

Strategic Planning in a Sea of Change

Presented By :

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Why Should We Plan?



- Improve Performance
- To communicate to all your stakeholders
- Uncertainty about the future
- To answer three basic questions
 - Where are we going as an organization?
 - Where are we at now?
 - What must we do to eliminate the gap?

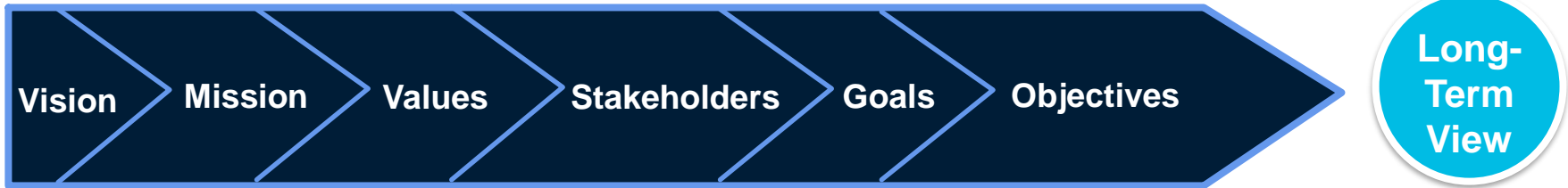
How do we answer those three questions?



- The “Three Questions” are too difficult to answer all at once
- Organizations break these questions down into small components
- These individual components add up to answer the “Three Questions”

Overview of The Strategic Planning Process

1: Where Are We Going?



2: Where Are We At Now?



3: What Must We Do To Eliminate The Gap?



Strategic Planning Process

Pre
Work

Planning Process

Completion



FEEDBACK LOOP

What works?



- Lean toward being inclusive
- Consider who is likely to be key to successful implementation
- Do plans in areas of the organization- Don't just think globally
- The process is critical
- Set clear and measureable goals
- Communicate with simple documents
- Monitor your plan on an ongoing basis

Example Strategic Plan

VISION

MISSION

VALUES

- _____
- _____
- _____
- _____

**CONSTITUENT
GROUPS**

- _____
- _____
- _____
- _____

GOALS

- _____
- _____
- _____
- _____

STRENGTHS

WEAKNESSES

OPPORTUNITIES

THREATS

Example Strategic Plan

ASSUMPTIONS

- _____
- _____
- _____
- _____

OBJECTIVES Short & Long Term

1 YR 5 YR

- Obj1
- Obj2
- Obj3
- Obj4

CRITICAL ISSUES/ ACTION PLANS

ISSUE: _____

ACTIONS:

- _____
- _____
- _____

RESPON: _____

TIMING: _____

ISSUE: _____

ACTIONS:

- _____
- _____
- _____

RESPON: _____

TIMING: _____

CRITICAL ISSUES/ ACTION PLANS (Con't)

ISSUE: _____

ACTIONS:

- _____
- _____
- _____

RESPON: _____

TIMING: _____

ISSUE: _____

ACTIONS:

- _____
- _____
- _____

RESPON: _____

TIMING: _____



Hospital 5 Year Strategic Plan 2010-2014

VISION

First Choice healthcare provider

MISSION

Providing exceptional quality healthcare in a compassionate, healing environment

VALUES

- **Respect for the individual**- We will treat each other and those we serve with courtesy, fairness, respect, and integrity.
- **Shared Commitment**- The Board, Medical Staff, Volunteers, and Employees will work together toward the provision of high quality health services. We will accomplish this through unity, loyalty and integrity.
- **Stewardship**- We will fulfill our mission to provide high quality health services through the efficient and effective use of our resources.
- **Innovation**- We will continually seek to improve ourselves through proactive application of technology and knowledge. We will strive to be primary leaders in the health care industry.
- **Patient First**- We believe our most important responsibility is to those we serve. We will do this through creating a safe environment, respect for privacy, timeliness of services and offering quality education and support.
- **Principle-Centered**- Our interactions with all segments of society must reflect the high standards we profess. These include integrity, trust, honesty, professionalism, loyalty and dependability.

STAKEHOLDERS

- Patients
- Employees
- Physicians
- Employers
- Government
- Volunteers

ASSUMPTIONS

- There will be greater public knowledge of hospital quality.
- Patients will be more demanding of quality and compassionate care.
- Cooperation between Medical Staff and Administration will be required to achieve our mission.
- Medicare and BCBS will continue as dominant insurances in our market.
- Outpatient will continue to increase.
- We will have to employ physicians to recruit them.
- The need for physician replacement due to retirement will increase.
- It will continue to be difficult to attract experienced hospital staff.
- Information management/data will require more resources.
- The health of our County will get worse before it gets better.
- National Patient Safety Goals will require standardization of processes.
- Our County will grow.
- Healthcare reform will impact how we do business.

STRENGTHS

- Board of Trustees
- Technology: medical and information
- Size and convenience of the hospital
- Our tradition and history
- Employees

WEAKNESSES

- Age of Medical Staff
- Inability to attract key physician specialties/recruiting
- Large amount of revenue with a few physicians
- Variation of care at different times – ie. call coverage
- Payor mix

OPPORTUNITIES

- Grow Primary Care base
- Orthopedic/Rehabilitation
- Surgery
- Rural Health Clinic services
- Marketing to BCBS employers in Our market
- Growth: market area
- Identify and wind down non-profitable areas
- Economic Development/ local plants

THREATS

- Competition/Image
- Economy/National Health Care
- Blue Cross Blue Shield
- Non-traditional competition: carve outs

STRATEGIC INITIATIVES IDENTIFIED DURING BOARD RETREAT

1. **Physician recruitment**
2. **Emergency Room improvements**
3. **Targeted marketing plan**
4. **Develop a plan to position for key strategic affiliations and relationships**
5. **Infrastructure improvements (Cath Lab, ER, Imaging, etc.)**
6. **Revenue enhancements**
7. **Outpatient growth focused on key O/P services**
8. **Evaluate expanding service ranges (Oncology, Psych, Urology, ENT, Neuro)**
9. **Secure support from public entities**

Hospital 5 Year Strategic Plan 2010-2014

CRITICAL ISSUES

PHYSICIAN RECRUITMENT

- Focus on Primary Care physician recruiting. (Pediatrician), (ENT)(Family Practice).
- Work on covering general surgery call in ER by recruiting a general surgeon or working with surgeons in the area.
- Recruit an orthopedic associate for existing physician at his request.
- Explore partnering with local physician groups to assist with recruiting efforts. Continuing to work with them on possible oncology help.
- Build new multi-physician clinic with possible urgent care in a visible location to assist in recruiting.

Physician Recruitment Objectives				
Number of Physicians Added				
2010	2011	2012	2013	2014
	3	3	2	2

EMERGENCY ROOM IMPROVEMENTS

- Contract with new physician group in the Emergency Room.
- Focus on new customer service campaign for ER employees.
- Determine patient flow process in ER.
- ER turnaround time <4 hours for all patients.
- Explore capital improvements in the Emergency Room.

Emergency Room Objectives				
Number of ER Visits				
2010	2011	2012	2013	2014
15,500	17,050	18,755	19,693	20,678
Percentage of ER Patients Admitted				
2010	2011	2012	2013	2014
9.6%	12%	13%	14%	15%

TARGETED MARKETING PLAN

- Add a Director of Marketing/Public Relations position.
- Develop a targeted marketing plan for the next twelve months.
- Develop physician recruiting and promotion video for new physicians.
- Explore marketing help from Local Universities.
- Have annual community health fair.
- Focus on local marketing.
- Press releases on Employee of the Quarter, new managers, new services/technology, new physicians, special customer testimonials.
- Market excellence already in place (existing services)

Marketing Objectives				
Percentage of Medicare Market Share				
2010	2011	2012	2013	2014
38%				55%

DEVELOP PLAN TO POSITION FOR KEY STRATEGIC AFFILIATIONS AND RELATIONSHIPS

- Explore affiliation with other healthcare entities.
- Determine other possible affiliations that would strengthen our position in the area.

NEXT STEPS

- Quarterly reviews
- Annual update

Adopted 6-22-10
Updated 7-9-10
Notated for Long Range Planning Committee 6-15-11

Sample Hospital 2006 - 2008 INFORMATION MANAGEMENT PLAN

VISION

First Choice healthcare provider.

MISSION

To enhance the quality of life by providing sustainable health services.

To use technology to support the action plans of Hospital Strategic Plan.

VALUES

- Respect for the individual-** We will treat each other and those we serve with courtesy, fairness, respect and integrity.
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- Stewardship-** we will fulfill our mission to provide high quality health services through the efficient and effective use of our resources.
- Innovation-** we will continually seek to improve ourselves through proactive application of technology and knowledge. We will strive to be primary leaders in the health care industry.
- Patient First-** we believe our most important responsibility is to those whom we serve. We will do this through respect for privacy, timeliness of services and offering quality education and support.
- Principled-Centered-** our interactions with all segments of society must reflect the high standards we profess. These include integrity, trust, honesty, professionalism, loyalty and dependability.

STAKEHOLDERS

- Patients
- Employees
- Physicians
- Government
- Volunteers
- Employers

GOALS

- Patients-** informed patients who have a positive experience.
- Employees** – Provide a supportive environment for knowledgeable, committed, value-driven contributors to Hospital's success.
- Physicians** – Provide a supportive environment for professionals who share Hospital's vision, values, and success and who deliver quality care with respect for the individual.
- Employers** – Enhance their success by being a high-value healthcare partner.

- Government** – Be knowledgeable, responsive and flexible relative to governmental, regulatory, and environmental requirements.
- Volunteers** – Enthusiastic staff of knowledgeable volunteers who enjoy and are rewarded for service to patients, visitors and staff of our hospital.

ASSUMPTIONS

- Demand for cost reduction will continue.
- Cost/Benefit Analysis justifies investment in technology.
- Changes in technology will require resources to support Information Management Systems.
- Technology available currently is not fully being utilized.
- Technology will continue to rapidly change.
- Vendor will continue to be our primary vendor for software.
- Hospital will continue to be a privately held corporation.
- Vendor will provide necessary changes in software requirements.
- Vendor will provide links to incorporate other software.
- Physicians will increase their use of our Information Management System to meet their information needs.
- Electronic record is anticipated by 2007.
- Staff is capable of becoming computer literate.
- Limited resources will be available to meet technology needs.
- Continued emphasis will be placed on security and confidentiality of information.
- Some staff physicians are more inclined to apply technology.
- Multiple communication devices i.e. beepers, e-mail.

STRENGTHS

- Totally integrated computer system
- Commitment to technological leadership
- Board's knowledge of technology and technology needs
- Community support
- Community perception of 'State of Art' technology

WEAKNESSES

- Lack of education and training for physicians and employees in technological advances.
- Lack of training resources
- Outdated patient call system
- Lack of electronic verification system for patient safety
- Lack of standardized communication
- Lack of consistent documentation
- Lack of engineering work order system

OPPORTUNITIES

- Reduce clinical errors with use of technology
- New physician acceptance and knowledge of computers
- Optical scanning and imaging
- Electronic record
- Wider application/use of internet & intranet by patients, employees and physicians (such as online registration, bill payment, etc)
- Patient and employee education through technology
- Voice Recognition dictation software is improving
- CPOE
- Continued commitment from physicians in technology advancements
- More use of hand held devices
- Automation of scheduling and processes in the Operating Room

THREATS

- Reimbursement reductions
- Confidentiality
- Security of system
- Our vendor's lack of ability to prioritize programming issues.

CRITICAL ISSUES

- CPOE
- Nursing Documentation Process
- Website Development

KEY DECISIONS/ACTION PLANS

CPOE

- ❑ Doctors' Day for CPOE –June 2006
- ❑ Automation of EKGs –Sept 2006
- ❑ Physician Orders – 10 Physicians –Dec 2006
- ❑ Physician Progress Notes –
- ❑ Telemetry – Scanned at source –March 2006
- ❑ ER Record –July 2006
- ❑ Investigate Anesthesia Record –December 2006
- ❑ Electronic signature by physicians – Identify Present
- ❑ Investigate Labor Record – June 2006
- ❑ Outpatient Record – September 2006
- ❑ OR Record –September 2006
- ❑ Consent Forms –Spring 2007
- ❑ Electronic signature by patients –Spring 2007
- ❑ Endoscopy –December 2006
- ❑ Cath Lab Records –Spring 2007
- ❑ Medication Verification –August 2006

Nursing Documentation Process

- ❑ ER –July 2006
- ❑ OR –September 2006
- ❑ POC Standardization – June 2006
- ❑ Hardware selection –Nurse Managers June 2006
- ❑ Endo –December 2006
- ❑ Outpatient –September 2006
- ❑ PACU –September 2006

Website Development

- ❑ Employee Application –September 2006
- ❑ Calendars – March 2006
- ❑ Secured access to website and information – September 2006
- ❑ Patient Registration –December 2006
- ❑ Patient bill payment –December 2006
- ❑ Investigate Patient Education –December 2006
- ❑ Communication – Website Committee – December 2006



Thank You

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The Path to Performance