

CPMC Prop Q Hearing Re MBC L&D Follow up

October 25, 2024



Data supporting CPMC Public Comment from October 15

Data Supporting CPMC Public Comment

Press Ganey Survey Results for L&D patients on two questions:

1. overall rating
2. would recommend this hospital to family/friends

*Percentages in the table are patients who provided a rating of 9 or 10 out of 10

<u>2023</u>			<u>2024</u>		
Zip Code	Q1:	Q2	Zip Code	Q1	Q2
94110	54%	75%	94110	53%	71%
94111	33%	67%	94111	83%	83%
94124	80%	70%	94124	86%	86%
94131	83%	94%	94131	57%	54%
94134	73%	73%	94134	100%	80%

Data Supporting CPMC Public Comment

Press Ganey Survey Results for L&D patients on two questions:

1. Overall rating
2. Would recommend this hospital to family/friends

2023					2024				
Zip Code	N	Q 1: 80% or more positive	N	Q2: 80% or more positive	Zip Code	N	Q1: 80% or more positive	N	Q2: 80% or more positive
94102	7	57.14%	7	100.00%	94102	2	100.00%	2	100.00%
94103	4	100.00%	4	100.00%	94103	3	100.00%	3	100.00%
94105	11	72.73%	11	90.91%	94105	3	66.67%	2	66.67%
94107	6	83.33%	6	66.67%	94107	8	50.00%	6	75.00%
94108	3	100.00%	3	33.33%	94109	16	62.50%	12	75.00%
94109	28	85.71%	28	96.43%	94110	17	52.94%	12	70.59%
94110	28	53.57%	28	75.00%	94112	12	83.33%	10	83.33%
94112	19	78.95%	19	89.47%	94114	15	46.67%	8	53.33%
94114	21	61.90%	21	85.71%	94115	11	90.91%	11	100.00%
94115	15	80.00%	15	86.67%	94116	9	66.67%	6	66.67%
94116	16	87.50%	16	93.75%	94117	12	83.33%	12	100.00%
94117	15	80.00%	15	93.33%	94118	15	73.33%	14	93.33%
94118	21	61.90%	21	76.19%	94121	7	71.43%	4	57.14%
94121	15	66.67%	15	86.67%	94122	13	61.54%	10	76.92%
94122	27	74.07%	27	74.07%	94123	16	62.50%	11	68.75%
94123	16	75.00%	16	87.50%	94124	7	85.71%	6	85.71%
94124	10	80.00%	10	70.00%	94127	7	100.00%	7	100.00%
94127	7	57.14%	7	71.43%	94129	2	50.00%	1	50.00%
94129	2	50.00%	2	50.00%	94131	14	57.14%	7	53.85%
94131	18	83.33%	18	94.44%	94132	5	40.00%	4	80.00%
94132	6	100.00%	6	83.33%	94133	5	40.00%	3	60.00%
94133	6	83.33%	6	83.33%	94134	5	100.00%	4	80.00%
94134	15	73.33%	15	73.33%	94158	5	80.00%	5	100.00%
94158	8	75.00%	8	75.00%					

Patient Survey Questions

The Questionnaire used to assess patient satisfaction



OMB #0938-0981
Expires September 30, 2024

SURVEY INSTRUCTIONS: You should only fill out this survey if you were the patient during the hospital stay named in the cover letter. Do not fill out this survey if you were not the patient. Answer all the questions by completely filling in the circle to the left of your answer. You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes

No → **If No, Go to Question 1**

Please answer the questions in this survey about your stay at **California Pacific Medical Center**. Do not include any other hospital stays in your answers.

YOUR CARE FROM NURSES

1. During this hospital stay, how often did nurses treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always
2. During this hospital stay, how often did nurses listen carefully to you?
 Never
 Sometimes
 Usually
 Always
3. During this hospital stay, how often did nurses explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always
4. During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it?
 Never
 Sometimes
 Usually
 Always
 I never pressed the call button

YOUR CARE FROM DOCTORS

5. During this hospital stay, how often did doctors treat you with courtesy and respect?
 Never
 Sometimes
 Usually
 Always

6. During this hospital stay, how often did doctors listen carefully to you?
 Never
 Sometimes
 Usually
 Always
7. During this hospital stay, how often did doctors explain things in a way you could understand?
 Never
 Sometimes
 Usually
 Always

THE HOSPITAL ENVIRONMENT

8. During this hospital stay, how often were your room and bathroom kept clean?
 Never
 Sometimes
 Usually
 Always
9. During this hospital stay, how often was the area around your room quiet at night?
 Never
 Sometimes
 Usually
 Always

YOUR EXPERIENCES IN THIS HOSPITAL

10. During this hospital stay, did you need help from nurses or other hospital staff in getting to the bathroom or in using a bedpan?
 Yes
 No → **If No, Go to Question 12**
11. How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted?
 Never
 Sometimes
 Usually
 Always

continue to page 2

12. During this hospital stay, were you given any medicine that you had not taken before?
- Yes
 No → **If No, Go to Question 15**
13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?
- Never
 Sometimes
 Usually
 Always
14. Before giving you any new medicine, how often did hospital staff describe possible side effects in a way you could understand?
- Never
 Sometimes
 Usually
 Always

WHEN YOU LEFT THE HOSPITAL

15. After you left the hospital, did you go directly to your own home, to someone else's home, or to another health facility?
- Own home
 Someone else's home
 Another health facility → **If Another, Go to Question 18**
16. During this hospital stay, did doctors, nurses or other hospital staff talk with you about whether you would have the help you needed when you left the hospital?
- Yes
 No
17. During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?
- Yes
 No

OVERALL RATING OF HOSPITAL

Please answer the following questions about your stay at the hospital named on the cover letter. Do not include any other hospital stays in your answers.

18. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
- 0 Worst hospital possible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Best hospital possible
19. Would you recommend this hospital to your friends and family?
- Definitely no
 Probably no
 Probably yes
 Definitely yes

UNDERSTANDING YOUR CARE WHEN YOU LEFT THE HOSPITAL

20. During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.
- Strongly disagree
 Disagree
 Agree
 Strongly agree
21. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
- Strongly disagree
 Disagree
 Agree
 Strongly agree
22. When I left the hospital, I clearly understood the purpose for taking each of my medications.
- Strongly disagree
 Disagree
 Agree
 Strongly agree
 I was not given any medication when I left the hospital

ABOUT YOU

23. During this hospital stay, were you admitted to this hospital through the Emergency Room?
- Yes
 No

24. In general, how would you rate your overall health?
- Excellent
 Very good
 Good
 Fair
 Poor
25. In general, how would you rate your overall mental or emotional health?
- Excellent
 Very good
 Good
 Fair
 Poor
26. What is the highest grade or level of school that you have completed?
- 8th grade or less
 Some high school, but did not graduate
 High school graduate or GED
 Some college or 2-year degree
 4-year college graduate
 More than 4-year college degree

27. Are you of Spanish, Hispanic or Latino origin or descent?
- No, not Spanish/Hispanic/Latino
 Yes, Puerto Rican
 Yes, Mexican, Mexican American, Chicano
 Yes, Cuban
 Yes, other Spanish/Hispanic/Latino
28. What is your race? Please choose one or more.
- White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaska Native
29. What language do you mainly speak at home?
- English
 Spanish
 Chinese
 Russian
 Vietnamese
 Portuguese
 German
 Tagalog
 Arabic
 Some other language (please print): _____

Questions 1-29 in this survey are from the U.S. Department of Health and Human Services (HHS) for use in quality measurement. The remainder of this survey is from California Pacific Medical Center to gather additional feedback about your hospital stay and will not be shared with HHS.

INSTRUCTIONS: Mark the response that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on your experiences.

	very				very
	poor	poor	fair	good	good
	1	2	3	4	5

1. Courtesy and respect shown by the lab staff

Please comment on good or bad experiences related to your stay.

Is there anyone special you would like to recognize for exceptional service?

Please provide contact information if the hospital needs to contact you. This information is not required.

Patient's Name: *(optional)* _____

Telephone Number: *(optional)* _____

THANK YOU

Please return the completed survey in the postage-paid envelope.



Patient Transportation Provided by CPMC and Related Restrictions

Transportation Information

Q: How many patients who have requested transportation support (L&D patients) and have they received it?

A: To date in 2024, CPMC has distributed 11,792 transportation vouchers across CPMC, including 3,750 vouchers to MBC. Approximately 8,298 of these vouchers have been utilized by our patients, reflecting a strong uptake of this support initiative.

YELLOW CAB OF SAN FRANCISCO		332505
531 BAYSHORE BLVD. SAN FRANCISCO, CA 94124		PHONE 415-333-3333
DATE: 8/29/24	COMPANY NAME: CPMC	SEP 01 2024
ISSUED BY:	Misson Bernal	01248

Transportation Information

Photos of Mission Bernal Women's Clinic exam room signs

SEÑALES DE ADVERTENCIA MATERNA URGENTE

SEÑALES DE ADVERTENCIA MATERNA URGENTE

- Dolor de cabeza que desaparece o empeora con el tiempo
- Mareos o desmayos
- Pensamientos sobre hacerse daño a usted mismo o a su bebé
- Cambios en su vista
- Fiebre
- Dificultad para respirar
- Dolor en el pecho o latidos rápidos del corazón
- Dolor de barriga intenso que no desaparece
- Náuseas y vómitos (no como náuseas matutinas)
- Los movimientos del bebé se detienen o disminuyen durante el embarazo
- Sangrado vaginal o fuga de líquidos durante el embarazo
- Sangrado vaginal o fuga de líquidos después del embarazo
- Hinchazón, enrojecimiento o dolor en la pierna
- Hinchazón extrema de las manos o la cara
- Cansancio abrumador

Si tiene alguno de estos síntomas durante o después del embarazo, comuníquese con su proveedor de atención médica y obtenga ayuda de inmediato.

Si no puede comunicarse con su proveedor, vaya a la sala de emergencias. Recuerde decir que está embarazada o ha estado embarazada en el año pasado.

Aprender más: <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>

VS Septiembre 2022

ACOG

URGENT MATERNAL WARNING SIGNS

URGENT MATERNAL WARNING SIGNS

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- Thoughts about hurting yourself or your baby
- Changes in your vision
- Fever
- Trouble breathing
- Chest pain or fast-beating heart
- Severe belly pain that doesn't go away
- Severe nausea and throwing up (not like morning sickness)
- Baby's movements stopping or slowing
- Vaginal bleeding or fluid leaking during pregnancy
- Vaginal bleeding or fluid leaking after pregnancy
- Swelling, redness, or pain of your leg
- Extreme swelling of your hands or face
- Overwhelming tiredness

If you have any of these symptoms during or after pregnancy, contact your health care provider and get help right away.

If you can't reach your provider, go to the emergency room. Remember to say that you're pregnant or have been pregnant within the last year.

Learn more: <https://saferbirth.org/aim-resources/aim-cornerstones/urgent-maternal-warning-signs/>

VS September 2022

AIM

SHUTTLE SERVICE FROM MISSION BERNAL TO OTHER CAMPUSES

SERVICIO DE TRANSPORTE DE MISSION BERNAL A OTROS HOSPITALES

24TH ST BART	MBC	DAV	VNC	DAV
8:11 AM →→→	8:20 AM →→→	8:40 AM →→→	7:00 AM →→→	7:20 AM
7:35 AM →→→	7:40 AM →→→	8:00 AM →→→	8:20 AM →→→	8:40 AM
			9:00 AM	9:20 AM
			9:40 AM	10:00 AM
			10:20 AM	10:40 AM
			11:00 AM	11:20 AM
			11:40 AM	12:00 PM
	12:20 PM →→→	12:40 PM →→→	1:00 PM →→→	1:20 PM
	1:40 PM	2:00 PM	2:20 PM	2:40 PM
			3:00 PM	3:20 PM
			3:40 PM	4:00 PM
			4:20 PM	4:40 PM
MBC	24TH BART			
5:00 PM	5:05 PM	5:20 PM	5:40 PM	6:00 PM
6:20 PM	6:25 PM	6:40 PM	7:00 PM	

Si usted tiene preguntas respecto a transporte, por favor déjenos saber
 If you have any questions or concerns regarding transport, please let us know

Transportation Information

CPMC is prohibited from advertising transportation services but the information is available as soon as someone becomes a patient

OIG Safe Harbor for Providing Patient Transportation Excerpt and Summary of 42 CFR 1001.952(bb)

A hospital may make free or discounted local transportation services available to patients if the following conditions are met

- (i) The free or discounted local transportation services are not air, luxury, or ambulance-level transportation;
- (ii) The hospital does not publicly market or advertise the free or discounted local transportation services

A hospital may provide a shuttle service if the following conditions are met:

- (i) The shuttle service is not air, luxury, or ambulance-level transportation;
- (ii) The shuttle service is not marketed or advertised (other than posting necessary route and schedule details)

CPMC Translation Services

Translation services

Q: A description of how patients request interpreter services for classes and tours, and what languages these services are available in.

A: Interpreter service needs are smoothly addressed from the start—during patient registration, where patients can specify their preferred language. To sign up for tours, patients can conveniently visit our website(<https://www.sutterhealth.org/services/pregnancy-childbirth/hospital-tours-cpmc>,) where they are provided with the option to choose a tour in either English or Chinese (Mandarin and Cantonese). (<https://www.sutterhealth.org/classes-events-search?relevance=&classes-affiliate=California+Pacific+Medical+Center&remove-default-affiliate-filter=true&category=Birth+Center+Tour>) A direct link is available for easy access to tour registration. While Spanish tours were previously offered at Mission Bernal, we have paused these at Van Ness due to lower demand. However, if patients indicate additional language needs, we're fully prepared to provide interpreter services, either through scheduled interpreters or our on-demand services.

Translation services

Q: Please provide a description of what “just in time” translation

A: Our “just in time” translation service ensures that interpreter support is always within reach. Using mobile iPads equipped with on-demand interpreter access via phone or video, we make real-time translation available immediately, ensuring every interaction is smooth and inclusive. This quick, adaptable approach reinforces our commitment to supporting all patient language needs as they arise.

Q: How many patients have requested interpreter services for VNC L&D tours and classes.

A: This year, we welcomed 20 patients who specifically signed up for our Chinese-language tours, reflecting the strength of our connection with the Chinese-speaking community. While most other patients attending tours are comfortable with English, we are always ready to accommodate additional language needs, whether planned ahead or through our iPad-based “just in time” interpreter services. No patients requested tours in Spanish.

Thank You

