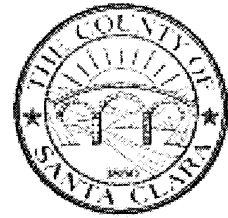


# County of Santa Clara

Office of the Clerk of the Board of Supervisors  
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Lynn Regadanz  
Interim Clerk of the Board

September 17, 2012

The Honorable Richard J. Loftus, Jr.  
Presiding Judge  
Santa Clara County Superior Court  
191 North First Street  
San Jose, CA 95113

**FILED**

SEP 25 2012

DAVID H. YAMASAKI  
Chief Executive Officer/Clerk,  
Superior Court of CA County of Santa Clara  
BY D. ALDYCKI

RE: Grand Jury Report: Change Starts at the Top in Santa Clara Valley Medical  
Center Resuscitation

Dear Judge Loftus:

At the September 11, 2012 meeting of the County of Santa Clara Board of Supervisors (Item No. 12), the Board adopted the response from the County Administration to the Final Grand Jury Report and recommendations relating to Change Starts at the Top in Santa Clara Valley Medical Center Resuscitation.

As directed by the Board of Supervisors and on behalf of the Board President, our office is forwarding to you the enclosed certified copy of the response to the Final Grand Jury Report. This response constitutes the response of the Board of Supervisors, consistent with provisions of California Penal Section 933(c).

If there are any questions concerning this issue, please contact our office at 299-5001 or by email at [lynn.regadanz@cob.sccgov.org](mailto:lynn.regadanz@cob.sccgov.org).

Very truly yours,

LYNN REGADANZ  
Interim Clerk, Board of Supervisors  
County of Santa Clara

Enclosures

Dedicated to the Health  
of the Whole Community



Hospital Administration  
751 South Bascom Avenue  
San Jose, California 95128  
Tel: (408) 885-4010

August 30, 2012

TO: Gary Graves  
Chief Operations Officer, County of Santa Clara

FROM: Trudy Johnson, MA, RN, NEA-BC  
Interim Chief Executive Officer  
Santa Clara Valley Medical Center

SUBJECT: Response to Civil Grand Jury Report titled "Change Starts at the Top in Santa Clara Valley Medical Center Resuscitation"

A handwritten signature in cursive script, appearing to read "Trudy Johnson".

The foregoing instrument is a correct copy of  
the original

ATTEST: Lynn Regadan,  
Interim Clerk of the Board

By: D. Cristoferson  
Deputy Clerk

Date: SEP 11 2012

Please accept Santa Clara Valley Medical Center's response to the Civil Grand Jury Report dated June 14, 2012 and forward to the Presiding Judge of the Superior Court. This response includes background information regarding the operational and financial issues discussed in the report in order to provide context and clarity regarding the information presented.

The Santa Clara Valley Health and Hospital System, especially Santa Clara Valley Medical Center, is focused on improving the organization and becoming a high-quality managed care entity that can respond to the changes being brought about by the Affordable Care Act. SCVHHS will be able to continue to provide healthcare services to Santa Clara County's community in a sustainable and effective manner by implementing HealthLink (our new electronic medical record), significantly improving the operations of the Revenue Cycle and by truly integrating the health service delivery of County and community based organizations.

The Findings of the Grand Jury reflect the progress made to date and the obstacles to integration and sophisticated financial management necessary to realize the vision described above. SCVMC appreciates the insight provided by the Grand Jury and hopes this response will help to clarify the status of SCVHHS and SCVMC in this work.

**Background**

During Fiscal Year 2011-12, Santa Clara Valley Medical Center (SCVMC) provided 115,002 days of inpatient care and 828,258 outpatient visits through its inpatient services, emergency department and 11 clinics. The payer sources for these visits are shown below, with Medi-Cal and Un-sponsored representing 64% of the total inpatient days and 73% of the total outpatient visits:

	Inpatient	Outpatient
Private insurance	12%	8%
Medicare	15%	12%
Medi-Cal	47%	45%
Managed Care	9%	8%
Un-sponsored	17%	27%

Recipients of Medi-Cal receive medical coverage in a variety of ways per the structure established by the State of California. Different payment structures come with this variation in coverage. Medi-Cal managed care provides a fixed monthly payment for organizations or providers to manage all the care needed by the enrolled member (the County assumes the risk that it can manage the patient's care within this fixed payment). At present, mothers and children are the primary group of Medi-Cal managed care patients. Medi-Cal pays on a Fee-For-Service basis for non managed care patients such as the disabled. SCVMC estimates that Medi-Cal reimbursement recovers approximately 50 percent of the actual costs to provide care. Thus, if a hospital stay costs SCVMC \$20,000, Medi-Cal would pay \$10,000; the remainder would be the County's share of the cost.

The Low Income Health Program (and its predecessor, the Coverage Initiative) provides access to care for low-income adults who are not eligible for Medi-Cal. Through this program, the Federal government reimburses the County for half of its cost for providing care to enrolled persons. Under the Coverage Initiative, the Federal reimbursement capped at \$20 million a year, even if costs exceeded \$40 million. Under the Low Income Health Program, there is no cap on the Federal contribution. In 2014, persons enrolled in the Low Income Health Program will be moved into the Medi-Cal program. The benefit of the Low Income Health Program is that enrolled persons are eligible for a wide range of prevention services as well as primary care, and, that the County is able to be reimbursed for 50% of its cost. When these enrollees are moved into Medi-Cal, the reimbursement mechanism will change to Medi-Cal managed care.

Section 17000 of the state Welfare and Institutions Code sets forth the obligation of counties to provide or arrange for care to indigent residents, specifically including the obligation to provide such persons medical care:

“Every county and every city and county shall relieve and support all incompetent, poor, indigent persons, and those incapacitated by age, disease, or accident, lawfully resident therein, when such persons are not supported and relieved by their relatives or friends, by their own means, or by state hospitals or other state or private institutions.”

When enacting the Code, the Legislature did not set specific standards of aid, but rather reserved for county boards of supervisors the authority to set such standards. Previous Boards of Supervisors decided to have care provided at SCVMC be the way for the County to fulfill its 17000 obligation, including the passage of the Open Door Policy and the approval for construction and expansion of SCVMC.

The County seeks to screen every person seeking care at SCVMC to enroll the patient into the appropriate financial assistance program if the patient does not have another form of medical insurance. For those individuals not eligible for any other program and who are county residents earning at or below 300% of the federal poverty level, they are enrolled in the Ability to Pay Determination program (APD), which is the County's charity care program. The enrollee is expected to

pay a portion of the cost of their care, though persons earning at or below 100% of the federal poverty level have no co-payment. The County covers the remainder of the cost, thus addressing its 17000 obligation.

The County is responsible for the care of all persons in custody, which is provided through SCVMC, adding to the County's cost for uncompensated care. The County has paid 100% of the medical costs for County inmates, though a small portion of these costs may begin to be covered by the State associated with AB 109.

Finally, a number of patients provided care at SCVMC are unable to pay their bills, their bills are classified as "Bad Debt", which ends up being uncompensated care.

The total cost to the County for its share of the above costs is grouped together in the category "uncompensated care". In Fiscal Year 2011-12, the total cost of uncompensated care was \$229 million.

Rather than simply rely on the County General Fund to pay for all uncompensated care, SCVMC attempts to cover its direct and overhead costs (and limit the County's contribution) by generating revenue through insured patients and by participating in other state and federal programs that provide financial reimbursement to public hospitals that provide a substantial amount of care to the uninsured and underinsured. For example, 48% of the Rehabilitation Center patient population was covered by private insurance in Fiscal Year 2012. These concepts are important to understand when considering SCVMC's response to the Civil Grand Jury's report.

What the Civil Grand Jury depicts as revenue, expense and operating loss includes the County's costs for the programs addressed above. SCVMC has worked to reduce its costs and increase revenue so as to limit its reliance on the County General Fund to cover the 17000 obligation, the shortfall from the Medi-Cal program, APD, Bad Debt and Custody Health costs. For FY12, the County General Fund provided \$55 million towards the \$229 million of uncompensated care that was not reimbursed under any other program.

The Civil Grand Jury points to many of the steps County Executive Jeff Smith has taken to improve the management of SCVMC. The work to improve the Revenue Cycle began in February 2012 and will improve with the assistance through a contract with Accretive Health. The implementation of HealthLink will also help improve the integration of our delivery system, documentation of clinical care needed for patient care, as well as billing compliance and ultimately improve our revenue collection. Decreasing controllable costs such as overtime, outside contracted services and medical supplies is something our new Chief Financial Officer and SCVMC's Interim Chief Executive Officer are continuing work to improve.

#### **Clarifications and Corrections to Statements Made in the Civil Grand Jury Report**

On page 5 of the report, there is a reference to four hour wait times to schedule an appointment. The Grand Jury's report shifts between discussion of scheduling for primary care and specialty care appointments, without noting that the scheduling happens in two different systems. Scheduling for primary care appointments is conducted through the Valley Connections system, which includes an option for a patient to schedule through the automated phone system, which thousands of patients do successfully. In the month of June 2012, for example, over 7,600 of that month's appointments had

been scheduled by way of the automated phone system, representing 83% of all scheduled primary care appointments. The average speed to answer a phone call by a live agent in the primary care call center was 35 seconds. Scheduling for specialty care appointments happens mainly through direct calls to the specialty clinic, which can result in long wait times. Additional Health Service Representatives that answer the phone for specialty appointments are being hired to improve response time. SCVMC is also working with the specialty care physicians to move more of those schedules to the automated phone system to reduce the wait times.

Please note, contrary to a statement made in the Civil Grand Jury Report on page 5, paragraph 3, no decision has been made to grant over-booking rights to primary care call center personnel.

On page 7 of the report, the Civil Grand Jury makes an incorrect reference to the annual budgeting process. SCVMC appreciates this opportunity to clarify the manner in which SCVMC prepares its annual budget and how financial management continuously takes place during the year.

**Payroll:** Except as modified by the Board in each year's budget, operations are ongoing and staff remain in their positions and functions at the change of the fiscal year. The Board may add, delete or modify programs and add or delete positions. As a result, each year's payroll budget is essentially rolled over. Over the past several years, there have been no Cost of Living Adjustments (COLA's) and in FY2012 there was a salary reduction of approximately 8% affecting most employees at SCVMC.

**Services & Supplies:** Services and Supplies budgets are based on prior actual expenditures, modified to account for budgeted changes in patient activity level. These budgets are reviewed, modified and approved by managers and directors. SCVMC has not used a COLA for Services and Supplies in the past two fiscal years.

During the course of the year, actual and budgeted expenditures for each Object 2 General Ledger account and cost center are reported monthly in SCVMC's financial reporting system PM10. Managers, directors and executives may review these reports at any time, and the Finance Department staff receives inquiries from managers about these reports indicating that managers make use of these reports and discuss them with their executives.

The monthly financial reporting process includes a review of all General Ledger accounts; any showing significant variances to budget are researched with managers to identify the factors behind the variance. Executive Managers meet with their Cost Center managers and review performance. This includes review of initiatives to hold down costs such as reducing overtime expenses, improving productivity and lowering service and supply costs.

The SCVMC Financial Performance Review (FPR) Committee meets weekly to review operational and financial performance, focusing on labor costs, services & supplies, patient volume, and revenue. In preparation for these meetings, payroll variance and labor productivity reports are generated by the Finance Department staff and distributed to the committee members and is reviewed in meetings. All requests to fill positions, including extra help, are discussed by the FPR committee, which considers variances and labor productivity in deciding whether to fill positions. Other significant variances, such as pharmaceuticals, outside medical costs and major service contracts, are also discussed by the FPR Committee and in other venues with SCVMC executives, with the objective of identifying action plans to address poor performance and negative variances.

For FY13, a standardized financial review process by department is being introduced as part of the Financial Performance Review Committee. This process will provide a format in which managers can more effectively identify variances in key operational metrics, analyze the reasons for the variances and develop plans to address the variances.

On page 9, in the second paragraph, there is discussion about "cross-talk." SCVHHS and SCVMC use all of the County's systems directly. The difference in numbers results from the monthly close that SCVHHS Finance performs in order to prepare full accrual financial statements for the Health and Hospital Committee in accordance with Governmental Accounting Standards. These differences are recorded in the County's general ledger by the end of the following month.

On page 9, in the second paragraph, there is discussion regarding "missing equipment." This is not a cross-talk issue. SCVMC uses the County's fixed asset system for equipment tracking and inventory purposes. Timing differences do occur related to the manual process of disposing of equipment and removing it from the County system. In some cases appropriate paperwork has not made its way to the final destination – the County Controller's Office. These differences are reconciled and resolved in subsequent months.

### **Response to Recommendations**

*Finding 1 – The new SCVMC management team is making good strides to address historically poor financial management by creating cost center management responsibility, targeted to deliver break-even or better financial performance.*

The SCVMC management team appreciates the Civil Grand Jury's recognition and offers a few points to address the steps being taken toward this effort. A weekly financial and operational performance review has been established. A daily flash report is distributed to managers. The report is being revised in order to provide more useful data for managers to act upon. In addition, the SCVHHS leadership team has included in its strategic plan efforts to develop a culture of accountability.

*Recommendation 1A – The County should require that SCVMC stay within the budget to avoid future unplanned subsidies from the General Fund.*

SCVMC agrees in concept.

Each year, SCVMC presents its budget plan that is intended to lead to a balanced budget, which usually requires a General Fund subsidy to address the uncompensated costs addressed in the background section of this response. Increases to the subsidy are never planned and are never desired.

The County has always required SCVMC to stay within budget. SCVMC Administration, Finance and managers work to stay within budget each year. The challenge lies in managing to the changing financial models (both Federal and State), Federal and State budget issues, unpredictable fluctuations with inpatient and outpatient volumes and payer mix, and working within the constraints of union contracts and County processes. For example there was a significant decrease in the average daily census for medical patients and we were unable to redistribute staff for several months. This resulted in a higher than desirable level of staff related to constraints of union contracts.

The Santa Clara County Board of Supervisors governs and oversees the operations of the County through a Committee structure. The Health and Hospital Committee has as its members two of the Board of Supervisors. This Committee meets monthly during which detailed financial information is presented by the SCVHHS Chief Financial Officer for discussion, review and approval. In the instance of the SCVMC requiring an increased subsidy in FY 2011-12, the County Executive continually informed the Board of Supervisors of the financial status of SCVMC leading up to the request for additional General Fund support. The approval of additional funds included specific direction SCVMC that the support was one-time in nature rather than an ongoing increase to the subsidy.

As referenced earlier, SCVMC has a process in place whereby the FPR Committee is monitoring and taking action to address poor performance and negative variances. These efforts are being expanded on in FY13.

Significant strides have been made. SCVMC is preparing for better financial performance in the future.

*Recommendation 1B – The County should require that hospital leadership runs SCVMC as a business and require leadership to make appropriate financial decisions using the data the hospital systems generate.*

SCVMC partially agrees.

The County has always required SCVMC leadership to run SCVMC as a business and in accordance with the County's mission. The challenge lies in managing to the changing financial models (both Federal and State), Federal and State budget issues, fluctuations with inpatient and outpatient volumes and payer mix, and working within the constraints of union contracts and County processes. SCVMC is implementing a new cost accounting system as well as expanding its analytical and decision support capabilities. These efforts will provide better financial data to support timely and effective analysis and financial decisions. This type of data-driven approach is critical to the effectiveness of the FPR Committee and SCVMC management teams.

The SCVMC Administration will continue to manage and operate SCVMC in a manner consistent with the direction, policies and decisions of the Board of Supervisors as led by the County's Chief Executive Officer. SCVMC recognizes that General Funds allocated to support the operations of the hospital become unavailable to other core functions of the County including Public Safety and Social Services. SCVMC Administration continues to implement the Revenue Cycle and other improvements described in the Grand Jury Report to minimize the size of the subsidy.

*Finding 2 – SCVMC has historically operated below capacity, which directly contributed to its chronically poor financial performance, resulting in County bailout from the General Fund. Increasing productivity is critical to SCVMC's financial performance.*

SCVMC agrees that increased productivity is critical to SCVMC's financial performance.

What is referred to as a "bailout" is not defined and thus could be argued. If the Civil Grand Jury is referring to the General Fund subsidy utilized to cover the cost for custody health services, care for the unsponsored and for the portion of services provided to Medi-Cal patients, then SCVMC disagrees with the Grand Jury's statement. Such expenses should not be deemed a "bailout". If, however, the Grand Jury is referencing the additional \$30 million provided to SCVMC in FY 11-12 as a "bailout", then SCVMC would agree.

*Recommendation 2 – the County should implement systems to increase productivity in reaching break-even financial performance.*

SCVMC agrees.

Steps have already been taken to increase productivity and the number of patients seen. In January 2012, SCVMC Administration began a detailed review of all provider schedules in the scheduling system to maximum its visit capacity. Provider schedules were standardized to reflect a certain number of appointment slots in the morning, afternoon and evening. These changes were made to schedules in Primary Care Medicine, Primary Care Pediatrics, Ob/Gyn and various specialty areas.

The provider schedules now reflect 10 appointment slots per half day for all providers in Primary Care Medicine, 11 appointment slots per half day for all providers in Primary Care Pediatrics and 10 appointment slots per half day for all providers in Ob/Gyn.

*Finding 3 – The performance indicators imposed by the HCRA – improved patient experience, improved capacity and access, measure and cost control – are precisely the measures that should have been in place years ago, and if implemented, can lead to significantly improved SCVMC performance.*

SCVMC agrees that the performance indicators included in the HCRA are good measured and is taking steps to make improvements in each area.

*Recommendation 3 – Regardless of how HCRA may be affected by the United States Supreme Court decision, the County should adopt performance measures consistent with the HCRA indicators because they can lead to improved SCVMC performance.*

SCVMC agrees.

With regard to adopting performance measurements related to improved access and capacity, Ambulatory clinics have been consistently tracking metrics such as appointment availability, no show rates and number of patients seen per day in order to monitor performance. An interdisciplinary committee for improving the patient experience was formed in 2010 and a regular report on this subject is provided to the Health and Hospital Committee. Although in the aggregate we must improve the patient experience we have several areas that excel in patient satisfaction. The Burn and the Rehabilitation Centers received national recognition for patient satisfaction this past year. In addition, through the California Association of Public Hospitals we are participating in the delivery system incentive plan, including a focus on multiple areas of improvement identified by CMS as important. SCVMC has extensive quality improvement and measurement processes in place related to these measures, and also includes regular reports to HHC.

*Finding 4 – The Audit pointed out that SCVMC keeps a separate set of books from the County's SAP system, and that the two do not match. This makes it difficult to obtain accurate financial information.*

The theme of this Finding in the Grand Jury's report appears to be that enough has not been done to integrate the financial management and reporting of SCVMC and the rest of the County of Santa Clara's operations. There are two primary systemic differences between the financial operations of SCVMC that have driven the aforementioned separate financial management:



The financial operations and revenue/expenditure cycles of SCVMC are entirely different than those of other County operations, so much so that in the past the traditional financial tools and systems used the rest of the County did not meet the operational needs of SCVMC and were not designed to meet the detail operational and regulatory reporting requirements of hospitals.

Santa Clara County, per the Board of Supervisors, created the Health and Hospital System to integrate similar health functions and establish a specialized administration including financial management.

Over the last few years improvements in the sharing of financial information and the integration to the extent possible of SCVMC and County Controller/Finance systems has taken place. Unfortunately, the full and immediate integration of SCVMC's financial management and operations into SAP would result in slower financial processing and ultimately increase the SCVMC General Fund Subsidy because such a conversion would cost millions of dollars. The long term objective (3 years or longer) is for SCVMC to fully utilize SAP, presuming it can be supported by a detailed cost benefit analysis, and the funding and resources are made available.

The SCVMC Financial Management staff and the County's Department of Finance meet regularly to discuss integration and identify opportunities to increase the transparency of the SCVMC financial management information. Because this collaboration is being led by the SCVMC CFO and the County's Director of Finance the efforts have and will continue to address the concerns raised by the Grand Jury in this section of the report.

*Recommendation 4 – The County should develop and implement an interface between SCVMC and the County systems to ensure data consistency, in accordance with generally accepted accounting principles.*

SCVMC partially agrees.

SCVHHS Finance has been working with the County Controller's ASAP team to develop an interface and reconciliation process between the County's general ledger and SCVHHS's general ledger since 2010. Monthly reconciliation files are sent to SAP after SCVHHS finalizes its monthly financial statements. Reconciliations have been completed for fiscal years 2010, 2011 and monthly through May 2012. SCVHHS Finance will continue to work with the County Controller's Office to improve SCVMC reporting.

*Finding 5 – SCVMC financial data is not transparent to the public due to the confusing ways SCVMC finances are broken up and tracked in the County's CAFR.*

*Recommendation 5 - The County should require SCVMC consolidated financial statement reported as part of the CAFR.*

SCVMC partially agrees.

The SCVHHS Enterprise Funds are audited as part of the County's annual financial audit. A separate audit and annual report for SCVMC is prepared each year. SCVHHS Finance will provide access to this report in the future. In addition, the year-end financials presented to HHC along with other related reports provide a complete picture of SCVMC's financial performance.

Health care operations and finance are complicated areas. Seasoned healthcare analysts are challenged when reviewing and projecting financial performance. SCVHHS Finance will continue to improve and supplement its financial reporting for the Board's and public's benefit.

In addition, SCVMC will work with the County Information Services Department to more prominently post SCVMC financial reports to the public.

*Finding 6 – The new EpicCare system offers benefits in streamlining records, patient access to records, and accounting performance (accounts payable/accounts receivable systems).*

SCVMC agrees.

*Recommendation 6 – The County should give SCVMC's implementation of EpicCare top priority to meet the scheduled May 2013 date.*

SCVMC agrees and appreciates the involvement of County Information Services Department and the County's Executive's Office in making HealthLink (SCVMC's name for its Epic system) a top priority.

*Finding 7 - SCVMC has best-in-class care facilities that would be attractive to new patients, but SCVMC does little to advertise its services and specialties to attract new patients.*

SCVMC appreciates the recognition from the Grand Jury regarding its facilities and centers of excellence.

*Recommendation 7 – The County should establish a marketing function directed at increasing public awareness of the services SCVMC offers.*

SCVMC partially agrees. There is a small office within SCVHHS that works on marketing and increasing public awareness. In addition, the Rehabilitation Center has a Rehabilitation Marketing Manager and has invested in a new website and marketing materials; thus such a function exists. Should additional funding become available, marketing efforts could increase. In the meantime, the VMC Foundation is assisting in marketing the Rehabilitation Center.

Currently, conducts small amounts of marketing and relies on targeted awareness efforts, media relations, use of social media, and providing information to patients to promote and raise awareness about SCVMC's services and specialties. A short description of the more recent marketing and awareness efforts is included for reference:

**Pediatrics** - A comprehensive Pediatric Provider Directory was produced to provide referral information, as well as a listing of SCVMC's specialties and sub-specialties in the following area: Maternal-Fetal Medicine, Newborn Medicine, Centers of Excellence (Rehab and Burn), South Bay Regional Genetics Center, Pediatric Healthy Lifestyle Clinic, High-Risk Infant Clinic, Behavioral & Developmental Disorders Specialties, and Pediatric Specialty Services. Physician profiles were listed by specialty and contact information was provided. The Pediatric Provider Directory with a cover letter from Dr. Stephen Harris, Chair of the Pediatrics Department, was mailed and/or delivered to Santa Clara County pediatricians, health plans and health insurance providers.

**Catastrophic Injury Services** - A brochure was developed to highlight the comprehensive care SCVMC can provide to catastrophic illness or injury cases. The brochure featured: Emergency Medicine and Trauma

Services; Burn Care; Spinal and Neurological Injuries; the Rehabilitation Center; the Rehabilitation Trauma Center; Pediatric Trauma, Intensive Care and Rehabilitation; High-Risk Pregnancy and Neonatal Intensive Care; Palliative Care. The brochure was distributed to referral sources that included physician groups, health plans and health insurance providers.

Rehabilitation - In November 2011, the VMC Foundation launched an effort to increase the visibility of SCVMC's nationally-recognized SCI/TBI Rehab Center. A plan was launched to attract a greater percentage of privately-paying patients to the Rehab Center of Excellence.

Between January and August 21, 2012, various projects have been undertaken on behalf of these efforts. Among them are:

- Production and release of a 12-page "advertorial" in the Silicon Valley Business Journal, ¼ of which focused on the features of the Rehabilitation Center at SCVMC.
- Positioning of Dr. Steven McKenna, Chief of SCVMC's Rehab Trauma Center, as a national pioneer of regenerative medicine, in local/regional speaking engagements.
- Development of outreach materials to promote the Rehab Center, clinical outcomes, and ongoing research.
- Creation, planning and marketing of two Rehab conferences; one focusing on regenerative medicine (in October, regional in scale) and one on traumatic brain injury (in February 2013, national in scale).
- Six videos have been produced to highlight the work and excellence of the Rehab Center. Most are available to view on the newly-developed, outside-funded website [www.scvmcrehab.org](http://www.scvmcrehab.org)

Media Relations - Local newspaper, television stations and radio stations coverage on a story about SCVMC programs is one of the best ways to make the community aware about the services offered and the expertise of SCVMC's staff. There have been hundreds of articles and news broadcasts about services, programs and staff, including those that have featured accreditations or verifications by third-party organizations, awards and significant research. Programs and services that have been featured in news stories include: Burn Center, Cardiac Care System, Diabetes Center, Emergency services, HIV/Aids Program, Neonatal Intensive Care Unit, Palliative Care Program, overall Pediatric services and specialties, Rehabilitation Center, and Women's Health services.

Additionally, by providing medical staff for interviews on a variety of topics, SCVMC not only helps to raise awareness about a health issue or service, but also positions itself as having some of the best experts in the field. In addition to the topics mentioned above, SCVMC medical staff has also conducted interviews, to cite a few examples:

- First clinical trial of human embryonic stem cells in patients with spinal cord injuries
- How progesterone may improve the recovery of patients with traumatic brain injuries
- Treating infants with a whole body (or therapeutic) cooling technique
- Benefits of a tai chi program for patients in wheelchairs
- Childhood nutrition
- Chronic diseases

- Heat related injuries
- Traumatic brain injuries
- Vehicle back-over injury prevention

In addition, the participation of medical staff, nursing staff, allied health professionals and other medical center staff in outside programs provide an opportunity to expose the public to SCVMC. There are many publications and presentations made at national and international conferences that expose the public to the work of SCVMC. In addition, the Trauma, Burn, Rehabilitation and Neonatology services regularly host regional professional conferences that highlight many of the medical center's teams.

Social Media - Since 2011, SCVMC has had a social media presence on Facebook. While a many of the postings provide health tips to the community, including a number of anti-smoking tips in support of Public Health Department activities, other postings have covered SCVMC services and specialties.

The current trend is that more people are turning away from traditional news sources, using less and less printed formats for information, going to Web based sources for information, and moving to a more social Web. SCVMC will stay abreast of these trends and consider how best to communicate with patients, the medical community and the residents of our county.

Moving in that direction, SCVMC now shares a Twitter account with the Public Health Department, the Mental Health Department, and the Department of Alcohol & Drug Services. SCVMC and the Public Health Department are beginning to use YouTube and exploring what other social media tools would be helpful in raising awareness about health programs and issues.

Information to Patients - "Word-of-mouth" is one of the most credible forms of advertising. Along with providing good service and great care, information given to patients can be used when our patients talk with family and friends. When people talking about the care or services they received don't stand to gain personally, it makes the message very powerful. Here are some examples of the information SCVMC provide to patient, typically in English, Spanish and Vietnamese:

- Burn Center: patient/family & referral materials
- Diabetes Center materials
- New Parent Guide
- Palliative Care brochure
- Pediatrics materials, including NICU physicians piece and Pediatric Healthy Lifestyles brochure and flyer
- Prevent Scalds brochure
- Primary Care Services brochure
- Rehabilitation Center: brochure, technology and outcomes flyers