



THE PULSE



CATHOLIC HEALTH
INITIATIVESSM

St. Elizabeth Health Services

September 2008

Volume 10, Issue 9

The President's Message

Employee Climate Assessment

Recently several focus groups were conducted to get more detailed feedback about our Employee Climate Assessment. I thank all of you who participated in the original survey, and all who participated in the focus groups. Your feedback is tremendously important to us.

We have heard your feedback. You have offered helpful and insightful recommendations on what we can do to make St. Elizabeth a great place. The recommendations can be grouped into three broad categories, as follows:

1. Improve communication
2. Build trust
3. Tap into the ideas and energy of all employees

We will seek additional, more specific ideas from employees on how to implement the recommendations. Department Managers will see the results of the focus groups on September 16, at our next regular meeting. They will be asked to seek additional input from employees on the three recommendations. In other words, we will be seeking more detailed and specific action items from all employees, via your department manager. With that input we will create an action plan for improvement. The action plan will be communicated to all employees.

WE NEED YOU!

One thing that was loud and clear from the ECA focus groups was that we need to have behavioral standards that are consistent throughout the organization—ones that everyone is accountable to uphold. Your suggestions are right in line with Quint Studer

(the guru of hospital management), and although we have had a "Code of Service," in the past, it has not been emphasized like it should be (and probably needs to be updated). That's where you come in! We are looking for volunteers to be a

We will implement the action plan. We will monitor action items as we implement them, to assure that we hold ourselves accountable.

Again, my thanks to any and all who have offered your time, talent and thoughts to this process.

Fiscal Year 2009 Goals

July 1, 2008 marked the beginning of our fiscal year 2009. With each new year we establish new goals. Every employee has some effect on our goal achievement. Thus I wish to share with you our FY 2009 goals, and request your engagement in helping us achieve them.

1. Reduce RN turnover.
2. Achieve at least 96% on our "Clinical Risk Management Incentive Program" goals.
3. Meet or exceed budget.
4. Successfully integrate new physicians.
5. Assess feasibility of offering chemotherapy on site. Start doing so if feasible.
6. Improve "perfect care" scores to 90% or better.
7. Improve our Employee Climate Assessment scores.
8. Increase the volume of outpatient services we provide.

We have many, many priorities and issues to attend to. But these eight goals represent what CHI, our governing board, and local management believe to be among the most important.

I encourage you to discuss these goals in your departments so that you understand them and plan how you can positively impact them.

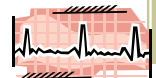
George Winn, President and CEO



part of a Behavioral Standards Team to create a draft for the entire facility.

Interested? Give me a call (123-8106) or an email message (jerrydockell@chiwest.com). We need to put together a team ASAP, so call this week! **Thanks!**

Jerry D. Nickell





Financial Update

For the month of July, St Elizabeth reported an operating profit before investment income of \$65,000 as compared to a budgeted monthly profit of \$34,000. The primary reasons for the variance were Net Patient Service Revenues, controlled labor costs, inventory adjustments and bad debts expense. Other factors that have influenced operating results are low census in the Long Term Care Center and inpatient length of stay that is under the budget mark of 3.5 days. The utilization for acute inpatient was 59 admissions which were under budget by 24 admissions for the month. These levels of admissions are about 74% of the four year average. Acute patient days totaled 160, which was under budget by 105 patient days of the budget target. The total acute patient days are 69% of the four year average. The average daily census discussed above yielded a 2.7 day average length of stay as compared to budget of 4.0 days. Newborn services yielded 62% of the four year average for births during July. Swing bed utilization resulted in 9 admissions compared to a budget of 29. Overall the length of stay for the swing bed service line resulted in 8.2 days. Emergency visits were 10.0% under budget. Non-emergency outpatient visits were 8.4% less than budget. Physician visits met the budget target of 532 for the month of July. Resident days for the Care Center were 278 days under budget or 23.5% less than budget for the month. Net inpatient revenue for the month of July was \$572,000 compared to a budget of \$744,000 which is a negative variance of \$171,000. Outpatient net revenue of \$1,231,000 compared to a budget of \$1,130,000 which is a positive variance of \$101,000. Physician net revenue was below budget by \$32,000 for the month. Long term care revenue was under budget by \$45,000 for the month. Salaries and Wages were \$81,000 below budget for the month. Purchased Services were under budget \$32,000 and Supplies were under budget \$105,000, of which is the result of the inventory adjustment of \$65,000. Bad Debt Expense was \$95,000 greater than budget for the month resulting from increased aging of the patient accounts receivable. Total Expenses for the month were under budget by \$209,000 or 9.4%.

The financial plight of the long term care center will continue to be a primary focus of management to minimize losses while striving to increase resident census. The future admission of Medicaid residents does not look promising due to the state of Oregon's plan to allocate Medicaid resources efficiently. A plan is underway to restructure the administrative duties and improve operational strategies.

The utilization of services will be a key factor for meeting budget goals. The primary areas of this will be maximizing length of stay and increased utilization of swing bed.

An operational budget analysis is being conducted in various departments to ascertain efficient use of resources. This has and will result in changes in policies, procedures and staffing matrixes that do not reflect the organization's mission and financial goals.

An ongoing barrier to maximizing Medicare reimbursed services continues to identify the disallowed costs arising from National Assessments concerning the Off-Shore Insurance Premiums and other issues that are currently under appeal with CMS.

Scott Spears, CFO



Smoke-Free by 2009?

It can happen, but only with your help...

We have set a goal to be a smoke-free (and tobacco free) facility by June of 2009. By definition that means we will not have tobacco products used on the grounds of St. Elizabeth Health Services. For some that may seem like an easy task, but it's going to take more than just posting some signs. We want to do this right—well planned and well executed.

That means we need your help. We are looking for people who would be willing to be a part of a team to create a plan,

communicate that plan, and put it into practice. We encourage those who currently use tobacco to be a part of this team, as we want to make sure that we address your concerns as we roll this out.

If you are interested, please contact Bob Borders at 123-8117 or Jerry Nickell at 123-8106. We will try to arrange times when you are available, so don't let your schedule keep you from helping us make this happen.

Thanks—and together we can make this a better place and demonstrate health to our community!

The Clinical Perspective



We are making great changes within the clinical side of our mission, and I have to thank all of you for stepping up and making these changes happen. As I mentioned last month, I believe that having an “adequate number of qualified nurses” is essential for a healthy environment. It is with great pride that I introduce you to three new members of our nursing staff.

Corrie B., RN, was born in Lebanon, Oregon. Her hobbies include hunting, fishing, riding 4-wheelers at the Dunes, spending time with her boyfriend Braden, and going home to be with family. Corrie went into nursing because she “likes the relationship building nursing allows.” She further states that she is “excited about the friendly atmosphere and for what the future holds.” Corrie’s goal here at SEHS is to be trained in all areas and become proficient as a generalist.

Jamie S., RN, is also an Oregon native. She was born in Pendleton, but has spent most of her life in the Baker County area. Her hobbies include backpacking and cross-country skiing. Jamie states she “went into nursing to make a difference.” Jamie also has stated her excitement about starting work and working with the friendly staff here at St. Elizabeth. Jamie’s goals are to continue to grow in her career, learning everyday, in an effort to expand her knowledge in becoming the best nurse she can possibly be.

Mandi W., RN, was born in Unity, Oregon. Her hobbies include spending time with her husband Mark and two children Hunter Jo (8) and Hadley Quinn (2). Mandi states that she “wanted to become a nurse—even from the time she was little.” So far, Mandi states she is “very impressed by the warm welcome she has received.” Mandi’s goal is to pursue a career in Emergency Room Nursing.

Please assist me in welcoming these fine additions to our staff. We are all certainly glad they are here, and look forward to their futures with us.

Kelly Williams, RN
Vice President of Nursing

Congratulations to Dana M. for passing her Certified Medication Aide class and licensure!

On the Safety Side

Question: Who is our Incident Commander during a disaster?

Answer: The senior-most administration person that is on site, house supervisor, or safety officer.

Question: Who can call a “Code D” disaster?

Answer: Our disaster plan designates the ER physician or the senior-most administration person on site to determine when a disaster code should be initiated.

Question: If you are present at the point of origin of a fire, our organization uses the acronym RACE to remind us of the suggested response. What does this stand for?

Answer: **R**—Rescue or remove patients and visitors to a safe area. **A**—Activate the alarm, yell for help, or get Admitting to page the Code Red and location. **C**—Contain or confine the fire by closing doors, windows, and securing any medical gases in your area. **E**—Extinguish the fire if feasible, and continue evacuation as necessary.

Question: Who is responsible for shutting off the oxygen piped gases during a fire?

Answer: Only Facility Maintenance or the House Nursing Supervisor has the given authority and training to shut off the oxygen supply during a fire or internal disaster.

Question: Some of the medical equipment in our organization requires inspection or may need to be removed from the floor for scheduled preventative maintenance. How do we know when this should occur?

Answer: Medical equipment that needs to be inspected or receive maintenance will have a green sticker with a number indicating the month the inspection is due. If you see a piece of equipment with this sticker, and the date on the sticker has passed, do not use this equipment until Bio-Med / Clinical Engineering has inspected it.



Bob Borders,
Safety Officer

“To laugh often and much; To win the respect of intelligent people and the affection of children; To earn the appreciation of honest critics and endure the betrayal of false friends; To appreciate beauty, to find the best in others; To leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition; To know even one life has breathed easier because you have lived. This is to have succeeded.”

Ralph Waldo Emerson

St. Elizabeth Health Services

3325 Pochontas Road
Baker City, Oregon 97814

Tel: 541-523-6461
Fax: 541- 523-8151

Happy Birthdays!

Claurita R.	October 4
Terri S.	October 7
Debra K.	October 8
Melissa R.	October 8
Brenda C.	October 10
Denise L.	October 12
Dr. Neal J.	October 14
Sharon T.	October 15
Dr. Barbara T.	October 15
Verlynda H.	October 21
Pam S.	October 22
Julie I.	October 23
D.J. N.	October 24
Melanie D.	October 27
Suzette P.	October 28
Victoria B.	October 31



Who Really Cares?

It's easy to get pulled in so many directions that do don't take the time to do those really important things—like letting people know you truly care. But in August these people were recognized for their values, and the ones that recognized them let them know that they truly care. So thanks to you for living our values, and for showing that you care!

Amy C.	John L. (3)
Annette G.	Judy S. (6)
April W. (2)	Karen C.
Beverly H. (2)	Kricket P. (3)
Bill A.	Kristin A.
Brandi P. (3)	Laura Mc.
Darla D.	Laurel N.
Della M.	Liz L. (2)
DJ N.	Mary M.
George W.	Megan N. (2)
Glenna N.	Misty G. (7)
Greg G.	Molly Mc.
Hannah A. (3)	Pim C. (3)
Homer R. (4)	Seth P.
Jamie G.	Steve W. (2)
Jessica D.	Tracy L.

I CARE Update

There have been some questions about what happens when someone reaches 10 or even 20 I CARE Awards. What do they get? Well, there are some people who will be receiving a nice I CARE Pin for their 10 awards (sorry for the delay!) in this year and will be invited to attend the Employee Recognition Banquet in October. Those who already have a pin and have 20 or more awards will also receive a nice prize at the Employee Recognition Banquet. More information next Month!

Where Miracles Happen!

The Pulse is a monthly newsletter published by St. Elizabeth Health Services.
©2008 SEHS

We're on the Web!

www.StElizabethHealth.com

Mission Moment



You've probably seen them on TV, or maybe even in the store. It wasn't until my wife brought them home that I really paid any attention to them. They look like green plastic bags, but when you put fruit in them, like a banana, they don't get all of those black spots all over them. I tried them myself, and couldn't believe how well they worked!

But there was just one problem. I thought the bags were going to preserve the fruit—to keep the bananas from getting old—but I found that while it may delay the aging process a little, it didn't stop it. I was shocked to open up a banana that looked good only to find that the inside was all mushy—just what I would have expected if the banana had black spots on it.

As I ate my mushy banana, I thought of two things. First, it reminded me of Jesus talking about the Pharisees and referring to them being “white-washed tombs—shiny on the outside, and full of dead men's bones on the inside.” Not the way that I would like to be remembered!

The second thing I thought of was our Employee Climate Assessment. Sure, we could have bribed people to give us higher scores (and some might have felt that we did with our 'Strive for Five' tag line). But that wouldn't have fixed the problems. And based on the results—we have some problems.

I don't want us to hide from those issues—now is the time to fix them. I don't want us to be mushy bananas and just look good on the outside. I want the outside to show how good we are on the inside! But we can only do that if we all work together.

Sounds kind of “appealing” to me... (bad banana pun!)

Jerry D. Nickell
VP Mission & Human
Resources / CRD

