San Joaquin General Hospital

Delivery System Reform Incentive Payments (DSRIP)

Categories 1-2 Plan

February 18, 2011

Background:

San Joaquin General Hospital (SJGH) is a 196-bed public hospital and clinic system fully accredited by The Joint Commission. SJGH operates outpatient clinics and an acute-care hospital. We serve 63,121 patients and deliver care to 205,172 outpatient visits each year. Our payer mix is 49.5% Medicaid, 23.4% Uninsured, 16.5% Medicare, and 10.5% Commercial/Third Party payers. In San Joaquin County, the unemployment rate exceeds 17% and has been so for well over a year. As a result, SJGH has seen a rise in the indigent and self pay patients by about 5%. San Joaquin County has extremely high rates of chronic and largely preventable diseases, such as heart disease (8%), diabetes (13%) and asthma (17%)[1].

SJGH is dedicated to a philosophy of excellence in providing health services, education and professional training in an integrated system that values quality in life, family interaction, and respect. SJGH is committed to the delivery of community-oriented, culturally sensitive, and affordable health care throughout San Joaquin County. SJGH's community's health and well-being are our highest priority. SJGH's vision includes involving the entire community, delivering compassionate and accessible health care, and integrating prevention and treatment. In working toward achieving this vision, SJGH currently has strategically-placed and comprehensive health services upon which to build an integrated approach to care.

However, SJGH has been faced with unsustainable operational deficits due to increasing costs and a declining payer mix (increased numbers of indigent and uninsured). Management has provided a business plan with options for the County to reduce losses, trim the deficits, and sustain

[1] Source: 2007 California Health Interview Survey

hospital services for the community. With limited capital, SJGH has struggled to keep pace with IT infrastructure needs and the development of a system wide Electronic Medical Record (EMR). SJGH's outdated systems are a challenge to our staff and providers to ensure efficient clinic operations and care delivery.

As a critical safety net provider in the Central Valley, SJGH seeks to examine how we can prepare to transition currently uninsured populations into the programs available under national Health Care Reform beginning in 2014. SJGH is in need of technical assistance to ensure the fiscal integrity of new programs and must develop innovative approaches to cost containment that both meet the needs of the patients in our community and which will assist other providers and stakeholders in stepping up to serve an expanded population covered under Health Care Reform. In this way SJGH hopes to expand – and to strengthen the ability of the safety net to provide quality care. To this end SJGH is exploring how new technologies, such as EMR and telemedicine, can expand access and hopefully provide cost containment. It is also hoped that integrated care between primary care and behavioral health will reduce hospitalization and emergency room use. Further, by engaging stakeholders in the development of a medical education consortium, SJGH hopes to ensure a steady stream of primary care providers who will stay in our community to practice.

Executive Summary:

In this proposal, we:

- **Identify four projects from the Delivery System Reform Incentive Payment program in Categories 1 and 2 that will be implemented** in order to provide better care for patients and transition successfully to health care reform. These are descriptions of the high-level challenges, but we will be providing specific issues within each of these challenges, including the variables that are being modified and what the impact will be, throughout the proposal:
    - Patients are not necessarily receiving the right care in the right place at the right time, reflecting poorly coordinated care. Specifically:
        - SJGH's 3 primary care clinics (Family Medicine, Primary Medicine and Internal Medicine) are still structured traditionally where patients come to receive episodic treatment.
        - 12.9% (8,143) SJGH patients have a diagnosis of diabetes.
        - SJGH primary care clinics are only able to serve 18,700 patients annually.

- Specialty care wait times can be as long as 4 months.

- Patients are not sufficiently engaged in the care they receive as a result of health care disparities. Specifically:
  - While 41% of SJGH patients speak a language other than English as their primary language, we only have 0.75 interpreters on site and 5 interpreter terminals for remote health care interpretation for only 5 sites, translating into 23% of patients currently using interpreter services.
  - Many of the patients seen by SJGH disproportionately suffer from chronic and behavioral health conditions. Specifically, the hospital has a higher percentage of patients with diabetes than the national average. In addition, many of the more than 8,000 patients with diabetes also suffer from depression.
  - SJGH has identified disparities in mental health care. We are currently conducting a study to better understand why penetration rates of mental health services specifically among Hispanics are the lowest of all other subpopulations. The data shows only 2.89% behavioral health penetration rates for Hispanic patients with Medi-Cal, and 1.73% for all Hispanics, which represent the lowest of all ethnicity groups.

- Due to a dearth of Performance Measurement Systems it is difficult to determine if care is of sufficient value, that is, the highest quality at the lowest cost. Specifically:
  - We lack the capacity to easily derive data to measure quality improvement indicators as paper based charts require extensive and time consuming manual review.
  - The lack of consistent access to primary care providers forces patients to change physicians frequently. This lack of continuity of care then leads to the unnecessary repetition of base-line assessments, tests and procedures.

- **The four Category 1 and 2 projects that have been selected are intended to address these challenges** and prepare for health care reform by improving care in the outpatient setting so that patients can be healthier, and more costly services can be avoided:

1. Expand the number of Primary Care Providers in the hospital's three busy primary care clinics, Family Medicine (staffed by Resident Physicians), Primary Medicine and Internal Medicine (staffed by Resident Physicians), to accommodate the needs of the patient population in the San Joaquin County community.

2. Implement a Disease Management Registry Functionality to improve population health, panel management and coordination of care.

3. Redesign Primary Care to increase efficiency and redesign clinic visits so that primary care access and the patient experience can be improved.

4. Establish a medical home for patients where patients can have access to a health care team that is tailored to the patient's health care needs and proactively provides preventive, primary, routine and chronic care so that patients' health can improve.

At the end of the five years, when San Joaquin General Hospital accomplishes the proposed milestones, we will have:

- Added at least three primary care physicians and have increased primary care visits by 30%.
- Implemented a Disease Management Registry to all three of the hospital's primary care sites (Family Medicine, Primary Medicine and Internal Medicine);
- Trained staff in the three primary care clinics about methods to redesign primary care visits and reduce the patient no-show rates to 10% or less; and
- Expanded the medical home model to cover at least 1,000 patients in our primary care clinics to coordinate care, improve health, rely less on Emergency Department visits and incur fewer avoidable inpatient admissions.

San Joaquin General Hospital

Categories 1-2 (DSRIP)

February 18, 2011

1. Expand Primary Care Capacity (Category 1)

- ***Goal:*** Primary care capacity at San Joaquin General Hospital is severely limited, providing about 18,700 patient visits annually. Capacity is compromised by limited resources, infrastructure, and technology. We seek to better meet the primary care needs of patients in our service area, improve access across the continuum of preventive, primary and chronic care and increase efficiencies to maximize our current capacity. We propose to recruit additional Primary Care Providers and expand clinic hours. In order to provide more preventive, primary, and chronic care in the primary care setting, it is critical to expand primary care capacity.
- ***Expected Result:*** Expand the number of primary care providers by at lease three to better meet the needs of the patient population and the community.
- ***Related Projects:*** Expanded primary care capacity also ties into the expansion of medical homes (Category 2) and more organized care delivery (Category 2). The increased number of providers will facilitate better prevention and management of chronic conditions, integrate physical-behavioral health care and more efficiently utilize health care resources.

1. Expand Primary Care Capacity (Category 1)					
Year 1	Year 2	Year 3	Year 4	Year 5	Related Projects
1. **Milestone:** Develop a plan to expand the number of primary care clinic staff, as measured by (1) identification of current patient volume, (2) assessment of new patient waiting list, and (3) development of plan to expand the number of staff and hours in the primary care clinics • **Metric:** Documentation of completion of all three items, including	2. **Milestone:** Add at least one additional primary care provider in the Primary Medicine Clinic • **Metric:** Number of primary care providers over baseline	3. **Milestone:** Add at least one additional primary care provider in the Primary Medicine Clinic • **Metric:** Number of primary care providers over baseline 4. **Milestone:** Increase primary care clinic volume 10% • **Metric:** Number of visits over baseline	5. **Milestone:** Add at least one additional primary care provider in the Primary Medicine Clinic • **Metric:** Number of primary care providers over baseline 6. **Milestone:** Increase primary care clinic volume an additional 10% • **Metric:** Number of visits over baseline	7. **Milestone:** Increase primary care clinic volume an additional 10% • **Metric:** Number of visits over baseline	• Redesign Primary Care (Cat 2) • Expand Medical Homes (Cat. 2)

1. Expand Primary Care Capacity (Category 1)					
Year 1	Year 2	Year 3	Year 4	Year 5	Related Projects
timeframes and identification of the proposed new staff and clinic hours					

2. Implement and Utilize Disease Management Registry Functionality (Category 1)

- ***Goal***: San Joaquin General Hospital will implement and utilize a registry to manage patients with targeted chronic conditions. Currently, the hospital and its affiliated primary care clinics lack the data to improve disease outcomes across the population it serves. For example, 12.9% (8,143 patients) are diabetic. Most visits to the hospital's three primary care clinics provide episodic treatments. The disease management registry will include clinician prompts and reminders that should improve rates of preventive care for those patients with identified chronic conditions.

- ***Expected Result***: The ability to manage identified chronic diseases will result in more immediate awareness of patient conditions, increase adherence to recommendations, reduce visits to the Emergency Department and admissions to area hospitals. Care providers will receive regular reports regarding the status of their chronic-disease patients.

- ***Related Projects***: The implementation of the disease management registry system will tie to patient visit redesign (Category 2) and implementation of a successful medical home (Category 2).

2. Implement Disease Management Registry Functionality (Category 1)					
Year 1	Year 2	Year 3	Year 4	Year 5	Related Projects
1. Milestone: Develop and submit a plan to implement a functional disease management registry. The plan will include (1) identification of chronic diseases or	**2. Milestone:** Implement a functional disease registry to 25% of San Joaquin General Hospital's primary care sites • **Metric:** Disease management registry	**3. Milestone:** Implement a functional disease registry to 50% of San Joaquin General Hospital's primary care sites • **Metric:** Disease management registry	**5. Milestone:** Implement a functional disease registry to 75% of San Joaquin General Hospital's primary care sites • **Metric:** Disease management registry	**7. Milestone: :** Implement a functional disease registry to 100% of San Joaquin General Hospital's primary care sites • **Metric:** Disease	• Expand Medical Homes (Cat. 2) • Redesign Primary Care (Cat. 2)

2. Implement Disease Management Registry Functionality (Category 1)					
Year 1	Year 2	Year 3	Year 4	Year 5	Related Projects
clinical conditions to be included in the system (2) number of clinic sites to be included, and (3) timetable to complete disease registry implementation. • **Metric:** Documentation of completion of all three items, including timeframes and submission of the proposed registry system implementation	is available in X% of San Joaquin General Hospital's primary care sites • **Numerator** Number of sites with disease management registry functionality • **Denominator:** Total number of primary care sites	is available in X% of San Joaquin General Hospital's primary care sites • **Numerator** Number of sites with disease management registry functionality • **Denominator** Total number of primary care sites **4. Milestone:** Increase the number of providers, clinicians and staff using the registry • **Metric:** Number of staff using the registry	is available in X% of San Joaquin General Hospital's primary care sites • **Numerator** Number of sites with disease management registry functionality • **Denominator** Total number of primary care sites **6. Milestone:** Increase the number of providers, clinicians and staff using the registry • **Metric:** Number of staff using the registry	management registry is available in X% of San Joaquin General Hospital's primary care sites • **Numerator** Number of sites with disease management registry functionality • **Denominator** Total number of primary care sites	

3. Redesign Primary Care (Category 2)

- ***Goal***: Increase efficiency and redesign clinic visits to be oriented around the patient so that primary care access and the patient experience can be improved. At the present time primary care providers see on average two patients per hour with a significantly large variation in cycle time across clinics and providers. The no-shows (Did Not Keep Appointments) runs between 19-25% in the primary care clinics. There is an extremely long wait for next appointments for both new and continuity patients: new patients for the Family Medicine and Primary Medicine clinics have a one month wait and new appointments for the Internal Medicine resident clinic are not available for six weeks.

  The goal of this project is to train staff on methods to redesign the clinics to improve efficiency, implement new methods to process patients in a more consistent manner, reduce patient cycle time and improve access to the hospital's primary care providers.

- ***Expected Result***: The expected result of the clinic visit redesign is to assure all staff members are trained about efficient methods in providing care to the primary care patients in the ambulatory setting, increase provider productivity and be able to schedule new patients within seven days from appointment request.

- ***Related Projects***: The redesign of the primary care clinic visits at San Joaquin General Hospital will help to expand primary care capacity (Category 1) and facilitate a more successful medical home model implementation (Category 2).

3.Redesign Primary Care (Category 2)					
Year 1	Year 2	Year 3	Year 4	Year 5	Related Projects
1. Milestone: Develop and submit a plan to train staff on methods for redesigning clinics to improve efficiency **Metric:** Documentation of completion of plan	**2. Milestone:** Staff in at least one primary care clinic will be trained on methods for redesigning clinics to improve efficiency • **Metric:** Proportion of staff trained • **Numerator:** Number of relevant primary care clinic staff trained • **Denominator:** Total number of relevant primary care clinic staff	**3. Milestone:** Staff in at least one additional primary care clinic (two total) will be trained on methods for redesigning clinics to improve efficiency • **Metric:** Proportion of staff trained • **Numerator:** Number of relevant primary care clinic staff trained • **Denominator:** Total number of relevant primary care clinic staff **4. Milestone:** Reduce patient appointment no-show rates to 20% or less	**5. Milestone:** Staff in at least one additional primary care clinic (three total) will be trained on methods for redesigning clinics to improve efficiency • **Metric:** Proportion of staff trained • **Numerator:** Number of relevant primary care clinic staff trained • **Denominator:** Total number of relevant primary care clinic staff **6. Milestone:** Reduce patient appointment no-show rates to 15% or less	**7. Milestone**: Reduce patient appointment no-show rates to 10% or less • **Metric**: No-show rate (The percentage of patients who did not show up for their scheduled visit. This excludes same-day appointments and appointments cancelled by patient.) • **Numerator:** Number of patients who missed an appointment in each medical home session • **Denominator:** Number of patients scheduled for each session	• Expand Primary Care Capacity (Cat. 1) • Expand Medical Homes (Cat. 2)

		• **Metric:** No-show rate (The percentage of patients who did not show up for their scheduled visit. This excludes same-day appointments and appointments cancelled by patient.) • **Numerator:** Number of patients who missed an appointment in each session • **Denominator:** Number of patients scheduled for each session	• **Metric:** No-show rate (The percentage of patients who did not show up for their scheduled visit. This excludes same-day appointments and appointments cancelled by patient.) • **Numerator:** Number of patients who missed an appointment in each session • **Denominator:** Number of patients scheduled for each session		

4. Expand Medical Homes (Category 2)

- ***Goal***: Establish a medical home for patients, where patients have a health care team that is tailored to the patient's health care needs, coordinates the patient's care and proactively provides preventive, primary, routine and chronic care. San Joaquin General currently has an undetermined number of patients who rotate to different providers, including the Emergency Department, for their primary care needs. In addition, many of these same patients end up requiring admission in an area hospital due to complications of their poorly managed chronic conditions. Finally, 52% of the patients served by the hospital have not completed high school. As such, the medical home will provide a more complete patient experience to monitor, educate and maintain rapport with a segment of the population in the San Joaquin General Hospital service area.

- ***Expected Result***: Train staff in the primary care clinics so that at least 1,000 patients in San Joaquin General primary care clinics are assigned to a medical home model. This effort will lead to improved processes of care and improvements in the health status of patients tracked in the program.

- ***Related Projects*:** The implementation of the medical home model in San Joaquin General Hospital's primary care clinics will help to expand primary care capacity (Category 1) and serve as a structural component in the redesign of a portion of the hospital's primary care sits (Category 2).

4.Expand Medical Homes (Category 2)					
Year 1	Year 2	Year 3	Year 4	Year 5	Related Projects
1. Milestone: Develop a plan to establish criteria for medical home assignment for patients in San Joaquin General Hospital's primary care clinics • **Metric:** Documentation of completion of the plan	**2. Milestone:** Development of medical home assignment criteria, including which specific chronic conditions, high risk patients and those with high utilization of health care services will be included in medical homes • **Metric**: Hospital policies and procedures	**3. Milestone:** At least 400 eligible patients will be assigned to medical homes • **Metric:** Number of patients assigned to a medical home	**4. Milestone:** At least 750 eligible patients will be assigned to medical homes • **Metric:** Number of patients assigned to a medical home	**5. Milestone:** At least 1,000 eligible patients will be assigned to medical homes • **Metric:** Number of patients assigned to a medical home	• Expand Primary Care Capacity (Cat. 1) • Implement Disease Management Registry Functionality (Cat. 1) • Redesign Primary Care (Cat. 2)

San Joaquin General Hospital

Delivery System Reform Incentive Payments –Category IV – Urgent Improvement in Quality and Safety

February 4, 2011

Intervention #1: Improve Severe Sepsis Detection and Management

Key Challenge: Reducing harm or death to patients seeking care due to sepsis.

Sepsis can harm and kill patients if not treated quickly and increases ICU length of stay and its associated costs. While and after receiving hospital services, challenges remain regarding the provision of safe, high-quality health care. Furthermore, it is critical to avoid causing harm or death to patients seeking care. Currently, approximately a quarter of patients with severe sepsis or septic shock die in public hospitals. A recent review of data from July through December 2009 found that the mortality rate for patients with severe sepsis at San Joaquin General Hospital was close to 21%.

Major Delivery System Solution: Reduce avoidable harm or deaths due to severe sepsis to patients receiving inpatient services.

In support of our commitment to continuous quality improvement so that patients receive the safest and highest quality health care possible, we propose to make improvements in care provided to patients. We propose to improve severe sepsis detection and management to reduce unnecessary death and harm attributable to sepsis. Our interventions and improved processes from are based upon the IHI recommended Surviving Sepsis Campaign to establish reliable detection and treatment for severe sepsis. This includes implementing both the Sepsis Management and Resuscitation Bundles as appropriate.

Improve Severe Sepsis Detection and Management (required)				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
1. Develop a plan to implement the Sepsis Resuscitation Bundle and develop a hospital-wide measurement system to identify and track patients with severe sepsis.	**2. Implement the Sepsis Resuscitation Bundle, by following the evidence based interventions for patient with severe sepsis. Patient charts will be**	**5. Achieve X% compliance with Sepsis Resuscitation Bundle, where "X" will be determined in Year 2 based on baseline data.**	**8. Achieve X% compliance with Sepsis Resuscitation Bundle, where "X" will be determined in Year 2 based on baseline data.**	**11. Achieve X% compliance with Sepsis Resuscitation Bundle, where "X" will be determined in Year 2 based on baseline data.**

Improve Severe Sepsis Detection and Management (required)				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
	reviewed to determine the level of compliance with provision of appropriate interventions. Mortality rates will also be determined. **3. Report at least 6 months of data collection on Sepsis Resuscitation Bundle to SNI for purposes of establishing the baseline and setting benchmarks.** **4. Report the Sepsis Resuscitation Bundle results to the State.**	**6. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **7. Report Sepsis Resuscitation Bundle and Sepsis Mortality results to the State.**	**9. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **10. Report results to the State.**	**12. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **13. Report results to the State.**

San Joaquin General Hospital

Delivery System Reform Incentive Payments –Category IV – Urgent Improvement in Quality and Safety

February 4, 2011

Intervention #2: Central Line-Associated Bloodstream Infection Prevention

Key Challenge: Reducing harm or death and/or increased lengths of stay to patients seeking care due to central line-associated infections.

Central Line-Associated Bloodstream Infections (CLABSIs) can harm and kill patients if not detected and treated quickly. CLABSIs increase hospital lengths of stay and its associated costs. While and after receiving hospital services, challenges remain regarding the provision of safe, high-quality health care. Furthermore, it is critical to avoid causing harm or death to patients seeking care. The prevention of CLABSIs is critical for ensuring patient safety. Following all the elements of the Central Line Insertion Practices (CLIP) and reviewing necessity of continuing the central line can help prevent CLABSIs. Currently, San Joaquin General Hospital has less than one CLABSI per month. It is difficult to link compliance with CLIP as currently the rate of CLIP form completion is 50%. IHI data suggest that mortality related to CLABSIs is between 4 and 20% and that nosocomial bloodstream infections can increase hospital stays on an average of seven days.

Major Delivery System Solution: Reduce central line-associated blood stream infections by implementing the Central Line Bundle

In support of our commitment to continuous quality improvement so that patients receive the safest and highest quality health care possible, we propose to make improvements in care provided to patients. We propose to improve compliance with CLIP form completion which will prove all elements of the Central Line Bundle are being completed. Our interventions and improved processes are based on the IHI recommended implementation of the Central Line Bundle which includes hand hygiene, maximal barrier precautions, chlorhexidine skin antisepsis, optimal catheter site selection, and daily review of line necessity.

Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention (required)				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
1. Develop a plan to implement and report on the Central Line Insertion Practices (CLIP) and Central Line Bundle.	2. **Implement the Central Line Insertion Practices (CLIP) as well as the Central Line Bundle as evidenced by**	**6. Achieve X% compliance with CLIP, where "X" will be determined in Year 2 based on baseline data.**	**9. Achieve X% compliance with CLIP, where "X" will be determined in Year 2 based on baseline data.**	**13. Achieve X% compliance with CLIP, where "X" will be determined in Year 2 based on baseline data.**

Central Line-Associated Bloodstream Infection (CLABSI) Infection Prevention (required)				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
	determining CLIP form completion rates and chart review demonstrated review of line necessity. 3. **Report at least 6 months of data collection on CLIP to SNI for purposes of establishing the baseline and setting benchmarks.** **4. Report at least 6 months of data collection on CLABSI to SNI for purposes of establishing the baseline and setting benchmarks.** **5. Report CLIP results to the State.**	7. **Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **8. Report CLIP and CLABSI results to the State.**	10. **Reduce Central Line Bloodstream Infections by X%, where "X" will be determined in Year 2 based on baseline data.** 11. **Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** 12. **Report CLIP and CLABSI results to the State.**	**14. Reduce Central Line Bloodstream Infections by X%, where "X" will be determined in Year 2 based on baseline data.** 15. **Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **16. Report CLIP and CLABSI results to the State.**

San Joaquin General Hospital

Delivery System Reform Incentive Payments –Category IV – Urgent Improvement in Quality and Safety

February 4, 2011

Intervention #3: Surgical Complications Core Processes

Key Challenge: Prevent Surgical Site Infections.

Surgical site infections can harm and kill patients and can lead to readmission and its associated costs. While and after receiving hospital services, challenges remain regarding the provision of safe, high-quality health care. Surgical site infections can prolong hospital stays, cause readmissions, increase cost of care and be detrimental to patient satisfaction. The IHI states that 3% of surgical patients develop surgical site infections, which puts them at an increased mortality risk. Many surgical site infections are preventable by following evidence based actions. Currently San Joaquin General Hospital participates in the CMS and Joint Commission Surgical Care Improvement Process Core Measure. Our current compliance with the All-or-None Bundle is approximately 89%. The indicators for this Core Measure do not include detection and reporting of post-operative wound infections. Although San Joaquin General Hospital does detect and report surgical site infections for hip and knee replacement surgeries and certain GI surgeries, an infection rate has not been measured yet. In addition collecting wound infection data is challenging if the post-operative patients are not readmitted nor have their wounds cultured.

Major Delivery System Solution: Reduce avoidable harm or deaths or readmission due to surgical site infections

In support of our commitment to continuous quality improvement so that patients receive the safest and highest quality health care possible, we propose to make improvements in care provided to patients. We propose to prevent surgical site infections by complying with the performance indicators of the Surgical Care Improvement Process Core Measure. We will continue to detect and report surgical site wound infections. We will work to find an Information Technology (IT) solution to better capture all patients with surgical site infections.

Intervention #1: Surgical Complications Core Processes (SCIP)

Surgical Complications Core Processes (SCIP)				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
1. Develop a plan to collect and report data about Surgical Site Infections for patients at San Joaquin	**2. Report at least 6 months of data collection on SSI to SNI for purposes of**	**5. Reduce the rate of surgical site infection for Class 1 and 2 wounds by X, where "X" will be**	8. **Reduce the rate of surgical site infection for Class 1 and 2**	11. **Reduce the rate of surgical site infection for Class 1 and 2**

Surgical Complications Core Processes (SCIP)				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
General Hospital	**establishing the baseline and setting benchmarks.** **3. Report results to the State.** **4. Work with IT to capture patients with surgical site wound infections that are not readmitted or have their wound cultured.**	**determined in Year 2 based on baseline data.** **6. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **7. Report results to the State.**	**wounds by X%, where "X" will be determined in Year 2 based on baseline data.** **9. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **10. Report results to the State.**	**wounds by X%, where "X" will be determined in Year 2 based on baseline data.** **12. Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **13. Report results to the State.**

Intervention #4: Stroke Management

Key Challenge: Reducing harm or death to patients seeking care due to stroke.

The American Stroke Association states that stroke is the third leading cause of death in the United States. Quick and efficient management of stroke patients can reduce mortality and shorten rehabilitation time, which also reduces costs for care. By implementing evidence based care, patients presenting with stroke can have much improved outcomes. San Joaquin General Hospital has been participating in the Joint Commission's Stroke Core Measure. Recent data

demonstrates 74% compliance for the All-or-None Bundle. In addition, the hospital has implemented a Stroke Response Protocol to help hasten the delivery of time sensitive interventions.

Major Delivery System Solution: Reduce avoidable harm or deaths due to stroke.

In support of our commitment to continuous quality improvement so that patients receive the safest and highest quality health care possible, we propose to make improvements in care provided to patients. We propose to improve delivery of care to stroke patients reduce unnecessary death and harm and improve rehabilitation rates. Our interventions and improved processes are from the American Stroke Association's Get with the Guidelines Program and the Joint Commission's Stroke Disease Specific Care Accreditation Manual.

Stroke Management				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
1. Develop a plan to identify, monitor and report about the seven stroke management process measures for patients treated at San Joaquin General Hospital	**2. Report at least 6 months of data collection on the 7 stroke management process measures to SNI for purposes of establishing the baseline and setting benchmarks.** **3. Report the**	**4. Increase the rate of patients with an ischemic stroke prescribed antithrombotic therapy at discharge by X, where "X" will be determined in Year 2 based on baseline data.** **5. Increase the rate of patients with an ischemic stroke with atrial fibrillation/flutter discharged on**	**13. Increase the rate of patients with an ischemic stroke prescribed antithrombotic therapy at discharge by X, where "X" will be determined in Year 2 based on baseline data.** **14. Increase the rate of patients with an ischemic stroke with atrial fibrillation/flutter discharged on anticoagulation therapy by X, where "X" will be determined in Year 2 based on baseline data.**	**22. Increase the rate of patients with an ischemic stroke prescribed antithrombotic therapy at discharge by X, where "X" will be determined in Year 2 based on baseline data.** **23. Increase the rate of patients with an ischemic stroke with atrial fibrillation/flutter discharged on anticoagulation therapy by X, where "X" will be determined in Year 2 based on baseline data.** **24. Increase the rate of acute**

Stroke Management				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
	data to the State.	**anticoagulation therapy by X, where "X" will be determined in Year 2 based on baseline data.** **6. Increase the rate of acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well by X, where "X" will be determined in Year 2 based on baseline data.** **7. Increase the rate of patients with ischemic stroke who receive antithrombotic**	**15. Increase the rate of acute ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well by X, where "X" will be determined in Year 2 based on baseline data.** **16. Increase the rate of patients with ischemic stroke who receive antithrombotic therapy by the end of hospital day two by X, where "X" will be determined in Year 2 based on baseline data.** **17. Increase the rate of ischemic stroke patients with LDL > 100, or LDL not measured, or, who were on cholesterol reducing therapy prior to hospitalization are discharged on statin**	**ischemic stroke patients who arrive at the hospital within 120 minutes (2 hours) of time last known well and for whom IV t-PA was initiated at this hospital within 180 minutes (3 hours) of time last known well by X, where "X" will be determined in Year 2 based on baseline data.** **25. Increase the rate of patients with ischemic stroke who receive antithrombotic therapy by the end of hospital day two by X, where "X" will be determined in Year 2 based on baseline data.** **26. Increase the rate of ischemic stroke patients with LDL > 100, or LDL not measured, or, who were on cholesterol reducing therapy prior to hospitalization are discharged on statin medication by X, where "X" will be determined in Year 2 based on baseline data.**

Stroke Management				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
		therapy by the end of hospital day two by X, where "X" will be determined in Year 2 based on baseline data. **8. Increase the rate of ischemic stroke patients with LDL > 100, or LDL not measured, or, who were on cholesterol reducing therapy prior to hospitalization are discharged on statin medication by X, where "X" will be determined in Year 2 based on baseline data.** **9. Increase the rate of patients with ischemic or hemorrhagic stroke or their caregivers who were given**	**medication by X, where "X" will be determined in Year 2 based on baseline data.** **18. Increase the rate of patients with ischemic or hemorrhagic stroke or their caregivers who were given education and/or educational materials during the hospital stay addressing all of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed at discharge by X, where "X" will be determined in Year 2 based on baseline data.** **19. Increase the rate of patients with an ischemic stroke or hemorrhagic stroke who were assessed for rehabilitation services by X, where "X" will be determined in Year 2 based**	**27. Increase the rate of patients with ischemic or hemorrhagic stroke or their caregivers who were given education and/or educational materials during the hospital stay addressing all of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed at discharge by X, where "X" will be determined in Year 2 based on baseline data.** **28. Increase the rate of patients with an ischemic stroke or hemorrhagic stroke who were assessed for rehabilitation services by X, where "X" will be determined in Year 2 based on baseline data.** 29. **Share data, promising practices, and findings with SNI to foster shared learning**

Stroke Management				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
		education and/or educational materials during the hospital stay addressing all of the following: personal risk factors for stroke, warning signs for stroke, activation of emergency medical system, need for follow-up after discharge, and medications prescribed at discharge by X, where "X" will be determined in Year 2 based on baseline data. **10. Increase the rate of patients with an ischemic stroke or hemorrhagic stroke who were assessed for rehabilitation services by X, where**	**on baseline data.** 20. **Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** **21. Report the 7 process measures and stroke mortality rate results to the State.**	**and benchmarking across the California public hospitals.** **30. Report the 7 process measures and stroke mortality rate results to the State.**

Stroke Management				
Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**
		"X" will be determined in Year 2 based on baseline data. 11. **Share data, promising practices, and findings with SNI to foster shared learning and benchmarking across the California public hospitals.** 12. **Report the 7 process measures and stroke mortality rate results to the State.**		