

Downey Medical Center Plan for Hospital Services

2023

1.0 RELATED DOCUMENTS: Hospital Department Scopes of Service

2.0 PURPOSE:

- 2.1. The purpose of the Downey Medical Center (DMC) Plan for Hospital Services is to describe the framework by which hospital leadership will plan, direct, coordinate, and improve the quality of care and patient safety to our members/patients, including CCS-eligible pediatric patients who require specialized care and services. The plan is based on the needs and rights of members/patients served and the organizational Mission, Vision, and Values.

3.0 MISSION, VISION, VALUES, AND GUIDING PRINCIPLES

3.1. Mission Statement

Healthy Members

3.2. Vision Statement

3.2.1. KP Promise is our commitment to our members to provide health care that is:

- 3.2.1.1. Quality you can trust
- 3.2.1.2. Convenient and easy
- 3.2.1.3. Caring with a personal touch
- 3.2.1.4. Affordable

3.3. Kaiser Permanente Core Values

Downey Medical Center aspires to improve the lives of our members and set the standard for providing quality medical care by aspiring to reach the following goals:

- 3.3.1.1. Pursue a customer focus:
- 3.3.1.2. Be customer driven
- 3.3.1.3. Offer a broad array of services that recognize the needs of the whole person
- 3.3.1.4. Provide care and services in a manner that satisfies current members and attracts new members
- 3.3.1.5. Provide affordable, accessible services
- 3.3.1.6. Become a leader in providing primary and ambulatory care
- 3.3.1.7. Create an appropriate balance between meeting the broad needs of our member populations, the community and the needs of individual members.

3.3.2. Provide value:

- 3.3.2.1. Continually measure, assess and improve our operations
- 3.3.2.2. Adopt and share best practices
- 3.3.2.3. Use resources efficiently at all levels across the Medical Center Service Area.
- 3.3.2.4.

3.3.3. Create a positive work environment:

- 3.3.3.1. Share information freely at all levels
- 3.3.3.2. Participate actively towards the KP Labor Management Partnership goals
- 3.3.3.3. Empower our workforce by giving them the tools, knowledge and

- 3.3.3.4. freedom to do their jobs
- 3.3.3.4. Respect and value our history and past achievements while creating an environment that rewards looking at new ideas and opportunities
- 3.3.3.5. Encourage our people to take a global view
- 3.3.3.6. Provide our staff and physicians with opportunities for personal and professional growth
- 3.3.3.7. Facilitate collaboration and cooperation with other Service Areas
- 3.3.3.8.

3.4. KP

- 3.4.1. Our Cause is Health
- 3.4.2. Our Passion is Service
- 3.4.3. We're Here to Make Lives Better

4.0 LEADERSHIP STRUCTURE

4.1. Kaiser Permanente

- 4.1.1. Kaiser Permanente Southern California is a medical care program comprised of three entities: Kaiser Foundation Hospital (KFH), Kaiser Foundation Health Plan, Inc. (KFHP), and the Southern California Permanente Medical Group (SCPMG).
- 4.1.2. KFH is a not for profit corporation that owns and operates community hospitals to provide or arrange hospital services for health plan members and non-members. KFHP also contracts with SCPMG, a multi-specialty physician partnership to provide or arrange medical and other health care services for KFHP members. The Kaiser Foundation Hospitals and Health Plan Governing Body (Board of Directors) have the ultimate accountability and responsibility for the quality of care and service provided to Kaiser Permanente members.
- 4.1.3. The President and CEO of the Southern California Region reports to the Board of Directors and is accountable for the quality of care and service provided to Kaiser Permanente members within the Southern California region. The Senior Vice President of Operations reports directly to the President and CEO of the Southern California Region. The Senior Vice President and Area Manager reports to the Senior Vice President for Operations and is responsible for all hospital and health plan services in the Downey Medical Center service area.

4.2. KFHP/KFH Governing Body – Board of Directors

- 4.2.1. The KFHP/KFH Governing Body (Board of Directors) is ultimately responsible for the safety and quality of patient care, treatment, and services provided at the local level. The Board provides for internal structures and resources that support the safety and quality of the care provided. The Board delegates the authority and accountability for day-to-day operations to the Medical Executive Committee (MEC) and Medical Center Administrative Team (MCAT) and reviews and acts on recommendations made through the reporting/information flow processes.

4.3. Medical Center Administrative Team (MCAT)

- 4.3.1. The MEC is responsible to ensure the proper functioning of all departments, committees, and other activities of the Professional Staff and to monitor the effectiveness of Professional Staff activities. The MCAT is comprised of the Senior Vice President and Area Manager, Area Medical Director and Chief Administrative Officer. It shall receive and act upon reports and recommendations of departments, committees and other groups performing services under the Bylaws of the Professional Staff. It shall be responsible for the organization of the

performance improvement and patient safety activities of the Professional Staff as well as the mechanisms used to conduct, evaluate, and revise such activities.

4.4. Medical Executive Committee (MEC)

- 4.4.1. The MEC is the local administrative governing body at the Downey Medical Center. The MEC includes the Senior Vice President and Area Manager, Area Medical Director, Chief Administrative Officer, Chief Nurse Executive, Assistant Hospital Administrators: Support Services, Finance and Analysis, Quality Regulatory and Medical Staff, Outside Medical, Public Affairs, Chiefs of Service and Assistants to the Area Medical Director. This group leads and manages collaboratively to achieve the goals and objectives of the integrated Medical Center Hospital. Operating collaboratively, the responsibilities include:
- 4.4.1.1. Provides, prioritizes and communicates key strategic and operation activities and progress for the medical center in alignment with strategic goals
 - 4.4.1.2. Develops and implements an ongoing process for managing conflict among leadership groups
 - 4.4.1.3. Assures staff are trained and competent to perform job responsibilities
 - 4.4.1.4. Defines, implements and assesses performance improvement and safety activities for the medical center
 - 4.4.1.5. Using data, implements changes in existing processes to improve performance for both safety and patient care
 - 4.4.1.6. Setting priorities for organization wide quality improvement, infection control, risk management, and patient safety, and information management activities that are designed to meet strategic goals and improve patient outcomes
 - 4.4.1.7. Establishes lines of authority for planning, management, operations, and evaluation at each level of the medical center
 - 4.4.1.8. Oversees effective use of physical and financial assets
 - 4.4.1.9. Ensures compliance with applicable laws and regulations

4.5. The Department Chiefs and Clinical Directors

- 4.5.1. The Department Chiefs, Clinical Nursing Directors and/or Department Administrator work collaboratively to ensure patient care is delivered according to the patient needs and within the hospital's scope of services. Patient care is provided using collaboration and coordination among all hospital disciplines. These leaders also work together to ensure the staff receives the appropriate orientation and training and are competent to provide patient care, treatment and services.

4.6. Labor Management Partnership

- 4.6.1. Kaiser Permanente is an industry leader in the commitment to a meaningful and effective partnership between Labor and Management. By sharing decision-making with employees and unions, our Labor Management Partnership is making Kaiser Permanente the preferred place to work and get care. The following four tools are used to help build the Labor and Management partnership at Downey Medical Center:
- 4.6.1.1. Workplace Safety

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- 4.6.1.2. Performance Sharing
 - 4.6.1.3. Issue Resolution and Corrective Action
 - 4.6.1.4. Unit Based Teams

4.7. **Responsibilities of the Senior Vice President and Area Manager (SVP & Area Manager)**

- 4.7.1. The SVP & Area Manager is the Board-appointed representative of Kaiser Foundation Health Plan and Hospital (KFHP/KFH) who is responsible for the day-to-day management of the hospital. The SVP & Area Manager is also responsible to ensure the hospital is positioned to optimize performance in terms of quality, service, and affordability. The SVP & Area Manager functions in partnership with the Medical Director and the Southern California Permanente Chief Administrative Officer (CAO). The SVP & Area Manager is expected to build strong collaborative relationships with other key leaders in the organization and to ensure efficiency of operations and alignment of resources.
- 4.7.2. Principle responsibilities of the SVP & Area Manager are as follows:
 - 4.7.2.1. Serves as the chief executive officer of the health plan and hospital and is responsible for the day-to-day operations.
 - 4.7.2.2. Collaborates with the Assistant Area Medical Director and CAO to continually improve the quality and safety of the patient care services provided throughout the PCMC service area.
 - 4.7.2.3. Works with the MEC to ensure that a single level of care is provided throughout the medical center, provides direction in the event of a fire, disaster or other emergency and resolves any immediate issues that impact the health and safety of members, employees and physicians.
 - 4.7.2.4. Ensures the hospital is in compliance with all federal, state, and local laws and accreditation regulations.
 - 4.7.2.5. Provides direction and oversight to the KFHP/KFH leadership.
 - 4.7.2.6. Allocates the appropriate resources while meeting financial and utilization targets
 - 4.7.2.7. Serves as an active member of the various medical staff committees including the Medical Executive Committee
 - 4.7.2.8. Responsible for the development and implementation of the medical center policies and procedures in alignment with the National and Southern California Regional policies and procedures
 - 4.7.2.9. Guides and directs community benefit investments and attends key community and public relations events
 - 4.7.2.10. Promotes an organizational culture of quality and safety in the delivery of healthcare to the patients
 - 4.7.2.11. Consistently supports the Kaiser Permanente Principles of Responsibility by acting with ethics and integrity and protecting the assets of the organization

4.8. **Responsibilities of the Chief Nurse Executive (CNE)**

- 4.8.1. The CNE is a licensed professional registered nurse qualified by advanced education and management experience.
- 4.8.2. The CNE is part of the senior leadership team and has the accountability and responsibility to direct delivery of nursing care, treatment and practice for the medical center. The CNE is responsible for the following:
 - 4.8.2.1. Directing the hospital's nursing services and the implementation of an effective program to measure, analyze and improve the quality of nursing care, treatment, and services.

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- 4.8.2.2. Establishing guidelines for the delivery of nursing care, treatment, and services.
 - 4.8.2.3. Ensuring the quality and safety of all patient care nursing services provided in the hospital.
 - 4.8.2.4. Providing adequate staffing levels that meet regulatory requirements and patient care needs.
 - 4.8.2.5. Assuming an active leadership role with the medical centers governing body, senior leadership, medical staff, management and other clinical leaders in the medical center decision-making structure and process.
 - 4.8.2.6. Representing the nursing services on the MEC, various medical staff committees and other committees as appropriate
 - 4.8.2.7. Participating in the development of an effective, ongoing program to measure, analyze and improve the quality of nursing care, treatment and practice.
 - 4.8.2.8. Developing and implementing policies and procedures and standards of nursing care practice.
 - 4.8.2.9. Attending and participating in the regional committees for the Chief Nurse Executives while staying current with research findings and nationally recognized professional standards.

5.0 HOSPITAL DEPARTMENTS AND SERVICES

5.1. Patient Care/Support Departments

- 5.1.1. Each Patient Care Department has a written defined scope of service which includes types of services provided, hours of operation, staffing, leadership, and performance improvement (see Department Scope of Services).
- 5.1.2. The hospital provides an adequate number and mix of staff to meet the care, treatment and service needs of the patients. Staffing plans are department specific and developed to address the needs of the patient.

5.2. Hospital Licensed Services:

- 5.2.1. General Acute Care-424 beds
 - 5.2.1.1. Perinatal Services (Labor & Delivery, Family Centered Care) – 66 beds
 - 5.2.1.2. Unspecified General Acute Care (Medical-Surgical/Telemetry) – 230 beds
 - 5.2.1.3. Intensive Care Newborn Nursery– 49 beds
 - 5.2.1.4. Intensive Care-38 beds
 - 5.2.1.5. Pediatrics – 17
 - Eight intensive care Beds are delegated as Pediatric Intensive Care Unit Beds
 - Existing Tower Operating Room – 15
 - New Tower - 3
- 5.2.2. Other Approved Services
 - 5.2.2.1. Basic Emergency
 - 5.2.2.2. Chronic Dialysis
 - 5.2.2.3. Nuclear Medicine
 - 5.2.2.4. Outpatient Services-Imaging Clinic – Mobile MRI
 - 5.2.2.5. Outpatient Services-Laboratory. Radiology
 - 5.2.2.6. Outpatient Services-Surgery at 9400 E. Rosecrans Ave., 2nd floor, Bellflower
 - 5.2.2.7. Respiratory Care Services
 - 5.2.2.8. Social Service

Other Hospital Outpatient Visit (HOV) Services and Support Departments:

Biomedical Engineering	Material Management
Central Processing	Member Services
Communication	Ombudsman
Continuing Care (Home Health, Hospice,	Perioperative Services
Distribution	Pharmacy
Dialysis	Physical Therapy, Occupational Therapy, Speech
Environmental Health and Safety	Facility Services
Environmental Services	Quality Improvement, Risk Management, Patient Safety
Emergency Management	Resource Management
Food and Nutrition Services	Security
Gastroenterology Laboratory	Service Excellence Manager
Infection Prevention	Social Services/Bioethics
Laboratory/Pathology	Volunteer Services

5.3. Patient Services Provided at Other Kaiser Permanente Facilities:

5.3.1. All patients requiring high risk care and services not provided by our medical center are referred or transferred to a health care facility where these needs can be met.

5.3.2. The following services are not provided at this Medical Center:

- 5.3.2.1. Behavioral Health Services, including substance abuse (exception- Emergency Department)
- 5.3.2.2. Organ Transplantation
- 5.3.2.3. Cardiac Catheterization / Cardiac Surgery / Cardiac rehabilitation
- 5.3.2.4. Neurosurgery
- 5.3.2.5. Radiation Oncology

Hospital Patients Age & Percentage of Ethnicity – 2019 Data

0-14	19%
15-44	44%
45-64	25%
65-74	8%
75-84	3%
85+	1%
Caucasian	12.41%
Black / African-American	9.25%
Asian/Pacific Islander	7.11%
Latino	57.51%
Native / American Indian	.23%
Unknown/Decline to State	13.48%

Top 10 Diagnostic Related Groups (DRGs)-2019 Data

RANKING	DRG CODE	DRG DESCRIPTION	DISCHARGE DAYS
1	871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	3299
2	775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	3046
3	790	EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME	2482
4	794	NEONATE W OTHER SIGNIFICANT PROBLEMS	2361
5	795	NORMAL NEWBORN	1705
6	765	CESAREAN SECTION W CC/MCC	1692
7	853	INFECTIOUS & PARASITIC DISEASES W O.R. PROCEDURES W MCC	1264
8	872	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	1094
9	766	CESAREAN SECTION W/O CC/MCC	1044
10	291	HEART FAILURE & SHOCK W CC	876

6.0 STRATEGIC PLANNING AND COMMUNICATION

Strategic Planning

- 6.1. The strategic plan for the hospital is driven by goals that are established by leadership and are in alignment with goals set by the Kaiser Permanente Region Leadership. Additionally, there is collaboration within all levels of the organizational structure to include senior leadership, medical staff, department administrators, and front-line employees.
- 6.2. The Medical Center Administrative Team sets the strategic goals for the hospital which focuses on improving the quality of care and patient safety processes. This program is overseen by the Medical Center Quality Improvement Council. The following processes are included in the program:
 - 6.2.1. Oversees development, implementation, and effectiveness of the Medical Center Wide Performance Improvement (PI) program
 - 6.2.2. Supports education opportunities pertinent to the Medical Center performance improvement strategic goals for medical center staff and physicians
 - 6.2.3. Provides a reporting process to Senior Leaders which includes communication of high priorities and projects to demonstrate the value of the Quality Improvement Program monthly at Medical Executive Committee (MEC)
 - 6.2.4. Identifies, analyzes and prioritizes medical center performance improvement opportunities
 - 6.2.5. Expands Performance Improvement strategies; reduces variance in the healthcare setting and use a systematic, structure approach to achieve measurable results
 - 6.2.6. Introduces systems of process excellence in which process variance and inefficiency are continuously reduced
 - 6.2.7. Identifies and share best practices across medical centers and Regions that allow quick adoption of best in class processes
 - 6.2.8. Engage front line workers directly in improving performance as part of their jobs everyday

7.0 Communication Mechanism

- 7.1. Leaders use communication as an essential tool among individuals and groups within the hospital, and between the hospital and external parties to support a culture of safety and quality services. Communication is designed to meet the needs of internal and external users, and is evaluated by leadership to assure effectiveness. The hospital communicates information related to safety and quality to those who need it, including staff, licensed independent practitioners, patients, families and external interested parties. MCAT, Department Administrators and Chiefs of Service use a variety of mechanisms to communicate with each other as well as with physicians and staff. Examples of

communication forums include, but are not limited to, the following:

- 7.1.1. Daily Huddles
 - 7.1.2. Patient care rounds with multidisciplinary teams
 - 7.1.3. Leadership or executive “walk arounds” on the clinical units
 - 7.1.4. Online Leadership Bulletins, Weekly E-news and Physician newsletters
 - 7.1.5. Department managers meetings with leadership
 - 7.1.6. Departmental staff meetings
 - 7.1.7. Huddle messages
 - 7.1.8. Ad hoc meetings and communication sessions as necessary
 - 7.1.9. Electronic email communications
 - 7.1.10. KP PC and KP Intranet web pages
- 7.2. MCAT communicates with other health care and community organizations formally and informally. Formal mechanisms include membership in KPSC Regional groups, leadership groups and committees, community groups, and participation in community emergency planning activities. Less formal communication includes consultation from regulatory agencies, KPSC Regional offices, and other health care organizations. Informal communication mechanisms include professional society memberships and participation in events sponsored by these groups.

8.0 ANNUAL REVIEW OF THE PLAN FOR HOSPITAL SERVICES

- 8.1. The plan is reviewed and revised annually and approved by the Medical Executive Committee. The following items are considered when revising the Plan for Hospital Services:
- 8.1.1. Changes in patient care needs
 - 8.1.2. Findings from Performance Improvement, Patient Safety, Risk Management, Utilization Review and other medical staff committees
 - 8.1.3. Staffing patterns for the provision of quality and patient safety
 - 8.1.4. Human, material and financial resources as they relate to educational activities and needs
 - 8.1.5. Feedback from patients and families regarding expectations, involvement and satisfaction Feedback from staff and providers regarding recommendations, involvement and satisfaction
 - 8.1.6. External legal and regulatory requirements
 - 8.1.7. Changes in the strategic plan of the hospital

9.0 SCOPE OF SERVICES PROVIDED:

9.1 Downey Medical Center provides:

- 9.1.1 General medical/surgical care
- 9.1.2 Adult intensive care
- 9.1.3 Pediatric intensive care
- 9.1.4 Obstetrical care including high-risk ante-partum care
- 9.1.5 Neonatal intensive care (Level IIIB)
- 9.1.6 Basic Emergency services are provided in a Level II, paramedic-receiving Emergency Department.

9.2 The medical staff is comprised of Physicians from the following specialties:

- 9.2.1 Anesthesiology
- 9.2.2 Emergency Medicine
- 9.2.3 Internal Medicine
- 9.2.4 Obstetrics-Gynecology
- 9.2.5 Pathology
- 9.2.6 Pediatrics
- 9.2.7 Physical Medicine

- 9.2.8 Diagnostic Imaging
- 9.2.9 General Surgery
- 9.2.10 Head & Neck Surgery
- 9.2.11 Ophthalmology
- 9.2.12 Family Medicine
- 9.2.13 Plastic Surgery, Orthopedics/Podiatry
- 9.2.14 Psychiatry
- 9.2.15 Dermatology
- 9.2.16 Neurology
- 9.2.17 Endocrinology
- 9.2.18 Urology
- 9.2.19 Infectious Disease
- 9.2.20 Nephrology
- 9.2.21 Reproductive Medicine
- 9.2.22 Allergy

9.3 Each Patient Service & Patient Care Department has a written defined scope of care/service. These plans include the volume of patients and/or department size, types of patients, services, and acuity, hours of service, and a description of the care delivery model.

9.3.1 Inpatient Services and Patient Care Departments:

- 9.3.1.1 Adult Critical Care Unit
- 9.3.1.2 Definitive Observation Unit, (DOU)
- 9.3.1.3 Medical Surgical Care Units
- 9.3.1.4 Family Centered Care Unit (Labor & Delivery – Postpartum)
- 9.3.1.5 Neonatal Intensive Care Unit
- 9.3.1.6 Perioperative Services
- 9.3.1.7 Operating Room
- 9.3.1.8 Preop – Postop Care Unit
- 9.3.1.9 Respiratory Care
- 9.3.1.10 Diagnostic Imaging
- 9.3.1.11 Laboratory/Physical Therapy / Occupational Therapy /Speech Therapy
- 9.3.1.12 Pediatric
- 9.3.1.13 Pediatric Intensive Care Unit

9.4 Ambulatory Care Departments Providing Services to inpatients:

- 9.4.1.1 Emergency Department
- 9.4.1.2 GI Laboratory
- 9.4.1.3 Integrated Pain Management
- 9.4.1.4 Neurology (EEG)
- 9.4.1.5 Pulmonary Department (Bronchoscopy)
- 9.4.1.6 Rehab Services

