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Introduction

Castle Medical Center is proud to present our third Annual Quality Report. This report provides a comprehensive overview of data that reflect our pursuit of excellence in clinical and operational performance.

At the center of our quality initiatives are our patients. We continue to focus on excellent patient care through benchmarking, innovation, and education.

Readers of this report will note that for the first time this year, we include a chart that shows patient satisfaction with the *spiritual* care they receive at Castle, as the provision of such care is an important part of our mission to the community. (Please see page 10.)

We celebrate our successes and take this opportunity to share our continued progress with our health care community in order to facilitate learning and inspire future success. It is our hope that by doing this, patient care processes and outcomes will be improved, not only at Castle Medical Center, but also in our wider health care delivery environment.



A handwritten signature in black ink that reads "Kevin A. Roberts".

Kevin A. Roberts
R.N., F.A.C.H.E.
President and CEO



A handwritten signature in black ink that reads "K. Raethel".

Kathryn A. Raethel
R.N., M.P.H.,
M.H.A., F.A.C.H.E.
Vice President
Patient Care Services



A handwritten signature in black ink that reads "George F. Nardin".

George Nardin, M.D.
Chief of Staff



A handwritten signature in black ink that reads "Alan H. S. Cheung".

Alan Cheung
M.D., M.B.A.
Vice President
Medical Affairs

The Medical Center

Located in Kailua, Hawai'i, Castle Medical Center serves all of O'ahu and is the primary health care facility for the Windward side of the island.

Castle is a full-service medical center offering a wide range of inpatient, outpatient, and home-based services. With 160 beds, more than 1,000 employees, 200 volunteers and staffed by 288 physicians, Castle has substantially expanded its services since first opening its doors in 1963.

The hospital is a Seventh-day Adventist health care institution owned and operated by Adventist Health, a not-for-profit health system serving the western United States.

Castle's services include:

- 24-hour emergency services
- Inpatient acute care
- Vera Zilber Birth Center
- Joint and Spine Care Center
- Inpatient behavioral health services
- Interventional cardiology services
- Surgical Weight Loss Institute (bariatric surgery)
- Weinberg Outpatient Center
- Chemotherapy Clinic
- Extensive outpatient and home-based services
- Imaging and laboratory services in Kane'ohē and Kailua
- Wellness and Lifestyle Medicine Center.

Castle Medical Center focuses on providing patient-centered health care in a caring environment that extends well beyond hospital and clinic walls. Our many programs serve the medical needs of all the communities we serve.

Awards and Recognition

Hawai'i Award of Excellence



Castle Medical Center received the prestigious 'Oihana Maika'i (Endeavors of Excellence) Purple Lei Award from The Hawai'i Award of Excellence (HAE) program. The HAE program is based on the Malcolm Baldrige National Quality Award, which is administered

by the US Department of Commerce. The program is designed to enable organizations to systematically improve performance and capabilities to achieve world-class performance.

Achievement of Excellence in Health Care Quality



The Mountain Pacific Quality Health Foundation presented Castle Medical Center with the prestigious Achievement of Excellence in Health Care Quality award. This award recognized Castle as *the* top performing hospital in Hawai'i for the

years 2005 to 2008 based on the hospital's implementation and adherence to known best practices in the care of patients with heart attacks, pneumonia, heart failure, and specific surgical procedures.

Silver Performance Achievement Award



The American Heart Association's Silver Performance Achievement Award for coronary artery disease is presented to hospitals that have sustained twelve consecutive months of 85% adherence to certain performance measures. As a result of receiving this award, Castle is listed on the American

Heart Association's Web site as a recognized hospital in the treatment of coronary artery disease.

Awards and Recognition

Four Star Excellence Award



The Professional Research Corporation, Inc., recognized Castle's Emergency Department physicians with the Four Star Excellence Award for their service to other Castle physicians. They achieved this award by scoring in the top 25% of hospitals nationally.

Top Hospital for Value

This past year, Data Advantage, LLC, a mainland information management company, rated Castle as the top hospital for value in the state of Hawai'i, based on a combination of patient satisfaction, quality, and affordability/efficiency. We were pleased that this rating was reported in the June 25, 2008, issue of the *Honolulu Advertiser*.



Betty Crocker Landscape Award



Scenic Hawai'i, Inc., recognized our campus and groundskeepers with the 2008 Betty Crocker Landscape Award. Our campus received the "Professional Garden of Honor Award" after being

nominated by the Kailua Outdoor Circle, an organization dedicated to ensuring the beauty of the community.

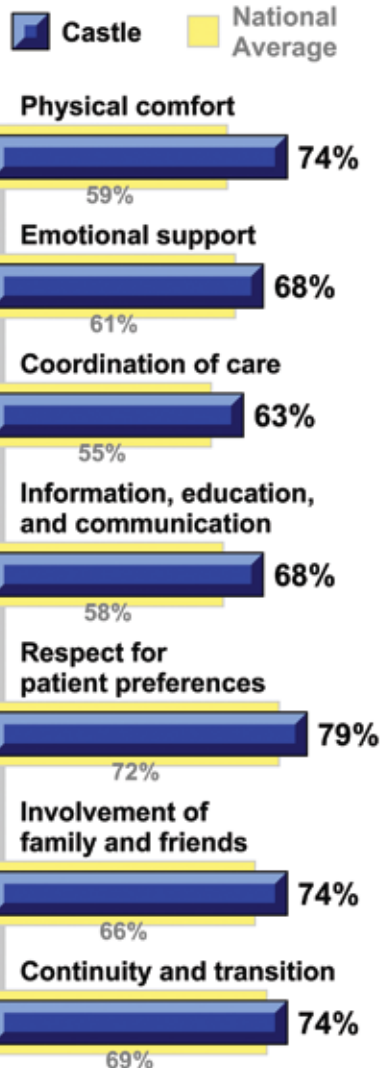
Patient Satisfaction

We are happy to report that inpatient satisfaction with Castle Medical Center ranked in the top 10% of hospitals nationwide in our most recent survey results, from the 3rd quarter of 2008.

We attribute this success to the following system improvements:

- Education related to the hourly patient rounds process that includes an observational assessment of nurses' competency
- Morning rounds and newspaper delivery to patients made by members of the hospital's leadership team
- Implementation of the "Take Five" program in which nurses sit down and listen carefully to patients' needs at least once a shift
- Redesigned patient care boards to enhance communication between associates, patients, and families
- Sharing with staff charts that show how clinical units compare with each other in achieving patient satisfaction
- Introduction of the Aloha Card, which is the size of a credit card and lists the "Seeds of Aloha" on one side and the "Seeds of *Pilikia* (trouble)" on the other. This card reminds associates that no matter what kind of situation they find themselves in, they always have the choice to respond with aloha.

Inpatient Satisfaction 3rd Quarter 2008

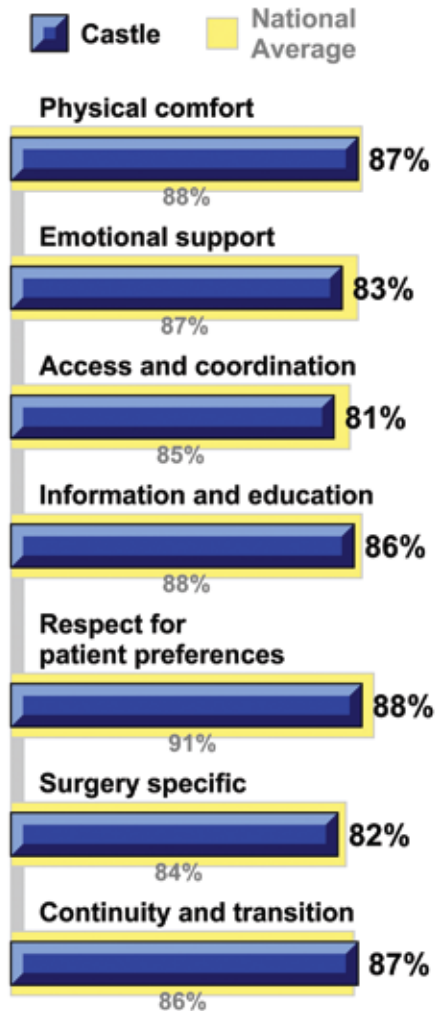


Better ►

Birth Center Patient Satisfaction 3rd Quarter 2008



Outpatient Surgery Satisfaction 3rd Quarter 2008



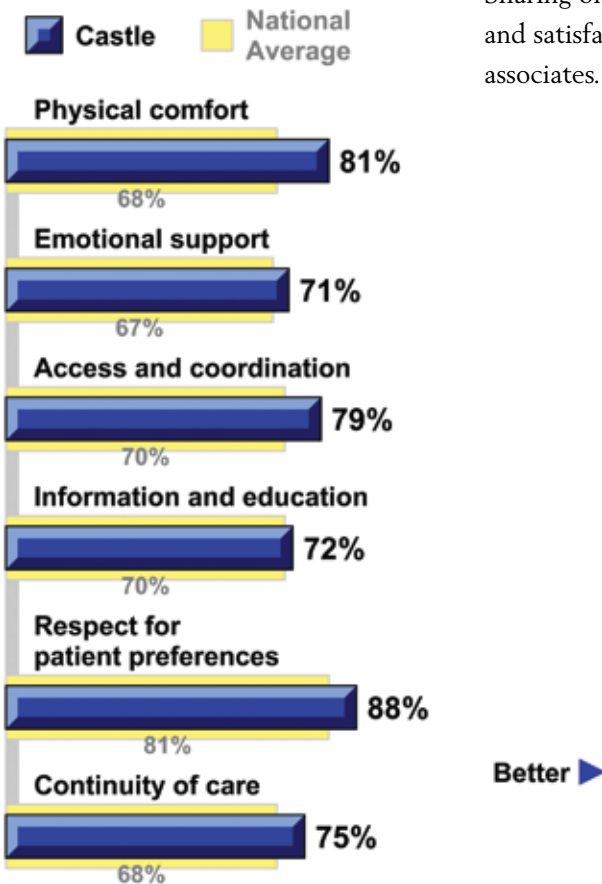
Patient Satisfaction

Emergency Department (ED)

Patient satisfaction with the Emergency Department in 2008 was higher than the national average in all six dimensions of care measured. Efforts to improve patient satisfaction in 2008 included:

- Reinforcement of service standards by posting thank you notes and letters from patients
- Improved lab turnaround times that enhance patient throughput times
- Introduction of the Aloha Card to associates
- Sharing of patient feedback and satisfaction results with ED associates.

ED Patient Satisfaction 3rd Quarter 2008



Patient Satisfaction

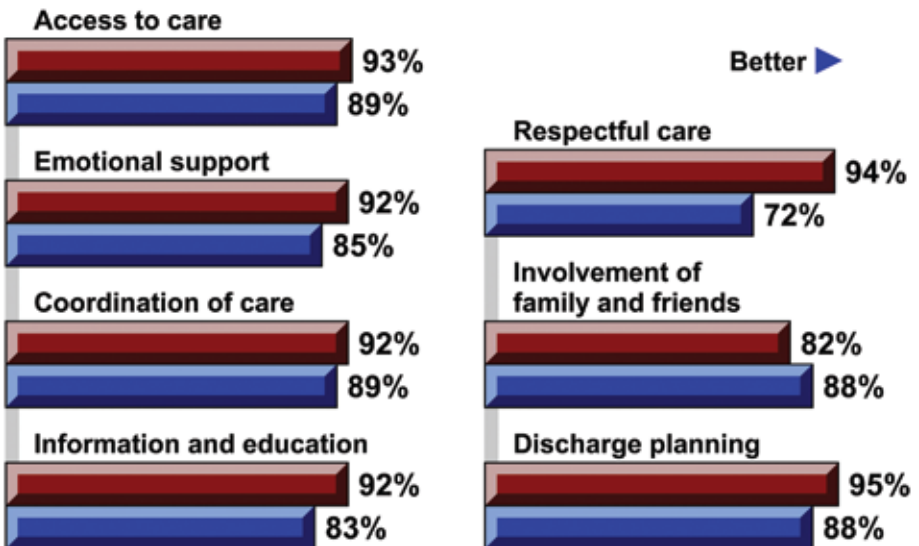
Behavioral Health

The graph on this page shows how patients of Castle’s Behavioral Health Services rate their satisfaction in various dimensions of care. Although national data are not available for behavioral health patient satisfaction, we are happy to report that patient satisfaction improved from 2007 to 2008 in six out of seven measures.

Efforts to improve patient satisfaction in 2008 have included:

- Complete rollout of the Conflict Prevention, Management, and Resolution (CPMR) training, in which respect is a core value
- Training on expressed emotion versus warmth, empathy, and genuineness
- Implementing a respectful prayer at the beginning of each shift.

Behavioral Health Patient Satisfaction Years 2007 and 2008



Patient Satisfaction

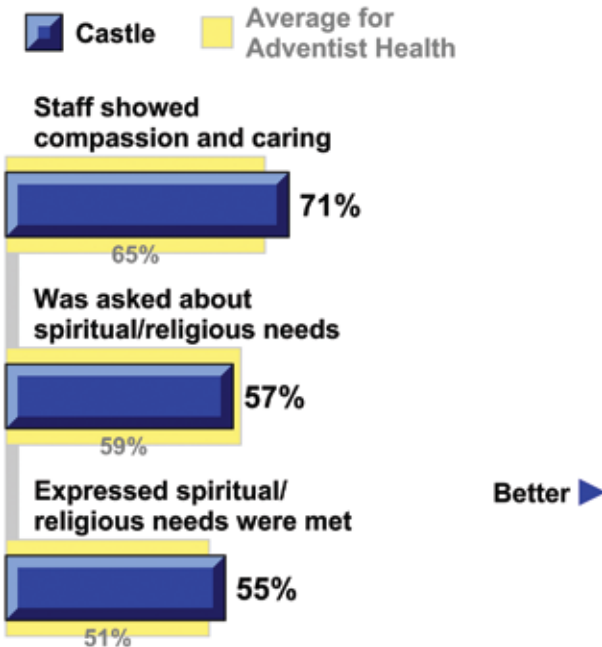
Spiritual Care

Castle Medical Center is a faith-based organization dedicated in a special way to meeting the spiritual needs of our patients. This year we began analyzing the satisfaction of patients with their spiritual care. We introduced the following innovations to help support our mission statement of “Caring for Our Community, Sharing God’s Love”:

- Overhead prayers every morning and evening at 8 a.m. and 8 p.m.
- Inspiration prayer cards on patient meal trays
- Encouraging staff to listen to spiritual needs expressed by patients, and to pray with patients when appropriate.

In 2009, we will continue to focus on the sacredness of health care work with Castle associates, thereby re-emphasizing the importance of spiritual care for our patients and for each other.

Inpatient Satisfaction with Spiritual Care 3rd Quarter 2008

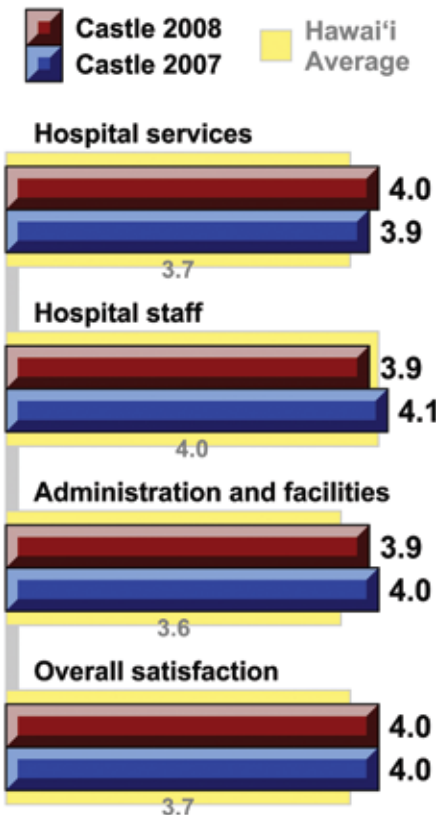


Physician Satisfaction

Hawai'i Medical Service Association (HMSA) conducts an annual physician satisfaction survey to evaluate how physicians feel about member hospitals. Scores are based on a five-point scale where 1 = poor and 5 = excellent. System changes made that were designed to increase physician satisfaction include:

- Enlargement and remodeling of the physicians' lounge, which now includes a large flat-screen television, reclining chairs, computer workstations with access to the Internet and Castle's intranet, and a reference library
- Conducting of town hall meetings with primary care physicians to identify key opportunities for improvement and to report outcomes of improvement efforts

Physician Satisfaction Years 2007 and 2008



- Meetings by the hospital's CEO and by the director of Business Development/Physician Services with each primary care physician individually to clarify practice and specialty referral issues
- Review of physician survey results and opportunities for improvement with service line directors followed by the setting of improvement targets
- Continued collaboration with physicians on the launch of the Windward Ambulatory Surgery Center, which is scheduled to open in April of 2009
- Introduction of semi-annual off-site physician forums to discuss issues of importance and receive community updates.

Better ►

Employee Satisfaction

In the most recent employee satisfaction survey of 2008, Castle scored equal to or higher than the national average in eleven out of twelve categories. In addition, Castle will be recognized in the *Hawai'i Business Magazine* in 2009 as one of the best places to work in the state for 2008.

Employee Satisfaction 2008 Survey

 **Castle**
 **National Average**

Better 



Inpatient Care



Castle Medical Center is committed to the provision of quality health care in a highly complex and high-risk environment. For this reason, Castle Medical Center participates with organizations such as the Institute for Healthcare Improvement, the National Quality Forum, the American Heart Association, The Joint Commission, the Centers for Medicare and Medicaid Services (CMS), Hawai'i Medical Service Association (HMSA), and Johns Hopkins University in implementing evidence-based, best practice guidelines to ensure that patients receive the highest quality care and achieve the best outcomes possible. The following pages highlight some of the recent improvements to patient safety and medical treatment that have been made based on these guidelines.

Inpatient Care

Acute Myocardial Infarction (AMI), Heart Failure (HF), and Community Acquired Pneumonia (CAP)

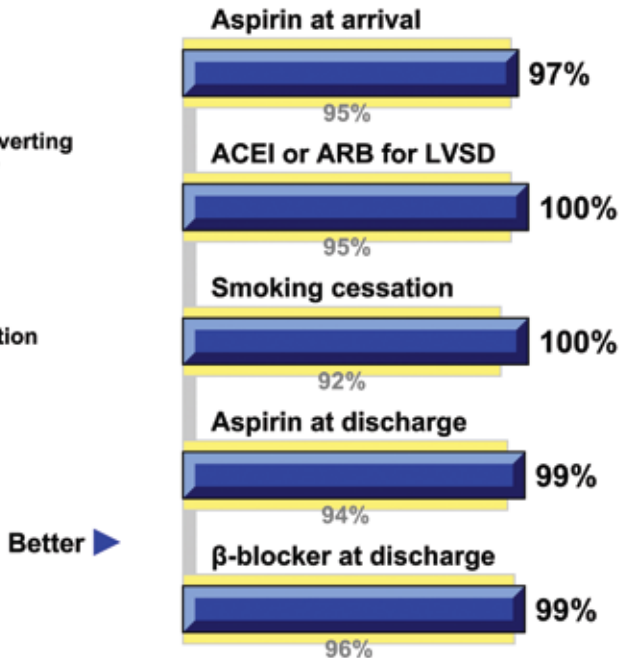
Research has established guidelines for the optimal treatment of patients experiencing heart attack, heart failure, or pneumonia. Castle has shown great improvement over the last several years in its compliance with these guidelines. The hospital continues to focus its efforts on physician education and clinical feedback to make further improvements, especially in the area of ACEI or ARB for left ventricular systolic dysfunction (LVSD).

The following graphs represent the most recent public results listed on the Centers for Medicare and Medicaid Services “Hospital Compare” public Web site. Castle’s performance was better than the Hawai’i state average in most all measures during the twelve-month period.

- Abx** = Antibiotics
- ACEI** = Angiotensin-converting enzyme inhibitor
- ARB** = Angiotensin receptor blocker
- LV** = Left ventricle
- LVSD** = Left ventricular systolic dysfunction

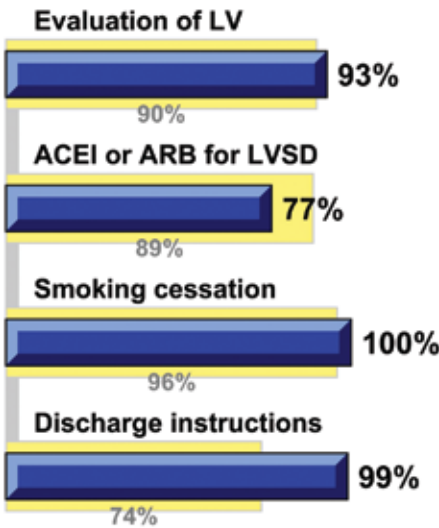
AMI Guideline Compliance July 2007 to June 2008

 **Castle**  **Hawai’i Average**



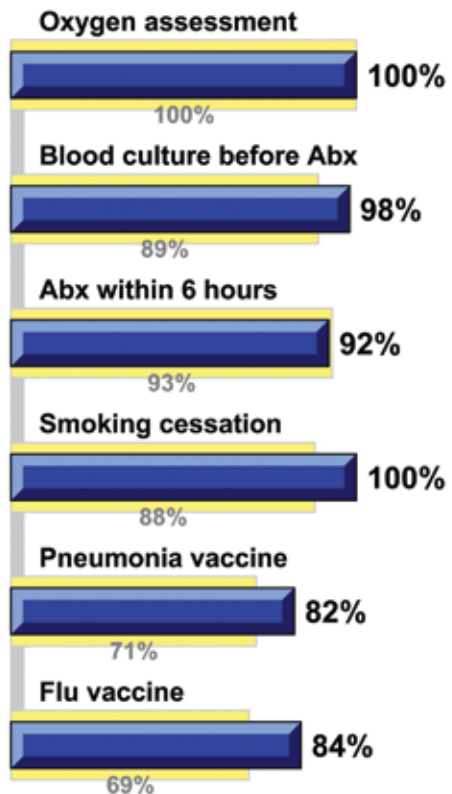
HF Guideline Compliance July 2007 to June 2008

Castle Hawai'i Average



CAP Guideline Compliance July 2007 to June 2008

Castle Hawai'i Average



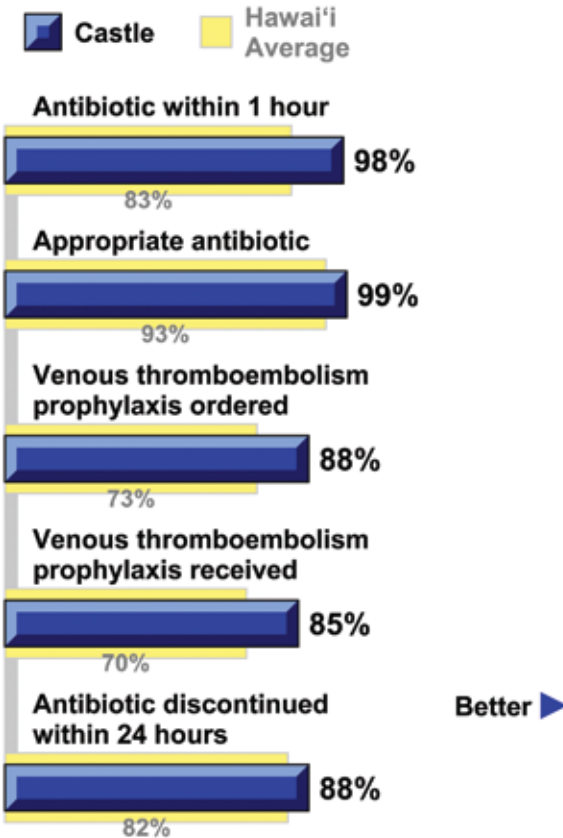
Better ►

Inpatient Care

Surgical Care Improvement Project (SCIP)

Research has established guidelines that, when followed, produce the best clinical outcomes for surgical patients. Castle's performance is better than the Hawai'i state average in its compliance with all five of the guidelines, resulting in a post-operative class-1 surgical-site infection rate of 0.96%. This is well below the Center for Disease Control's goal of less than 3% and improved over Castle's 2007 rate of 1.25%.

SCIP Compliance July 2007 to June 2008



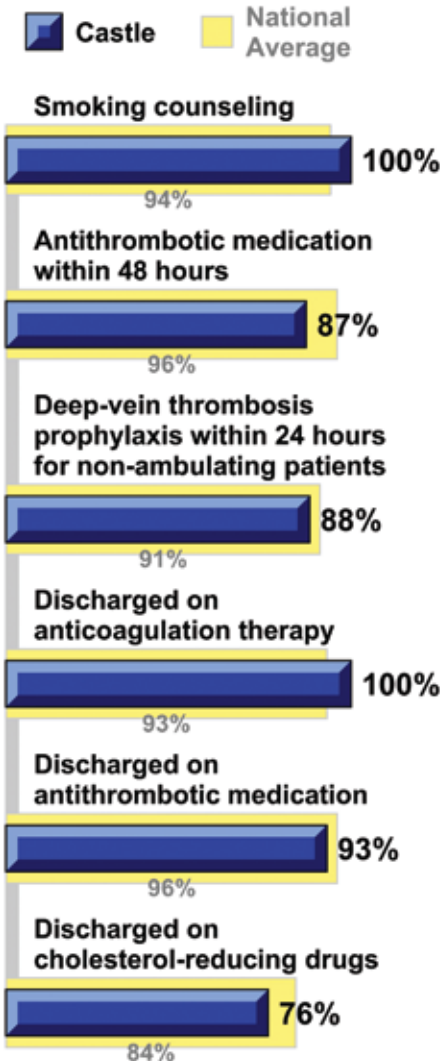
Inpatient Care

Stroke

Castle has maintained its designation as an official “Get With The Guidelines” hospital for stroke since 2006, after implementing the secondary

prevention guidelines issued by the American Heart Association and American Stroke Association.

Stroke Guideline Compliance January to June 2008



During 2008, Castle significantly improved deep-vein thrombosis (DVT) prophylaxis from 63% to 88%, and has recently launched a stroke care quality improvement team to further improve performance on all measures.

Better ►

Inpatient Care

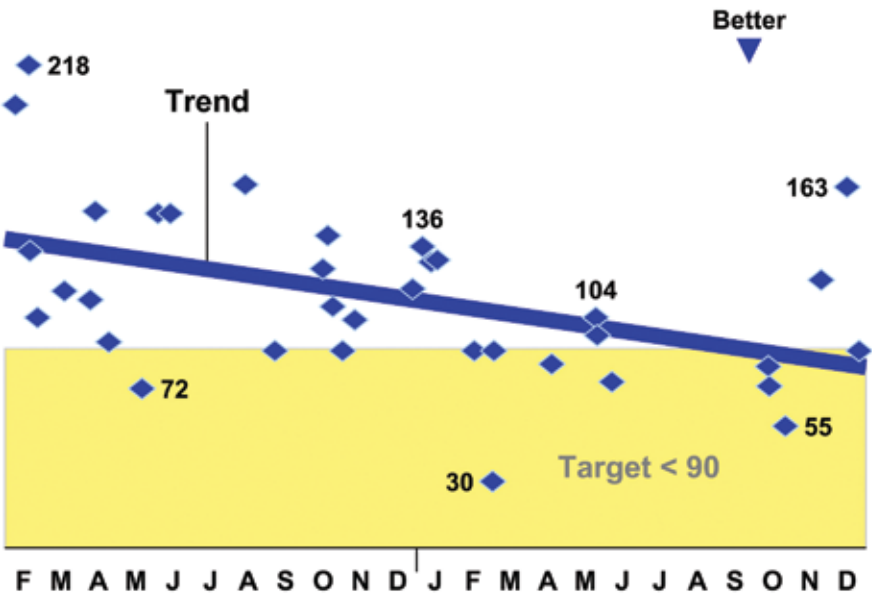
Door-to-Balloon Time

Patients with severe heart attacks known as ST-elevation myocardial infarction (STEMI) experience a prolonged period of blocked blood supply to the heart. Research has demonstrated that survival rates are greatly increased if the blockage can be removed—usually done by inflating a balloon inside the blocked artery—within 90 minutes after the patient enters the ED.

Committed to reducing our door-to-balloon times, Castle launched a quality improvement team, made up of staff and physicians from the ED and Cardiac Catheterization Lab, that was able to coordinate the implementation of best practices in both departments. Creative incentives were developed around the theme of “Beat the Clock” to further support our goals in this area.

The graph below shows that a significant shift for the better occurred in 2008. Ten consecutive door-to-balloon times were below the two-year mean of 114 minutes, and nine out of the last thirteen cases were within our target range of less than 90 minutes.

Minutes from Door to Balloon February 2007 to December 2008

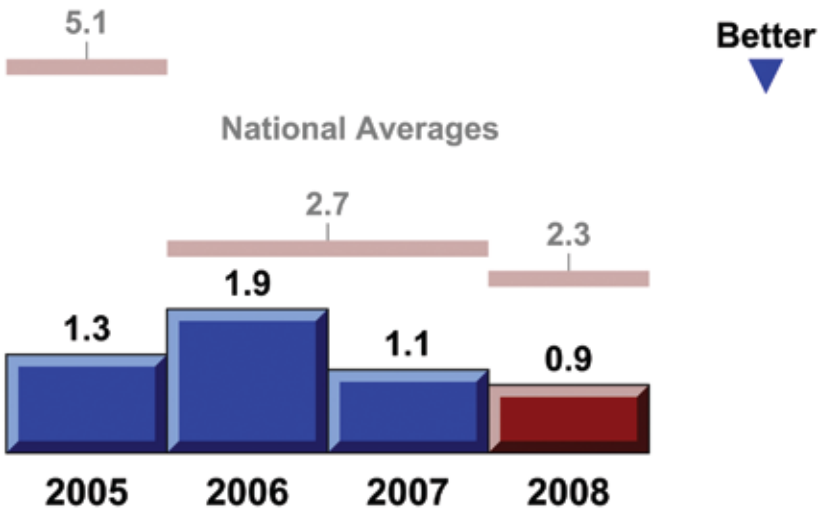


Inpatient Care

Ventilator-Associated Pneumonia

Castle Medical Center implemented all elements of the ventilator-associated pneumonia prevention bundle in 2005. Since that time, the incidence of ventilator-associated pneumonia has been maintained well below nationally reported rates, with continued improvement seen in 2008.

Ventilator-Associated Pneumonia Rate per 1,000 Ventilator Days Years 2005 to 2008

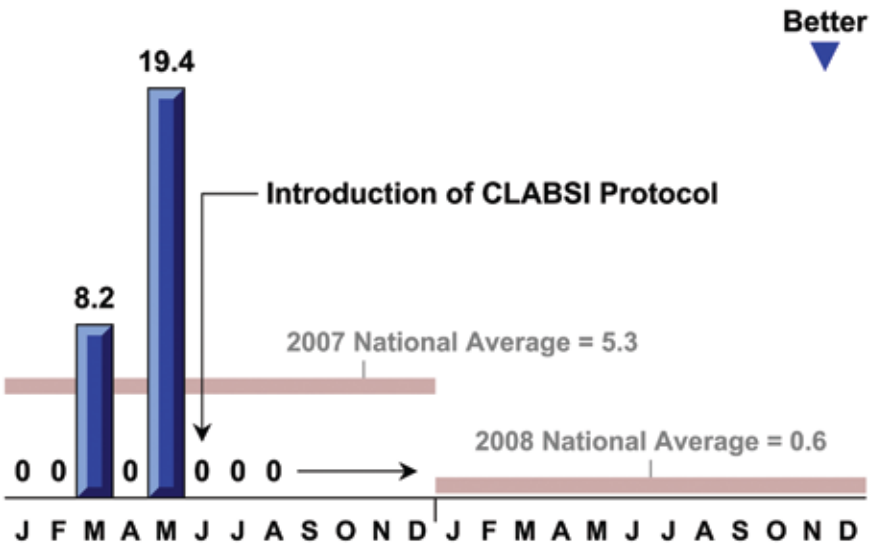


Inpatient Care

Central Line–Associated Bloodstream Infections (CLABSI)

Central line–associated bloodstream infections may increase mortality rates by 10% to 20% and increase hospital length of stay and medical costs. It was Castle’s goal to eliminate these infections in 2007. There are evidence-based steps that standardize infection control practices in order to prevent CLABSI. Since implementing the CLABSI protocol in June of 2007, Castle’s ICU has remained free of central line infections.

ICU Central Line Infections per 1,000 Central Line Days January 2007 to December 2008



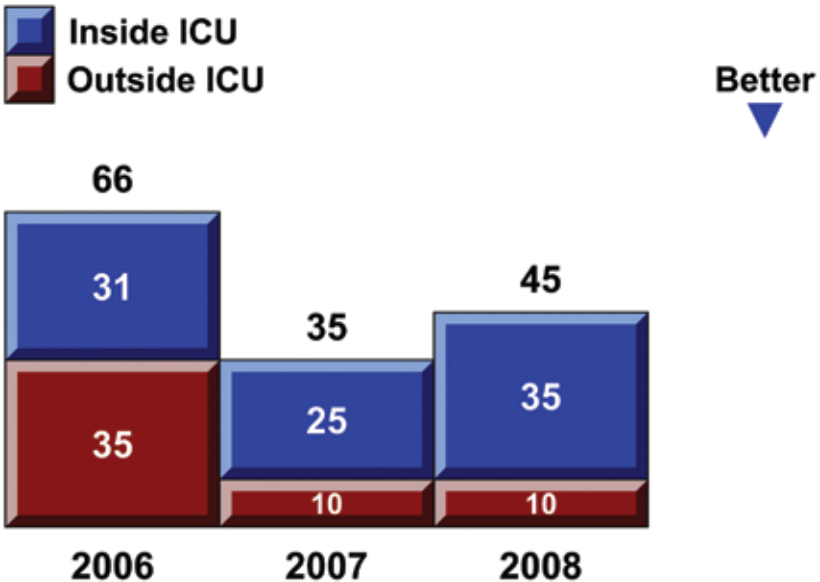
Inpatient Care

Rapid Response Team (RRT)

As a participating hospital in the Institute For Healthcare Improvement's "Save 100,000 Lives" Campaign and its "Protecting 5 Million Lives" Campaign, Castle was one of the first hospitals in Hawai'i to implement a Rapid Response Team in July of 2006. The team, comprising an ICU nurse, a respiratory therapist, and a lab technician, provides timely, intensive assessment anywhere in the medical center.

Following the implementation of the RRT, Castle has maintained a remarkable reduction in the number of code blue events occurring outside of the ICU on an annual basis.

Code Blue Events Years 2006 to 2008



Inpatient Care

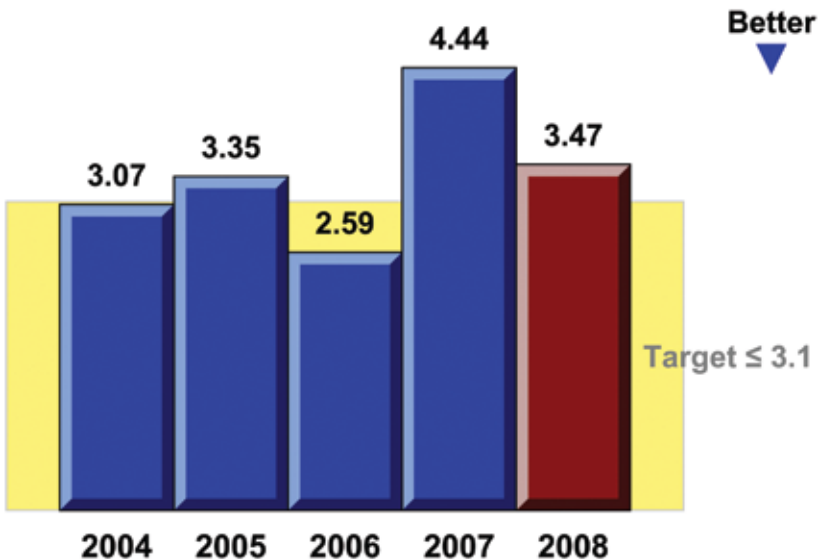
Patient Fall Rate in the Medical and Surgical Units

Based on the average number of patient falls reported by the California Nursing Outcomes Coalition, Castle Medical Center has set a target of 3.1 or fewer patient falls per 1,000 patient days. Castle was troubled by the increase in the number of patient falls seen in 2007 and worked aggressively to reverse this trend.

In an effort to reduce the number of patient falls, Castle improved the consistency of hourly patient rounds by nurses so that timely assistance can be provided.

While the patient fall rate has been reduced, we remain focused on continued improvement and will implement a fall response team in 2009 to thoroughly investigate every patient fall immediately.

Patient Falls per 1,000 Patient Days Years 2004 to 2008



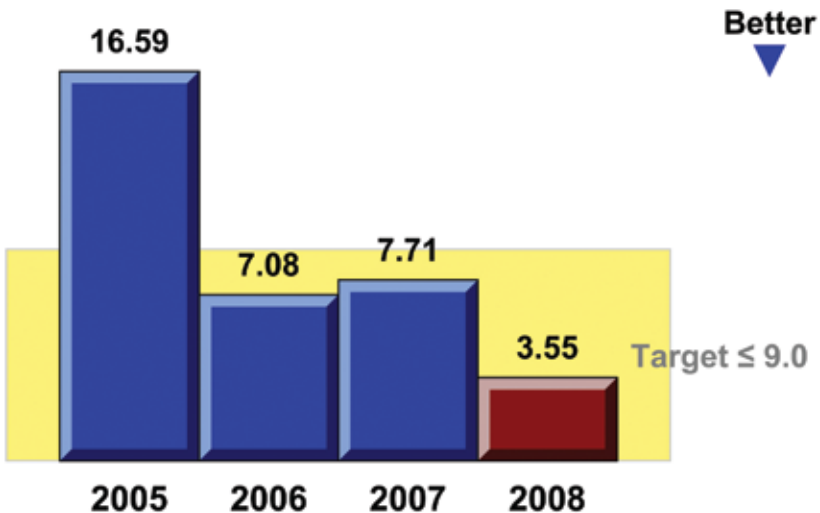
Inpatient Care

Use of Restraints in Behavioral Health Services

Committed to reducing and eliminating the use of seclusion and restraints, Castle Medical Center implemented Crisis Prevention, Management, and Resolution (CPMR), an eleven-hour training program emphasizing de-escalation methods to reduce patient aggression that ultimately may lead to restraint or seclusion. Staff members of Behavioral Health Services, as well as of the Emergency and Security Departments, have taken CPMR training, and a significant reduction in episodes of seclusion and restraints has been observed. Recertification classes for 2009 will be tailored to any areas of weakness identified in debriefing and in data trends.

Behavioral Health staff also receives special training to build a therapeutic alliance between staff and patients, effecting a safer and more supportive milieu.

Use of Restraints in Behavioral Health per 1,000 Patient Days Years 2005 to 2008



Emergency Care

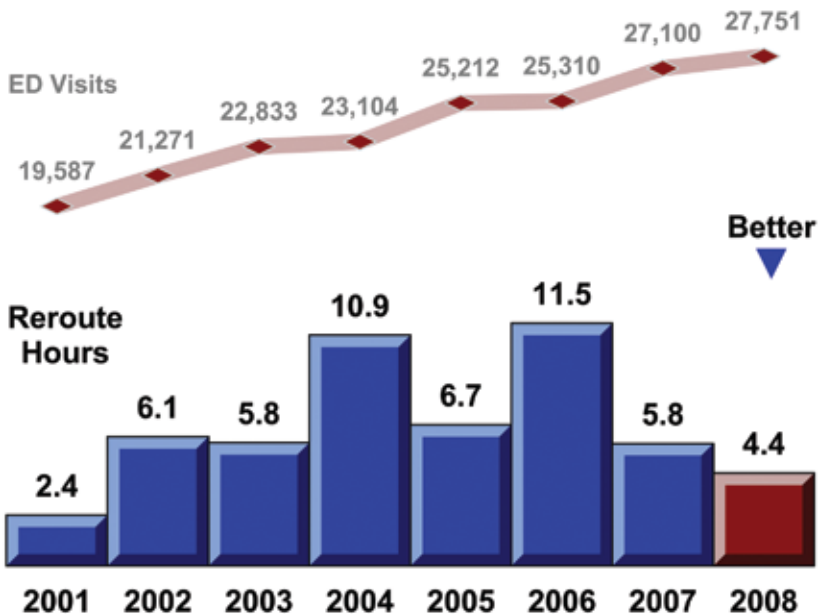
Reroute Hours

Reroute hours are hours of an emergency department's operation during which ambulance patients are unable to be admitted and need to be sent to other hospitals. Castle monitors reroute hours on a monthly basis to ensure that the Windward O'ahu community has access to our Emergency Department.

Decreasing reroute hours becomes more difficult with greater patient volume and with increased demand for inpatient monitored beds.

However, with the completion of Castle's inpatient renovation project, the hospital has expanded its number of monitored beds, and this has made the Emergency Department more available to ambulance traffic.

Reroute Hours per 1,000 ED Visits Years 2001 to 2008



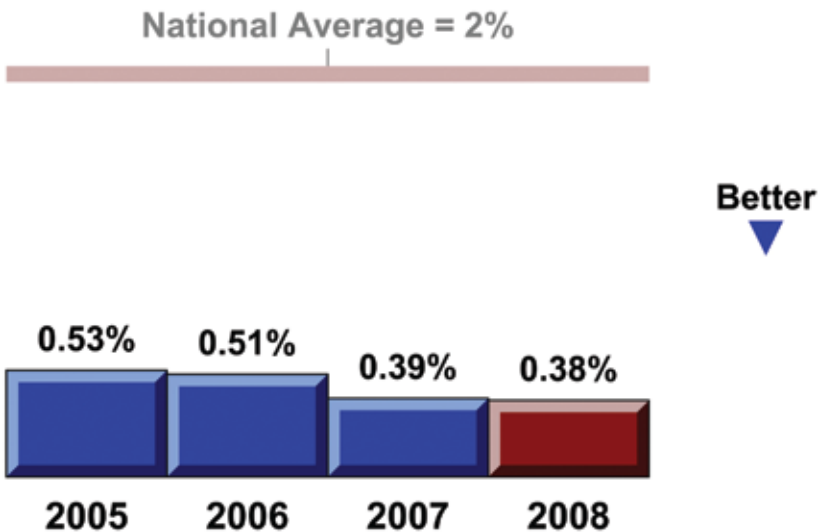
Emergency Care

Patients Left Without Being Seen

Nationally, about 2% of emergency patients leave an emergency facility without being seen, frequently out of frustration over wait times. Even though Castle's patient volume continues to grow, only about 0.4% of patients leave the Emergency Department without being seen. Castle attributes this success to efforts to expedite and maintain patient flow.

Our success in this area is further evidenced by consistently high patient satisfaction survey scores related to ED wait times.

ED Patients Left Without Being Seen Years 2005 to 2008

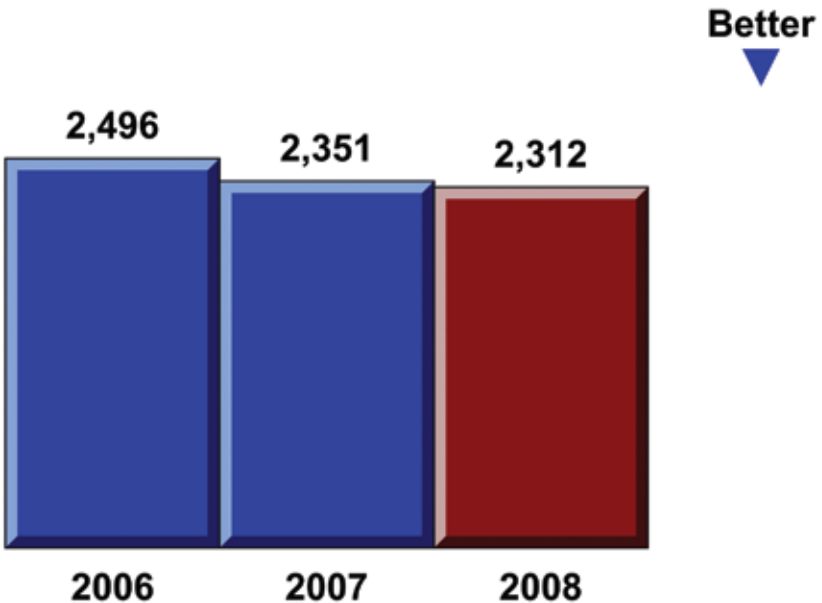


Emergency Care

Emergency Department Holds

Emergency holds are patients who have to wait more than an hour for their inpatient bed after receiving inpatient admission orders. After noticing an increase in holds in the first part of 2006, an inter-departmental quality improvement team implemented standard communication procedures between the ED and inpatient units, along with timeframe goals for important steps in the communication process. In 2008, the improvement team refined the communication procedures to further reduce the number of ED holds, even while the number of ED visits continued to grow.

Emergency Department Holds Years 2006 to 2008



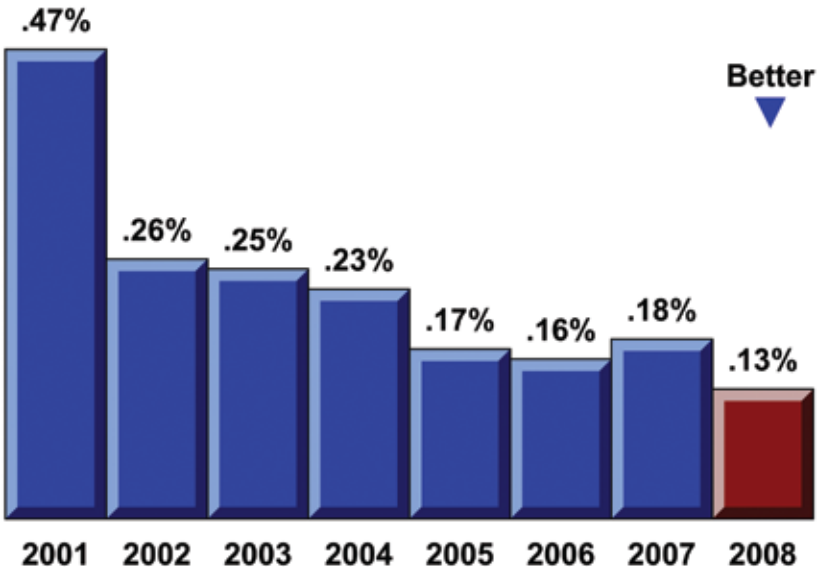
Emergency Care

Use of Restraints in the Emergency Department

Over the past seven years, Castle has seen a continual reduction in the use of restraints in the Emergency Department, and this trend continued into 2008. Accomplishing this has been a high priority. Interventions implemented over the past several years that were designed to achieve this reduction include:

- Assigning Security personnel who are dedicated to monitoring behavioral health patients in the ED
- Provision of mandatory education for associates in the practices of nonviolent intervention
- Providing feedback to staff members by displaying performance data related to restraint use.

Restraint Events as % of ED Visits Years 2001 to 2008

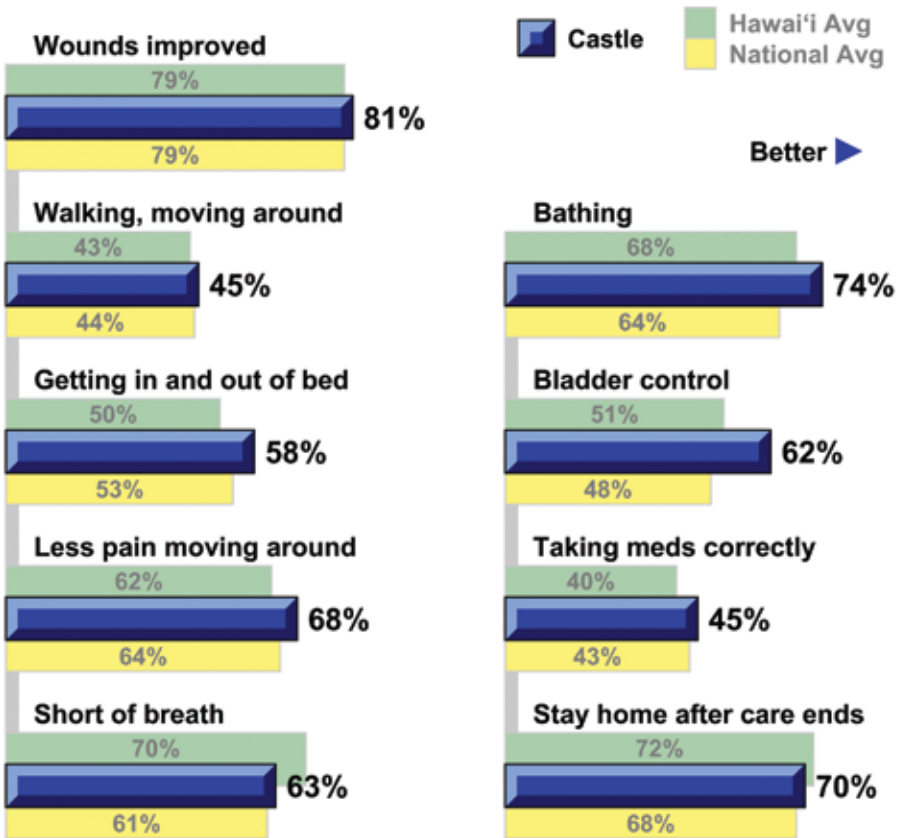


Home Care

Clinical Outcomes

The Centers for Medicare and Medicaid Services list the following home care measures on their “Home Health Compare” public Web site. Best practices have been actively integrated into our work processes, and Castle is proud of the fact that we perform higher than state and national averages in seven out of nine categories measured.

Home Care Clinical Outcomes Year 2008





Enhanced Hourly Rounds

Castle Medical Center enhanced its hourly patient rounds by providing additional training to nursing staff based on the work of the Studer Group.

Research has demonstrated that hourly rounding can reduce patient falls, skin breakdowns, and call-light use, while simultaneously increasing patient satisfaction. Castle received the highest patient satisfaction survey results in its history during the third quarter following this training.



“Take Five”

In 2008, Castle instituted the “Take Five” program in which staff nurses sit with each patient at least once a day during their hourly rounds to talk about any fears or concerns the patient may have.

Research has demonstrated that nurses’ listening skills and their ability to discuss fears and anxieties are strong predictors of overall patient satisfaction.

Care Boards

To enhance our communication with patients and their families, Castle Medical Center significantly improved upon the quality of our whiteboards by changing to structured patient care boards. These new care boards were custom made to meet the communication needs of our patients, and include the following:

- Day and date
- Room number and phone number
- Names of care team members
- Family/patient communication
- Goals for the day
- Activity/assistance level
- Weight-bearing level
- Special safety precautions
- Date and time for anticipated discharge.

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Room # | |
|---|-----|--------------|-----|-------|-----|-----|--------|--|
| Date: | | Room Phone # | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Care Board</p> <p>Castle Medical Center — Adventist Health Exceptional Medicine by Exceptional People</p> </div> <div style="width: 45%; text-align: right;"> <p>Goals for the Day:</p> </div> </div> | | | | | | | | |
| Care Team | | | | | | | | |
| MD: | | | | | | | | |
| Nurses: | | | | | | | | |
| Nurse Aide/Tech: | | | | | | | | |
| Case Manager/ Social Worker: | | | | | | | | |
| Family/Patient Communication | | | | | | | | |
| | | | | | | | | |
| Activity/Assistance Level: Bedbound Independent Partial Dependent | | | | | | | | |
| Weight Bearing: Full Partial Non | | | | | | | | |
| Anticipated Discharge: Date & Time | | | | | | | | |
| | | | | | | | | |

Innovations

Vera Zilber Birth Center



During 2008, we embarked on a comprehensive renovation of the Birth Center made possible by generous gifts from the Milwaukee-based Joseph and Vera Zilber Foundation and from the late Eleanor Crim, M.D., Castle's former chief of staff and practicing obstetrician and gynecologist. This project included innovations to our infant security system, more family-centered delivery rooms, and the addition of water-conservation Jacuzzis.



Innovations

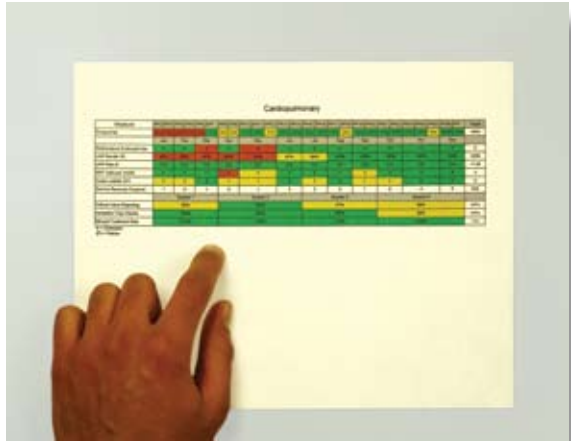
Director Dashboards

The dashboard of an automobile allows its driver to quickly assess its status. Similarly, director dashboards allow directors and executive leaders to review and analyze key measures of success at a glance.

Every key organizational measure in the hospital is mapped to its source in the organization and is assigned to the dashboard of at least one Castle director.

Performance is color-coded: The color green indicates that performance is meeting the target,

yellow means that performance is within 5% of the target, and red shows that performance is more than 5% from its target. Director dashboards contain both quality improvement and quality assurance measures, to ensure that improvements are sustained over time.





Newspaper Rounds

In addition to our regularly scheduled administrative and safety rounds, representatives from Castle's leadership team personally deliver newspapers to all inpatients every morning. This innovative idea was borrowed from another O'ahu community medical center and has proven to be an excellent method for the hospital's leadership to connect with our patients.

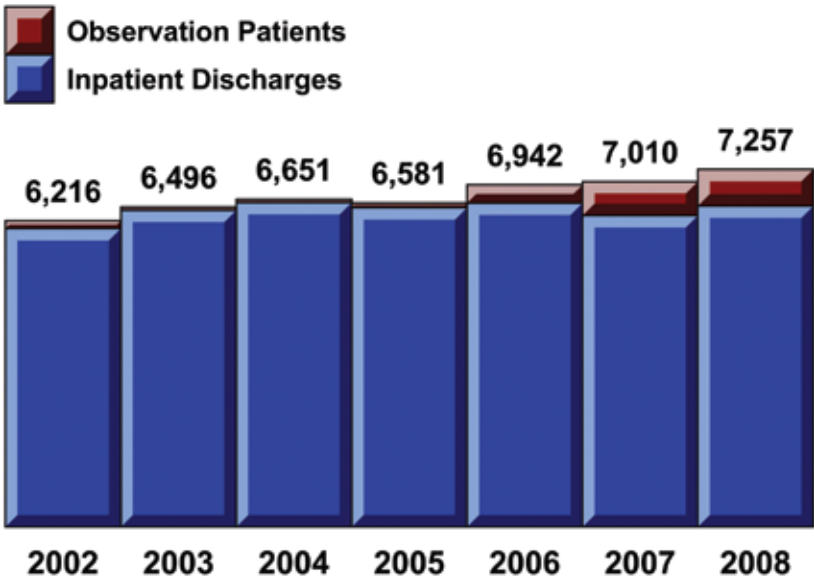
As leaders deliver the newspaper, they ask patients about their hospital stay and also perform an environmental assessment of the room to make sure everything is within reach. Lastly, they ask if there is anything else they can do for the patient before they leave the room.

Volumes

Inpatient Volume

Castle's inpatient volume continues to grow steadily, with observation patients continuing to make up a larger percentage of that volume.

Inpatient Volume Years 2002 to 2008

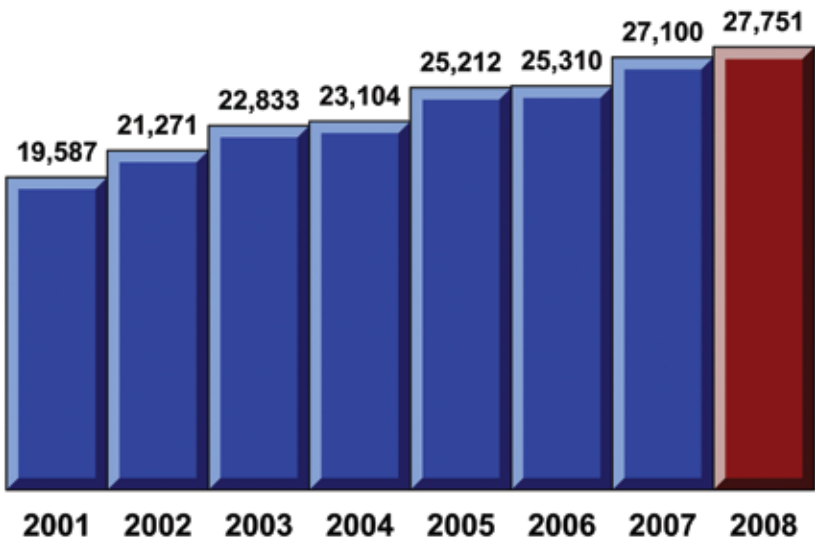


Volumes

Emergency Department Visits

In 2008, Emergency Department visits continued their steady increase. Plans are being developed to expand and remodel the department to accommodate future growth.

Emergency Department Visits Years 2001 to 2008

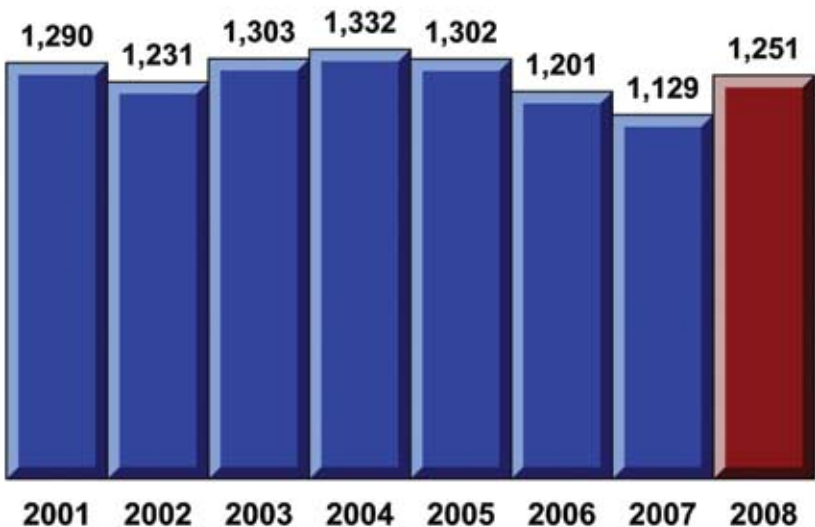


Volumes

Behavioral Health Discharges

As one of only two providers of inpatient behavioral health care on the island of the island of O‘ahu, Castle’s Behavioral Health unit continues to offer essential services to its community. An increase in Behavioral Health client volumes was experienced in 2008 following three years of slight decline.

Behavioral Health Discharges Years 2001 to 2008



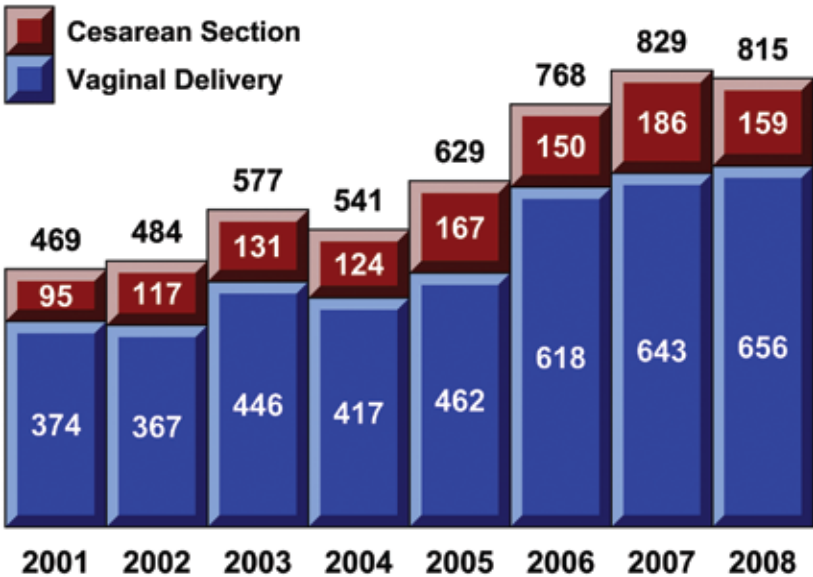
Volumes

Deliveries for Vaginal and Cesarean Section

The Birth Center continues to provide quality birthing options to residents of O‘ahu.

During 2008, we embarked on a comprehensive renovation of Castle’s Birth Center. (Please see page 32.) Despite the work involved in this project, the number of deliveries at Castle in 2008 remained nearly even with the year before.

Birth Center Deliveries Years 2001 to 2008

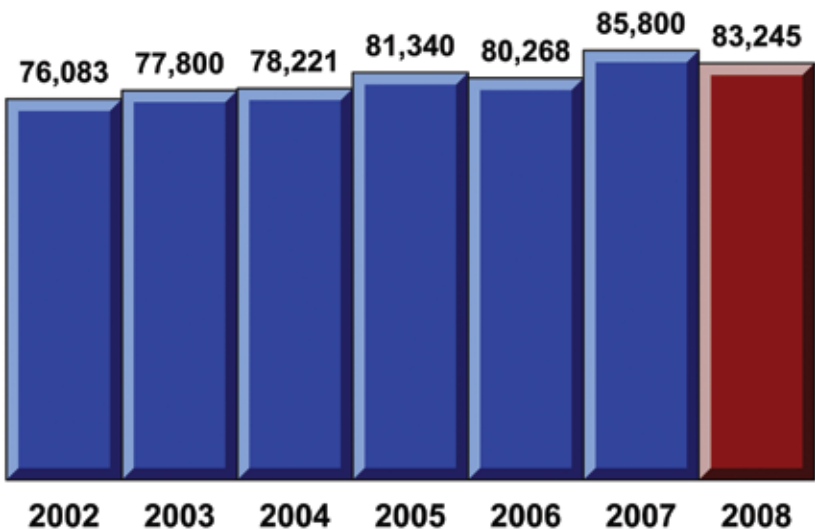


Volumes

Outpatient Visits

This graph represents the number of outpatient visits to the Outpatient Clinic, Outpatient Surgery, Imaging, Cardiopulmonary, Cardiac Cath, Angiography, Laboratory, Rehabilitation, Audiology, Wellness and Lifestyle Medicine, and Home Care. The number of these visits has remained stable.

Outpatient Visits (excluding Emergency) Years 2002 to 2008



Volumes

Wellness and Lifestyle

Medicine Center

During 2008, the Wellness and Lifestyle Medicine Center at Castle offered many wellness programs to the community. In addition, the center is involved in outreach activities and programs that support wellness education in the community, including at local schools.

Over 5,300 people from our community participated in the center's programs in 2008.

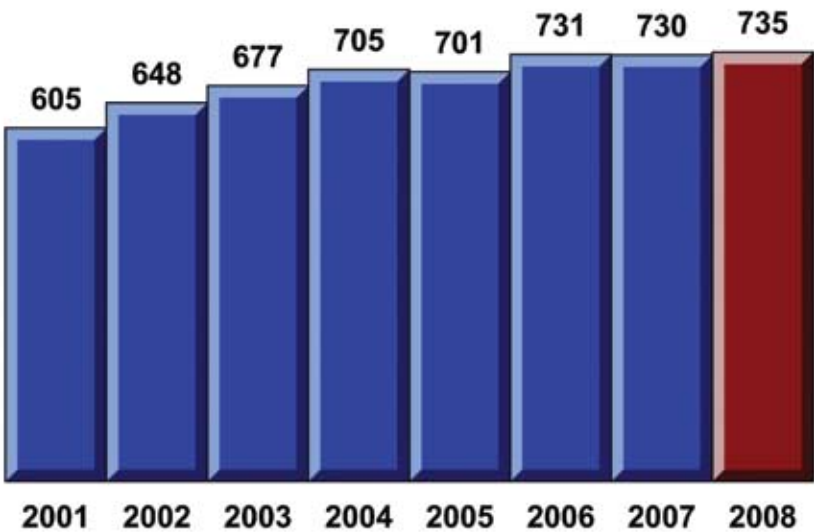


Staffing

Total Hospital Full-Time Equivalents (FTEs)

Growth in Castle's FTEs mirrors growth in patient volume over time. Castle Medical Center is recognized as the second largest employer on Windward O'ahu.

Total Full-Time Equivalents (FTEs) Years 2001 to 2008



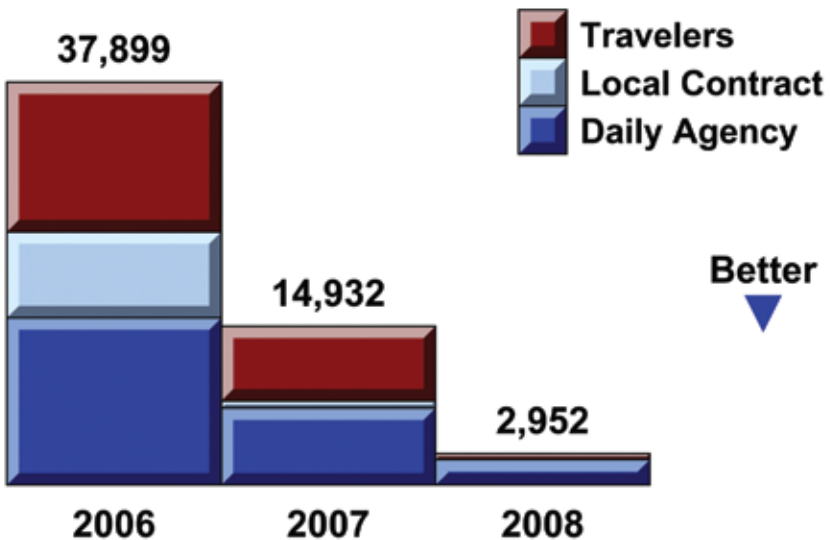
Staffing

BidShift

BidShift is a software tool designed to fill clinical shifts that are left open, usually because of vacation, illness, or staffing vacancy. With BidShift, staff members can view—around the clock and from any computer with Internet access—exactly what hospital shifts may remain open. They can then use BidShift to request to work an open shift for which they qualify.

BidShift was implemented in October of 2006. As a result of its implementation, local contract, daily agency, and traveler use has significantly decreased compared to the baseline average for the preceding twelve months. This improvement has enabled Castle to provide more consistent work hours for its own associates and reduce its reliance on external, premium-cost staff.

Effect of BidShift on Agency and Traveler Hours Years 2006 to 2008



Goals

Quality Improvement Goals for 2008 and Their Results

2008 Goals

Continue efforts to reach second-decile performance in recognized evidence-based clinical guidelines for:

- Congestive heart failure (CHF)
- Acute myocardial infarction (AMI)
- Community-acquired pneumonia (CAP)
- Hip and knee replacement
- Stroke.

Improve patient satisfaction.

Improve DVT prophylaxis for stroke patients.

Reduce patient falls.

Improve medication reconciliation.

Improve hourly rounding.

Implement sepsis bundles.

2008 Results

Considerable improvement achieved. Castle scored above Hawai'i average for CHF, AMI, and CAP. Efforts to improve all indicators continue.

Successfully achieved top-decile performance in the third quarter of 2008.

Improved from 63% to 88%.

Patient fall rate reduced.

Improved. Two-nurse check process introduced at discharge

Successfully achieved.

Order sets developed.

Goals

Quality Improvement Goals for 2008 and Their Results

2008 Goals

Reduce vaginal delivery after C-section (VBAC) rates to below national average.

Participate in the Adventist Health corporate-wide culture of safety evaluation in collaboration with Johns Hopkins University.

Apply for the National “Best Places to Work” Award.

Apply for the Hawai‘i Award of Excellence, based on the Malcolm Baldrige Health Care Criteria for Performance Excellence.

2008 Results

In response to national best practice recommendations, Castle no longer performs elective VBACs.

Successfully implemented.

Applied, although not awarded.

Successfully applied and won the prestigious ‘Oihana Maika’i (Endeavors of Excellence) Purple Lei Award.

Goals

Quality Improvement Goals for 2009

Continue efforts to improve performance in recognized evidence-based clinical guidelines for:

- Heart failure
- Acute myocardial infarction
- Community-acquired pneumonia
- Surgical Care Improvement Project
- Stroke.

Implement the Surgical Safety Checklist recommended by the World Health Organization and the Institute for Healthcare Improvement.

Further improve DVT prophylaxis for stroke patients.

Further reduce patient falls.

Further improve medication reconciliation.

Fully implement sepsis bundles.

Reduce MRSA infections.

Implement best practices designed to prevent pressure ulcers.

Improve patient satisfaction with spiritual care.



