

# 1. Quality/Delivery of Care

Goal: The Hospital District performs high quality of care.

Strategies: Use reviews and inspections by regulatory and accreditation entities to ensure MCDH is maintaining and improving the quality of its services. Share results with patients and the community.

<p>Meet or exceed Accreditation, Regulatory Review, Quality Bonus, Quality Incentive and Inspection standards</p>	<p>Joint Commission, 2<sup>nd</sup> or 3<sup>rd</sup> quarter 2018 (see below)            CDPH, California Department of Public Health, Ongoing, Unannounced            PRIME, Annual, June 2018, 2019 &amp; 2020            CMS, Centers for Medicare and Medicaid Services, Ongoing, Unannounced            ACHD, Association of California Healthcare Districts, Board Self Evaluation April 2018            NRC Health (HCAHPS) (Patient Experience Survey, Quarterly</p>	<p>Exec. Sponsor             Schmid            Schmid            Horton            Schmid             Lund/Lee</p>	<p>Result</p>
<p>Upgrade the Electronic Health Record (E H R) to improve business office performance, revenue cycle data, patient data flow, physician engagement, staff productivity, and progress with National Meaningful Use Standards. Implement a robust, single platform Electronic Health Record for all District entities</p>	<p>Choose Vendor (currently MediTech is the chosen provider)</p>	<p>Finley/Turner</p>	
	<p>Down payment and contract approval, Contract approval May 18, Down Payment Sept 18</p>	<p>Ellis</p>	
	<p>Implementation periods for MCDH; NCFHC; Out Patient Clinics; Home Health , Jan. 19 to July 19</p>	<p>Finley/Turner</p>	
	<p>Evaluate improvements related to EHR implementation, Oct 19</p> <p>NOTE: Electronic Health Record improves Quality of Care by furnishing data in the Plan, Do, Study, Act phases of Performance Improvement. PI processes needing data mining. E H R also quickly improves transparency in sharing information between providers, care givers, and patients. E H R systems offer faster collection of safety metrics over human collection and entry. E H R systems on a single platform cause patient information to be in easily identifiable locations. E H R systems assist in improving patient revenue cycle practices.</p>	<p>Finley/Turner</p>	

## 2. Financial/Fiscal Solvency

Goal: Adequately fund ongoing operations and capital improvements in order to support advancements in the care provided.

Strategy: Stabilize operational funding through a parcel tax or other means.  
 Improve the Revenue Cycle processes through recruiting full-time, permanent employee talent into the positions that support the Finance Department and the Revenue Cycle Departments\*.

		Executive Sponsor	Results
Stabilize operational funding	Build support for measures that will assist the Hospital by providing information to regarding Hospital finances, management and strategic plans, Jan 19	Ellis	
	Purchasing Manager, hire permanent position Permanent Revenue Cycle Director hired Insurance Denial Lead position, hired Integrity Lead, for claim completeness, hired 2 additional patient account billers hired May 2018	Ellis	
Evaluate ROI on 10 key services	Contract with subscription service to externally extrapolate department ROI (Return on Investment), and determine economic benefit to facility and/or need for negotiating funding from payers, May 2018, start service with first actions July 2018	Edwards/Ellis	
RFP, Expert Legal Counsel to negotiate best pay from third party payers, once we have 'need' determined, as mentioned in ROI	Begin negotiation process on payer reimbursement, start August 18, with results in late 2019	Edwards, Ellis, Legal	

RFP, In House Legal Services	In House Legal due to retirement of Mr. Ruprecht, or Legal support from existing group, from outside the area, May 2018	Edwards, Schmid	
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\*(Revenue cycle is defined by HFMA as “All administrative and clinical functions that contribute to the capture, management, and collection of patient service revenue.” Elements of Revenue Cycle include: Scheduling and Pre-Registration; Point of Service Registration, Counseling and Collections; Encounter Utilization Review and Case Management; Charge Capture and Coding; Claim Submission; Third Party Follow Up; Remittance Processing and Rejections; Payment Posting, Appeals and Collections.

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### 3. Physical Plant/Facilities

Goals: Modernize the physical plant to meet or exceed OSHPD seismic standards.

Develop processes, and income to meet 2030 earthquake standards for all required elements of the hospital.

Strategies: Complete upgrades to achieve 90% compliance with known facility improvements.

Develop a financial feasibility strategy to address hospital building requirement for remodeling or replacement of facility.

		Executive Sponsor	Results
Perform Current Facility improvements	OR HVAC, Operating Room Air Balance, Humidity, Temperature control units. Nov 2018	Schmid	
	ATS, Automatic Transfer Switch, to switch between grid electric power and generator electric power Nov 2018	Schmid	
	Nurse Call System. Nurse Call System upgrade and installed in required locations in facility. August 2018	Schmid	
	Emergency Hot Water Tank and Heater, in Emergency Room location, needs replacement. Nov 2018	Schmid	
	Parking Lot, repair and resurfacing, to occur in three stages, May 18 to Oct 18	Schmid	
Identify ongoing facility improvement needs through key stakeholders	Planning Committee, Medical Staff, Employees, Senior Leadership Team, CEO, OSHPD, CDPH, Quality Review Reports (QRR), and Board of Directors review/identify at regular meetings, Bi-Monthly or as Discovered	Edwards and Planning Chair	
Establish a Future Hospital Building Plan that addresses seismic issues and appropriate hospital size/function for community, within an affordable range.	Geotechnical Soil Analysis, Core Samples of surface to bedrock in multiple locations on campus. Core Samples under existing building and in open area of campus, to determine if present location is better location for building seismic upgrades. Oct 2018	Schmid	
	Architectural Firm RFP. Firm will lead dialogue with stakeholders on plan for seismic upgraded facility. Moneys to pay for this may exceed one million dollars. Prepare and send out to appropriate Architects after Parcel Tax approval. Expect RFP approval and selection by Board in Nov 2018 for RFP.	Schmid	

#### 4. People/Physician, Nursing and Support Staffing

Goal: Increase the percentage of physicians, nurses and support staff who are permanent residents of the District, and stabilize other staffing as necessary.

Strategies: Analyze the need to adjust wages and other incentives to recruit for hard-to-fill positions

		Executive Sponsor	
Wage adjustments			
	Negotiate with labor union, June 2018	Camp/Edwards	
	Adjust wages and benefits from the 25 <sup>th</sup> percentile to the 75 <sup>th</sup> percentile of compensation ranges for selected positions, June 2018	Camp	
Recruitment and Retention	Deploy best practices in Health Care Industry to sustain workforce. Best practices may include: Performance incentives; succession planning; assisting with affordable housing; eliminating bully behaviors; benefit selection, Work Place Culture that supports Teamwork. Feb 2018	Camp	

	Establish Registry personnel comparative metric, by department(s) comparing MCDH with local, area, and state metrics. After metrics are determined, establish and set up a department(s) standard for Registry staff within each major employee (department) group. Feb 2018	Camp	
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\*Market includes Northern California, North Bay, Northern Rural California, Facilities with \$50M to \$100M income that have over 315 employees. Consider services, differentials for CAH: Rural Health Clinic, Ambulance, Home Health, Hospice and Thrift Store, Oncology, Anesthesiology, Pain Specialists, Nephrologists, Orthopedics, Family Medicine Academic Setting, Ophthalmology, Non-Invasive Cardiology Services.

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## 5. Community Engagement/Involvement

Goal: Increase both the utilization of hospital facilities and community identification, loyalty and investment in the Hospital.

Strategies: Utilize a variety of strategies including Board Committees, public meetings, forums and presentations to community groups to regularly communicate with the public regarding hospital financing (e.g., Parcel Tax, bonds) and strategic planning (including desired services, facility retrofit/replacement).

Community engagement in funding strategies	Engage the community (press, speakers, etc.) regarding the benefits of a District Parcel Tax (within the legal parameters for lobbying) June 5, 2018 or Nov 6, 2018	Edwards and Parcel Tax community committee	
Community engagement in facility strategies	Implement systems to receive community, employee, medical staff, Architect, State of California for design build, OSHPD input into the strategic planning process, especially as it relates to the required retrofit/replacement of the facility.	Edwards/Schmid	
	Continue a robust community dialogue regarding financing future facility retrofit/replacement (bond measures). After parcel tax positive vote, RFP Architect, Engineering	Edwards Board of Directors	

## 6. Governance

Goal: Have a District Board that continues to provide the leadership and vision required to guide healthcare delivery over the next two decades.

Strategy:

<p>Provide Board members with the information, skills and knowledge needed to be effective. Support a leadership team philosophy.</p>	<p>Develop and implement a plan for board education and development, Nov 2018</p>	<p>Board Chair person</p>	
<p>Prepare for Board Elections, November 2018</p>	<p>Work with the League of Women Voters to inform potential members of board duties and responsibilities, June 2018 to Oct 2018</p>	<p>Edwards</p>	
	<p>Revise Bylaws, Policies, Ethics Standards, Conduct Standards, Board member job description, Dec 2018</p>		
<p>Review and refine the organization's Mission, Vision and Values</p>	<p>Review and refine the Organization's Mission, Vision and Values</p>	<p>Newly elected Board to review and consider changes to our current Mission, Vision and Values statements.</p>	