

PVH NEWS

Administrative News

March 2014

Where are we today?

It was a year ago January 2014, when a public announcement was made of the dire financial status of the hospital. The Fiscal Year 2014 Budget presented to the board and community in September 2013, showed the estimated loss from operations for June 30, 2014 to be approximately (\$6,380,000). So where are we today?

For the past 8 months several changes have transpired contributing to the financial impact of the hospital. To better understand where we are now we need to look at where we were last year and where we projected to be today.

Expected Reimbursement from Total Patient Charges:

Prior year, July 2012 – February 2013	\$15,159,575
Current year, July 2013 – February 2014	14,272,625
Less cash coming in from collections	(\$886,950)

Total Operating Expenses, Fiscal Year Comparison

Prior year, July 2012 – February 2013	\$19,545,818
Current year, July 2013 – February 2014	16,538,476
Less expenses compared to last year	(\$ 3,007,342)

Total Operating Expenses, Budget Comparison

Budget, July 2012 – February 2014	\$19,424,945
Current year, July 2013 – February 2014	16,538,476
Less expenses compared to what was expected this year	(\$ 2,886,469)

Profit/ (Loss) From Operations, Fiscal Year Comparison

Prior Year, July 2012 – February 2014	(\$3,483,913)
Current year, July 2013 – February 2014	(1,307,264)
Less loss compared to last year	\$ 2,176,649

Profit/ (Loss) From Operations, Budget Comparison

Budget, July 2012 – February 2014	(\$4,253,766)
Current year, July 2013 – February 2014	(1,307,264)
Less loss compared to what was expected this year	\$ 2,946,502

In This Issue

- Financial Update
- Community Clinic Update
- Radiology Department
- Decontamination and Incident Command Center Training

Where are we today?



Continued...

A team effort has achieved these significant expense reductions with majority of the financial impact in the following areas:

- Evaluation of staffing in all departments, organizational structure, and appropriate use of travelers has reduced salaries, wages, benefits, and contract labor by approximately \$1,700,000 compared to prior year and budget.
- Evaluation of contracts for services provided to the hospital (examples include: Sodexo, Johnson Controls, Siemens, and Alliance Imaging) have reduced purchased services expense by approximately \$780,000 and \$370,000 compared to prior year and budget, respectively.

Although we have made significant reductions to the bottom line we continue to review all contracts and expenditures and manage cash with payables. In addition we address other aspects that impact the financial status of the hospital, such as: deemed status; accreditation; HCCAPS scores, which includes patient surveys; quality of care; and customer service.

Community Clinic Update

The hospital has submitted the paperwork to Department of Health Services [DPHS] to license the clinic as part of the hospital. In addition, core clinic policies and procedures were approved by the Medical Executive Committee and the Board of Directors during the month of March. The Board has also designated Dr. Adolfo Paglinawan to be the Medical Director for the Clinic with oversight responsibility for medical services.

Once all the submitted paperwork has been reviewed by DPHS, surveyors will conduct an onsite visit and give approval for licensure of the clinic as an outpatient service to the facility. The hospital continues to obtain needed supplies, equipment and information systems to open the clinic, with a target date of no later than May 1, 2014.

The hospital will continue to work diligently to meet community needs while expanding services for the clinic on an ongoing basis.

According to Dr. Bakhtavar, Director of Obstetrics, “the hospital is taking seriously its mission to serve the community. This clinic represents a collaborative effort to ensure that access to needed care is improved”.

Radiology Department

We provide the following types of services to our community:

- X-Ray including digital imaging and CD/DVD for duplicating or transfer of images.
- Mammography which is certified and approved by the FDA, ACR and State of California.
- CT & CTA including Bone Mineral Density exams.
- MRI & MRA Exams
- Ultrasound including Pelvic exams (OB and non-OB), Vascular and Soft Tissue.

According to the hospital CEO, “Bob takes great pride and ownership for promoting excellence in the radiology department. He manages to balance quality and cost in a manner that demonstrates added value. Bob always finds a way to get the job done. His dedication to Palo Verde Hospital is evident through his hard work and commitment to improving efficiency and effectiveness while aligning both clinical and financial goals.”



Robert Esquibel earned his Certification in Radiology from California Hospital Medical Center and joined the Palo Verde Hospital team in October of 2012 as a Radiology Tech II with over 26 years of experience. In 2013, he was promoted to Imaging Manager.

Robert's a leader who always focuses on making the patient experience the best. His energy is always focused on improving systems. Utilizing some of the latest technology, such as Picture Archiving and Communications System (PACS), physicians can quickly and easily share diagnostic imaging information and obtain reports electronically. The faster images are read, the quicker a diagnosis can be made and the sooner treatment can begin.

One of Bob's most recent accomplishments on behalf of the hospital was to renegotiate vendor contracts in order to achieve significant cost savings for the hospital. Both he and the Director of Materials Management worked relentlessly with the end result saving the hospital a lot of money.

Disaster Planning and Preparedness

There are many types of disasters: natural disasters, bioterrorism, chemical emergencies, and mass casualties from explosions or blast injuries. In a disaster, the facility must be able to maintain operations for up to 96 hours when the hospital cannot be supported by the community.

An emergency, as it relates to disasters, is an **unexpected or sudden event** that significantly **disrupts the organization's ability to provide care**, or the environment of care itself, or that results in a sudden, significantly changed or increased demand for the organization's services. The hospital, for example, must be able to provide care to patients during a pandemic flu. **A disaster is a type of emergency** that due to its complexity, scope, or duration, **threatens the organization's capabilities and requires outside assistance to sustain patient care, safety, or security functions**. Examples of man-made or natural disasters include earthquake, fire, power failures, and bomb threats.

Most recently, the hospital has worked to update our emergency management and preparedness plan. The plan supports an "all hazards" approach to disaster planning based on the National Incident Management System used by military personnel and other EMS agencies. The hospital, as part of emergency management planning, develops and documents a **Hazard Vulnerability Analysis [HVA]** that is **used to identify and prioritize** potential emergencies that could affect demand for the hospital's services or the ability to provide those services, the likelihood of those events occurring, and the consequences of those events. The most probable emergencies posing threat to the hospital and community include earthquake and pandemic flu.

Six crucial areas for emergency preparedness include:

- Communications
- Resources and Assets
- Safety and Security
- Staff Responsibilities
- Utilities Management
- Patient Clinical and Support Activities



The hospital must also be prepared to decontaminate patients when they have been exposed to chemical, radiological or biological agents. As part of our emergency preparedness plan, the hospital is working with EMS personnel from Riverside County Department of Public Health to retrain staff on decontamination procedures. In addition, training will be conducted on how to coordinate an incident command center within the facility during an emergency.

Classes are being conducted this **May 6, 7, and 8 at Palo Verde Hospital**. Those agencies that are required to train their staff on decontamination procedures or the Incident Command System, please contact Mario Lopez, Director of Plant Operations at 760.922.4115 ext. 5275 to enroll. Class sizes are limited.