

Bay Area Hospital Strategic Plan 2017 - 2018 - 2019

Our Business Concept, Our Vision

Bay Area Hospital in collaboration with physicians and other healthcare partners will create a regionally based healthcare network that has the scale to coordinate care and leverage best practices. Our collective goal is to improve the health of the communities we serve. To realize our vision we will focus on four critical competencies:

- Effective Partnerships
- Quality/Safety Focus
- Workforce Development
- Regional IT/EHR Ecosystem

Maintain Effective Partnerships

Our business success is a function of our ability to effectively work together. While we value our individual autonomy, we recognize we are interdependent. Our individual and collective success is based on our ability to effectively collaborate. To remain competitive in a healthcare environment, which is transitioning from a focus on volume to a focus on value, we must develop a more clinically integrated system of care.

Next Steps: Develop a clinically integrated network focused on south coast healthcare needs. Continue participation in Advanced Health/CCO.

Sharpen Quality/Safety Focus

As a medical community we are linked to provide quality care and best outcomes. We aspire to clinical outcomes, which are regionally and nationally competitive through the further refinement and application of clinical protocols and practice guidelines. Achieving this goal requires a strong alignment with physician partners and Bay Area Hospital.

Next Steps: Bay Area Hospital will develop a focused quality/safety improvement strategy.

Focus on Workforce Development

We recognize the value of a clinically competent workforce. We will develop proficiency in workforce sourcing while working with our partners to enhance clinical capacity and competency. We will enhance access to healthcare services and to key physician specialties through a network of clinically integrated providers. We will maintain a focus on necessary physician manpower including primary care providers as well as key specialists to meet the needs of the communities we serve.

Next Steps: Bay Area Hospital will work with the clinics, colleges, the workforce investment board, and other appropriate partners to develop and assist with future workforce development needs.

Create Regional IT/EHR Ecosystem

Bay Area Hospital in association with area physician groups and area hospitals will create a South Coast IT/EHR Ecosystem, which will enable the partnership to function as a clinically integrated network. The integration of electronic health record systems ("EHR") between healthcare providers will facilitate the delivery of evidenced based care; improve outcomes, efficiency and coordination of care.










Next Steps: A formal IT/EHR planning work group has been formed and will develop this critical IT capability.

Maintain Effective Partnership: BAH Strategic Plan 2017 - 2019
Critical Issue #1

CRITICAL ISSUE	ACTION / RESULTS EXPECTED	GOAL	Progress Report
<p>Bay Area Hospital, in partnership with south coast physician groups and other health care organizations, will develop a clinically integrated network to participate in value based/alternative payment models.</p>	<p>Bay Area Hospital in collaboration with North Bend Medical Center and supported by Caravan Health will develop an Accountable Care Organization (ACO) capable of participating in the CMS MSSP Program.</p> <p>Specifically:</p> <ol style="list-style-type: none"> 1. MSSP Application Process. *CH creates, verifies, and submits MSSP application to CMS on behalf of each ACO. 2. MSSP Application Review Process *CH will receive initial application questions from CMS. CH will respond to CMS. *CH will receive second round application questions from CMS. CH will respond to CMS. *CH will receive each ACO Application's formal approval or denial by CMS. 3. ACO Pre-Launch Activities *CH's Account Management Team begins the onboarding process. *ACO Champion attends weekly Pre-Launch Webinar Series and completes questionnaires. *On-Site Launch meeting day will be conducted with each client Q1 2019. 	<p>Submit by July 31</p> <p>Complete by August 30</p> <p>Complete by October 20</p> <p>Complete by November</p> <p>Complete by Sept - Dec.</p>	
<p>Bay Area Hospital's mission is to improve the health of the communities we serve. Working in partnership with community partners, BAH will work to improve the health of the South Coast region.</p>	<p>Sharpen focus of BAH Community Grant program to better address socioeconomic factors, health behaviors and the physical environment problems identified in Coos County 2018 Community Health Assessment (CHA).</p> <p>Specifically:</p> <ul style="list-style-type: none"> * Update community grant project selection criteria to reflect population health factors identified in the CHA * Utilize updated selection criteria in 2019 BAH Community Grant project selection process. 	<p>Update by 12/31/2018</p> <p>3/19 to 5/19</p>	

Quality and Safety Focus: BAH Strategic Plan 2017 - 2019

Critical Issue #2

CRITICAL ISSUE	ACTION RESULTS	GOAL	NATIONAL	FY18QTR2 Cy17 QTR4	FY18 QTR3 CY18 QTR1	ROLLING YTD	COMMENTS
<p>Aggressively pursue the adoption and integration of evidence-based medicine (EBM) in the delivery of quality care for every patient across the continuum.</p> <p align="center">Strategy Owner CMO</p>	A1. Stroke Care: tPA administered under 3 hours inpatient/outpatient measures combined	90.0%	84.9%	 100.0% N=3 D=3	 50.0% N=1 D=2	 82.0% N=9 D=11	
	A2. Stroke Care: Dysphagia screen for stroke care by 3/31/18 inpatient/outpatient measures combined	90.0%	84.7%	 9.0% N=3 D=35	 19.0% N=6 D=32	 15.0% N=21 D=141	
	B. Sepsis Care: Implement order sets using EBM (bundle) Metric: % of implemented order sets using EBM by 6/30/18 Order set needs to be implemented: Inpatient only measure	85% / 70.5% (mid-point)	56.0%	 18.0% N=17 D=64	 39.0% N=10 D=62	 25.0% N=27 D=126	
	C. Pneumonia Care: Implement order sets using EBM Metric: % of implemented order sets using EBM by 9/30/18 Possible measures: 1) Implement EBM order set for pneumonia 2) Identification of measure sets	by 9/30/18	Orders in place and in use				
	D. Pain management: Implement order sets using EBM Metric: % of implemented order sets using EBM by 12/31/2018 1) Implement order set 2) Identify measure set	by 12/31/18	Orders in place and in use				
	E. Delirium: Implement order sets using EBM Metric: % of implemented order sets using EBM by 3/31/19 1) Implement use of EBM order set for delirium 2) Identify measure set	by 3/31/19	Orders in place and in use				

Quality and Safety Focus: BAH Strategic Plan 2017 - 2019

Critical Issue #2

CRITICAL ISSUE	ACTION RESULTS	MEASURE OF SUCCESS	YTD 17-18	COMMENTS
Adopt a formal method of performance improvement and ensure critical support and resources to secure improvements and sustain them Strategy Owner: CEO/COO	Recruit CQO : Offer by 12/31/17	Position recruited	Pending arrival	
	Adopt standard group of tools e.g. PDSA by 3/31/2018 Metric: # of trained, dedicated professionals	% trained staff by 3/31/18	TBD	
	Full implementation of CUSP by 6/30/2018 Metric: % of trained staff	% trained staff by 6/30/18	464/1141 40%	
	Full Implementation of TeamSTEPPS by 12/31/2018 Metric: % of trained staff	% trained staff 12/31/18	TDB	
CRITICAL ISSUE	ACTION RESULTS	GOAL		COMMENTS
Be relentless in eliminating preventable patient harm. Strategy Owner: CQO	Full Implementation of Just Culture by 12/31/2019 Metric:- PSI 90 zero events	Implementation by 12/31/19		
CRITICAL ISSUE	ACTION RESULTS	GOAL		COMMENTS
Promote Transparency with effective communication Strategy Owner CEO/CQO	Develop quality scorecard by 12/31/17	Quality scorecard complete and approved by QPSC		
	Posting outcomes on intranet/extranet & patient care units by 3/31/2018 Metric: % of Departments with data posted intra/extranet posting successfully	Posting by 3/31/18		
	Safety stories at Board, MEC, QPSC, UBPC and employee forums by 6/30/2018 Metric: % of Board/MEC/QPSC/Forum meetings with a safety story	50%		

Quality and Safety Focus: BAH Strategic Plan 2017 - 2019

Critical Issue #2

CRITICAL ISSUE	ACTION RESULTS	GOAL	NRC	FY18TD	COMMENTS
<p align="center">Continuously Strive for Service Excellence CNO</p>	<p>Define and implement evidence based best practices Metric: HCAHPS Performance goals a) Achieve Success Sharing and management incentive targets for Communication and Care Transitions b) Achieve consistent baseline HCAHPS performance = to or > than 50th percentile by 6/30/2018</p>	<p>Target (NRC 60th percentile) 66% 53%</p>	<p>Threshold (NRC 50th percentile) 64% 52%</p>	<p>65.6% 53.0%</p>	

Workforce Development: BAH Strategic Plan 2017 - 2019

Critical Issue #3

CRITICAL ISSUE	ACTION / RESULTS EXPECTED	GOAL	Progress Report
<p>Support physician/provider recruitment in the Bay Area Health District</p> <p><i>Supports CHIP Priority Area: Access to Healthcare</i></p> <p>Strategy Owner Suzie McDaniel</p>	<p>Determine which providers are most critical to BAH and community partner's success.</p> <p>Routinely meet with community partners to prioritize provider recruitment strategy.</p> <p>Evaluate the Community Apgar to assess readiness for recruiting physicians.</p> <p>Participate in the Healthcare Recruitment & Retention Coalition.</p> <p>Support partners with provider recruitment budget (loan forgiveness/income guarantee) by 2/28/2018.</p> <p>Ensure recruitment/retention bonuses and other physician arrangements conform to applicable Stark law exceptions.</p>	<p>Number of providers identified added to Med Staff by 12/31/2018.</p>	
<p>Enhance clinical competency of the workforce</p> <p>Strategy Owner Suzie McDaniel/Regina Rose</p>	<p>Increase the number of employees with area specific specialty certifications or BSNs from 51% to 65% by 12/31/18.</p> <p>Restructure Resource Team – create and compensate a team of clinically expert RNs to support the bedside nursing by 2/28/2018.</p> <p>Work with PNCC to investigate instituting a clinical ladder program at BAH.</p>	<p>Improved patient outcomes/reduction in deviation from practice.</p>	

Workforce Development: BAH Strategic Plan 2017 - 2019

Critical Issue #3

CRITICAL ISSUE	ACTION / RESULTS EXPECTED	GOAL	Progress Report
	<p>Financial Assistance – Grow Our Own Restructure our tuition assistance programs to include prepayment (vs reimbursement), school @ work options Loan Forgiveness Program Expanded & Promoted</p> <p>Enhanced onboarding/mentorship program</p> <ul style="list-style-type: none"> • Availability of community activities for BAH employees • Development of professional mentorships options for BAH employees <p>Expand social media presence</p> <ul style="list-style-type: none"> • Define content submission expectations via BAH managers (i.e. two items per month) • Develop posting/updating capacity <p>Develop BAH Academy / implement the recommendations of the Employee Survey Action Planning Team.</p> <p>Develop Scholarship programs for Employee’s Children pursuing health care careers. (Program Development/Definition - McDaniel & Fundraising Opportunities - Bauder)</p> <p>Childcare Business Plan for BAH Employees</p> <ul style="list-style-type: none"> • Complete by February 2018 for consideration in FY 19 Budget discussion 	<p>Reduce voluntary turnover to from 13% to 10% by 12/31/18</p> <p>Move from 64.4% to 71.3% (NRC database’s 50th percentile) positive response to the Employee Survey Question “My work environment inspires me to perform at my very best” 12/31/18.</p> <p>Increase number of followers by 25% by 12/31/18</p>	

Workforce Development: BAH Strategic Plan 2017 - 2019
Critical Issue #3

CRITICAL ISSUE	ACTION / RESULTS EXPECTED	GOAL	Progress Report
<p>Leadership Development</p> <p>Strategy Owner Suzie McDaniel</p>	<p>Expand skills in succession planning/leader development via additional training for existing employees already engaged in succession planning & leadership development activities.</p> <p>Adoption and implementation of a new formalized Leadership Assessment and Development program.</p>	<p>Measure of Success: Move from 65.2% to 71.8% (NRC database's 75th percentile) positive response to Employee Survey Question "The person I report to creates opportunities for my professional growth" by 2/28/19.</p> <p>Move from 26.1% to 30.7% (NRC database's 50th percentile) positive response to Employee Survey Question "Where 0 is the worst possible place to work and 10 is the best possible place to work, how would you rate this organization as a place to work?" by 2/28/2019</p>	

Create regional IT/EHR Ecosystem: BAH Strategic Plan 2017 - 2019

Critical Issue #4

CRITICAL ISSUE	ACTION / RESULTS EXPECTED	GOAL	Progress Report
<p>Create electronic health record system to improve quality of care provided to patients</p> <p><i>Community Health Improvement Plan (CHIP)</i> <i>Access to healthcare, chronic disease prevention</i></p> <p>Strategic Owner Patrick Varga, Selection Committee Members, Steering Committee Members</p>	<p>Selection:</p> <ul style="list-style-type: none"> • Organize and initiate project • Establish project structure and governance • Initiate discussion with potential third-party health system partners • Conduct selection kickoff • Finalize selection criteria • Develop, distribute, and analyze request for quotations (RFQs) to vendors • Conduct demonstration and vendor labs • Evaluate and determine regional support informatics and technology support structures • Analyze and present demonstration results (Ensure patient is in center across care sites vs. location based) • Perform site visits and reference checks • Evaluate costs and prepare total cost of ownership • Prepare final report, present results, and facilitate vendor/host decision • Select common EHR platform for regional IT/EHR ecosystem 	<p>Target Date 1/31/2018</p>	

Create regional IT/EHR Ecosystem: BAH Strategic Plan 2017 - 2019

Critical Issue #4

CRITICAL ISSUE	ACTION / RESULTS EXPECTED	GOAL	Progress Report
<p>Create health information technology regional integrated electronic health record system to improve quality of care provided to patients</p> <p><i>Community Health Improvement Plan (CHIP)</i> <i>Access to healthcare, chronic disease prevention</i></p> <p>Strategic Owner Paul Janke, ECG Consultants, Steering Committee</p>	<p>Governance:</p> <ul style="list-style-type: none"> Establish a formal governance process for acute and ambulatory care sites (vendor vs. host relationship process). Governance structure draft, review, approval at EHR committees. 	<p>Target Date 3/30/2018</p>	
	<p>Finance:</p> <ul style="list-style-type: none"> Initiated contract negotiation with select vendor Finalize contract terms and conditions (legal and business) Finalize vendor payment terms Define payment for acute and ambulatory care sites Acquire financial commitment from regional members Review Current Stark Exception for hospital support for Community EHR; develop and execute agreements for Community EHR participation with non-hospital physicians and medical clinics. 	<p>Target Date 4/30/2018</p>	
	<p>Implementation:</p> <ul style="list-style-type: none"> Develop phased implementation plan with Bay Area Hospital with initial phase Identify project team Identify implementation team Training plan, ensure well planned for care sites Review potential change management and cultural readiness 	<p>Target Date 6/30/2018</p>	