



June 11, 2020

## NOTICE

The Board of Directors of the Kaweah Delta Health Care District will meet in an open Strategic Planning Committee meeting at 2:30PM on Thursday June 18, 2020 in the Kaweah Delta Medical Center – Support Services Building Copper Room (2<sup>nd</sup> Floor) 520 West Mineral King Avenue or via GoTo Meeting from your computer, tablet or smartphone -

<https://global.gotomeeting.com/join/219410925> or Via phone - 872-240-3412 / Access Code: 219-410-925.

All Kaweah Delta Health Care District regular board meeting and committee meeting notices and agendas are posted 72 hours prior to meetings (special meetings are posted 24 hours prior to meetings) in the Kaweah Delta Medical Center, Mineral King Wing entry corridor between the Mineral King lobby and the Emergency Department waiting room.

Due to COVID 19 visitor restrictions to the Medical Center - the disclosable public records related to agendas can be obtained by contacting the Board Clerk at Kaweah Delta Medical Center – Acequia Wing, Executive Offices (Administration Department) {1st floor}, 400 West Mineral King Avenue, Visalia, CA via phone 559-624-2330 and on the Kaweah Delta Health Care District web page <http://www.kaweahdelta.org>.

KAWEAH DELTA HEALTH CARE DISTRICT  
David Francis, Secretary/Treasurer

A handwritten signature in black ink that reads 'Cindy Moccio'.

Cindy Moccio  
Board Clerk, Executive Assistant to CEO

**DISTRIBUTION:**

Governing Board

Legal Counsel

Executive Team

Chief of Staff

<http://www.kaweahdelta.org>

# **KAWEAH DELTA HEALTH CARE DISTRICT - BOARD OF DIRECTORS STRATEGIC PLANNING COMMITTEE**

Thursday June 18, 2019 – 2:30PM

Kaweah Delta Medical Center / Support Services Building  
520 West Mineral King – Copper Room (2<sup>nd</sup> floor)

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/219410925>

Via phone - 872-240-3412 / Access Code: 219-410-925

Board of Directors: Lynn Havard Mirviss (Chair), Garth Gipson  
Management: Gary Herbst, CEO  
Executive Team  
Medical Staff: Medical Staff Officers  
All Members of the KDHCD Medical Staff

**CALL TO ORDER** – *Lynn Havard Mirviss, Committee Chair*

**PUBLIC / MEDICAL STAFF PARTICIPATION** – Members of the public wishing to address the Committee concerning items not on the agenda and within the subject matter jurisdiction of the Committee may step forward and are requested to identify themselves at this time. Members of the public or the medical staff may comment on agenda items after the item has been discussed by the Committee but before a Committee recommendation is decided. In either case, each speaker will be allowed five minutes.

## **1. KAWEAH DELTA STRATEGIC PLAN**

- a. Review of the current FY2020 Strategic Plan and actual organizational performance as stated on initiatives.
- b. Review of proposed draft of the FY2021 Strategic Plan.
- c. Review of overview of the proposed strategic planning process for the coming year.

*Marc Mertz, Vice President Chief Strategy Officer*

**ADJOURN** – *Lynn Havard Mirviss*

*In compliance with the Americans with Disabilities Act, if you need special assistance to participate at this meeting, please contact the Board Clerk (559) 624-2330. Notification 48 hours prior to the meeting will enable the District to make reasonable arrangements to ensure accessibility to the Kaweah Delta Health Care District Board of Directors meeting.*

# Overview of Kaweah Delta's Strategy Structure



# Overview of Strategic Plan Documents

Kaweah Delta Strategic Plan Framework 2020-2021 <b>DRAFT</b>			
	Strategic Initiative	Metrics	Strategies/ Tactics
<p><b>Our Mission</b> (The reason we exist)</p> <p><b>Health is our passion. Excellence is our focus. Compassion is our promise.</b></p>	<p><b>Organizational Efficiency and Effectiveness</b> <i>Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.</i></p>	<ul style="list-style-type: none"> <li>ALOS within 0.75 days of GMLDS</li> <li>Drug/supply/testing utilization or spend-TBD</li> <li>Surgical implant standardization-TBD</li> <li>Staffing metrics-TBD</li> <li>OR efficiency indicator-TBD</li> <li>Spending per beneficiary target-TBD</li> </ul>	<ul style="list-style-type: none"> <li>Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient flow, population management, and cost-savings.</li> <li>Better align staffing levels with patient volumes/units of service.</li> <li>Assess utilization of diagnostic testing, lab testing, and use of medications and make reductions, as appropriate.</li> <li>Standardize supplies and medical implants</li> </ul>
<p><b>Our Vision</b> (What we aspire to be)</p> <p><b>To be your world-class healthcare choice, for life.</b></p>	<p><b>Kaweah Care Culture</b> <i>Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> <li>Pulse Survey - improve 250% Tier 3 Teams to Tier 2 or higher</li> <li>EE Engagement survey - 4.19 engagement score</li> <li>Physician Engagement survey - 3.68 alignment score</li> <li>SAD Teamwork: 66%; Safety 75%</li> <li>Increase % compliance with manager response to events (TBD- data pending)</li> <li>HCAHPS Overall Rating: 76.5% 9s and 10s during FY21</li> <li>ED Patient experience: Overall Rating: 70% during FY21</li> </ul>	<ul style="list-style-type: none"> <li>Pulse &amp; Employee Engagement Survey and action planning</li> <li>Leadership Development programs</li> <li>Just Culture Commitment - Staff awareness</li> <li>GME faculty and Medical Staff Leader Development</li> <li>Physician Engagement Committee work</li> <li>Operation Always - Patient engagement</li> <li>Safety attitudes questionnaire (SAD) and action planning</li> <li>Increase Kaweah Care recognitions and celebrations</li> <li>Develop performance scorecards for leaders, physicians, medical directors and department chairs</li> </ul>
<p><b>Our Pillars</b></p> <p><b>Achieve outstanding community health</b></p> <p><b>Deliver excellent service</b></p> <p><b>Provide an ideal work environment</b></p> <p><b>Empower through education</b></p> <p><b>Maintain financial strength</b></p> <p>June 9, 2020</p>	<p><b>Outstanding Health Outcomes</b> <i>Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.</i></p>	<ul style="list-style-type: none"> <li>Leapfrog 5</li> <li>CAUTI's 0.774</li> <li>CLABSI's 0.687</li> <li>MRSA's 0.768</li> <li>Sepsis bundle 270%</li> <li>100% of Leapfrog/NDP Safe Practices points</li> </ul>	<ul style="list-style-type: none"> <li>Quality focus teams</li> <li>Daily catheter and central line Gemba rounds</li> <li>Improve compliance with sepsis bundle</li> <li>Create diagnosis-specific committees to address mortality and readmissions</li> <li>Infection prevention hand hygiene program</li> </ul>
	<p><b>Strategic Growth and Innovation</b> <i>Grow intelligently by expanding existing services, adding new services, and serving new communities.</i></p>	<ul style="list-style-type: none"> <li>2% growth in market share (FPSA)</li> <li>11.2% increase in IP surgical volume</li> <li>Net 30 increase in the number of physicians in the market</li> <li>Retain 11 KD residents (40%) in the Central Valley</li> <li>Two new ambulatory locations</li> <li>Launch telehealth services</li> <li>Introduce new branding</li> </ul>	<ul style="list-style-type: none"> <li>Develop a comprehensive and coordinated ambulatory network strategy</li> <li>Better monitor and manage patient referrals to ensure continuity of care</li> <li>Enhance physician relations capabilities to improve recruitment, onboarding, and retention of physicians</li> <li>Promote key service lines to a broader geographic market (e.g. Fresno, Bakerfield)</li> <li>Continue work with community advisory groups and use public perception data to improve community relations</li> <li>Refresh of organization branding and naming strategy</li> <li>Complete master facility plan to modernize and expand facilities</li> </ul>
	<p><b>High Performing OP Delivery Network</b> <i>Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.</i></p>	<ul style="list-style-type: none"> <li>Employee engagement ≥ 50th percentile</li> <li>OP patient satisfaction score ≥ 50th percentile</li> <li>OP Outcome measures (A1c &lt; 9), blood pressure, depression screening, flu vaccine)</li> <li>Clinic visits ≥ 100% of budget</li> <li>Net income ≥ 100% of budget</li> <li>Labor productivity ≥ 100% of budget</li> <li>Provider deficiencies 0%</li> <li>RAF score of TBD</li> </ul>	<ul style="list-style-type: none"> <li>People: Leadership rounding with staff and physicians</li> <li>Service: Leadership rounding with patients</li> <li>Population health: Improve documentation/coding/billing processes for clinical documentation</li> <li>Growth: Develop existing provider productivity/opportunity reports and identify new primary/specialty care opportunities</li> <li>Finance: Monthly accountability meetings a round operational measure</li> </ul>

## Plan Framework

- Single page summary of the entire Strategic Plan
- Includes the Mission, Vision, Pillars, and the current fiscal year's Strategic Initiatives, performance metrics, and strategies/tactics
- Is a great overview of the Strategic Plan that should routinely be shared with staff, the Board, the medical staff, and others.
- The listed metrics are aligned with the annual organizational goals, although the Strategic Plan will typically include more metrics that the goals
  - Organizational goals are indicated by **bolded blue font**
- On a quarterly basis, the metrics will be color coded to indicate achievement of performance metrics. This can serve as a “stop-light” report to ET, the Board, and others.

## Strategic Plan Framework

- Strategic Initiative Charters
- Strategy Summaries

# Overview of Strategic Plan Documents

## Strategic Initiative Charter: Kaweah Care Culture

### Objective

Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.

### Chair

Laura Goddard

### ET Sponsor

Dianne Cox

Performance Measure	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
Employee Engagement	4.12	4.19	TBD	TBD
Physician Engagement	3.55 alignment score	3.68 alignment score	TBD	TBD
Patient Engagement	July 19-March 20 73.8% HCAHPS 64.5% ED PEC	76.5% HCAHPS 70% ED PEC	80.4% HCAHPS 72% ED PEC	82.8% HCAHPS 75% ED PEC
Safety Culture	SAQ Teamwork: 63% Safety: 69%	SAQ Teamwork: 66% Safety: 73%	TBD	TBD

### Team Members

Teresa Boyce  
Ed Largoza  
Keri Noeske  
Brittany Taylor  
Sandy Volchko  
Anu Banerjee

Strategies (Tactics)	Net Annual Impact (\$)*
Employee Engagement	
Physician Engagement	
Patient Engagement	
Safety Culture (Safety Climate & Teamwork Climate)	

\* Average annual impact over 3 years

## Strategic Initiative Charters

- Each of the five Strategic Initiatives has a Charter. This is a 1 or 2 page summary of the Initiative's objective, performance metrics, and the key strategies that will make us successful
- The Charter also indicates the team members that helped prepare the Strategic Initiative materials
- Whenever possible, we have projected the financial impact of the strategies
  - Beginning with next year's strategic planning process, Finance will be involved more directly in the planning process so that we can better estimate the financial impact of the strategic plan before the annual budget is prepared

## Strategic Plan Framework

- **Strategic Initiative Charters**
  - Strategy Summaries

# Overview of Strategic Plan Documents

## Strategy Summary for: Service Line Expansion and Optimization

Strategic Initiative: Strategic Growth and Innovation

### Objective

Expand key Kaweah Delta Service lines through addition of related services not currently offered, new affiliations, new specialty or sub-specialty providers, and new locations.

### Key Components

- Expand operating room capacity through improved efficiency, expanded hours/days, and/or development of new rooms
- Expand neurosciences, urology, and gastroenterology service offerings through marketing, potential partnerships, and improved physician relations/alignment

Outcomes	FY21	FY22	FY23
Increase number of patients/enrolled lives in condition-specific clinics	15%	15%	15%
Increase volume in IP surgery volume	11.2%	TBD	TBD
Increase volume in OP surgery volume	16.7%	TBD	TBD
Neurosurgery market share (FPSA) <sup>[1]</sup>	35%	40%	45%
Orthopedic market share (FPSA) <sup>[1]</sup>	57%	60%	64%
Open heart surgery market share (FPSA) <sup>[1]</sup>	70%	72%	75%
Recruit additional urologists	2	2	0

[1] Based on OS+PD data CY2018

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

### Team Members

Coby La Blue, Marc Mertz, Ryan Gates, and Dan Allain

## Strategy Summary

- Under each Strategic Initiative, there is a 1-page Strategic Summary for each of the indicated strategies or tactics
- The Strategic Summary provides more details regarding the specific actions we will take as well as more performance metrics that will be used to monitor our achievement of this strategy
- The summary includes three-year performance targets whenever possible
- Beginning with the next strategic planning process, we will be providing more details regarding the financial impact of each strategy, including capital requirements and operating income and expenses. This information will be used to prioritize strategies and will inform the annual budget process.

## Strategic Plan Framework

- Strategic Initiative Charters
- **Strategy Summaries**

# DRAFT Kaweah Delta Fiscal Year 2021 Strategic Plan

# Kaweah Delta Strategic Plan Framework 2020-2021 **DRAFT**

	Strategic Initiative	Metrics	Strategies/ Tactics
<p><b>Our Mission</b> <i>(The reason we exist)</i></p> <p><b>Health is our passion. Excellence is our focus. Compassion is our promise.</b></p>	<p><b>Organizational Efficiency and Effectiveness</b> <i>Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.</i></p>	<ul style="list-style-type: none"> <li>• <b>ALOS within 0.75 days of GMLOS</b></li> <li>• Drug/supply/testing utilization or spend- <b>TBD</b></li> <li>• Surgical implant standardization- <b>TBD</b></li> <li>• Staffing metrics- <b>TBD</b></li> <li>• Patient-out-patient-in within 30 minutes or less</li> <li>• Spending per beneficiary score &lt; 0.97</li> </ul>	<ul style="list-style-type: none"> <li>• Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient flow, population management, and cost savings.</li> <li>• Better align staffing levels with patient volumes/units of service.</li> <li>• Assess utilization of diagnostic testing, lab testing, and use of medications and make reductions, as appropriate.</li> <li>• Standardize supplies and medical implants</li> <li>• Improve OR efficiency and block utilization</li> </ul>
<p><b>Our Vision</b> <i>(What we aspire to be)</i></p> <p><b>To be your world-class healthcare choice, for life.</b></p>	<p><b>Kaweah Care Culture</b> <i>Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.</i></p>	<ul style="list-style-type: none"> <li>• <b>Pulse Survey - Improve ≥50% Tier 3 Teams to Tier 2 or higher</b></li> <li>• EE Engagement survey - 4.19 engagement score</li> <li>• Physician Engagement survey – 3.68 alignment score</li> <li>• SAQ Teamwork: 66%; Safety 73%</li> <li>• Increase % compliance with manager response to events (<b>TBD</b>- data pending)</li> <li>• <b>HCAHPS Overall Rating: 76.5% 9s and 10s during FY21</b></li> <li>• <b>ED Patient experience: Overall Rating: 70% during FY21</b></li> </ul>	<ul style="list-style-type: none"> <li>• Pulse &amp; Employee Engagement Survey and action planning</li> <li>• Leadership Development programs</li> <li>• Just Culture Commitment – Staff awareness</li> <li>• GME faculty and Medical Staff Leader Development</li> <li>• Physician Engagement Committee work</li> <li>• Operation Always - Patient engagement</li> <li>• Safety attitudes questionnaire (SAQ) and action planning</li> <li>• Increase Kaweah Care recognitions and celebrations</li> <li>• Develop performance scorecards for leaders, physicians, medical directors and department chairs</li> </ul>
<p><b>Our Pillars</b></p> <p>Achieve <b>outstanding community health</b></p> <p>Deliver <b>excellent service</b></p> <p>Provide an <b>ideal work environment</b></p>	<p><b>Outstanding Health Outcomes</b> <i>Demonstrate that we are a high-quality provider so that patients and payers choose Kaweah Delta.</i></p>	<ul style="list-style-type: none"> <li>• Leapfrog B</li> <li>• <b>CAUTI ≤ 0.774</b></li> <li>• <b>CLABSI ≤ 0.687</b></li> <li>• <b>MRSA ≤ 0.763</b></li> <li>• <b>Sepsis bundle ≥70%</b></li> <li>• 100% of Leapfrog/NQP Safe Practices points</li> </ul>	<ul style="list-style-type: none"> <li>• Quality focus teams</li> <li>• Daily catheter and central line Gemba rounds</li> <li>• Improve compliance with sepsis bundle</li> <li>• Create diagnosis-specific committees to address mortality and readmissions</li> <li>• Infection prevention hand hygiene program</li> </ul>
<p>Empower through <b>education</b></p> <p>Maintain <b>financial strength</b></p>	<p><b>Strategic Growth and Innovation</b> <i>Grow intelligently by expanding existing services, adding new services, and serving new communities.</i></p>	<ul style="list-style-type: none"> <li>• 2% growth in market share (FPSA)</li> <li>• 11.2% increase in IP surgical volume</li> <li>• Net 30 increase in the number of physicians in the market</li> <li>• Retain 11 KD residents (40%) in the Central Valley</li> <li>• Two new ambulatory locations</li> <li>• Launch telehealth services</li> <li>• Introduce new branding</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a comprehensive and coordinated ambulatory network strategy</li> <li>• Better monitor and manage patient referrals to ensure continuity of care</li> <li>• Enhance physician relations capabilities to improve recruitment, onboarding, and retention of physicians</li> <li>• Promote key service lines to a broader geographic market (e.g. Fresno, Bakersfield)</li> <li>• Continue work with community advisory groups and use public perception data to improve community relations</li> <li>• Refresh of organization branding and naming strategy</li> <li>• Complete master facility plan to modernize and expand facilities</li> </ul>
	<p><b>High Performing OP Delivery Network</b> <i>Improve the performance of our ambulatory services to provide greater access to care and keep people healthy.</i></p>	<ul style="list-style-type: none"> <li>• Employee engagement ≥ 50th percentile</li> <li>• OP patient satisfaction score ≥ 50th percentile</li> <li>• OP Outcome measures (A1c &lt; 9), blood pressure, depression screening, flu vaccine)</li> <li>• Clinic visits ≥ 100% of budget</li> <li>• Net income ≥ 100% of budget</li> <li>• Labor productivity ≥ 100% of budget</li> <li>• Provider deficiencies 0%</li> <li>• <b>RAF score of TBD</b></li> </ul>	<ul style="list-style-type: none"> <li>• People: Leadership rounding with staff and physicians</li> <li>• Service: Leadership rounding with patients</li> <li>• Population health: Improve documentation/coding/billing processes for clinical documentation</li> <li>• Growth: Develop existing provider productivity/opportunity reports and identify new primary/specialty care opportunities</li> <li>• Finance: Monthly accountability meetings around operational measures</li> </ul>
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# Organizational Efficiency and Effectiveness

# Strategic Initiative Charter: Organizational Efficiency & Effectiveness

**Objective**

*Increase the efficiency and the effectiveness of the organization to reduce costs, lower length of stay, and improve outcomes.*

**Chair**

Keri Noeske

**ET Sponsor**

Regina Sawyer

Performance Measure	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
Adult Acute Med/Surg Length of Stay	1.08 above GMLOS (4/2020)	ALOS within 0.75days of GMLOS	ALOS within 0.70 days of GMLOS	ALOS within 0.65 days of GMLOS
Staffing Metrics	Prod hours/UOS?		TBD	TBD
Drug/supply/testing utilization or spend?	\$\$\$		TBD	TBD
Surgical implant standardization or spend?	\$\$\$		TBD	TBD
Average patient-out-patient-in time in the OR	30 minutes	28 Minutes	TBD	TBD
Spending per beneficiary score	0.97	0.97	0.96	0.95

**Team Members**

Tom Rayner  
 Doug Leeper  
 Malinda Tupper  
 Ryan Gates  
 Dan Allain  
 Suzy Plummer

Strategies (Tactics)	Net Annual Impact (\$)*
Utilize the updated Resource Effectiveness Committee (REC) structure to improve patient flow, population management, and cost savings.	
Better align staffing levels with patient volumes/units of service.	
Assess utilization of diagnostic testing, lab testing, and use of medications and make reductions, as appropriate.	
Standardize supplies and surgical implants to increase operational efficiency and reduce costs	
Improved OR efficiency	

# Strategy Summary for: Resource Effectiveness Committee

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Through effective processes and practices, we will achieve maximum productivity with minimum wasted effort or expense.

## Key Components

- Implement performance improvement strategies to impact patient throughput, length of stay, and cost savings initiatives throughout the Kaweah Delta continuum.
- Identify barriers to improvement strategies, implement action plans related to the barriers with engagement from both Kaweah Delta staff and medical staff.
- Provide resources and remove barriers to REC teams to facilitate success of the identified goals and improvement strategies.
- Ensure REC and subcommittees are aligned with the strategic plan goals of the organization.

Outcomes	FY21	FY22	FY23
Reduced Adult Acute Medical Surgical Length of Stay (1.08 above GMLOS effective April 2020)	ALOS w/i 0.75days of GMLOS	ALOS w/i 0.70 days of GMLOS	ALOS w/i 0.65 days of GMLOS

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## Financial Impact

	FY2021	FY2022	FY2023
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Pending GMLOS for FY20

## Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

# Strategy Summary for: Efficient Staffing Levels

Strategic Initiative: Organizational Efficiency & Effectiveness

**Objective**

Better align staffing levels with patient volumes and/or units of service.

**Key Components**

- Use daily labor and productivity reports to make decisions regarding staffing levels and flexing
- Identify and execute on opportunities to reduce overtime and contract labor

**Financial Impact**      FY2021      FY2022      FY2023

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Productive hours per UOS? Per discharge?			

**Team Members**

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

# Strategy Summary for: Resource Utilization

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Assess the organization’s utilization rates for diagnostics, imaging, lab, and pharmacy to identify and execute on opportunities for improvement and overall cost savings.

## Key Components

- Reduction of readmissions

Outcomes	FY21	FY22	FY23
Drug/supply utilization or spend?	TBD		
MSPB KD Penalty \$	< 151,800	< 110,000	<70,000
MSPB KD Rate	0.97	0.96	0.95
MSPB Hospital Amount	< \$21,544.14	<\$20,544.14	<\$19,544.14
Compliance with American College of Radiology testing rates			13/46

## Financial Impact

	FY2021	FY2022	FY2023
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

# Strategy Summary for: Standardize Use of Supplies and Implants

Strategic Initiative: Organizational Efficiency & Effectiveness

**Objective**

**Increase the standardization of supplies and surgical implants to achieve cost savings and operational efficiency.**

**Key Components**

- Work with orthopedic co-management committee to reduce the number of implant vendors (currently 7)

Outcomes	FY21	FY22	FY23
Implant utilization or spend?	TBD		
Number of ortho implant vendors	TBD		

**Financial Impact**      FY2021      FY2022      FY2023

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

**Team Members**

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

# Strategy Summary for: Operating Room Efficiency

Strategic Initiative: Organizational Efficiency & Effectiveness

## Objective

Improve operating room efficiency to reduce costs and increase patient capacity.

## Key Components

- Work with physicians to improve the percentage of on-time start times for the first OR cases of the day
- Process improvement initiatives to reduce room turn around times
- Increase OR capacity with expanded hours of operation
- Work with OR governance committee to reallocate block times to increase utilization and to provide more surgeons with necessary block time

Outcomes	FY21	FY22	FY23
Average patient-out-patient-in time	28 minutes		
Block time utilization rate			

## Financial Impact

	FY2021	FY2022	FY2023
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Keri Noeske, Regina Sawyer, Tom Rayner, Malinda Tupper, Doug Leeper, Dan Allain, Ryan Gates, Suzy Plummer

# Kaweah Care Culture

# Strategic Initiative Charter: Kaweah Care Culture

## Objective

Recruit, develop, and retain the best staff and physicians to create an ideal work environment and ensure that patients receive excellent compassionate care.

## Chair

Laura Goddard

## ET Sponsor

Dianne Cox

Performance Measure	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
Employee Engagement	4.12	4.19	TBD	TBD
Physician Engagement	3.55 alignment score	3.68 alignment score	TBD	TBD
Patient Engagement	July 19-March 20 73.8% HCAHPS 64.5% ED PEC	76.5% HCAHPS 70% ED PEC	80.4% HCAHPS 72% ED PEC	82.8% HCAHPS 75% ED PEC
Safety Culture	SAQ Teamwork: 63% Safety: 69%	SAQ Teamwork: 66% Safety: 73%	TBD	TBD

## Team Members

Teresa Boyce  
Ed Largoza  
Keri Noeske  
Brittany Taylor  
Sandy Volchko  
Anu Banerjee

Strategies (Tactics)	Net Annual Impact (\$)*
Employee Engagement	
Physician Engagement	
Patient Engagement	
Safety Culture (Safety Climate & Teamwork Climate)	

\* Average annual impact over 3 years

# Strategy Summary for: Employee Engagement

Strategic Initiative: Kaweah Care Culture

## Objective

Create an inspiring and supportive culture to attract, engage, develop and retain the best people to provide personal, professional and compassionate care.

## Key Components

- Pulse Survey of 22 Tier 3 groups
- Employee Engagement Survey and action planning
- Kaweah Care Recognition and celebrations
- Leadership Development and Emerging Leaders programs
- Kaweah Care Culture Virtual Community (intranet launch)
- Kaweah Care University
- Compensation/PTO/Benefits Review
- Employee Performance/Retention Review
- Employee wellness and wellbeing

Outcomes	FY21	FY22	FY23
Employee Engagement Survey	4.19	TBD	TBD
Pulse Survey	≥50% Tier 3 Teams to Tier 2 or higher	TBD	TBD

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Laura Goddard, Dianne Cox, Teresa Boyce, Ed Largoza, Keri Noeske, Brittany Taylor, Sandy Volchko

# Strategy Summary for: Physician Engagement

Strategic Initiative: Kaweah Care Culture

## Objective

Create an inspiring and supportive culture to attract, engage, develop and retain the best people to provide personal, professional and compassionate care.

## Key Components

- Promote provider participation in 2019 survey action plans
- Promote 2021 Physician Engagement survey participation.
- Establish and communicate 2021 action plans to Medical Staff, leadership and Board of Directors
- Exit Interviews to inform better Physician retention
- GME engagement and retention events
- Promote & empower Physician Engagement Committee

Outcomes	FY21	FY22	FY23
Physician Engagement Survey	3.68 align score	TBD	TBD
Patient Throughput Improvement	ALOS .75 of GMLOS	TBD	TBD
GME Retention	40%	TBD	TBD

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue (ALOS goal)			
Expenses	No additional		
Labor	No additional		
Supplies	No additional		
Other			
Total Costs			
Contribution Margin			

## Team Members

Laura Goddard, Dianne Cox, Teresa Boyce, Ed Largoza, Keri Noeske, Brittany Taylor, Sandy Volchko

# Strategy Summary for: Patient Engagement

Strategic Initiative: Kaweah Care Culture

## Objective

Promote a patient-centered focus in all of our work.

### Key Components

- Operation Always commitments and tracking
  - Leader Rounding
  - Communication Boards/Medicine Guide/Patient Guide
- Communicate monthly survey results to leadership, Board of Directors, providers, and organization
- Support increased communication amongst physicians for better coordinated plan of care
- Work with underperforming areas to implement strategies to improve patient experience
- **Develop scorecards to drive improvement by increasing visibility of performance data and requiring accountability**

Financial Impact	FY21	FY22	FY23
Capital Requirements	None	None	None
Revenue (Domain Earnback)	\$574,212	TBD	TBD
Expenses <sup>[1]</sup>			
Labor	\$231,384	\$237,860	\$244,520
Supplies	\$8,000	\$8,000	\$8,000
Other	\$150,000	\$150,000	\$150,000
Total Costs	\$389,384	\$395,860	\$402,520
Contribution Margin	\$184,828	TBD	TBD

[1] Already included in FY21 budget

### Team Members

Laura Goddard, Ed Largoza, Dianne Cox

Outcomes	FY21	FY22	FY23
HCAHPS Overall Rating	76.5% (75 <sup>th</sup> )	80.4 (83 <sup>rd</sup> )	82.8 (90 <sup>th</sup> )
ED PEC Overall Rating	70% (50 <sup>th</sup> )	72% (75 <sup>th</sup> )	75% (90 <sup>th</sup> )

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Add additional metrics?

# Strategy Summary for: Safety Culture

Strategic Initiative: Kaweah Care Culture

## Objective

Support an ever-improving safety culture to promote trust, encourage transparency and examination of patient safety to prevent errors and injuries.

## Key Components

- Safety Attitudes Questionnaire (SAQ) and action planning
- CUSP team support and expansion
- TeamSTEPPS leadership training cohort and tool implementation
- Just Culture staff awareness
- Safety recognition and awards

Outcomes	FY21	FY22	FY23
SAQ – Teamwork Climate score	66%	TBD	TBD
SAQ – Safety Climate score	73%	TBD	TBD

Financial Impact	2020	2021	2022
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Laura Goddard, Dianne Cox, Teresa Boyce, Ed Largoza, Keri Noeske, Brittany Taylor, Sandy Volchko, Anu Banerjee

# Outstanding Health Outcomes

# Strategic Initiative Charter: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Chair

Sandy Volchko

## ET Sponsor

Anu Banerjee

Performance Measure	Baseline <sub>FYTD</sub>	FY21 Goal	FY22 Goal	FY23 Goal
Infection Prevention Measure Bundle (CMS population only)	CAUTI 0.969 CLABSI 0.94 MRSA 1.33	CAUTI ≤ 0.774* CLABSI ≤ 0.687* MRSA ≤ 0.763*	CAUTI ≤ 0.735 (-5%) CLABSI ≤ 0.653 (-5%) MRSA ≤ 0.725 (-5%)	CAUTI ≤ 0.698 (-5%) CLABSI ≤ 0.620 (-5%) MRSA ≤ 0.689 (-5%)
Patient Safety Indicators (PSI90)**	0.86 (3/1/19-4/30/20)	≤ 0.75	≤ 0.71 (-5%)	≤ 0.67 (-5%)
Sepsis Bundle Compliance (SEP-1)	TBD end of FY20	≥70%	≥75% (+7%)	≥80% (+7%)
COPD Mortality o/e	2.5 (7/1/19-3/31/20)	2.25 (-10%)	2.02 (-10%)	1.82 (-10%)
AMI 30 Day Readmission	12.613	11.98% (-5%)	11.98% (-5%)	11.98% (-5%)
CABG 30 Day Readmission	9.091	8.64% (-5%)	8.64%	8.64%
Heart Failure 30 Day Readmission	18.713	16.84% (-10%)	15.00%(-5%)	14.25%(-5%)
COPD 30 Day Readmission	11.111	10.00% (-10%)	9.5% (-5%)	9.05% (-5%)
Pneumonia 30 Day Readmission	17.021	15.38%	14.61% (-5%)	13.88% (-5%)
Hip/Knee 30 Day Readmission	1.724	0	0	0
Leapfrog/NQF Safe Practices	100% of points	100% of points	100% of points	100% of points
Leapfrog	C	B	23/46 A	A

## Team Members

Sandy Volchko  
Anu Banerjee  
Tom Gray, MD  
Evelyn McEntire  
Shawn Elkin

\*2021 VBP thresholds  
\*\*Included in 2023 VBP

PSI90 Benchmarks:  
Midas (4/1/19-3/31/20): All Payor – 0.90,  
Medicare 0.75  
CMS: 1.0 (2018)

Readmission benchmarks:  
CMS: 15.3% (Q317 - Q218)  
Midas: 8.92% (Pacific Nw), 9.46 National

# Strategic Initiative Charter: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Chair

Sandy Volchko

## ET Sponsor

Anu Banerjee

Strategies (Tactics)	Net Annual Impact (\$)*	Team Members
Infection Prevention Measure Bundle: 1. CAUTI, CLABSI/MRSA Quality Focus Teams 2. Daily catheter and central line Gemba rounds 3. Enhanced daily huddles, education/awareness, culture of culturing	2% Medicare reimbursement per beneficiary (star rating); CMS HAC & VBP Program penalties	Sandy Volchko Anu Banerjee Tom Gray, MD Evelyn McEntire Shawn Elkin
Patient Safety Indicators (PSI): 1. PSI Committee; timely review of PSI from CDI, HIM, Surgeon Champion and Quality & P/S; clinical system enhancements	CMS HAC and VBP Program penalties	
Sepsis Bundle Compliance 1. Multidisciplinary Quality Focus Team 2. Sepsis Coordinators 3. Focus Six Sigma QI Strategies to address root causes of bundle non-compliance	Reduction to length of stay	
Mortality/Readmissions 1. Enhanced diagnostic specific workgroups/committees	Readmission Reduction Program & VBP	
Leapfrog/NQF Safe Practice 1. Med Safety Initiatives, SAQ administration, dissemination & QI, nursing staffing/adverse events, CPOE	No financial impact	

# Strategy Summary for: Infection Prevention Measure Bundle

Strategic Initiative: Outstanding Health Outcomes

**Objective**

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

**Key Components**

- CAUTI, CLABSI, MDROC Quality Focus Teams
- IV Safety Team
- Hand hygiene monitoring system
- IUC/CL Gemba Rounds
- Enhanced shift safety huddles
- Enhanced bundle awareness/education

Outcomes	FY21	FY22	FY23
CAUTI	≤ 0.774	≤ 0.735	≤ 0.698
CLABSI	≤ 0.687	≤ 0.653	≤ 0.620
MRSA	≤ 0.763	≤ 0.725	≤ 0.689

**Financial Impact**      FY21      FY22      FY23

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Impact to VBP penalties/incentives

**Team Members**

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategy Summary for: Patient Safety Indicators (PSIs)

Strategic Initiative: Outstanding Health Outcomes

Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

Key Components

- PSI Multidisciplinary Committee (MD, HIM, CDI & Q&P/S)
- Proactive CDI review
- Surgeon champion and Q&P/S review; peer review and system changes when indicated

Financial Impact      FY21      FY22      FY23

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

Outcomes	FY21	FY22	FY23
PSI90	≤ 0.75	≤ 0.71 (-5%)	≤ 0.67

Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategy Summary for: (SEP-1) Sepsis Bundle Compliance

Strategic Initiative: Outstanding Health Outcomes

**Objective**

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

**Key Components**

- Joint Commission Accreditation
  - Accreditation – Regulatory Committee (ARC)
  - Unit and system tracers
  - Workgroups addressing compliance

**Financial Impact**      2020      2021      2022

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

Outcomes	FY21	FY22	FY23
SEP-1	≥70%	≥75%	≥80%

**Team Members**

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategy Summary for: CMS Mortality and Readmissions

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Key Components

- Enhanced diagnosis specific workgroups/committees
- Standardized care based on evidence

Outcomes	FY21	FY22	FY23
COPD Mortality o/e	-10%	-5%	-5%
AMI 30 Day Readmission	11.98% (-5%)	11.98% (-5%)	11.98% (-5%)
CABG 30 Day Readmission	8.64% (-5%)	8.64%	8.64%
Heart Failure 30 Day Readmission	16.84% (-10%)	15.00%(-5%)	14.25%(-5%)
COPD 30 Day Readmission	10.00% (-10%)	9.5% (-5%)	9.05% (-5%)
Pneumonia 30 Day Readmission	15.38%	14.61% (-5%)	13.88% (-5%)
Hip/Knee 30 Day Readmission	0	0	0 28/46

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

## Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategy Summary for: Leapfrog/NQF Safe Practices

Strategic Initiative: Outstanding Health Outcomes

## Objective

Over the next 2-3 years, achieve an “A” Leapfrog Safety Score and a CMS 4 Star Rating through the consistent application of best practices and innovative strategies.

## Key Components

### Leapfrog/NQF Safe Practices

- Safety Attitudes Questionnaire (SAQ)
  - Administration
  - Dissemination
  - QI strategies
- Medication safety workgroups addressing bar code scanning
- Workgroups addressing clinical decision support in CPOE
- Workgroup addressing safe practices in maternal child health
- Infection prevention hand hygiene program
- Workgroup addressing nurse staffing and adverse events

## Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Analysis to be provided/supported by Finance during budgeting process

Outcomes	FY21	FY22	FY23
Leapfrog/NQF Safe Practice Score	100% of points	100% of points	100% of points

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## Team Members

Sandy Volchko, Anu Banerjee, Tom Gray, MD, Evelyn McEntire, Shawn Elkin

# Strategic Growth and Innovation

# Strategic Initiative Charter: Strategic Growth and Innovation

**Objective**

**Grow intelligently** by expanding existing services, adding new services, and serving new communities.

**Chair**

Coby La Blue

**ET Sponsor**

Marc Mertz

Performance Measure	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
Market Share (FPSA) <sup>[1]</sup>	63%	65%	67%	69%
Net new physicians in the market	n/a	30	TBD	TBD
New ambulatory locations	n/a	2	3	1
Increased IP surgery volume	n/a	11.2%	TBD	TBD

**Team Members**

Minty Dillion  
 John Leal  
 Ryan Gates  
 Dan Allain

Strategies (Tactics)	Net Annual Impact (\$)*
Ambulatory Network Strategy	
Physician Recruitment and Retention	
Service Line Expansion and Optimization	
New Service Line Growth	
Branding	
Facility Planning	

[1] Based on OSHPD data CY2018

\* Average annual impact over 3 years

# Strategy Summary for: Ambulatory Network Strategy

Strategic Initiative: Strategic Growth and Innovation

## Objective

Provide access to care for all of the population through expansion of Kaweah Delta's network reach through acquisition/expansion of service locations, service areas, and innovative payer contracting strategies.

## Key Components

- Develop a comprehensive and coordinated ambulatory care strategy that expands access across a broad range of service models and locations (FQHC, RHC, KDMF, school/employer-based medicine)
- Develop a centralized referral process for efficient connection of patients to needed services
- Assess the opportunities of a managed Medi-Cal strategy
- Develop additional strategic affiliations that will increase patient access points and market share

Outcomes	FY21	FY22	FY23
Increased "at risk" lives within a Managed Medi-Cal strategy	7,500	10,000	12,000
Overall referral rate to in-network providers	Baseline	+5%	+5%

Financial Impact	FY21	FY22	FY23
Capital Requirements	\$6,000,00	\$10,500,000	\$4,000,000
Revenue	Capital expenses are for new		
Expenses	locations.		
Labor	Use Tulare Clinic pro forma to estimate impact of new clinics		
Supplies			
Other			
Total Costs	Impact of referral rate increase?		
Contribution Margin			

## Team Members

Coby La Blue, Marc Mertz, Ryan Gates, Minty Dillon

# Strategy Summary for: Physician Recruitment and Retention

Strategic Initiative: Strategic Growth and Innovation

## Objective

Increase the number of primary and specialty physicians in the community.

## Key Components

- Recruit needed primary care providers and key specialists (GI, Urology, Psychiatry)
- Increase number of physicians in KDMF
- Evaluate development of new residency programs
- Develop residential facilities in Visalia to support rotating medical students, residents, and other individuals
- Build on affiliation with USC and potentially other institutions, as appropriate
- Development of a physician onboarding program

Outcomes	FY21	FY22	FY23
Achieve a net gain of physicians year-over-year	30	TBD	TBD
Achieve the increase in KDMF physicians projected in the KDMF budget and Physician Staffing Plan	12	TBD	TBD
Reduce the number of practicing physicians that leave the area	<7% (national average)	<7%	<7% 33/46
Increase retention of KD residents in Central Valley	11 physicians (40%)	40%	40%

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Coby La Blue, Marc Mertz, Brittany Taylor

# Strategy Summary for: Service Line Expansion and Optimization

Strategic Initiative: Strategic Growth and Innovation

## Objective

Expand key Kaweah Delta Service lines through addition of related services not currently offered, new affiliations, new specialty or sub-specialty providers, and new locations.

## Key Components

- Expand operating room capacity through improved efficiency, expanded hours/days, and/or development of new rooms
- Expand neurosciences, urology, and gastroenterology service offerings through marketing, potential partnerships, and improved physician relations/alignment

Outcomes	FY21	FY22	FY23
Increase number of patients/enrolled lives in condition-specific clinics	15%	15%	15%
Increase volume in IP surgery volume	11.2%	TBD	TBD
Increase volume in OP surgery volume	16.7%	TBD	TBD
Neurosurgery market share (FPSA) <sup>[1]</sup>	35%	40%	45%
Orthopedic market share (FPSA) <sup>[1]</sup>	57%	60%	64%
Open heart surgery market share (FPSA) <sup>[1]</sup>	70%	72%	75%
Recruit additional urologists	2	2	0

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[1] Based on OSHPD data CY2018

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue	Use contribution margin by service to project \$\$ increase related to market share increases		
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Coby La Blue, Marc Mertz, Ryan Gates, and Dan Allain

# Strategy Charter for: New Service Line Growth

Strategic Initiative: Strategic Growth and Innovation

## Objective

Implement new and innovative services needed by the communities served by Kaweah Delta.

## Key Components

- Comprehensive outpatient behavioral health program, potentially supported by state BHI grant, including expansion of services in RHCs and new Medicare/Commercial clinic
- Launch telehealth / home monitoring services, to include local physicians
- Establish a comprehensive bariatric surgery program
- Consider addition of other needed services (e.g. occupational health, adult day care, adolescent residential services)

Outcomes	FY21	FY22	FY23
Bariatric IP cases	50	100	120
Telehealth visits	8,800	10,000	15,000
New behavioral health locations (via BHI grant)	3	1	0

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## Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Coby La Blue, Marc Mertz, John Leal

# Strategy Charter for: Branding

Strategic Initiative: Strategic Growth and Innovation

## Objective

Increase community awareness of the Kaweah Delta name and services offered through consistent branding, marketing and community education.

### Key Components

- Market additional capabilities of key services such as cardiology/CV surgery, neurosurgery, orthopedics, and vascular surgery
- Refresh of organization branding and naming strategy
- Promote affiliations with Cleveland Clinic and University of Southern California to increase awareness and market share
- Marketing with emphasis on community involvement and full continuum of services
- Continue work with community advisory groups to use public perception survey results to improve community relations

Outcomes	FY21	FY22	FY23
Successful launch of new branding	Launch		
PSA market share	79%	80%	81%
SSA market share	34%	36%	38%
FPSA market share	65%	67%	69%
Measured improvement in public perception surveys	Baseline- TBD	+5%	+5%

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### Financial Impact

	FY21	FY22	FY23
Capital Requirements	\$450,000		
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs	\$165,000		
Contribution Margin			

Market share impact captured in other strategies?

### Team Members

Coby La Blue and Marc Mertz

# Strategy Charter for: Facility Planning

Strategic Initiative: Strategic Growth and Innovation

## Objective

Modernize and expand Kaweah Delta's facilities to better meet the needs of our growing community.

## Key Components

- Complete the master facility planning process
- Launch a community engagement campaign to share and solicit input on facility planning options
- Add primary care access points in new markets
- Develop plans to increase access to outpatient surgery and endoscope services
- Work with local providers to increase access to skilled nursing homes so that KD patients can be discharged earlier

Outcomes	FY21	FY22	FY23
New RHC locations	1	1	0
New KDMF locations	1	1	0
New FQHC locations (not including conversions)	0	1	1

Financial Impact	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

## Team Members

Marc Mertz, Deborah Volosin, Ryan Gate, Paul Schofield

# High Performing OP Network

# Strategic Initiative Summary: High Performing OP Delivery Network

## Objective

*Develop, maintain and grow a high-performing OP delivery network*

## Chair

Jessica Rodriguez  
Sonia Duran-Aguilar

## ET Sponsor

Ryan Gates

High Priority Performance Measures and the Pillars they Support	Baseline	FY21 Goal	FY22 Goal	FY23 Goal
<b>People – Provide an ideal work environment</b>				
Employee Engagement Score		50 <sup>th</sup> %ile (4.11)	60 <sup>th</sup> ile (4.17)	75 <sup>th</sup> ile (4.24)
Physician Engagement Score		TBD	TBD	TBD
<b>Service –Deliver excellent service</b>				
Outpatient Patient Satisfaction Score (CG-CAHPS-Overall Doctor Rating)		50 <sup>th</sup> %ile (81%)	60 <sup>th</sup> ile (83%)	75 <sup>th</sup> %ile (87%)
<b>Population Health – Achieve outstanding community health</b>				
Outpatient Patient Outcome Measures (A1c <9, Blood Pressure, Depression Screening, Flu Vaccines)		TBD	TBD	TBD
Overall risk adjustment factor (RAF) score	XXXX	TBD	TBD	TBD
<b>Growth – Maintain financial strength</b>				
Clinic Visits		100% to budget	100% to budget	100% to budget
<b>Finance – Maintain financial strength</b>				
Net Income		100% to budget	100% to budget	100% to budget
Labor Productivity		100% to budget	100% to budget	100% to budget
Provider deficiencies		0% variance	0% variance	0% variance

## Team Members

- Marc Mertz
- Dr. Monica Manga
- Dr. Mario Martinez
- Ed Largoza
- Luke Schneider
- Lacy Jensen
- Leslie Bodoh
- Clint Brown
- Gail Robinson
- Jill Anderson
- John Leal
- Ivan Jara
- Tracy Salsa
- Barry Royce
- Pico Griffith

Strategies (Tactics)	Net Annual Impact (\$)
People: Leadership rounding with staff and physicians	Turn over reduction % to get \$\$ saved
Service: Leadership rounding with patients	\$\$ gained for CGCAPS scores in PRIME
Population Health: Improve documentation/coding/billing processes for clinical documentation ** Close quality and hierarchical condition category gaps for SIH plan ** Focused committee efforts around clinical quality measurement improvement	\$\$ saved by closing SIH gaps \$\$ increased through PMPM performance \$\$ associated in PRIME for quality measures
Growth: Develop existing provider productivity/opportunity reports & identify new primary/specialty opportunities to add	Opportunity # of visits able to be captured by low volume & new providers
Finance: Monthly accountability meetings around operational measures ** Including financial targets of visit volume, provider productivity, labor productivity, expenses and completion of provider deficiencies	% of last year budget gap to this year budget actual

# Strategy Summary for: People – Provide an Ideal Work Environment

Strategic Initiative: High Performing OP Delivery Network

## Objective

*Develop, maintain and grow a high-performing OP delivery network*

### Key Components

1. Use SAQ and Employee Engagement results to identify areas for improvement and ensure management and staff work together with leadership to resolve
2. Use Physician Survey results to identify areas for improvement and ensure management and staff work together with physicians and leadership to resolve
3. Leadership rounding with staff and physicians
4. Executive rounding with staff and physician
5. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures

### Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Employee Engagement Score	50 <sup>th</sup> %ile (4.11)	60 <sup>th</sup> %ile (4.17)	75 <sup>th</sup> %ile (4.24)
Physician Engagement Score	TBD	TBD	TBD

### Team Members

Ryan Gates, Jessica Rodriguez, John Leal, Ivan Jara

# Strategy Charter for: Service – Deliver Excellent Service

Strategic Initiative: High Performing OP Delivery Network

## Objective

*Develop, maintain and grow a high-performing OP delivery network*

### Key Components

1. Assess Outpatient Patient Satisfaction Scores (CG-CAHPS-Overall Doctor Rating) and develop opportunities for improvements based on patient feedback
2. Monthly monitoring of MIDAS reports of patient grievances and patient safety/adverse events and develop corrective action plans when applicable
3. Monthly Continuous Quality Improvement Committee (CQI) and Population Health Initiative Steering Committees to provide oversight and guidance in ensuring the delivery of excellent service
4. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures

### Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Outpatient patient satisfaction scores (CG-CAHPS) <ul style="list-style-type: none"> <li>- Overall Doctor Rating</li> <li>- Office Staff Quality</li> <li>- Provider Communication</li> <li>- Access</li> </ul>	50 <sup>th</sup> %ile (81%)	60 <sup>th</sup> %ile (83%)	75 <sup>th</sup> %ile (87%)

### Team Members

Ryan Gates, Jessica Rodriguez, John Leal, Ivan Jara

# Strategy Charter for: Population Health – Achieve Outstanding Community Health

## Strategic Initiative: High Performing OP Delivery Network

### Objective

*Develop, maintain and grow a high-performing OP delivery network*

### Key Components

1. Participation in a myriad of population health programs (i.e. PRIME, Health Homes, QIP, BHI, health plan incentives, etc.)
2. As metrics are met, retire and replace with other prioritized metrics. Through our various population health programs we report on over 80 metrics but will focus on in metrics in a prioritized fashion to ensure focus and impact
3. Identify opportunities for improvement (i.e. Cerner enhancements, clinic workflows, care coordination, patient outreach, provider documentation, etc.)
4. Leverage LVN care coordinators, community outreach workers, providers and clinic teams to use COZEVA and Cerner registries under development to close quality and HCC gaps
5. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures

### Financial Impact

	FY21	FY22	FY23
Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
A1c <9%	TBD	TBD	TBD
High Blood Pressure	TBD	TBD	TBD
Depression Screening	TBD	TBD	TBD
Flu Vaccinations	TBD	TBD	TBD

### Team Members

Sonia Duran-Aguilar, Ryan Gates, Jessica Rodriguez, John Leal, Ivan Jara

# Strategy Charter for: Growth – Maintain Financial Strength

Strategic Initiative: High Performing OP Delivery Network

**Objective**

*Develop, maintain and grow a high-performing OP delivery network*

**Key Components**

1. Clinic visit volume remains the strongest objective link to financial strength
2. Develop existing provider productivity/opportunity reports
3. Identify new primary/specialty opportunities to add
4. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures
5. Implementation and mature use of telehealth technologies
6. Aggressive marketing to community and targeted physician recruitment

**Financial Impact**      FY21      FY22      FY23

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Clinic Visits	100% to budget	100% to budget	100% to budget

**Team Members**

Ryan Gates, Jessica Rodriguez, John Leal, Ivan Jara

# Strategy Charter for: Finance – Maintain Financial Strength

Strategic Initiative: High Performing OP Delivery Network

**Objective**

*Develop, maintain and grow a high-performing OP delivery network*

**Key Components**

1. Incorporate into monthly dashboard rolled up overall and drilled down to clinic/provider level coupled with monthly accountability meetings around operational measures
2. Localize clinic management to provide real time management of staffing and productivity
3. Add additional locations and services in line with community needs and strategic plan
4. Convert strategic clinics to FQHC for PPS rate reimbursement to improve financial performance and sustainability

**Financial Impact**      FY21      FY22      FY23

Capital Requirements			
Revenue			
Expenses			
Labor			
Supplies			
Other			
Total Costs			
Contribution Margin			

Outcomes	FY21	FY22	FY23
Net Income	100% to budget	100% to budget	100% to budget
Labor Productivity	100% to budget	100% to budget	100% to budget
Provider Deficiencies	0% variance	0% variance	0% variance

**Team Members**

Malinda Tupper, Ryan Gates, Jessica Rodriguez

# Proposed Kaweah Delta Fiscal Year 2022 Strategic Planning Process

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