

Grossmont Hospital District – Grossmont Hospital Corporation Joint Board Meeting

November 15, 2022

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Agenda

Open Session: Grossmont Healthcare District

• Welcome	Randy Lenac, GHD Board Member & GHC Board Chair
• Call to Order	Virginia Hall, GHD Board President
• Pledge of Allegiance	Virginia Hall, GHD Board President
• Approval of Agenda	Virginia Hall, GHD Board President
• Public Comment	Virginia Hall, GHD Board President
• Reflection and Patient Story	Louise White, SGH CNO & VP Patient Care
• Presentations	Multiple
• Open Discussion	All
• Adjournment of Open Session	Virginia Hall, GHD Board President

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Call to Order

Virginia Hall, GHD Board President



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Pledge of Allegiance

Virginia Hall, GHD Board President



Approval of Agenda

Virginia Hall, GHD Board President



Public Comment

Virginia Hall, GHD Board President



Reflection

Louise White, SGH CNO & VP Patient Care



Patient Story

Louise White, SGH CNO & VP Patient Care



Presentations

• Grossmont Healthcare District Annual Report	Virginia Hall, GHD Board President
• CEO Annual Review	Scott Evans, SVP & Market CEO
• ED Off-load Delays and Crowding	Marguerite Paradis, SGH ED Director & Paul Larimore, SGH ED Manager
• Behavioral Health	Dr. Brian Miller, SGH Medical Director of Behavioral Health
• Facilities Update	Anthony D'Amico, SGH COO
• Master Site Plan	Mike Engel, SGH Director of Campus Planning and Development
• Year-End Finance Review	Daniel Kindron, SGH CFO
• Report Card Review	Jason Broad, SGH VP Performance

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Grossmont Healthcare District Annual Report

Virginia Hall, GHD Board President

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Grossmont Healthcare District

A public agency that supports health programs and services for residents in East San Diego County

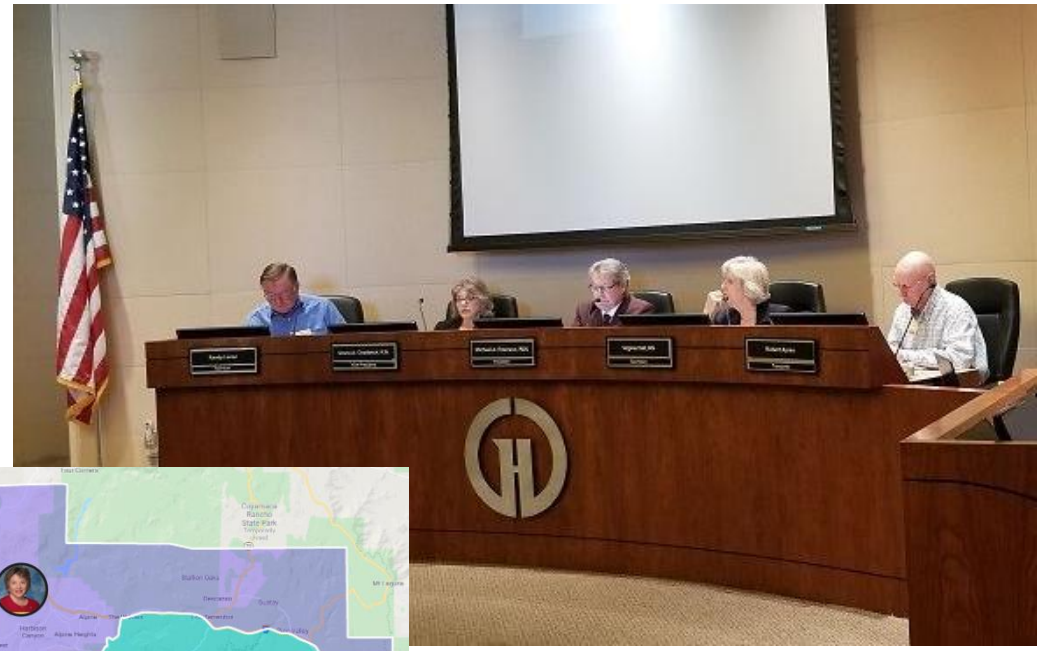
- Geography: Covers 750 miles and 520k residents.
- Unique setting: Urban and Rural.
- Community Support
  - Grants, sponsorships and scholarships;
  - Offers health education including a health library;
  - Supports programs/services for those with health and wellness needs.
  - Foster partnerships and collaboration among public agencies and community-based organizations (CBOs).

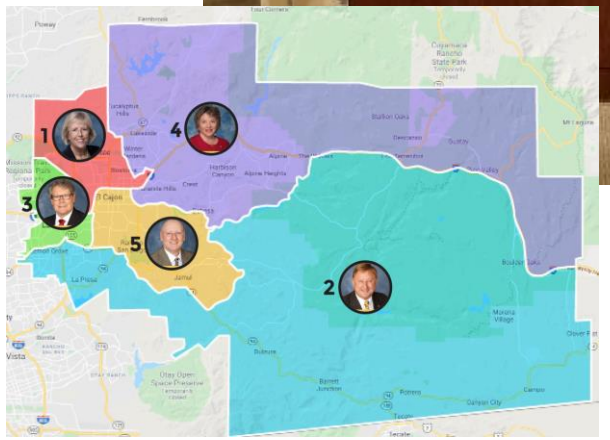


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Governance Structure

- Healthcare ‘Zones” created in 2019, voters to elect a healthcare district director that represents their “zone” or community
- Bi-monthly public board meetings.
- “Working discussions” through Committee structure
  - Grants/Sponsorships
  - Facilities
  - Finance/Audit
  - Investments
  - Risk Management
  - Gov/Legislative
  - Strategic Plan
  - Library Operations
  - Policies/Procedures
  - Public Relations/Outreach





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Committee and Board Key Accomplishments

Grants/Sponsorships/Scholarships
- $1.275M in Grants/Sponsorships
- $210k in Scholarships
- 7560 test kits to the underserved

Facilities
- Approved a $237k upgrade to A/V system

Finance/Audit
- $4.4M Saving from bond refinancing
- Maintained lower Bond Tax Rate of $24.59

Investment
- Updated investment policy and partnered with Chandler Investments

Risk Management
- Developed & implemented a risk management tool and process

Government/Legislative Affairs
- Submitted 3 advocacy letters to State Legislators
- Participate in Seismic negotiations

Library Operations
- Redesigning the Library experience
- Change the library name to reflect new direction

Policies and Procedures
- Complete review of all District Policies
- Added new policies to support staff retention

Public Relations & Outreach
- Established recurring health & wellness programs
- Developed new partnerships to foster collaboration
- 70-year anniversary celebration

Strategic Planning
- Developed a comprehensive 3 year strategic plan



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Looking toward the future

Strategic Planning Priorities, 2022-2025



Community Health & Wellness



Hospital Partnership



Chronic Disease

Access to Care

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Exploring Partnerships

Working together for health of community

Hospital Association of San Diego and Imperial Counties

Institute for Public Strategies

San Diego Workforce Partnership

San Diego East County Economic Development Council

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Heartland Fire Department

County of San Diego

CAL FIRE

Mountain Empire RedHawks High School

San Ysidro Health









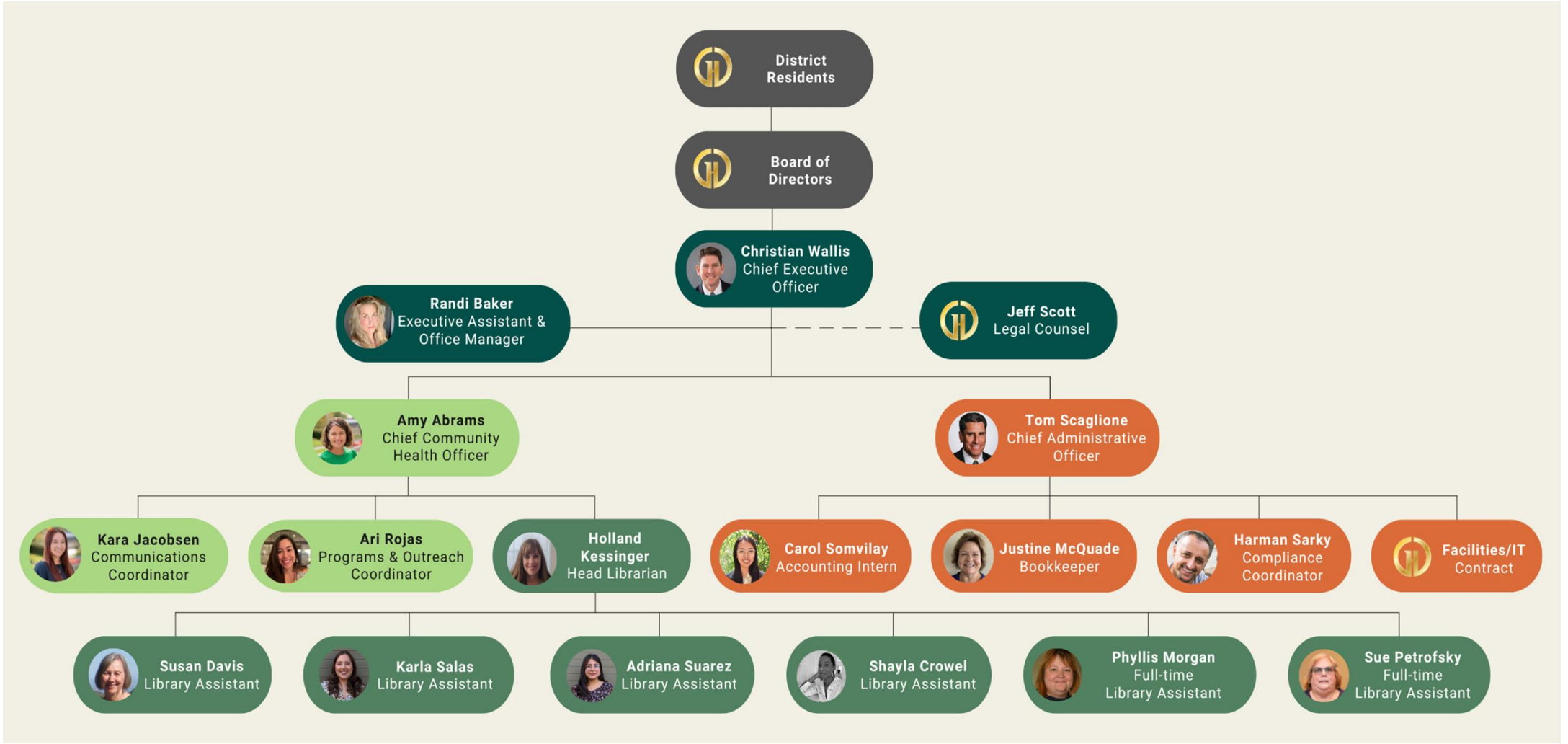






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The GHD Team


District Residents
Board of Directors
Christian Wallis
Chief Executive Officer
Randi Baker
Executive Assistant & Office Manager
Jeff Scott
Legal Counsel
Amy Abrams
Chief Community Health Officer
Tom Scaglione
Chief Administrative Officer
Kara Jacobsen
Communications Coordinator
Ari Rojas
Programs & Outreach Coordinator
Holland Kessinger
Head Librarian
Carol Somvilay
Accounting Intern
Justine McQuade
Bookkeeper
Harman Sarky
Compliance Coordinator
Facilities/IT
Contract
Susan Davis
Library Assistant
Karla Salas
Library Assistant
Adriana Suarez
Library Assistant
Shayla Crowel
Library Assistant
Phyllis Morgan
Full-time Library Assistant
Sue Petrofsky
Full-time Library Assistant

Grossmont Healthcare District

Thank you!

Virginia Hall, GHD, Board President

Christian Wallis, GHD, CEO



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Sharp Grossmont Hospital CEO Annual Review

Scott Evans, SVP & Market CEO

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Sharp Grossmont Hospital
2022 Year in Review

CEO Year End Key Updates

- Best Place to Work
- Best Place to Practice Medicine
- Best Place to Receive Care
- Growing to Serve

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Best Place to Work





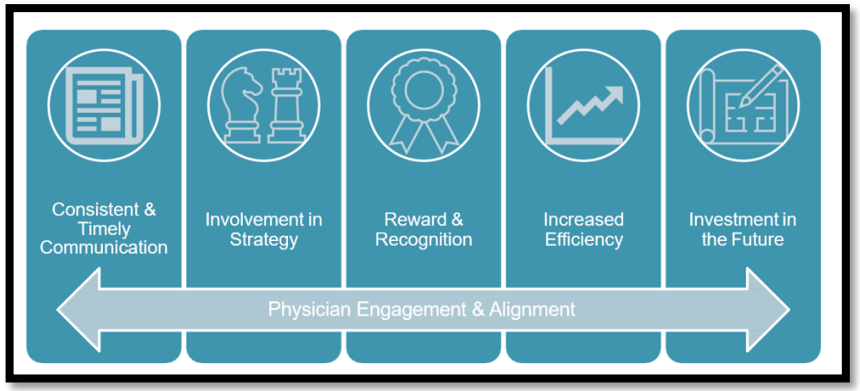


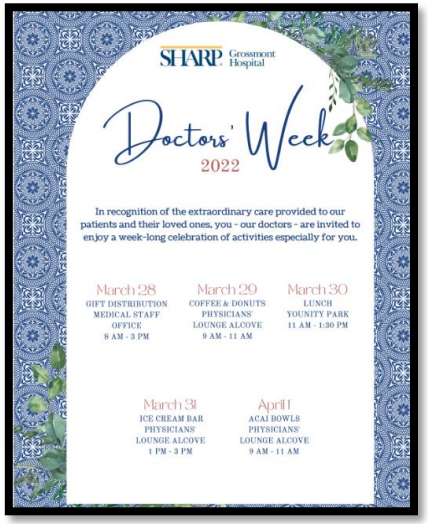




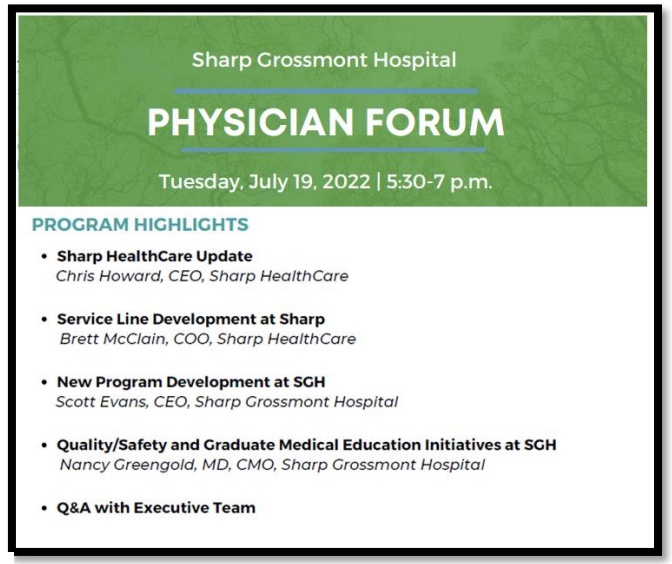
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Best Place to Practice Medicine











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Best Place to Receive Care

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

MAGNET
RECOGNIZED
AMERICAN NURSES
CREDENTIALING CENTER

LEAPFROG
HOSPITAL
SAFETY GRADE
A A A
Fall 2021 Spring 2022 Fall 2022

The Joint Commission
American Heart Association
American Stroke Association
CERTIFICATION
Meets standards for
Comprehensive Stroke Center

Sepsis Certification
Triennial Hospital Accreditation
Community-Based Palliative Care Certification

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Best Place to Receive Care

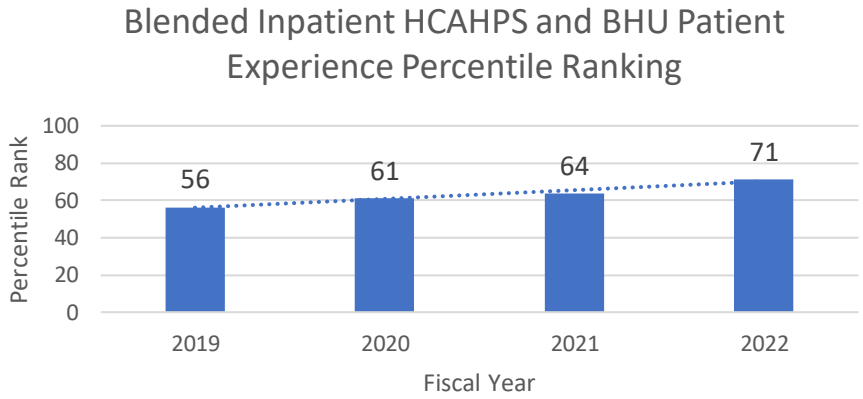
Recognize and maintain a **focus on what matters most to patients, their family members and care partners** to ensure unparalleled care and a commitment to health and well-being.

Patient Experience Navigators Focus On:

Patient Experience
Family **Connection**
Employee Experience
Support Safe Environment of Care
Resource Connection







Growing to Serve

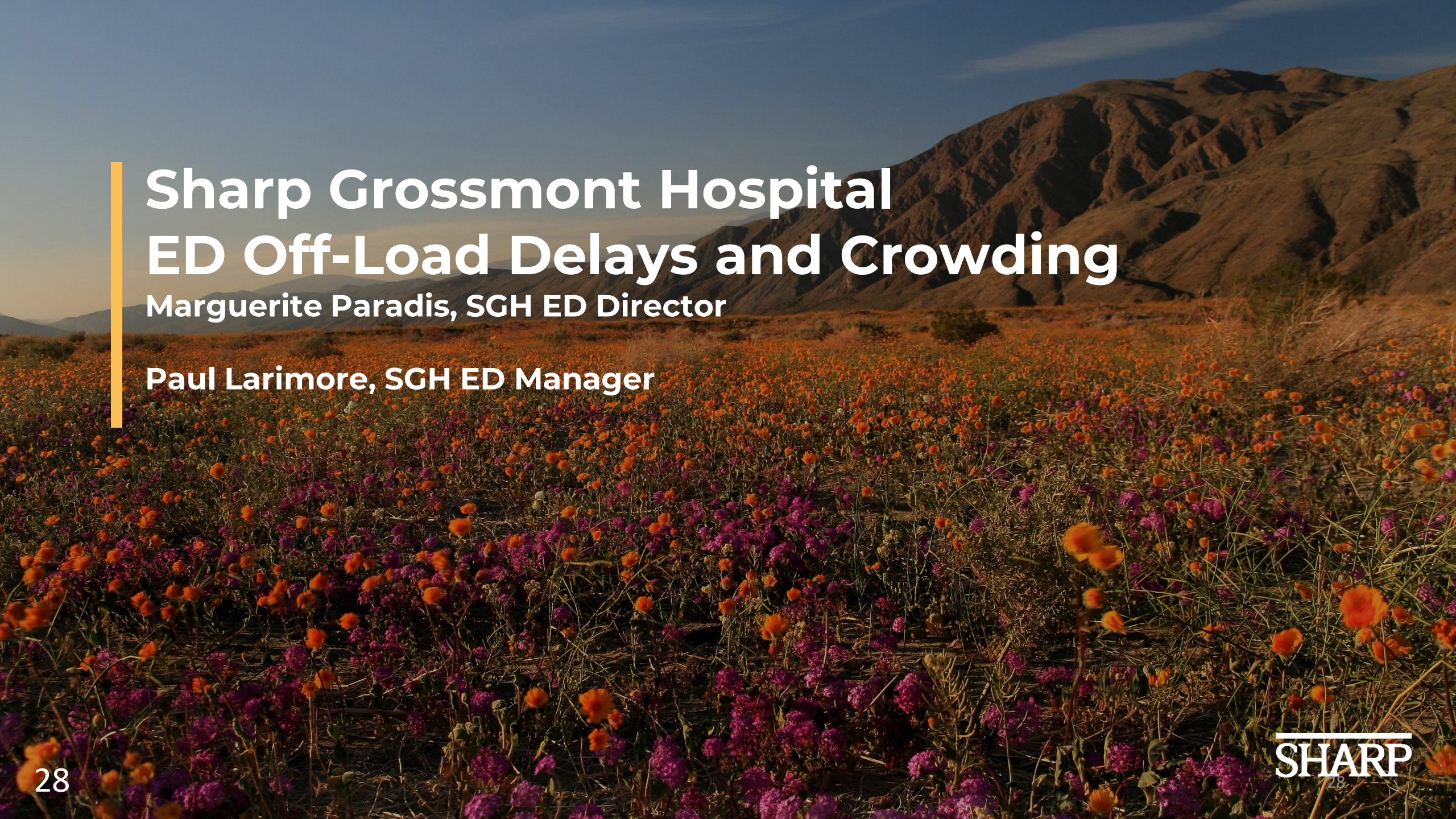






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Thank you!



Sharp Grossmont Hospital ED Off-Load Delays and Crowding

Marguerite Paradis, SGH ED Director

Paul Larimore, SGH ED Manager

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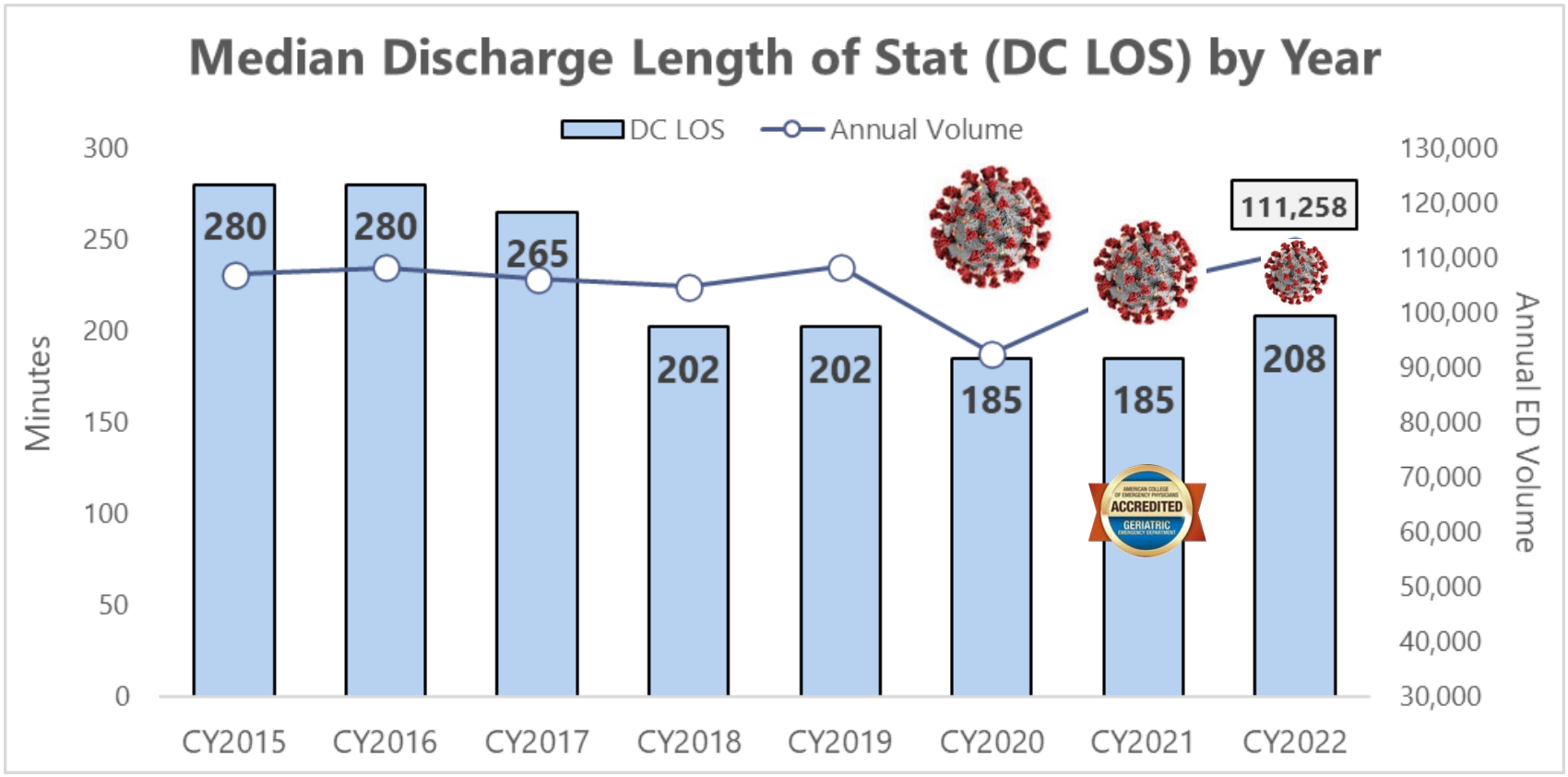
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Agenda

- Trends and Current State
- Data Driven Decision Making
- Transfer of Care Analytics
- Opportunities and Future State

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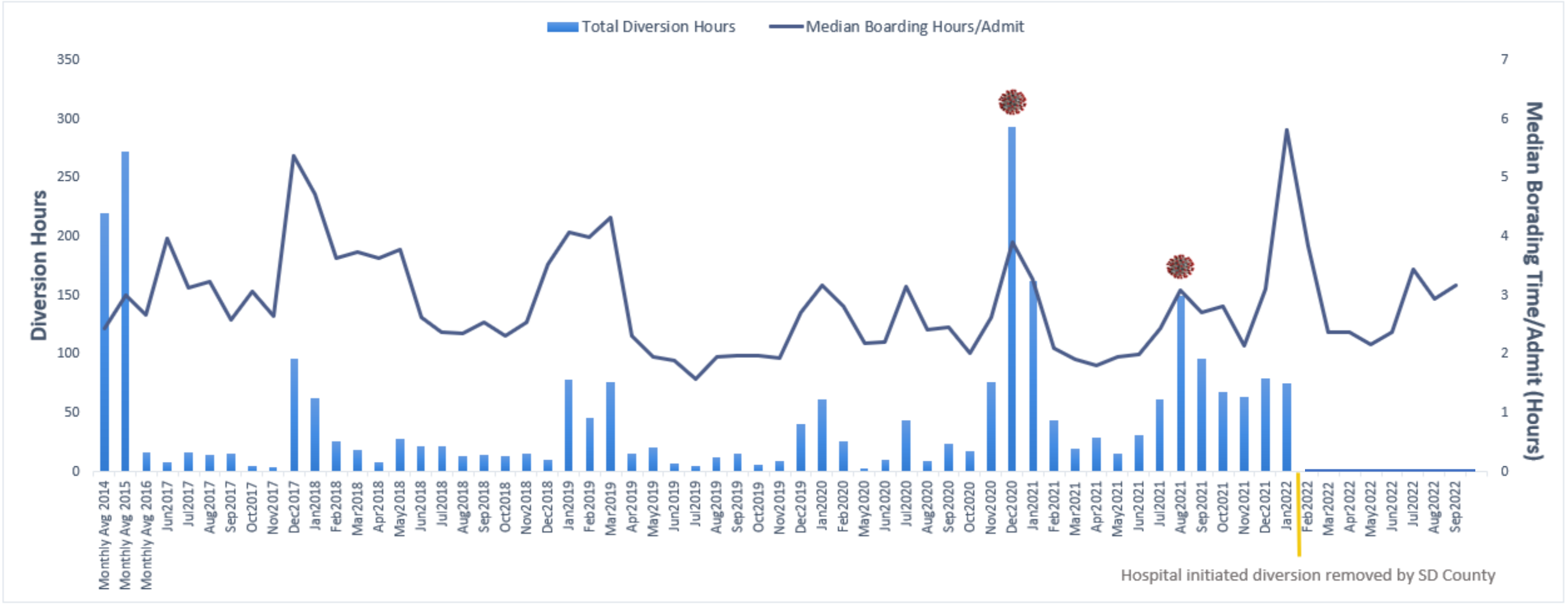
Volume and Discharge Trends



- Volumes increasing
- Discharge length of stay decreasing
- **Zero serious safety events**

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Diversion and Boarding Trend

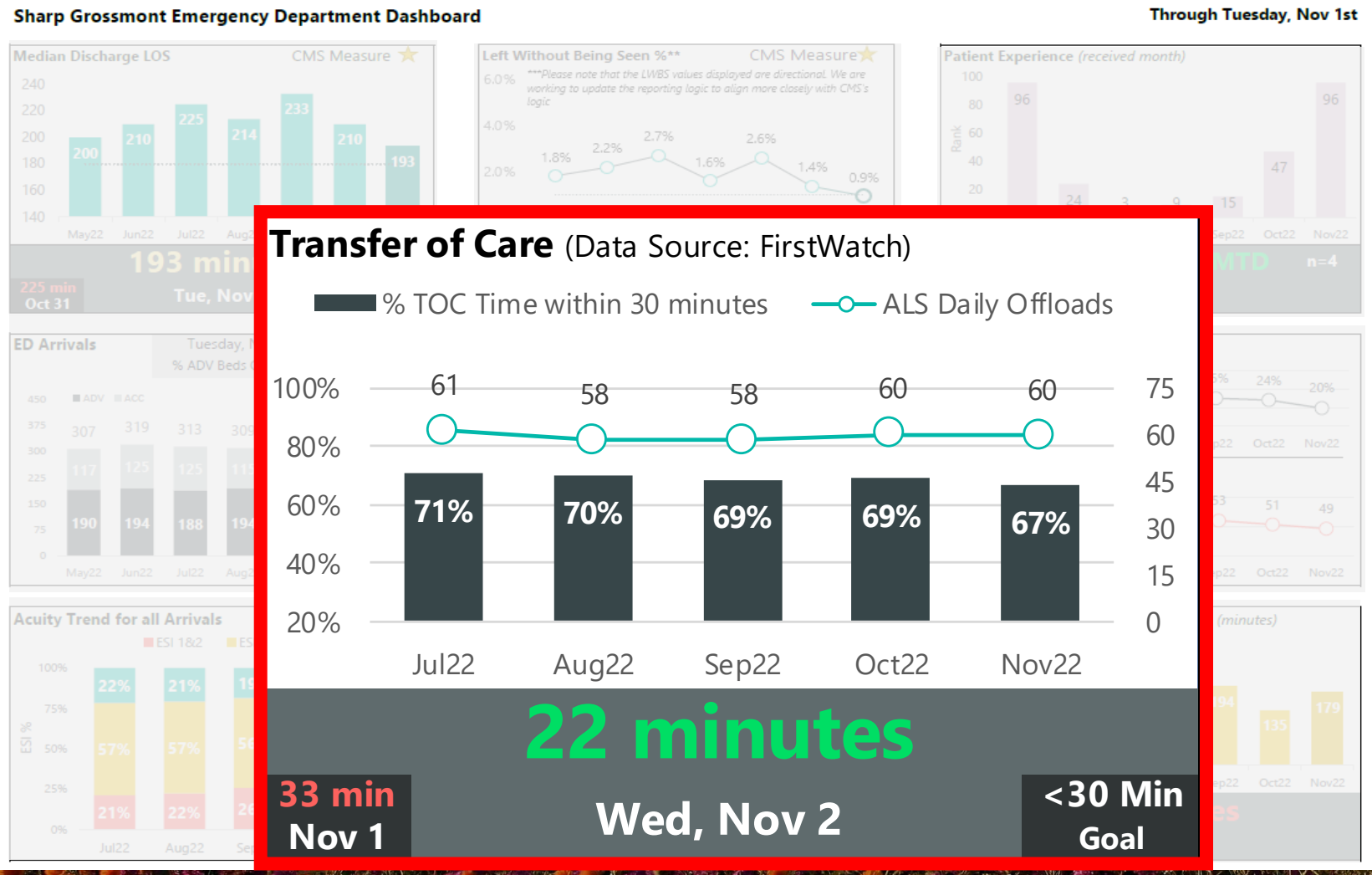


Zero serious safety events

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Data-Driven Decision Making

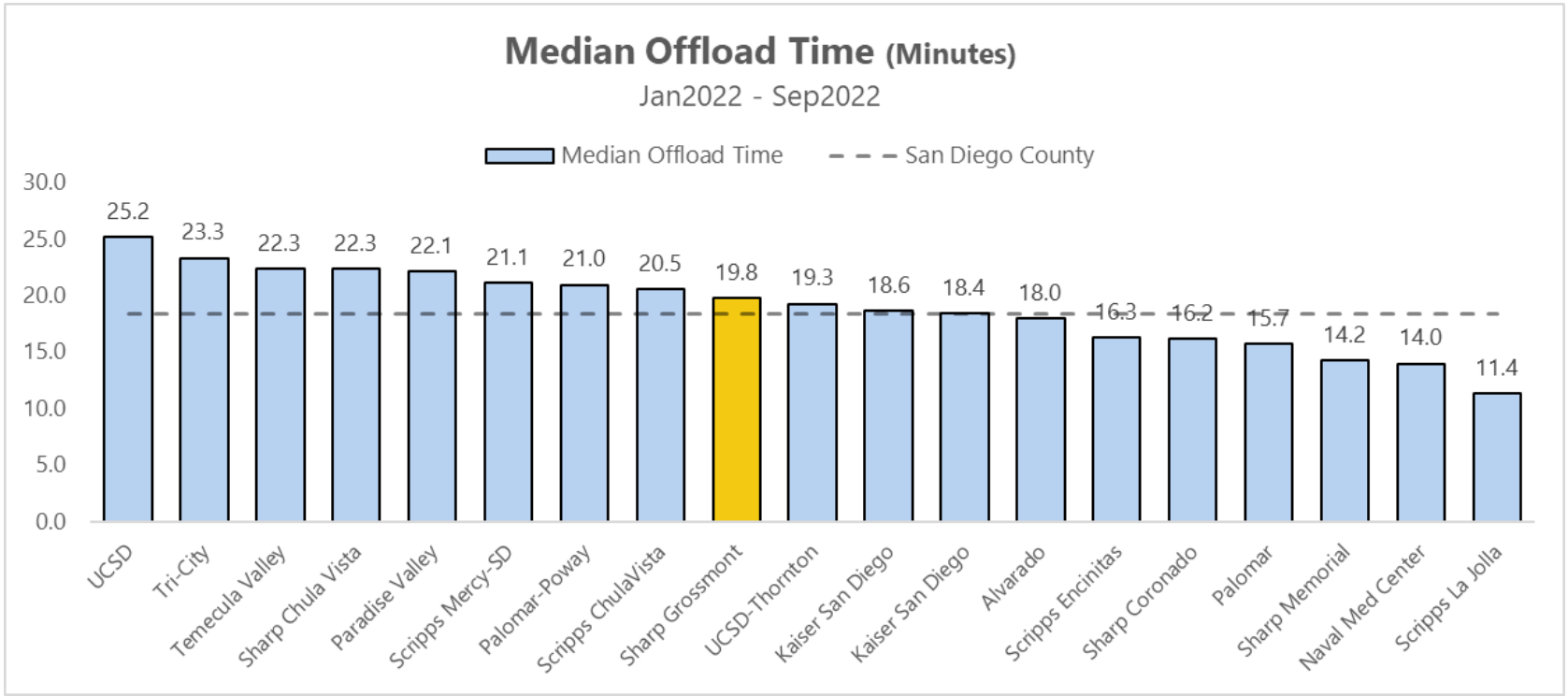


- Daily ED Dashboard focused on metrics that drive performance improvements
- Distributed site-wide and reviewed daily at Administration HRO huddle
- Active reporting platform allows for continuous modification to drive change
- Specific area for monitoring Transfer of Care performance

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Transfer of Care – County Comparison

	Jan2022-Sep2022	
Facility	Offloads	% of County Offloads
Palomar	16,091	12%
Sharp Grossmont	15,731	11%
Sharp Memorial	12,256	9%
Scripps Mercy-SD	11,793	9%
UCSD	9,770	7%
Scripps La Jolla	9,111	7%
Sharp Chula Vista	8,842	6%
Tri-City	7,774	6%
Scripps ChulaVista	7,215	5%
Alvarado	7,196	5%
Scripps Encinitas	6,843	5%
Kaiser Zion	5,096	4%
Palomar-Poway	3,981	3%
Kaiser San Diego	3,379	2%
Paradise Valley	3,322	2%
Sharp Coronado	2,285	2%
UCSD-Thornton	2,056	1%
Naval Med Center	1,887	1%
Temecula Valley	1,684	1%



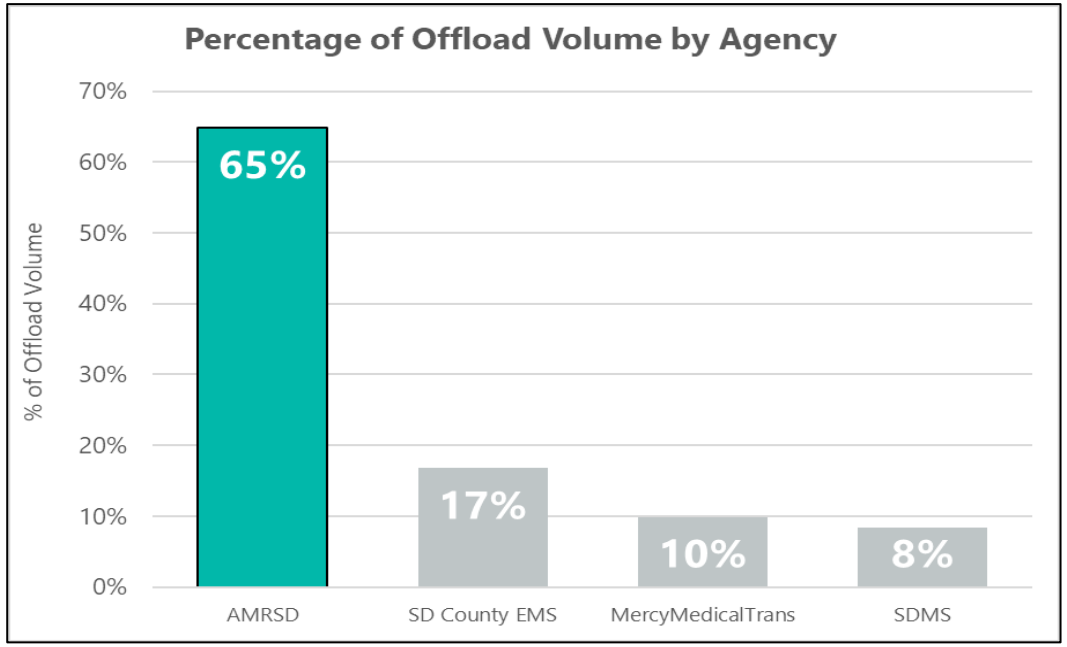
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Transfer of Care Analytics – by Agency

Percentage of Offloads Under 30 Minutes by Arrival Hour (Oct2022)

Hour	AMRSD	Mercy Medical Trans	SD County EMS	SDMS	Daily Arrivals
0	70%	100%	100%	60%	2
1	68%	100%	100%	100%	2
2	80%	80%	100%	100%	2
3	79%	100%	100%	100%	1
4	88%	100%	100%	100%	1
5	90%	100%	100%	100%	1
6	69%	100%	92%	100%	2
7	68%	100%	88%	75%	2
8	71%	83%	100%	75%	3
9	65%	80%	85%	100%	3
10	72%	100%	80%	50%	3
11	48%	100%	86%	78%	4
12	52%	82%	75%	60%	3
13	56%	50%	78%	57%	3
14	51%	50%	84%	40%	4
15	45%	85%	100%	78%	3
16	52%	57%	90%	33%	3
17	56%	90%	80%	25%	3
18	62%	100%	94%	57%	3
19	57%	70%	73%	60%	3
20	74%	50%	85%	50%	3
21	54%	73%	100%	100%	3
22	60%	78%	80%	80%	3
23	56%	88%	90%	56%	2

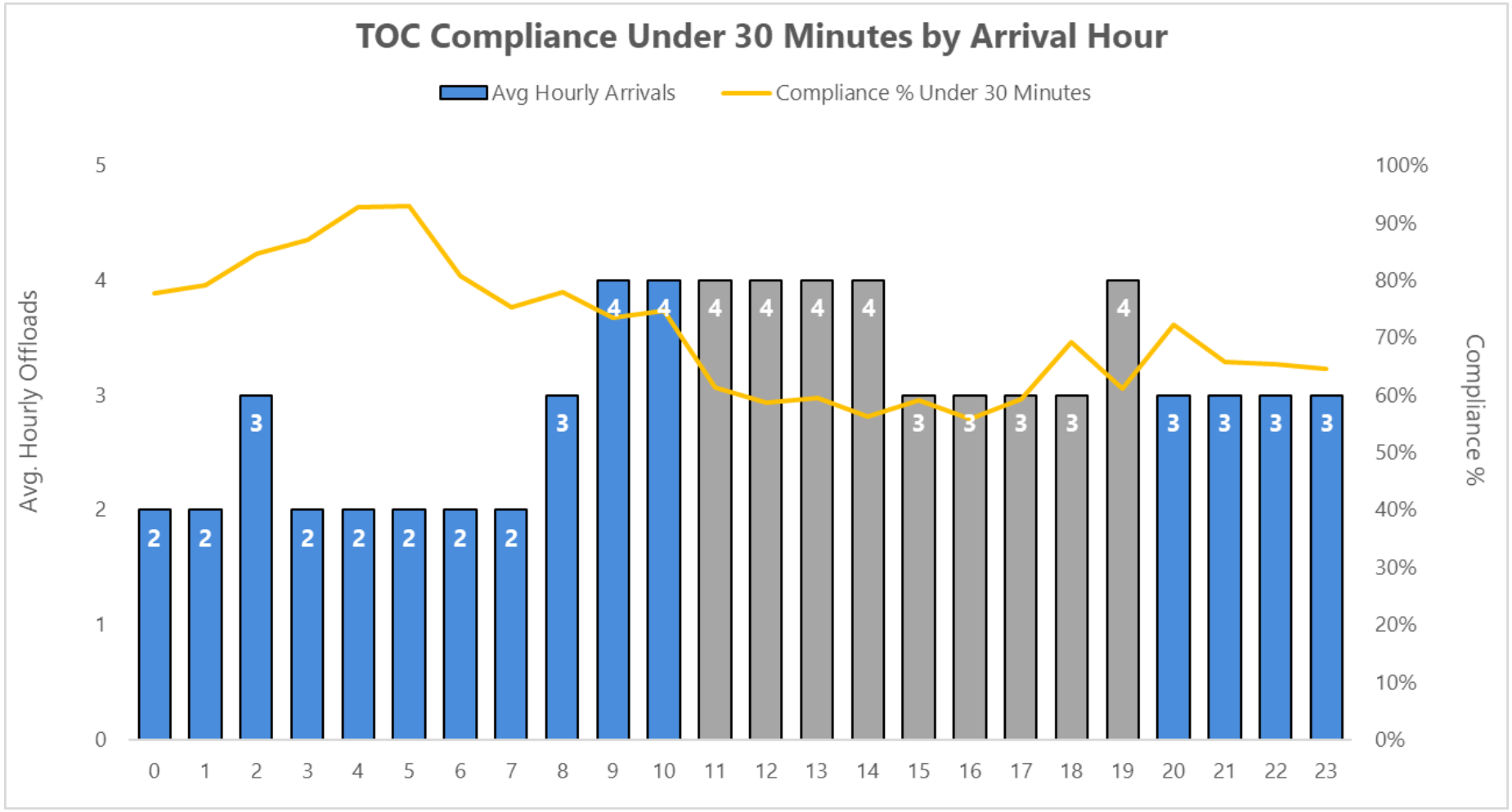
Key
80% to 100%
65% to 79%
Below 65%



- Visualize variance between TOC method utilization by hour and operating agency

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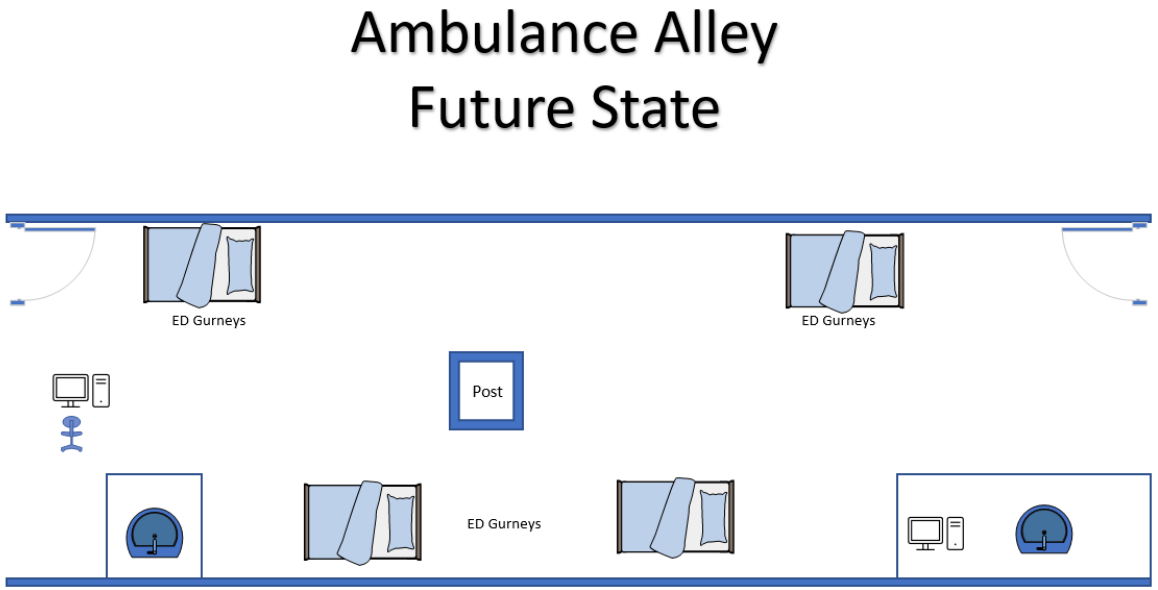
Transfer of Care Analytics – By Arrival Hour



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Next Steps: Areas of Opportunity

- Partnering with EMS, San Diego County and CHA
  - Sharing data
  - Transparency among agencies
  - Joint solutions
- Initiating Lean Six Sigma project
  - Staff training and education
  - Creating pathways for offload options
- Transforming our offload area
  - Redesign of ambulance offload area
  - Adding staffing/gurneys
- Expanding our care areas
  - Utilization of tents for treatment
  - Pod F
  - Midtrack workflow
  - Care Clinic



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Sharp Grossmont Hospital Behavioral Health

Dr. Brian Miller, SGH Medical Director of Behavioral Health

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Behavioral Health

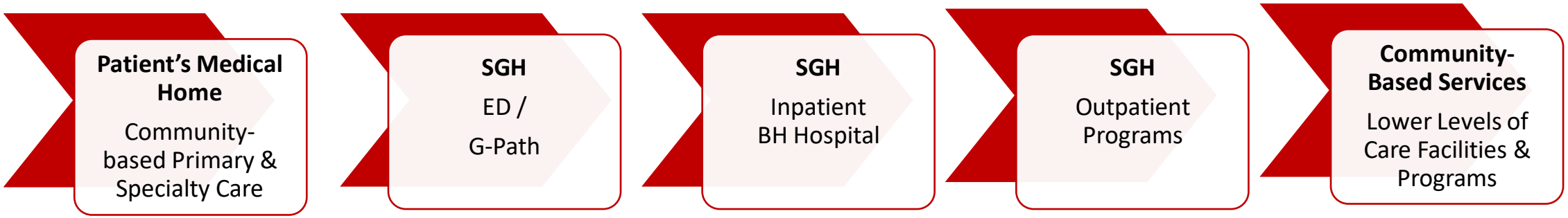
- 1 in 5 U.S. adults experience mental illness each year
- 1 in 20 U.S. adults experience serious mental illness each year
- Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult (estimated12 million visits)
- An estimated 5 percent of San Diegans are living with serious mental illness



Notes:
Mental Health By the Numbers | NAMI: National Alliance on Mental Illness
https://www.sdfoundation.org/

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Behavioral Health (BH) Continuum of Care



1,625 Medi-Cal Admin Days (Nov. 21 – Oct. 22) representing 12.3 % of SGH BH Inpatient Bed Days due to:

- Increased demand for BH services
- Inadequate capacity in community for lower levels of care
- Payment models make prioritizing infrastructure difficult for healthcare organizations
  - Care is underfunded and regulatory requirements are expensive
- Community/government support is paramount to meeting BH needs of the region

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Thank you!



Sharp Grossmont Hospital Facilities Update

Anthony D'Amico, SGH COO

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Capital Projects Update



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Completed FY22 Projects

- Service Line Improvements
  - TomoTherapy Replacement at Cancer Center
  - Interior Improvements to Medical Oncology
  - Women's Observation Unit
  - Multiple Emergency Department Improvements
  - Main OR 4 Room Ortho Pod
  - OR Flooring Replacement Phases 1 & 2
- Infrastructure Improvements
  - Basement Exit Corridor
  - Steam Chiller Turbine Repairs
  - Fire Alarm Panel Replacements
  - Steam Pipe Repairs
  - Walk-in Cooler/Freezer Repairs
  - CEP Mechanical Systems Recommissioning
  - Medical Air Compressor System Replacement

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TomoTherapy Equipment Replacement



Before



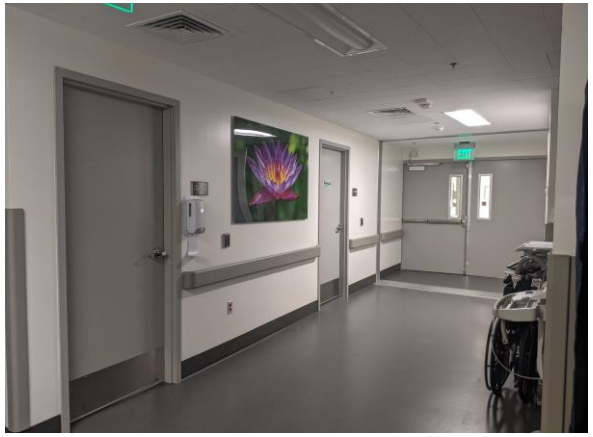
After

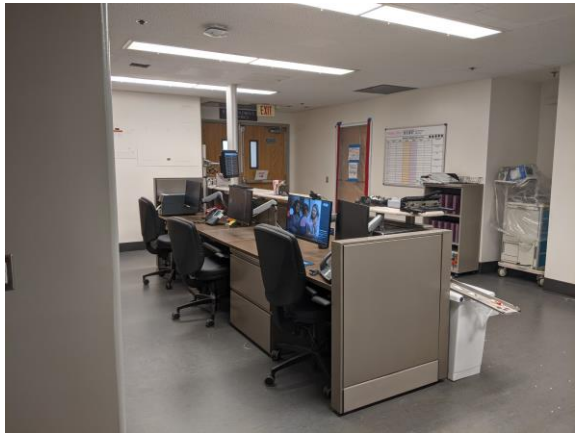
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Women's Hospital Observation Unit (18 IP Beds)









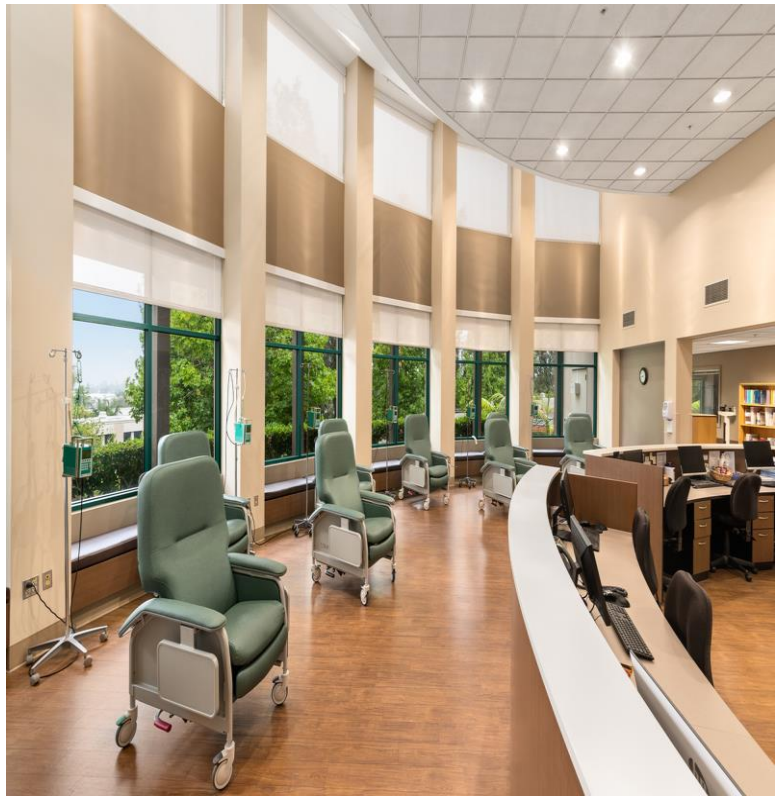


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Cancer Center - Medical Oncology Interior Upgrades

- Refresh of exam rooms, nurses' station, offices and treatment rooms in the Cancer Center - Medical Oncology Group
- Upgrades of the paint, flooring and wall protection done to hospital standards





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Emergency Department Improvements

- Improvements include:
  - Adding doors to treatment rooms
  - Upgrading rooms that are conducive for experience for geriatric patients. Upgrades include new paint, dimmable lighting and artwork.





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Ortho Pod Operating Room Project

- Four Ortho Room renovations were complete and in use May 2022

- Renovations allow a surgeon to use two rooms, tandem, for operations. This setup allows physicians to be efficient between cases.



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Planned FY23 Projects

- Service Line Projects
  - Neuroscience Building
  - Moore MountainView Hospice Home
  - OR Renovations including Flooring Replacement
  - 3rd CT for Imaging Department
  - MRI Upgrades at Grossmont Medical Terrace
  - Endoscopy Department Improvements
  - Central Pharmacy Expansion
- Infrastructure Projects
  - SPD Washer/Sterilizers Replacement
  - Fire Alarm Panel Replacements/Upgrades
  - Ambulance Bay Door Replacement
  - EV Charger Installation in Main Parking Structure
  - Kitchen Equipment Replacement
  - Building Automation System Campus-Wide
  - Elevator Repairs/Upgrades

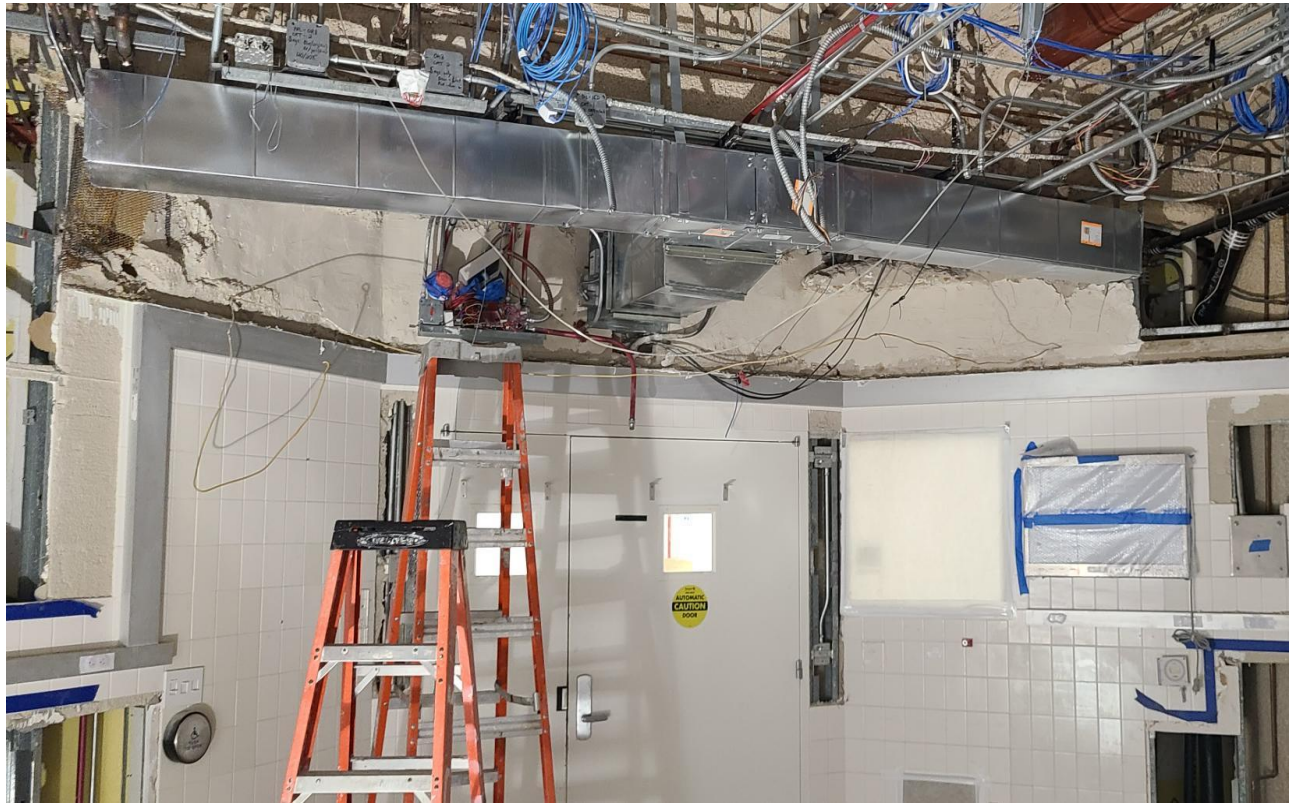
Operating Room HVAC Upgrade

- Rooftop Mechanical Work is complete

- Operating Room Phase 3, started Jun 2022
- Phase 3 Rooms: 8, 9, 10

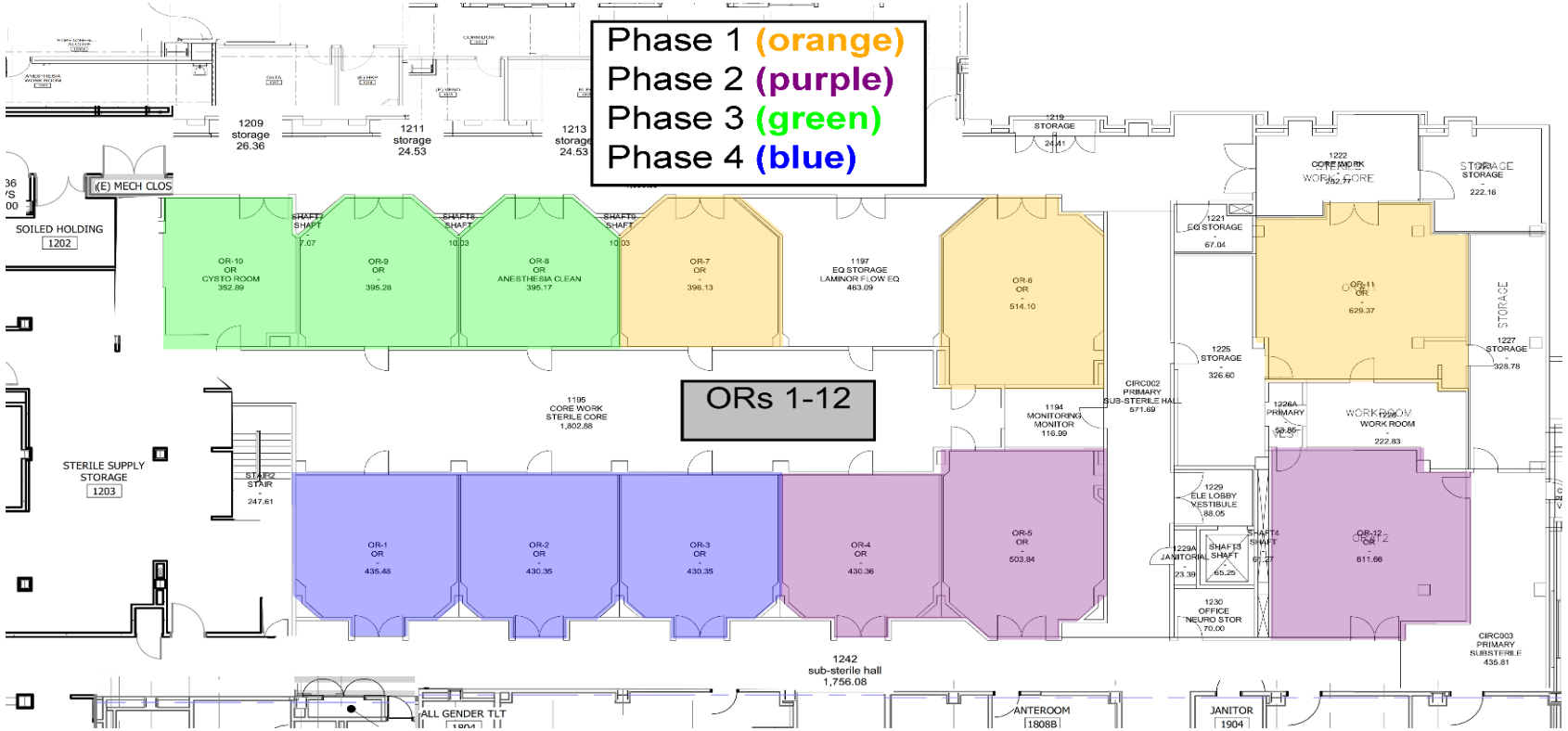
- Operating Room Phase 4 begins, Jan 2023
- Phase 4 Rooms: 1, 2, 3

- CEP will have full controls of temperature and humidity at the conclusion of the project



Operating Room Flooring Upgrade

- Stonhard Flooring Phase 3 is ongoing
- Colors and patterns match the Heart & Vascular OR standards



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Moore MountainView Hospice Home

- Grading Permit:
  - Final plan approval has been received from the City
  - Execution of required agreements and paying fees for permit issuance is in process
  - Anticipating October permit issuance, site mobilization to follow

- Public Improvement Permit (Equestrian Trail):
  - Design complete
  - Execution of required agreements and paying fees for permit issuance is in process

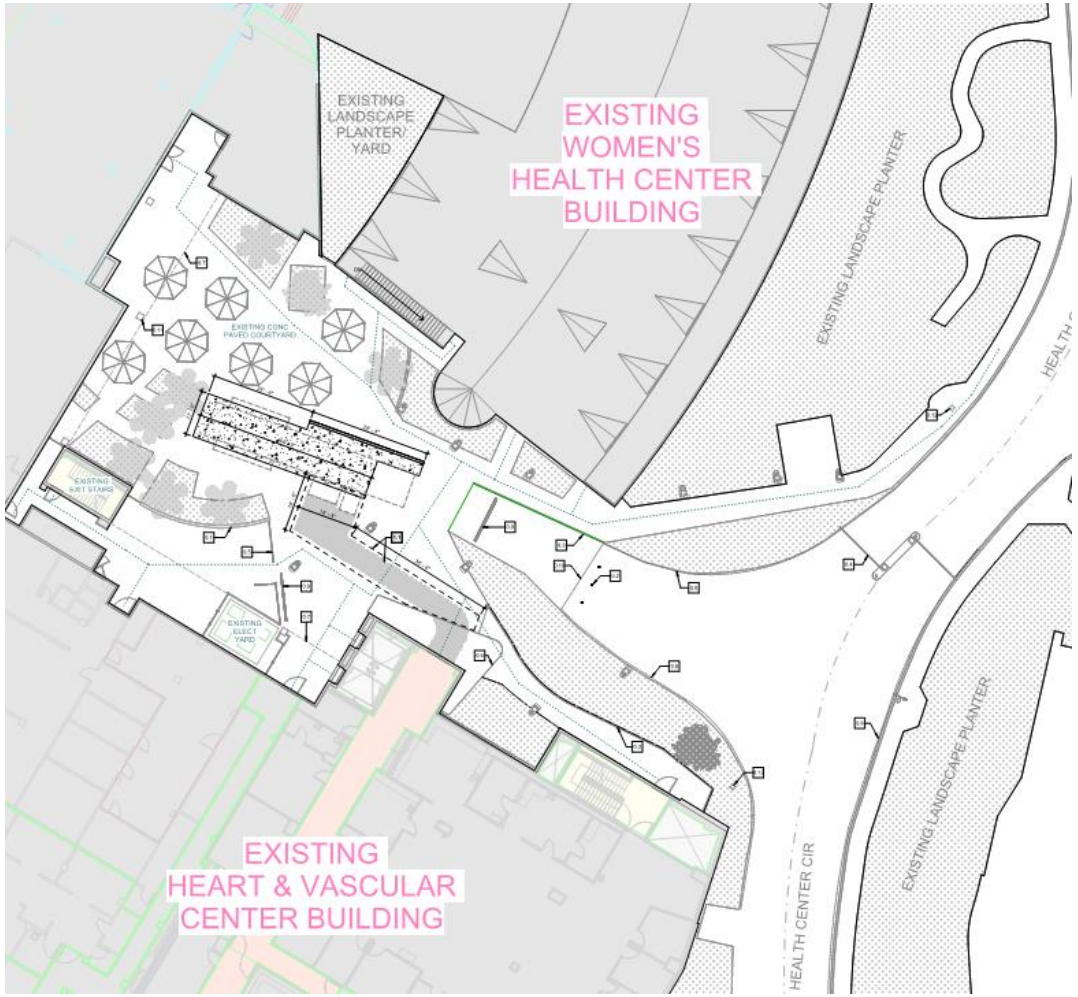


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3rd CT for Imaging Department

- Increases Imaging capacity
- HCAI submittal: June 6
- Construction: November 1 – January 17
- CT Trailer ships mid-January
- Operational March 2023

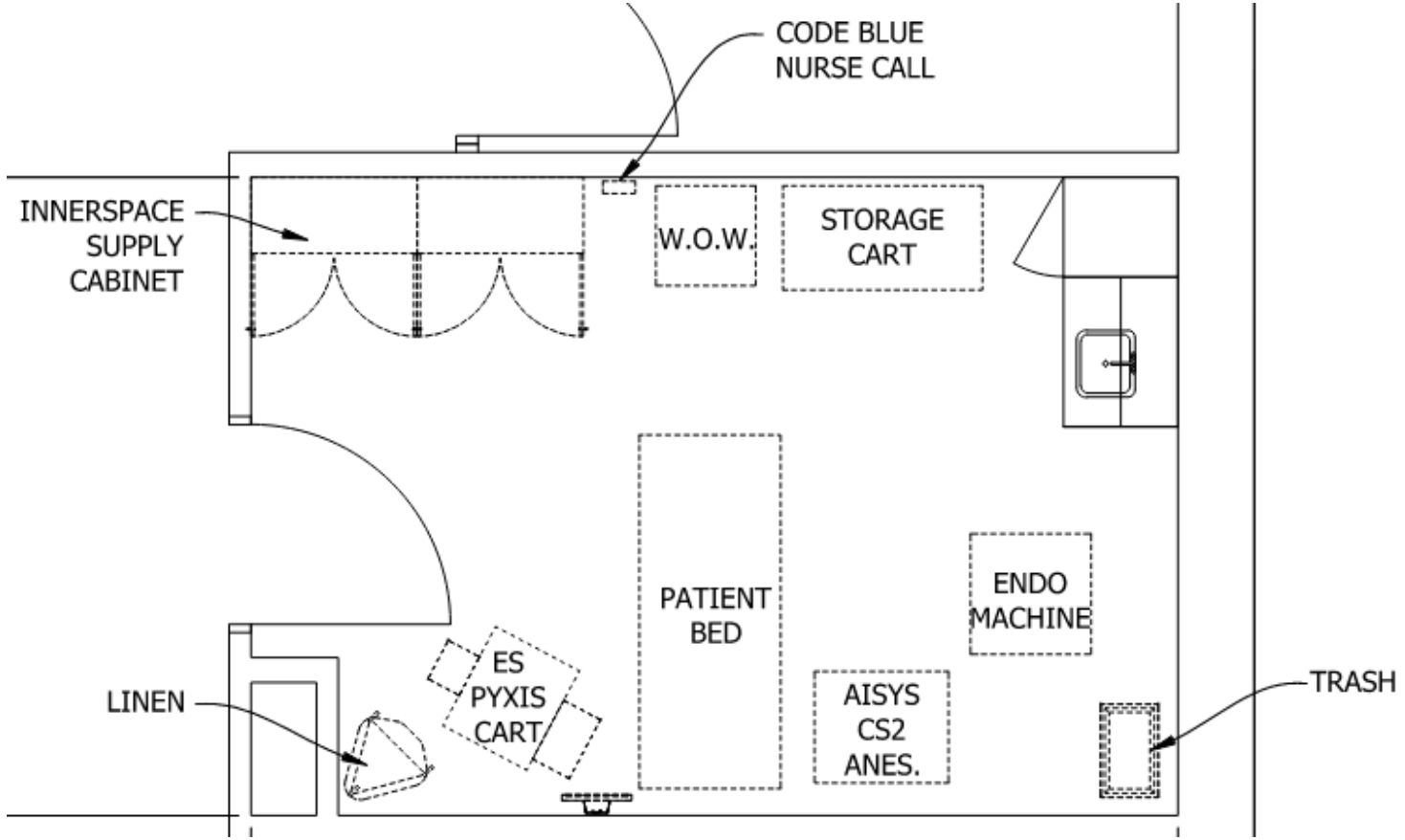




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Endoscopy Room #3

- This room will be modified and outfitted to allow for Endoscopy procedures that require anesthesia.
  - Construction start – September 28
  - Estimated construction completion – October 31
  - Estimated go-live – November 30




Thank you!



Sharp Grossmont Hospital Master Site Plan

Mike Engel, SGH Director of Campus Planning & Development

Sharp Grossmont Hospital Master Site Plan Objectives



- Regulatory
- Operational Efficiency
- Bed Capacity/Efficiency
- Growth In Services
- Infrastructure
- Wayfinding
- Design Identity

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EXISTING SITE PLAN

1. Main Entry
2. ED Drop Off
3. ED Ambulance Parking
4. Loading Dock
5. Women's Hospital Dropoff
6. Original Buildings - Seismic

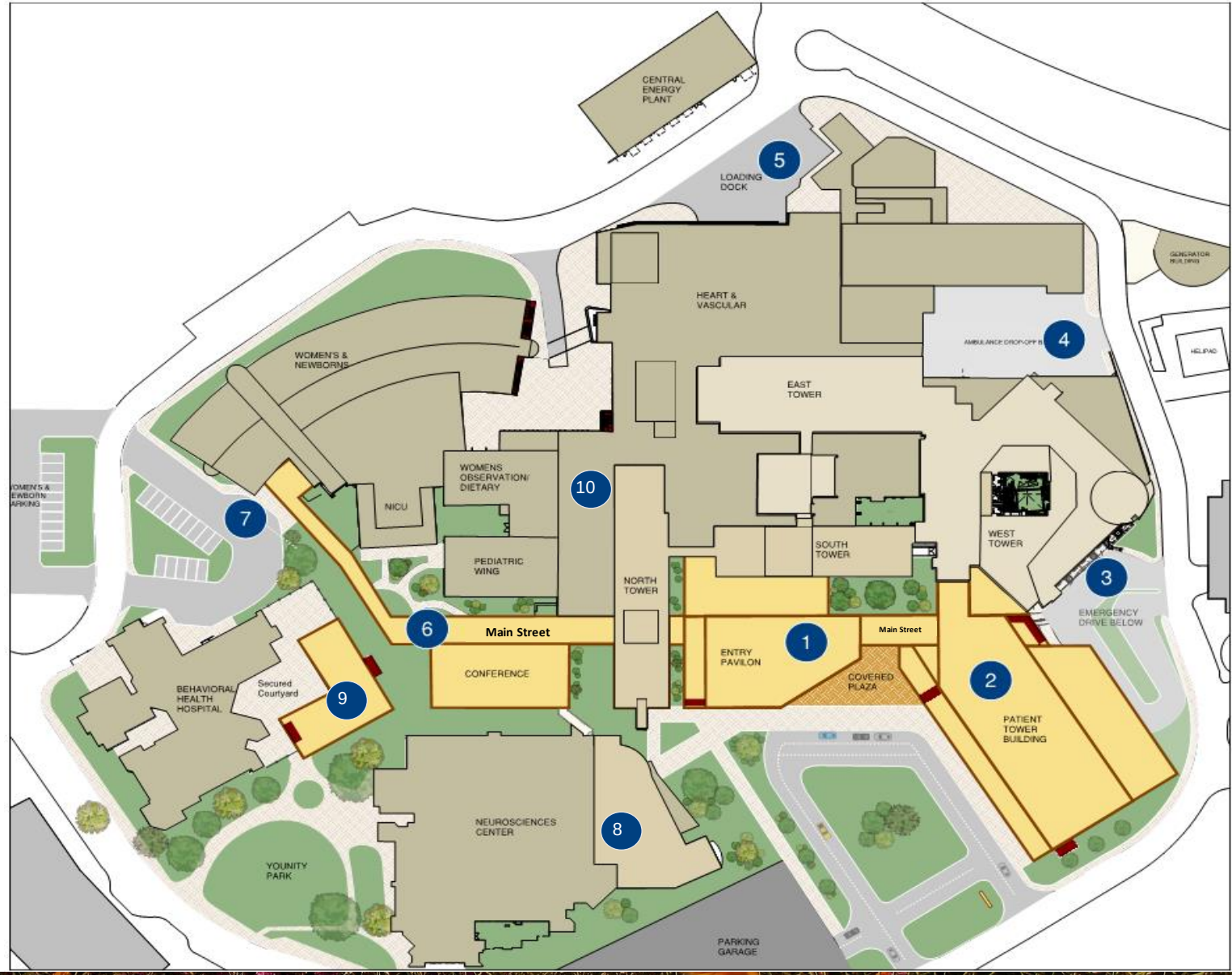


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SGH MASTER PLAN
MAIN HOSPITAL CAMPUS

1. New Entry Pavilion
2. New Bed Tower with Neuro ORs
3. New ED Drop Off
4. Expand ED Ambulance Parking
5. Expand/Improv Loading Dock
6. New Main Street + Conference Center
7. Revise Women's Center Drop Off
8. New Neurosciences Center
9. Expand Outpatient Behavioral Health



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SGH MASTER PLAN

BRIER PATCH CAMPUS

1. New Parking Garage: 650 Spaces
2. New Cancer Center/MOB: 60KSF
3. Demo Existing Buildings
4. New Open Space/Buffer
5. New Ambulatory Surgery Center: 40-60KSF

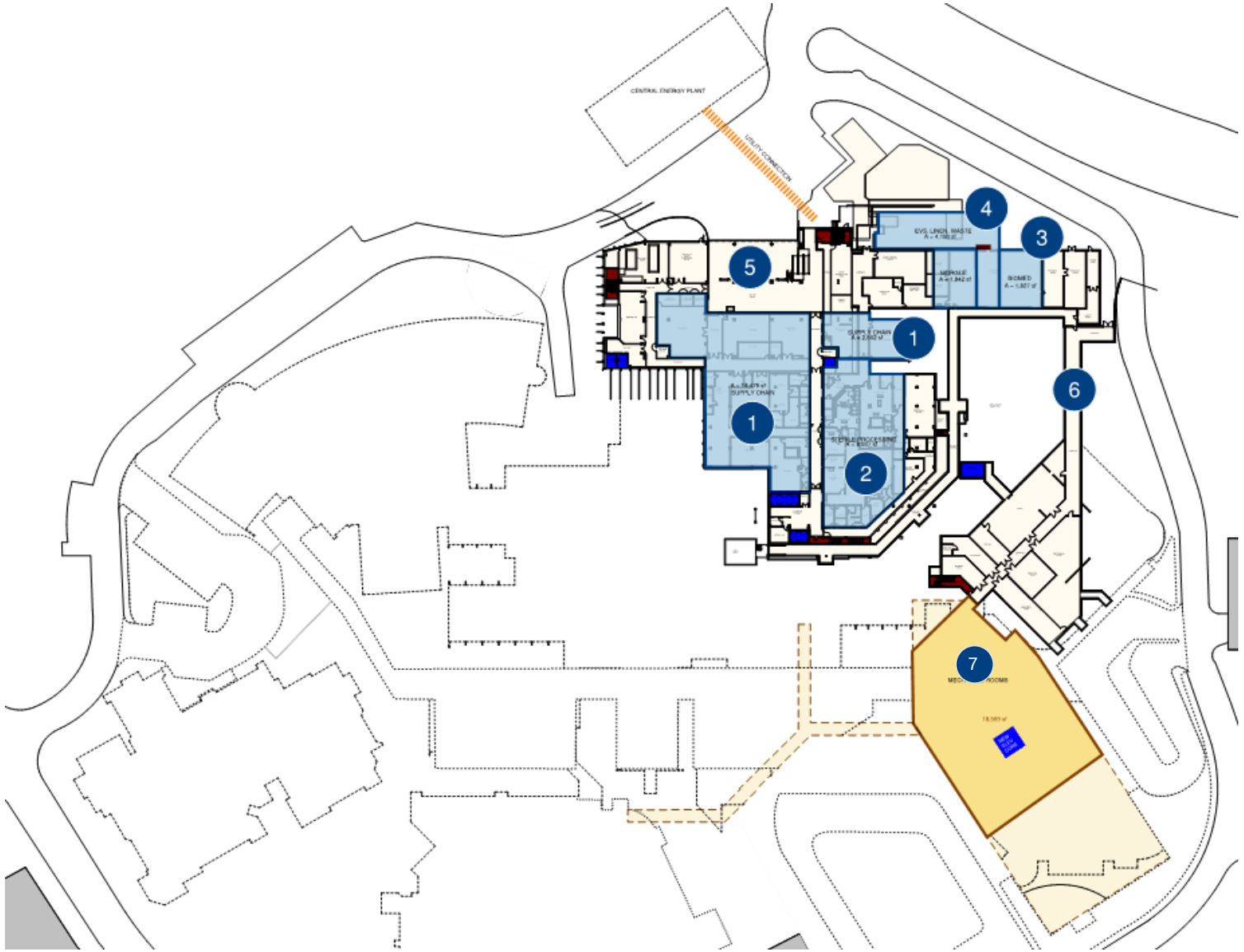


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SGH MASTER PLAN
LEVEL B

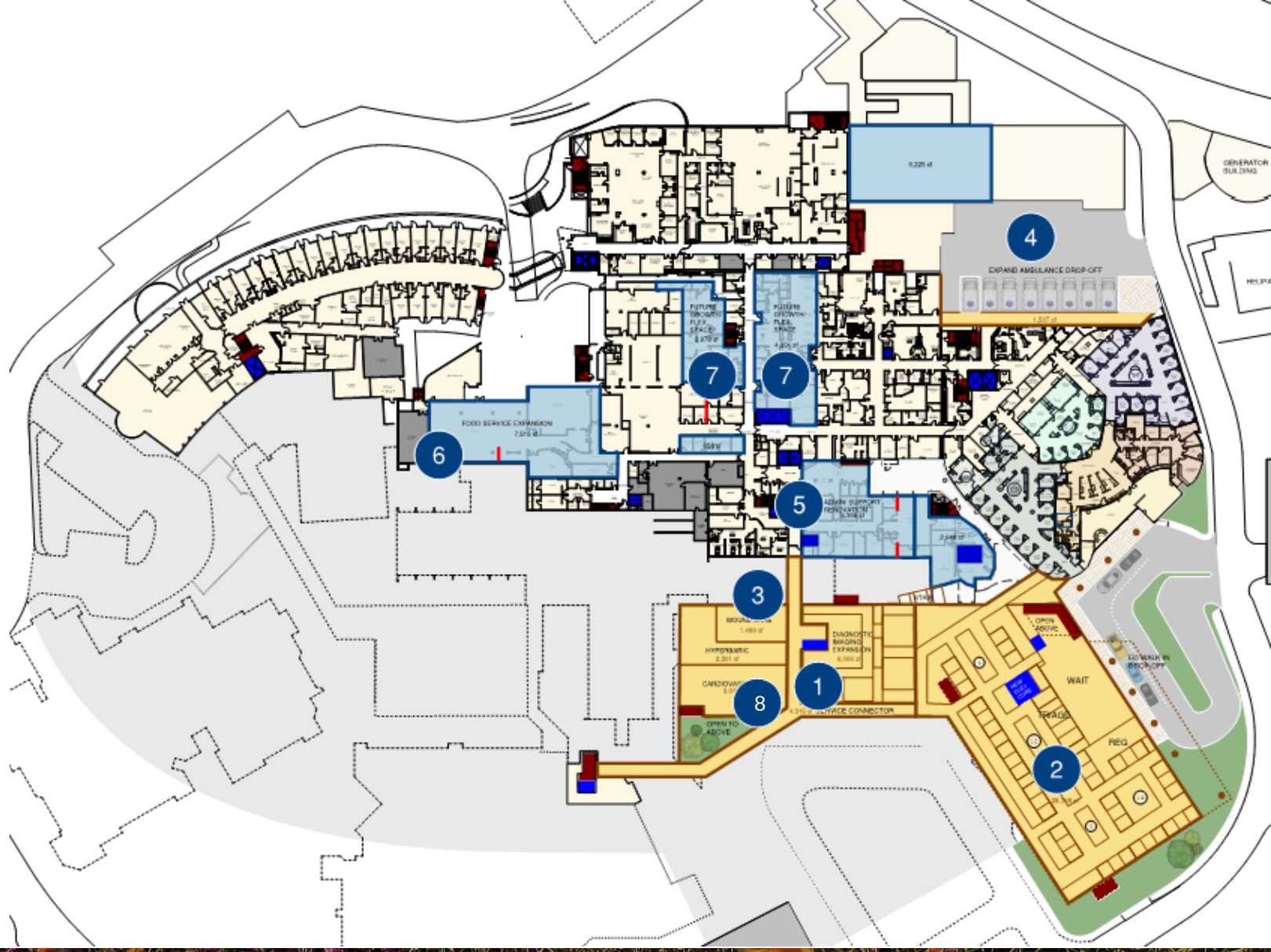
1. Expand Central Supply
2. Expand Sterile Processing
3. Expand Morgue
4. Relocate EVS/Biomed
5. Expand Loading Docks
6. Improve Utility Corridors
7. Service/Utility (New Tower)



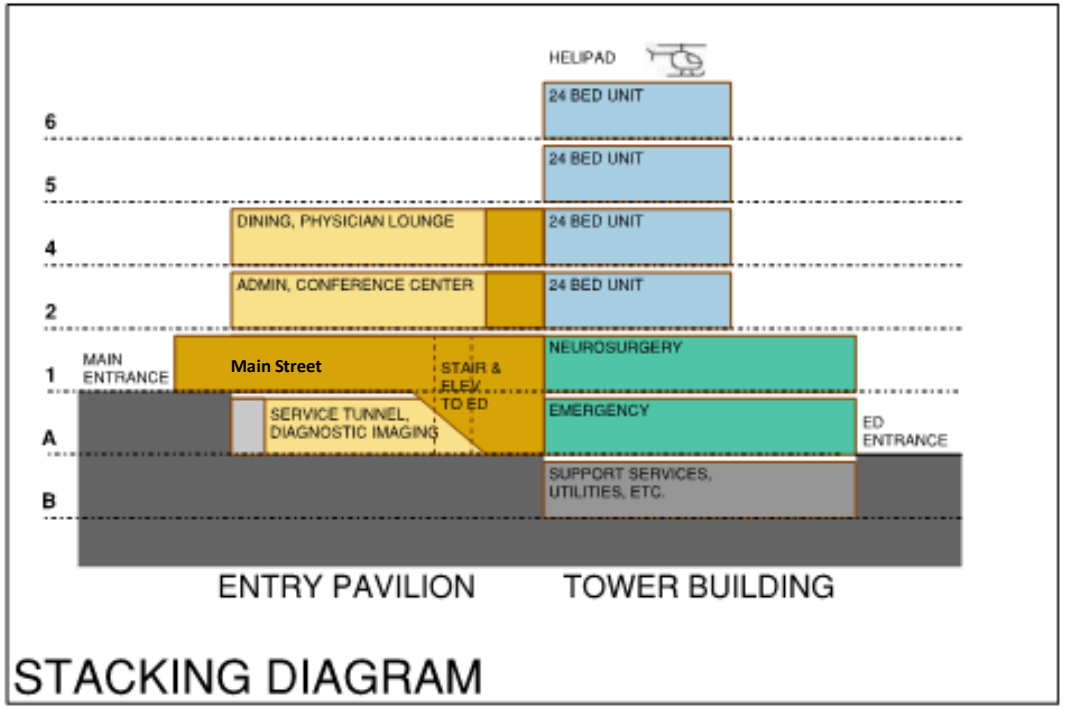
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SGH MASTER PLAN
LEVEL A

1. Expand Imaging Services
2. Expand ED (New Tower): 90 Bays Total
3. Service Connector
4. Expand Ambulance Bay
5. Expand Imaging Support
6. Expand/Improve Dietary
7. Flex/Expansion
8. Service Connector

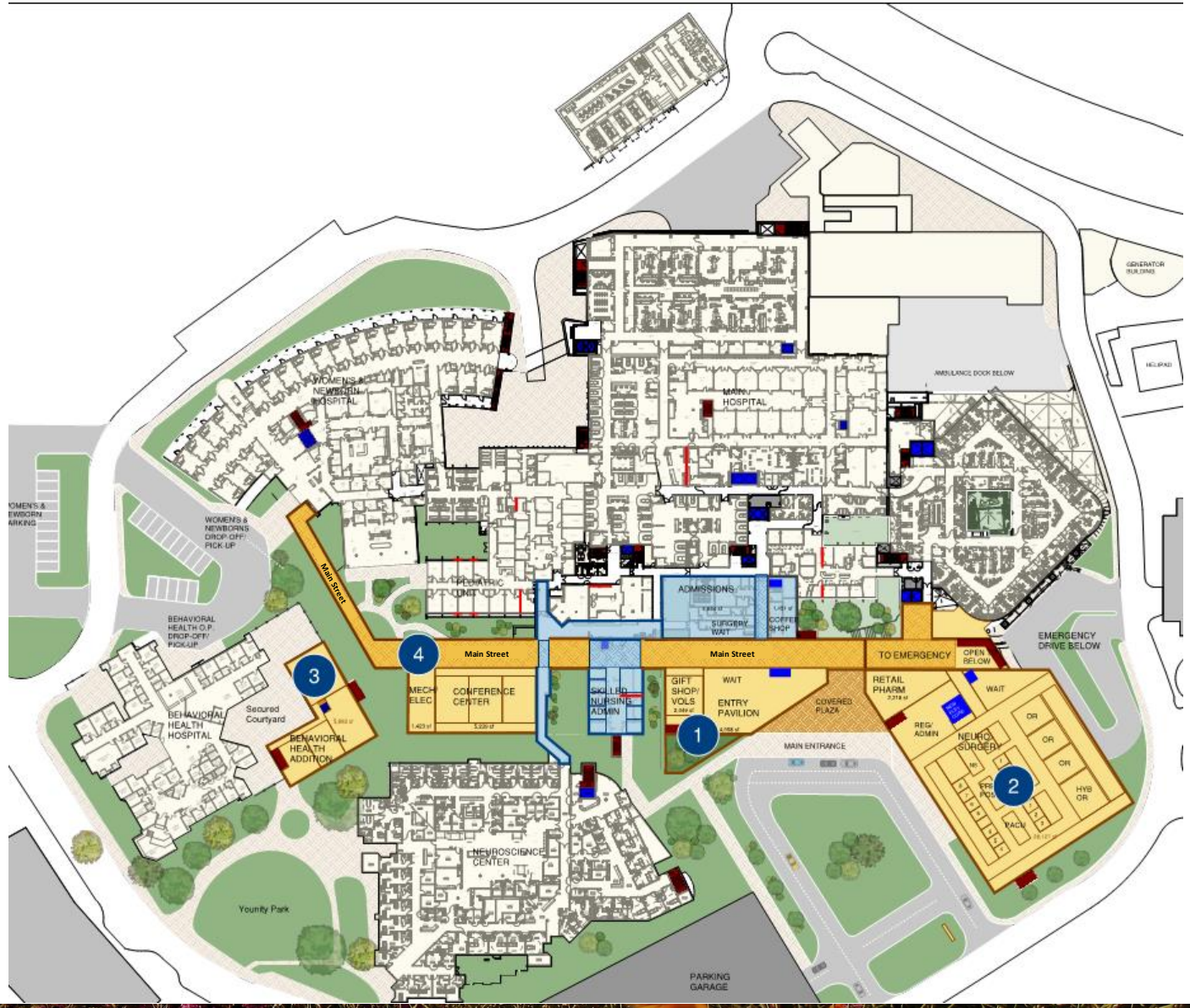


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SGH MASTER PLAN
LEVEL 1

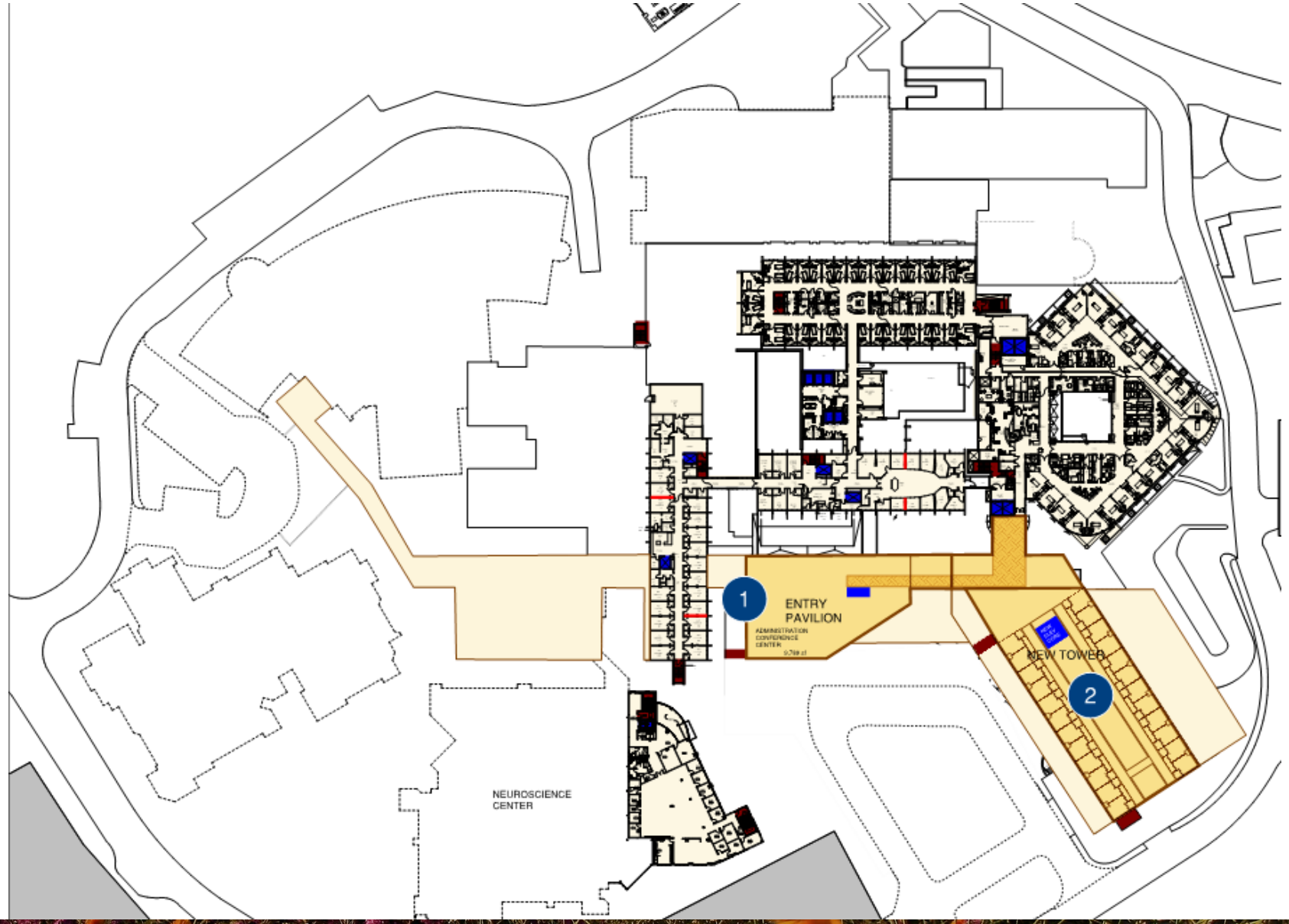
1. New Entry Pavilion
2. Neurosurgery Floor (New Tower)
3. Expand Outpatient BH
4. ‘Main Street’ – Public Connector



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SGH MASTER PLAN
LEVEL 2

1. Admin / Meeting Space
2. Inpatient Unit – 24 Beds



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NEUROSCIENCES CENTER



PROGRAM SUMMARY:

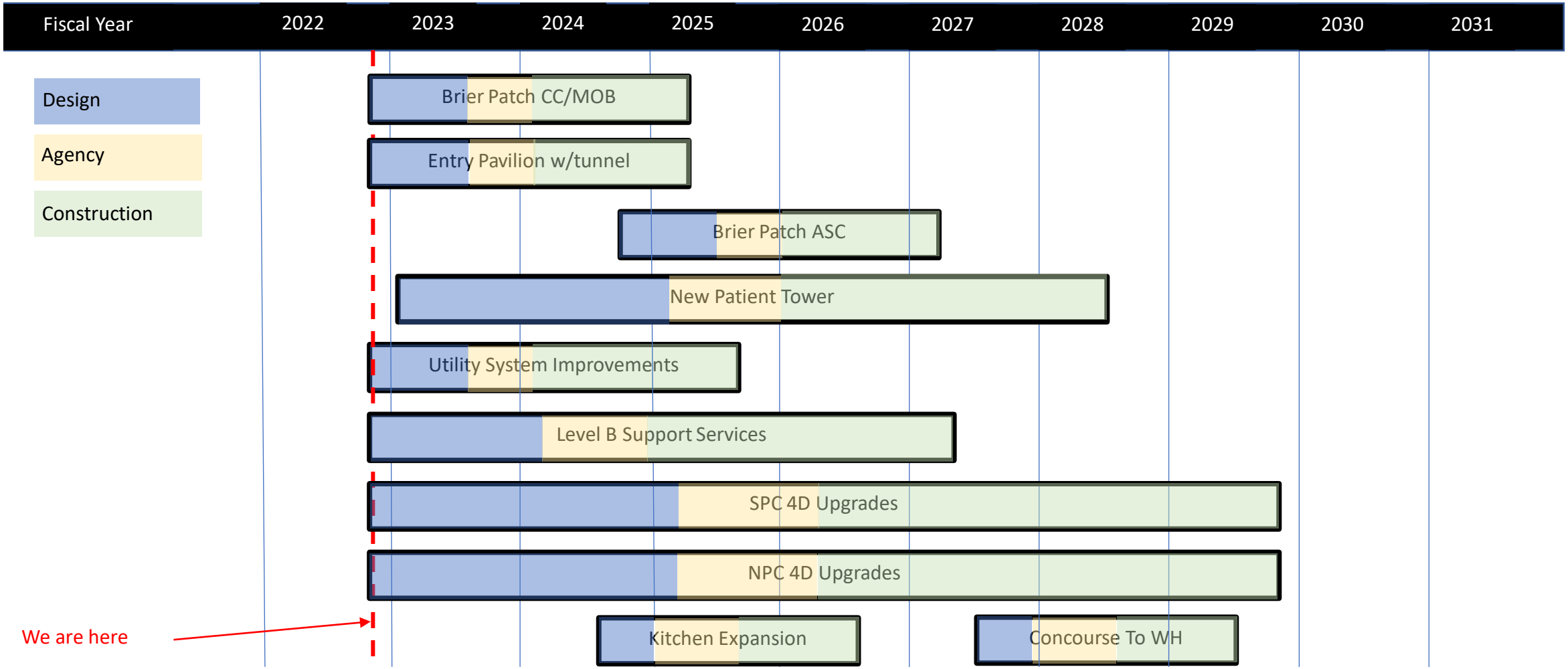
EXISTING LICENSED REHAB BEDS:	18
EXISTING LICENSED PROGRESSIVE CARE BEDS:	12
PROPOSED LICENSED REHAB BEDS:	18
PROPOSED LICENSED PROGRESSIVE CARE BEDS: (INCLUDES 1 NEGATIVE PRESSURE ISOLATION ROOM)	16
PROPOSED LICENSED ICU BEDS; (INCLUDES 2 NEGATIVE PRESSURE ISOLATION ROOM)	16

APPROVALS

CEO	DATE
CNO	DATE
PROGRESSIVE CARE UNIT REPRESENTATIVE	DATE
INPATIENT REHABILITATION UNIT REPRESENTATIVE	DATE
REHABILITATION GYM REPRESENTATIVE	DATE

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Project Timeline





Entry Pavilion

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Entry Pavilion

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Main Street – Exterior



Main Street - Interior



Entry Pavilion – Dining Patio

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Thank you!



Sharp Grossmont Hospital Year-End Finance Review

Daniel Kindron, SGH CFO

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FY 2022 Challenges and Risks

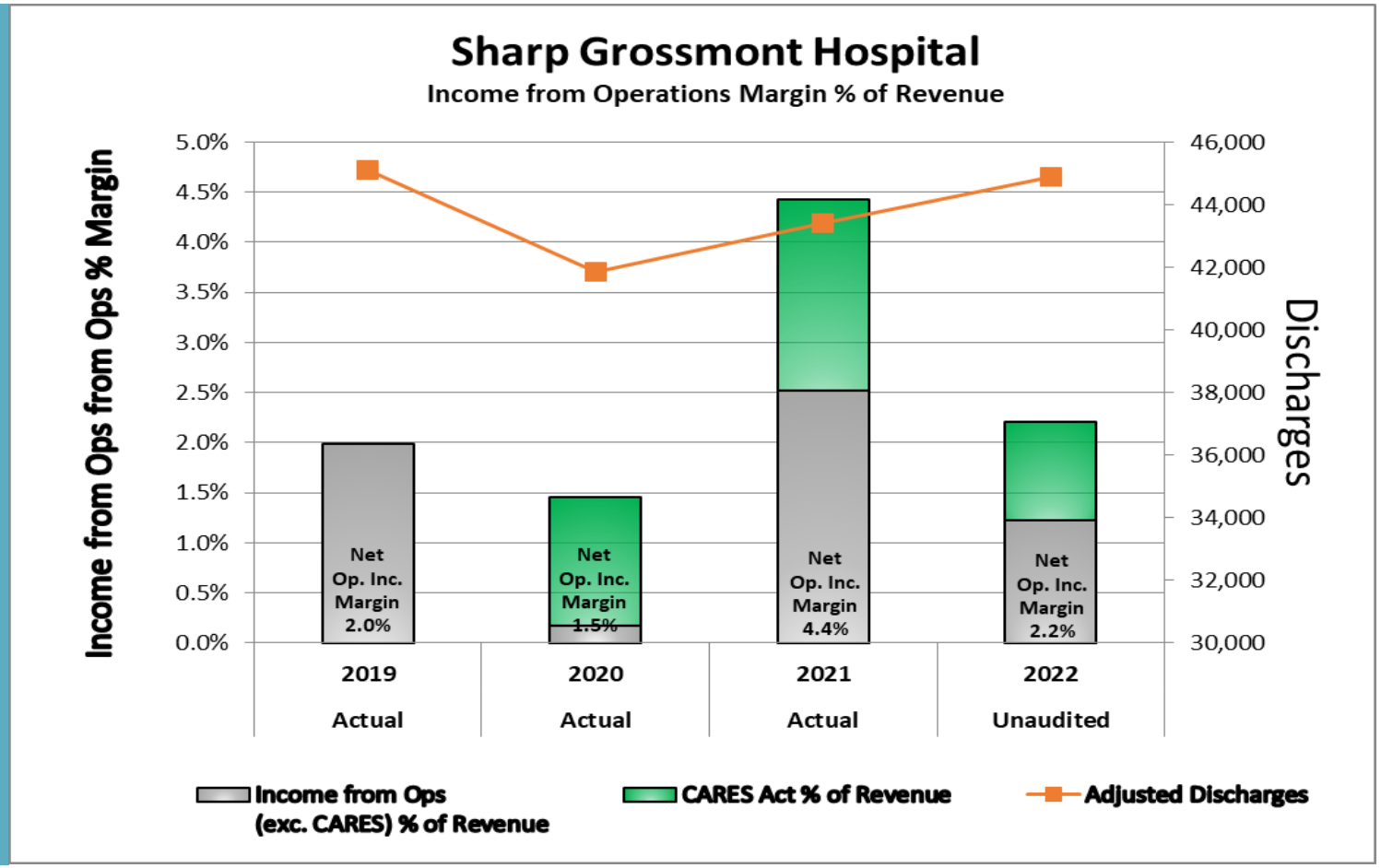
- Reduced COVID-19 resurgence, without normalized cost for supplies, rentals, staffing, or benefits
- Substantial staffing expense from the Supplemental Paid Sick Leave (“SPSL”) program
- Significant increase in contracted labor rates
- Persistent behavioral health challenges and community placement issues
- Sharp Centralized Pharmacy Service (“SCPS”) closure, due to planned infrastructure upgrades
- Expense growth is outpacing revenue growth
- Payor mix erosion through market competition or aggressive health plan pricing

FY 2022 Strategic Accomplishments

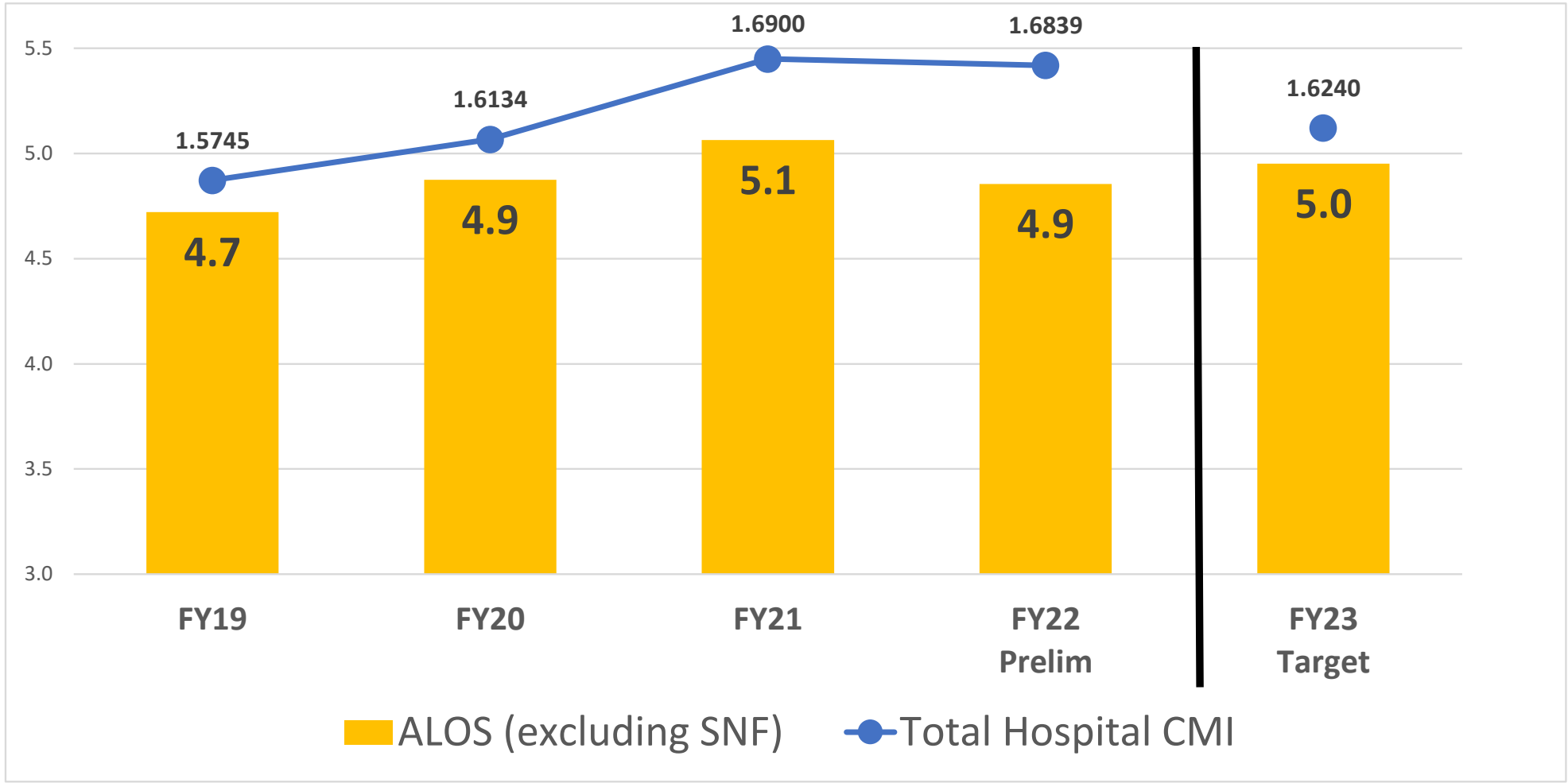
- Groundbreaking of Sharp Grossmont Hospital Neurosciences Center for advanced neurosurgical, neurological and complex spine care
- Expanded Nursing New Graduate program which helped mitigate nursing staff shortages
- Growth in Ortho and Spine service lines within the commercial payor group
- New Programs: Limb Preservation (Vascular), Aquablation (Urology), Women's Cardiac, Orthopedic Hospitalist, and Movement Disorder (Neurosciences)
- Key Accreditations and Certifications
- Completed over $32M in Key Capital Investments

Sharp Grossmont Hospital

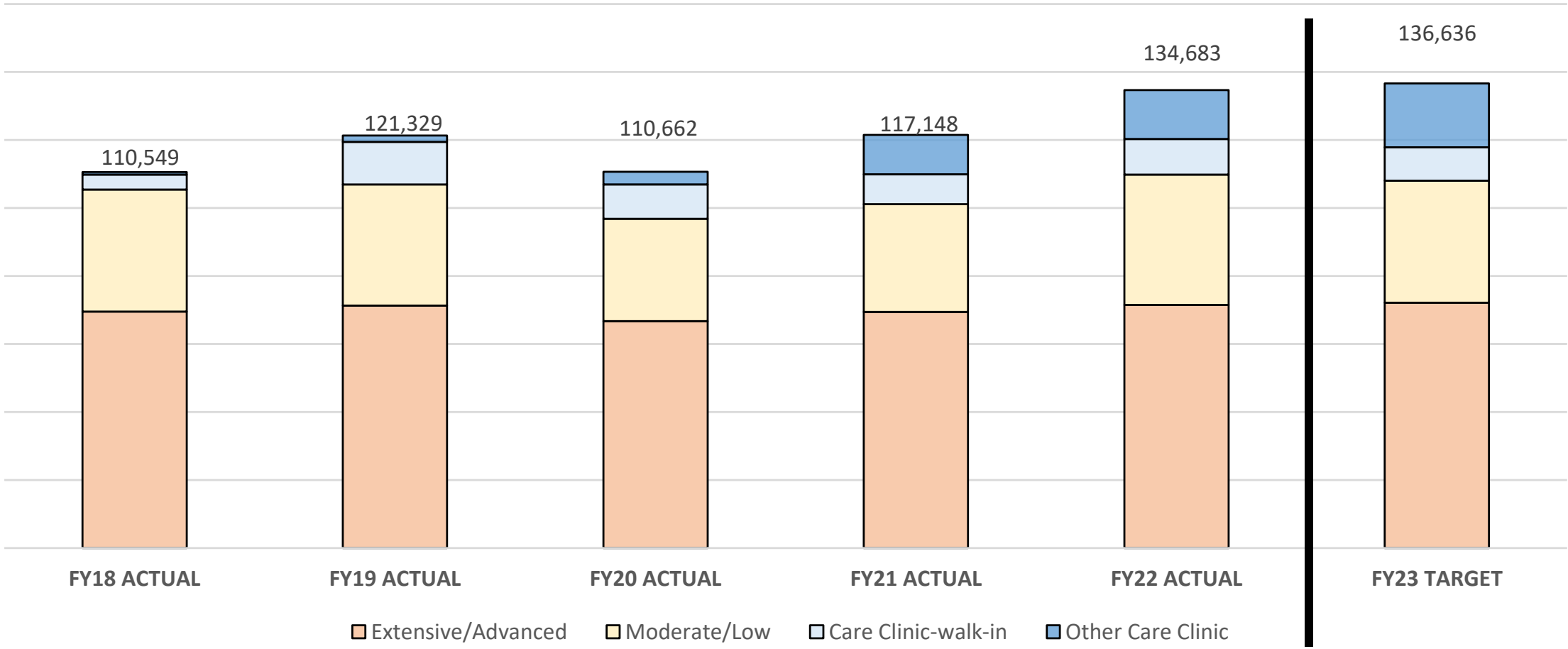
Income from Ops and Margin Trended



Trended ALOS and Acuity (CMI)



Trended Emergent and Urgent Visits by Acuity Level

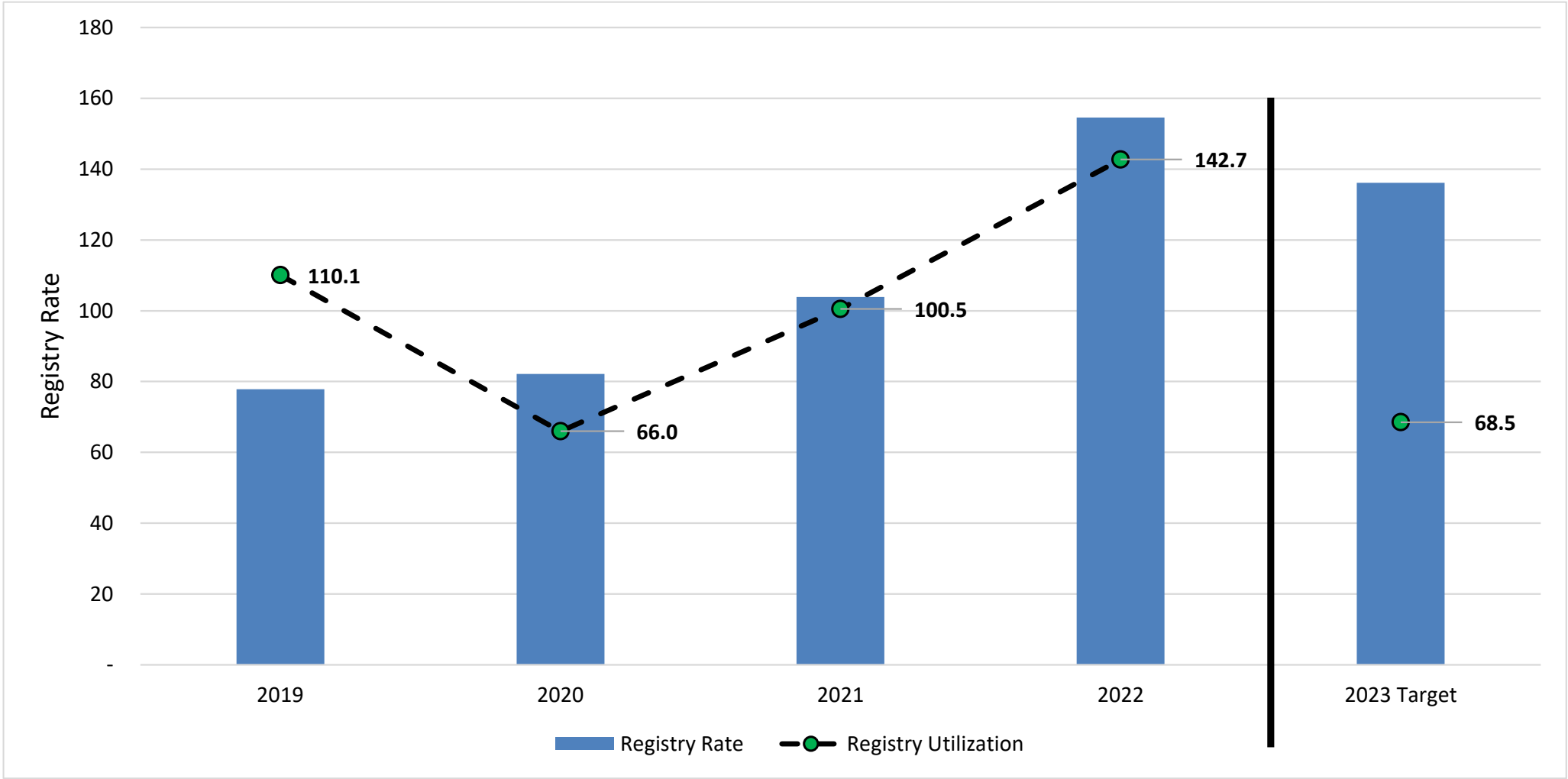


FY23 Target Payor Mix

IP Discharges by Payor Category SHARP GROSSMONT	Actual 2019	Actual 2020	Actual 2021	Prelim 2022	Targeted 2023
Medicare	36.8%	35.8%	32.4%	31.4%	31.9%
Medicare capitated	8.9%	8.6%	8.4%	9.3%	9.0%
Medi-Cal & CMS	39.0%	39.8%	43.3%	42.6%	42.4%
Contracts	10.0%	10.3%	11.1%	11.3%	11.6%
Capitated contracts	4.1%	4.1%	4.0%	4.4%	4.3%
Self pay & Other	1.2%	1.4%	0.8%	1.0%	0.9%
Net Revenue by Payor Category (Excludes Prior Year Settlements)	**Actual 2019**	**Actual 2020**	**Actual 2021**	**Prelim 2022**	**Targeted 2023**
Medicare	33.4%	33.7%	32.7%	30.7%	31.1%
Medicare capitated	4.9%	5.3%	5.0%	5.2%	5.4%
Medi-Cal & CMS	24.7%	25.2%	25.6%	26.3%	24.6%
Contracts	29.3%	28.4%	29.7%	31.5%	32.5%
Capitated contracts	7.3%	7.1%	6.6%	6.1%	6.3%
Self pay & Other	0.4%	0.3%	0.4%	0.2%	0.2%

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Trended Registry Rate and Utilization



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Capital Initiatives
($ in thousands)

Category		Actual FY2019		Actual FY2020		Actual FY21		Actual FY2022		Target FY2023
Construction	$	3,213	$	13,436	$	9,958	$	6,906	$	1,115
Routine Equipment	$	5,513	$	8,740	$	3,733	$	2,783	$	511
Maintenance	$	2,728	$	7,100	$	6,849	$	2,828	$	3,692
Strategic	$	468	$	7,126	$	12,510	$	18,506	$	47,980
Regulatory	$	9	$	398	$	1,075	$	859		
Routine Reserve									$	6,499
Total Constraint	**$**	**11,931**	**$**	**36,801**	**$**	**34,124**	**$**	**31,883**	**$**	**59,797**
Sharp Funded Prop-G	$	15,370		0		0		0		0
Grand Total	**$**	**27,302**	**$**	**36,801**	**$**	**34,124**	**$**	**31,883**	**$**	**59,797**

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Sharp Grossmont Hospital Report Card Review

Jason Broad, SGH, VP Performance

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In Hospital Mortality

1.07
Observed/Expected

- Initiated Code STEMI process improvements
- Deployment of HF Pathway and Power Plan
- HF Physician Steering

Hospital Acquired Infections

0.47
Standardized Infection Ratio

- CAUTI :Leadership, Champion, CNS/Sr. Spec rounding
- MRSA: Reduce repeat blood cultures
- SSI: Enhanced Recovery After Surgery (ERAS) expansion to include additional procedures

Physician Satisfaction

4.30 Mean

- Physician appreciation events during Doctors' Week
- Newsletter from the CMO
- Physician collaboration on business development

Employee Engagement

75th Percentile Rank

- Physician appreciation events during Doctors' Week
- Newsletter from the CMO
- Physician collaboration on business development

Cost per Unit of Service

96.92%

- Cost per unit meetings with operational leaders (Directors and Managers)
- Weekly Executive Finance Review
- Throughput Initiative
- Supply sourcing

Achieve System Revenue

104.6%

- System service line restructure
- Weekly Business Development Meetings
- Strategic growth endeavors
- Contract negotiations
- Financial optimization meetings

Access to food units

4,497

- On-campus food drives
- Virtual food drives (fundraising)
- Volunteer hours at San Diego Food Bank

Readmission Rate

0.96
Observed/Expected

- Readmission Collaborative
- Optimizing referrals for Cardiac Rehabilitation
- Readmission Clinics

Employee Injury

6.97
Total Case Incident Rate

- ESERT process
- Enhanced communications with leaders and staff
- Encourage staff to slow down and ask for assistance

Patient Satisfaction

71st Percentile Rank

- Patient Family Advisory Council
- Patient Experience Navigators
- Patient Experience Champions
- Person-Centered Care Steering
- Executive Rounding

Retention

88%

- Robust Communication Strategy
- Compensation market evaluation/adjustments
- Reward & Recognition Program

Income from Operations

Exceed budget by $19.5M

- Weekly business development meetings
- Shift to outpatient procedures
- Revenue capture
- Contract negotiations

Legend

Green: Favorable outcome. Equivalent to a 3 or 4 in Sharp Report Card standards.
Yellow: Outcome near average/median expected outcome. Equivalent to a 1 or 2 in Sharp Report Card standards
Red: Unfavorable outcome to target. Equivalent to a 0 in Sharp Report Card standards

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Questions



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Open Discussion



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Adjournment of Open Session

Virginia Hall, RN





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