

AWPHD Chief Executive Officers and Administrators Retreat

May 20-21, 2009

Looking Upward in a Downward Economy



History

- **37 Years Ago, King County Public Hospital District No. 2 was opened.**
- **Our Purpose: Serve our communities by enriching the health and well-being of every life we touch**
- **Our Responsibility: Maintain fiscal stewardship for the community, our investors.**



Growth

Growth in ability to provide highly specialized health care

	1972	2008
Beds	76	275 (2009)
Medical Specialties	15	>50
MDs	138	850
Employees	<100	3200
Admissions	<3,900	15,366
ED visits	10,283	55,766
Births	397	4,778
Outpatient Hospice/Home Health Visits	0	124,827

Community Relationships ~ Hospital Responsibility

- **Complex Business – Not Very Complicated**
 - It's ABOUT THEM
 - Community Trust; People Caring For and About People
 - This is not a one way street and requires communication in both directions.

 - **Philosophy: Good for Patients;
Good for Community; Good for Evergreen**

- **Same all levels – Large, Small, Urban, Rural**

Community Relations ~ Hospital Responsibility

Community Expectations

- Safe, High Quality Care
- Treated With Respect – As A Person
- Family Vital (Patient Family Centered Care)
- Name, Face
- Involved, Good Neighbor

Hospital Responsibility

- THE SAME!

Community Relations ~ Hospital Responsibility

Real Questions Require Real Answers

- Will there be lay offs?
- What happens when I lose my insurance?

The Hospital should be seen as a trusted source of information

- Share the realities about what we can control
 - Although the economy may not be healthy, we can continue to improve the health of our community (Ex: accurate information; staying healthy; preventive medicine)
- Avoid the “chicken little” syndrome
 - Communicate a sense of urgency, while conveying a sense of stability and control.

Communication Pathways

Create internal forums for two way communication with our community

- Advisory Boards
- Board Educationals
- Website comments
- Town Hall Meetings
- Focus Groups

External Visibility

- Healthcare related: WSHA; AWPHD; ACHE
- Business; Arts; Education, etc:
 - KPC, Chambers; Foundations; Rotary, Kiwanis, Community Based Organizations.

Community Advisors

- **25 years; 36 Members Currently**
- **Application – Committee Review; Board Approved**
- **Monthly Meetings**
- **CEO Information Sharing**
- **Grass Roots Feedback**
- **Captured Audience**
 - **New Programs; Brochures; Services; etc.**
- **Integrated Input/Insights**
 - **Way Finding; Strategic Planning; Community Advisory Committees**
- **High Value**
 - **Input; Feedback; Marketing**

The Realities We Face

- **Economic Pressures – Healthcare Industry**
- **Aging Population**
- **Chronic Care**
- **Prevention & Wellness**
- **Consumerism**
- **Quality and Patient Safety**
- **Physician Relations**
- **Trained Personnel Shortage**



Economic Pressures – Healthcare Industry

- **Washingtonian Insurance Status**
 - **Private Insurance** - **3.7 Million People**
 - **Medicaid** - **1.3 Million People**
 - **Medicare** - **897,000 People**
 - **Basic Health Plan** - **103,000 People**
 - **Uninsured** - **600,000 People**
(including 75,000 children)
 - **Total** - **6.6 Million People**

- **Biennial State Budget** - **\$31.4 Billion**
 - **Total Cuts** - **\$3.6 Billion**
 - **Healthcare Cuts** - **\$311 Million**

Economic conditions today will reshape healthcare for years to come

- **Unemployment Greatly Impacts Hospitals**
 - Unemployment expected to exceed 10%
 - Roughly 43% of hospital revenue comes from private/commercial insurance (Evergreen 54%)
 - As people lose jobs – lose health insurance
 - Increased uninsured, increased self-pay
 - Increased charity care/bad debt

Economic Pressures – Healthcare Industry

- **Revenue Sources Decrease**
 - Cuts in Medicare and Medicaid
 - Philanthropic giving declines
- **Preventive Care Declines**
 - Fewer routine health assessments/visits
 - Elective procedures postponed
- **Acuity Increases**
 - ED visits increase, patients arrive sicker
 - Length of stays increase
 - More resources utilized, leading to higher costs of care

What We Can Do...

We can improve the health of our community through:

Prevention & Wellness

- Source of trusted information and current information
- Provide classes and screenings related to prevention
- Nurse Triage Phone Line

Quality & Patient Safety

- Maintain & exceed Joint Commission standards
- Public Reporting
 - Demonstrate transparency by sharing clinical outcomes and patient satisfaction results
 - Advances in patient and medication safety

What We Can Do...

Utilize this time as an opportunity to share with your community all the positives

- Creating efficiencies
 - Patient Flow, daily dashboard monitoring
- Focusing on sustainable practices
- Ensuring there are no duplication of services
- Creating opportunities for staff to contribute
 - Service Excellence Initiative
 - Departmental Operational Excellence Teams

Connect with your Community

- **Stay Visible**
- **Cultivate Relationships**
- **Ensure that your community knows you and you know your community**
- **Keep communication open and honest**
- **Listen and be a good neighbor**

Questions?

