

TS

PALM DRIVE



HOSPITAL

Caring for Community

Caring for Life

501 Petaluma Avenue, Sebastopol, CA 95472

707-823-8511 Fax: 707-829-4141

www.palmdrivehospital.com

October 23, 2008

County of Sonoma
County Administrator's Office
575 Administration Drive, Room 104A
Santa Rosa, CA. 95403
Attn: Terri Saunders

Dear Jury Assembly:

The District appreciates the Grand Jury's investigation for their recommendations.

We would like to thank the Grand Jury for its review and well-conceived recommendations to assist the Hospital in its efforts to improve.

Enclosed we have provided responses to each of the recommendations. We would be pleased to provide any additional information the Grand Jury might require.

Thank you,

James Russell
Chief Executive Officer
Palm Drive Hospital
501 Petaluma Avenue
Sebastopol, CA. 95472

Cc: Lori Austin
Chief Operating Officer



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RESPONSE TO SONOMA COUNTY GRAND JURY RECOMMENDATIONS

R1

Under the direction of the Board Chair, Linda Johnson, beginning in June 2008 management incorporated training segments into the agenda of the monthly meetings of the Board of Directors. The training curriculum for the Board encompasses all aspects of their responsibilities, but at this time has a special focus on the financial aspects of hospital operations and capital financing.

At the October 2008 meeting of the District Board, for example, training was conducted on hospital budgeting, including the purposes, formation, and implementation of both operations and capital budgets. Since the FY 2009 operating budget was a first for the Hospital in terms of implementing budgets at the department level, the Board was shown how the budget will assist operating departments to manage their costs, as well as to provide the Board with a tool for evaluating financial performance at the department level.

Planned financial training segments include capital financing, Medicare and Medi-Cal reimbursement changes, and basic hospital accounting practices.

R3

The District has addressed the issue of physician support in two ways. First, the District created a 1206(d) licensed medical clinic to house primary care physicians that either do not have an established patient population, or have not wished to continue to operate a private practice. Under the 1206(d) exemption from the California Health Facilities code, which prohibits the corporate practice of medicine, the Hospital is permitted to operate a physician-staffed medical clinic as an outpatient department. This model helps insure that the Hospital and local community will have access to primary care physicians into the future.

Currently, there are three physicians and one nurse practitioner working in the clinic, which is known as Palm Drive Medical Center. By the end of the current calendar year an additional physician is expected to join the clinic.

A second approach created by the District is the provision of billing, collection, and practice management consultation to local physicians whom are experiencing difficulties. This assistance, available since early 2008, has had four physicians as clients so far.

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R5

Palm Drive has participated in all aspects of the Joint Powers Authority (JPA) since its inception in 2007. A Palm Drive Healthcare District Board member, Stephen Murphy, is the Vice-Chair of the JPA. Among several key issues that have been addressed by the JPA is the issue of specialist physician availability for the four rural hospital members. A plan for development of a physician network that would include specialists is currently under development by the four CEOs. While completion and implementation of the plan will take time, the JPA is confident that specialist availability will improve via the network arrangements currently under consideration.

A corollary development at Palm Drive is the development of a special program for its intensive care unit (ICU) involving the use of robotic telemetry. This program involves the use of a robot through which specialists can be brought to the bedside in such a way as to permit two way visual and audio communication and the transmission of diagnostic information to the physician in real time, allowing the specialist to diagnose and order the provision of treatment to the patient. Since its inception, the robotic telemetry-assisted ICU program has resulted in an increase in the ICU census from zero to an average of 3 per day, and has generated over \$800,000 in net income for the 14 months ending August 31, 2008. As an offshoot of this program, the District is planning to open a school of Robotic Telemetry in February 2009 for rural hospital clients nationwide.

R7

The District is very mindful of the assistance provided by West County citizens, in the form of a parcel tax, which in 2008 will have provided over \$3.5 million in assistance to the Hospital. There is intense interest in the financial position of the Hospital, which has been operating under Chapter 9 protection of the bankruptcy code since April 2007.

In the first quarter of FY 2009, the Hospital, for the first time in a number of years, generated a positive bottom line. The second quarter proves to be even more promising, based upon current census activity. The District wants its constituents to be fully aware of its financial position and the improvements that have been taking place. A financial report is being considered for presentation to the West County community, so that they may be made aware of how their parcel taxes are being used to help the Hospital become financially self-sustaining.

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Note that this activity is in addition to the publically disseminated financial statements and budgets, which are presented at District Board meetings, and which are also reviewed monthly by the District Board's Finance Committee, which includes members of the local community in addition to members of the Board.



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Grand Jury Report

Recommendations:

R2: A five year strategic plan, with benchmarks, should be developed annually.

Palm Drive Hospital provides an annual strategic plan to the District Board of Directors. This plan was presented and adopted by the Board in February. Listed below are the plans for year 2008:

I. INTRODUCTION/PURPOSE

The purpose of the Plan for the Provision of Patient Care (PPPC) is to provide a framework for planning, directing, coordinating, providing, and improving the health care services available at the hospital to ensure we are responsive to community and patient needs and improve health outcomes.

This document serves as a basis to:

- Identify existing and new patient care services.
- Direct and integrate patient care and support services throughout the hospital.
- Implement and coordinate services among departments.
- Direct and support a comparable level of patient care throughout the hospital.

II. APPLICABILITY

This is a hospital-wide document. As such, it applies to all inpatient, emergency, and outpatient services.

Authority/Responsibility

Board of Directors

The Palm Drive Health Care District Board of Directors has the ultimate authority to establish, require, support and evaluate the PPPC for Palm Drive Hospital (PDH).

Chief Executive Officer

As delegated by the Board of Directors, the CEO is responsible for planning, developing, implementing, and evaluating the PPPC. To accomplish this, the CEO has established an Administrative Management Team. Specific



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organizational responsibilities and administrative oversight functions have been delegated to the individuals on this team. The primary emphasis is the external factors affecting the hospital.

Chief Operating Officer

The COO has the same responsibilities as the CEO with the emphasis of providing oversight of the internal operational functions.

Chief Nursing Officer

The nurse executive's authority and responsibility for these activities is defined by position description. The nurse executive and other designated staff members write nursing policies and procedures, standards of patient care, standards of nursing practice and standards to measure, assess and improve patient care outcomes. The nurse executive and other nursing staff members collaborate with appropriate governing body, management, medical staff, and other clinical and managerial leaders in developing, implementing, reviewing, revising, and monitoring hospital-wide performance improvement activities.

Directors, Managers and Supervisors

Under the direction of the Administrative Management Team, PDH has various levels of directors, managers, and supervisors. These individuals are collectively known as "Department Leadership." Department Leadership is responsible for planning, developing, implementing, and evaluating the PPPC relative to their administrative department and/or service area.

Medical Staff

As part of their responsibility for the provision of quality patient care, the Medical Staff, through its senior leadership, is responsible for providing input, advice, and guidance to the hospital in the design, implementation, and evaluation of the PPPC.

Quality Council

The Quality Council is responsible for assuring the functional integration of the PPPC into the hospital's quality improvement process.

Staff Members

Every staff member at PDH is responsible for supporting the PPPC through the proper performance of their respective job functions.



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III. MISSION STATEMENT

PDH exists to deliver access to quality and compassionate health care services responsive to the needs of our community.

Through innovation, the hospital uses organizational and cost-effective approaches to provide access to quality health care and recognizes the necessity for the care of the medically underserved.

Through partnerships with our quality medical staff, dedicated employees and volunteers, supportive and informed Board of Directors, Foundation board members, and community members, PDH shares a commitment to community service, health education, human caring, compassion and continuous quality improvement. Our goal is to provide excellence in the delivery of health care and to improve the health status of our communities.

IV. VISION STATEMENT

PDH will be the gateway for community access to a continuum of health care services. PDH will distinguish itself through:

- providing quality health care services at PDH to assure appropriate access to local care for the communities we serve,**
- developing partnerships among physicians which serve to align incentives, attract new medical providers and strengthen our capability to provide and manage the care of our patients,**
- encouraging a culture that supports employees and providers in developing their skills and providing personal and compassionate care to our patients,**
- being resourceful in integrating skills and resources to design complementary health services to better meet the needs of our communities, and**
- Creating opportunities to share programs and services with other health systems that are cost effective in improving quality and accessibility of services.**



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Commitment to Excellence

We are a family of health care professionals offering hospital and community-based health services. In partnership with our physicians, we are committed to providing excellence in health care services in response to the unique needs of the communities we serve.

Strategic Plan 2008

1. **Build volume in core services and expand access to basic services:**
 - a. Establish Palm Drive Medical Center (1206D clinic)
 - b. Physician resource development: primary care, surgery, and other specialties.
 - c. Patient surveys Via NCR Picker
 - d. Establish new patient contract services; i.e., C.D.C., Hospice, Sonoma Development Center, etc.
 - e. Monitoring for development of other new services
 - f. Expand ICU services
 - g. Develop and implement Hospitalist services program
 - h. Clinical process improvement and monitoring
 - i. Apply for and complete AOA and DHS survey process

2. **Renew financial stability:**
 - a. Improved billing and collections processes and policies, information systems
 - b. Financial targets and planning processes, capital plan, and investment plan
 - c. Renegotiate contracting.
 - d. Additional revenue sources: fundraising, public funding, grants
 - e. Develop framework for insurance plan offering



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- f. Develop and monitor individual department budgets
 - g. Examine costs and reimbursements for lines of services
 - h. AR days to 60 days or less
3. Improve hospital infrastructure for future growth, competitiveness and confidence
 - a. Remodel patient rooms & treatment areas
 - b. Remodel public areas
 - c. Develop, plan, and begin implementation of EMR systems
 - d. Develop and plan for future HVAC system
 - e. Explore and implement new digital radiological services
 - f. Update nurses' station in Med/Surg unit
 - g. Update and provide HIPAA-compliant work stations for physicians in ER
 - h. Update and provide HIPAA-compliant patient registration in ER.
 4. Develop and foster key relationships
 - a. Pursue the hospital's Commitment to Excellence in Customer Service.
 - b. Inform the community and general public; awareness of PDH services, understanding of health care environment
 - c. Department manager's operational knowledge of hospital operations
 - d. Continue to build partnership with staff, management development, and employee retention
 - e. Work with District Hospitals on joint resource development
 - f. Work with Foundation to develop website.
 - g. Interact with patients; survey and monitor performance

Strategic Plan 2009:

- Develop JPA physicians group
- Implement EMR
- Implement PACs
- Hire 1 Internal Medicine MD and 1 Primary Care Physician for 1206d
- Obtain and build out new space for 1206d clinic
- File for OSPHD permits for 3rd OR suite
- Complete remodel of public areas of hospital



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- Develop and implement Virtual Business Office in conjuncture with Sonoma Valley Hospital.
- Investigate, and if appropriate, begin OSPD project for CDCR, San Quentin
- Obtain OSPHD permits for HVAC unit
- Build out Secure unit
- Investigate JPA partnership of Fulton Campus, start-up if appropriate
- Continue with department specific budgets and provide budget variance reports
- Develop Key Performance Indicators for each department with regular reporting

Strategic Plan 2010:

- Advertise and sell JPA product
- Fine tune EMR and PACs system
- Integrate electronic systems with JPA members
- Form 1206L group with JPA
- Investigate senior plus program
- Partner to provide preventative care
- Assess needs for other 1206D sites.
- Obtain contractor and begin construction of HVAC unit
- Assess health care environment needs and conduct a needs assessment for future business partnerships

Strategic Plan 2011 and 2012:

- Continue with physical upkeep of facility
- Utilize wide community involvement to develop citizen health needs assessment
- Utilize Health Care Community to assess needs for West County Health Care.
- Develop plan that provides resources to the identified needs of the citizens and health care community.
- Seek funding for long term infrastructure of the facility



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R4: The District should increase efforts to improve the image of Palm Drive Hospital in order to attract quality physicians and avoid losing patients to competing hospitals.

As part of Palm Drive Hospital's strategic plan cosmetic renovation of the facility is well underway. Starting in June of 2007 the Intensive Care Unit was refurbished with new flooring, paint, window treatments, flat screen televisions, new chairs, new beds, new bedside tables and nurses station. The best technological monitors were bought and installed. These monitors are able to assess the most intensive patients, providing feedback to the nurses and physicians. A RP7 Robot was leased and now provides 24/7 specialist coverage to the ICU, Medical Surgical Units and the Emergency Room. This robot provides the means for 7 different medical specialties to consult via telemedicine. Dr. Gude, the Intensive Care Medical Director plans on opening the School of Robotic Telemedicine at Palm Drive Hospital in February 2009. The public image of our ICU, and thus hospital, has changed in the past year from being "shuttered" to now providing cutting edge medicine.

Beginning in February of 2008 every patient room was renovated. This included new flooring, window treatments, paint, fixtures, nurse communication boards, above bed lighting, cubicle curtains and linens. The public hallways were also painted, ceiling tiles repaired, hand rails installed and art hung. The Medical Surgical Nurses Station was re-furbished to washable, functional and beautiful surfaces. New signage has been placed throughout the patient areas.

The waiting room for out-patient surgery and ICU was also refurbished. New paint, flooring, window treatments, flat screen television, lighting, art, furniture and a wall water fountain were installed. This area is relaxing, and meditative.

This past week we have completely refurbished our Human Resources office. All new floors with both carpet and vinyl, ceiling tiles, window coverings, furniture, and signage have been installed. The Emergency waiting room has been repainted; floors burnished and sealed, new HIPPA compliant registration furniture and Triage areas are now in place. New signage has been installed to further help with navigating the facility.

The Out Patient Surgical Unit has also been revamped with new flooring, paint, window treatments, lighting, cubicle curtains, furniture and cabinetry.

In the next two months we will have completed the "TCU" area, and public hallways with new paint, floor coverings and signage. This phase will also include a remodel of our two public restrooms.



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Our Phase III project will encompass the remodeling of our front lobby area, cafeteria and conference room. This project will involve obtaining an OSPHD permit prior to proceeding.

Lastly, the outside of our facility: This past year we have had our entire parking lot resurfaced, new ADA parking spots installed and curbs painted. The community has worked together to build the only "green" helipad in the nation.

This helipad is unique in maintaining and enhancing the natural environment, providing an area for learning, and the necessary technological needs for landing an aircraft. We have also received a donation of landscaping which included tree trimming, sprinkler repair and plant installation. The sidewalks have been spray cleaned and trim areas repaired and painted.

Department: Human Resources

Subject: **Performance Evaluation**

Policy Pro#: HR

Effective Date: _____

Review Dates: 9/01, 11/03

Revision/Approval Dates: 9/01, 06/08

Distribution:

Purpose:

To describe the purpose and process for performance evaluations and staff development planning.

Policy:

It is the policy of the hospital to evaluate employee performance formally in writing on an annual basis. The purpose of the annual "performance evaluation" is to:

- help an individual and his/her supervisor clarify performance expectations;
- describe any gaps between desired performance and actual performance;
- differentiate salary increases based upon individual performance contribution; and
- develop plans for personal development and continuous improvement.

Procedure:

Human Resources will notify department managers on a monthly basis, 2 months in advance, when individuals are due for an "annual" performance evaluation.

Evaluations are due within 30 days after the date indicated. Evaluations are considered late beginning on the 31st day after the due date.

Managers are to submit all performance evaluation documentation, including all formal written performance evaluations, to the Human Resources Department for inclusion in the employee's personnel file.

The procedure for assessing Managers and Executive Management encompasses a 360 degree approach as follows:

In reviewing a Manager's performance, the reviewer will seek input from at least one person selected from each of the categories below. For objectivity and consistency, the reviewer will provide each of the 360 degree evaluators with a copy of the standard Job Expectations Form which is associated with the position.

Peer
Subordinate Staff Person
Senior Manager
Other Customer
Member of the Board (if applicable)
Community Member (if applicable)

The reviewer will then summarize the above inputs in writing without attributing any specific comments to the providers thereof, and use this information to finalize the Manager's review and assessment.

Upon completion of this process, the reviewer and Manager will meet to establish goals and objectives for the forthcoming year.

**PART 1
JOB DESCRIPTION**

Employee	Today's Date	Review Dates: From: _____ To: _____
Position Title Chief Operating Officer	Date of Hire: Last Evaluation Date:	Type of Appraisal: <input type="checkbox"/> 3 Month (New Employee) <input type="checkbox"/> Annual <input type="checkbox"/> Other _____ Appraisal Given By: <input type="checkbox"/> Supervisor <input type="checkbox"/> Employee (self-evaluation)
Department Administration	Position Reports To: Chief Executive Officer	Due Date: Past Due After:

Job Summary (Purpose the Position Exists): Under general direction, assumes line responsibility and authority for the administrative direction, evaluation, and coordination of the functions and activities of assigned departments within the hospital organization to ensure operating objectives and results are in accord with overall hospital needs.

In the absence of the CEO and/or as assigned, represents the CEO in the coordination of the entire or portions of the hospital organization, speaking and acting within the scope of objectives set forth in the practice and/or policy of the hospital.

Education, Training and Licenses Required: Bachelor's Degree required, Master's Degree preferred.

Experience Required: Knowledge of the healthcare field as well as refined managerial skills, including excellent presentation skills and a track record of establishing trust and rapport with a diversity of constituents. At least 10 years in a high-level hospital management position, preferably as a COO or equivalent Management scope.

Knowledge/Skills/Abilities Required: Must have a thorough knowledge of fundamentals of organization and administration, standards and regulations of hospital and laws applicable to hospital operations. Must have working knowledge of personnel or business administration, merchandising, public relations, mechanics, dietetics, medicine, psychiatry, or nursing and functions of all departments. Is able to apply principles of personnel administration to selection, placement and transfer of employees. Proven ability to communicate effectively with stakeholders at all levels, e.g. staff, physicians, and members of the community.

Equipment Knowledge Required: Ability to use office equipment with dexterity and A.V. equipment.

Working Conditions (Noise, Environmental, Demands, Shift, Setting, Human Interface, etc.): Works in a clean, well-lit, well-ventilated, temperature controlled environment. Makes frequent visits to all hospital areas. Hours of duty are lengthy and irregular. The noise level in the work environment is usually moderate.

Confidentiality Requirements: I understand that any and all information regarding hospital, patient, and employment matters are disclosed or learned by me in confidence. I agree that during and after my term of employment, I will not directly or indirectly disclose this information, other than to an authorized employee of Palm Drive Hospital.

Safety Requirements: Employees are responsible for all aspects of the hospital safety and health program including compliance with safety rules and regulations, remedying unsafe working conditions, and for continuously practicing safety while performing duties.

Physical Requirements: See "Description of Physical Demands" record in Human Resources.

Supervisory Requirements (If applicable): This position supervises a staff of ____, including part time employees. I understand I will be reviewed on my competence as a supervisor, including but not limited to communication skills, delegation of tasks, prioritization of work, leadership, problem solving, budgeting and reviewing of my staff's performance.

PART 2

JOB SPECIFIC EXPECTATIONS REVIEW

This section reviews the position's essential or most important functions. Job specific expectations account for 50% of the performance evaluation rating.

4 = Substantially Exceeds 3 = Exceeds 2 = Meets 1 = Below	Self Assessment				Evaluator's Assessment			
	4	3	2	1	4	3	2	1
Chief Operating Officer Expectations								
1. Provides administrative direction for the operations of assigned departments and appraises the performance of respective department heads, including authority to hire and fire subject to the veto of the CEO.								
2. Communicates routinely with the CEO concerning policy recommendations and suggested courses of action pertinent to the efficient operation of assigned departments. Implements new policies and disseminates pertinent information following administrative directives.								
3. Recommends improvement of hospital facilities in assigned areas, including construction or renovation of structures and purchase of new equipment.								
4. Promotes complete involvement of department heads in the preparation of the department's budget and educates them in the importance of the budget, forecasting, and planning process. Advises and makes recommendations to the CEO concerning budgeting, cost, and financial matters.								
5. Encourages and assists department heads in establishing a measure of performance, increased productivity, quality improvement, cost controls and maximum utilization of facilities. Advises CEO where executive action is necessary to accomplish these goals. Plans the activities of individual departments so as to obtain a better understanding of each other's problems.								
6. Attends medical staff meetings and/or medical staff committee meetings as assigned or requested. Informs the CEO of proceedings at meetings attended and recommends action as necessary. Represents the hospital by membership in related professional associations.								
7. Performs other duties as assigned by the CEO and/or PDHCD Board of Directors.								

Total # of 4's ___ x 4 = ___ Total # of 3's ___ x 3 = ___ Total # of 2's ___ x 2 = ___ Total # of 1's ___ x 1 = ___

Job Specific Expectations Total Points (sum of above) = _____ Divided by 7 = _____ (Job Specific Score)

**PART 3
CORE EXPECTATIONS REVIEW**

This section reviews Palm Drive Hospital's core expectations. Core expectations account for 15% of the performance evaluation rating.

4 = Substantially Exceeds 3 = Exceeds 2 = Meets 1 = Below	Self Assessment				Evaluator's Assessment			
	4	3	2	1	4	3	2	1
Attendance and Punctuality								
1. Adheres to Palm Drive Hospital policy governing absences and tardiness. Adheres to meal and rest breaks according to department policy/schedule.								
2. Records time worked according to hospital policy. Uses time clock and missed punch sheet when appropriate. Submits vacation requests in a timely manner.								
3. Attends mandatory staff meetings and inservice programs.								
Dress Code / Grooming								
4. Adheres to hospital/department dress code at all times. Adheres to hospital grooming, personal hygiene and cleanliness standards.								
5. Wears unobstructed name badge at all times while on duty.								
Compliance								
6. Adheres to hospital compliance policy and Code of Conduct.								
7. Complies with regulatory requirements: attends annual training, fulfills annual PPD requirements, and maintains current licenses and certifications.								
8. Supports and adheres to Palm Drive Hospital's mission and vision statement.								
9. Adheres to Palm Drive Hospital confidentiality policy and HIPAA guidelines.								
Customer Service (Customers are identified as patients, visitors, employees, and any other person on the hospital premises.)								
10. Listens to customer concerns and needs; takes personal action to meet customer needs and resolve complaints; seeks management support if unable to meet customer needs; apologizes for delays and provides updates to customers. Practices telephone and paging courtesy. Works with the customer to identify available options to meet customer needs; demonstrates a positive, flexible attitude in seeking solutions to customer; uses knowledge of rules and regulations to find solutions; if rules are a barrier, works to identify an alternative.								
11. Demonstrates a caring and concerned attitude; treats customer problems and concerns seriously; protects privacy and confidentiality of the customer.								
12. Responds to customers as the primary priority; earns trust and confidence of customer by knowing what to do and doing it well; continually strives to improve services for the customer.								
Professional Conduct								
13. Initiates and maintains working relationships that are characterized by mutual support, open communication, trust, and respect.								
14. Keeps personal biases and private life separate from work.								
15. Accepts constructive criticism without defensiveness.								
Communication								
16. Maintains open communication style with co-workers and managers.								
17. Communicates in a manner that promotes cooperation, avoids antagonism, reduces or resolves conflict, and prevents undue patient and/or staff anxiety.								

Total # of 4's ___ x 4 = ___ Total # of 3's ___ x 3 = ___ Total # of 2's ___ x 2 = ___ Total # of 1's ___ x 1 = ___

Core Expectations Total Points (sum of above) = _____ Divided by 17 = _____ (Core Score)

PART 4

MANAGERIAL EXPECTATIONS REVIEW

This section reviews Palm Drive Hospital's managerial expectations. Managerial expectations account for 35% of the performance evaluation rating.

4 = Substantially Exceeds 3 = Exceeds 2 = Meets 1 = Below	Self Assessment				Evaluator's Assessment			
	4	3	2	1	4	3	2	1
Performance Improvement / Regulatory Compliance								
1. Is proficient in integrating the key elements of performance improvement into daily work activities. Demonstrates familiarity of department/service area-based performance improvement initiatives. Implements or participates in at least one performance improvement project within area(s) of responsibility.								
2. Ensures ongoing compliance with all regulatory requirements in area of supervision.								
3. Attends all mandatory Quality Management meetings. Prepares and presents reports in a timely fashion.								
Budget and Financial Management								
4. Submits budget requests in a timely manner.								
5. Determines and implements cost control procedures.								
6. Operates department(s)/unit(s) within allocated budget; or, provides well-documented justification of workload/census demands requiring a budget adjustment; seeks out and utilizes benchmarking and comparative data.								
Human Resources Management								
7. Conducts all performance evaluations in a timely manner in accordance with hospital policy. Annual evaluation compliance for 12 month period = #Due ____ #Completed ____ Note: 100% compliance = 4 Rating; Anything less than 100% = 1Rating.								
8. Keeps departmental competency assessment records up-to-date.								
9. Manages work performance and behavior of staff and implements performance improvement plans and/or takes corrective actions as needed.								
10. Ensures staff compliance with regulatory requirements (annual training, PPD, licenses and certification, etc.). Ensures staff complete department and hospital-wide orientation.								
11. Ensures all employment decisions and disciplinary actions are in accordance with hospital policy.								
Leadership								
12. Demonstrates commitment to Palm Drive Hospital mission and vision statement								
13. Demonstrates appreciation of workplace diversity.								
14. Exhibits professionalism in evaluating and recognizing staff performance and promotes staff development.								
15. Establishes clear two-way communication with all staff to ensure accountability and understanding of pertinent issues.								
16. Meets regularly with staff to communicate organizational and departmental priorities.								
17. Displays initiative in creativity and problem solving. Recommends and suggests solutions to problems brought forward. Able to exercise appropriate decision-making skills.								
Professional Development								
18. Seeks for continuous learning and improvement through all available resources (journals, publications, inservices, seminars, classes, meetings, etc.).								

Total # of 4's ____ x 4 = ____ Total # of 3's ____ x 3 = ____ Total # of 2's ____ x 2 = ____ Total # of 1's ____ x 1 = ____

Core Expectations Total Points (sum of above) = _____ Divided by 18 = _____ (Managerial Score)



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R8 - PDHCD should institute and manage an effective A/R collection program to enhance management- support practices.

In response to R8, Palm Drive Hospital (PDH) is proactively engaged in a comprehensive review of all internal policies, procedures and work-steps required to successfully operate its Business Office. The billing component of this department is responsible for the charges and collection of revenues for all inpatient and outpatient services provided to patients residing within and beyond West County.

As our hospital Business Office continues to be an environment challenged by revenue constraints, we are proactively engaged in the assessment of a fully, integrated model to increase and sustain cash, reduce costs and identify economies of scale to ensure that all future performance exceeds the accounts receivable (A/R) industry benchmarks.

Through a collaborative alliance with Sonoma Valley Hospital (SVH), PDH is actively in the developmental phase of a Virtual Business Office (VBO) that will allow each facility to capture charges, code procedures and submit clean claims to healthcare payers through an electronic interface, accessible from PDH or remotely, off-site.

To begin this assessment process, PDH has joined forces through its Joint Powers Authority (JPA) to evaluate PDH's aging A/R, its current resource allocation and the skill-level of staff responsible for registration, admitting, billing and cash posting.

A comprehensive evaluation of each key position has identified PDH's strengths and where SVH can enhance our internal processes and overall operations through a knowledge-gain environment. The VBO will also enable us to leverage our ability to compete for improved contract rates and to share in the costs associated with information technology upgrades and enhancements.

The VBO model consists of a number of phases that includes an Open Issues Log for each Phase to ensure that a new process is thoroughly documented and adopted by appropriate staff. Testing and training will follow with check-off points so that every employee is trained for a specialty function and cross-trained to assume other responsibilities as needed to fill open positions.



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Each phase of the VBO is comprised of numerous tasks assigned to SVH and/or PDH with a designated responsible action party and an estimated date for completion. The following table represents the major steps within the project management tool that is currently in progress to manage the VBO project:

PDH / SVH VBO Model	
I.	Assess and Design
II.	Build-Out Process
III.	Test and Train
IV.	Implementation and Deployment
V.	Activate – Transition to Ongoing Support and Service
VI.	Assess and Design VBO Model

Upon completion of Step III, the overall program, including each completed step of the Open Issues Log will be submitted to each respective Chief Executive Officer for review and final approval. The implementation and deployment will begin upon approval and will be the first step in transitioning to the VBO model.