,113	-----	894,787	-----	33,674	3.9%

Data Sources: SpeedTrack, Inc; US Census Bureau; US Census Bureau American Community Survey

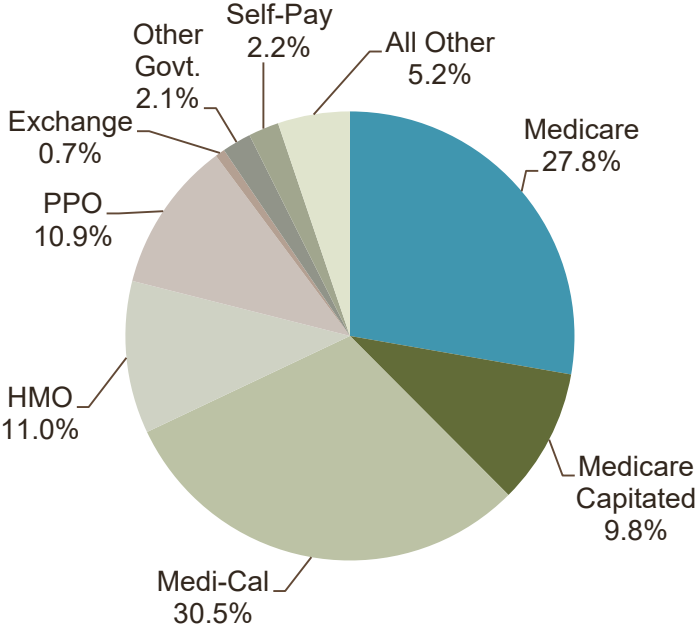
Emergency Department Utilization

Sharp Grossmont Hospital has one of the busiest Emergency Departments in San Diego County

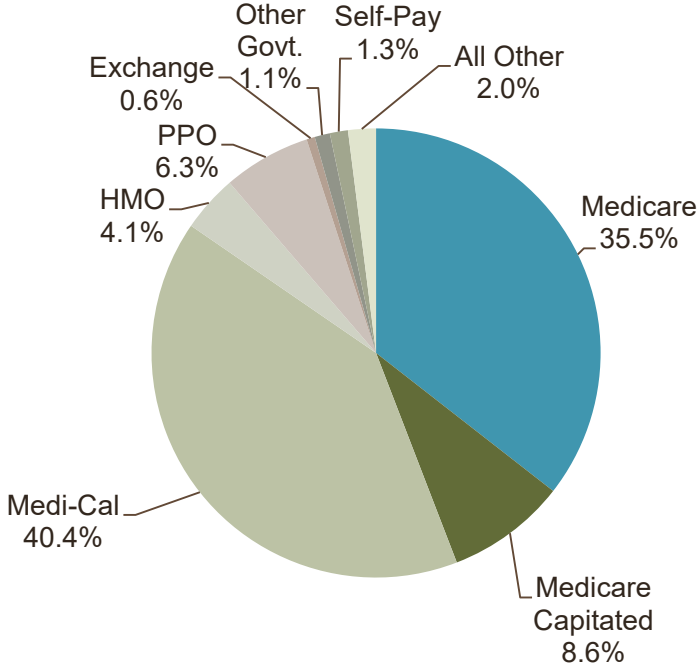


Hospital Inpatient Payor Mix by Discharge

Sharp HealthCare



Sharp Grossmont Hospital

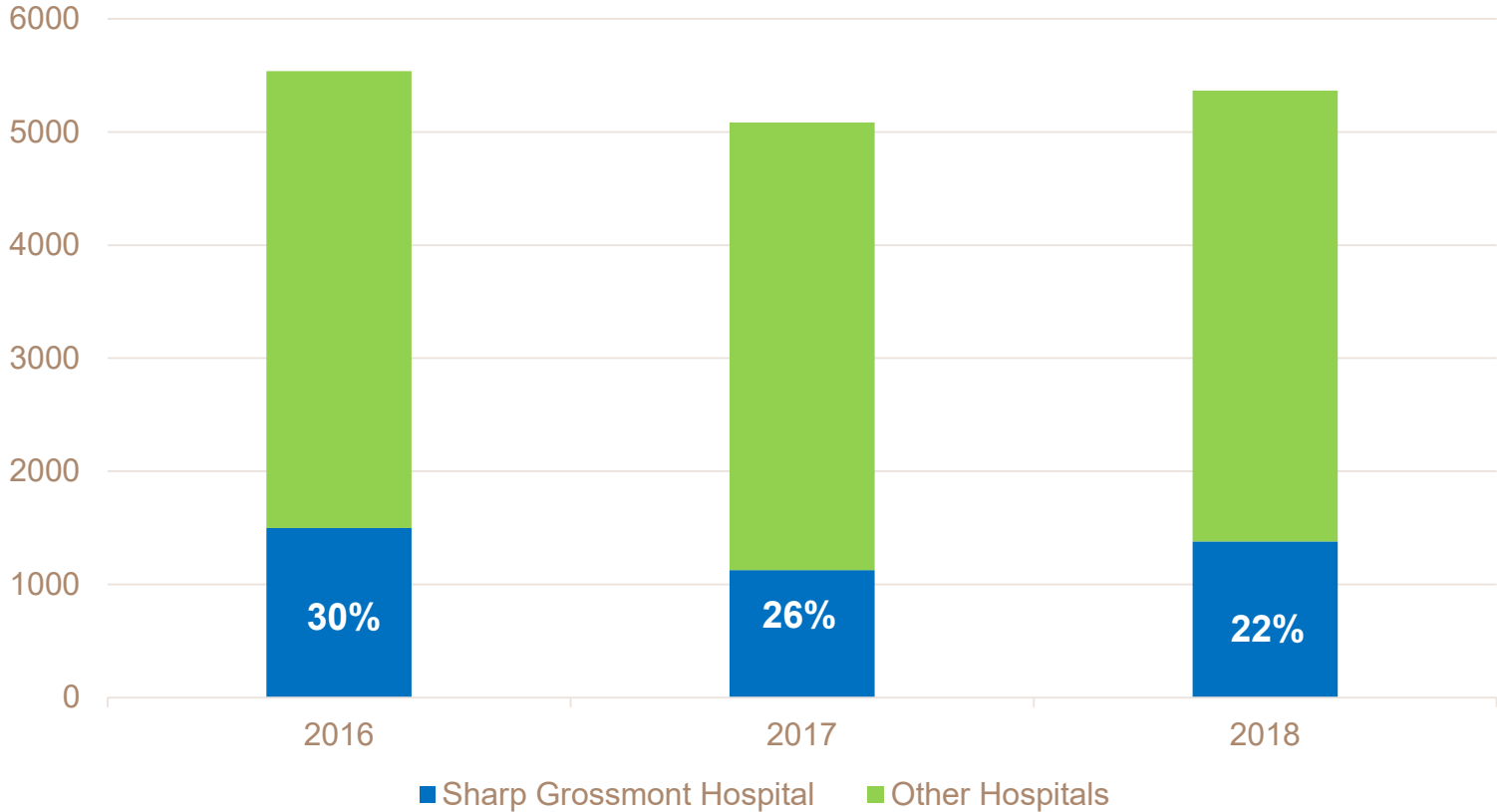


As a percent of discharges, Sharp Grossmont Hospital sees more Medi-Cal and Medicare than the Sharp system average, and less HMO and PPO

Data Source: FY19 - IDX (internal) data – include Normal Newborns

Hospital Service Area Distribution of Normal Newborns

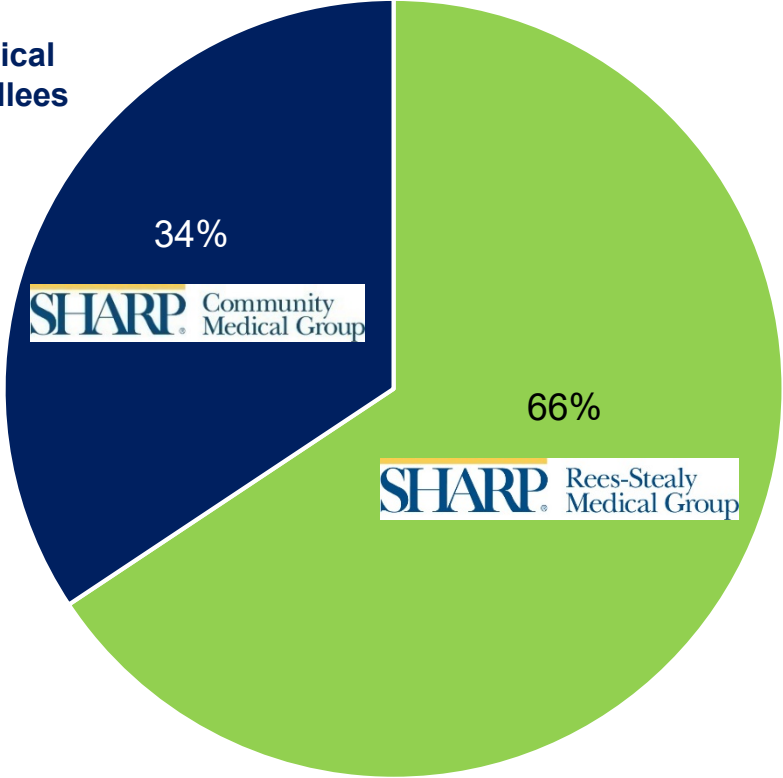
(Percentage is Service Area Market Share)



Data Sources: CY 2016-18 - OSHPD Inpatient Hospital Discharge Data; SpeedTrack, Inc. CUPID

Sharp Health Plan Members in SGH Service Area

Sharp Community Medical Group has 29,888 enrollees in Sharp Grossmont Hospital's service area



Sharp Rees-Stealy Medical Group has 57,169 enrollees in Sharp Grossmont Hospital's service area

Data Sources: 2019 IDX Enrollment data queried by Scott Rogers of SHC Managed Care Finance Dept.; SpeedTrack, Inc.; U.S. Census Bureau

The Grossmont Experience

Jason Broad
Vice President,
Performance

The Grossmont Experience

YOU...

... are part of a cause, not a job.

... are a great story gatherer
and story teller.

... will treat the whole of the person,
not just the part that's the problem.

... will create the health care
each patient deserves.



Sharp Grossmont Experience Journey

Top
Decile



Top
Quartile



Average,
but improving



Physician Experience

Employee Experience

Patient Experience



- Top decile overall hospital physician partnership and satisfaction
- Top decile in patient satisfaction



Physician Partnership & Satisfaction

- Service Line Steering Committees
- Performance Improvement Teams
- Reward & Recognition



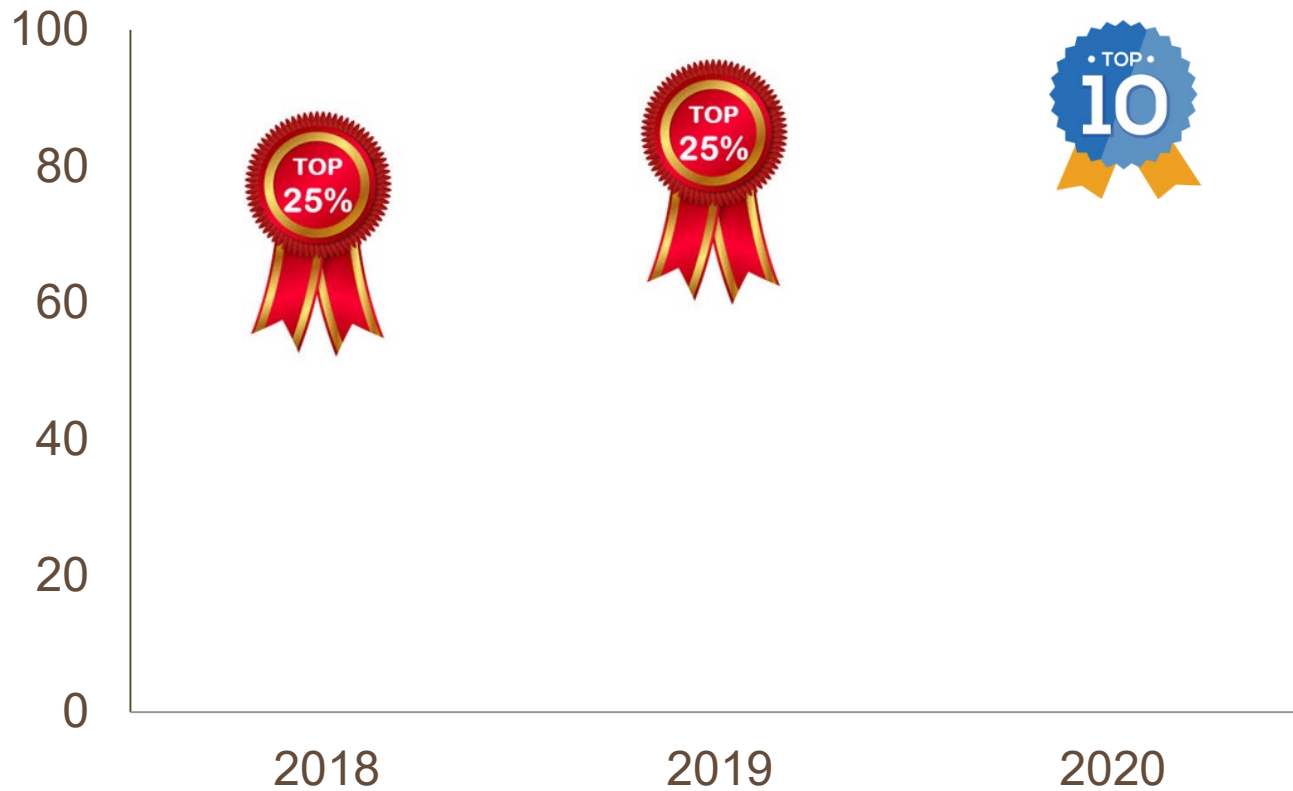
- Communication Forums



- CAREforYou program
- Strategy Development

Physician Partnership Scores

Combination of physicians' overall satisfaction and overall engagement





- Top decile in employee engagement



Employee Engagement

- Grossmont Family Nights



- Daily Leader Rounding
- Weekly CEO message
- Executive Rounding
- CAREforYou program
- Reward & Recognition Committee

- Sharp Best Health
- COVID-Related Staff Resiliency Programs
- Unit Practice Councils & PI Teams
- Employee & Leadership Forums
- Grossmont Experience Steering
- Grossmont Welcomes You (onboarding)

A flyer for a course titled "EMOTIONAL AGILITY & AROMATHERAPY FOR RESILIENCE" presented by SHARP GROSSMONT HOSPITAL. The flyer includes course objectives, a description of the course, and registration information. The Sharp logo is at the bottom.

Sharp Best Health

SHARP GROSSMONT HOSPITAL
presents
EMOTIONAL AGILITY & AROMATHERAPY
FOR RESILIENCE

What: During this course, you will learn about stress, the concept of emotional agility and how to increase your resilience.
Optional: A 30-minute group discussion with a counselor from the Sharp Employee Assistance Program will be offered.

For Sharp Grossmont Hospital employees:
Space is limited to 20 attendees.
When: Thursday, October 1, 2020
Time: 8:00 - 4:30 pm
Where: Zoom Virtual Platform
Instructors: Lisa Goodman (SGH) and Janice Chincusano (Sharp Best Health)

Course Objectives:

- Define stress and the differences between "good stress" and "bad stress"
- Understand the concept of emotional agility
- Identify three ways to increase emotional agility
- Describe at least three methods of application for aromatherapy
- Identify three core indications of essential oils
- Name three relaxation responses that support a resilient mindset
- Name two safety considerations for aromatherapy

Register by Thursday, September 24th, by scanning QR code with your smartphone camera.

Provider approved by the California Board of Registered Nursing, Provider No. 70 for 1 contact hour.

Disability statement: If you need accommodations, please email within 72 hours of the workshop with your request.

Questions or accommodations: Please email requests to janice.chincusano@sharp.com.

SHARP



Employee Engagement Percentile Rank



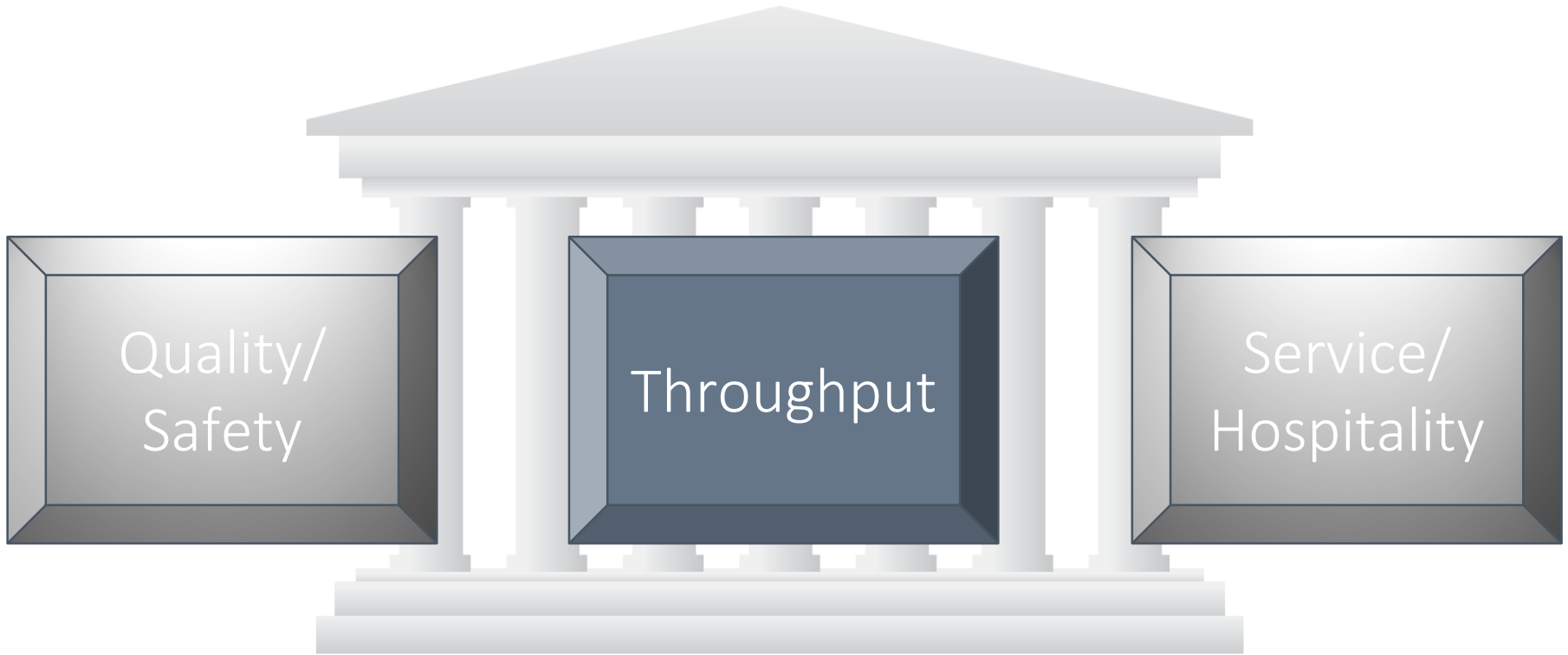
Patient Satisfaction Percentile Rank Average HCAHPS Score



Patient Experience

Louise White, BSN, MHA
CNO
Vice President, Patient Care

Patient Experience





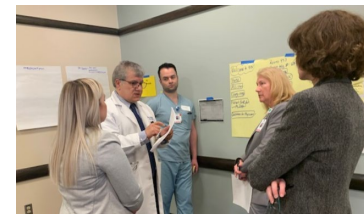
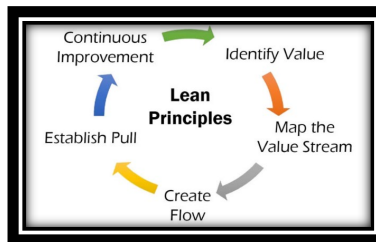
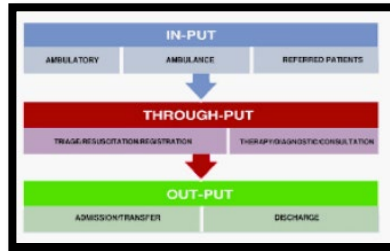
SHARP® Grossmont
Hospital

THROUGHPUT BLACK BELT PROJECT

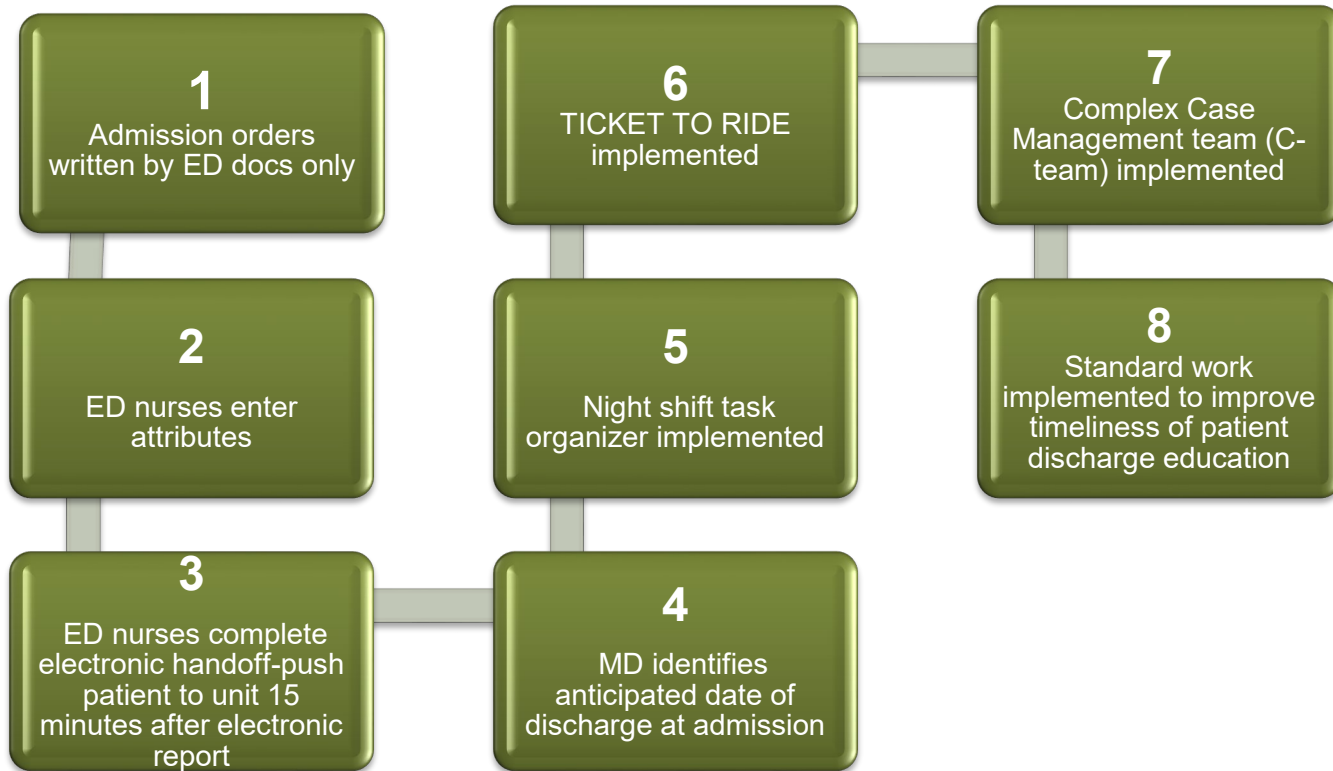
Project Goal



- Optimize throughput process for inpatient acute patients.
- Lowering Length of Stay (LOS) will have a positive patient experience impact.
- Goal statement: Decrease composite throughput times from 650 minutes to below 550 minutes.



Improvements in a Snapshot



Throughput Composite (Refreshed daily; the lower the better):

Throughput Processes	M 11/09	T 11/10	W 11/11	PROJECT GOAL
Admit Order to Ready to Move	83	112		40
Ready to Move to Assign	282			10
Assign to Occupy	41			5
D/C Order to Exit				240
Exit to Dirty			9	15
Dirty to Clean			79	60

Important Daily Communication

Throughput

	FRI 11/13	SAT 11/14	SUN 11/15	Stretch Goal
% Cases with wait time < 240 minutes*	60% (6/10)	80% (8/10)	70% (7/10)	100%
% Cases with wait time < 180 minutes*	90% (9/10)	80% (8/10)	70% (7/10)	100%
% of Cases Transferred in 15-25 minutes	33% (13/39)	38% (12/32)	27% (11/41)	100%
% of Targeted Patients Registered before 12:30	50% (2/4)	67% (4/6)	83% (5/6)	100%
% of Patients with Completed Tickets to Ride	51% (52/102)	60% (76/127)	41% (39/95)	100%
% of Education Assigned Same Day	100% (76/76)	100% (51/51)	**	100%

*based on audit of 10 random patient charts

**will be available 11/17/2020

Performance per week

Throughput Processes	Performance in Minutes									
	Baseline	Week of 9/28/2020	Week of 10/05/2020	Week of 10/12/2020	Week of 10/19/2020	Week of 10/26/2020	Week of 11/02/2020	Week of 11/09/2020	Change from last week	Project Goal
Admit Order to Ready to Move <i>From provider entry of admit-to order to ED marking patient ready to move in TeleTracking</i>	52	46	49	51	54	47	49	81	+32	40
Ready to Move to Assign <i>From ED marking patient RTM in TeleTracking to Bed Placement assigning inpatient bed</i>	112	126	89	114	93	101	125	176	+51	110
Assign to Occupy <i>From Bed Placement assigning inpatient bed to patient head-in-bed on inpatient unit</i>	66	54	50	47	47	48	43	44	+1	45
D/C Order to Exit <i>From physician d/c order to patient d/c in TeleTracking after patient departure from unit</i>	305	275	290	263	257	284	251	310	+59	240
Exit to Dirty <i>From patient d/c in TeleTracking to room marked dirty on TeleTracking to trigger EVS cleaning</i>	12	10	10	10	10	10	8	6	-1	15
Dirty to Clean <i>From trigger to EVS for room cleaning to room marked clean and ready to accept new patient</i>	68	68	61	69	64	64	67	64	-3	60

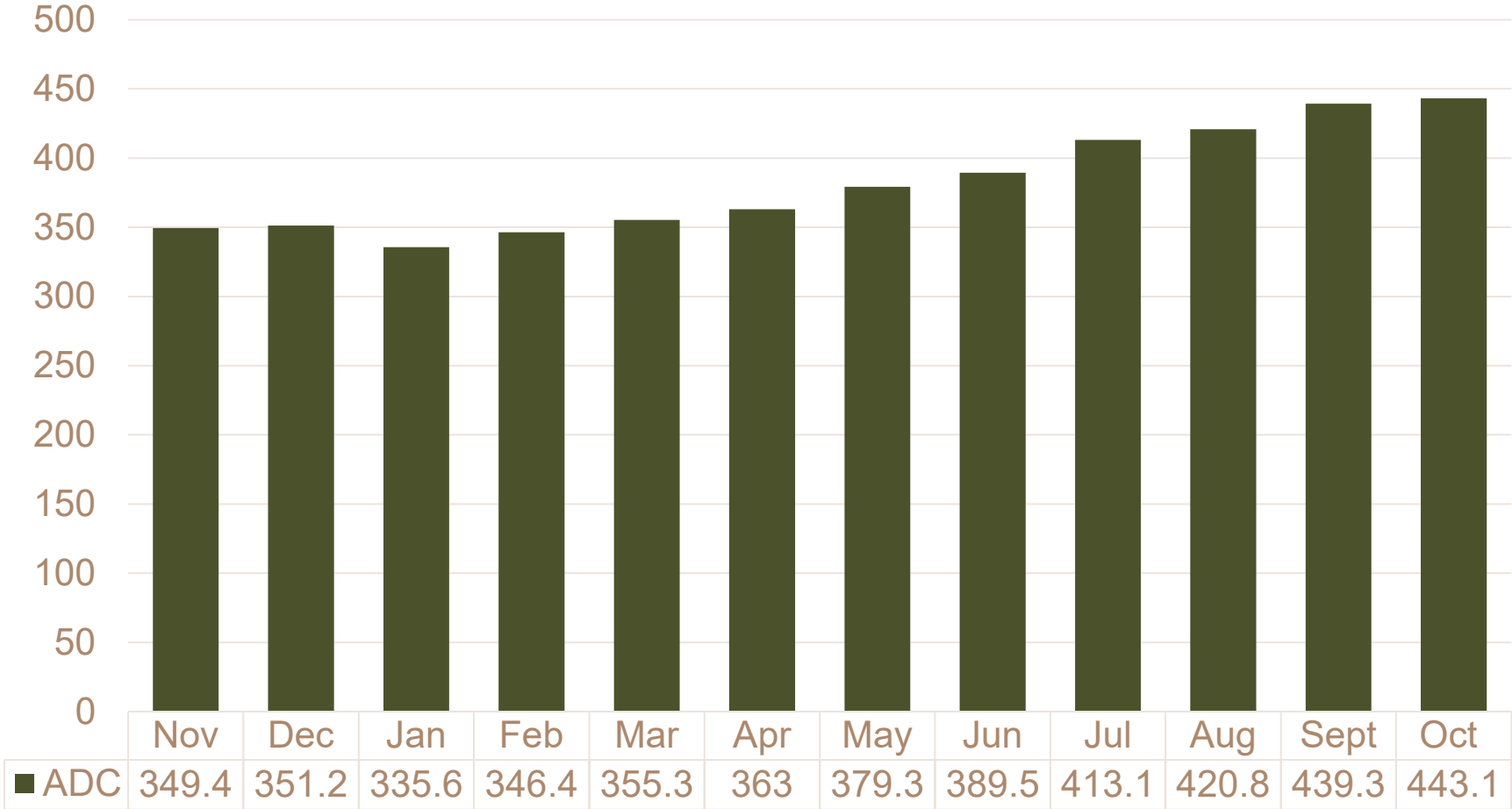
Hospice & Inpatient Palliative Medicine Growth & Market Data

Suzi Johnson, BSN, MPH
Vice President, Hospice & Palliative Care

Hospice and Palliative Care

- Hospice census growth – FY 20
- Market Share 2019
- Palliative Medicine at SGH

Hospice ADC



■ ADC

Market Position

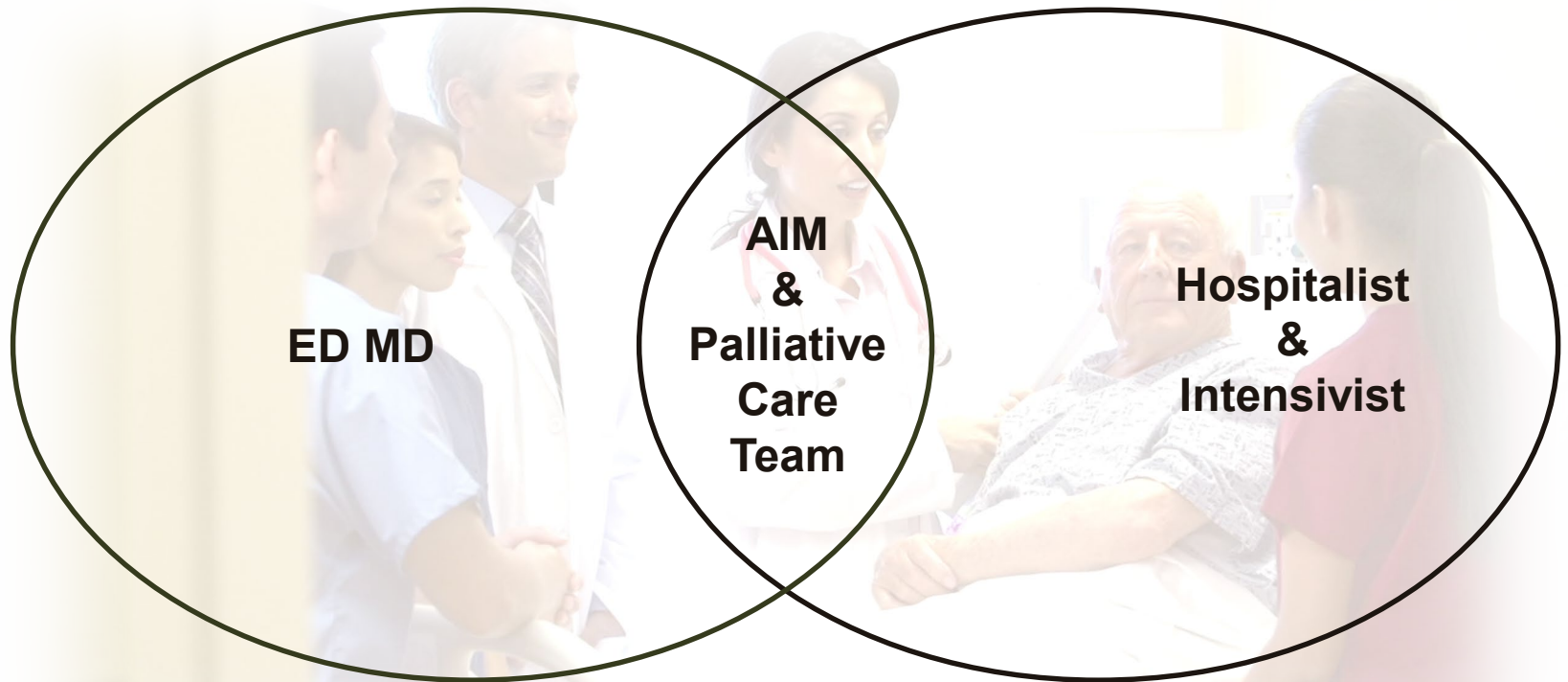
During the reporting period January 1, 2019, through December 31, 2019, Sharp HospiceCare has earned first market position based on Medicare claims of all hospice business among residents of San Diego County.*

Calendar Year 2019

Hospice Provider	Market Share
Sharp HospiceCare	12.20%
The Elizabeth Hospice	12.10%
Vitas HealthCare Corporation	6.5%
Kaiser San Diego	5.8%

*TargetWatch data is a market intelligence data derived largely from Medicare and is dependent on Medicare's reporting
TargetWatch Playmaker 11.11.2020

Partnering with Medical Staff



Palliative Care and Quality Goals

- Rate the hospital
- Reduce 30 day readmissions
- Reduce Inpatient mortality
- HCAHPS Scores
 - Nurse communication
 - Physician communication
- Increase hospice referrals
- Reduce overall cost of care

Questions

Open Session Adjourned
