MINUTES OF THE GROSSMONT HEALTHCARE DISTRICT
BOARD OF DIRECTORS
Special Meeting
August 21, 2018

The Board of Directors of Grossmont Healthcare District (GHD) held a special joint meeting with the Board of Directors of Grossmont Hospital Corporation (GHC) on Tuesday, August 21, 2018, at 5:00 p.m. in the Main Auditorium of Sharp Grossmont Hospital, 5555 Grossmont Center Drive, La Mesa, California.

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

District Directors Absent: None

District Staff Present: Barry Jantz, Chief Executive Officer
Jeff Scott, General Counsel
Erica Salcuni, Communications Specialist

A. CALL TO ORDER

GHD President Emerson called the meeting to order at 5:10 p.m. President Emerson and GHC Chairman Jerry Fazio welcomed the respective board members and staff members of both GHD and GHC.

B. PLEDGE of ALLEGIANCE:

GHC Chairman Fazio led in the pledge of allegiance.

C. APPROVAL OF AGENDA (GHD Board):

It was moved by Director Lenac, seconded by Director Hall, and unanimously carried (4-0) to adopt the agenda (Director Chadwick arrived at 5:15 p.m.)

D. PUBLIC COMMENT

A member of the public, Ann Goldberg, addressed the boards to provide her positive experiences with the Hospital and to thank the members for their work on behalf of the community.

The presentations listed below are combined into one document and are linked here.

E. GROSSMONT HEALTHCARE DISTRICT

1) Presentations from Community Partners

President Michael Emerson introduced the following individuals to make presentations and answer questions from the board members.

a. Alzheimer's Response Team: A Seniors In Crisis Pilot Project – Jessica Empeno, VP of Operations, Alzheimer's San Diego

b. The Opioid Epidemic: Overview and Solutions for San Diego County – Dr. Sayone Thihalolipavan, MPH, Deputy Public Health Officer, County of San Diego Public Health Services

F. SHARP GROSSMONT HOSPITAL ANNUAL REPORT

Sharp Grossmont Hospital CEO Scott Evans introduced his staff members to make the following presentations and answer questions from the board members.

1) Facilities Overview – Tony D'Amico

2) Master Campus Planning Schedule – Tony D'Amico

3) Capital Investments Report – Daniel Kindron

4) Grossmont Experience Data – Jason Broad

5) East County Market Data – Jason Broad

6) Emergency Department / Patient Flow – Louise White

7) Sharp Grossmont Hospital Annual Community Benefit Report for FY 2017 and Community Health Needs Assessment (CHNA) Process/Findings – Jillian Barber

G. OPEN DISCUSSION

Aside from the questions and discussion taking place during the presentations listed above, there was no additional open discussion.

President Emerson and CEO Evans thanked the presenters and staff members for the hard work and preparation that went into today's reports.

President Emerson provided comments praising the work of the Hospital and staff; and made a presentation to Scott Evans and the Sharp Grossmont Hospital team for their service to the residents of the East Region.

H. ADJOURNMENT:

There being no further business, on a motion duly made, seconded, and unanimously carried, the Board adjourned at 7:30 p.m.

Respectfully submitted,

_____
Virginia Hall, RN, Secretary

ATTEST:

_____
Michael Emerson, RDO, President

Grossmont Healthcare District and Grossmont Hospital Corporation Joint Board Meeting

August 21, 2018

SHARP

CALL TO ORDER

GHD President Michael Emerson

PLEDGE OF ALLEGIANCE

PUBLIC COMMENT

Opportunity for citizens to speak on items of interest within the subject matter jurisdiction of the District. Persons wishing to address a matter not on the Agenda may be heard at this time; however, in accordance with California law, no Board discussion or action can be taken on items not on the Agenda. “Request to Speak” cards should be filled out in advance and presented to the Board President or recording secretary. For the record, please state your name. The Board has a policy limiting any speaker to no more than five minutes.

GROSSMONT HEALTHCARE DISTRICT

Presentations from Community Partners:

Alzheimer's Response Team: A senior in Crisis Pilot Project- Jessica Emepeno, VP of Operations, Alzheimer's San Diego

The Opioid Epidemic: Overview and Solutions for San Diego County – Dr. Sayone Thihalolipavan, MPH Deputy Public Health Officer, County of San Diego Public Health Services

Alzheimer's Response Team

a Seniors in Crisis pilot project

Jessica Empeño, MSW
VP, Programs and Services
Alzheimer's SAN DIEGO

The Seniors in Crisis initiative…

- Launched early 2017
- Planning meetings began January 2018
- Program development with key stakeholders
  - PERT
  - Sheriff's Dept
  - Santee/Lakeside Fire
  - Sharp Grossmont
  - District Attorney
  - County HHSA programs

CHAIRWOMAN DIANNE JACOB

VICE-CHAIRWOMAN KRISTIN GASPAR

San Diego County Board of Supervisors
NEWS RELEASE
3/21/17

COUNTY LAUNCHES EFFORT TO HELP SENIORS IN CRISIS

The Board of Supervisors today [3/21/17] launched an initiative to help the growing number of seniors who end up in crisis.

At the urging of Chairwoman Dianne Jacob and Vice-Chairwoman Kristin Gaspar, the board asked county and health experts to develop a model for those with Alzheimer's disease who are in emergency situations.

"Too often, seniors who suffer from dementia end up in a hospital bed or even a jail cell when steering them to needed services and programs might be the best option," Jacob said.

The effort is an outgrowth of The Alzheimer's Project, the county-led initiative to find a cure and help families struggling with the disease. The county today released the project's latest annual report, which lists a wide range of regional improvements and 2017 goals.

"If there's ever going to be a cure for Alzheimer's, I'm convinced it's going to come out of San Diego County," Gaspar said. "Sadly, the need for services in this community is growing at a fast pace and we must keep up to ensure a comfortable quality of life for them."

In her recent State of the County speech, Jacob highlighted the growing concern among caregivers, physicians and others about the absence of a clear model to help dementia patients in crisis situations, such as a medical emergency or law enforcement issue.

Sharp Grossmont Hospital in La Mesa and the Grossmont Healthcare District are teaming up with the county to develop and test a protocol to assist these seniors and steer them to needed services.

"Despite the fact that there's no treatment, Alzheimer's disease is creating a crisis in local emergency rooms," said Mary Bell, CEO and president of Alzheimer's San Diego. "People with Alzheimer's are admitted twice as often and the cost of caring for them in emergency rooms and hospitals is three times higher than people of the same age without the disease."

San Diegans with Alzheimer's and other types of dementia are seen by local hospitals about 30,000 times a year, while the number of Sheriff's Department calls involving seniors is on the rise.

County officials expect the number of seniors who find themselves in crisis to continue to rise, noting that those 65 and older are the fastest-growing age group in the region.

"The care and treatment of people with dementia represents one of our most challenging public health concerns," said Dr. Michael Plopper, chief medical officer with Sharp Behavioral Health Services. "Often, admission to a hospital is a pathway of last resort for caregivers of loved ones with dementia. We need to develop non-traditional partnerships to address our immediate needs in San Diego County. This board vote today represents just such an effort."

San Diego's top brain researchers, public universities, health care systems, elected leaders and others have come together under the umbrella of The Alzheimer's Project to launch a series of improvements since 2014.

They include beefing up safeguards for those at risk of wandering and developing the region's first standards for the diagnosis and treatment of dementia.

With the support of San Diego Mayor Kevin Faulconer and philanthropist Darlene Shiley, the project has also spawned a spinoff, Collaboration4Cure, a research incubator on Torrey Pines Mesa led by local scientists and Alzheimer's San Diego.

This year's goals for The Alzheimer's Project include the creation of a dementia screening app for primary care doctors and expanded services for caregivers.

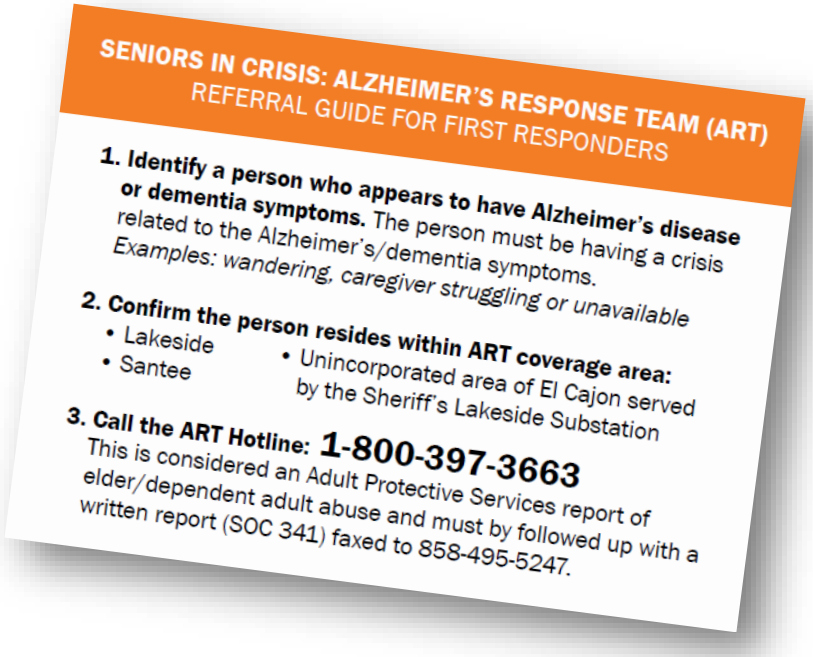
"While we are pleased with the progress so far, in many ways, our work is just starting," Jacob and Gaspar write in a joint letter included in the project's new annual report.

Alzheimer's Response Team (ART)

- Supporting families in crisis
- Immediate crisis response
- Ongoing support and guidance
- 24-hour referrals
- No age, income or diagnosis restriction
- Pilot area: Santee, Lakeside, unincorporated parts of El Cajon

Alzheimer's Response Team (ART)

- Trainings for community partners
  - 22 trainings
  - 300 first responders and professionals



SENIORS IN CRISIS: ALZHEIMER'S RESPONSE TEAM (ART)
REFERRAL GUIDE FOR FIRST RESPONDERS

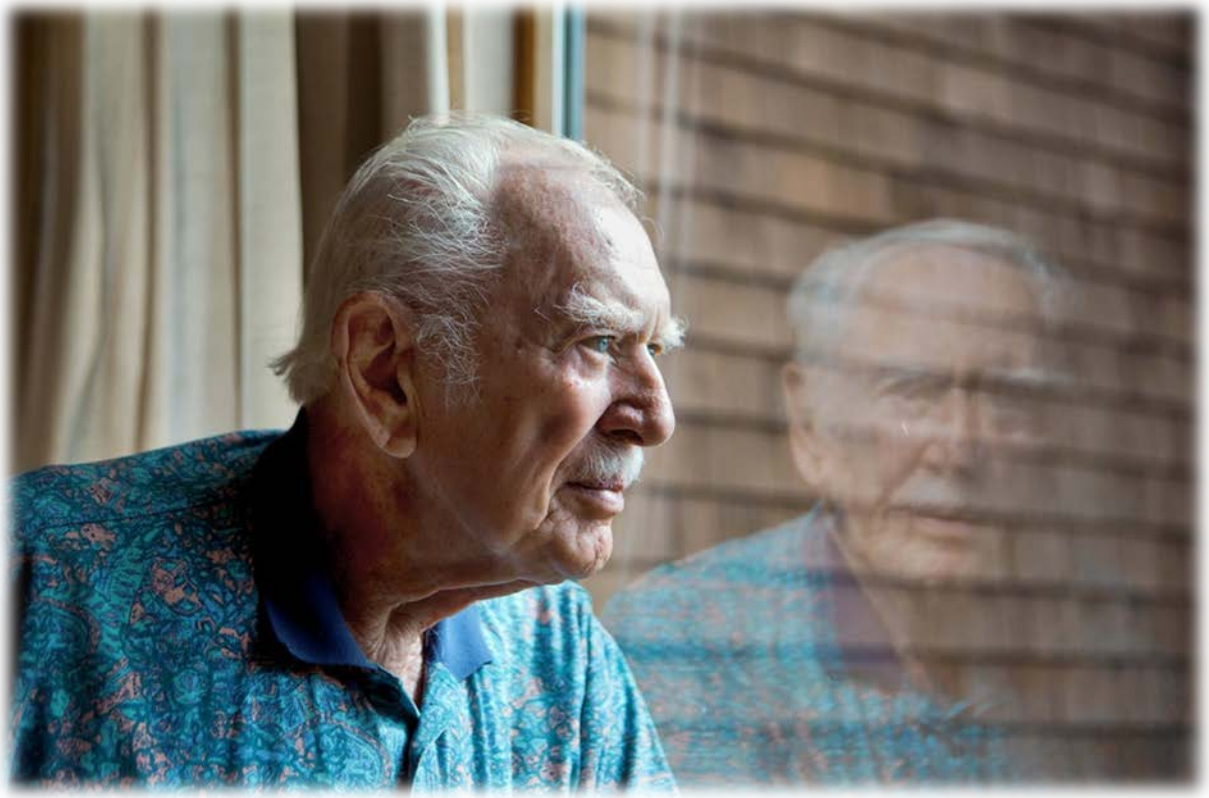
1. Identify a person who appears to have Alzheimer's disease or dementia symptoms. The person must be having a crisis related to the Alzheimer's/dementia symptoms.
Examples: wandering, caregiver struggling or unavailable

2. Confirm the person resides within ART coverage area:
- Lakeside
- Santee
- Unincorporated area of El Cajon served by the Sheriff's Lakeside Substation

3. Call the ART Hotline: 1-800-397-3663
This is considered an Adult Protective Services report of elder/dependent adult abuse and must by followed up with a written report (SOC 341) faxed to 858-495-5247.

GO LIVE: *June 4th*!

Case example: George



Case example: George

Interventions:

- ✓ Partner with physician
- ✓ Enrolled in Take Me Home program
- ✓ Increase support for family
- ✓ Evaluate home environment

Alzheimer's Response Team

- 26 Referrals so far
- 16 families have received ART services
- 2 one-hour response
- *Ready for more!*

"People focus on law enforcement to solve a whole lot of problems. Law enforcement is a community effort and we can not do this alone. We need these partnerships to get the job done!"

--Lieutenant Michael Knobbe,
San Diego Sheriff's Department

Thank you!

Jessica Empeño, MSW
jempeno@alzsd.org

Alzheimer's SAN DIEGO

OPIOID USE &

PUBLIC HEALTH RESPONSE

Grossmont Hospital Corporate Board

August 21st, 2018

Sayone Thihalolipavan, MD, MPH

Deputy Public Health Officer

County of San Diego Health & Human Services Agency

LIVE WELL SAN DIEGO

DISCLOSURE

I have no actual or potential conflict of interest in relation to this presentation.

WHAT ARE OPIOIDS?

- Opioids: drugs that include heroin, fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin), hydrocodone (Vicodin), codeine, morphine, etc.

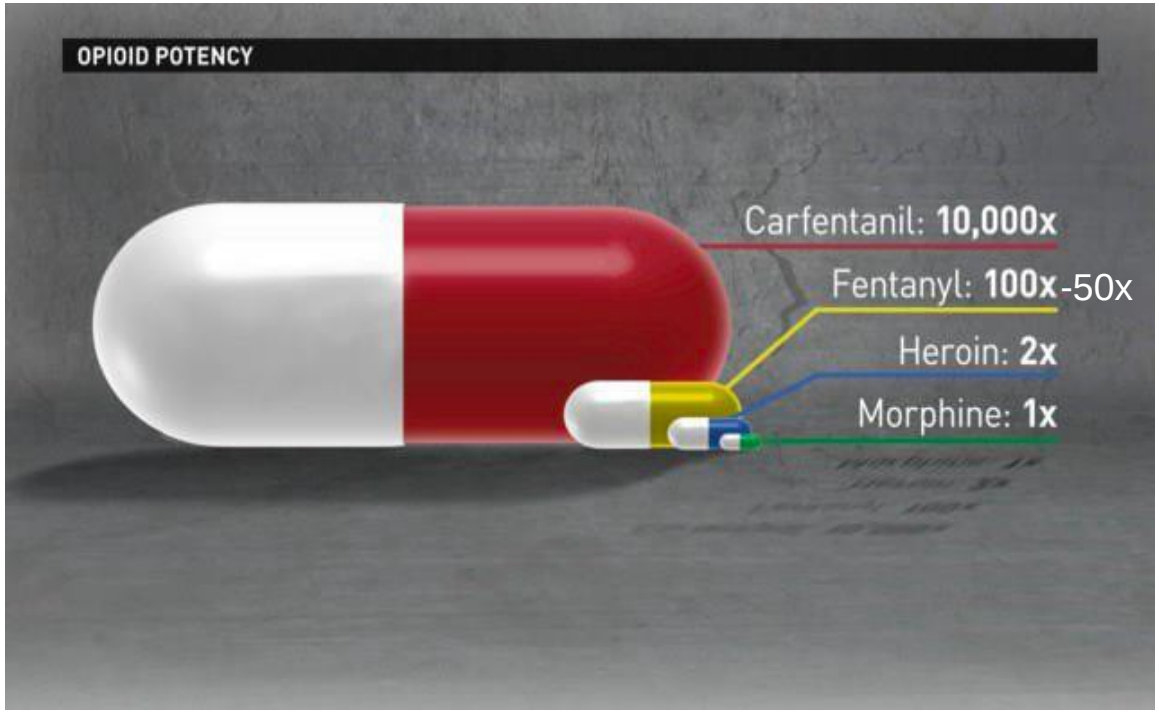
- Opioid pain relievers are generally safe when taken for a short time as prescribed by a doctor, but because they produce euphoria, they can be misused.

- Regular use—even as prescribed by a doctor—can lead to dependence and, when misused, opioid pain relievers can lead to overdose incidents and deaths.

References: National Institute on Drug Abuse. “Opioids.” NIDA, www.drugabuse.gov/drugs-abuse/opioids.

OPIOIDS (NOT A COMPLETE LIST)

- **Morphine**
- **Heroin**
- Codeine
- Methadone
- Tramadol
- Meperidine (Demerol)
- Oxycodone (OxyContin)
- Hydromorphone (Dilaudid)
- Oxymorphone
- Hydrocdone (Norco, Lortab, Vicodin)
- **Fentanyl, Fentanyl analogs (Carfentanyl)**, Novel substances (Kratom)

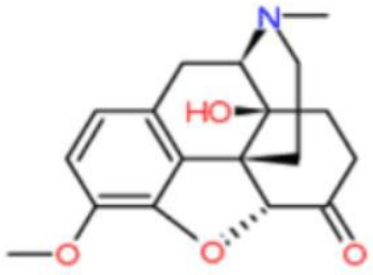


Source: https://www.dea.gov/druginfo/fentanyl-faq.shtml

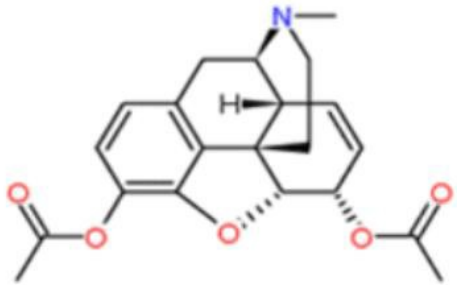
ADDICTION PHYSIOLOGY

LIVE WELL SAN DIEGO

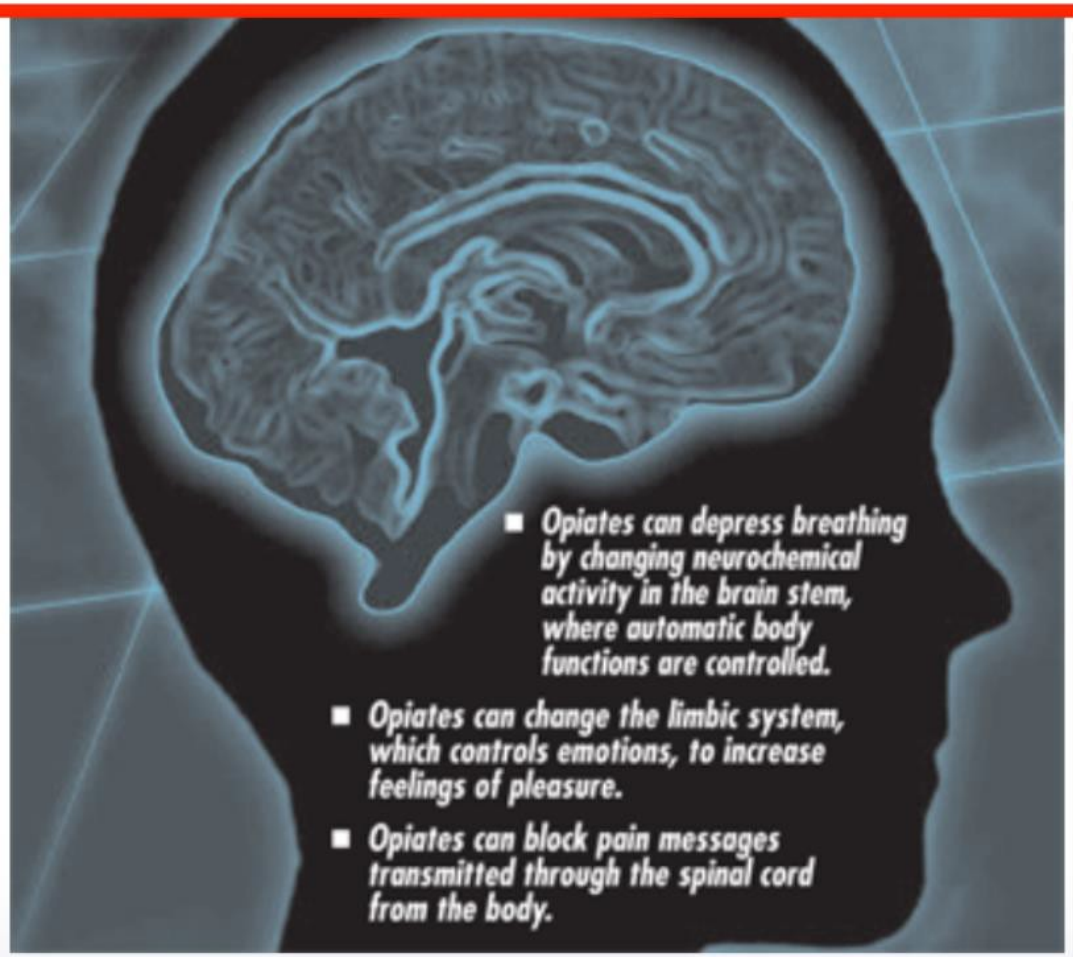
Similarities Between Illicit & Prescription Drugs



OXYCONTIN (OXYCODONE)



HEROIN



HOW WE GOT HERE

When used properly, medicines are important in healthcare

- Opioids used to be reserved for “the most severe forms of pain”, such as cancer and end of life care

Changes in recognition and treatment for pain

- In the late 1990’s, opioid prescribing changed for chronic pain (patient bill of rights, 5th vital sign, decade of pain control and research, CA pain management standards)
- These changes, coupled with the multi-million $$$ advertising campaigns (including direct to consumer) and lobbying efforts by the pharmaceutical agencies, led to the [more] commonplace prescribing of and use of opioids

References: Franklin GM. Opioids for Chronic NonCancer Pain: a Position Paper of the American Academy Of Neurology. Neurology. 2014;83:1277-1284.

OPIOID USE DISORDER

- With the increase of opioid prescriptions came an increase in opioid use and abuse.
- Use and abuse → opioid use disorder (addiction).
  - Opioid use disorder- “a problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria”

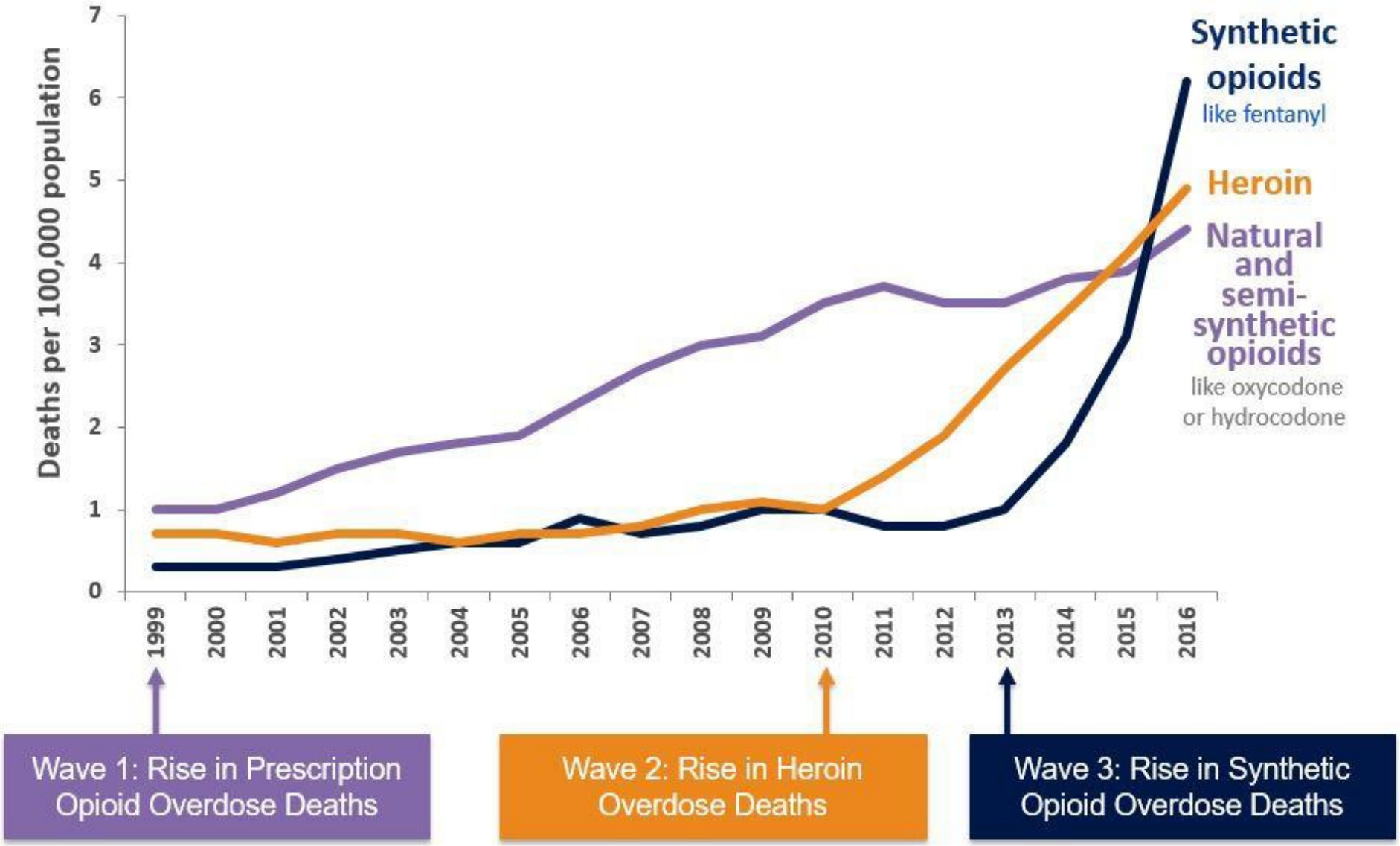
References: “Opioid Overdose.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 28 Aug. 2017, www.cdc.gov/drugoverdose/opioids/terms.html.

WHO'S AT RISK FOR MISUSE

Risk factors for opioid misuse or addiction include past or current substance abuse, untreated psychiatric disorders, younger age, and social or family environments that encourage misuse.

References: Webster, Lynn R. "Risk Factors for Opioid-Use Disorder and Overdose." Anesthesia & Analgesia, vol. 125, no. 5, 2017, pp. 1741–1748., doi:10.1213/ane.0000000000002496. Infographic: CDC, https://www.cdc.gov/drugoverdose/opioids/prescribed.html

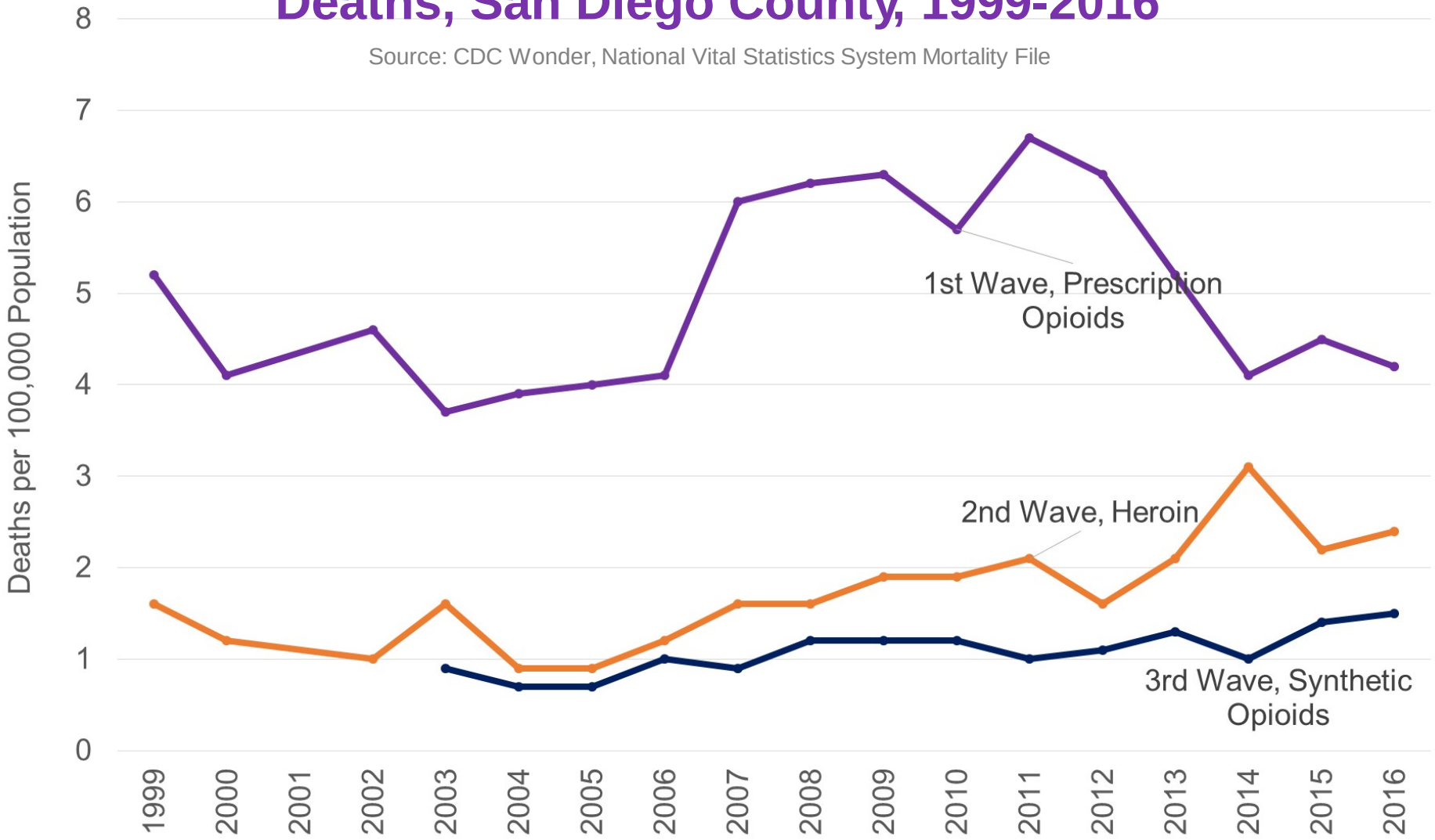
3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

3 Waves of the Rise in Opioid Overdose Deaths, San Diego County, 1999-2016

Source: CDC Wonder, National Vital Statistics System Mortality File



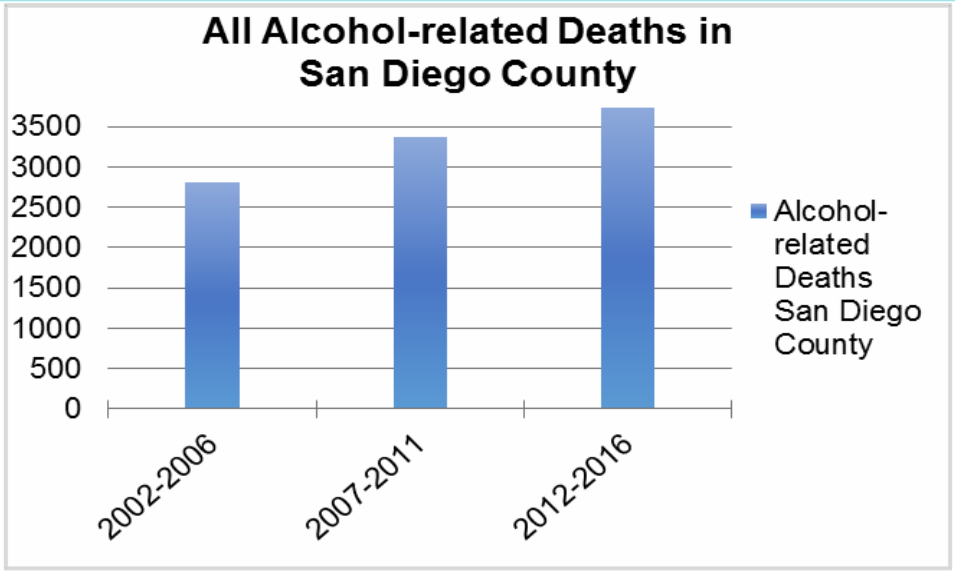
Wave 1: Rise in Prescription Opioid Overdose Deaths

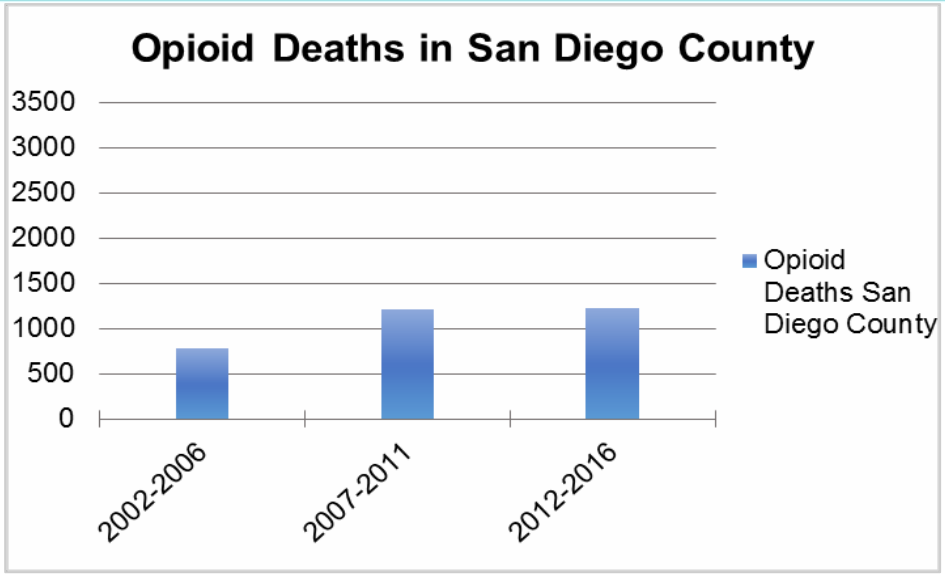
Wave 2: Rise in Heroin Overdose Deaths

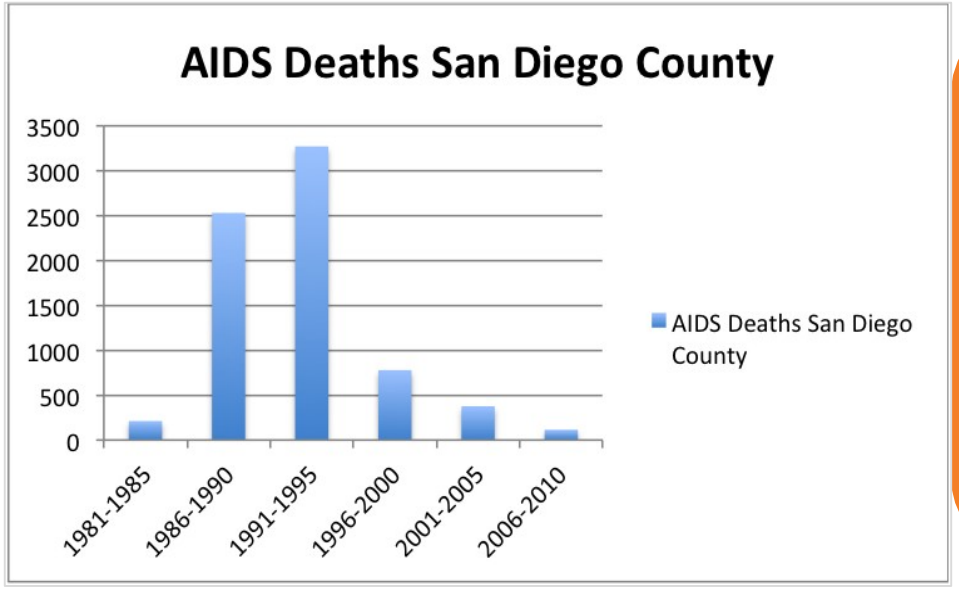
In the United States:

AIDS Epidemic	123	Average deaths per day due to AIDS during the peak of the AIDS epidemic in 1994-1995
Opioid Epidemic	115	Average deaths per day due to opioid overdoses during the 2016 opioid epidemic
Alcohol Epidemic	48	Average deaths per day due to excessive alcohol use between 2006-2010

OPIOID, ALCOHOL, AND AIDS DEATHS







In San Diego County:

- **AIDS deaths between 1991-1995 amounted to 1.8 deaths per day**
- **Alcohol-related deaths between 2012-2016 amounted to 2.0 deaths per day**
- **Opioid-related deaths between 2012-2016 amounted to 0.70 deaths per day**

MAGNITUDE OF THE PROBLEM

115 Americans die from an opioid overdose each ___.

More than **1,000** Americans are treated in the emergency department for misusing prescription opioids each ____.

Over 200,000 people have lost their lives to *prescription* opioids this ____.

Answers: Day, Day, Century

References: "Opioid Overdose." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 30 Aug. 2017, www.cdc.gov/drugoverdose/epidemic/index.html. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2017. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html on Jun 28, 2018 3:03:01 PM

MAGNITUDE OF THE PROBLEM

THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...

116 People died every day from opioid-related drug overdoses

11.5 m People misused prescription opioids[1]

42,249 People died from overdosing on opioids[2]

2.1 million People had an opioid use disorder[1]

948,000 People used heroin[1]

170,000 People used heroin for the first time[1]

2.1 million People misused prescription opioids for the first time[1]

17,087 Deaths attributed to overdosing on commonly prescribed opioids[2]

19,413 Deaths attributed to overdosing on synthetic opioids other than methadone[2]

15,469 Deaths attributed to overdosing on heroin[2]

504 billion In economic costs[3]

Sources: [1] 2016 National Survey on Drug Use and Health, [2] Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, [3] CEA Report: The underestimated cost of the opioid crisis, 2017

CDC

Each day, more than **1,000** PEOPLE are treated in **emergency departments** for not using prescription opioids as directed.

References: "The US Opioid Epidemic." Assistant Secretary for Public Affairs (ASPA), *Health & Human Services*, Jan 2018, https://www.hhs.gov/opioids/about-the-epidemic/index.html; https://www.cdc.gov/drugoverdose/resources/graphics.html

LOCAL SCALE OF THE PROBLEM

Approximately

125 MILLION

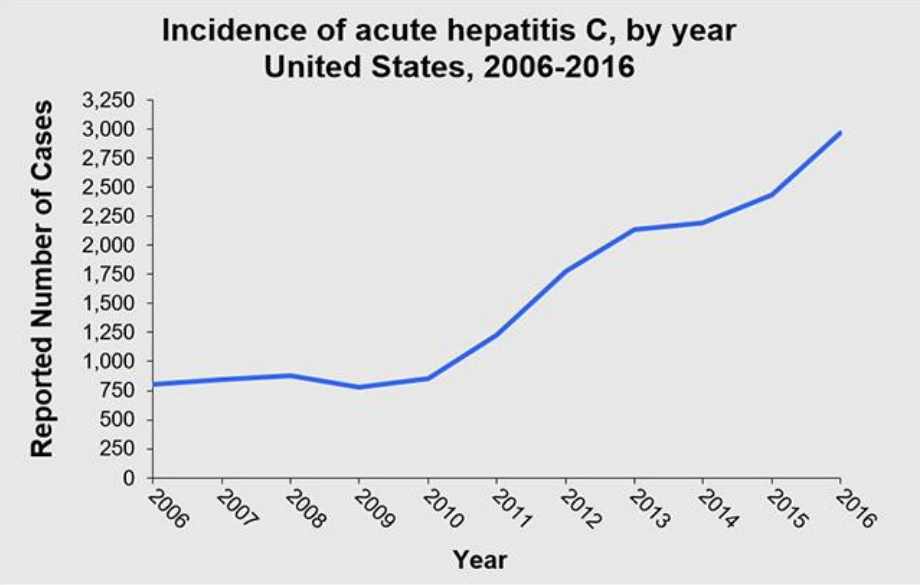
opioid pills were sold

in San Diego County in 2016

(almost 38 pills per person)

OTHER CONSEQUENCES RELATED TO OPIOID EPIDEMIC

- Opioid epidemic has substantially increased the transmission risk of blood-borne viruses, including **HIV and hepatitis C**
- People who inject illicit drugs also are at risk for **wound botulism**, which can make it hard to breathe and can cause muscle weakness and even death
- Number of pregnant women with Opioid Use Disorder at labor and delivery more than quadrupled from 1999 through 2014
- Incidence of hepatitis C has seen an increase and acute hepatitis C has tripled from 2010-15 due in part to opioid epidemic



References: “Viral Hepatitis.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 17 May. 2018, https://www.cdc.gov/hepatitis/statistics/index.htm

AMERICA'S OPIOID CRISIS: THE UNSEEN IMPACT ON CALIFORNIA CHILDREN

AS CALIFORNIA FAMILIES STRUGGLE WITH ADDICTION, CHILDREN ARE CAUGHT IN THE FRAY.

VE WELL
AN DIEGO

A GROWING CRISIS

28% MORE opioid-related deaths nationwide since 2015.

88.3% of people in California suffering from drug dependence or abuse go untreated.

8.7 MILLION CHILDREN nationwide have a parent who suffers from a substance use disorder.

A NEED FOR FAMILY-CENTERED POLICIES

KEEPING FAMILIES TOGETHER IMPROVES OUTCOMES AND LOWERS COSTS

A DEVASTATING TOLL ON CHILDREN

FOSTER CARE PLACEMENTS ON THE RISE

30,909 CALIFORNIA CHILDREN were placed in foster care in 2016.

20% WERE INFANTS.

In **10%** of these placements, parental substance use was a factor.

MORE BABIES BORN EXPOSED TO OPIOIDS

Every **25 minutes** in America, a baby is born suffering from opioid withdrawal, which can mean:

1. LOWER BIRTHWEIGHTS
2. RESPIRATORY CONDITIONS
3. FEEDING DIFFICULTIES
4. SEIZURES
5. LONGER HOSPITAL STAYS

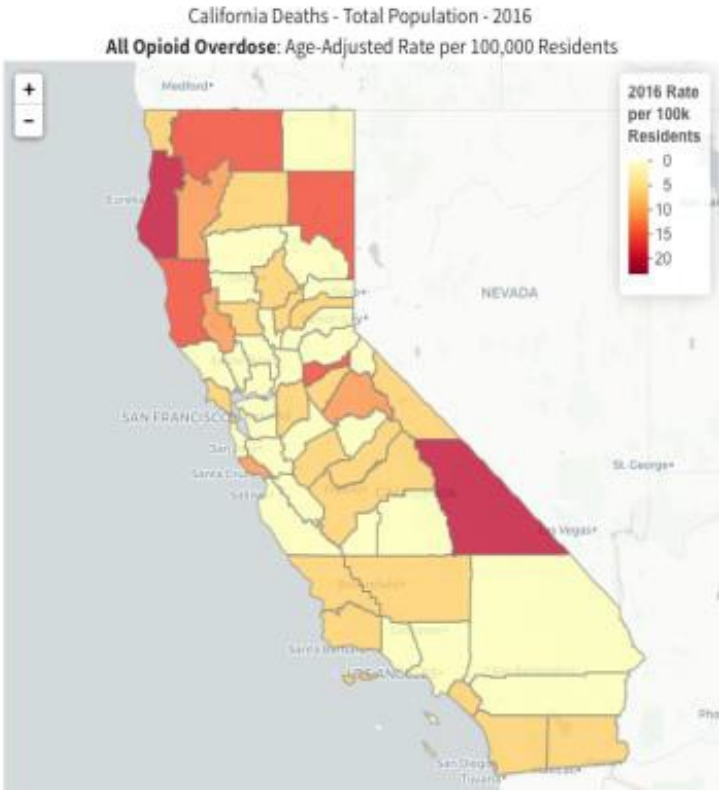
A LIFELONG IMPACT

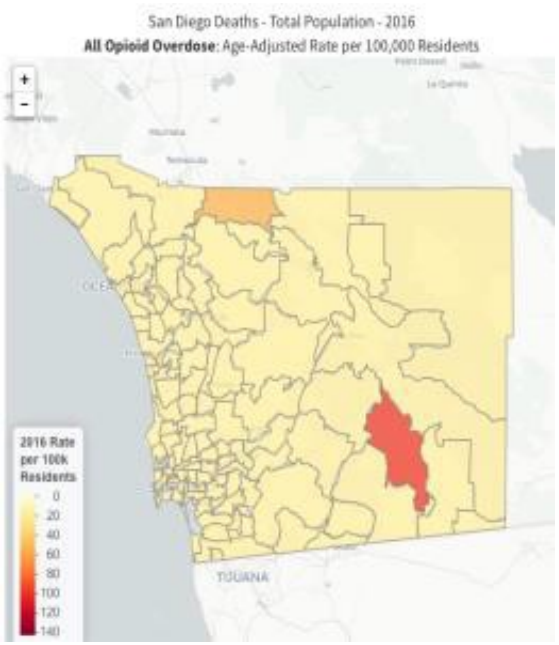
Children dealing with traumatic experiences can face social, emotional, physical, and mental health challenges that last into adulthood.

Left unaddressed, early childhood adversity can lead to **school failure**, risky behaviors like **alcohol and drug use**, and increased chance of health conditions like **obesity and heart disease.**

References: https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Documents/Opioid-StateFactsheets/opioid_fs_california.pdf

CALIFORNIA OPIOID DASHBOARD





ZIP CODE DEATHS

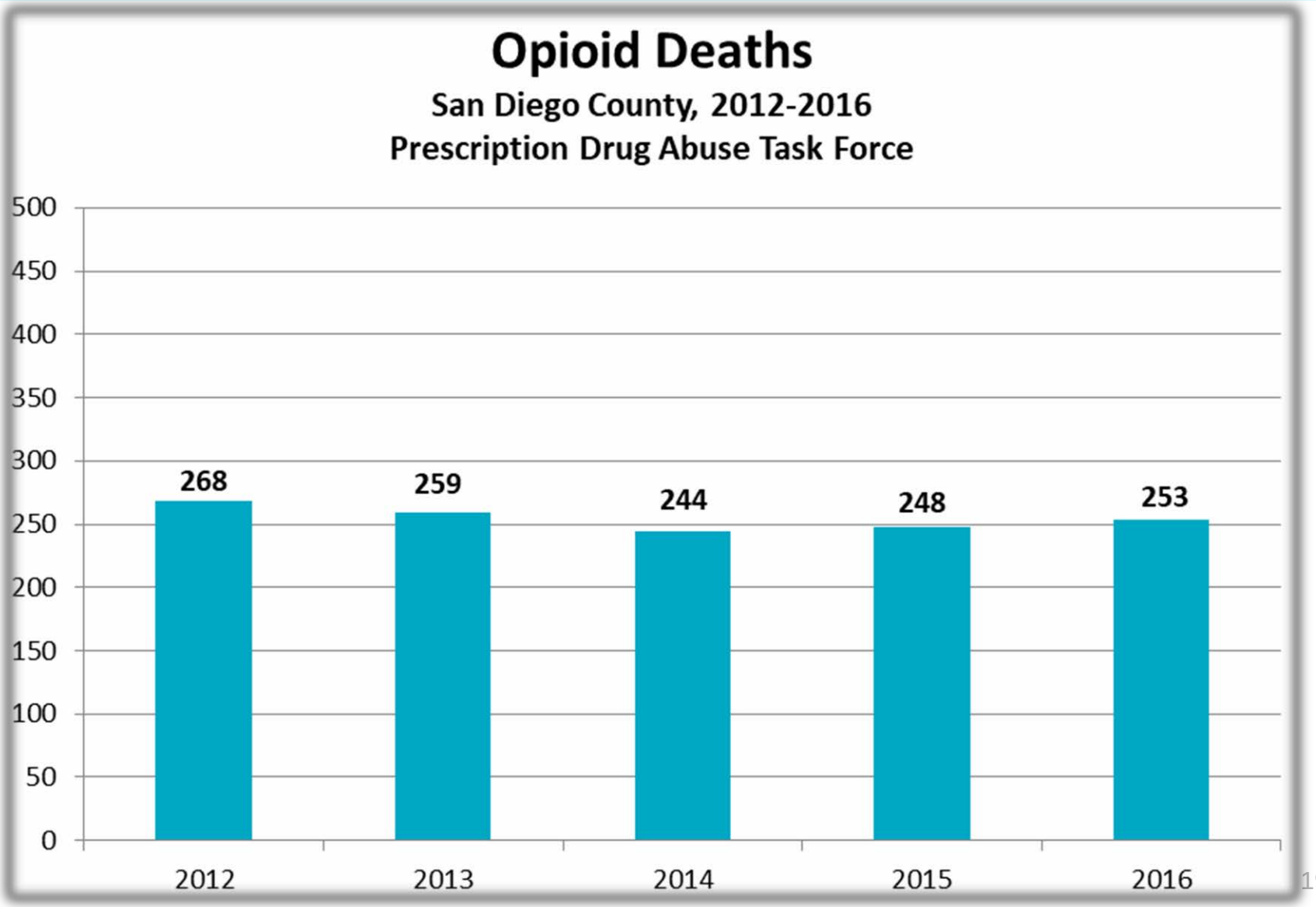
Opioids -91962 (Pine Valley)
Heroin – 91962
All drugs - 92134 (Balboa Park - Naval Medical Center)
Methadone – 92058 (Camp Pendleton)
Benzodiazepine - 92059 (Pala)

ZIP CODE RX

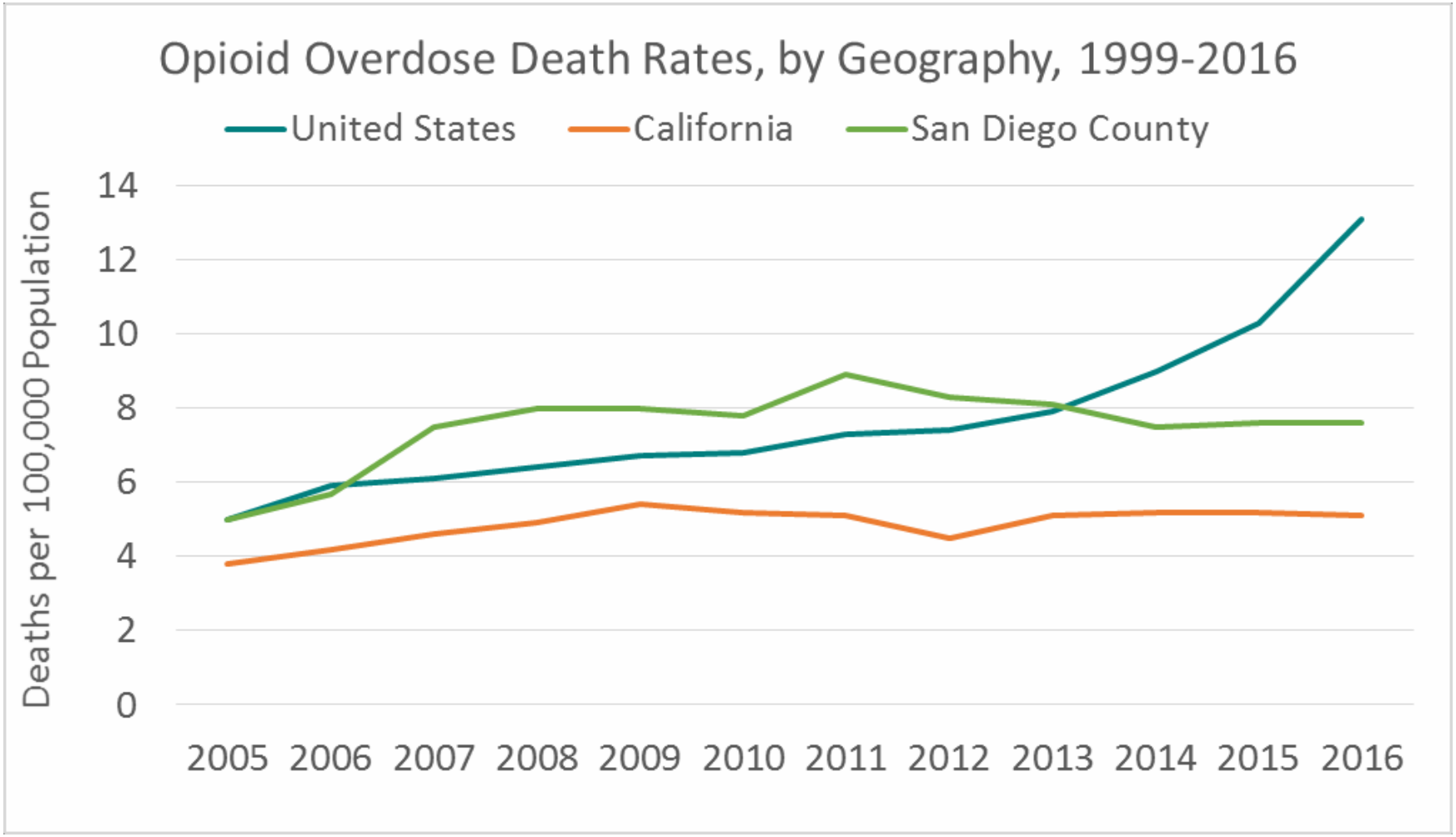
Buprenorphine – 92121 (Sorrento Valley)
Opioid+Benzodiazepine-91905 (Campo, Jacumba)
New Start LA Opioids – 91905

https://pdop.shinyapps.io/ODdash_v1/

SAN DIEGO COUNTY



OPIOID OVERDOSE DEATH RATE, 2010-2016



References: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database, released December, 2016. Data are from the Multiple Cause of Death Files, 1999-2016, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html

2016 LEADING CAUSES OF DEATH

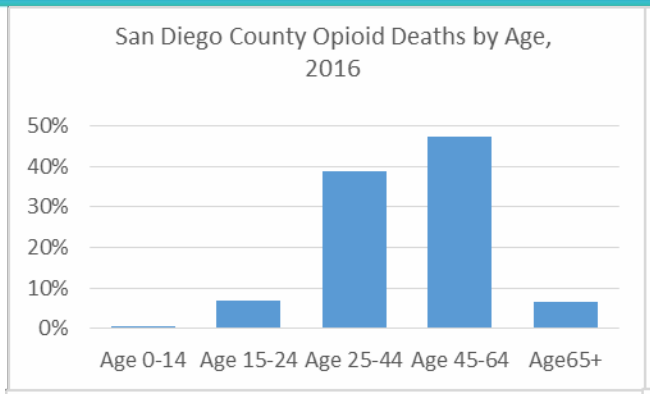
LIVE WELL SAN DIEGO

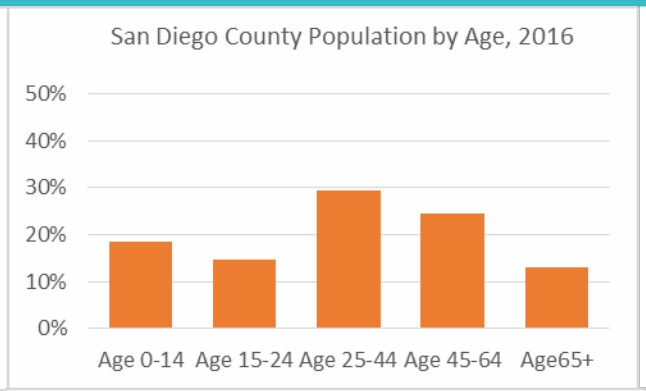
Rank #1	Rank #2	Rank #3
Cancer 5,096 deaths	Heart Disease 4,808 deaths	Alzheimer's Disease 1,403 deaths

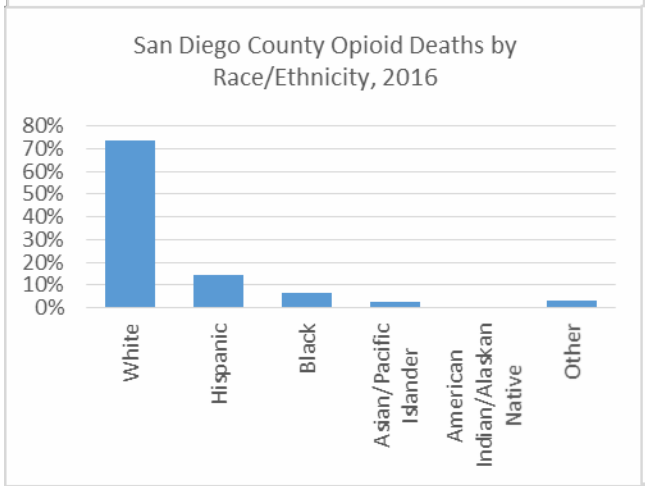
If Opioid Overdoses made the NCHS 113 Selected Causes of Death List, it would rank #13 in the County.

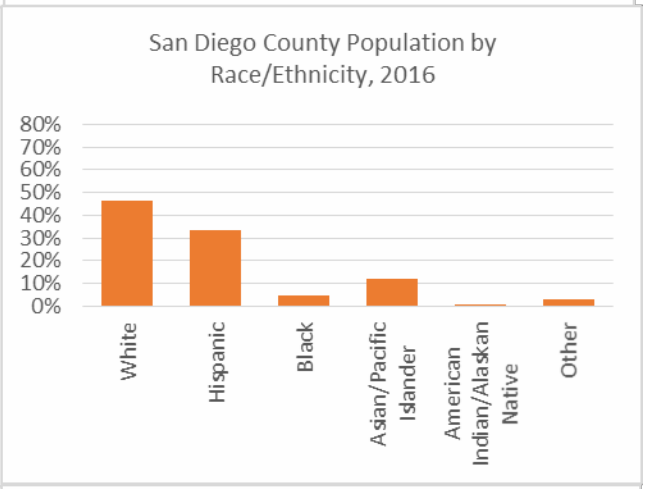
Rank #13
Opioid Overdose 253 deaths

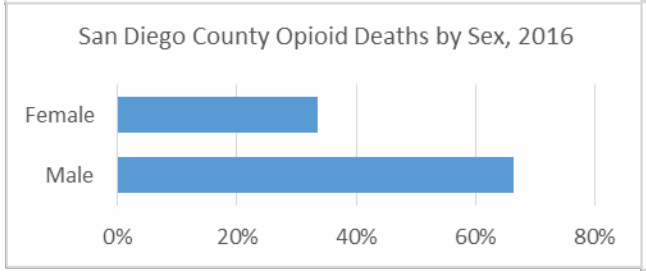
SAN DIEGO COUNTY OPIOID DEATHS VS POPULATION

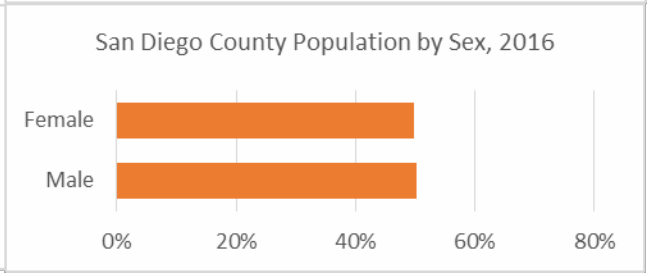






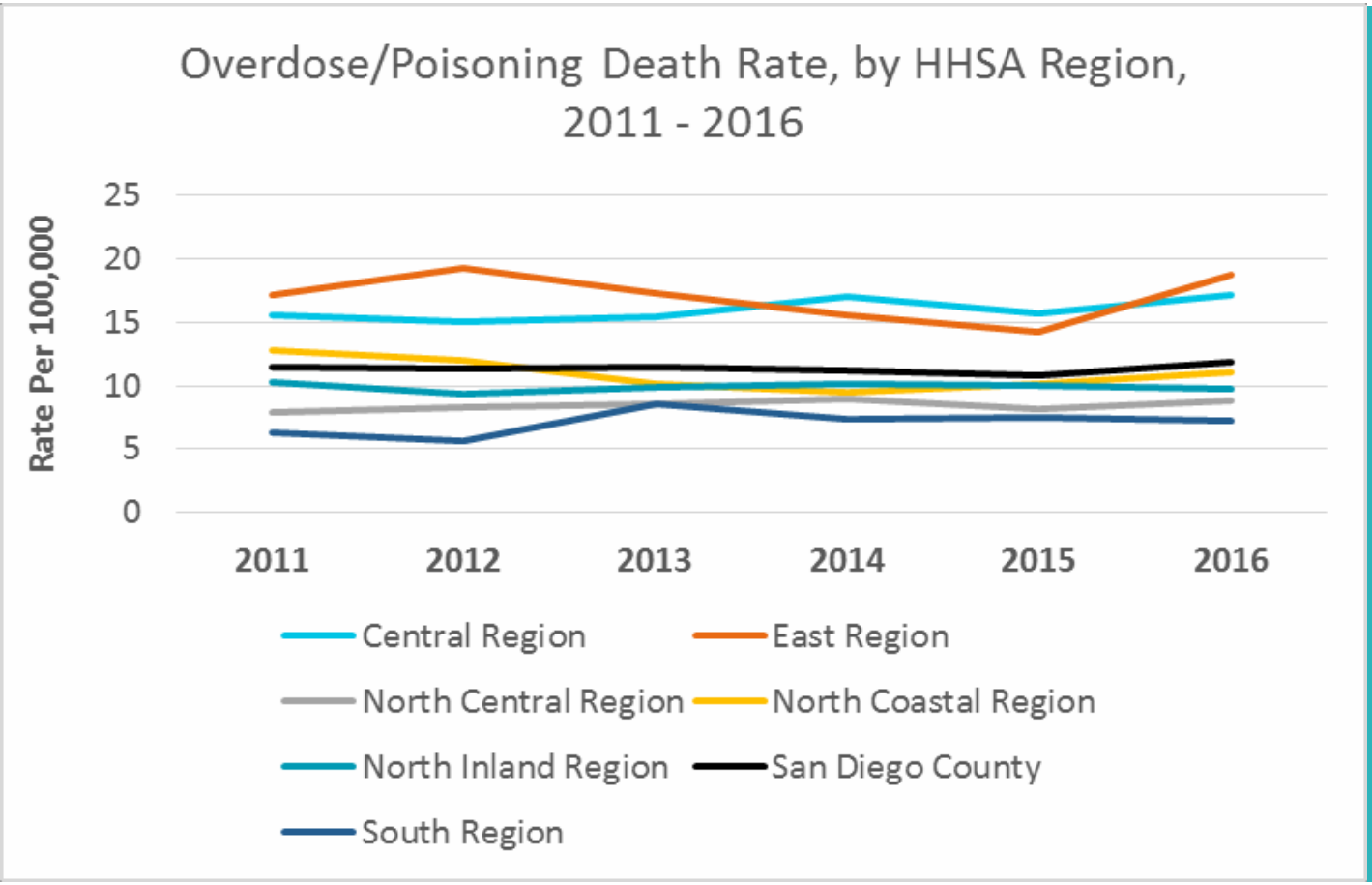






Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System, 2016; SANDAG Population Files, 2016 (Received 8/13/2018

REGION COMPARISONS: TOTAL RATES

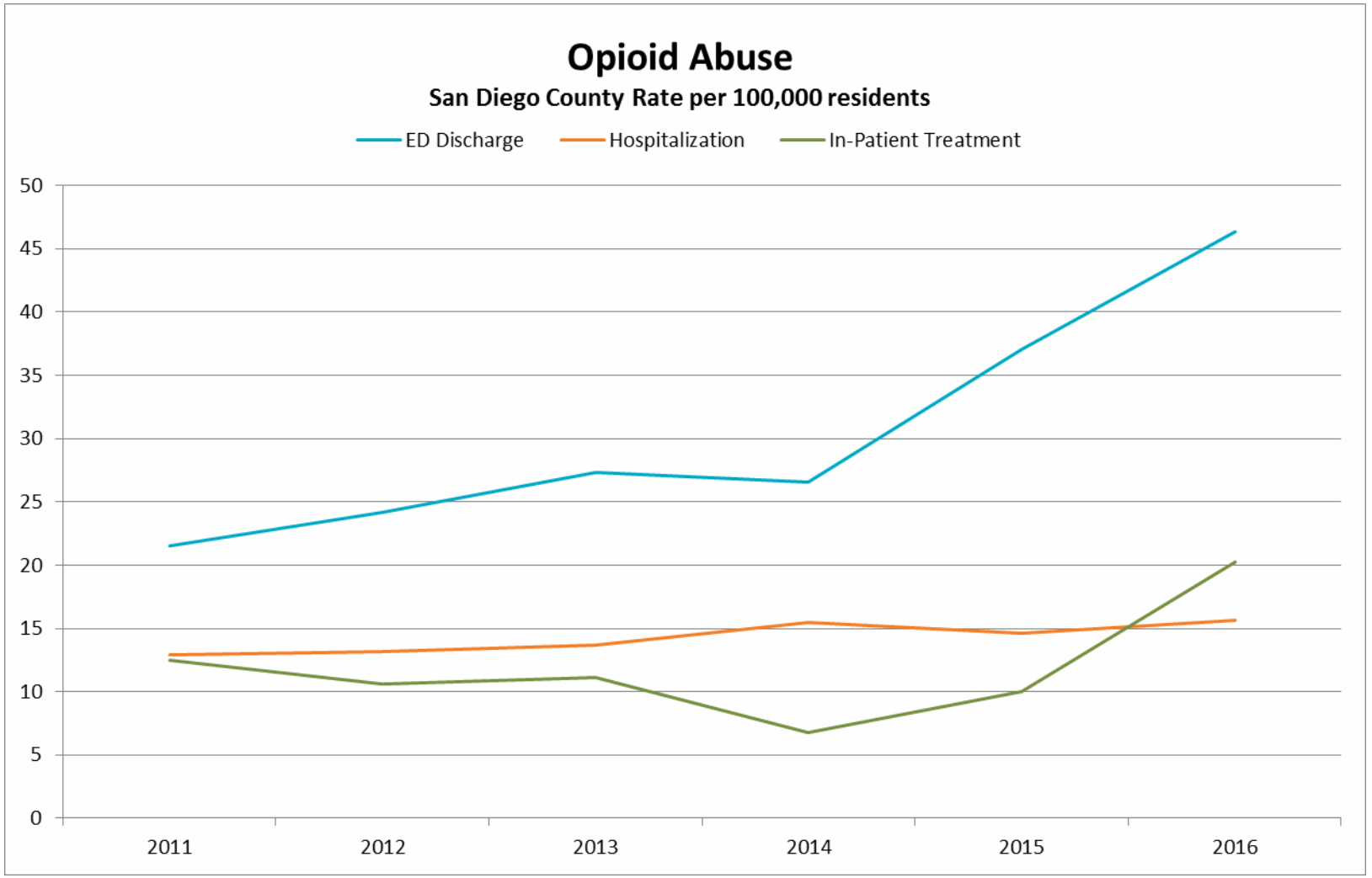


- **In 2016, East Region, followed by Central Region, had the highest rates of deaths due to Overdoses/ Poisonings.**

-NOTE: Opioid death rates at geographies lower than County levels are not available in 2011-2015.

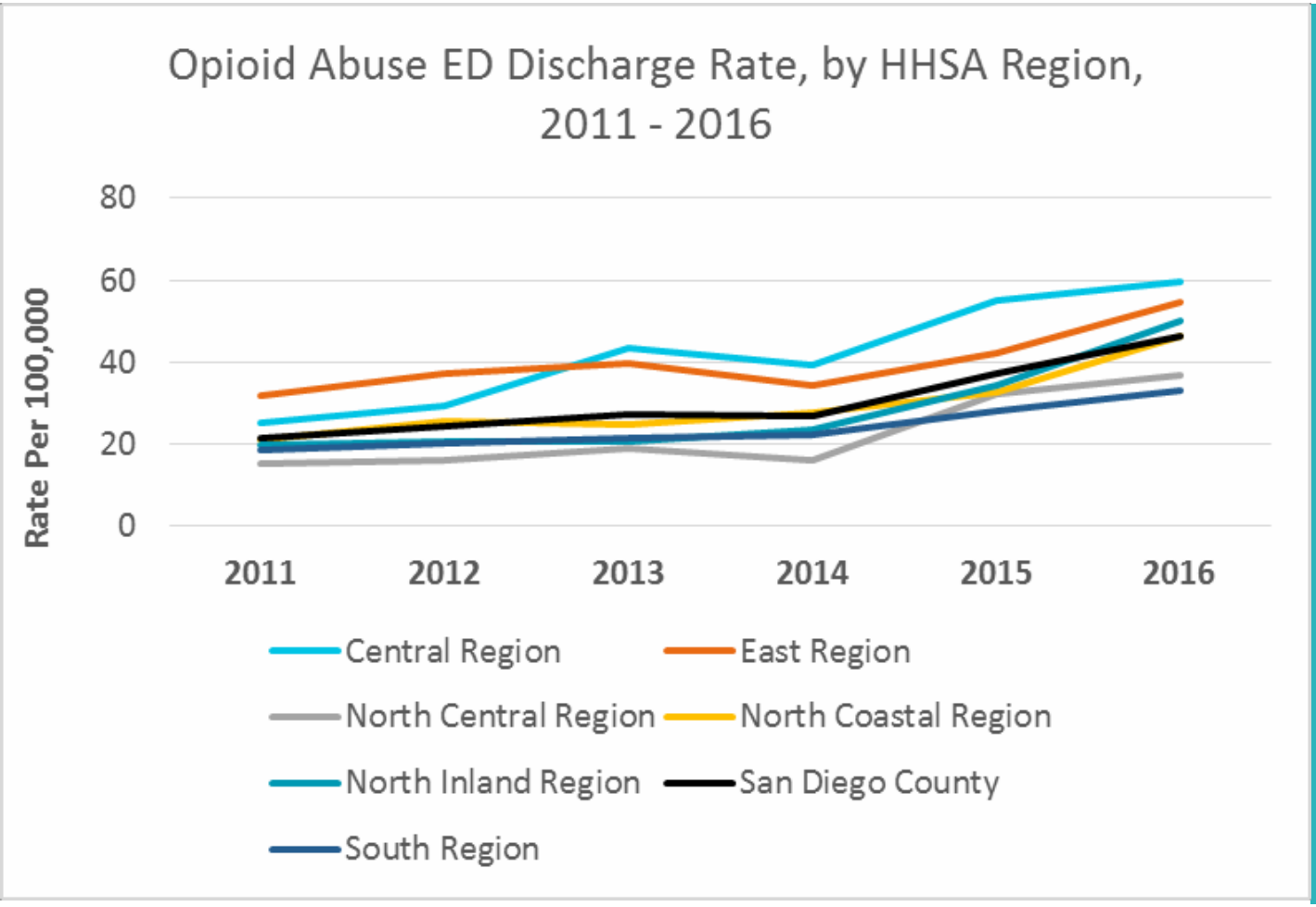
Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

OPIOID ABUSE, SAN DIEGO COUNTY 2011-16



Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

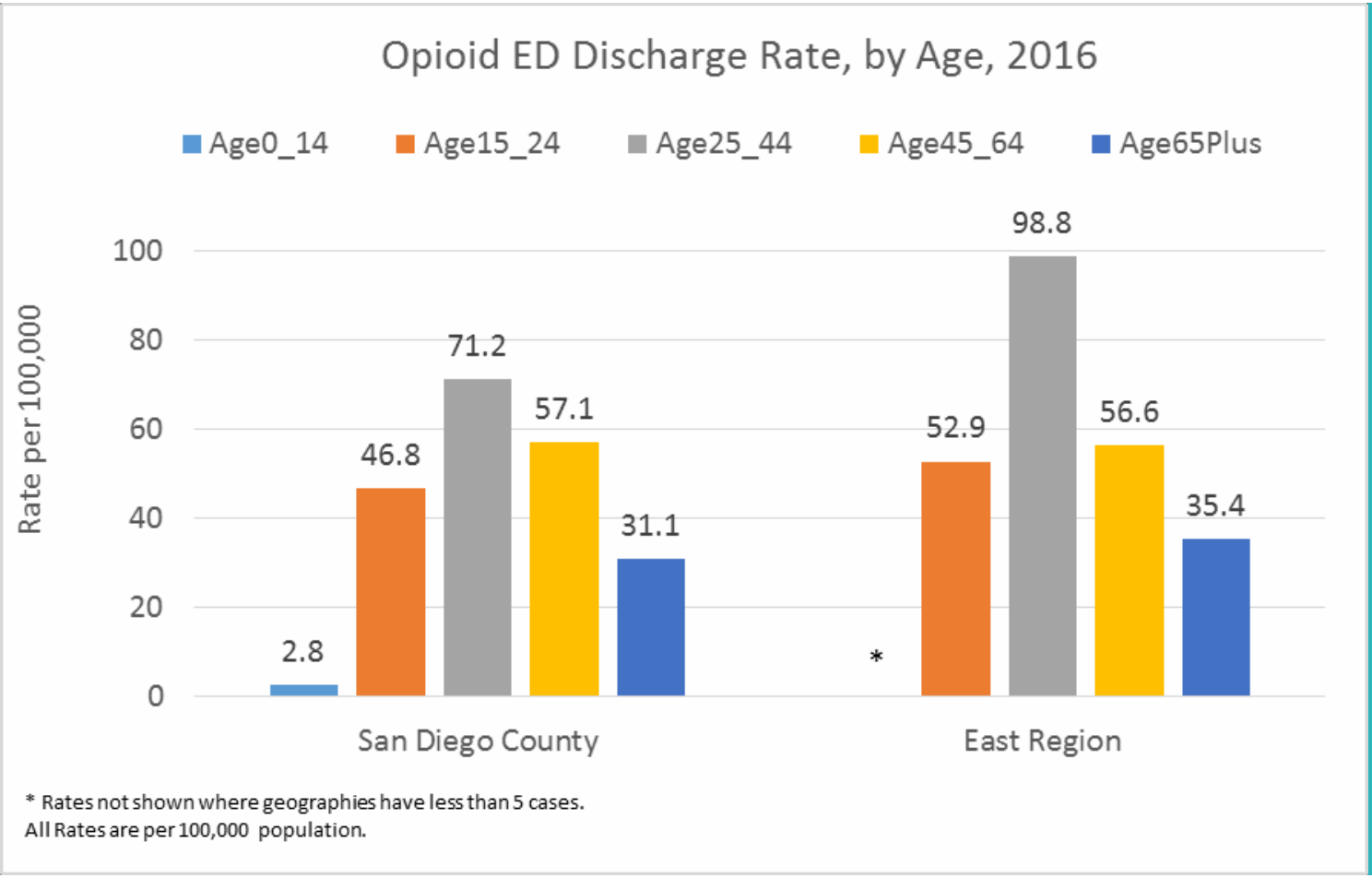
REGION COMPARISONS: ED DISCHARGE RATES



- **In 2016, Central Region, followed by East Region, had the highest rates of ED Discharges due to Opioid Abuse.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

ED DISCHARGE RATES BY AGE

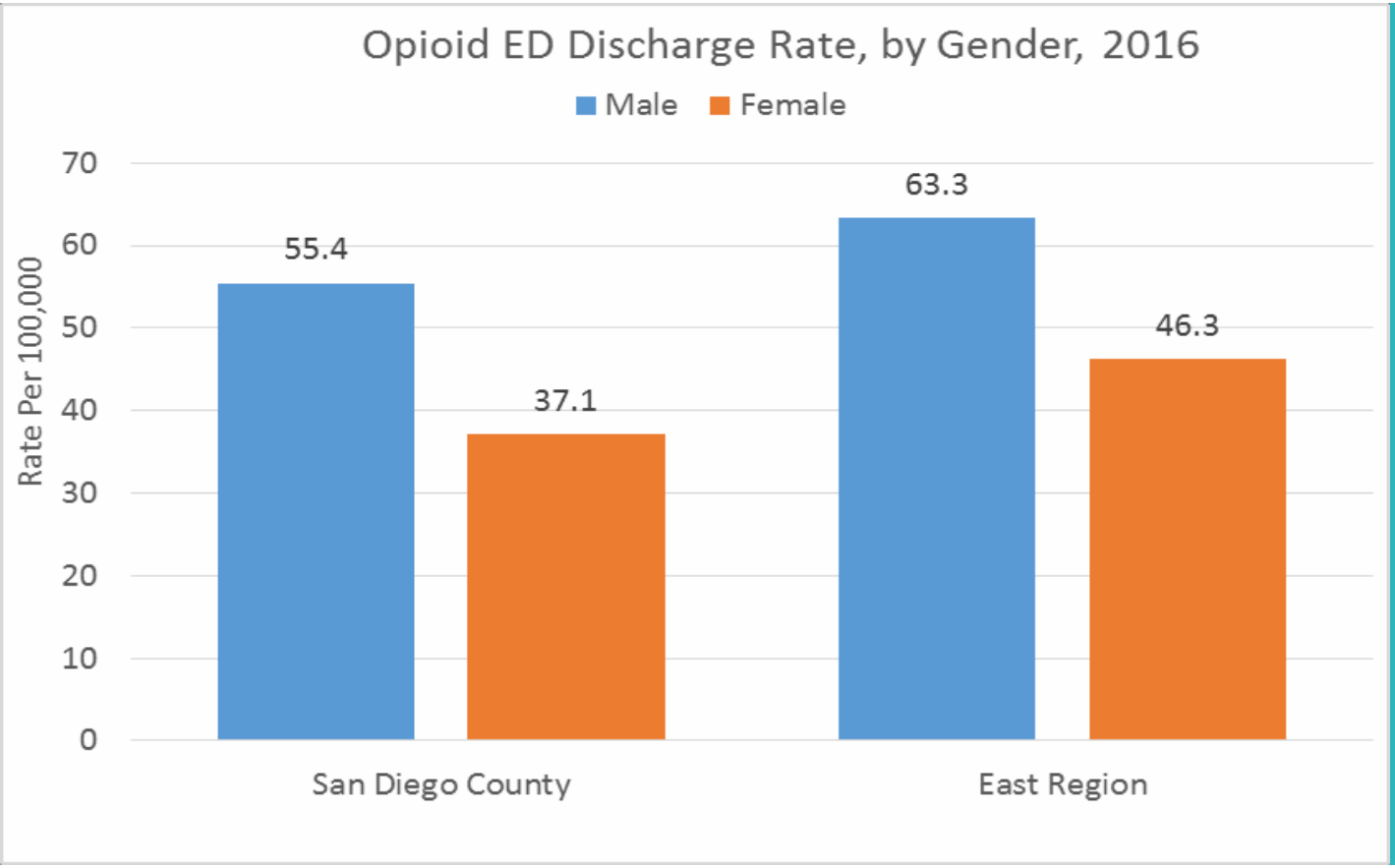


* Rates not shown where geographies have less than 5 cases.
All Rates are per 100,000 population.

In 2016, East Region had the highest rates of ED Discharges due to Opioid Abuse in those aged 25-44.

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

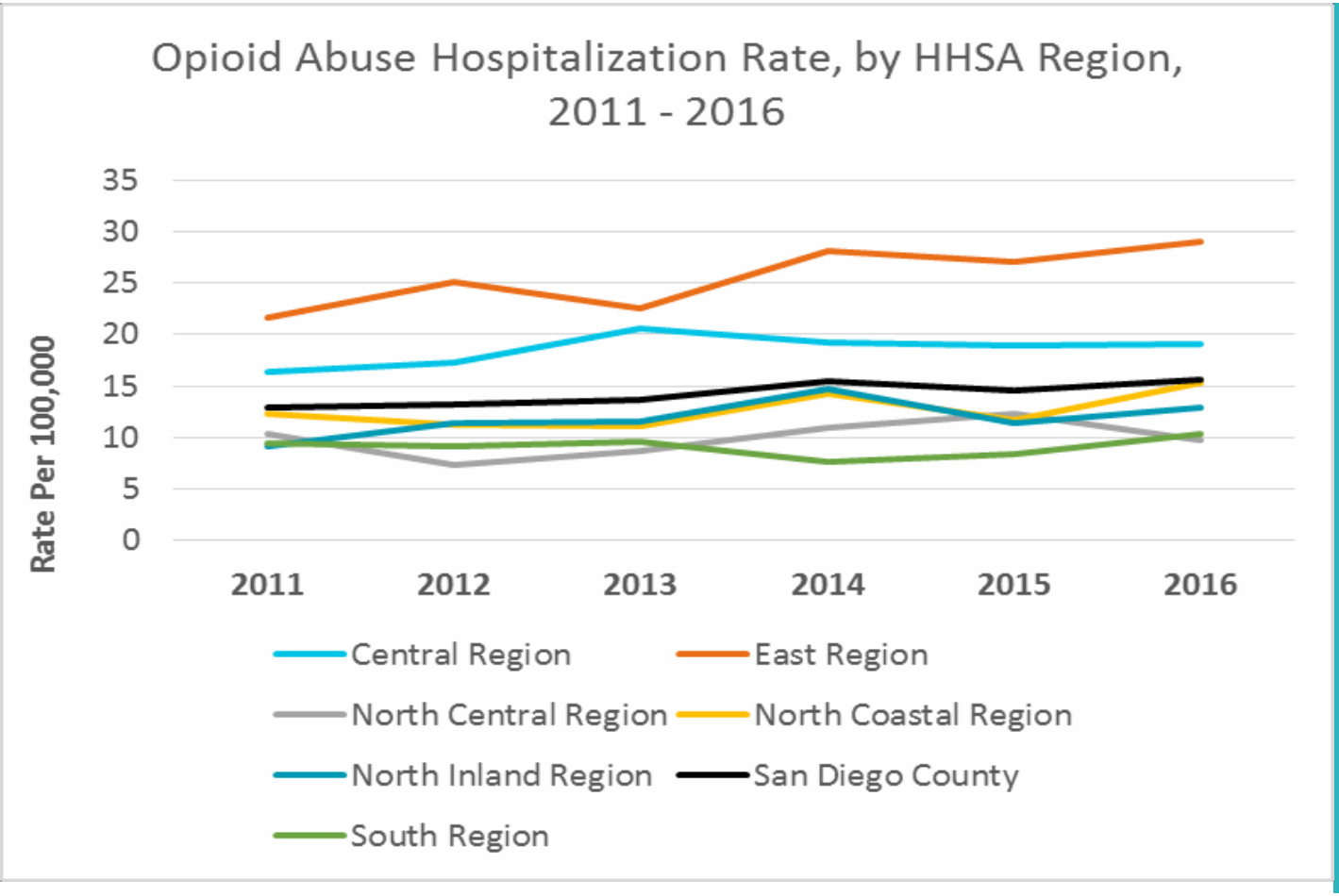
ED DISCHARGE RATES BY GENDER



- **In 2016, East Region had the highest rates of ED Discharges due to Opioid Abuse in males.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

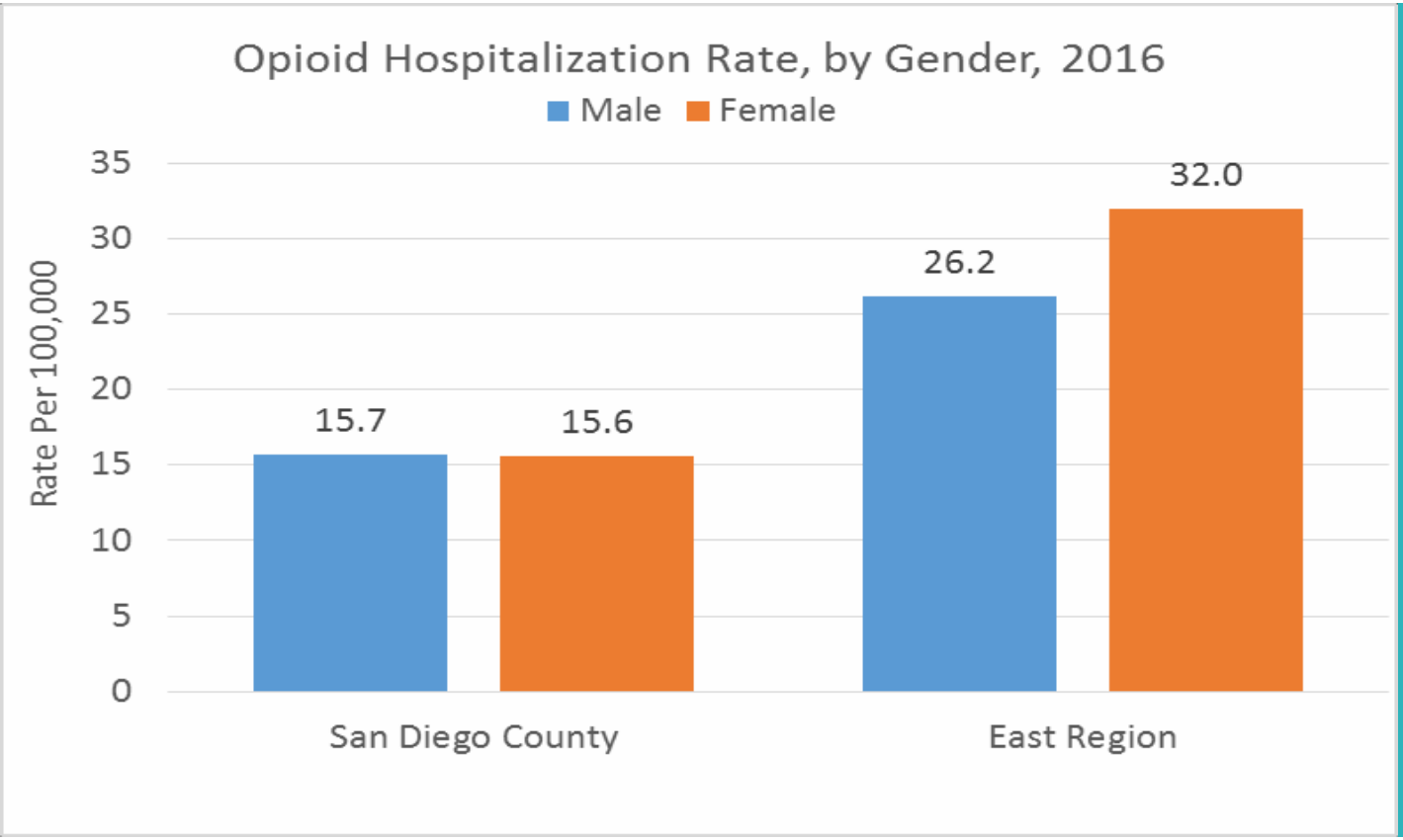
REGION COMPARISONS: HOSPITALIZATION RATES



- **In 2016, East Region, followed by Central Region, had the highest rates of hospitalizations due to Opioid Abuse.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

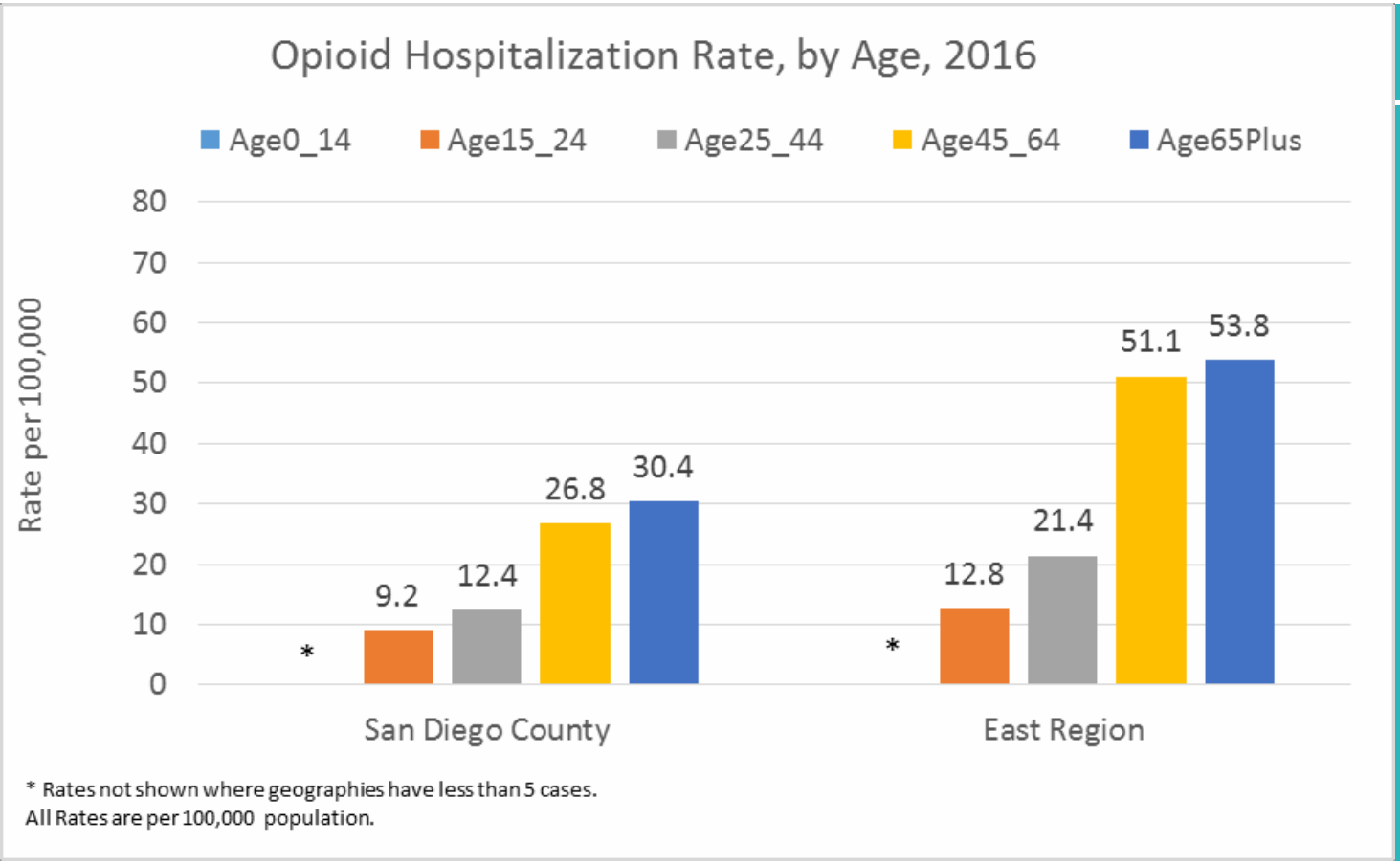
HOSPITALIZATION RATES BY GENDER



- **In 2016, East Region had the highest rates of hospital discharges due to Opioid Abuse in females.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

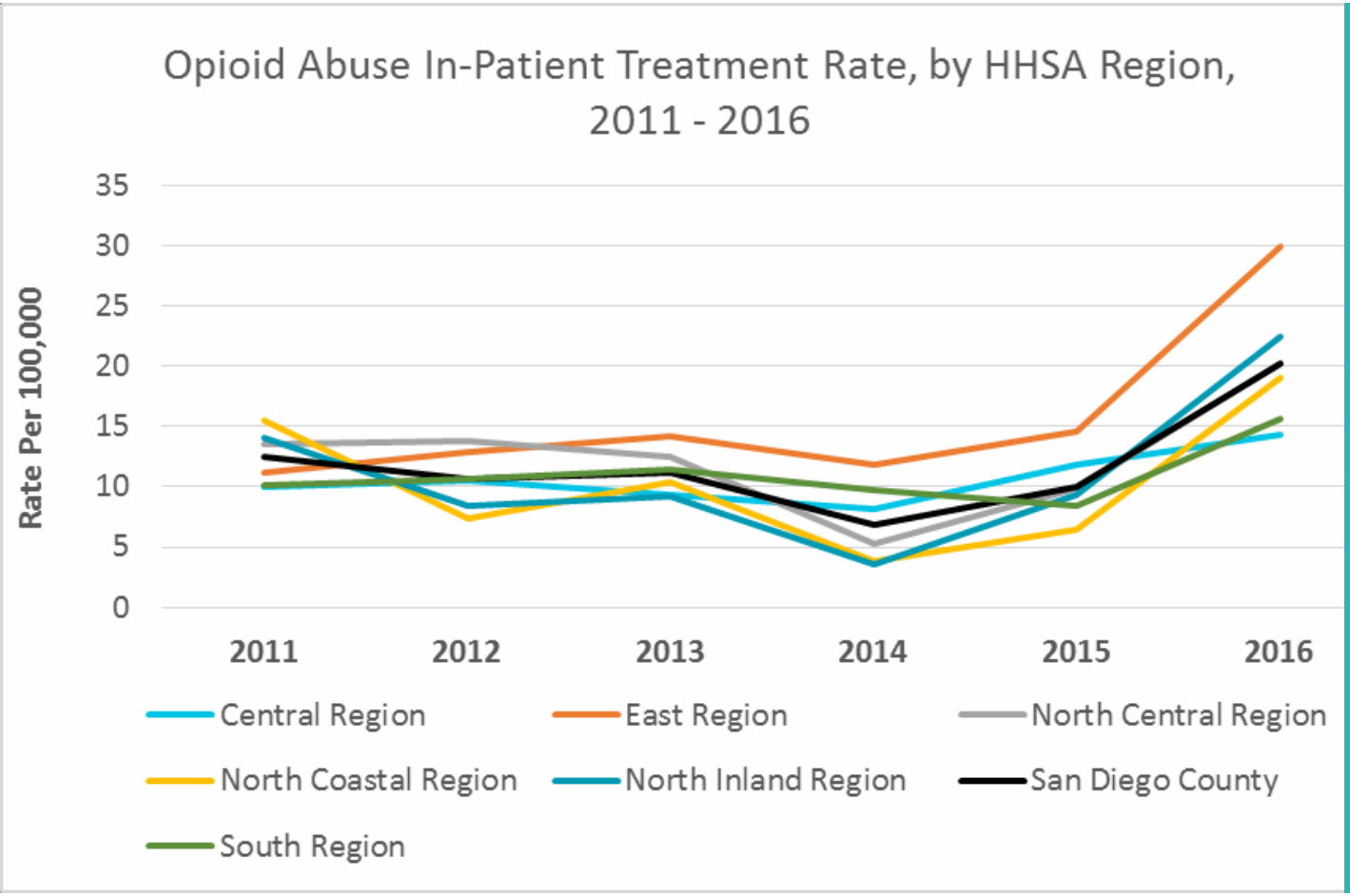
HOSPITALIZATION RATES BY AGE



In 2016, East Region had the highest rates of hospital discharges due to Opioid Abuse in those aged 25 and older.

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

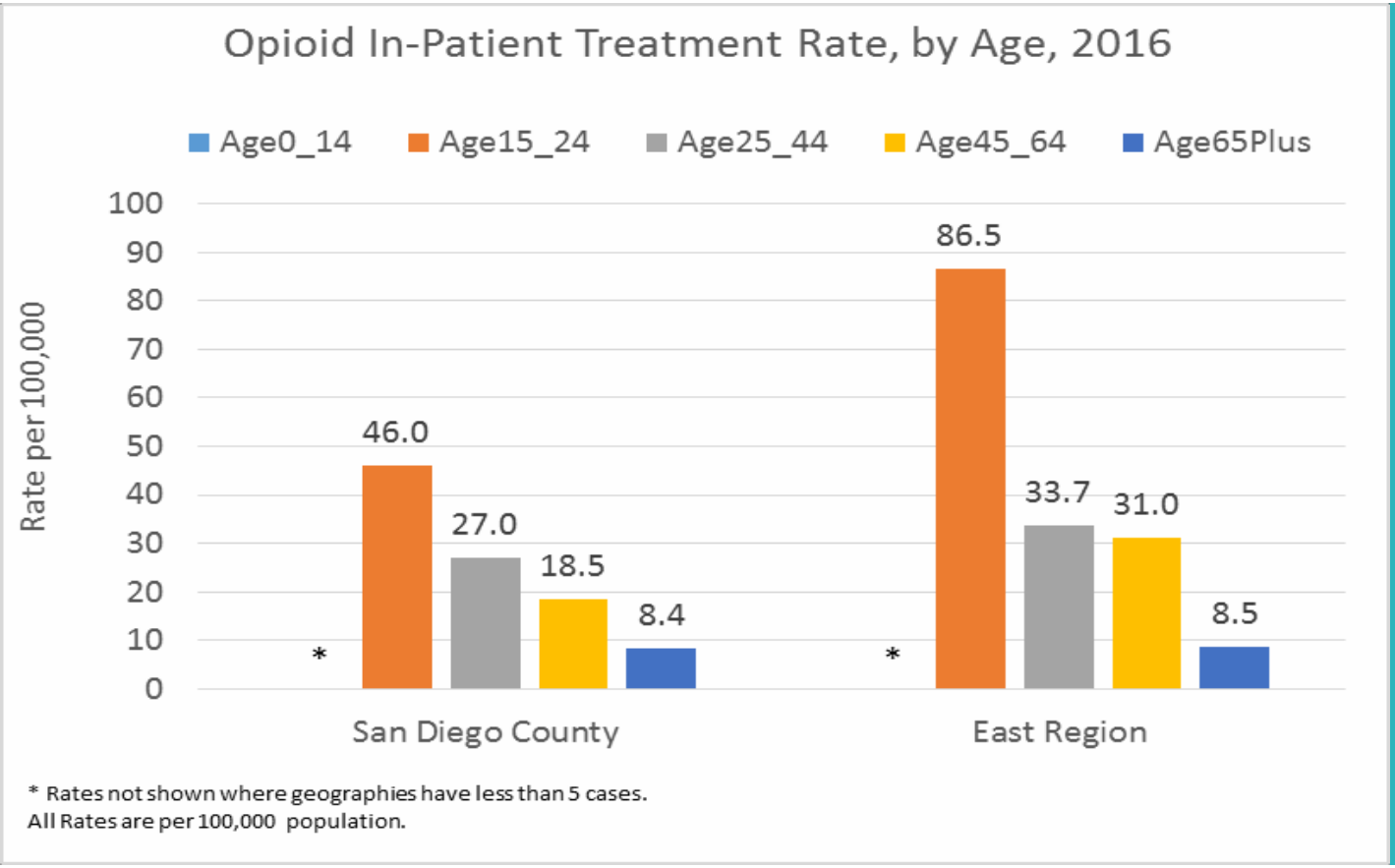
REGION COMPARISONS: IN-PATIENT TREATMENT RATES



- **In 2016, East Region, followed by North Inland Region, had the highest rates of in-patient treatment discharges due to Opioid Abuse.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

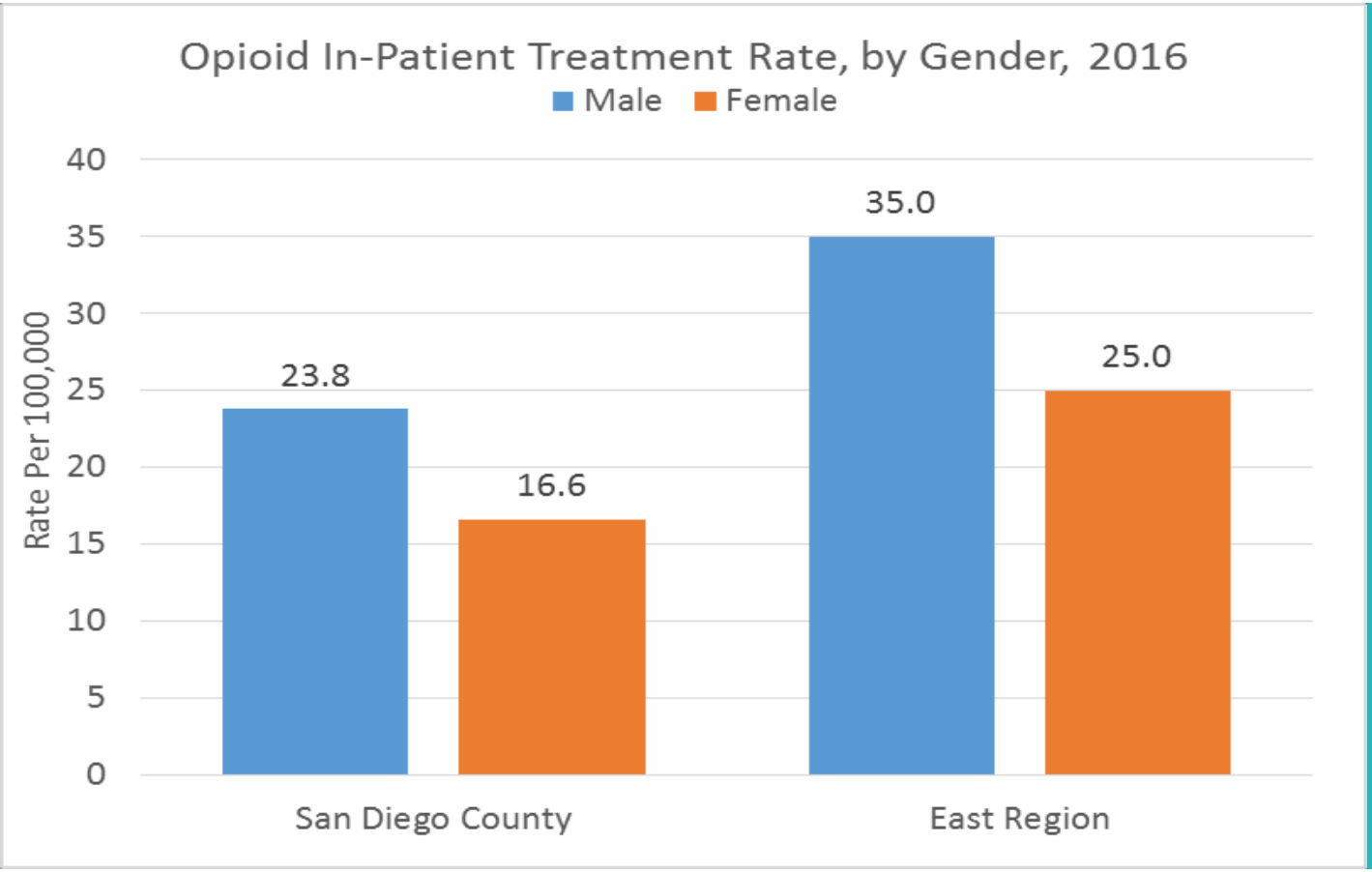
IN-PATIENT TREATMENT RATES BY AGE



- **In 2016, East Region had the highest rates of in-patient treatment discharges due to Opioid Abuse in those aged 15-24.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

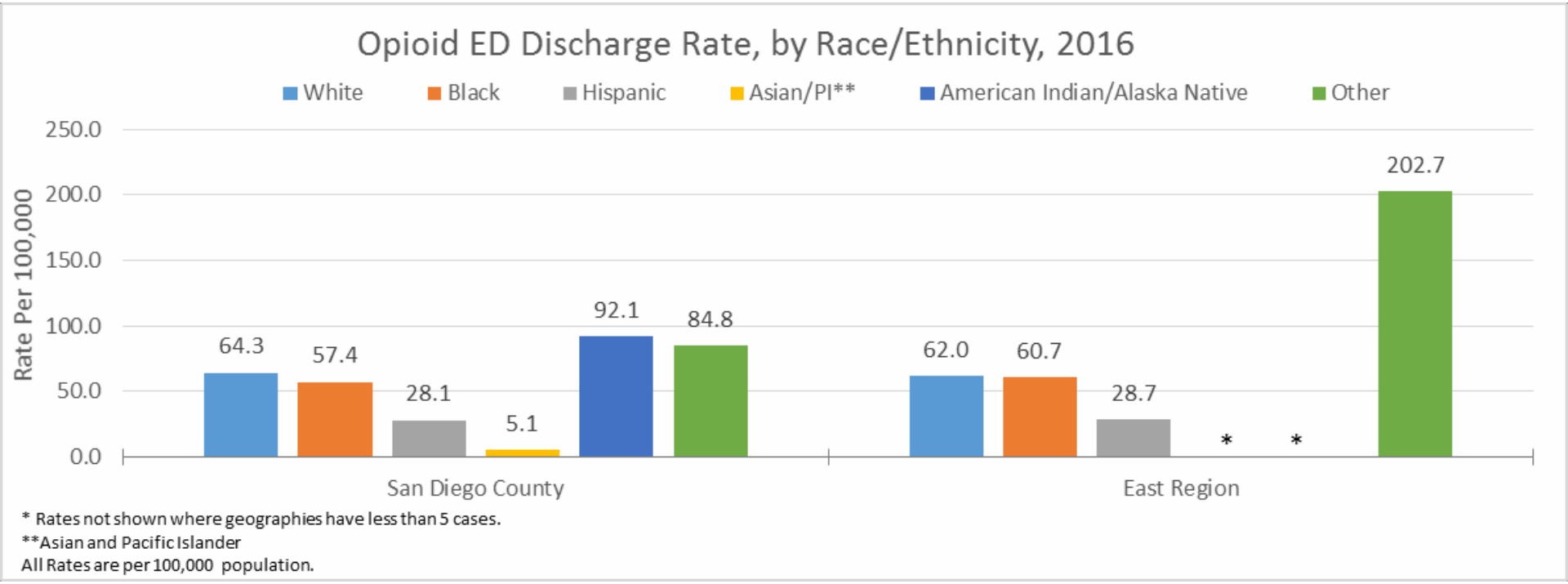
IN-PATIENT TREATMENT RATES BY GENDER



- **In 2016, East Region had the highest rates of in-patient treatment discharges due to Opioid Abuse in males.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

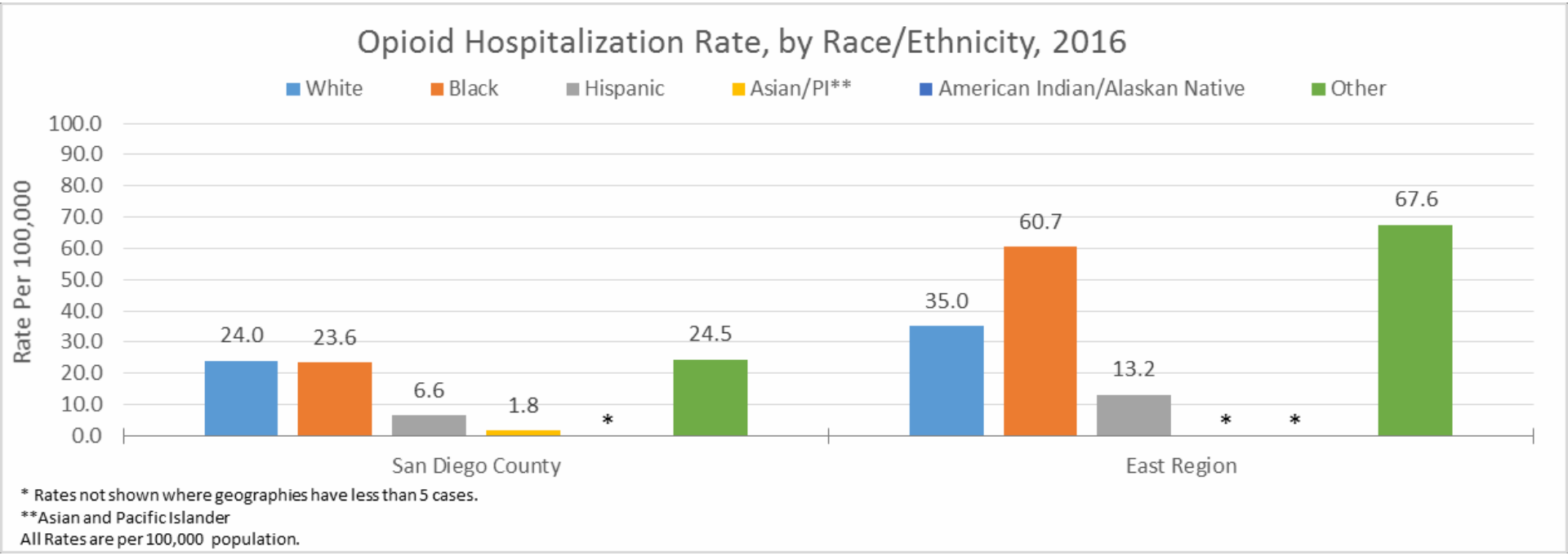
REGION COMPARISONS: RATES BY RACE / ETHNICITY



- **In 2016, East Region had the highest rates of ED Discharges due to Opioid Abuse among Blacks.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

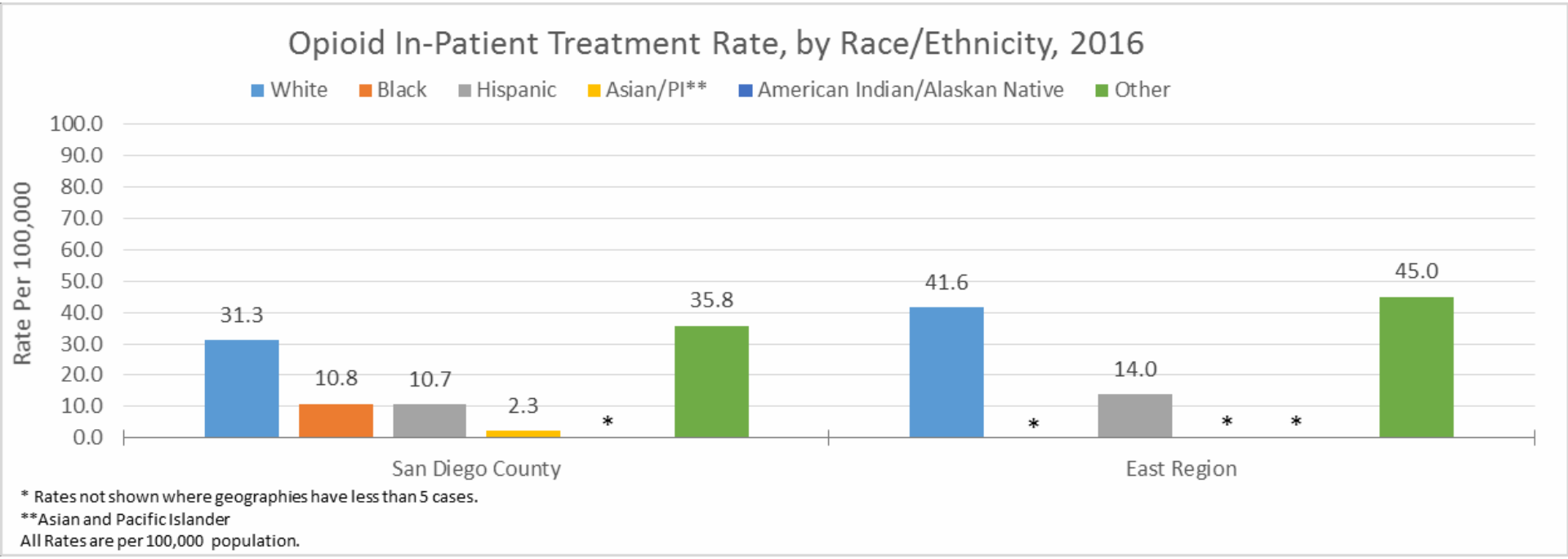
REGION COMPARISONS: RATES BY RACE / ETHNICITY



- **In 2016, East Region had the highest rates of hospital discharges due to Opioid Abuse in those identifying as Other Race/Ethnicity (2 or more races or of unknown race), followed by Blacks.**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

REGION COMPARISONS: RATES BY RACE / ETHNICITY



- **In 2016, East Region had the highest rates of In-Patient Discharges due to Opioid Abuse among Whites, followed by those identifying as Other Race/Ethnicity (2 or more races or of unknown race).**

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018

OPIOID TOTAL RATES WITHIN EAST REGION:

- In 2016, East Region had higher rates of every medical encounter due to Opioid Abuse, compared to the County overall.

	ED Discharge Rate	Hospitalization Rate	In-Patient Treatment Rate
	San Diego County: 46.3	San Diego County: 15.6	San Diego County: 20.3
	East Region: 54.7	East Region: 29.1	East Region: 29.9
SRAs with Highest Rates	Mountain Empire at 73.2	Lemon Grove at 56.5	Santee at 45.0

Reference: Community Health Profiles; County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2018 Rates are per 100,000 population.

A rise in opioid overdoses is detected. What now?

LIVE WELL SAN DIEGO

Naloxone is a drug that can reverse the effects of opioid overdose and can be life-saving if administered in time.

Medication-assisted treatment (MAT) for opioid use disorder (OUD) can aid in preventing repeat overdoses. MAT combines the use of medication (methadone, buprenorphine, or naltrexone) with counseling and behavioral therapies.

Local Emergency Department

- Offer naloxone and training to patient's family and friends, in case the patient has another overdose.
- Connect patients with hospital case managers or peer navigators to link them to follow-up treatment and services.
- Plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal.

First Responders | Public Safety | Law Enforcement Officers

- Get adequate supply and training for naloxone administration.
- Identify changes in illicit drug supply and work with state and local health departments to respond effectively.
- Collaborate with public health departments and health systems to enhance linkage to treatment and services.

Mental Health and Substance Abuse Treatment Providers

- Increase treatment services, including MAT for OUD.
- Increase and coordinate mental health services for conditions that often occur with OUD.

Coordinated, informed efforts can better prevent opioid overdoses and deaths

Community Members

- Connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution.

Community-Based Organizations

- Assist in mobilizing a community response to those most at risk.
- Provide resources to reduce harms that can occur when injecting drugs, including ones that offer screening for HIV and hepatitis B and C, in combination with referral to treatment and naloxone provision.

Local Health Departments

- Alert the community to the rapid increase in opioid overdoses seen in emergency departments and inform strategic plans and timely responses.
- Ensure an adequate naloxone supply.
- Increase availability and access to necessary services.
- Coordinate with key community groups to detect and respond to any changes in illicit drug use.

Source: CDC Vital Signs, March 2018.

https://www.cdc.gov/vitalsigns/pdf/2018-03-vitalsigns.pdf

WHAT IS BEING DONE

NATIONAL

STATE

LOCAL

PRESIDENT'S COMMISSION ON COMBATING DRUG ADDICTION AND THE OPIOID CRISIS

- Commission declared the opioid epidemic a public health emergency

PRESCRIPTION OPIOID MISUSE & OVERDOSE PREVENTION WORKGROUP

- State agency formed in 2014 by CDPH Director to share information and develop collaborative strategies to curb Rx drug misuse, abuse, and overdose deaths
- Includes CDPH, DOJ, DHCS, Managed Health Care, Dept. of Education, Industrial Relations, Corrections and Rehabilitation, Consumer Affairs, EMS, and others
- Partnered with CHCF who established the Opioid Safety Coalitions Network (network of 17 local coalitions in 24 counties)

SAN DIEGO COUNTY PRESCRIPTION DRUG ABUSE TASK FORCE

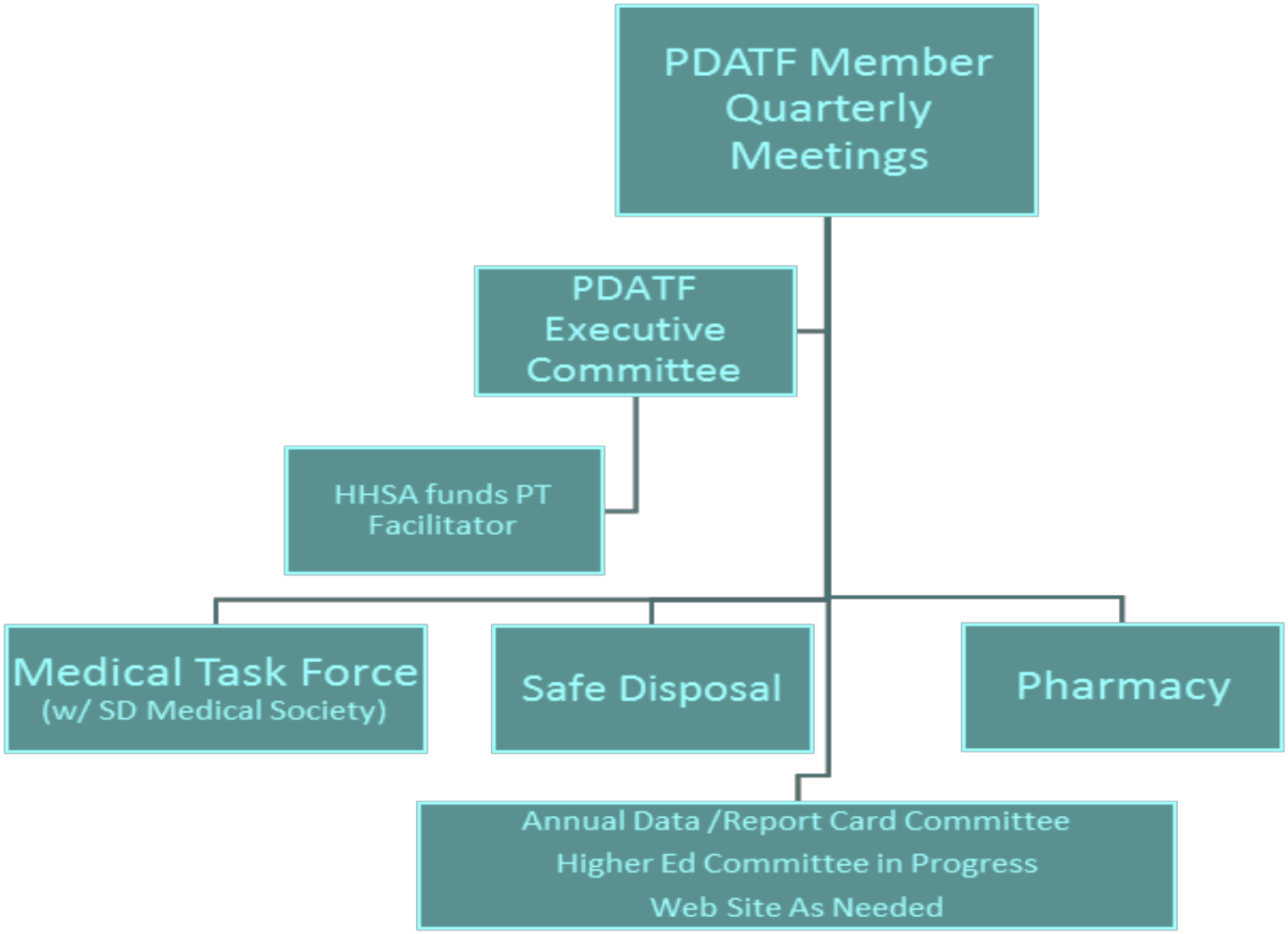
- Formed in 2008 with representation from local/federal agencies to prevent/reduce OxyContin abuse.
- Expanded from there to today's Prescription Drug Abuse Task Force.
- Includes pain specialists, internal medicine physicians, emergency physicians, psychiatrists, dentists, pharmacists, hospital administrators, health department administrators, and the local DEA

SAN DIEGO COUNTY PRESCRIPTION DRUG ABUSE TASK FORCE

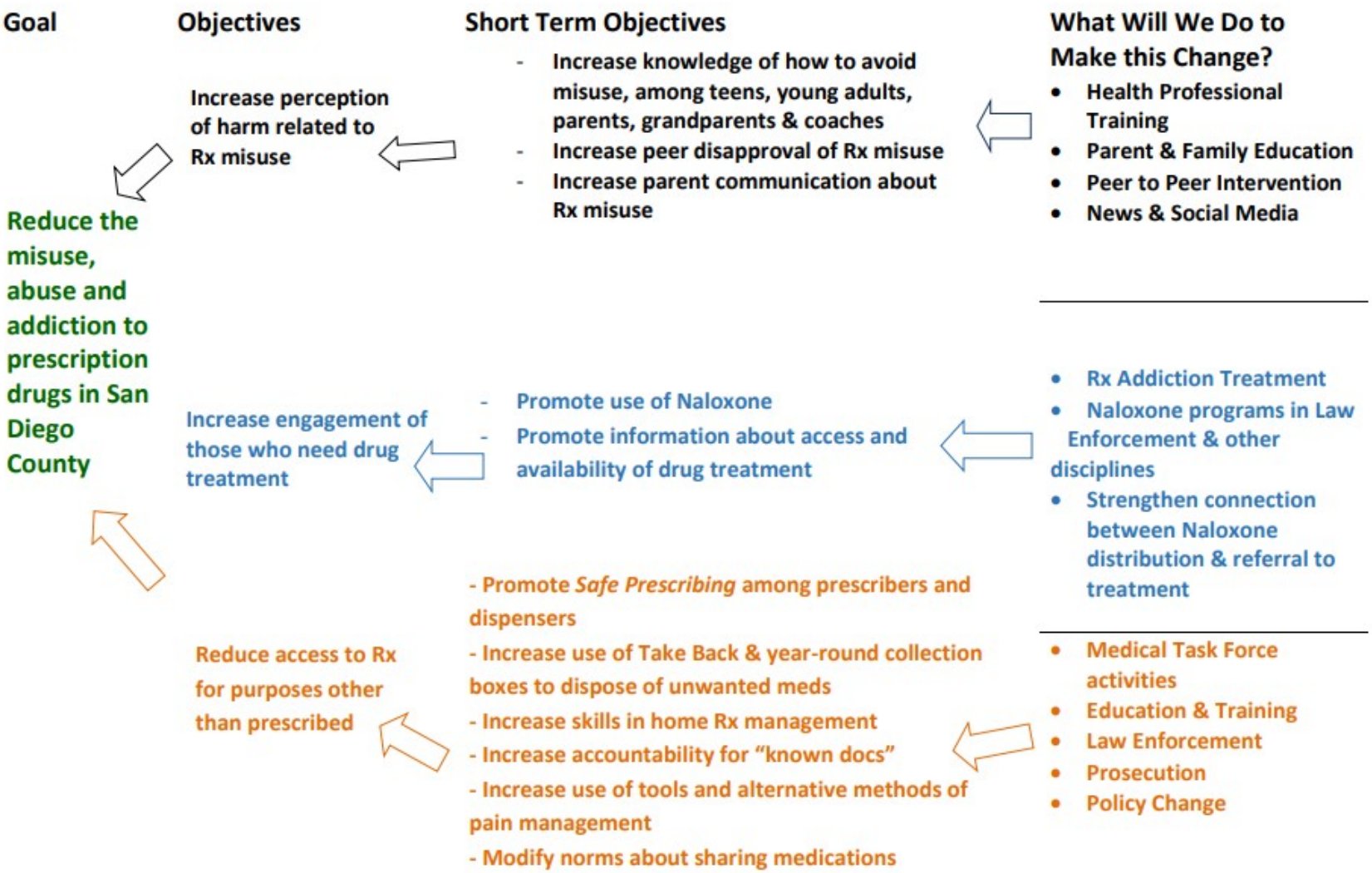
- **Aim:** Promote healthy choices about prescription drugs
- **Based on five pillars of action:**
  - Media
  - Education (includes medical community)
  - Enforcement
  - Legislation and Policy
  - Prevention and Treatment

https://www.sandiegorxabusetaskforce.org/

PDATF STRUCTURE

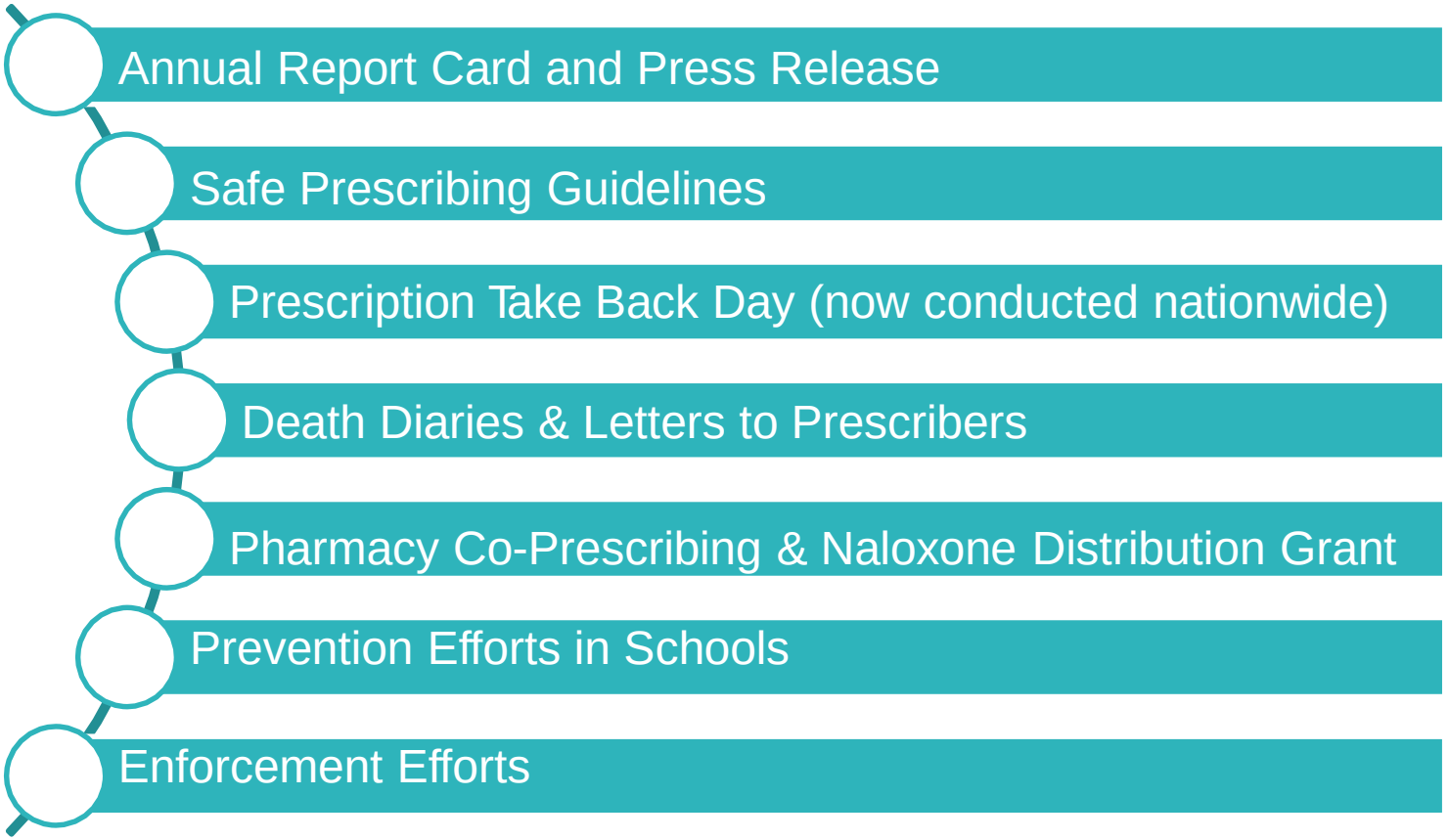


PDA Task Force Logic Model



Updated PDATF Logic Model: July 2015

HIGHLIGHTED LOCAL ACTIONS



ANNUAL REPORT CARD

2017 Prescription Drug (Rx) Abuse Report Card						
	Indicator	2012	2013	2014	2015	2016
1	**Unintentional Rx-Related Deaths**					
	• Number	268	259	244	248	253
	• (Rate per 100,000 residents)	(9.8)	(8.2)	(7.6)	(7.7)	(7.7)
2	**Emergency Department (ED) Opiate Activity**	3,791	5,723	6,866	7,501	Not
	• Number of Discharges	(121.2)	(181.7)	(214.9)	(228)	Available
	• (Rate per 100,000 residents)					until 2018
3	**11th Graders Self Report of Lifetime Rx Misuse**		13%		14%	
4	**Total Adult Drug Treatment Admissions**	14,383	16,629	16,104	15,177	15,790
	• Percentage of Prescription Pain Medication	4.7%	4.5%	4.5%	4.3%	4.1%
	• Percentage of Heroin	23.1%	24.8%	27.7%	28.6%	28.2%
5	**Arrestees Self Report of Rx Misuse**					
	• Adult	38%	43%	39%	42%	49%
	• Juvenile	40%	37%	37%	43%	40%
6	**Rx Prosecutions**[1]					
	• Rx-specific Fraud Charge	523	431	308	117	140
	• Other Charges with Rx-involved	1,089	1,064	1,237	1,353	1,422
7	**Pharmacy Robberies/Burglaries**	8	5	8	6	31
8	**Pounds of Safely Disposed Medications**					
	• Take Back Events	16,707	18,732	17,676	14,595	17,772
	• Sheriff's Department Collection Boxes	9,902	13,872	13,079	14,725	15,901
9	**Annual Number of Dispensed Pills Per County Resident**					
	• Pain Medication	37.9	36.3	39.7	39.1[2]	36.5
	• Anti-anxiety	13.8	13.7	13.3	13.1	12.5
	• Stimulants	4.8	4.9	4.7	5	5.2

[1] Prosecution numbers reported from the San Diego County District Attorney and City of San Diego City Attorney as a combined total.

[2] Tramadol has been used for pain for many years, but was only added as a Schedule IV medication in August 2014, thus added to CURES. Without Tramadol, the 2016 rate is 30.2; there were 19 Tramadol deaths in both 2012/2013, 20 in 2014, 17 in both 2015 and 2016.

LOCAL COALITIONS TO ADDRESS OPIOID MISUSE AND ABUSE

- State grant to PDATF via SDC Medical Society focusing on East County, 6/2017 – 2/2019

- Goals are to
  - Increase safe prescribing, co-prescribing with naloxone, and use of CURES
  - Increase referral to medication-assisted treatment
  - Decrease number and quantity of opioid prescriptions, ED visits, and deaths

- Achieved by academic detailing to providers and pharmacies, creating and disseminating tools/resources

https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/StatewideOpioidSafetyWorkgroup.aspx

SANDIEGOSAFEPRESCRIBING.ORG

LIVE WELL SAN DIEGO

San Diego County Medical Society

"Physicians United for a Healthy San Diego"

CMA California Medical Associatio

PHYSICIAN QUICKLINKS | MEET OUR PHYSICIANS | MEMBERSHIP FAQS | PARTNER ORGANIZATION

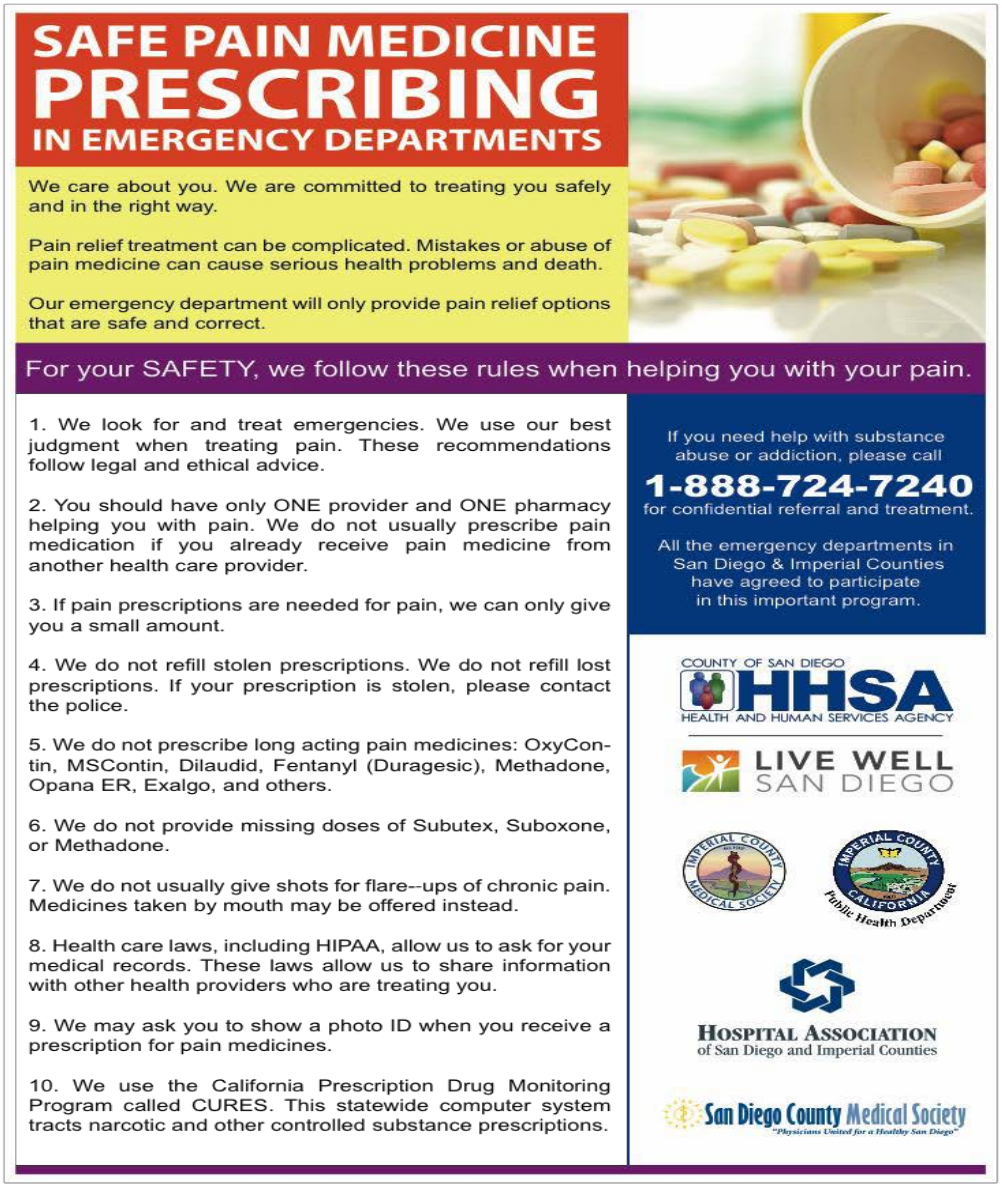
PHYSICIANS: Did You Receive a Letter From the Medical Examiner's Office?

You may have received a courtesy communication from the San Diego County Medical Examiner Office to let you know that your patient died and that prescription overdose contributed to the death. The intent of the letter is informational as well as educational. Following are informational items:

1. CURES Registration: Click Here
2. CURES Access: Click Here
3. CDC Guidelines for Prescribing Opioids for Chronic Pain: Click Here
4. CDC Checklist for Prescribing Opioids for Chronic Pain: Click Here
5. Tips on How to Safely Taper Patients Off of Prescription Opioids: Click Here
6. Clinical Consultation Center for providers by providers for recommendations on individual difficult cases: Monday –Friday • 7am–3pm • (855) 300-3595 • Click Here
7. SAMHSA Medication-Assisted Treatment Physician Locator: Click Here
8. "The Art and Science of Tapering" by Dr. Andrea Rubinstein, Pain Specialist: Click Here
9. San Diego Addiction treatment Resource: Addiction Treatment: 211
10. San Diego Addiction Treatment Resource: Crisis Line for San Diego County Addiction Services: (888) 724-7240
11. Naloxone Provider Guide Click Here
12. Naloxone Patient Guide: Click Here
13. ME Study Results: Click Here
14. One San Diego Principles for Safe Prescribing: Click Here

http://sandiegosafeprescribing.org/

EMERGENCY AND URGENT CARE GUIDELINES



SAFE PAIN MEDICINE PRESCRIBING IN EMERGENCY DEPARTMENTS

We care about you. We are committed to treating you safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.

2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.

3. If pain prescriptions are needed for pain, we can only give you a small amount.

4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.

5. We do not prescribe long acting pain medicines: OxyContin, MSContin, Dilaudid, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.

6. We do not provide missing doses of Subutex, Suboxone, or Methadone.

7. We do not usually give shots for flare--ups of chronic pain. Medicines taken by mouth may be offered instead.

8. Health care laws, including HIPAA, allow us to ask for your medical records. These laws allow us to share information with other health providers who are treating you.

9. We may ask you to show a photo ID when you receive a prescription for pain medicines.

10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracts narcotic and other controlled substance prescriptions.

If you need help with substance abuse or addiction, please call

1-888-724-7240

for confidential referral and treatment.

All the emergency departments in San Diego & Imperial Counties have agreed to participate in this important program.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

IMPERIAL COUNTY MEDICAL SOCIETY

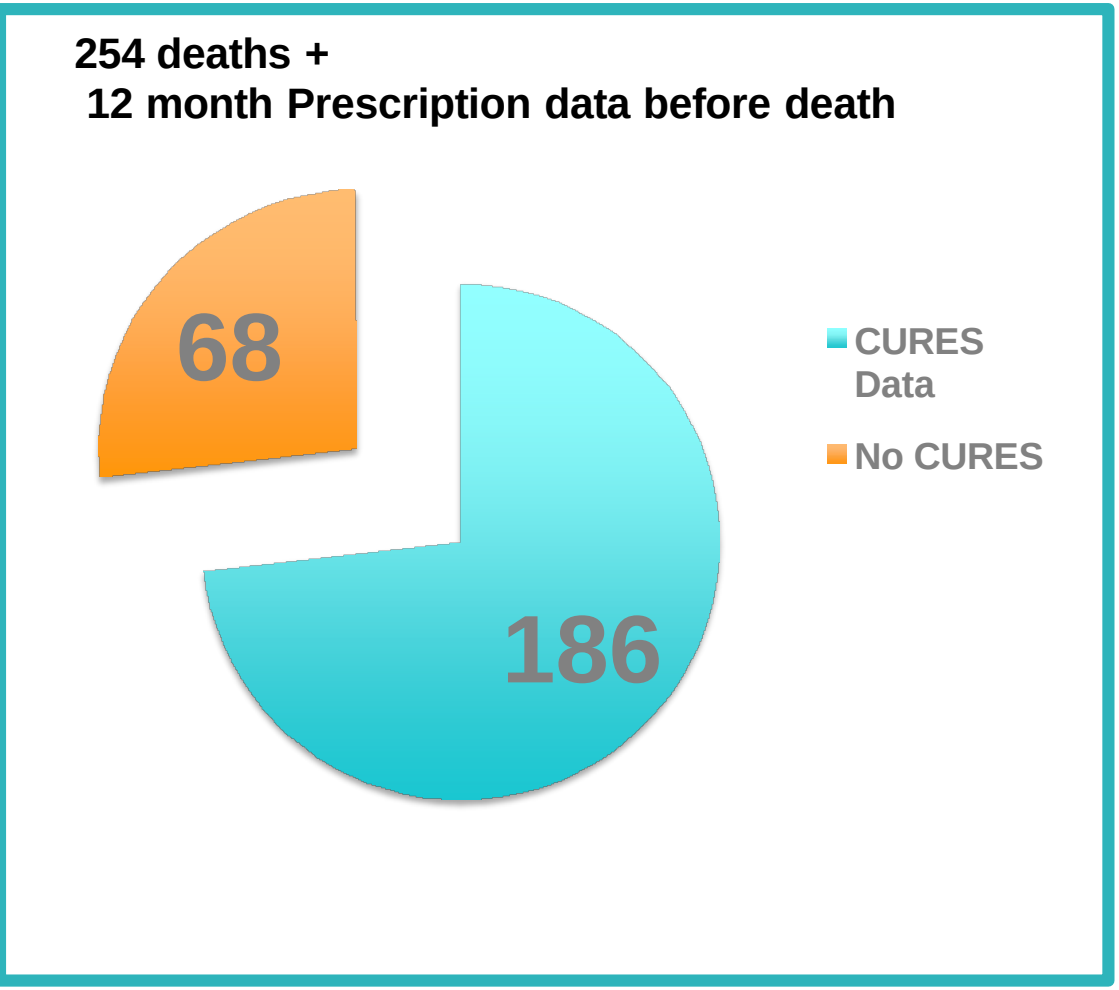
IMPERIAL COUNTY CALIFORNIA Public Health Department

HOSPITAL ASSOCIATION of San Diego and Imperial Counties

San Diego County Medical Society "Physicians United for a Healthy San Diego"

- Safe Prescribing
- Intervene in Poor Prescribing

SAN DIEGO DEATH DIARIES

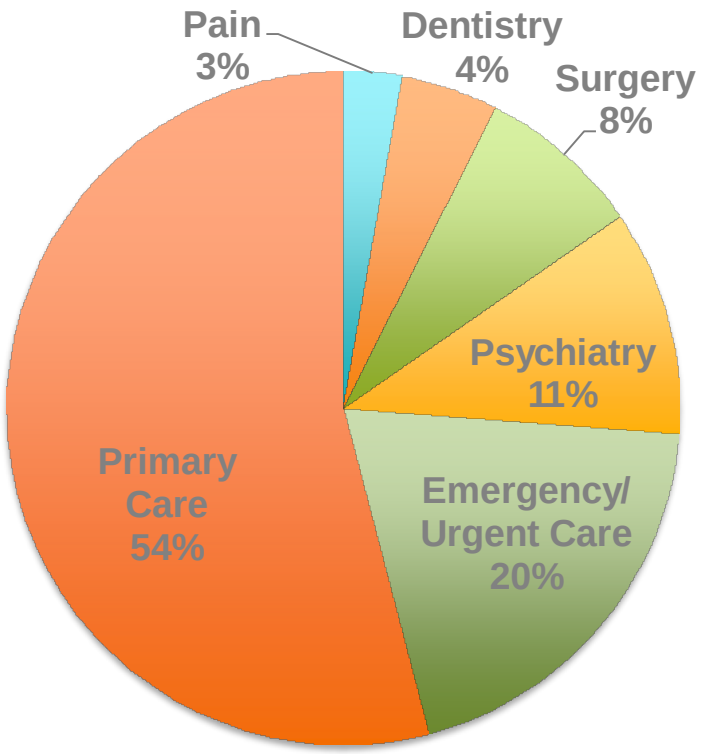


- 254 deaths with prescribed medications in 2013
- 186 received prescription in the 12 months prior to their death as reported in Controlled Substance Utilization Review and Evaluation System (CURES)
- 80% have multiple medications
- Only 28% doctor shoppers
- 69% chronic users
- 16.5% “compliant”

http://www.sandiegouniontribune.com/news/public-safety/sd-me-death-diaries-20170106-story.html

THE PRESCRIBERS

- 713 total



PRIMARY CARE
the majority of prescriptions

EMERGENCY PHYSICIANS
many people who die visit ED before death, many doctors – few prescriptions

PSYCHIATRISTS
#2 in terms of highest number of prescriptions

SURGEONS
Highest number of pills per prescription (189 pill average for orthopedics)

IT'S NOT JUST OPIOIDS!

LIVE WELL SAN DIEGO

OPIOIDS	BENZODIAZEPINES	SLEEP	STIMULANTS	OTHER

33 Medications; 4366 Rx

Hydrocodone	123	Chloriazepoxide	17	Oxazepam	3
Oxycodone	84	Tempazepam	17	Oxymorphone	3
Clonazepam	44	Methadone	14	Phenobarbitol	3
Zolpidem	43	Fentanyl	13	Chloral Hydrate	2
Alprazolam	39	Buprenorphine	11	Dronabinol	2
Lorazepam	37	Amphetamine	7	Zaleplon	2
Morphine	32	Testosterone	6	Clorazepate	1
Carisoprodol	30	Triazolam	6	Estrogen	1
Codeine	27	Lunesta	4	Lisdexamefetamine	1
Diazepam	26	Lyrica	4	Methylphenidate	1
Hydromorphone	20	Phentermine	4		

NALOXONE

Like giving an Epi Pen to a patient with allergies.

- 50 morphine equivalents/day
- Opioid + Benzodiazepine

- **Naloxone Distribution Grant**
- State grant to allow health departments to set up infrastructure for naloxone distribution programs and provide naloxone

Image from https://www.drugs.com/pro/naloxone.html

PROVIDER INTERVENTIONS

LIVE WELL SAN DIEGO

RESEARCH

NEUROSCIENCE

Opioid prescribing decreases after learning of a patient's fatal overdose

Jason N. Doctor[1]*, Andy Nguyen[1], Roneet Lev[2], Jonathan Lucas[3], Tara Knight[1], Henu Zhao[1], Michael Menchine[4]

Most opioid prescription deaths occur among people with common conditions for which prescribing risks outweigh benefits. General psychological insights offer an explanation: People may judge risk to be low without available personal experiences, may be less careful than expected when not observed, and may falter without an injunction from authority. To test these hypotheses, we conducted a randomized trial of 861 clinicians prescribing to 170 persons who subsequently suffered fatal overdoses. Clinicians in the intervention group received notification of their patients' deaths and a safe prescribing injunction from their county's medical examiner, whereas physicians in the control group did not. Milligram morphine equivalents in prescriptions filled by patients of letter recipients versus controls decreased by 9.7% (95% confidence interval: 6.2 to 13.2%; $P < 0.001$) over 3 months after intervention. We also observed both fewer opioid initiates and fewer high-dose opioid prescriptions by letter recipients.

http://science.sciencemag.org/content/sci/361/6402/588.full.pdf

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)

The DMC-ODS will transform the current Substance Use Disorder system to one that has:

- New and Expanded Services with timely access to care
- Better Coordination and Continuity of Care
- Tailored Treatment to Support Long-Term Recovery

DMC-ODS SERVICE IMPROVEMENTS

Withdrawal Management

Medication Assisted Treatment

Case Management

Recovery Services

Recovery Residences

ADDRESSING JUVENILE SMUGGLING

FOR IMMEDIATE RELEASE

Monday, July 16, 2018

Youth are Smuggling Drugs on Behalf of Cartels; Law Enforcers Launch Education Campaign

Assistant U. S. Attorney Cindy Cipriani (619) 546-9608

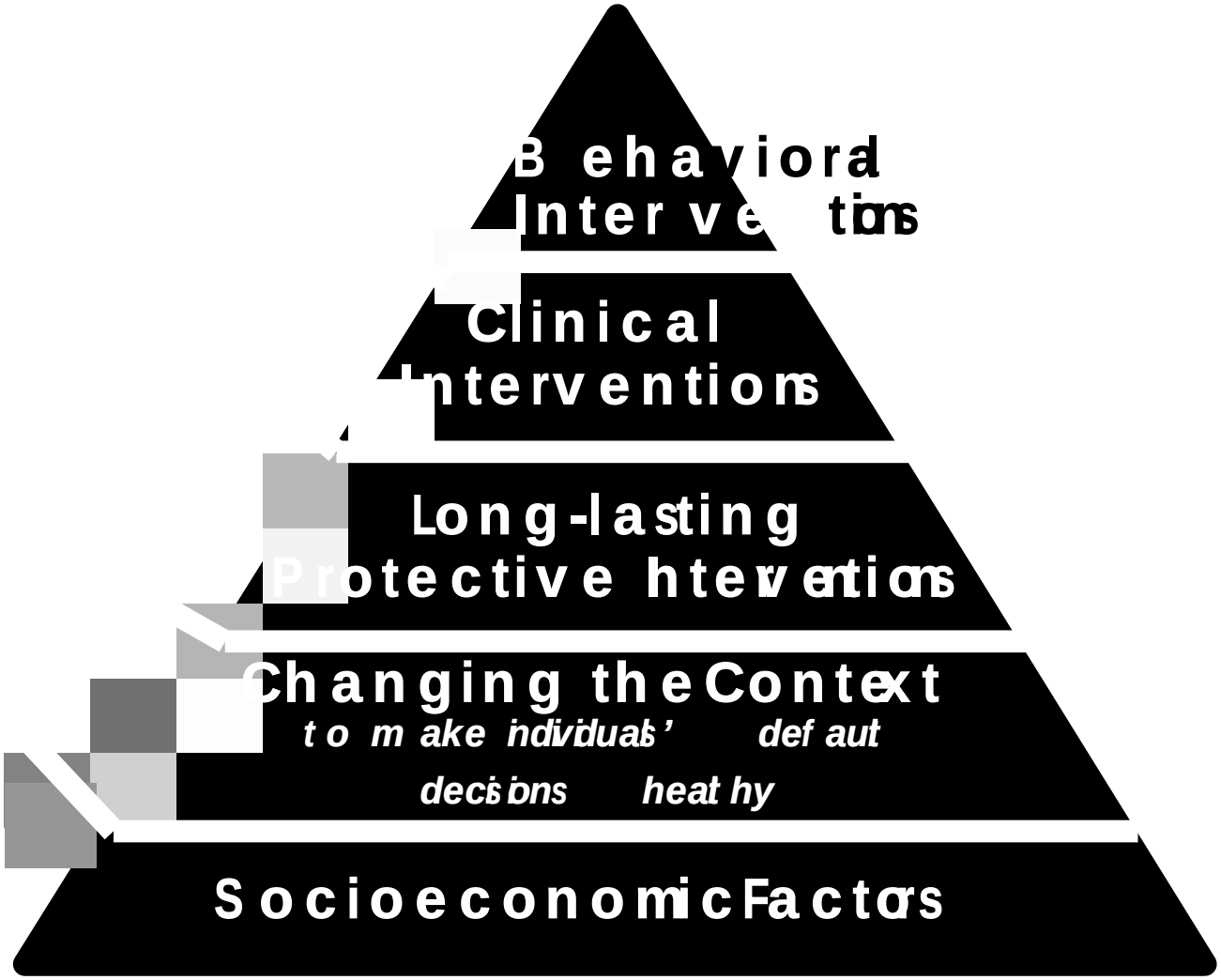
NEWS RELEASE SUMMARY – July 16, 2018

SAN DIEGO – Federal and state law enforcement officials have launched a billboard campaign in San Diego and Imperial counties to prevent middle and high school students from acting as drug mules for cartels.

The billboards, located in San Diego and Imperial counties as well as one in Mexico, feature stark warnings to minors that smuggling drugs could cost them their freedom and their futures and is not worth the few hundred dollars they are being offered. They were unveiled today at two locations in San Ysidro and one in Tijuana.

Also today, a San Diego teenager pleaded guilty in federal court to charges that he recruited classmates to smuggle methamphetamine and fentanyl. Phillip Junior Webb was a senior at Castle Park High School in Chula Vista when he committed the drug offenses.

ADDRESSING THE EPIDEMIC



Frieden AJPH 2010; Framework for PH Action. The PH Action Pyramid

ONLY PULLING PEOPLE OUT OF THE RIVER WON'T END THE EPIDEMIC

Image credit: https://miami.cbslocal.com/2016/07/16/driver-pulled-from-miami-river-after-crash/

WHAT CAN GHCB CONSIDER?

- Activate the medical community as a force to prevent prescription drug misuse, addiction and death in San Diego County by influencing systems and providers to:
  - Follow CDC safe prescribing guidelines and be aware of other resources (i.e., tapering pocket guide, app)
  - Routinely provide or refer to Medication-Assisted Treatment
  - Adopt a voluntary Patient Pain Medication Agreement
  - Check and input data into CURES (Prescription Drug Monitoring Program)
  - Partner with pharmacies to ensure patients are educated on potential adverse effects and how to use naloxone
- Attend PDATF and medical PDATF meetings (if not already)

https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/OpioidPrescribersResources.pdf
https://www.cdc.gov/drugoverdose/prescribing/clinical-tools.html

For more information contact:

Sayone Thihalolipavan, MD, MPH
Deputy Public Health Officer
Public Health Services
County of San Diego Health and Human Services Agency

3851 Rosecrans Street (MS-P578)
San Diego, CA 92110
Phone: (619) 542-4916
Email: sayone.thihalolipavan@sdcounty.ca.gov

Sharp Grossmont Hospital

Scott Evans
Chief Executive Officer

SHARP GROSSMONT HOSPITAL

Facilities Overview

- Major Projects Review
- Master Campus Planning Timeline

Capital Investments

Grossmont Experience Data

East County Market Data

Sharp Grossmont Hospital Annual Community Benefit Report for FY2017 and Community Health Needs Assessment (CHNA) Process Findings

Emergency Department/Patient Flow

Facilities Overview

Anthony D’Amico
Chief Operating Officer

Our History

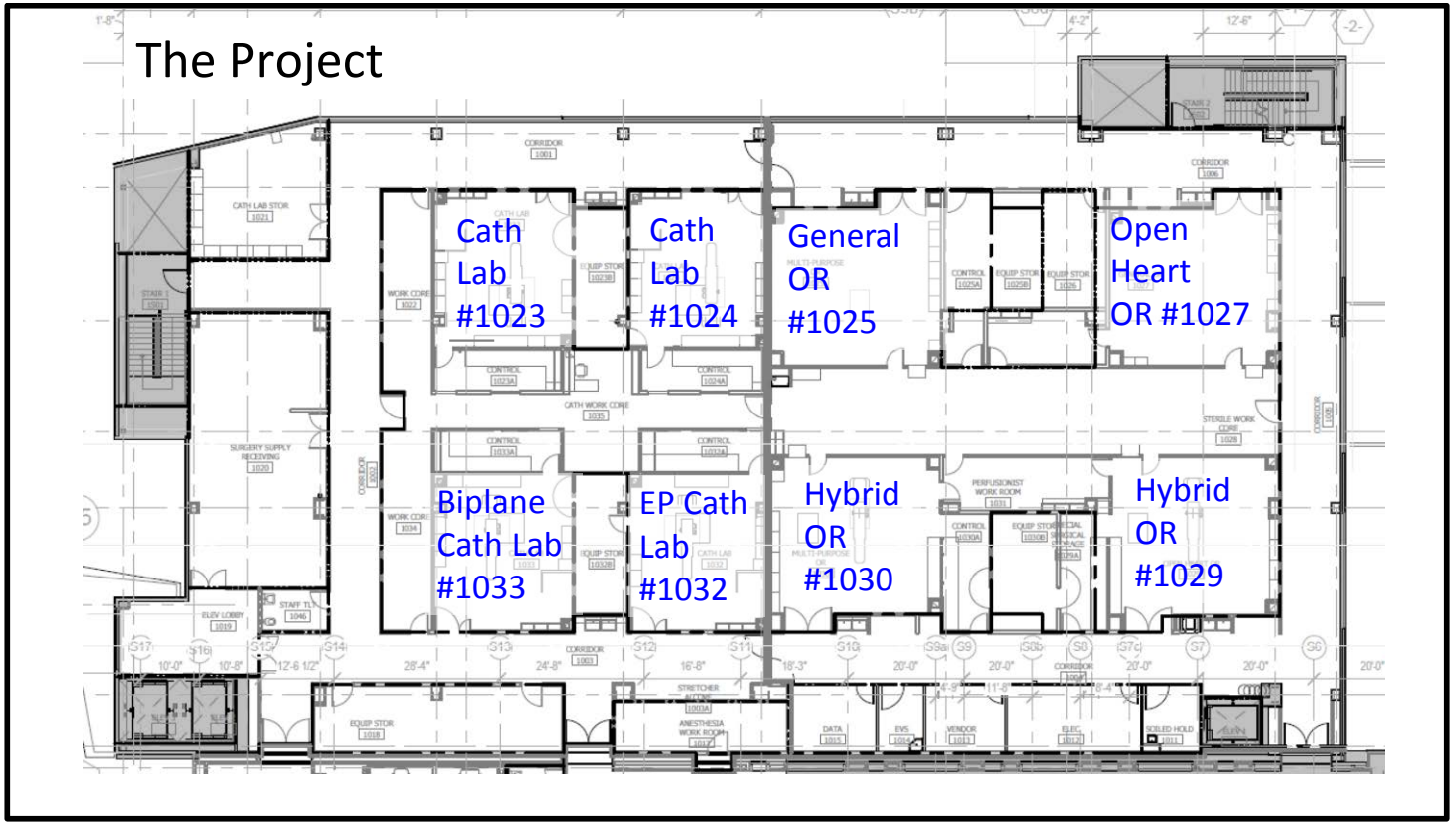
SHARP

Burr Heart and Vascular Center

- 2 General Cath Labs
- 1 Electro-Physio Cath Lab
- 1 Bi-Plane Cath Lab
- 2 Hybrid ORs
- 1 Open Heart OR
- 1 General OR

SHARP

Surgical Suite Overview Plan



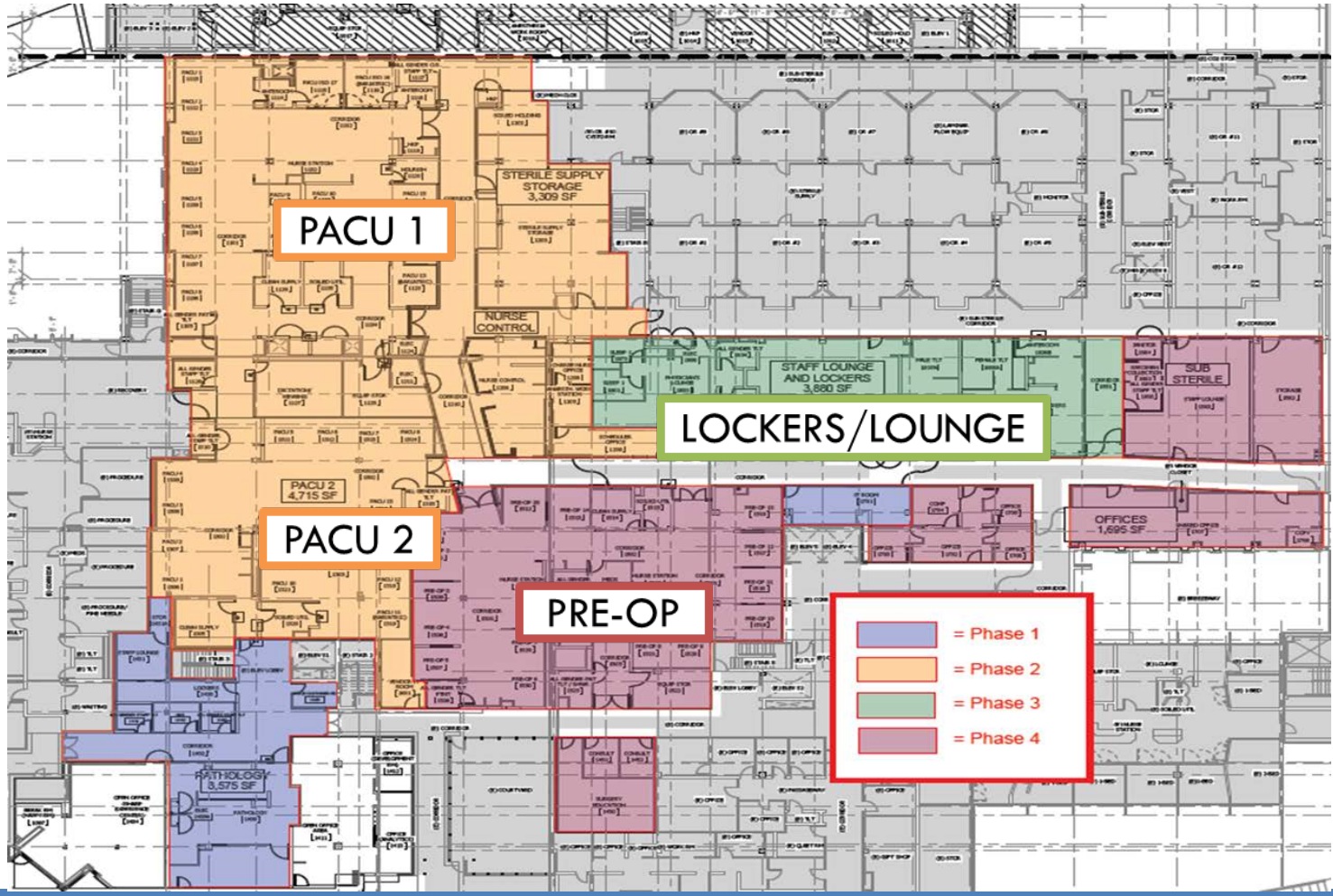
Interventional Cardiac Cath Lab

Bi-plane Lab

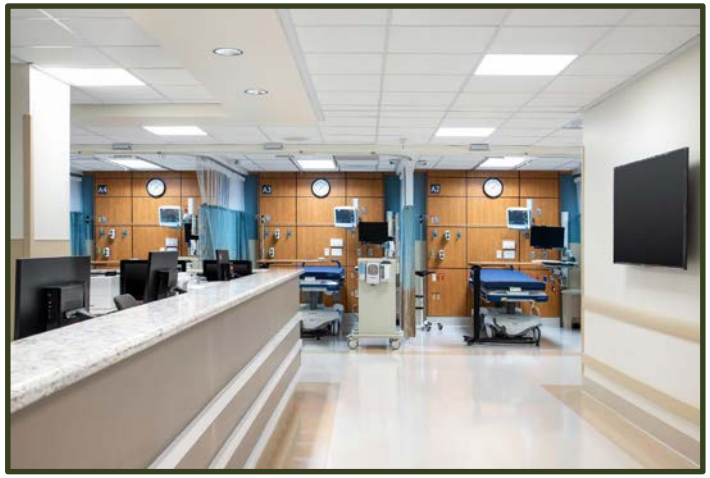
Hybrid OR

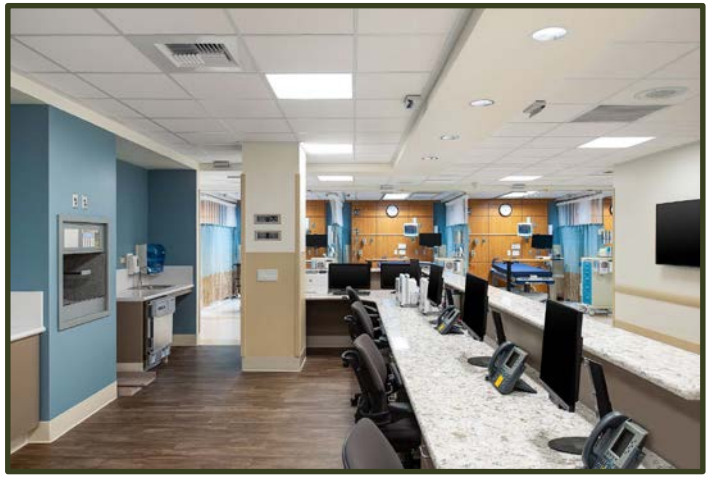
Open Heart OR

Surgical Support Infill Project



Recovery Rooms

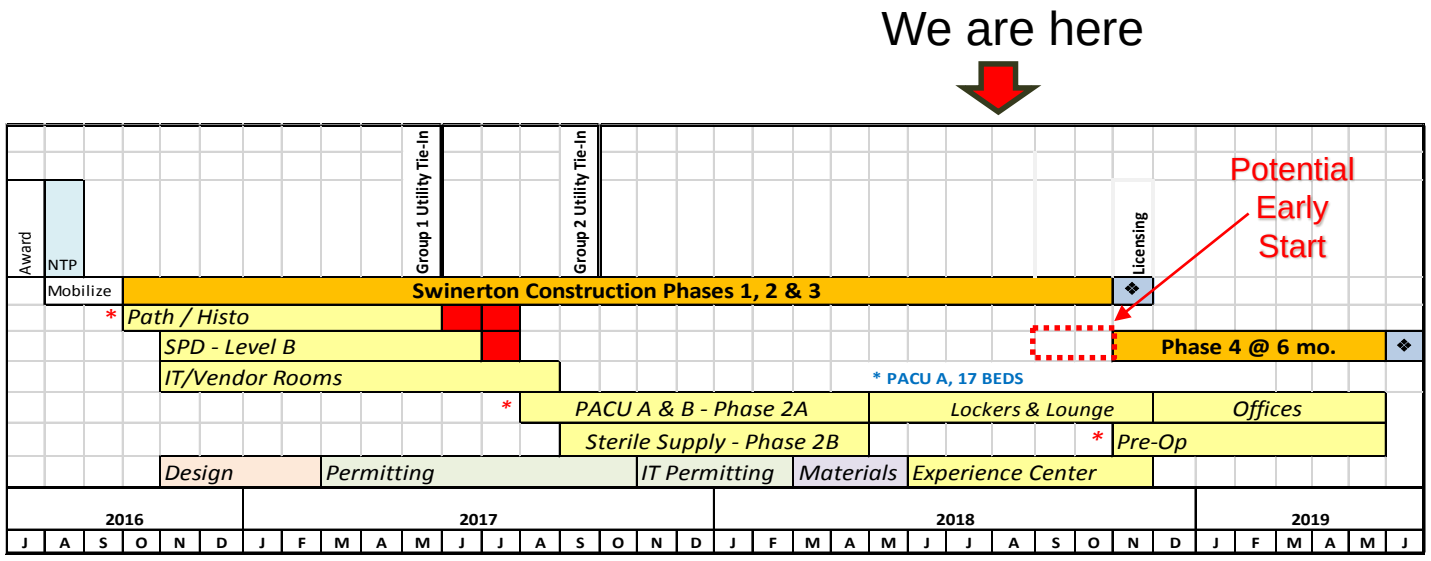




Budget

Infill Budget (June 2018)					
Project Budget	Invoice to date Project	% of Project Complete	Contingency Budget	Forecast Pending COs	Remaining Contingency
$ 54,923,511	$ 28,373,027	69%	$ 4,037,996	$ 2,541,000	$1,496,996

Schedule - Infill



- Phase 3 Surgery Lockers/Lounge Construction Completion is on target for 11/01/2018.
- Experience Center and South Offices Construction Completion is currently targeted for 12/10/2018.
- Phase 4 Target Start November 2018.

Construction – Phase 3

- Demolition of the former Surgery Prep-A and Prep-B spaces
- Expansion work from the existing hospital to the Burr H&V Level 1

Demolition of Former Surgery Prep-A Space

Demolition of Former Surgery Prep-B Space

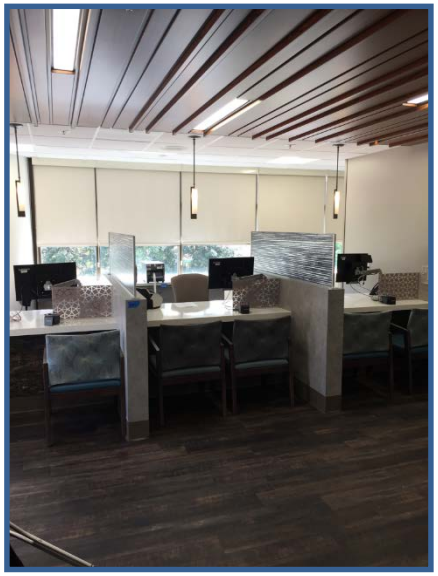
2018 Capital Projects

FY 2018 Accomplishments

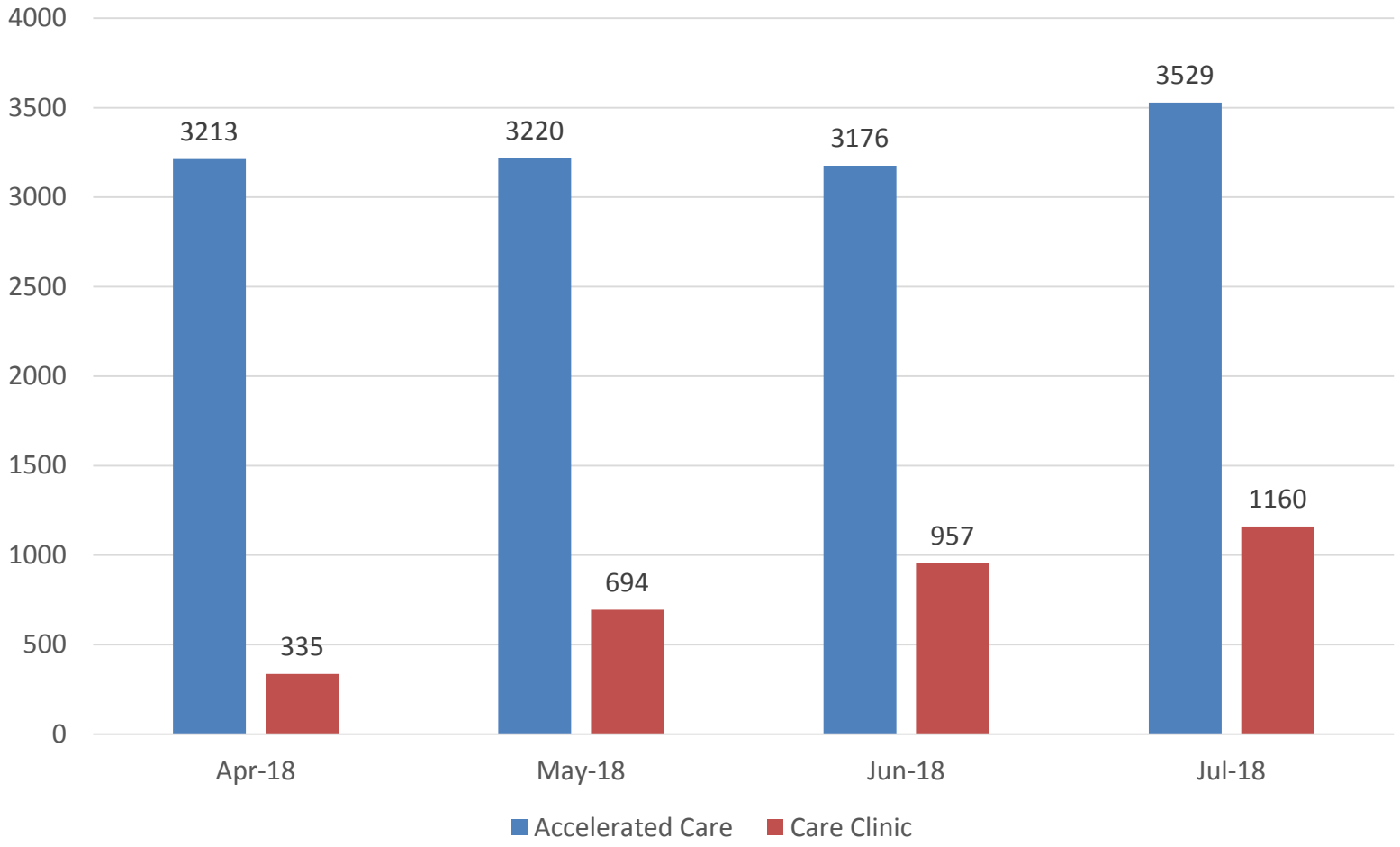
Major Capital Projects

Name	Project Budget	% of Project Complete
Care Clinic	$ 3,148,060	100%
ED Imaging Suite	$ 2,530,875	100 **%**
GMP 6th Floor remodel	$ 2,196,745	100%
OIC at GMT	$ 1,082,453	90 %
GMT Fluoroscopy	$ 1,060,540	100 %

SGH Care Clinic



Emergency Room Minor Care and Care Clinic Volume



ED Imaging Suite

Radiographic Suite

Fluoroscopy Suite

Grossmont Medical Plaza 6th Floor Pulmonary Center

- 4 sleep disorder rooms
- 8 exam rooms
- 2 offices
- Team work room
- Nurse’s work area
- Registration / waiting area
- Storage

Outpatient Infusion Center Expansion
Grossmont Medical Terrace

- 7-chair Outpatient Infusion Center
- Chemotherapy-capable compounding pharmacy
- Support areas

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Fluoroscopy Upgrade
Grossmont Medical Terrace

SHARP

Current Capital Projects

Name	Project Budget	% of Project Complete
Women's Center Second Floor Remodel	$ 3,850,000	Design Phase
Ric Wil- Steam Project	$ 2,080,000	Construction
Ortho Suite Remodel	$ 2,900,000	Feasibility Study
Basement Exit Corridor	$ 1,500,000	Feasibility Study
ET Elect Equipment Replacement	$2.5 M – $2.8 M	Design RFP for const. bid
Radiographic Room A3 Equip Replacement	$ 689,960	Design
TCU Remodel	$1,100,000	Construction

Base Scope for Women's Center Remodel

Patient Room

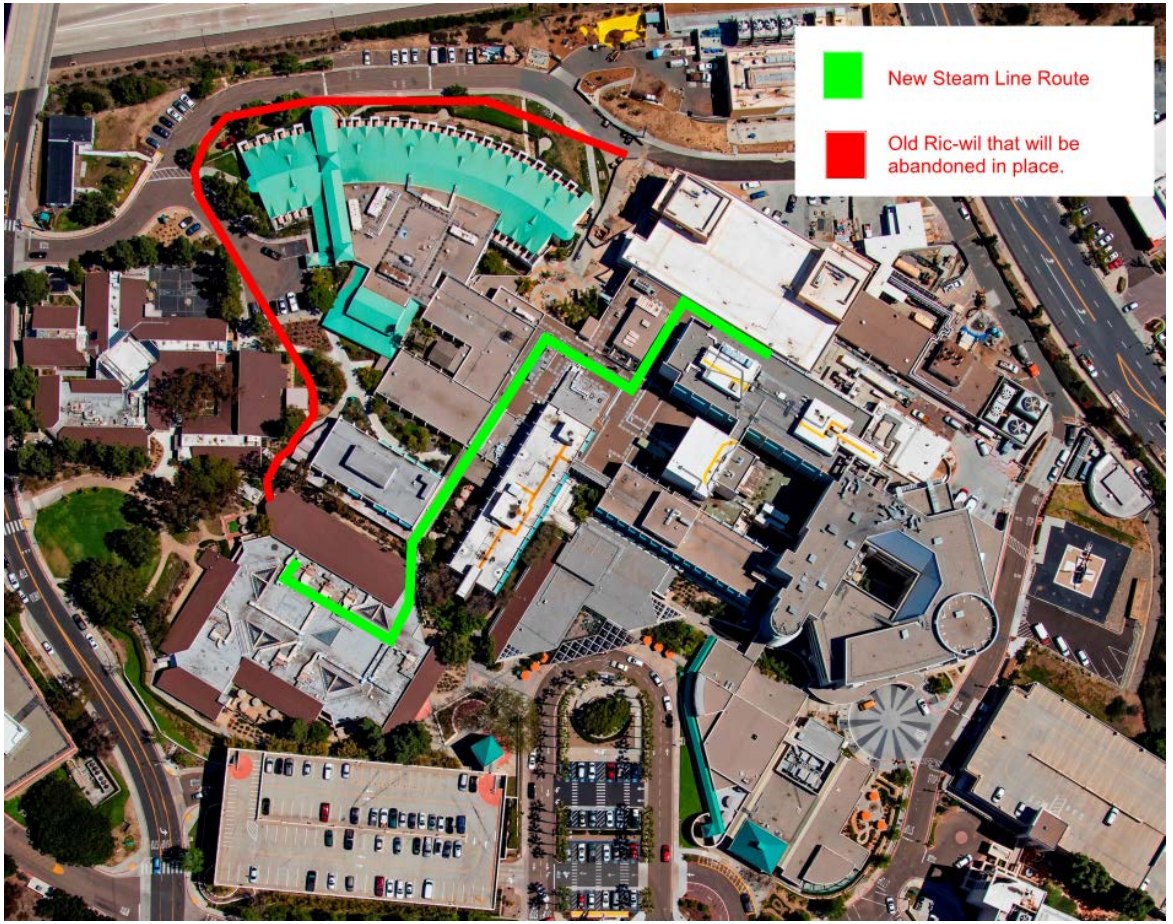
- Upgraded flooring
- Modernized headwalls
- Remodeled restrooms with walk-in showers
- New sinks and counters
- ADA code compliancy

Corridor

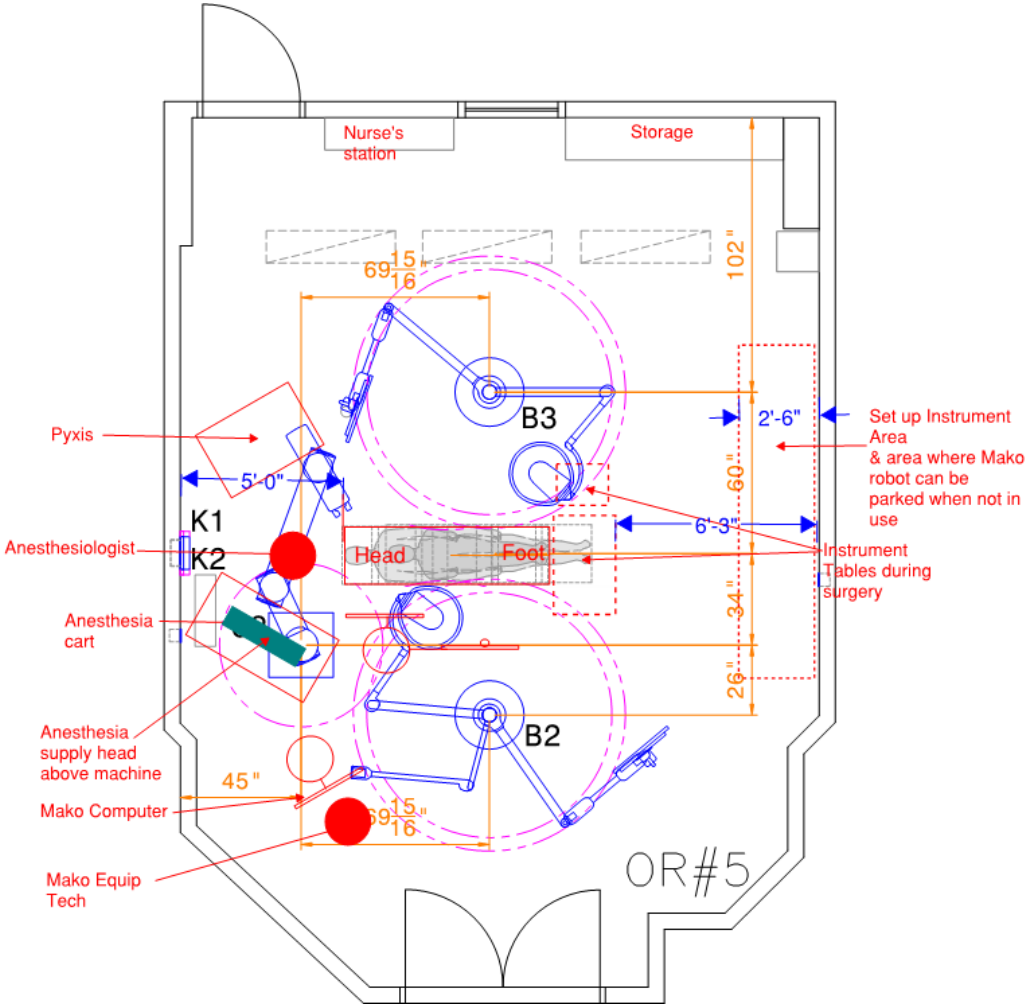
- New nursing stations
- Upgraded flooring
- Artwork and furniture

Labor, Delivery, Recovery Room & Nurse's Station

RIC WIL – Steam Repair Project



Ortho Surgical Suite Remodel



- ORs 5, 6, 11 & 12
- New surgical lights monitors, integration, new HVAC to support orthopedic surgeries
- ORs compatible for Robotic equipment
- Optimize access and workflow

OR 5

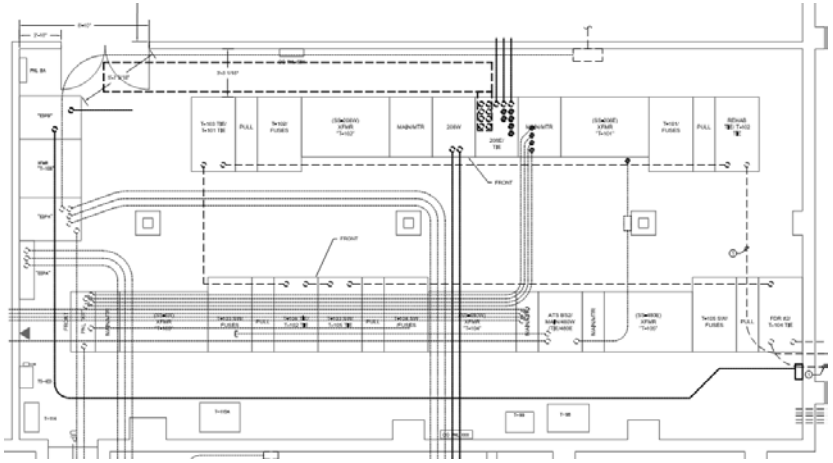
SHARP

Option 6 – SPD, SD, EVS

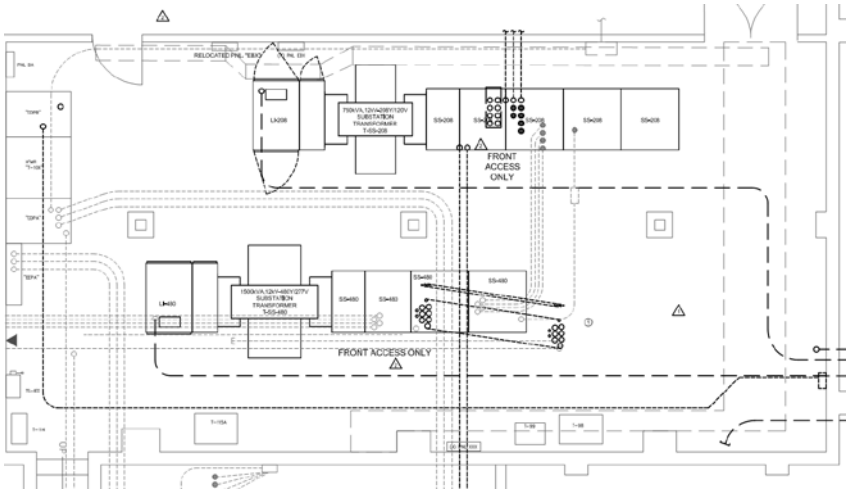
SHARP Grossmont Hospital

East Tower Electric Room Remodel

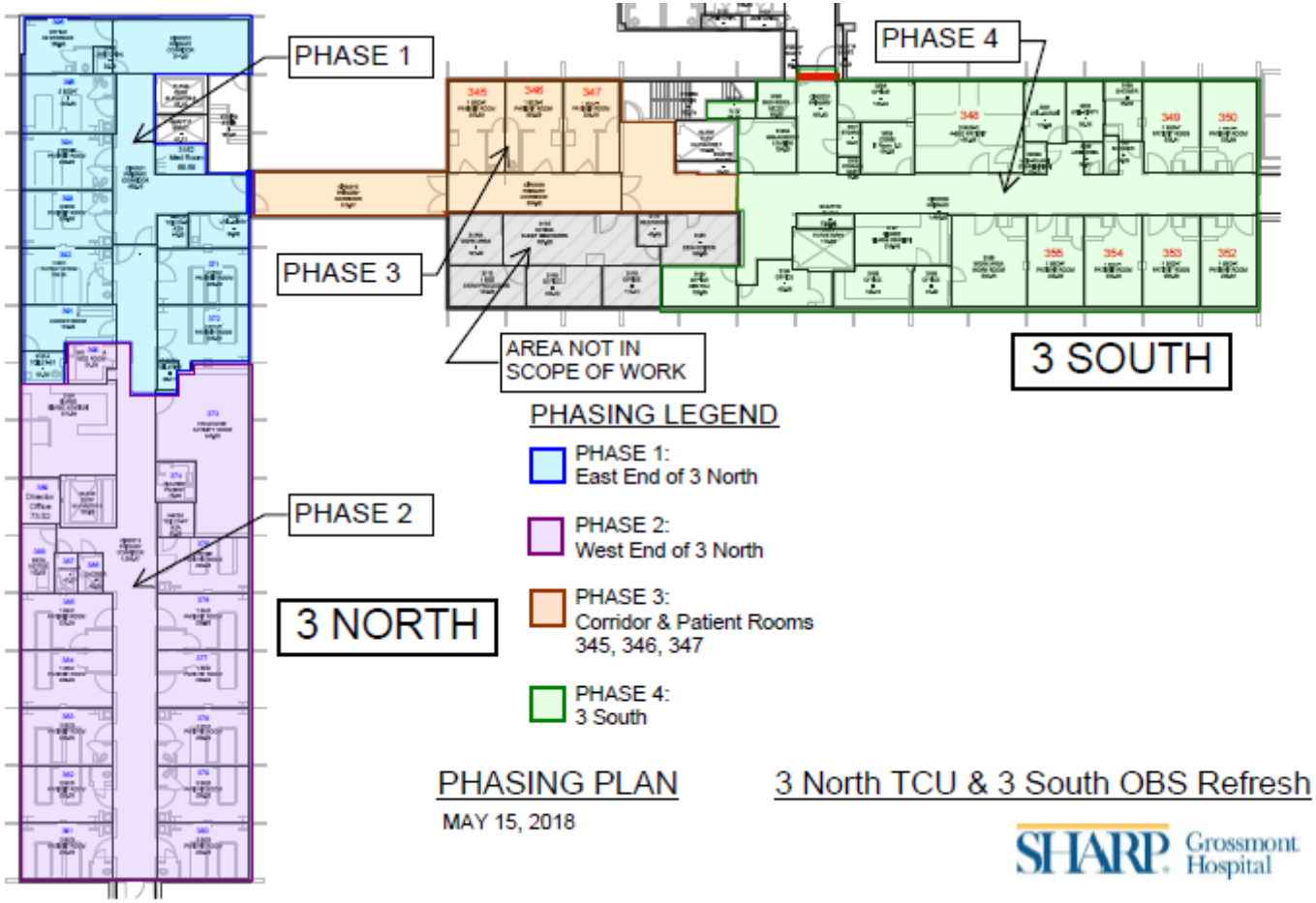
Existing East
Tower Electrical Room



New East Tower
Electrical Room



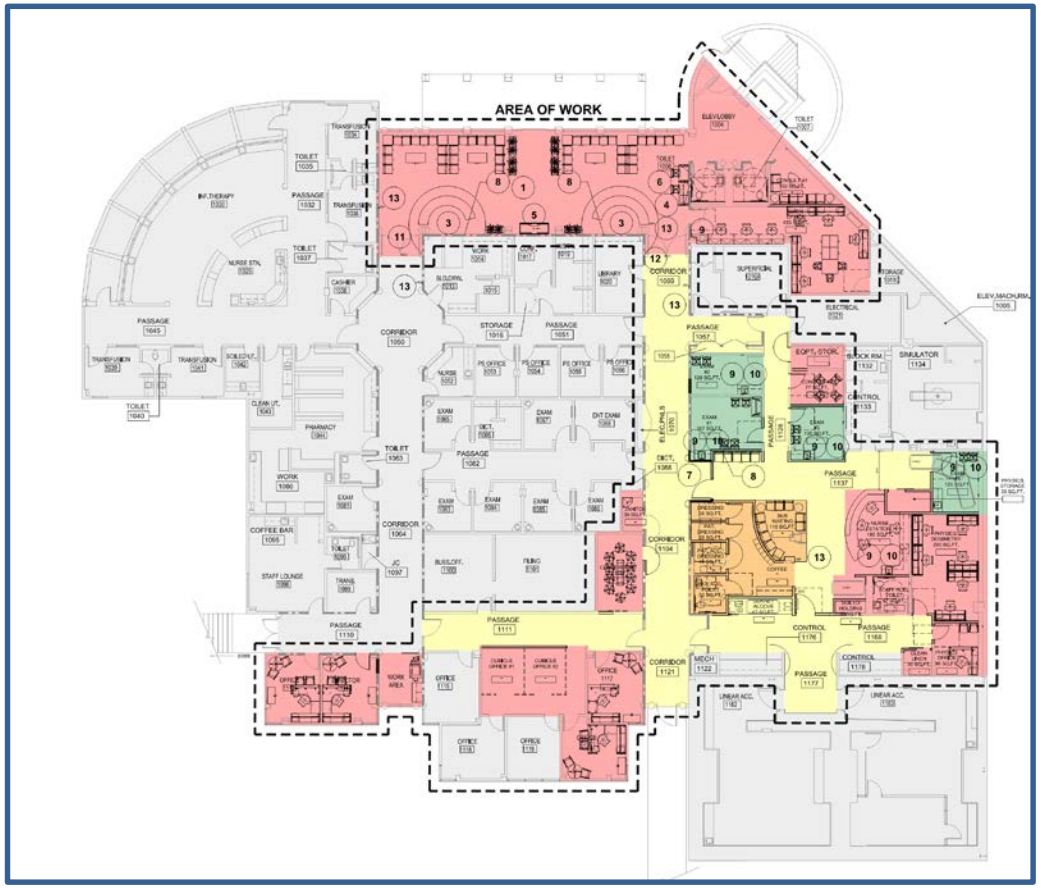
TCU Remodel Refresh



Future Facilities Planning

NAME	PROJECT BUDGET	Description
Cancer Center – Remodel	$ 1, 800,000	Remodel existing support areas
Rehab Remodel	$ 2,000,000	Finishes upgrade and new millwork
New Parking Garage	$ 14,400,000	Parking Assessment Study – Pre Master Planning
Fluoroscopy Room C Remodel	TBD	Equipment Replacement
Master Planning	TBD	Pre- Master planning scope

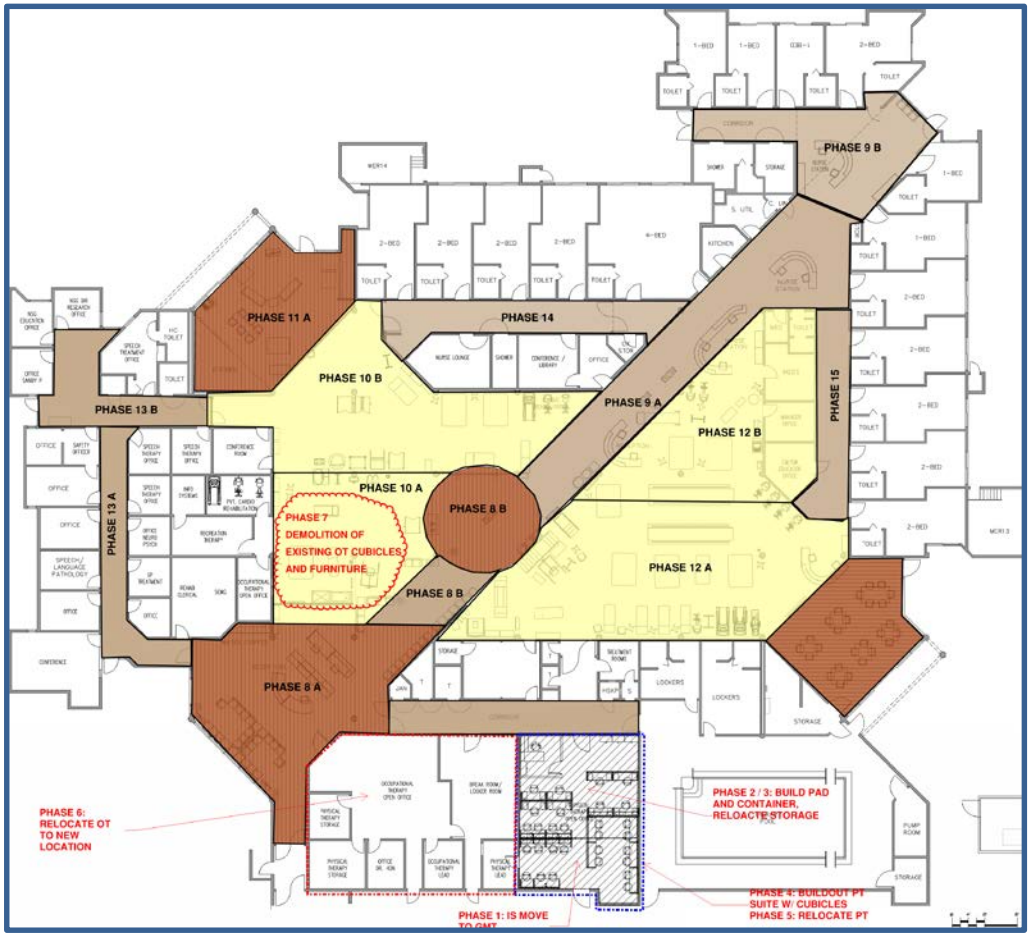
Cancer Center Remodel



4 – Phased Remodel of Cancer Center

Lobby Remodel Concept

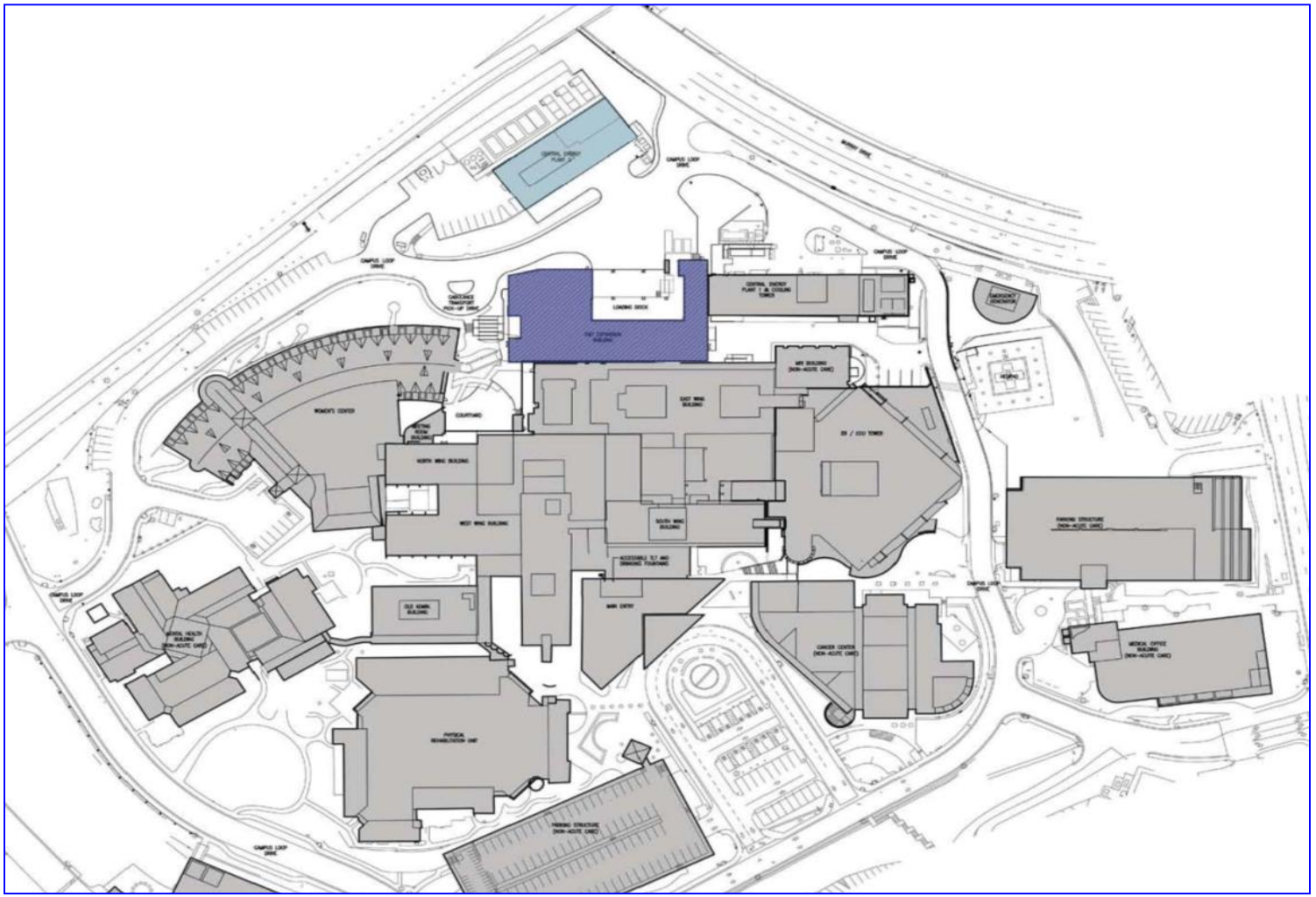
Rehab Remodel



Master Campus Planning Schedule

Anthony D’Amico
Chief Operating Officer

SGH - Existing Site Plan



Proposed SGH Master Planning

Draft Master Plan Schedule																				
	2018				2019												2020			
PHASES	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Pre Master Planning																				
RFP Generation																				
Bidding phase																				
Contract																				
Master Plan Phase																				

- 4 Major Phases (Master Plans are driven by DATA & NEED)
  - Investigative phase
  - RFP Generation phase
  - Bidding Phase
  - Master Plan 2019

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Investigative Phase

Phase I

Phase 1					
	2018				2019
	Sept	Oct	Nov	Dec	Jan
Investigative Phase					

- Population forecast growth
- Service indicators (In / Out Patients, ER Visits, Surgeries, births)
- Bed types and quantities
- Review of 2004 Master Plan
- SB 1953 drivers: SPC-3+ by 2030 for acute care, SPC-4D, NPC Req
- Review upgrade of existing patient rooms or replace 99 beds and associated services in SPC-2 towers.

RFP Generation Phase

Phase 2

Phase 2				
	2019			
	Feb	Mar	Apr	May
RFP Generation				

- More Beds required ?
- Do we have support services that have space needs ?
- Any new clinical programs to include?
- Business growth objectives 10-20 years out ?
- Forecast for inpatient / outpatient volumes?
- How many beds can go out of service during SPC-4D work?
- By 2019 with new surgery floor / infill project completed – are we driving needs elsewhere?
- Traffic Impacts , Parking needs, logistical planning
- Regulatory & Possible code changes

Bidding Phase

Phase 3

Phase 3					
	2019				
	Jun	Jul	Aug	Sept	
Bidding Phase					

- Design Build delivery method – 4 months duration
- RFP completed with a definition of goals and scope & performance
- Three experienced DB teams bid
- Best Value Team is selected.

Master Plan Phase

Phase 4

	Master Plan Phase					
	2019		2020			
	Nov	Dec	Jan	Feb	Mar	Apr
Master Plan						

- 6-8 months duration for Master Plan completion
- Review existing data – statistical analysis
- Design development
- Recommended Masterplan solutions
- Preliminary scheduling
- Project cost estimates
- Initial implementation plan

Capital Investments Report

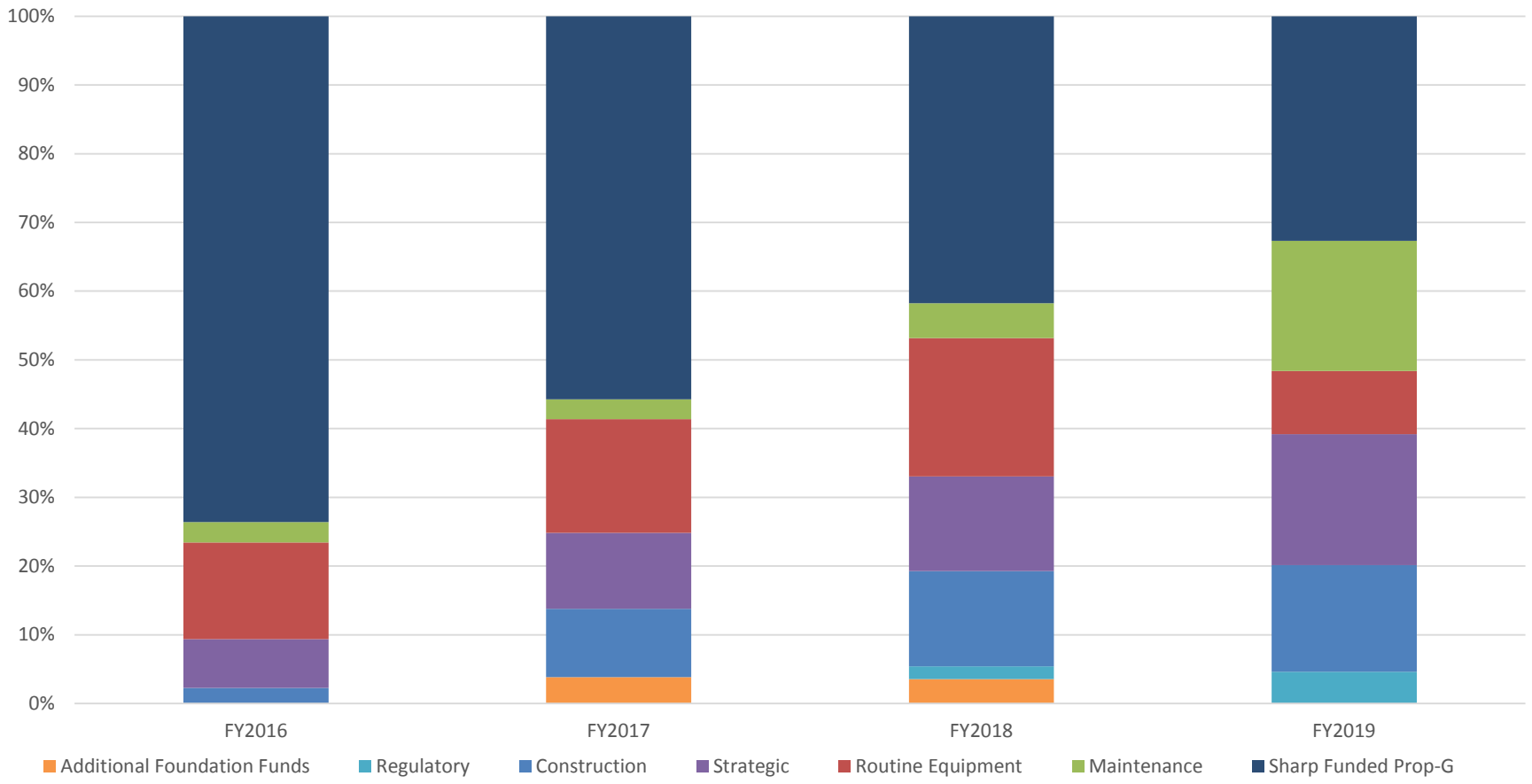
Daniel J. Kindron
Vice President, Chief Financial Officer

SHARP

SGH Capital Investments

Category	Actual FY2016	Actual FY2017	Actual FY2018	Budget FY2019
Construction	$ 974,650	$ 5,301,436	$ 5,490,242	$ 5,059,000
Routine Equipment	6,028,132	8,826,424	7,978,738	3,000,000
Maintenance	1,261,993	1,525,036	1,996,885	6,174,000
Strategic	3,025,639	5,896,406	5,445,559	6,227,000
Regulatory	-	-	739,452	1,505,000
Total Constraint	**11,290,414**	**21,549,302**	**21,650,876**	**21,965,000**
Foundation - Robotics				
daVinci Xi Robotic System	-	2,041,249	-	-
Stryker Mako Robotic System	-	-	1,399,650	-
Sharp Funded Prop-G	31,488,897	29,717,146	16,538,000	10,662,000
Grand Total	**$ 42,779,311**	**$ 53,307,697**	**$ 39,588,526**	**$ 32,627,000**

SGH Capital Investments



Key SGH Capital Investments

- FY2016
  - Nuclear Medicine Camera Replacement
  - Completion of the Co-Gen
  - Main Operating Room Light Upgrade

- FY2017
  - Anesthesia Machines
  - Replace 480v Transformers
  - Sharp Grossmont Hospital Care Clinic
  - Emergency Replacement of Cath Lab
  - daVinci Xi Robot

- FY2018
  - TCU Expansion 6 to 24 Beds
  - GMP 6th Floor Clinic Space & OIC Expansion
  - Alaris Pumps
  - ED Imaging Suite Remodel
  - GMT X-Ray Fluoroscopy
  - Mako Robot

SGH Key Future Capital Investments

FY2019

- Strategic:
  - Orthopedic Suite Remodel
  - Master Site Planning
  - New Parking Structure
  - Lab Standardization – Copley

- Regulatory:
  - Basement Exit Passageway

- Routine:
  - OR HVAC Repairs
  - 3rd CT Scanner
  - Fan Air Handling Unit Replacement – Rehab
  - X-Ray Fluoroscopy Replacement
  - Ric-Wil Steam Replacement Project
  - Cancer Center Remodel
  - Women's Center Renovation (2nd Level) and Lobby Remodel

The Grossmont Experience

Jason Broad
Vice President, Facilities & Support Services

SHARP

The Grossmont Experience

SHARP Grossmont Hospital

THE SHARP EXPERIENCE

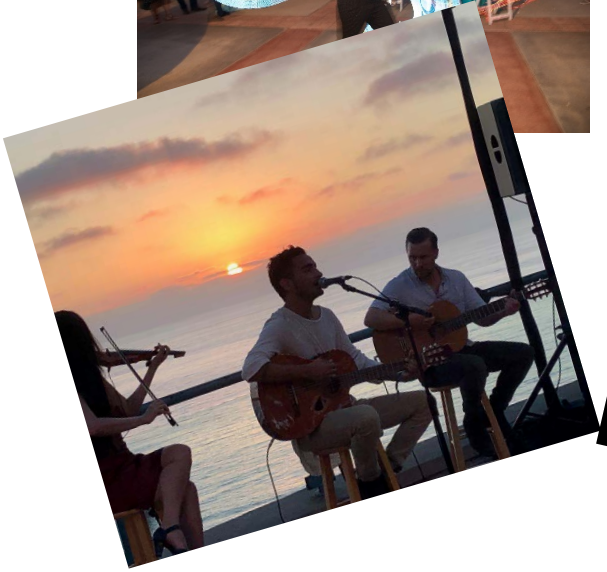
YOUnity

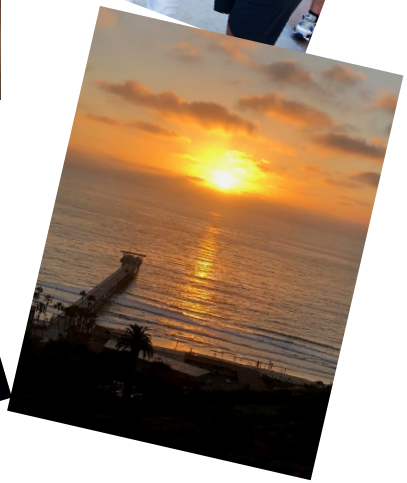
- Top decile in employee engagement

Employee Engagement

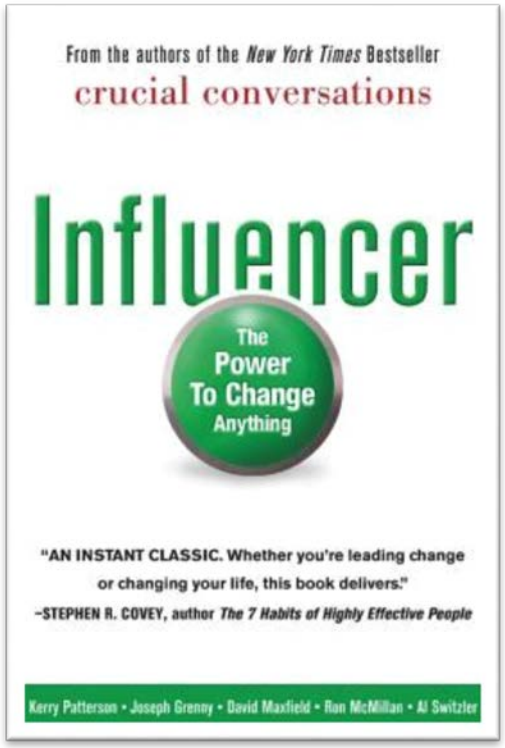
Grossmont Family Nights

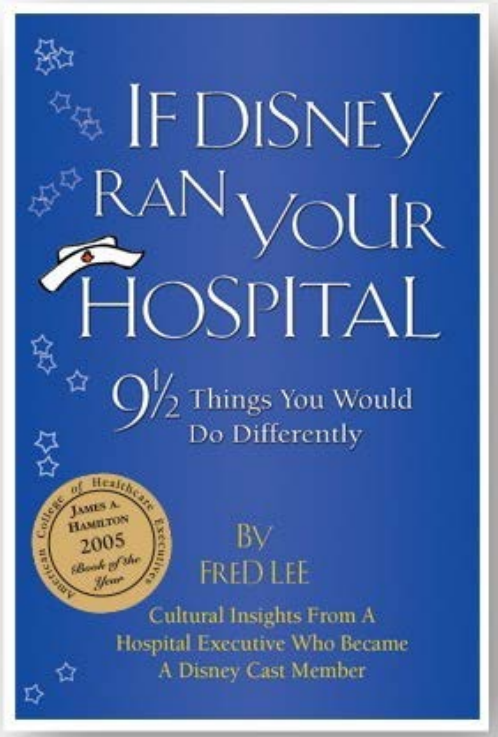
Grossmont Celebrates





Leadership Development





Leadership Forum Book Club

Leadership Training

SHARP

Employee Engagement Percentile Rank

Top Quartile

2015

Top Decile

2016

Top Quartile

2017

2018 Employee Engagement survey period is open. As of 08/21 the response rate was 69%

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

MD Partnership

Shared Governance

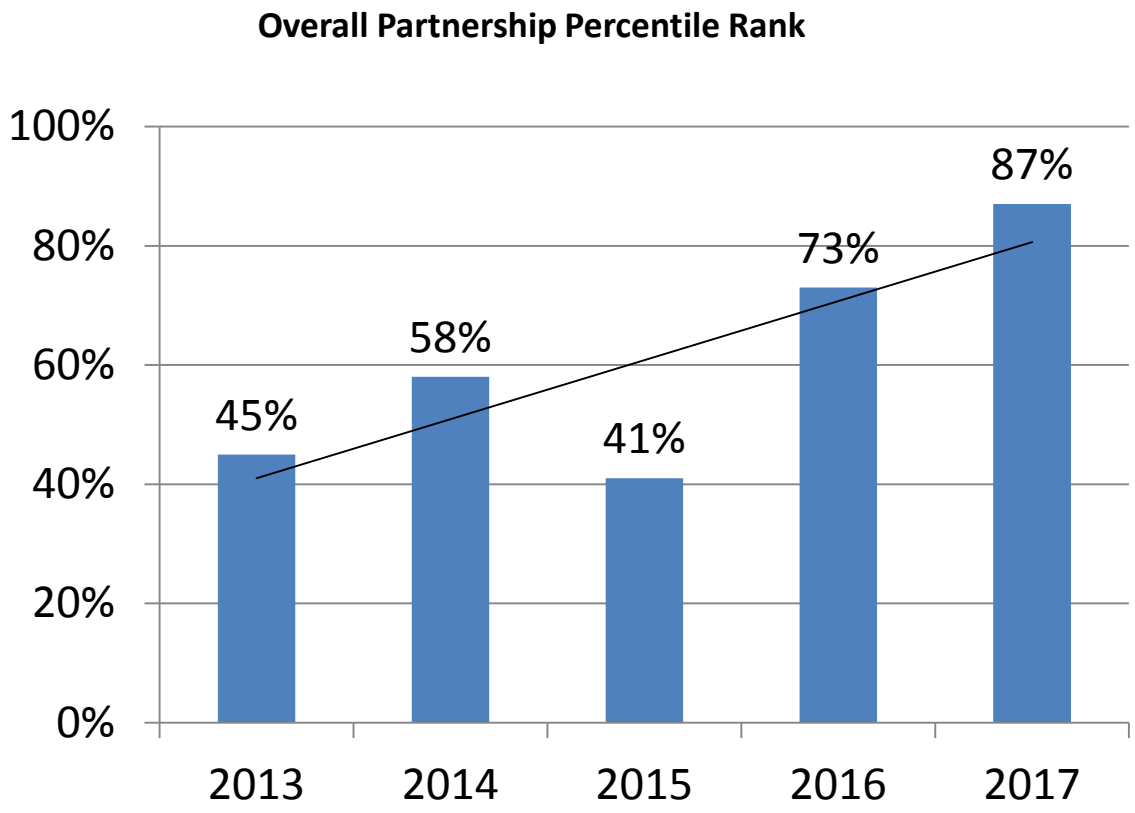
Quarterly Physician Forum

SERVICELINE Steering Committees

SHARP

MD Satisfaction: Partnership Scores

Combination of physicians' overall satisfaction and overall engagement



* 2018 survey completed, data available in early October

Patient Experience

ED Care Transformation

- AcceleratED
- AdvancED
- AdmittED

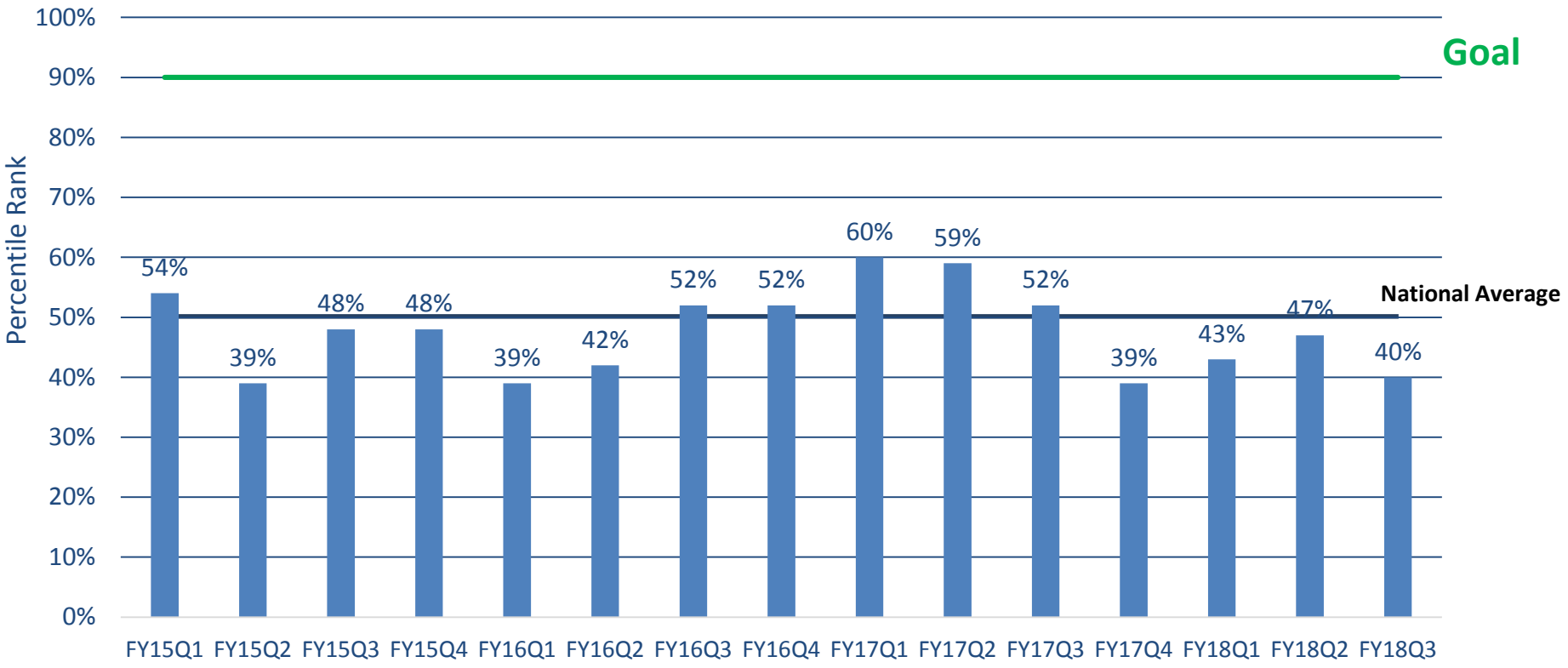
THE SHARP EXPERIENCE

Person-Centered Care

PLANETREE

YOUnity

Patient Satisfaction – Average HCAHPS Score



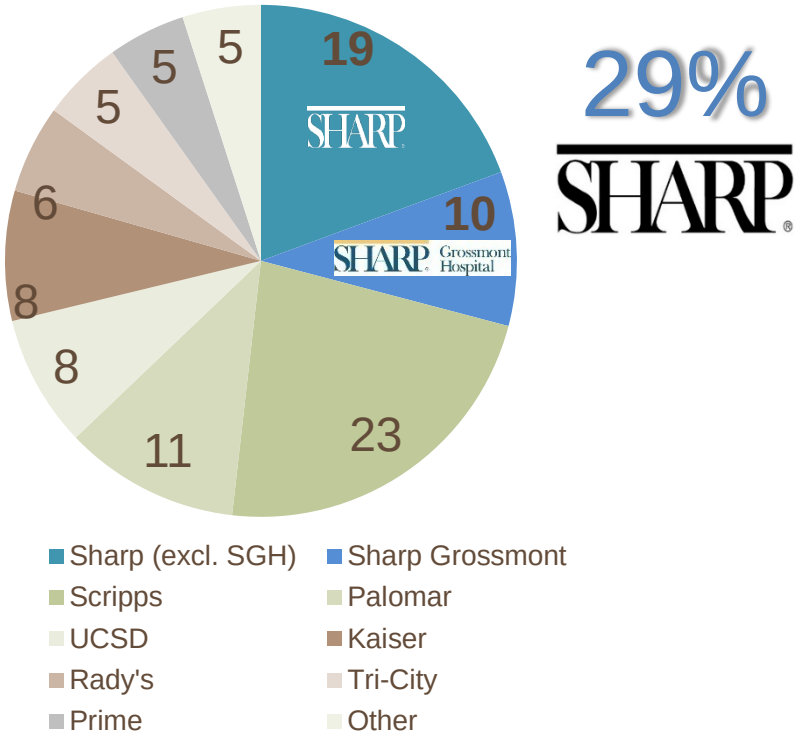
Market Assessment

Jason Broad
Vice President, Facilities & Support Services

Market Share Growth

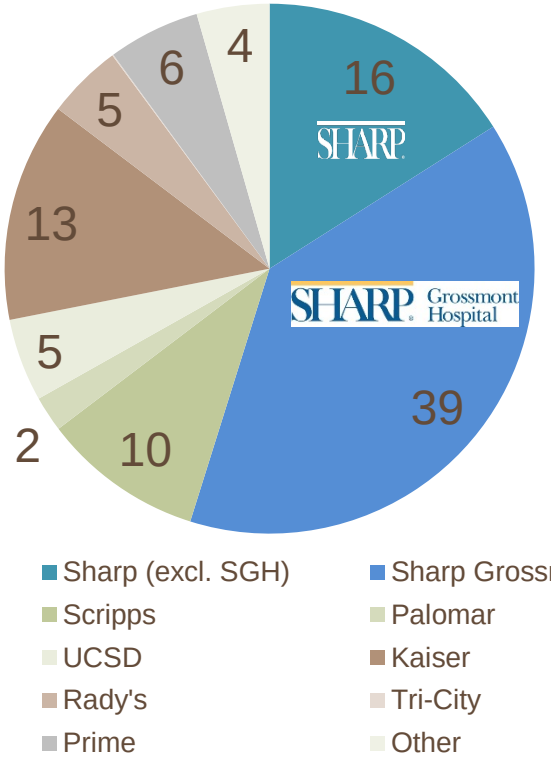
Sharp HealthCare is the only San Diego health care system to have 17 consecutive years of market share growth

San Diego County
2016 Inpatient Market Share



29%

East County
2016 Inpatient Market Share



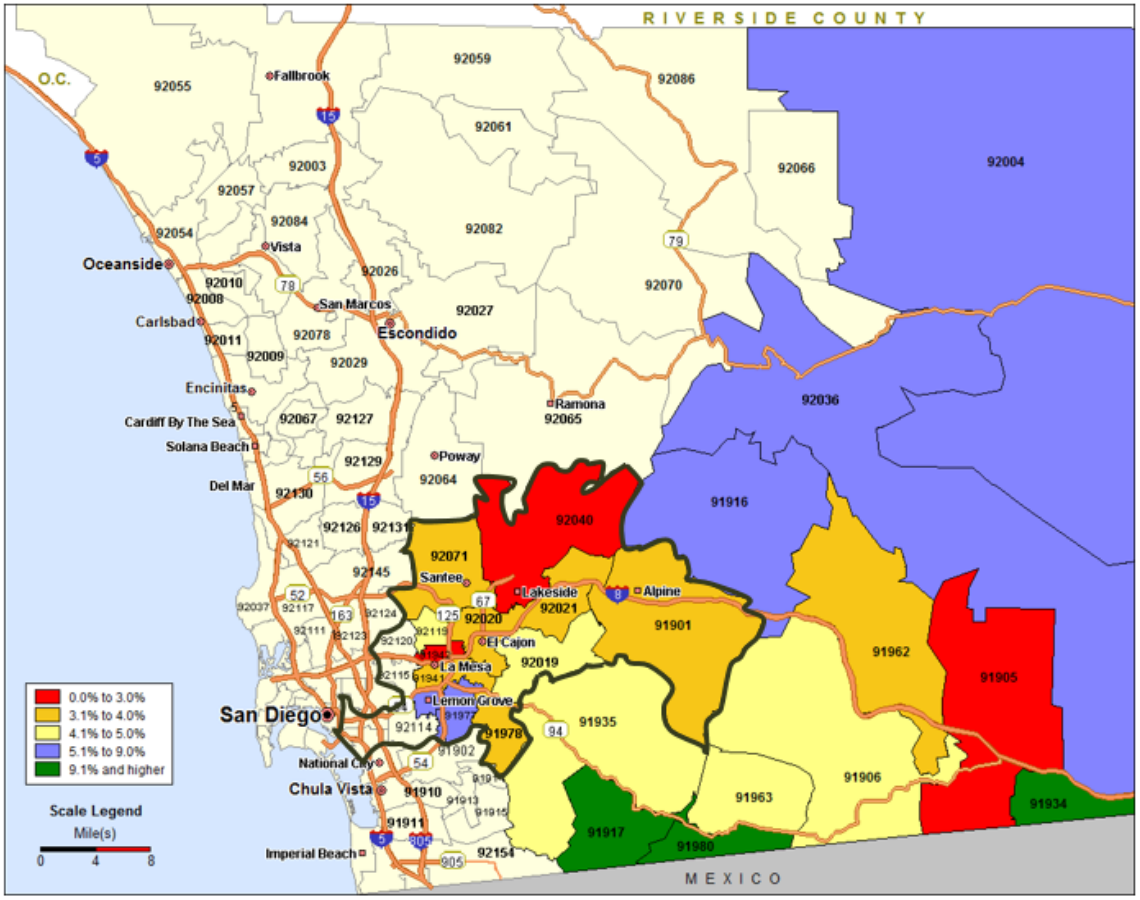
55%

Data Source: OSHPD Inpatient Hospital Discharge Data

East County Region Population Growth: 2017−2022

East County's total 2017 population is estimated at 524,133

East County's population is projected to grow 4.0% to 545,098



Data Sources: SpeedTrack, Inc; US Census Bureau

Sharp Grossmont Hospital Service Area Map

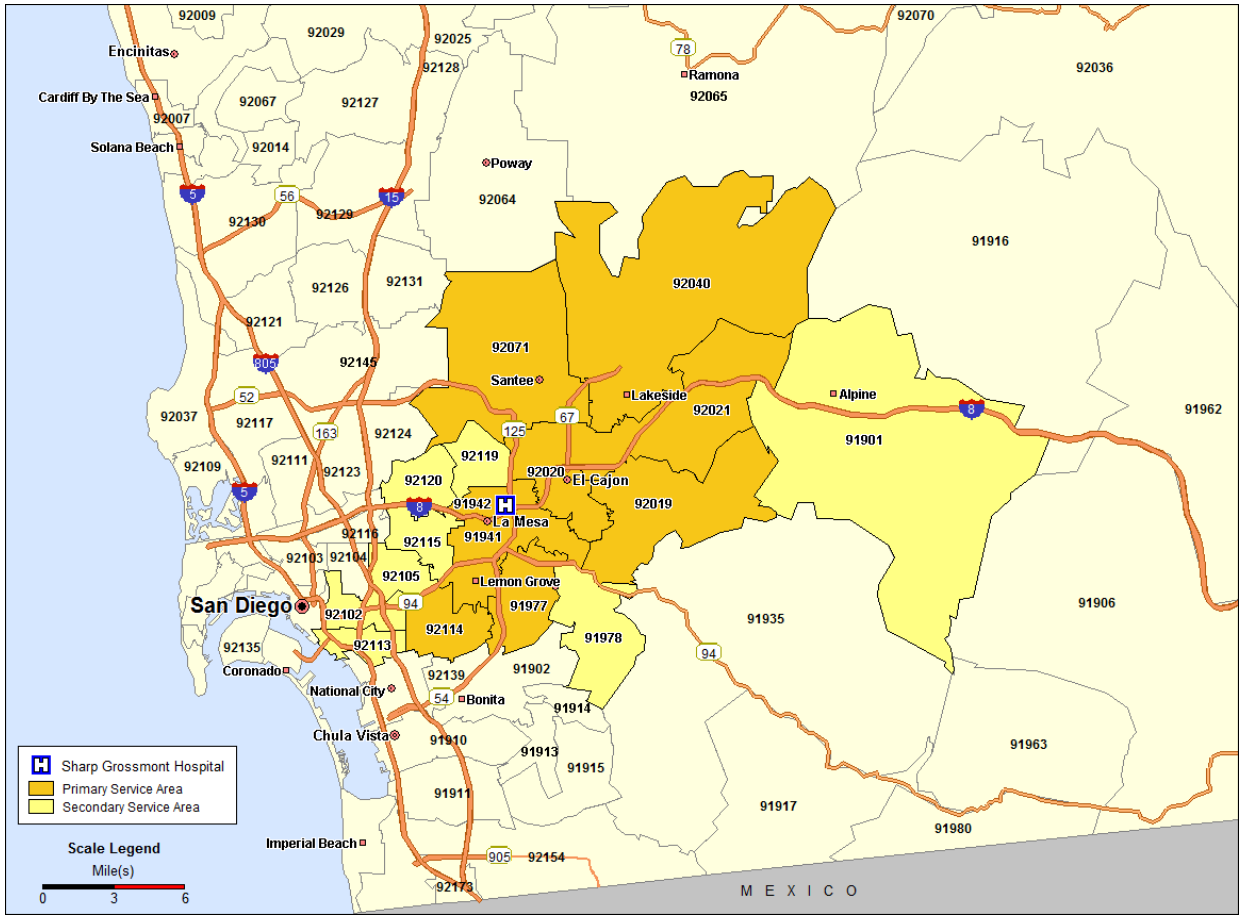
Based on fiscal year 2017 inpatient discharges

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
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

Hospital Service Area Distribution of Growth: 2017–2022

The hospital service area is projected to grow 4.5% to 875,171

45-64
↑ 0.1%

18-44
←→ 0.2%

0-17
↑ 4.1%

65+
↑ 24.7%

Data Sources: SpeedTrack, Inc; US Census Bureau

SHARP

Sharp Grossmont Hospital Service Area Demographic Profile: 2017–2022

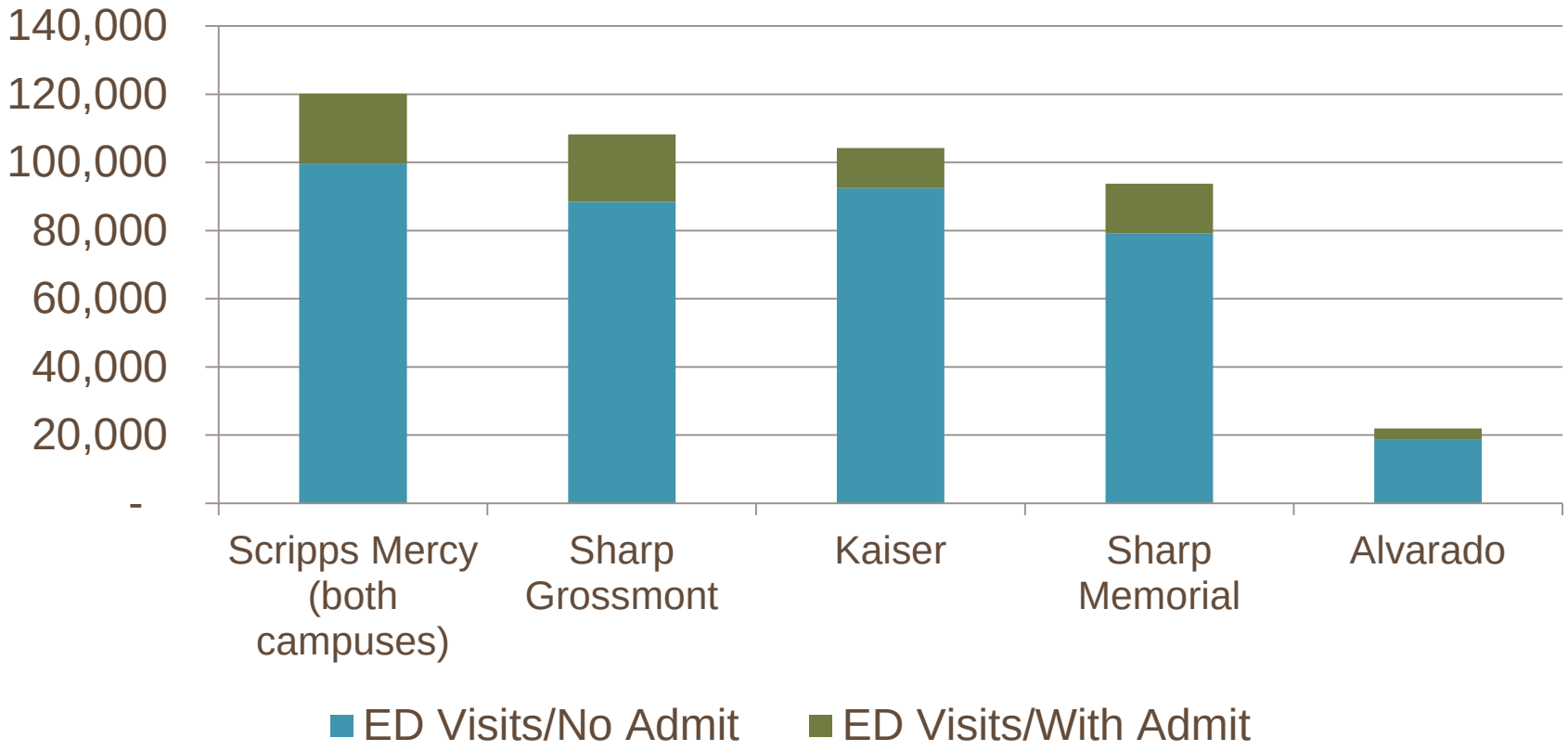
Race/ Ethnicity	2017 Population	2017 Percentage of Total	2022 Population	2022 Percentage of Total	2017-2022 Change	2017-2022 % Change
White	359,617	42.9%	364,593	41.7%	4,976	1.4%
Hispanic	298,427	35.6%	319,035	36.5%	20,608	6.9%
Asian/Pacific Islander	69,361	8.3%	72,497	8.3%	3,136	4.5%
Black	74,371	8.9%	78,306	8.9%	3,935	5.3%
Multiracial	29,925	3.6%	34,961	4.0%	5,036	16.8%
Native American	4,157	0.5%	4,272	0.5%	115	2.8%
Other	1,507	0.2%	1,507	0.2%	0	0%
Total	837,365		875,171		37,806	4.5%

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

SHARP

Emergency Department Utilization: 2016

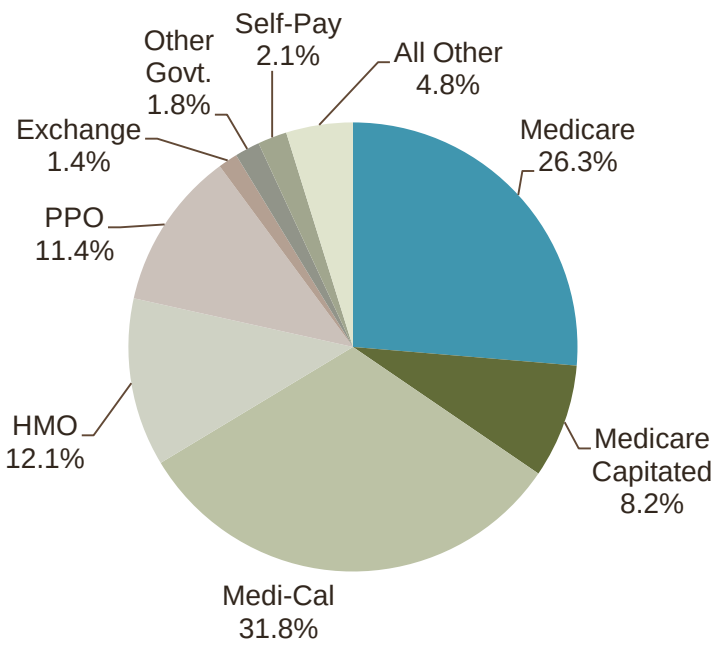
Sharp Grossmont Hospital has one of the busiest Emergency Departments in San Diego County



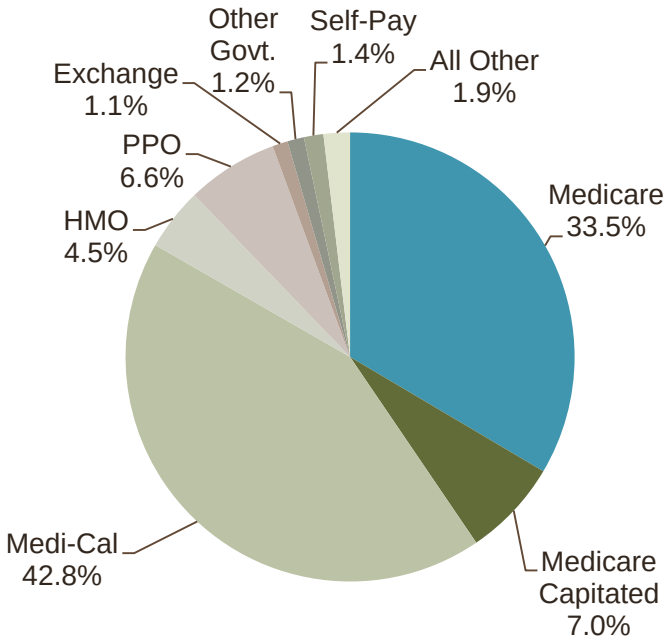
Data Sources: OSHPD Hospital Utilization Report, SpeedTrack, Inc.

Hospital Inpatient Payor Mix by Discharge (Fiscal 2017)

Sharp HealthCare



Sharp Grossmont Hospital

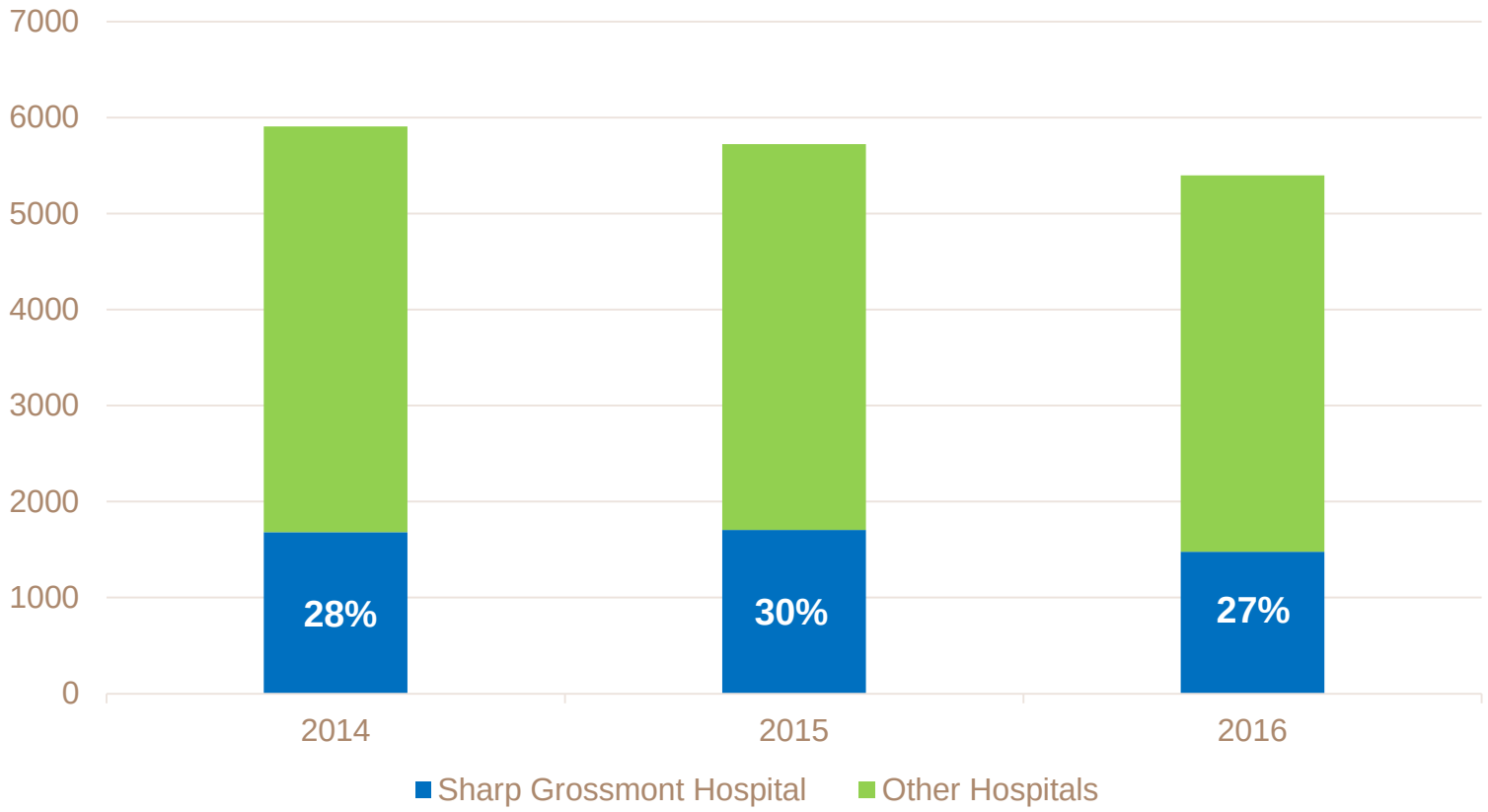


As a percent of discharges, Sharp Grossmont Hospital sees more Medi-Cal and Medicare than the Sharp system average, and less HMO and PPO

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

Hospital Service Area Distribution of Normal Newborns

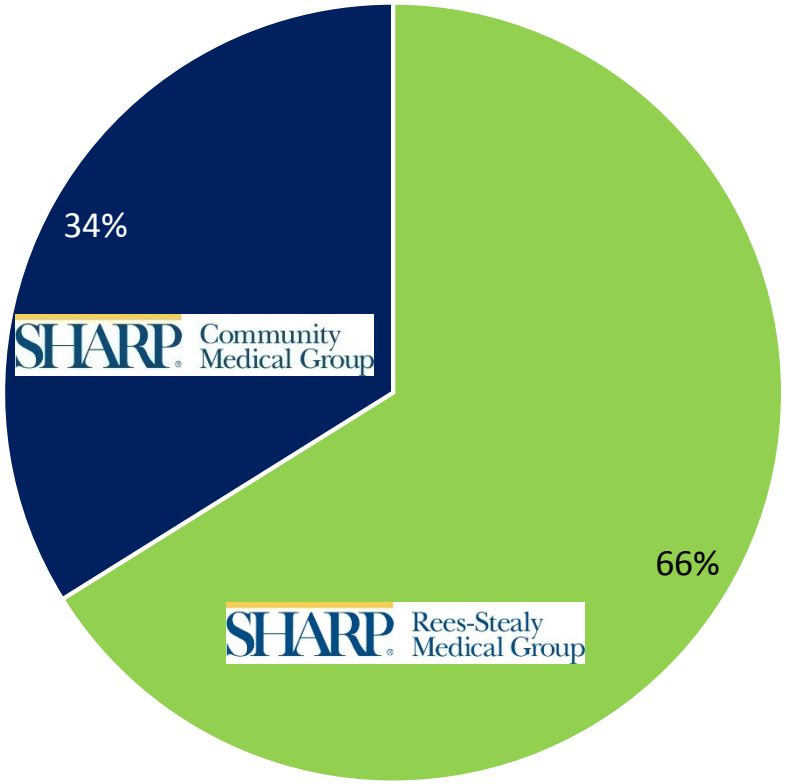
(Percentage is Service Area Market Share)



Data Sources: OSHPD Inpatient Hospital Discharge Data; SpeedTrack, Inc. CUPID

Sharp Health Plan Members in SGH Service Area (as of Dec. 2017)

Sharp Community Medical Group has 30,079 enrollees in Sharp Grossmont Hospital's service area



Sharp Rees-Stealy Medical Group has 58,865 enrollees in Sharp Grossmont Hospital's service area

Data Sources: 2017 IDX Enrollment data queried by Scott Rogers of SHC Managed Care Finance Dept.; SpeedTrack, Inc. Demographics

Sharp HealthCare
Community Benefit

Sharp Grossmont Hospital, FY 2017 Community Benefit Plan and Report

Jillian Barber, MPH
Manager, Community Benefit and Health Improvement
Sharp HealthCare

Committed to improving the
Health and Well-Being of the Community

SHARP.

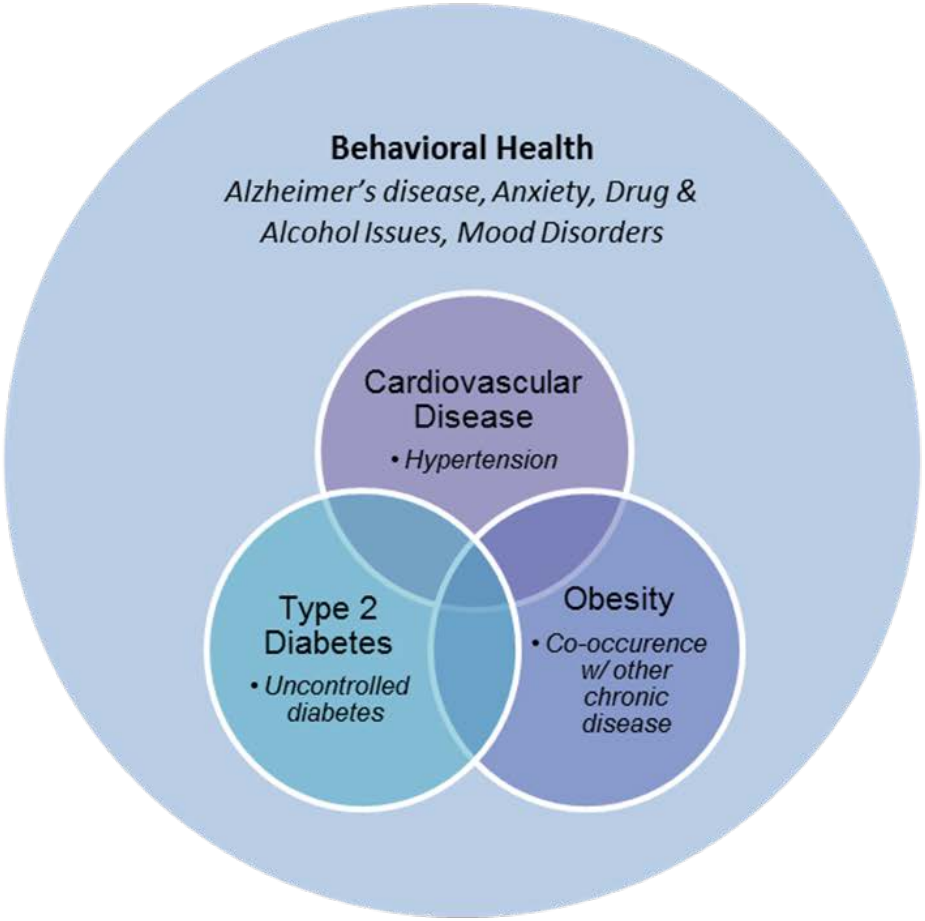
Sharp HealthCare Community Benefit: SB 697

- Not-for-profit hospitals assign and report the economic value of community benefit provided in furtherance of their plans

- Required for not-for-profit status
- Framework:
  - Medical care services
  - Other benefits for vulnerable populations
  - Other benefits for the broader community
  - Health research, education and training programs

2016 Collaborative CHNA-Identified Priority Needs

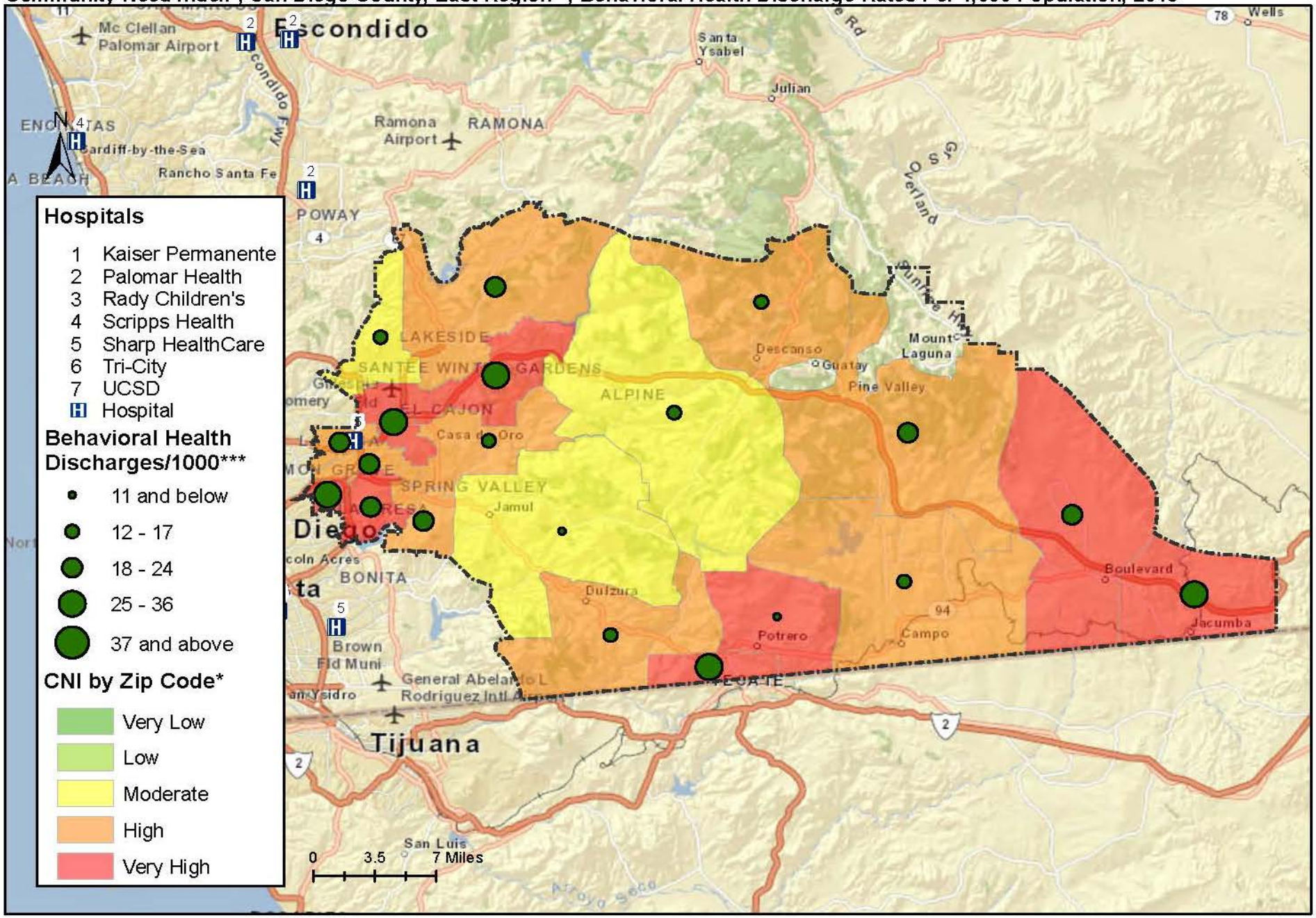
Top Health Needs



Top Social Determinants

- Food Insecurity & Access to Healthy Food
- Access to Care or Services
- Homeless/Housing issues
- Physical Activity
- Education/Knowledge
- Cultural Competency
- Transportation
- Insurance Issues
- Stigma
- Poverty

Community Need Index*, San Diego County, East Region**, Behavioral Health Discharge Rates Per 1,000 Population, 2013***



Data Source: *Dignity Health; **SanGIS; ***OSHPD, SpeedTrack, Inc.
Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.

HOSPITAL ASSOCIATION of San Diego & Imperial Counties

iph

2016 Sharp Grossmont Hospital (SGH) CHNA: Other Identified Health Priorities

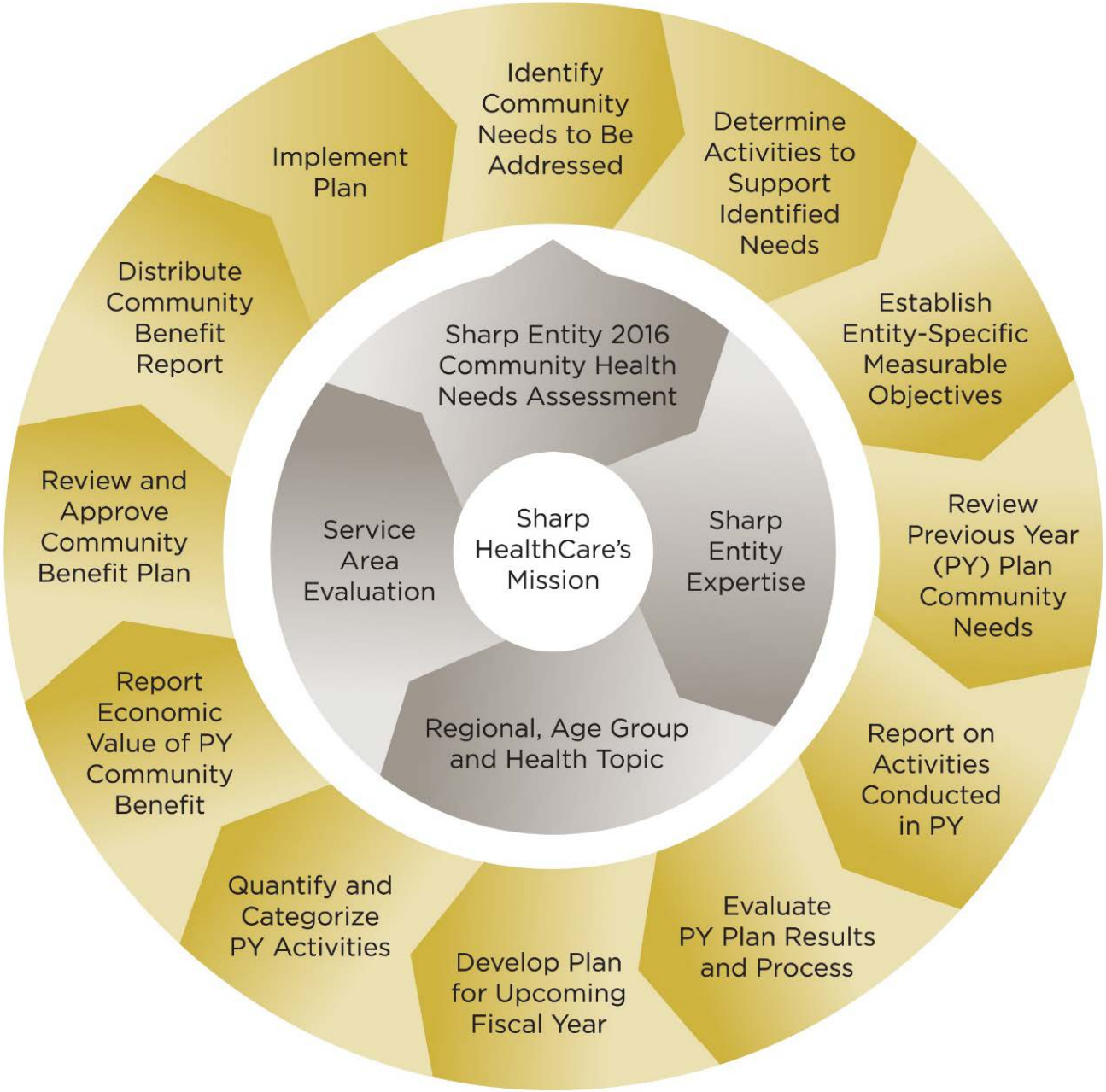
Cancer Education and Support

Senior Health

SGH's Community Benefit Report also addresses:

- Unintentional injury
- Women's/prenatal health services and education
- General health education and wellness
- Fostering interest in health care careers at local schools
- Transitions of care for vulnerable patients (homeless, etc.)

Sharp HealthCare Community Benefit: Process



FY 2017 SGH Community Benefit

$118.1 million:

- Medical Care Services: $115.5 million
- Other Benefits for Vulnerable Populations: $834.1K
- Other Benefits for the Broader Community: $551.7K
- Health Research, Education and Training: $1.2 million

SGH: Other Benefits for Vulnerable Populations

- Transportation
- Project HELP
- Senior Resource Center
- Community clinic support and partnerships
- Prenatal Clinic
- Sharp Lends a Hand
- Care Transitions Intervention Program (CTI)

SGH: Other Benefits for the Broader Community

- Health education, screenings, support groups

- Community organization support and leadership
- Inspire health care careers at local schools
  - Health Sciences High and Middle College (HSHMC)
  - Health-careers Exploration Summer Institute

SGH: Health Research, Education and Training

- Internships:
  - > 1,000 students
  - > 144,000 hours
- Lectures & Training Programs
- Research
- Community Health Professional Education

Spotlight: SGH
Care Transitions Intervention (CTI) Program

Partners: Sharp Grossmont Hospital, Grossmont Hospital Foundation,2-1-1 San Diego, Feeding San Diego,

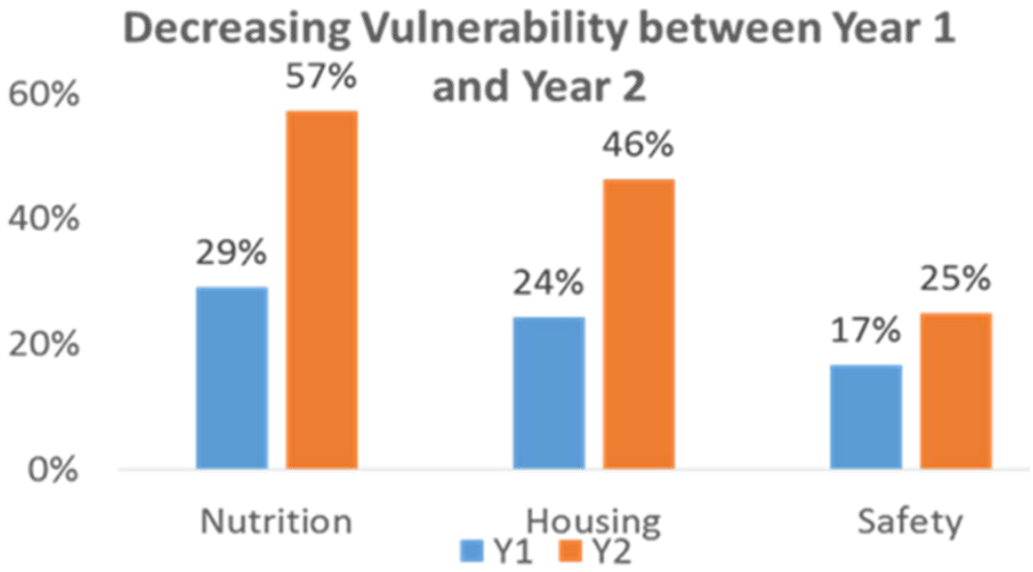
Shared Goal: Bridge gap between social services and health in discharge patients transitioning home

Outcome measures:

- Percent of individuals readmitted into hospital (readmission rate)
- Number and percent who decrease vulnerability of social determinants on risk rating scale
- Client patient satisfaction and ability to better manage health

Spotlight: CTI Program - Outcomes

- **Reduced readmissions:** 9.6%
- **Improved care coordination:** 97%
- **Improved SDOH vulnerability:** 91%
- **Improved ability to manage health:** 92%



Emergency Department/Patient Flow

Louise White
Vice President, Patient Care, CNO

SHARP

Throughput Improvements

- Emergency Room
  - Accelerated ED Care
  - Behavioral Health Pod E
- Ambulatory Care
  - Care Clinic
- Acute Care
  - Observation Units
  - Transitional Care Unit

AcceleratED Care

Transforming Grossmont Emergency Department
Enhancing the Sharp Experience

- Target Population
  - Minor care patients (Approximately 40% of daily volume)
  - ESI (Emergency Severity Index) “Vertical” 3, 4, 5

- Goals:
  - < 20 minutes from Door to Provider
  - < 1% LWOT (Left Without Being Seen)
  - < 120-180 minutes Length of Stay

AcceleratED Care

Transforming Grossmont Emergency Department
Enhancing the Sharp Experience

- Creates Pivot RN/PAS (Patient Access Services) Parallel Processes
- Utilizes Treatment Chairs 1-8
- Creates Results Pending Area
- Creates Discharge Area

AcceleratED Care

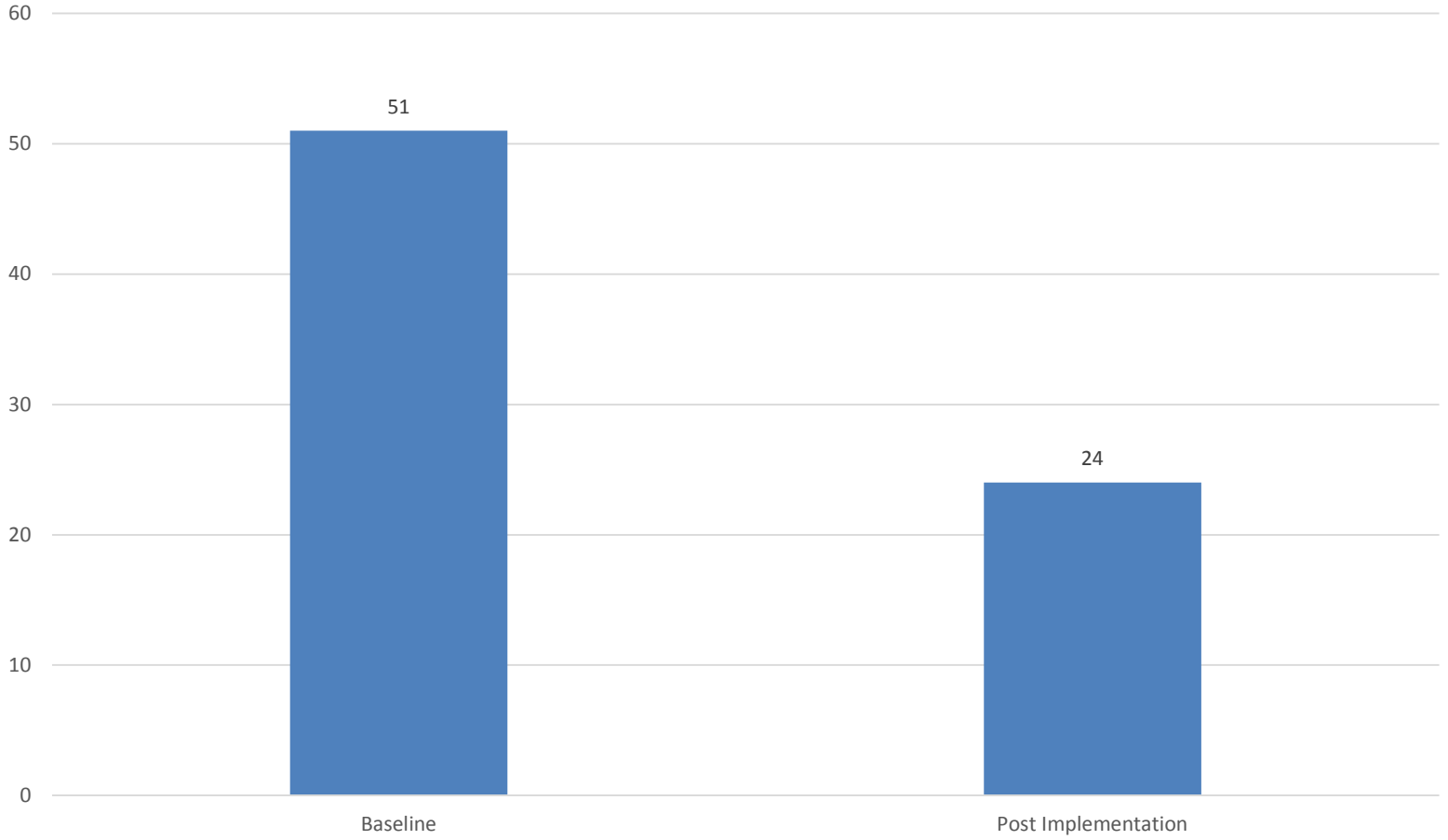
Transforming Grossmont Emergency Department
Enhancing the Sharp Experience

- Established Disposition Huddles Throughout ED
  - Conducted every 2 hours in every care area
  - Quick review of patient length of stay; plan of care; what's needed to reach a disposition

Outcomes

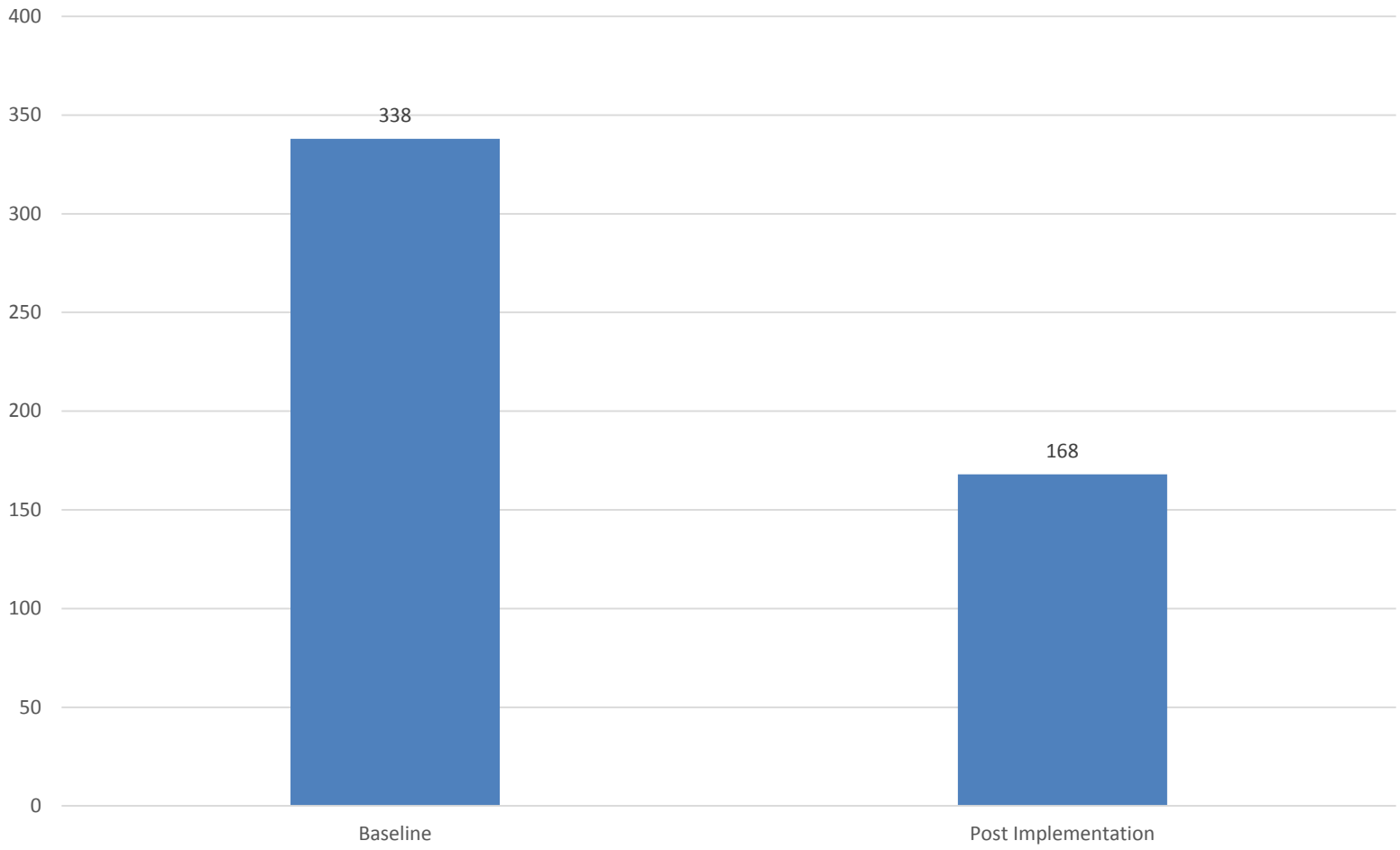
Average Door to Provider (Minutes)

Better



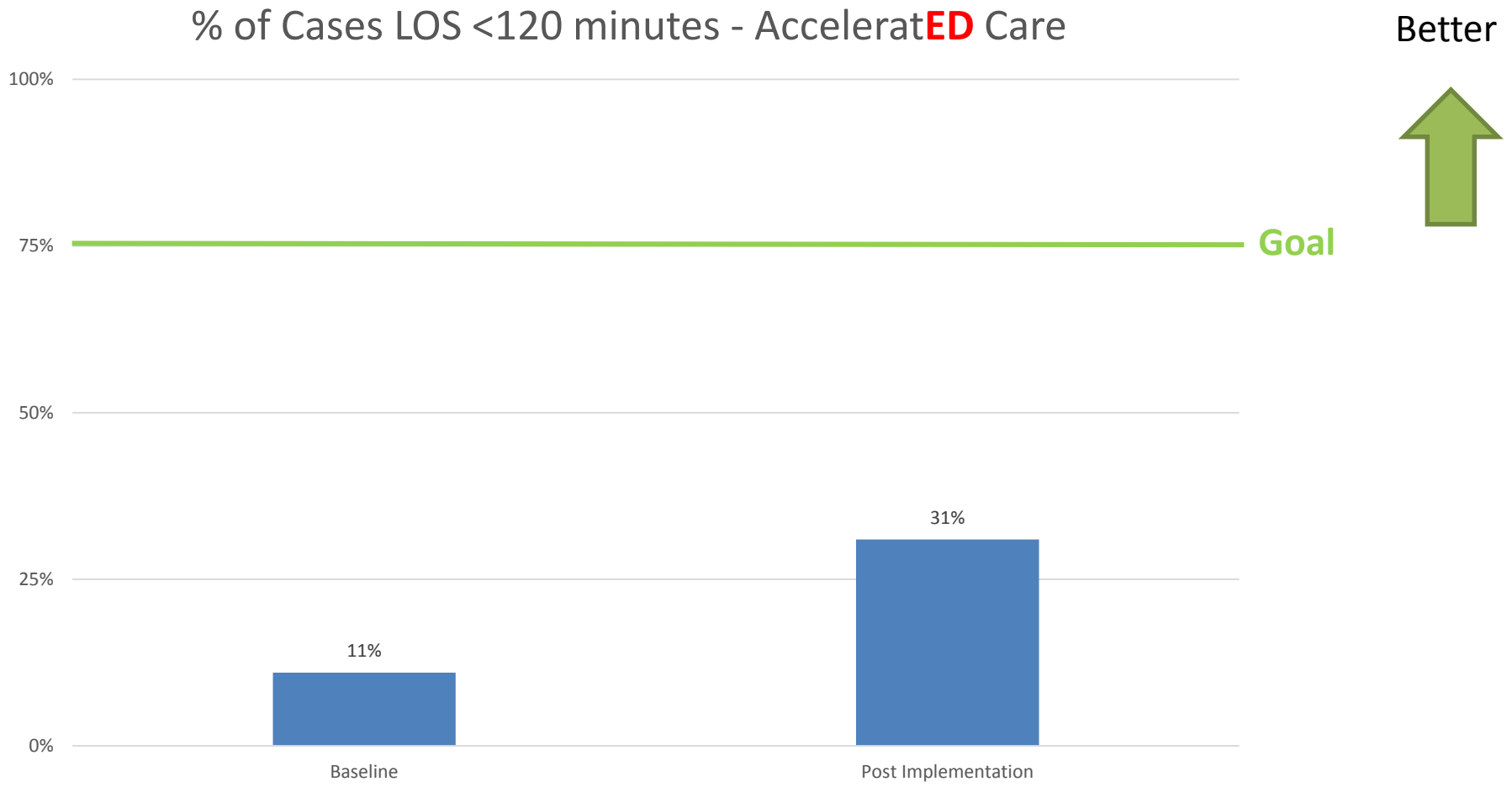
Baseline: June-August 2017 ; Post Implementation: Fiscal Year 2018 Year to Date – Up to July 2018

Average LOS for AcceleratED Patients (Minutes)

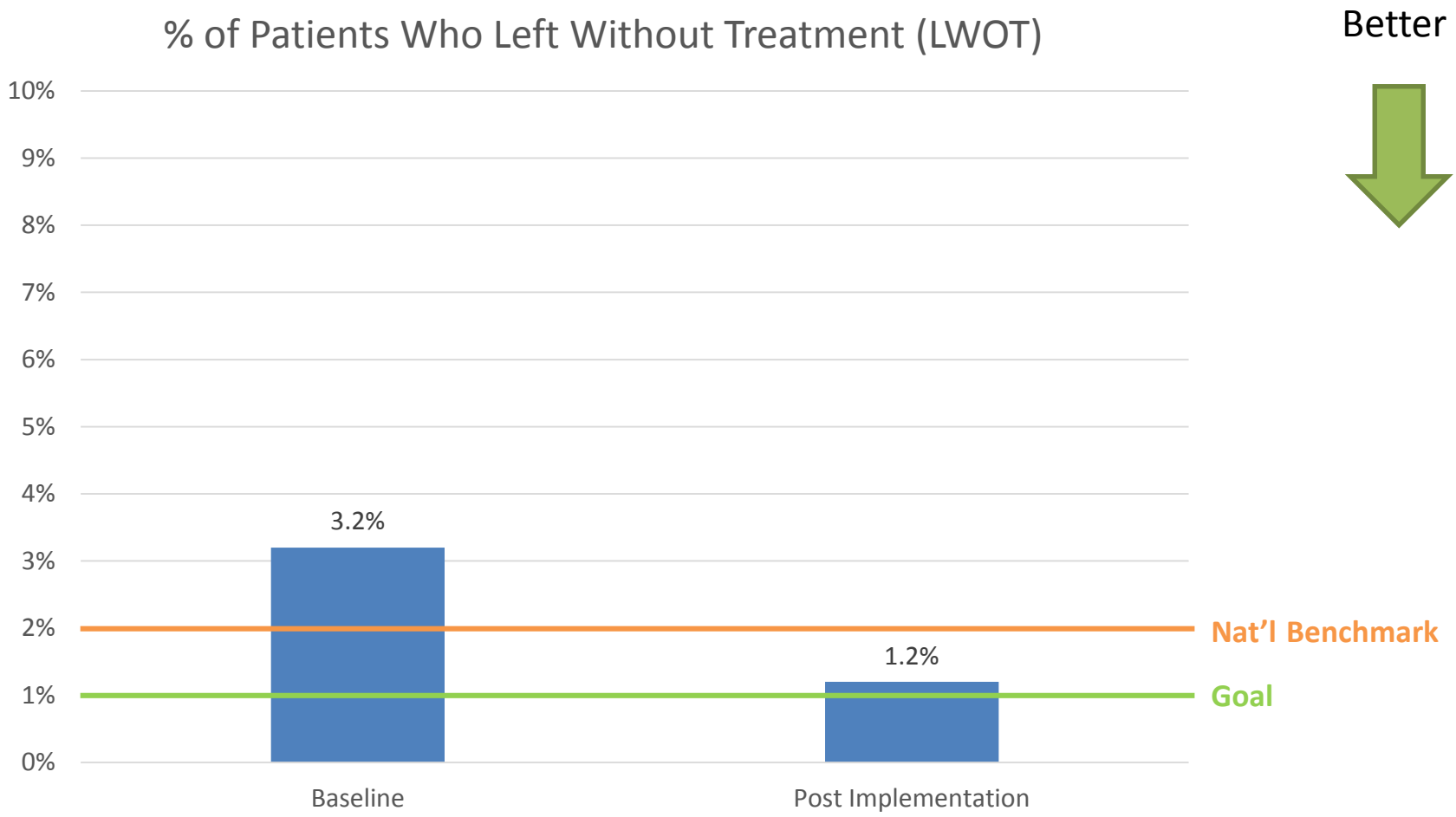


Better

Baseline: June-August 2017 ; Post Implementation: Fiscal Year 2018 Year to Date – Up to July 2018



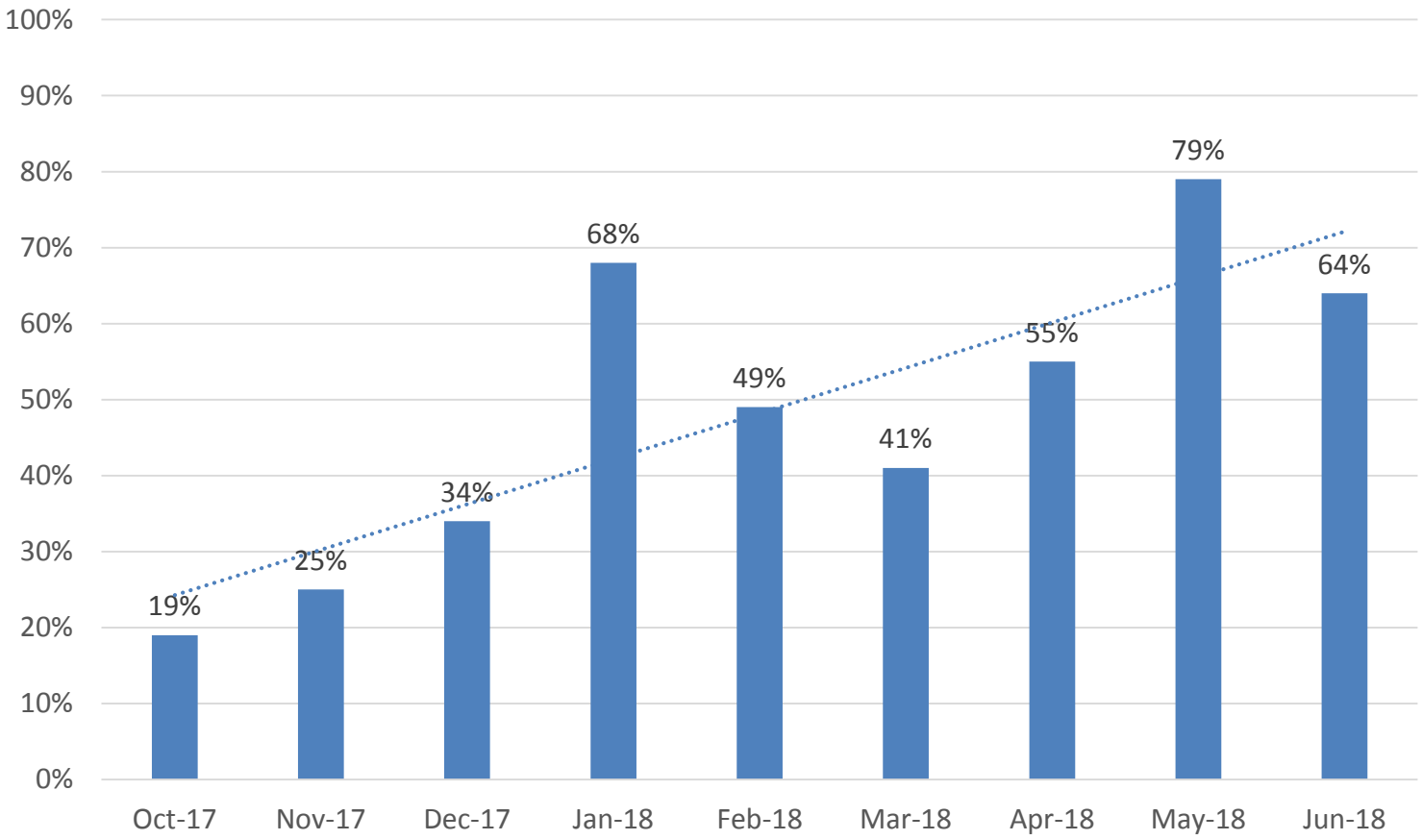
Baseline: June-August 2017 ; Post Implementation: Fiscal Year 2018 Year to Date – Up to July 2018
Goal Source: Internal Benchmark



Baseline: June-August 2017 ; Post Implementation: Fiscal Year 2018 Year to Date – Up to July 2018
Nat'l Benchmark Source: CMS National Benchmark

AcceleratED Care Overall Patient Satisfaction Percentile Rank

Better



OPEN DISCUSSION

GHD and GHC Board Members