AdventistHealth
White Memorial

Quality IQ 2024

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The following measures provide **a comprehensive look at the healthcare experience for patients in every system of care, ensuring highly reliable quality care across the continuum.** The indicators outlined here are focus areas determined through our strategic planning process. **This is the way we want to "Change the Business."** There are other operating indicators we measure to continue to "Run the Business."

A blue link logo indicates a metric which is being planned or measured for both Adventist Health White Memorial Los Angeles and Montebello sites. Where applicable, Montebello data will be indicated by a light blue bar.

A blue "he" logo indicates a metric which is influenced by health equity considerations.

A blue ribbon indicates a top decile performance target. After three years of top performance, the metric will be monitored on respective operational dashboards.

A blue frog indicates a Leapfrog Measured Metric. The Hospital Leapfrog Survey provides a comprehensive assessment of the hospital's safety and quality measures, which can help improve patient outcomes and enhance the hospital's reputation.

Quality IQ 2024

Our Quality Promise

We have been entrusted to support the health and wellbeing of our Boyle Heights and Montebello communities. As such, we are committed to an uncompromising pursuit of exceptional quality and service.

We will do this by:

- Striving for optimal care for every person, every time, no matter where we touch their lives.
- Actively engaging each person in their journey to optimal health.
- Becoming a beacon of innovation for quality and safety where providers seek to practice.
- Sustaining top decile performance in quality outcomes and patient safety.

Our Definition Of Quality

For White Memorial, the seven elements of quality care are:

- **Safety:** Providing care that does not put patients at risk and is free from harm
- **Effectiveness:** Processes and interventions that maximize a patient's health outcomes
- **Patient-Centeredness:** Building care delivery around the needs and decisions of our patients
- **Timely:** Ensuring interventions are delivered when needed
- **Efficiency:** Providing value to patients during their time in our care
- **Equitable:** Offering high quality services to everyone who seeks care with us
- **Access to Care:** Creating opportunities for individuals to receive health care in their own communities

Health Equity in Our Communities

Health equity aims to achieve the highest level of health for all people, where everyone has a fair and equal opportunity to benefit from health services regardless of their socio-economic status, race, ethnicity, sex, or other demographic factors. By prioritizing health equity, hospitals can mitigate disparities in health outcomes, enhance patient satisfaction, and contribute to the overall wellbeing of the community.

This effort involves designing, implementing, and operationalizing processes and programs supporting the health goals for all people served in our community, tailoring interventions to meet the diverse needs of different populations, and allocating resources equitably across our communities. By adopting such strategies, we can not only improve health outcomes for underserved populations but also strengthen trust in healthcare institutions and create a more inclusive healthcare environment for the communities we serve.

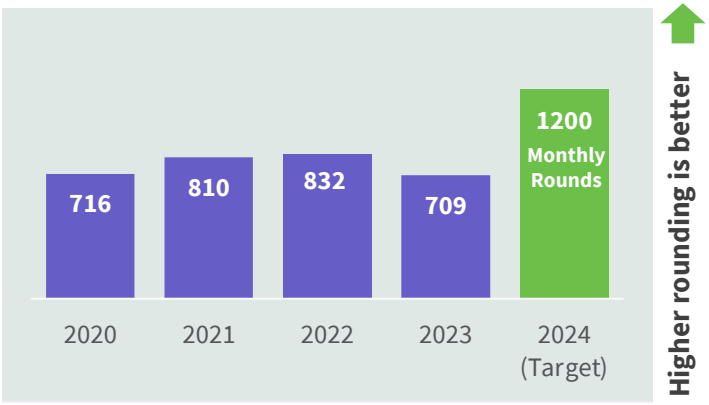
Optimal Well-Being on Campus

Building a workplace supporting our mission and our people in learning continuously, innovating together and co-creating approaches to health with each other and our patients.

LEADER ROUNDING ON ASSOCIATES

Are leaders intentionally connecting with staff through rounding?

Rounding directly with staff provides the regular opportunity to connect with our associates in both structured and open-ended dialogue, impacting engagement, performance, and retention. Ensuring we maintain an intentional conversation between our people and our leadership promotes a responsive and agile environment benefitting the workforce and the people we serve.



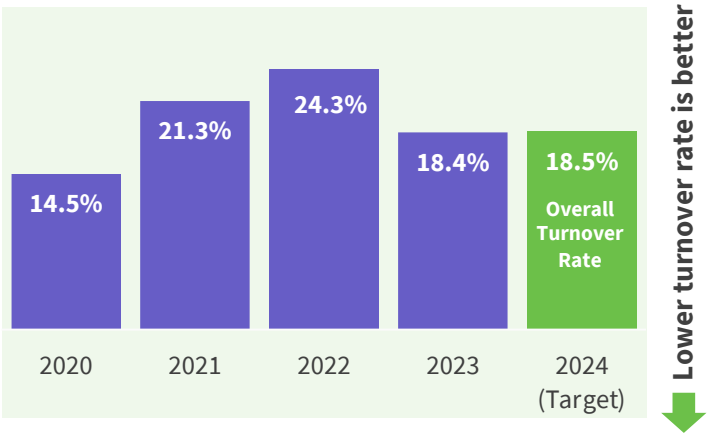
Frequency: Monthly Rounds

Target: 80% of Possible Rounds

ASSOCIATE TURNOVER RATE: CUMULATIVE

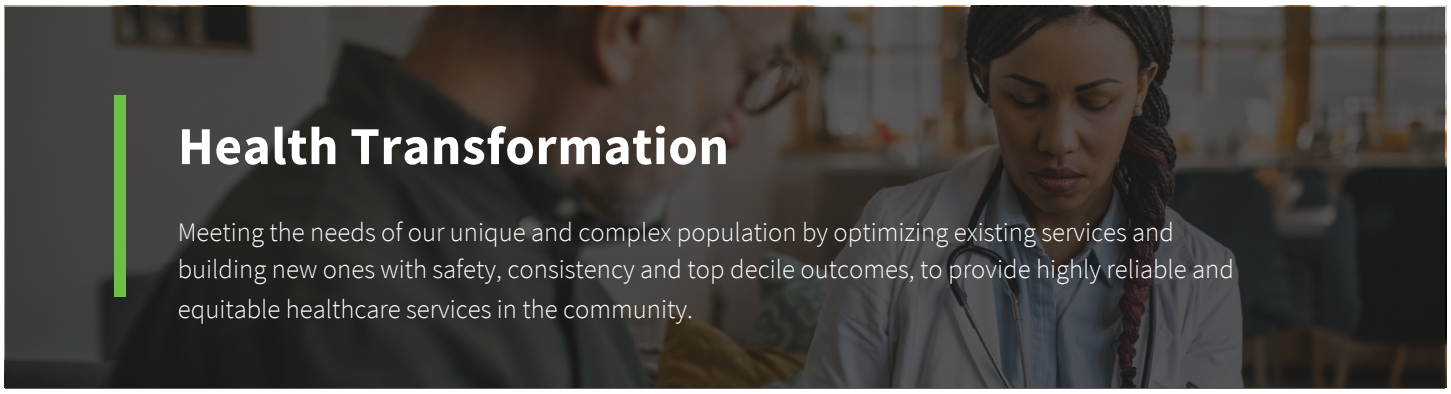
What portion of our workforce leaves each year?

Keeping associates within our organization reflects our strength in attracting and retaining talent. When associates leave the organization, operational disruptions occur due to staffing challenges, in addition to the negative impact on quality of care, service levels, and workforce culture. Keeping our associates demonstrates the organization's ability to be a healthcare employer of choice for the region.



Frequency: Monthly

Benchmark: PwC (PriceWaterhouseCoopers) Saratoga Index Top Quartile



Health Transformation

Meeting the needs of our unique and complex population by optimizing existing services and building new ones with safety, consistency and top decile outcomes, to provide highly reliable and equitable healthcare services in the community.

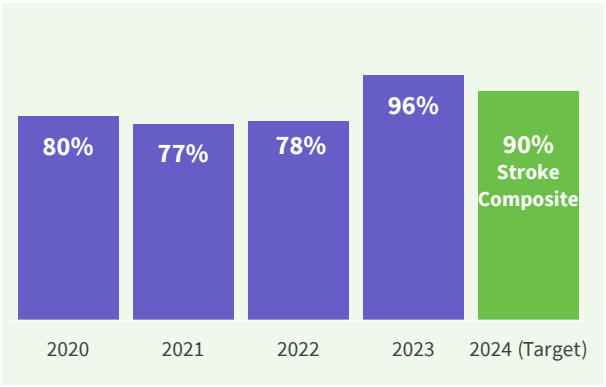
ISCHEMIC STROKE CARE COMPOSITE

Does our stroke care deliver top decile outcomes compared to the nation?

We continue to maintain our excellence in stroke care through our stroke program and specialty care, from early treatment to management throughout the entire hospital stay. Stroke care demands a level of precision which is reflected throughout the entire continuum, including timely assessment when patients arrive to the ED, ensuring inpatients stay in the hospital for an optimized length of time, supporting the continuum of care to avoid returns to the hospital, and providing care to increase the patient's chance of survival under our care.

Composite Indicators:

- **NIHSS (National Institutes of Health Stroke Scale) assessment**
- **Length of Stay**
- **Readmission**
- **Mortality**



Frequency: Monthly

Benchmark: Premier Top Decile

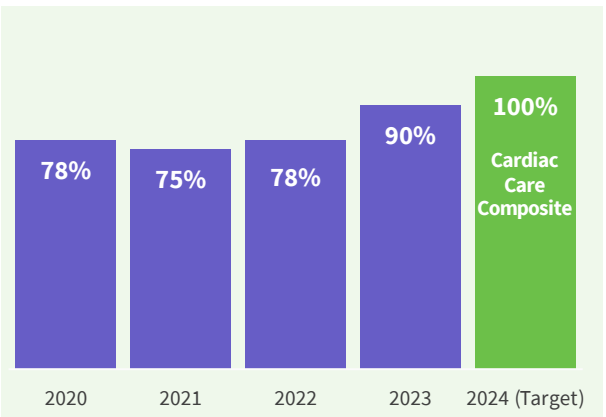
ADVENTIST HEALTH WHITE MEMORIAL LOS ANGELES - CARDIAC CARE COMPOSITE: STEMI

Does our emergent ST segment heart attack (STEMI) care meet best practice?

High quality care for heart attack treatment means timely delivery of diagnostics and procedures to ensure the highest likelihood of recovery. We look to national benchmarks for best practice treatment and timeliness as a reflection of high quality including how quickly a patient receives a balloon angioplasty to widen narrowed blood vessels, the time it takes for a cardiac diagnostic to be read, how quickly a patient can receive interventions in our catheterization lab, mortality for those patients who undergo a heart angioplasty, and the efficient timing for percutaneous coronary intervention (PCI) patients to relieve the narrowing of their coronary artery within 90 minutes of arrival to the ED.

Composite Indicators:

- **STEMI door to balloon median time**
- **STEMI door to EKG read by provider**
- **Median time to cath lab**
- **STEMI PCI (Percutaneous coronary intervention) mortality**
- **% Patient door to balloon PCI within 90 minutes**



Frequency: Monthly

Benchmark: American College of Cardiology & STEMI Receiving Center Requirement

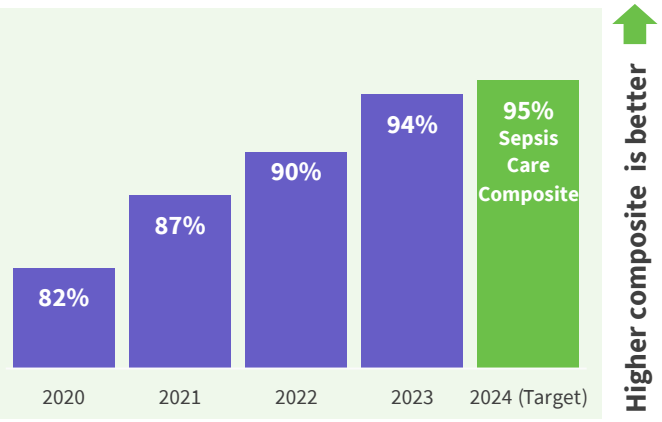
SEPSIS CARE COMPOSITE: PATIENTS COMING WITH SEVERE SEPSIS OR SEPTIC SHOCK

Does our emergent sepsis care deliver top decile performance compared to national peers?

Sepsis care relies heavily on precise administration of highly effective therapies at set, time-sensitive intervals to support a sustained recovery. Patients with severe sepsis or septic shock have the highest chance of recovery when we adhere to these best practices including administration of antibiotics within 1 hour of presenting to the ED, providing a comprehensive set of interventions within 3 hours, ensuring the patient stays in the hospital for an optimal length of time, supporting the continuum of care to avoid returns to the hospital, providing care to increase the patient's chance of survival under our care.

Composite Indicators:

- **3-hour CMS (Center for Medicare & Medicaid Services) sepsis bundle compliance**
- **Length of stay index**
- **Readmission**
- **Mortality**



Frequency: Monthly

Benchmark: Premier Top Decile & Adventist Health System

Health Equity 2023 Analysis:

- Total Sepsis Cases = 463
- Male = 217 (47%), Female = 246 (53%)
- Hispanic / Latino = 408 (88%), Not Hispanic / Latino = 55 (12%)
- Majority of sepsis patients aged 80 and over (102 cases, 22% of population), 60s (89 cases, 19% of population), and 50s (86 cases, 18% of population)

ADVENTIST HEALTH WHITE MEMORIAL MONTEBELLO - COMREHENSIVE JOINT REPLACEMENT (CJR) COMPOSITE

Are we maximizing successful outcomes for our hip and knee replacement patients?

The CJR Program encourages us to think about patient preparation, participation, and progression before and after the surgery, including pre-operative education and post-discharge follow-up. CMS stipulates a single payment to cover these services as a mechanism to consider maximizing the impact of healthcare dollars on patient value.

Composite Indicators:

- **Complication Rate**
- **Length of Stay Index**
- **Readmission**
- **Discharge to Home / Home Health Rate**

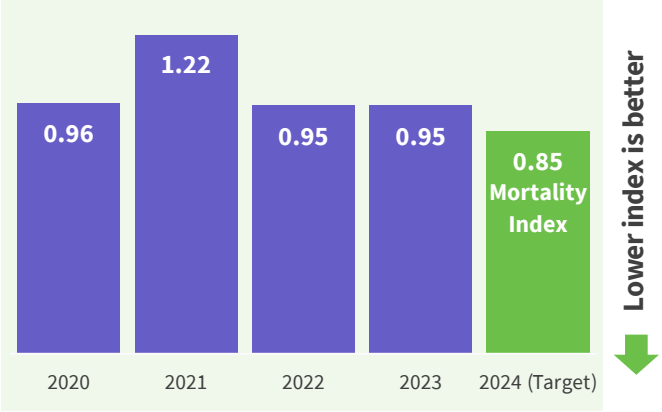
Frequency: Monthly

Benchmark: Premier Top Decile & Adventist Health System

MORTALITY

Do our patients survive at a higher rate than the top decile performers?

When patients seek care from our hospital, a primary expectation is their condition improves under our care. Mortality rates indicate whether or not patients with similar conditions and demographics are benefiting from the highest standards of quality and patient safety, in turn leading to the highest chance of recovery and survival. In addition to the rates and volumes, we look at related healthcare indicators including how many 'code blue' critical patient condition calls are made outside of expected care areas (ICU and ER), what percentage of our patients have provided end-of-life instructions documented through a 'POLST' (Physician Orders for Life-Sustaining Treatment) form, and palliative care consultations for complex patients who can benefit from optimized quality of life and pain mitigation due to their condition. 2021 performance was adversely impacted by high volumes of patients hospitalized with the 2019 Novel Coronavirus SARS-CoV-2 .



Frequency: Monthly

Benchmark: Premier Top Decile & Adventist Health System

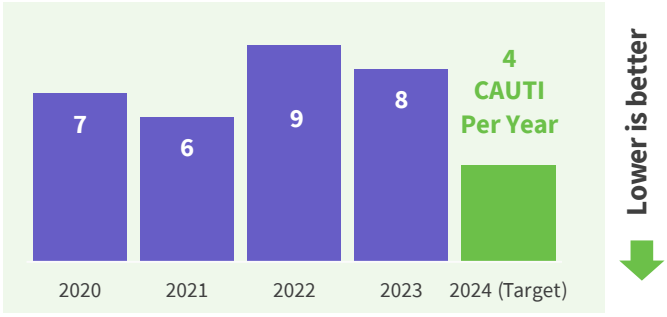
HOSPITAL-ACQUIRED INFECTIONS

Are we reducing the incidence of catheter associated infections as part of our journey to Zero Harm?

Hospital acquired infections (HAIs) can lead to detrimental outcomes for patients with tubes and lines inserted into their bodies when left too long, increasing the risk of infection. In addition, when infections are acquired while under our care, the patient may no longer trust in our professional capabilities. Our focus on Central Line Associated Blood Stream Infections (CLABSI) and Catheter Associated Urinary Tract Infections (CAUTI) prioritize the vigilance and ongoing care required for safe procedural protocol and maintenance of supportive access for treatment, including proper insertion, regular monitoring, and reviewing ongoing indications for remaining in place, ensuring removal from the body as safely and quickly as possible. Monitoring alternative device usage encourages evaluating the necessity of line insertion.

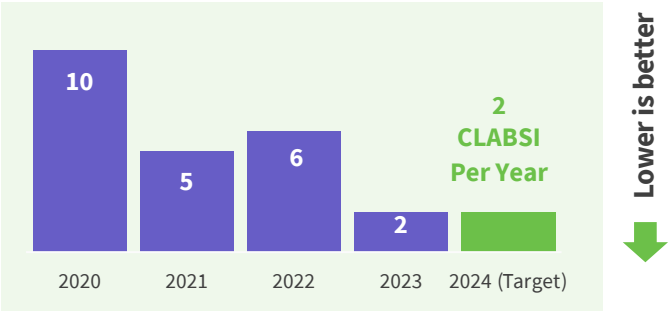
CAUTI

CATHETER ASSOCIATED URINARY TRACT INFECTION



CLABSI

CENTRAL LINE ASSOCIATED BLOOD STREAM INFECTION



Frequency: Monthly

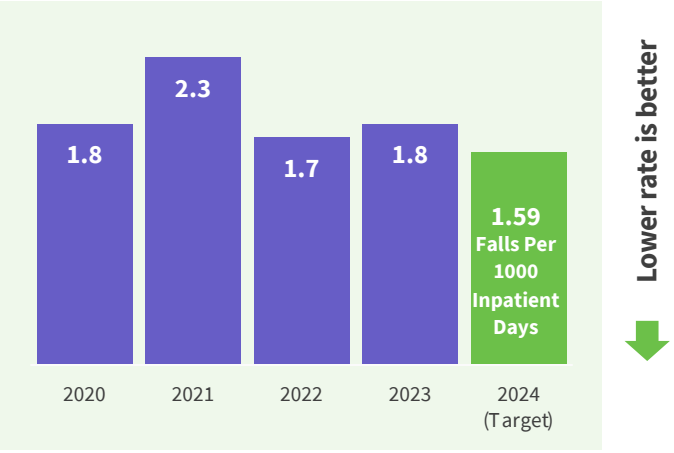
Benchmark: California Hospital Association (CHA) National Mean

Adventist Health White Memorial

FALL RATE

Are we ensuring our patients do not fall when they are in our care?

Patient movement is a crucial component of recovery. When patients fall during unsupervised or unsafe movements, their risk of injury impedes recovery. Falls may happen during everyday mobility activities including going to the bathroom, reaching for personal items, or even losing balance. Supervised ambulation activities, proper fall risk assessments, and responsiveness to patient requests for help can minimize the risk of a patient fall.



Frequency: Monthly

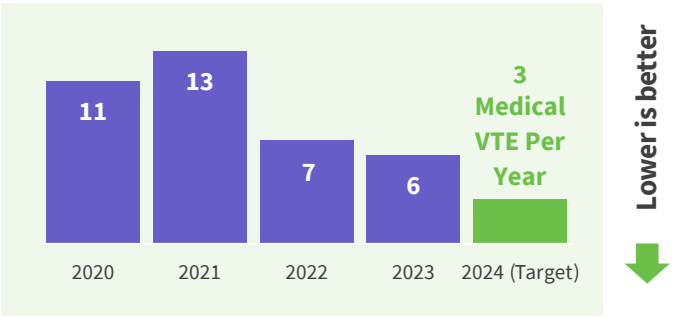
Benchmark: National Database of Nursing Quality Indicators (NDNQI) Top Quartile

VTE BLOOD CLOTS (LEG OR LUNG): MEDICAL & SURGICAL

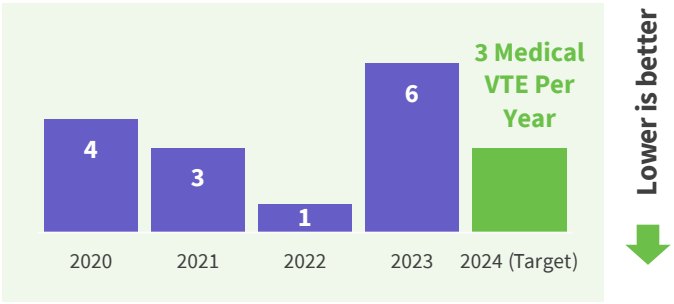
Are we preventing our patients from developing life-threatening blood clots?

Clots formed by coagulating blood can release into the bloodstream and result in vein blockages impeding normal blood and oxygen flow. The risk of VTE (Venous thromboembolism) can be elevated due to medication side effects, lack of activity, and natural coagulation following a procedure. Recognizing the high risk presented by a blood clot, prevention and response include safe ambulation of the patient, leg compression devices applied at the bedside, and administration of medications to dissolve or prevent clots from forming.

MEDICAL



SURGICAL



Frequency: Monthly

Benchmark: Internal Target

ADVENTIST HEALTH WHITE MEMORIAL MONTEBELLO – HOSPITAL ACQUIRED PRESSURE INJURY (HAPI) RATE

Are we taking preventive efforts to reduce hospital acquired injuries?

A pressure injury localized damage to the skin or underlying tissue, as a result of pressure or pressure in combination with medical devices. HAPIs can be caused by patient-related factors such as nutritional status and immobility, as well as clinical environment factors such as early recognition and oversight. Harms from HAPI range from pain and discomfort to prolonged stays and serious infection and disability.

New Metric 2024

Lower rate is better

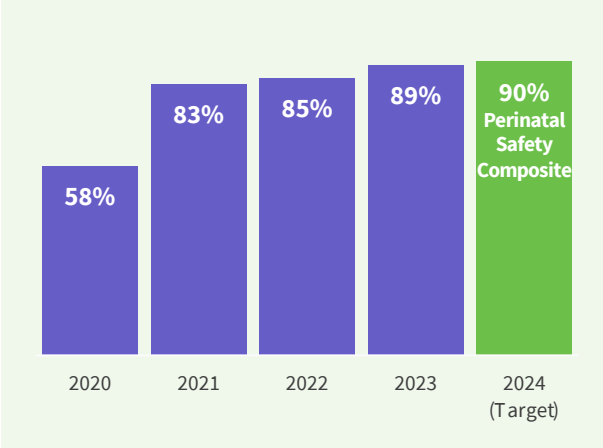
Frequency: Monthly

Benchmark: System Rate

ADVENTIST HEALTH WHITE MEMORIAL LOS ANGELES - PERINATAL SAFETY COMPOSITE

Do we ensure our mothers and babies enjoy the highest quality health outcomes?

Adherence to best practice care for a mother and her baby during pregnancy, birth, and after delivery ensures both individuals remain safe and healthy during and after birth. Education and coordination throughout the pregnancy promotes a level of quality delivering long term health benefits. We measure various targets of perinatal safety including minimizing c-sections rates for initial pregnancies in favor of vaginal delivery, promoting newborn health benefits through breast feeding instead of feeding formula, and lowering the occurrence of both incisions and massive blood loss for the mother during delivery to ensure safe recovery.



Higher composite is better

Frequency: Monthly

Benchmark: California Maternal Quality Care Collaborative (CMQCC) Top Quartile

Composite Indicators:

- **Primary c-section (Nulliparous, Term Singleton, Vertex)**
- **Exclusive breast feeding**
- **Episiotomy**
- **Maternal hemorrhage**
- **PSI -18 & PSI-19 Cases**

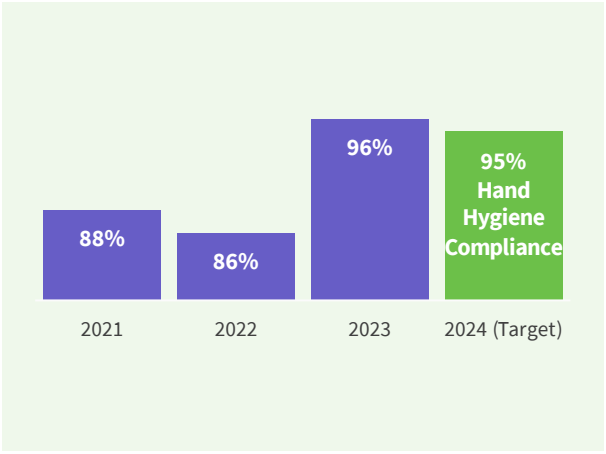
Health Equity 2023 Analysis:

- Exclusive Breast-Feeding Rate by Race (68.8% Target):
  - Asian = 11.8%
  - Black = 57.1%
  - Hispanic (US Born) = 40.1%
  - Hispanic (Non-US Born) = 42.9%
- NTSV Rate by Race (23.3% Target):
  - Asian = 46.3%
  - Black = 28.6%
  - Hispanic (US Born) = 27.1%
  - Hispanic (Non-US Born) = 26.1%

HAND HYGIENE COMPLIANCE

Are we following the hand hygiene protocol consistently to prevent the spread of hospital acquired infections?

Hand hygiene is a critical aspect of infection control in a hospital setting. By frequently washing hands or using hand sanitizers, healthcare workers can reduce the spread of harmful germs and prevent the transmission of infections to patients. Maintaining good hand hygiene also helps to decrease the risk of healthcare-associated infections, which can prolong hospital stays and lead to serious health complications. Therefore, hand hygiene is an essential part of maintaining a clean and safe environment for both patients and healthcare workers in a hospital setting.



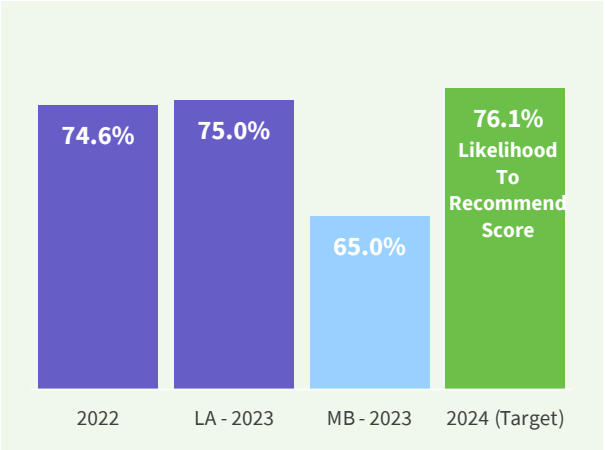
Frequency: Monthly

Benchmark: National Average

HCAHPS: LIKELIHOOD TO RECOMMEND

How can we improve our services to increase the likelihood of our patients recommending our hospital to others?

The measure “Likelihood to Recommend” reflects patients' overall satisfaction with their hospital experience and their perception of the quality of care they received. To a hospital, a high score on the Likelihood to Recommend measure is important because it indicates that patients had a positive experience and are likely to refer others to the hospital. It also suggests that the hospital is meeting patients' expectations for quality care and customer service. To patients, the Likelihood to Recommend measure provides an opportunity to share their opinions about the care they received and how likely they are to recommend the hospital to others. This feedback can help hospitals identify areas for improvement and enhance the patient experience. Overall, the Likelihood to Recommend measure is an important tool for hospitals to assess patient satisfaction and identify opportunities to improve the quality of care they provide.



Frequency: Monthly

Benchmark: Adventist Health System Target

Health Equity 2023 Analysis:

- Total Surveys = 498
- Higher recommendation scores from Males (79.6% score) compared to Females (71.5% score)
- Higher recommendation scores from Latinos / Hispanics (75.9% score) compared to Non-Latino / Hispanics (69.8% score)
- Age group between 65 – 79 years old scored highest (80.0% score) compared to age group between 18 – 34 years old scored lowest (69.2% score)

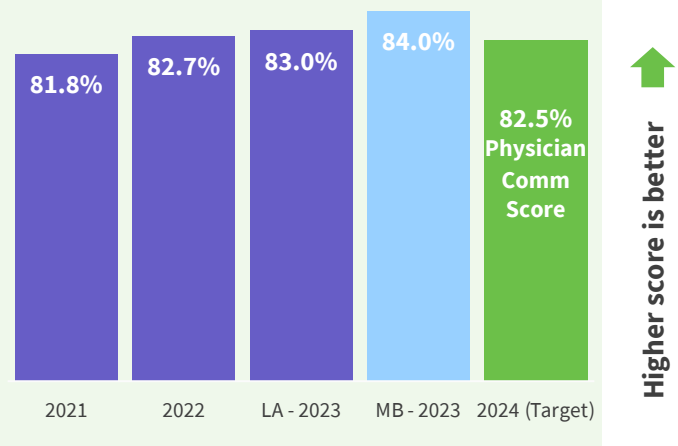
HCAHPS: PHYSICIAN COMMUNICATION WITH PATIENTS

Are we ensuring our medical providers effectively communicate with our patients?

The patient experience is predominantly influenced by the everyday interactions with the care team. Because the physician plays a central role for the medical management and progression of the patient stay, measuring the effectiveness of this communication from the patient perspective allows us the ability to monitor and improve this key interaction.

These HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questions for physician communication include:

- How often did doctors treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often did doctors explain things in a way you could understand?



Frequency: Monthly

Benchmark: Adventist Health System Target

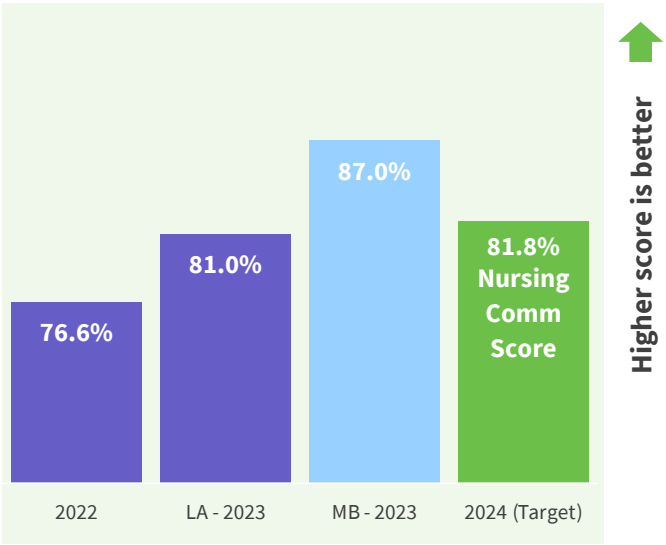
HCAHPS: NURSING COMMUNICATION WITH PATIENTS

Are we ensuring our nurses effectively communicate with our patients?

The patient experience is predominantly influenced by the everyday interactions with the care team. Because the nurse plays a central role for the medical management and progression of the patient stay, measuring the effectiveness of this communication from the patient perspective allows us the ability to monitor and improve this key interaction.

These HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questions for nursing communication include:

- How often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did nurses listen carefully to you?
- During this hospital stay, how often did nurses explain things in a way you could understand?



Frequency: Monthly

Benchmark: Adventist Health System Target

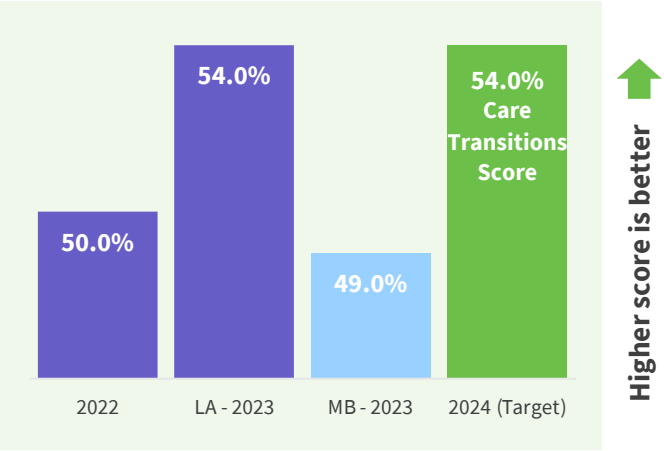
HCAHPS: CARE TRANSITIONS

How can we improve the progression of a patient through the care continuum?

Patient progression across the care continuum is an involved, multidisciplinary endeavor to ensure the patient has the highest likelihood of maintaining their health after leaving the acute hospital. Developing and acknowledging the unique patient perspective helps us tailor our approach to a successful care transition.

These HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) questions for care transitions include:

- During this hospital stay, did staff take my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left?
- When I left the hospital, did I have a good understanding of the things I was responsible for in managing my health?
- When I left the hospital, did I clearly understand the purpose for taking each of my medications?



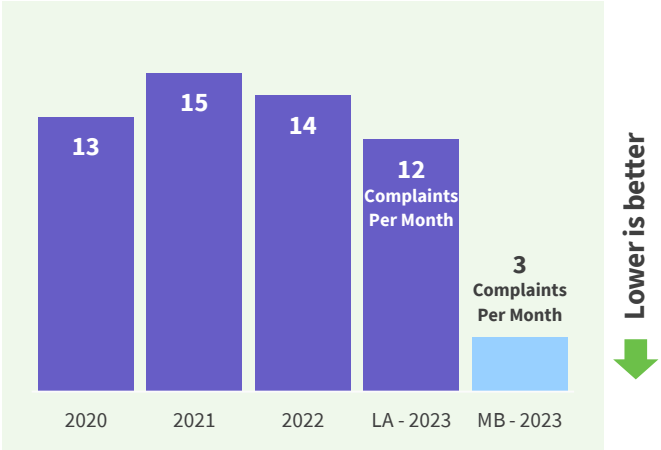
Frequency: Monthly

Benchmark: Adventist Health System Target

VOICE OF THE CUSTOMER: COMPLAINTS PER MONTH

What are we learning from formal complaints?

Customer feedback is a critical component for improving the way we do business. Patient and family complaints provide an opportunity to identify broken systems and processes. Tracking complaints gives us the opportunity to monitor not only these volumes, but perhaps more valuably, the type and nature of the complaints through the customer's perspective. Learning from these complaints and acting on what they tell us ensures we are continually striving for a customer-centered experience.



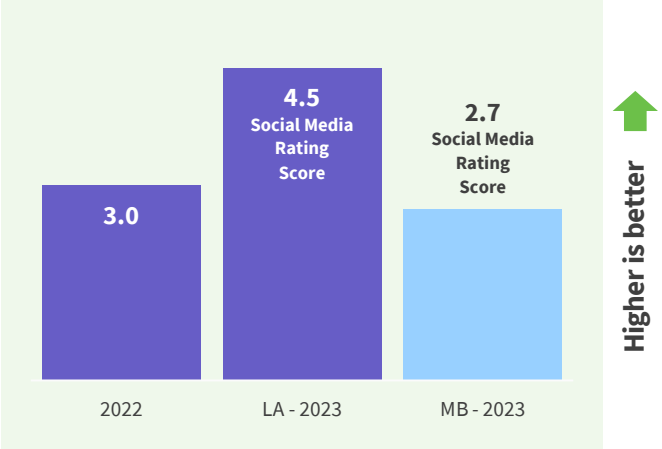
Frequency: Monthly

Benchmark: Listening Mechanism (Not Benchmarked)

VOICE OF THE CUSTOMER: SOCIAL MEDIA RATING

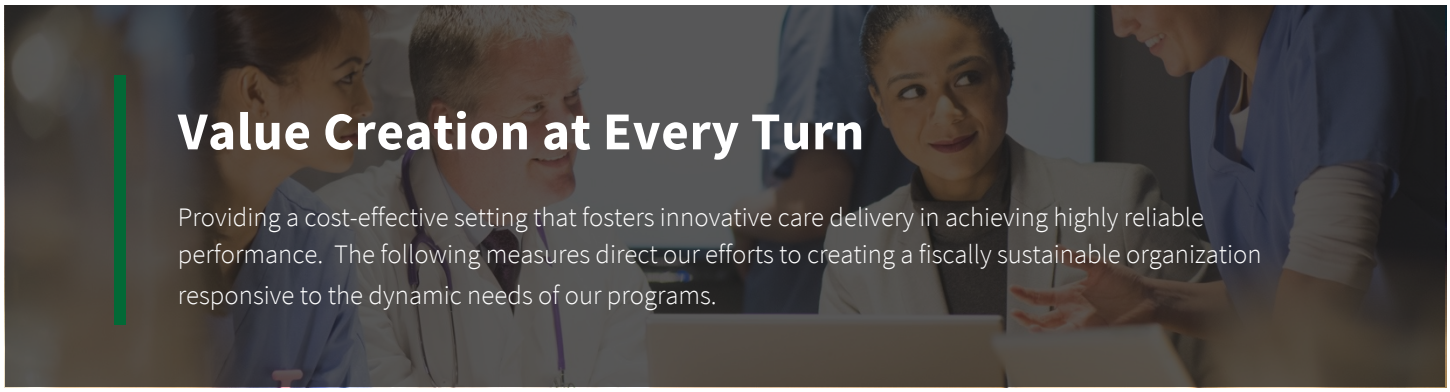
How do we address our hospital online ratings impacting patient satisfaction and community engagement?

As a hospital committed to providing exceptional care and service to our patients, we recognize the importance of focusing on hospital ratings through social media platforms. These ratings serve as a reflection of our performance, quality of care, and patient experiences, influencing the perceptions of both current and prospective patients. Positive ratings not only enhance our reputation but also instill trust in our services, leading to increased patient satisfaction and loyalty. Conversely, negative ratings highlight areas for improvement and provide valuable feedback for us to address promptly, ensuring continuous enhancement of our patient care standards. By actively monitoring and managing our social media ratings, we can effectively engage with our community, demonstrate our commitment to excellence, and continually strive to provide the highest quality of care possible.



Frequency: Monthly

Benchmark: Listening Mechanism (Not Benchmarked)



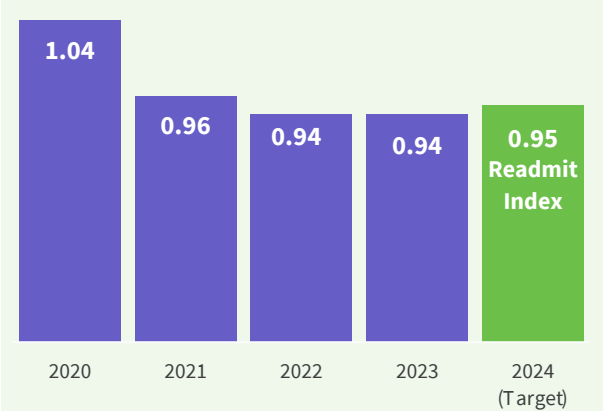
Value Creation at Every Turn

Providing a cost-effective setting that fosters innovative care delivery in achieving highly reliable performance. The following measures direct our efforts to creating a fiscally sustainable organization responsive to the dynamic needs of our programs.

READMISSION: ALL CAUSE, ALL PAYER

Are we supporting our patient transitions of care beyond the hospital?

When patients return to the hospital too soon after discharge, we examine the quality of the initial patient admission from the perspective of the whole continuum to ensure the initial care we provided did not contribute to the unexpected readmission. Since patient needs go beyond the medical condition, assessing the entire continuum of care from admission to post discharge ensures the highest likelihood of a patient's successful reintegration after hospitalization, including addressing areas such as medication adherence, the ability to see a primary physician or specialist, lifestyle factors like diet, and even home support and living situation.



Frequency: Monthly

Benchmark: Adventist Health System Target

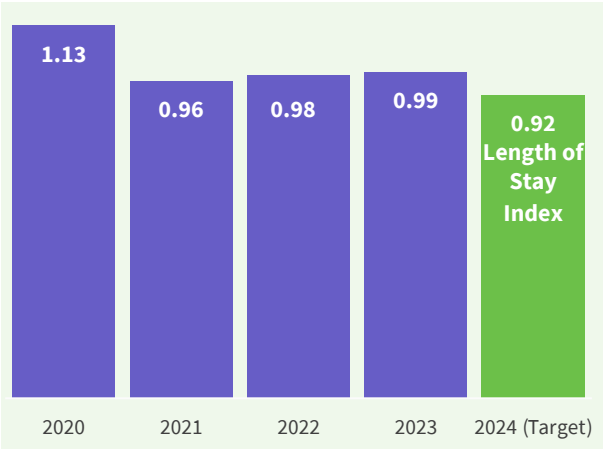
Health Equity 2023 Analysis:

- Total Readmissions = 750
- Male = 374 (50%), Female = 376 (50%)
- Hispanic / Latino = 646 (86%), Not Hispanic / Latino = 101 (14%)
- Majority of readmissions occurred patients aged in 60s (168 cases, 22% of population), 50s (134 cases, 18% of population), and 70s (132 cases, 18% of population)

LENGTH OF STAY: MEDICARE

Are we meeting expectations of treatment progression and duration for admitted patients?

Optimizing the length of an inpatient stay in our hospital ensures the progression of treatment is timely and care delivery occurs at the appropriate intervals. By ensuring efficient treatment of our patients through the effective management of their time in the hospital, we can ensure their recovery is aided by timely access to our services, and once safely discharged, additional patients who may be waiting to be admitted can benefit from our healthcare services as well.



Frequency: Monthly

Benchmark: Adventist Health System Medicare Index

THROUGHPUT

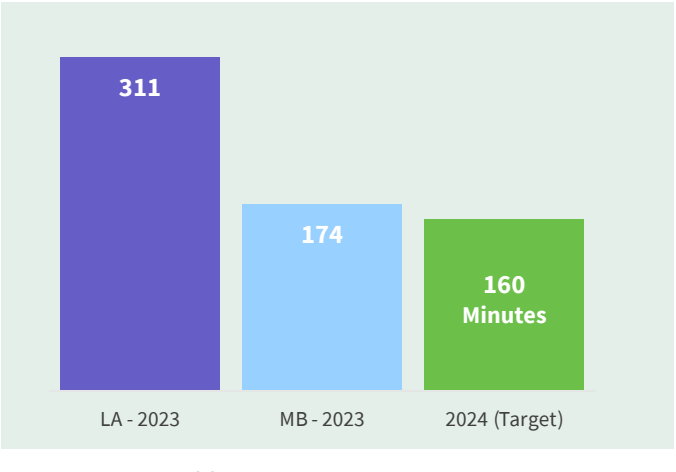
Do patients move efficiently through our hospital from admission to discharge?

This measure refers to the decrease in wait times as a patient moves efficiently through our ED to an inpatient hospital unit, and then discharged from the hospital. The processes influencing patient flow include triage, staffing, availability of specialty and diagnostic services, surgical scheduling and information technology resources. Disruptions in any one of these can create a backlog within any step of patient movement.

Measures include:

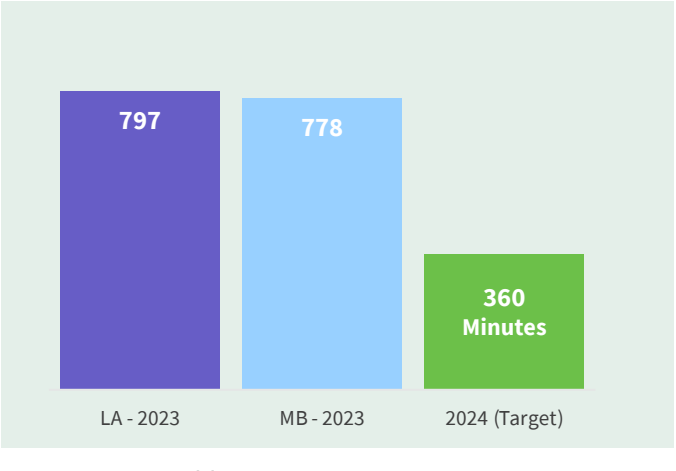
- Emergency Department Discharge Time
- Emergency Department Admission Time
- Inpatient Discharge Response Time

Emergency Department Discharge Time



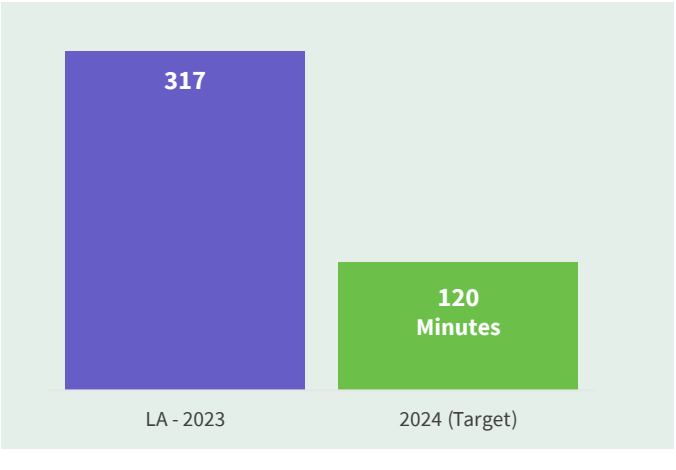
Frequency: Monthly **Benchmark:** CMS Targets

Emergency Department Admission Time



Frequency: Monthly **Benchmark:** CMS Targets

Inpatient Discharge Response Time



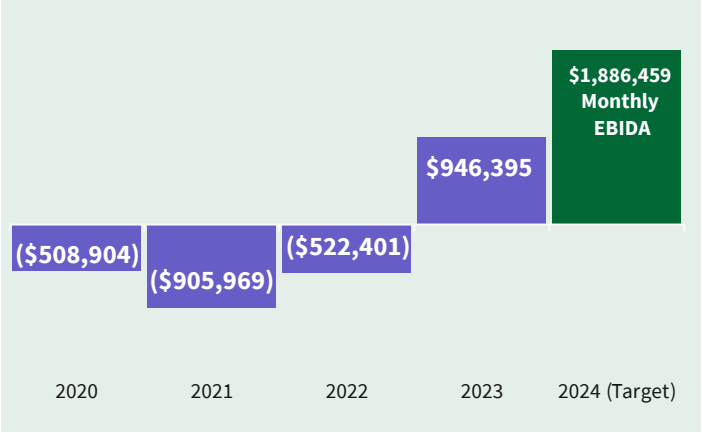
Frequency: Monthly **Benchmark:** CMS Targets

Note: Finance Performance graphs below reflect both Los Angeles and Montebello sites only for year 2023.

EBIDA (EARNINGS BEFORE INTEREST, DEPRECIATION AND AMORTIZATION)

Do we manage our business operations with financial strength?

A strong EBIDA margin objectively indicates our profitability both externally and internally across business industry comparisons. EBIDA shortfalls can be attributed to higher expenses or lower revenues during a given period.



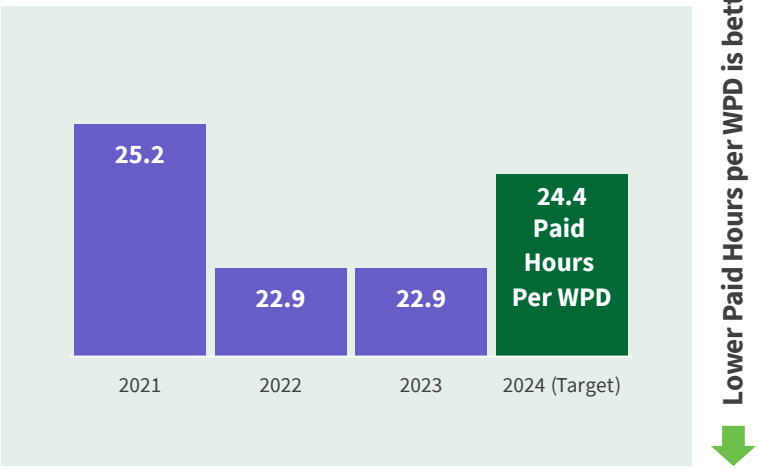
Frequency: Monthly

Benchmark: Internal Target (Budget)

PAID HOURS PER WPD

Does our staff resourcing align with operational needs?

Patient care happens through the work of our associates, which in turn comes at the cost to the organization in wages and benefits. Ensuring we resource appropriately and safely involves adhering to budgeted standards of paid hours in correct proportion to workload, including total nursing, ancillary, and support services versus patient census.



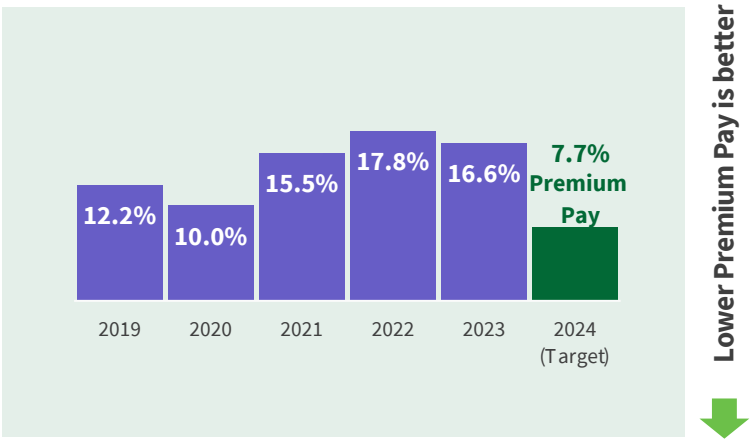
Frequency: Monthly

Benchmark: Internal Target (Budget)

PREMIUM PAY

Do are staffing plans meet the variable demands of patient care?

Responding with adequate staffing levels to meet fluctuating needs of patient care, we use contracted labor and overtime when our internal employee pool cannot meet higher volumes through regularly scheduled hours, often times in specialty areas. Contracted staffing and overtime both come at a significantly higher expense per hour, requiring we manage use for fiscal responsibility.



Frequency: Monthly

Benchmark: Internal Target (Budget)

SUPPLY EXPENSES

Do we effectively meet the material needs of patient care processes?

Having the right supplies at the right time allows associates to provide safe and reliable care, in both routine and emergent scenarios. Supporting the range of patient care activities promotes a 'Culture of Safety' where we can be confident and consistent in our care delivery. The effective management of supply cost is reflected in its share of total operating revenue.

SURGICAL SUPPLY COST

New Metric 2024

NON-SURGICAL SUPPLY COST

New Metric 2024

Lower Supply Expense is better

Frequency: Monthly

Benchmark: Internal Target (Budget)

NET PATIENT REVENUE

Are we earning enough money for our long-term needs?

Net patient revenue refers to the total revenue a hospital earns from providing patient care services, after deducting contractual adjustments, charity care, and bad debt expenses. It is a critical financial metric for hospitals as it directly reflects the organization's ability to generate income from its core operations. This revenue stream is vital for covering operating expenses, such as medical supplies, and facility maintenance, as well as for reinvesting in technology, infrastructure, and quality improvement initiatives. A robust net patient revenue indicates the hospital's financial stability and its capacity to continue delivering high-quality care to patients while supporting ongoing growth and innovation.

New Metric 2024

Higher Net Patient Revenue is better

Frequency: Monthly

Benchmark: Internal Target (Budget)

CAPITATION MARGIN

Are we managing our at-risk population (capitated) properly?

Capitation margin is a vital financial indicator representing the balance between the fixed payments we receive for providing care and the actual costs incurred in delivering that care to our enrolled population. A positive capitation margin demonstrates our efficient management of costs and adherence to budgetary constraints, potentially leading to improved financial outcomes. Conversely, a negative capitation margin alerts us to areas where costs may exceed payments, prompting us to implement strategies for cost containment or renegotiate payment agreements. By effectively managing our capitation margins, we ensure our financial health while delivering high-quality care in value-based healthcare models

New Metric 2024

Higher Capitation Margin is better

Frequency: Monthly

Benchmark: Internal Target (Budget)

PHYSICIAN PRACTICE PERFORMANCE (HBOC & AHPN)

Are our physician clinics performing to budget?

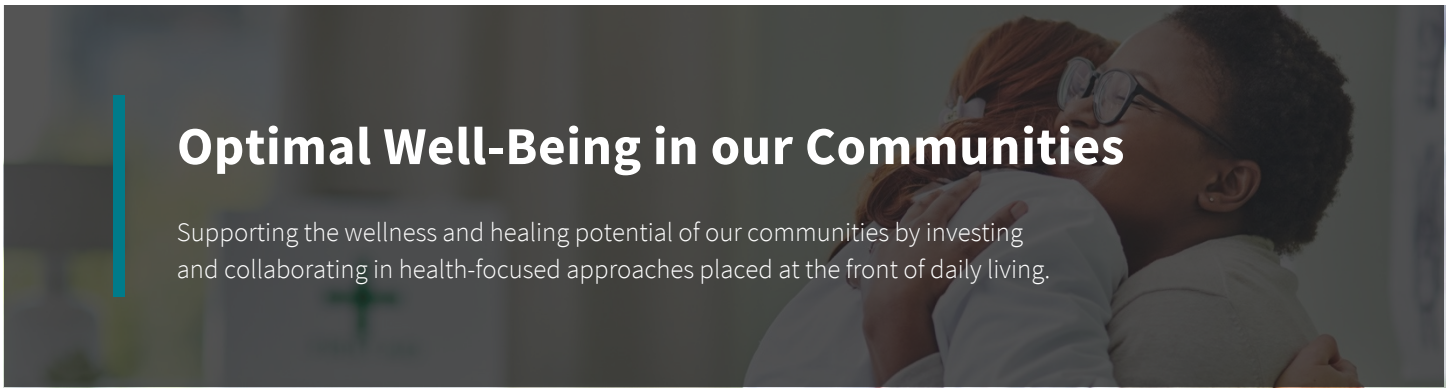
Managing our outpatient clinic operations for both Hospital-Based Clinics (HBOC) and Adventist Health Physician Network (AHPN) requires both financial and clinical acumen. Our physician network and clinics reflect the Adventist Health standards of care in a complimentary setting to our acute inpatient care.

New Metric 2024

Higher Physician Practice Performance is better

Frequency: Monthly

Benchmark: Internal Target (Budget)



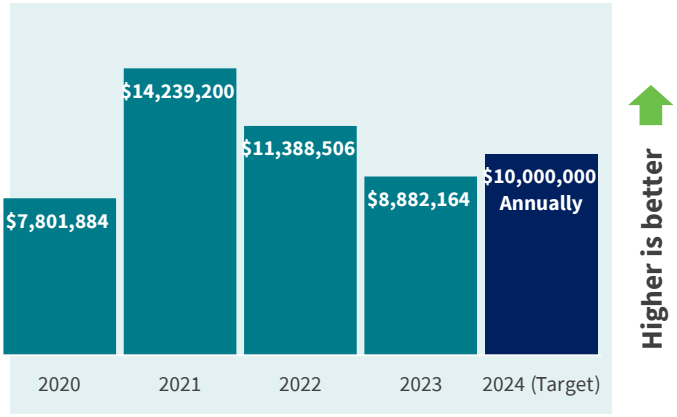
Optimal Well-Being in our Communities

Supporting the wellness and healing potential of our communities by investing and collaborating in health-focused approaches placed at the front of daily living.

PHILANTHROPY DOLLARS RAISED

Are we attracting financial investments in support of our vision?

Raising financial resources from our supporters and our partners allows us to steer money towards the highest good in service of our mission in the Boyle Heights and Montebello communities. Philanthropic contributions pool from individuals, corporations, government agencies, and foundations to meet a variety of operational and strategic needs. In turn these investments often become operational programs integrated into the hospital workflow, create additional funding opportunities for sustaining the work, and contribute to the rich body of research and healthcare knowledge for our communities.



Frequency: Annual Total **Benchmark:** Internal Target

INCREASING ACCESS: TRANSPORTATION VOLUMES

Are we supporting access to care by providing transportation in our communities?

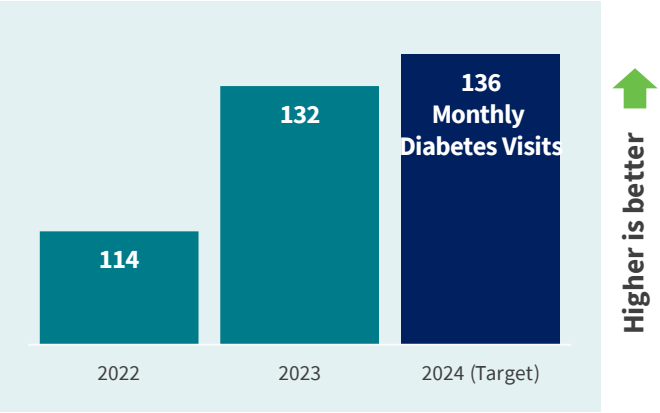
Transportation to receive healthcare services on our campus has been a persistent area of opportunity for our communities and a key social determinant of health (SDoH). Through grant-funded programs and hospital funding supporting our patient transportation services, we have been able to address a significant barrier to patient access with rides from home.

Frequency: Monthly **Benchmark:** Internal Target

CHRONIC DISEASE MANAGEMENT: DIABETES VISITS

Do our diabetes programs and services effectively reach our communities?

Diabetes is a top healthcare condition in our communities, impacting people across the gamut of demographics. With offerings including telehealth visits, education and counseling, and supportive services, our hospital has been a key partner with the support of many philanthropic efforts in managing and even reducing the condition for those who enroll in our services.

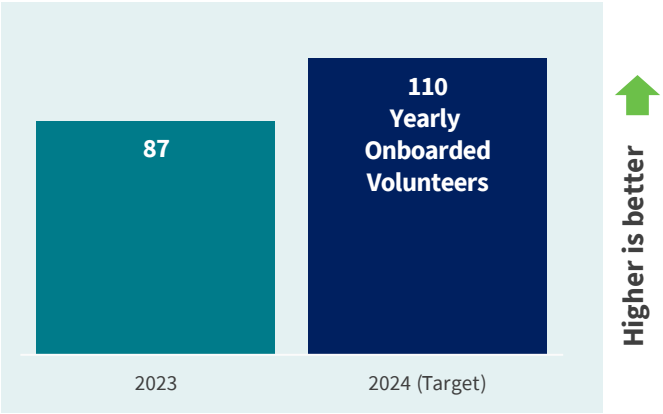


Frequency: Monthly **Benchmark:** Internal Target

NEW HEALTHCARE WORKFORCE DEVELOPMENT PROGRAM VOLUNTEERS

Are we actively investing in our workforce's growth and development?

Volunteers play a pivotal role in hospitals by offering support and assistance across various departments, contributing to the smooth operation of daily tasks. Their presence not only enhances the patient experience but also alleviates the workload of healthcare professionals, allowing them to focus more on direct patient care. Additionally, volunteers often serve as ambassadors for the hospital within the community, fostering positive relationships and enhancing public trust. Furthermore, workforce development initiatives provide valuable training and education opportunities, ensuring a skilled and knowledgeable healthcare workforce that can effectively meet the diverse needs of our communities while also promoting career growth and retention within the hospital setting.



Frequency: Monthly **Benchmark:** Internal Target

GROWTH BEYOND HEALTHCARE: TRACKING THE INFLUENCE OF HOSPITAL PROJECTS ON COMMUNITY WELL-BEING

How are we quantifying the hospital impact on community health?

By establishing food pantries and community gardens, hospitals extend their healing mission beyond clinical walls, directly addressing food insecurity in the community. These initiatives provide access to nutritious food and opportunities for active participation, promoting healthier lifestyles and preventing chronic diseases. Additionally, they foster a sense of belonging and social cohesion, strengthening community resilience. By prioritizing social impact through these initiatives, hospitals fulfill their responsibility to promote health equity and uplift the overall well-being of the communities they serve.

Measures include:
- Number of Pantry Bags Distributed
- Garden Usage

New Metric 2024

Frequency: Monthly

Benchmark: Internal Target

Strategic Statements

OUR SHARED MISSION

Living God's love by inspiring health, wholeness and hope.

OUR SHARED VISION

Compelled by our mission to live God's love by inspiring health, wholeness and hope, we will transform the health experience of our communities by improving physical, mental, and spiritual health. We will enhance interaction and make care more affordable and accessible.

AHWM STRATEGY STATEMENT

Compelled by our mission to live God's love by inspiring health, wholeness and hope, by 2025, Adventist Health White Memorial will change the way our communities approach life by placing health, healing, and well-being at the front of daily living.

In our communities, we will:

- Leverage our reputation, legacy, and leadership for the mutual benefit of our communities and our people
- Establish ourselves as a magnet for partnerships, investments, and innovations responsive to the needs of our local and virtual communities
- Embrace continuous learning and medical education to become an expert in co-creating health by translating best practices for a unique and complex population
- Create more places and ways in which people will connect with our healthcare experts and services in person and digitally
- Continue our Baldrige Journey to achieve top decile performance in key quality, safety, consumer, workforce and operational outcomes

Possible Points of Inquiry

PROCESSES

- What keeps us from meeting our targets?
- What processes or protocols need to be implemented to address the issues in any measure?
- What process improvements will impact these outcomes?
- How are we optimizing our business practices towards becoming a High Reliability Organization?

RESOURCES

- Do patients have access to the care and services they need?
- How do the organization's resources affect these outcomes?
- Which clinical and administrative stakeholders should be involved in addressing poor outcomes?
- Are there opportunities to allocate resources differently at our Los Angeles and Montebello sites?

ORGANIZATIONAL STRUCTURE

- How are we communicating data and performance gaps timely and effectively?
- How can the organization become better aligned to support these aims?
- How are we communicating and celebrating high-performing outcomes?
- How are we rewarding, recognizing and incentivizing our goals?
- How do we communicate these priorities to engage our workforce?

SKILLS & BEHAVIORS

- Are there any gaps in the clinical skills of the care team?
- How are we encouraging proper interdisciplinary team behavior?
- What counsel and correction is provided when we fail to reach our goals?
- How do we optimize staff understanding of the Clinical Committee's goals and measures?
- Are there potential applications of the Just Culture framework?

Your Notes


AdventistHealth
White Memorial