

# 2011-2015 STRATEGIC PLAN

***Achieving excellence through  
exceptional quality***

*Approved by the Board of Commissioners*

---

*Board Chair*

---

*Date*

East Adams Rural Hospital  
Adams County Public Hospital District No. 2

**STRATEGIC PLAN  
2011- 2015**

Table of Contents

<b><i>Executive Summary</i></b>	<b><i>Section I.</i></b>
a. Purpose and Situation Analysis	
b. Strategic Planning Methodology and Process	
<b><i>Mission, Vision, Values Statement</i></b>	<b><i>Section II.</i></b>
<b><i>Strategic Pillars of Planning: Goals, Strategies, Tactics</i></b>	<b><i>Section III.</i></b>
# 1. Quality	
#2. Finance	
# 3. Physicians/Providers	
# 4. People	
# 5. Facilities/Technology	
# 6. Community Stewardship	
# 7. Growth	
<b><i>Action Plan, Estimated Costs, and Timeline</i></b>	<b><i>Section IV.</i></b>

### **a. Purpose and Situation Analysis**

Strategic planning is an organization's process for defining its mission, vision, direction, and process for making decisions on allocating its resources to pursue a strategy, including its capital and people. The "Strategic Plan" is used as formal guidance for future success.

The purpose of the EARH Strategic Plan is to formalize the intended directions and priorities for the hospital and its rural health clinics for 2011-2015.

East Adams Rural Hospital and District Clinics, as part of Adams County Public Hospital District #2, desired to update their current strategic plan, formerly completed by Quorum Health Resources. The Champion Group was contracted to facilitate the planning process.

### **b. Strategic Planning Methodology and Process**

In today's dynamic healthcare environment, organizational planning is essential as a roadmap to accomplish the vision. Such a plan must be flexible enough to handle the rapid changes expected in the coming years with reform challenges, growth opportunities, physician shortages, revenue decreases and driving cost increases. For that reason the strategic plan must be reviewed and updated quarterly at minimum.

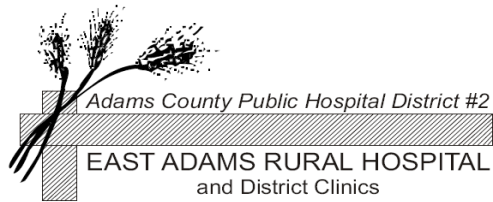
Through the efforts of the board of directors (elected Commissioners), executive management team members, physician assistants, and hospital Foundation representation, the following strategic plan was developed.

The planning group met on May 18, 2011 to review the latest data and discuss strategies for success. The planning process followed traditional pillars of planning including:

- 1) *Mission, Vision, Values development;*
- 2) *Conducting a comprehensive SWOT Analysis Exercise;*
- 3) *Developing Strategic Goals and Strategies;*
- 4) *Assigning individual leaders for each section, measures, costs and timelines.*

The *Strategic Plan for Washington State Rural Health Care* was linked to this plan to ensure like planning methodologies.

Following the planning meeting, follow-up sessions were conducted with Senior Management to review a draft and provide an opportunity to edit their thoughts. A final draft was circulated and then printed for board approval. Board approval was planned for the June 2011 Commissioners Hospital meeting. Once approval is of record, administrative leaders are responsible to execute their piece of the plan and turn the strategies into action. Results will be reviewed quarterly.



## **Mission, Vision, Values**

## **Section II.**

### **Mission**

*Achieving excellence through exceptional quality to serve the health care needs of District residents and travelers.*

### **Vision**

*EARH and its District clinics is a regional hub for health care in Eastern Adams County that is well-integrated with a network of health care partners to offer exceptional care in a modern healthcare facility enhanced by advanced technology.*

### **Values**

- *Integrity*
- *Compassion*
- *Collaboration*
- *Customer Service*
- *Accountability*
- *Stewardship*
- *Excellence*
- *Agility*

**# 1. Quality Goal:** Achieve excellent outcomes in quality, patient safety and patient satisfaction.

(Goal Leader: Chief Nursing Officer and Clinic Director) (Support: Board Member)

**Strategy A: Use new technologies to produce reliable data and improve outcomes.**

Tactic 1: Increase the number of certified providers.

Tactic 2: Implement improvements to Electronic Medical Records (EMR) in clinics and hospital.

Tactic 3: Utilize a dashboard to report quality measures to Board and Community.

Tactic 4: Implement new technologies as financially feasible ex: Ultrasound capabilities, scope capabilities, digital mammography.

Measure: Survey patients about the satisfaction of new advanced capabilities that keep them from driving to Spokane or Moses Lake for care, monitor patient satisfaction with EARH.

**Strategy B: Provide service to our patients that exceeds their expectations, and be recognized as the community's choice for compassionate care.**

Tactic 1: Improve patient wait times in clinic and Emergency Room (ER).

Tactic 2: Ensure patients are acknowledged in a timely manner to improve patient flow and customer service expectations in clinic and hospital.

Tactic 3: Review the quality improvement/patient safety program to ensure that it has the resources and level of support required to be effective.

Measure: Surveys in regards to satisfaction and decreased wait times.

**Strategy C: Provide professional training and opportunities for education to continue to develop, communicate and manage to measures of quality.**

Tactic 1: Meet "Meaningful Use" criteria in quality reporting.

Tactic 2: Meet or exceed The Joint Commission Accreditation (JCAHO) standards. Use JCAHO as benchmarks and maintain readiness for accreditation.

Tactic 3: Utilize CMS and RHQN standards to train. Continue to utilize RM & PSI, and Worker's comp program to train, grow and expand.

Measure: Increase quality improvement numbers or meet the set goal.

**Strategy D: Strive for a quality award.**

Tactic 1: Achieve certification for Cardiac Level II.

Tactic 2: Achieve certification for Stroke Level III.

Tactic 3: Achieve Trauma Level V certification.

Measure: Certification confirmation and continued maintenance of status.

**# 2. Finance Goal:** Achieve financial viability through improved access to capital to support investment in patient services, facilities, and medical technology.

(Goal Leader: Chief Financial Officer) (Support: Board Member, Chief Executive Officer)

**Strategy A: Implement District quarterly financial benchmarks and meet targets.**

Tactic 1: Make expense adjustments a priority as volumes fluctuate.

Tactic 2: Consider service expansion to generate additional operating revenue (general surgery).

Tactic 3: Educate Managers on their departmental expense budgets and volume adjusted measurements. Work with Managers to develop Departmental Financial benchmarks.

Tactic 4: Eliminate the use of overtime and have budget variance meetings with managers.

Measure: Break even or produce a profitable bottom line. Benchmarks are developed, monitored and managed.

**Strategy B: Create finance policies and procedures and educate staff.**

Tactic 1: Develop finance and compliance educational tools.

Tactic 2: Provide managers with budget training, financial statement review, and hold them accountable.

Tactic 3: Train and evaluate all staff on compliance issues.

Measure: Policies, procedures and tests are developed and implemented. Meet and exceed budget projections.

**Strategy C: Integrate financial systems including clinic and hospital.**

Tactic 1: Fine tune purchasing process District wide.

Tactic 2: Develop a transition plan and timeline.

Measure: No emergent purchase requests. The system is up and running and the transition was smooth. Improved financial processes.

**Strategy D: Implement improvements in the billing process.**

Tactic 1: Hire staff as necessary to support the Finance Department.

Tactic 2: Ensure competitive outpatient pricing, especially lab.

Tactic 3: Chargemaster to be redesigned to improve clarity of descriptions.

Tactic 4: Research cost benefit of outsourcing billing functions and act accordingly.

Measure: Improved AR/collections and timely, user-friendly bills.

**Strategy E: Work with the Hospital Foundation to expand capital giving and consider a volunteer auxiliary.**

Tactic 1: Support Foundation fundraising functions.

Tactic 2: Investigate feasibility of a dedicated Lobby Gift Shop space for sales. Link with other successful programs and organizations in the community to model opportunity for expansion.

Measure: Increase non-operating revenue.

**# 3. Physicians/Providers Goal:** Recruit and retain top quality medical staff to enhance and grow the District's services.

(Goal Leader: Human Resources, Clinic Director, Medical Staff Member) (Support: Two Board Members and a Provider)

**Strategy A: Recruit quality physicians to adequately staff clinics and ER.**

Tactic 1: Implement cost-effective community recruitment strategies for success.

Tactic 2: Utilize the Community Recruitment Committee to assist in recruiting efforts as appropriate.

Tactic 3: Aggressively source candidates utilizing all available tools, including: Rural Training Track Programs, Residency Directors, low-cost websites, and networking with area and state DOH recruitment arm resources.

Tactic 4:

Ensure that all candidates meet the opportunity analysis criteria. Ensure that stakeholders meet the candidates and provide feedback where appropriate.

Tactic 5: Maintain current coverage while focusing on building PA-C practices.

Tactic 6: Partner with a health system or neighbor to contract with or share a physician and or physician recruitment expertise.

Measure: Signed physicians.

**Strategy B: Retain physicians and providers.**

Tactic 1: Ensure competitive compensation plans.

Tactic 2: Provide opportunities for physician leadership (ie Continuing Medical Education Teaching opportunities, etc)

Tactic 3: Provide mentoring and training opportunities for providers.

Tactic 4: Provide regular communications to medical staff.

Tactic 5: Integrate community providers in leadership, recruiting, and mentoring opportunities to stimulate mutual understanding of business interests and economic drivers.

Tactic 6: Assist new and current providers with opportunities to integrate into the service area.

Measure: Retained providers.

**Strategy C: Achieve clinic operating results to improve production to the MGMA 75<sup>th</sup> percentile (at minimum) compared to other medical clinics.**

Tactic 1: Provide high quality customer service training to all staff.

Tactic 2: Empower nurse and medical assistant to improve provider productivity and customer experience.

Tactic 3: Standardize operating systems and processes to ensure repeat positive customer experiences.

Tactic 4: Set production and expense monitoring benchmarks tools for efficiency and cost effectiveness.

Measure: Increased clinic visits and increased market share.

**# 4. People Goal:** Create a culture of staff satisfaction and engagement to achieve high performance.

(Goal Leader: Human Resources) (Support: Board Member)

**Strategy A: Recruit and retain high performing staff.**

Tactic 1: Commit to hiring high-performing staff.

Tactic 2: Grow staff from within and offer opportunities for education, training and certification.

Measure: Decreased staff turnover.

**Strategy B: Continuously improve staff satisfaction.**

Tactic 1: Implement comprehensive management training program

Tactic 2: Provide customer service standards and hold staff accountable to them. Make customer service standards part of the employee evaluation process.

Tactic 3: Use priorities identified by staff as input for department action plans.

Tactic 4: Enhance current staff Rewards and Recognition Plan.

Tactic 5: Engage and communicate with staff timely and accurately.

Measure: Staff satisfaction and feedback.

**Strategy C: Become the area's "Employer of Choice."**

Tactic 1: Communicate positive information through all hospital and clinic media.

Tactic 2: Ensure competitive and consistent compensation and benefit levels.

Tactic 3: Continuously reward excellence.

Measure: We are seen as Top Employer in our region.

**Strategy D: Promote teamwork and accountability.**

Tactic 1: Provide regular opportunities for leadership to interact with staff.

Tactic 2: Continually tie performance to standards and values.

Tactic 3: Consider organizational structure and make appropriate changes.

Tactic 4: Create an environment where feedback is everyone's responsibility and is readily accepted.

Measure: Increase staff satisfaction.

**Strategy E: Strengthen human resource functions and tools.**

Tactic 1: Conduct in-house employee survey. Report results on "Survey Monkey."

Tactic 2: Complete and update the employee handbook.

Tactic 3: Develop and utilize an employee job description and evaluation tracking system.

Measure: Positive Human resources evaluations.

**Strategy F: Dedicate and build out new staff break room.**

Tactic 1: Dedicate space.

Tactic 2: Select a RIW committee of stakeholders to list needs and wants.

Tactic 3: Outfit space with needed chairs, tables, decoration, etc.

Measure: Improved staff satisfaction.

**# 5. Facilities/ Technology Goal:** Assure that the buildings and systems are available and capable to support and manage our patients, growth and development.

(Goal Leaders: Chief Executive Officer, Information Technology Manager) (Support: Board Member)

**Strategy A: Implement and communicate a new state-of-the-art facility development plan and timeline where financial viability is a top priority.**

Tactic 1: Re-institute Building Committee.

Tactic 2: Secure property and funding sources.

Tactic 3: Produce conceptual drawings.

Tactic 4: Town meetings for a public education campaign and bond support.

Measure: Completed plan and communicated timeline.

**Strategy B: Re-evaluate the existing facility for viable life and make decision as to replacement as finances allow.**

Tactic 1: Re-institute Building Committee.

Tactic 2: Engineers to present facility data and life expectancy by line item to predict timeline for facility replacement.

Tactic 3: Consider high priority items and level of threat for failure.

Tactic 4: Provide critical to moderate repairs cost analysis.

Tactic 5: Conduct town meetings for a public education campaign.

Measure: Maintained current facility and replacement timeline.

**Strategy C: Ensure financing for new facility and required technology.**

Tactic 1: Refresh hospital and clinics name change after gathering suggestions to minimize location confusion while including outlying clinics. (ie Ritzville Medical Center, Wheatland Medical Center, <location>).

Tactic 2: Hold town Hall meetings, focus groups, and 1:1 message opportunities to educate public on importance of a local ER and new facility.

Tactic 3: Partner with town to solidify infrastructure development (i.e. streets, gutters, etc) as property of choice is undeveloped.

Measure: Completed plan.

**Strategy D: Develop a “White Paper” on every aspect of current and future IT systems needs and cost analysis.**

Tactic 1: After careful consideration of assessment and recommendations, ensure decision by fall 2011 for a platform or niche system.

Tactic 2: Coordinate with new facility timeline.

Measure: Completed assessment and decision approved.

**Strategy E: Strengthen the District’s market position with an integrated Electronic Medical Records (EMR) system.**

Tactic 1: Conduct an assessment of needs by 2011.

Tactic 2: Coordinate with Master Facility Planning to install new network hardware and launch EMR in new facility.

Tactic 3: Continue to make needed upgrades and repairs in anticipation of new facility.

Tactic 4: Create a patient portal for new facility.

Tactic 5: Meet “Meaningful Use” criteria to qualify for financial incentives.  
Measure: Integrated EMR.

**# 6. Community Stewardship Goal:** Operate the District in a manner that inspires community trust and loyalty.

(Goal Leaders: Provider, Clinic Director) (Support: Two Board Members)

**Strategy A: Brand the District and market services.**

Tactic 1: Design all collateral materials, website, and public comment with graphic standards to send a consistent message.

Tactic 2: Publicize and champion our Mission, Vision and Values.

Tactic 3: Change the name to reflect the District hospital and clinics as well as the location.

Tactic 4: Hold community surveys and focus groups to gather information, correct misinformation and change negative perceptions with dialogue.

Tactic 5: Develop a community *Health Newsletter* for quarterly District news and health resources.

Measure: Improved community relations and perceptions, and increased visits.

**Strategy B: Design and implement a District Public Relations Plan.**

Tactic 1: Convene a Rapid Improvement Workshop (RIW) advisory committee to coordinate message development.

Tactic 2: Formalize a comprehensive PR Plan to address all aspects including messaging, branding, marketing, graphic standards, advertising, crisis communications, spokesperson training, etc. Communicate plan and assure all follow protocols.

Tactic 3: Begin implementing crisis communications to heal community misinformation and improve community trust and understanding.

Measure: Improved community relations, better informed community – Community Survey.

**Strategy C: Develop a community education, outreach, and marketing CAMPAIGN.**

Tactic 1: Provide consistent outreach to area schools.

Tactic 2: Provide consistent outreach to area service clubs.

Tactic 3: Connect with individual major employers and small businesses on a 1:1 basis covering all area businesses. Provide pertinent information and latest District news.

Tactic 4: Educate public on healthcare costs, reforms, value of a local ER, confidence in services.

Tactic 5: Continue to host health fairs and improve community health resources (education) to maximize exposure.

Tactic 6: continue District internet and social networking presence.

Measure: Increased visits and market share.

**Strategy D: Build Community trust and loyalty through Customer Service Training.**

Tactic 1: Make customer service training a priority for all staff and stakeholders.

Tactic 2: Complete a comprehensive customer service training program.

Tactic 3: Make Customer Service Standards part of the evaluation process.

Tactic 4: Include small business leaders/local experts in the training sessions to link with hospital.

Measure: Increased visits, Improved Customer Satisfaction Survey.

**# 7. Growth Goal:** Achieve thoughtful growth in services to support the District's Mission.

(Goal Leader: Chief Executive Officer) (Support: Two Board Members)

**Strategy A: Investigate all affiliates as future partners to enhance growth and public trust through shared networks, opportunities to partner in technology, branding opportunities and access to physician services.**

Tactic 1: Seek direct and ongoing communications with all likely regional partners.

Tactic 2: Involve all stakeholders in decisions.

Measure: Completed partner.

**Strategy B: Generate growth in inpatient and ancillary volumes to ensure sufficient capital to support facilities, programs and staff by expanding primary care and performance efficiencies.**

Tactic 1: Recruit dedicated primary care physicians by 2012.

Tactic 2: Work to align area providers with District facilities to increase utilization.

Tactic 3: Blitz market the service area and continually market to the community.

Measure: EARH visits, inpatient volumes, net income and market share increase.

**Strategy C: Evaluate potential of District expansion to include surrounding areas.**

Tactic 1: Meet with community leadership and town's residents to assure that EARH services would be welcome and used.

Tactic 2: Investigate assessed value of area and tax implications to community residents.

Tactic 3: Develop a timeline for ballot proposition.

Measure: Increased service area and net revenue

**Strategy E: Expand specialty network of specialists in Ritzville.**

Tactic 1: Dedicate and market a "Specialty Clinic"

Tactic 2: Recruit visiting specialists from outlying areas.

Measure: Increased referrals.

**Strategy F: Grow new services.**

Tactic 1: Seek community responses on what services are wanted and would be used if available.

Tactic 2: Consider marketing a Senior (Geriatric) Clinic Primary Care Program.

Tactic 3: Implement and market a growth strategy for ED services.

Tactic 4: Implement and market a growth strategy for primary care services.

Measure: Increased market share, visits.

**Strategy G: Grow existing services.**

Tactic 1: Growth plan for physical therapy.

Tactic 2: Acquire in house testing capabilities to expand Lab offerings

Tactic 3: Expand infusion services

Tactic 4: Expand imaging capabilities where cost effective, (ie mammography, ultrasound, and bone density).

Measure: Increased utilization.

**Action Plan, Estimated Costs, and Timeline**

**Section IV.**

	Strategic Pillar	Strategies	2011	2012	2013	2014	2015	TOTAL
# 1.	Quality	Strategy A: New technologies Strategy B: Patient Satisfaction Strategy C: Professional training Strategy D: Quality Award	\$2,000 \$1,000 \$100	\$500 \$1,000	\$1,000 \$500	\$1,000 \$250	\$1,000	\$2,000 \$1,000 \$600 \$1,000 \$1,000 \$500 \$2,000 \$250 \$518,000
# 2.	Finance	Strategy A: Financial benchmarks Strategy B: Policies Procedures Strategy C: Financial Systems Strategy D: Billing Process Strategy E: Hospital Foundation	\$50,000	\$100,000 \$10,000	\$2,500	\$2,500	\$2,500	\$107,500 \$50,000 \$10,000
# 3.	Physicians/ Providers	Strategy A: Recruit Strategy B: Retain Strategy C: Improve Clinic Operations	\$25,000 \$500	\$10,000 \$500	\$25,000 \$500	\$500	\$500	\$60,000 \$2,500
# 4.	People	Strategy A: Recruit staff Strategy B: Staff Satisfaction Strategy C: "Employer of Choice" Strategy D: Teamwork Accountability Strategy E: HR Tools Strategy F: Break Room	\$500 \$6,000 \$500	\$500 \$19,000 \$500	\$500 \$500	\$500 \$500	\$500	\$2,500 \$25,000 \$2,500 \$500
# 5.	Facilities Technology	Strategy A: New Facility Plan Strategy B: Update Existing Facility Strategy C: Financing Strategy D: IT needs Strategy E: EMR						\$40,000 \$75,000 \$1,500,000
# 6.	Community Stewardship	Strategy A: Branding Strategy B: PR Plan Strategy C: Outreach Strategy D: Customer Service Training	\$7,500 \$3,000 \$20,000	\$2,500 \$1,500 \$20,000	\$1,000 \$1,000 \$20,000	\$1,000 \$1,000 \$20,000	\$1,000	\$13,000 \$7,500 \$100,000 \$18,000
# 7.	Growth	Strategy A: Investigate affiliations Strategy B: Increase IP OP Strategy C: Expand District Strategy D: Expand new Clinic Strategy E: Expand Specialty Network Strategy F: Marketing Sr./Primary Care Strategy G: Lab /infusion/imaging services	\$6,000	\$50,000 \$6,000	\$6,000	\$6,000	\$6,000	\$50,000 \$30,000 \$10,000
								\$2,630,350

**Note:**

1. Majority of expense (\$2m) is related to EMR and Digital Mammography conversion.
2. Total expenses do not include new facility, land acquisition or build-out.