# MEMORIAL | Family of Services

# 2015 Strategic Plan

| Strategic Pillars | Aspirational Goals (3-5 years) | What does this mean? |
|---|---|---|
| Community | Yakima is on the top 10 list of healthiest cities by 2020 (as measured by Gallup Well-Being Index) | HEALTHY YAKIMA =Healthy People/Healthy Communities (Population Health): Improve health overall by building healthy communities and people through prevention and early mitigation of disease throughout the life course. |
| Finance | Achieve Benchmark Metrics for "A" Rated Organizations | Construct a competitive, ever-improving cost structure that enables us to maintain strong operating margins for the purposes of system and community health investments as well as be flexible in response to the changing reimbursement environment. |
| Information | Reach Level 7 in EMRAM Integration | Leverage information technology for our patients, providers and employees to simplify health care delivery, improve overall efficiency, optimize health outcomes and support decision making. |
| People | Achieve Top Decile Performance in Key Workforce Engagement Measures | Encourage a healthy workforce dedicated to our constructive culture, patient and family centered care and unending pursuit of learning and excellence. |
| Quality | Achieve Top Decile Performance in Key Clinical Quality and Safety Outcome Measures | Create patient & family-centered clinical quality and safety performance that sets the national standard for patient health outcomes. |
| Service | Achieve Top Decile Performance in Key Service Excellence Measures | Build a culture that requires passionate drive for service for our patients, families, communities and each other that results in patient and family-centered excellence and engagement. |

## OUR STRATEGIC PILLARS

Community    Finance    Information

Health of a Population

People    Quality/Safety    Service

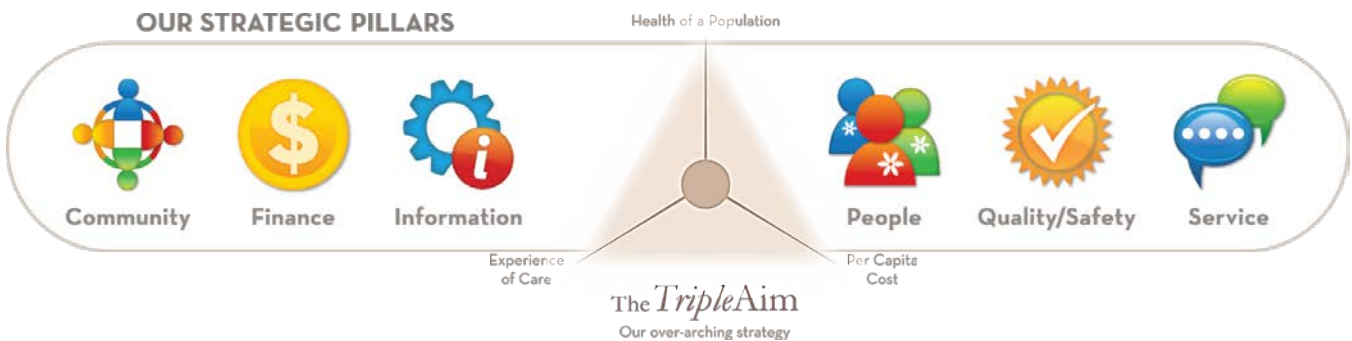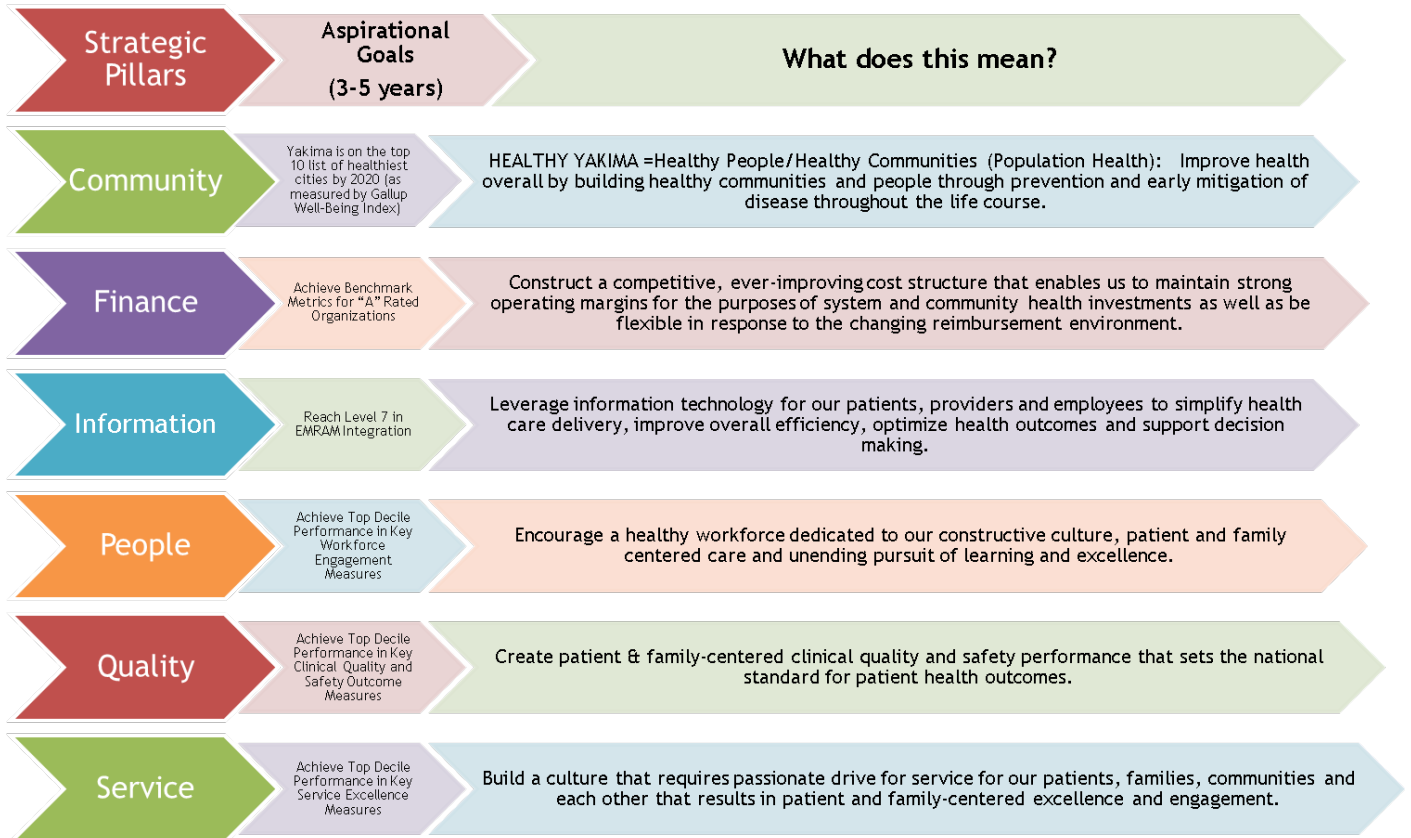Experience of Care

Per Capita Cost

The *Triple*Aim
Our over-arching strategy

## 2015 Overarching Themes Strategic Planning

- The 2015 strategic plan was developed to ensure a strong, ever-improving, fiscally responsible organization regardless of affiliation. Financial performance is paramount as a lever in partnership discussions.
- The Baldrige Criteria is our foundation for systems and process improvement and it crosses all pillars.
- We want to continue to reduce silos across the continuum of care for our patients and community – this plan shows improvement of clinical integration
- Ensure our action plans will drive us to meet our annual objectives and goals
- Formally adopted the Triple Aim as our overarching key strategy - Improve individual experience of care (quality, safety, access and service), Improve the health of populations, and reduce per capita cost of care in populations

**Overarching Tactics to consider from the environmental scan:**
- Access
- Population Health
- Patient Centered Medical Home (PCMH)
- YVMH health plan
- Operating profitably with reduced reimbursement
- Payer partnerships
- Intelligent risk taking
- Big data
- Systems Engineering
- Patient Centered Culture

# COMMUNITY

*Community Pillar Definition: HEALTHY YAKIMA = Healthy People/Healthy Communities (Population Health):  Improve health overall by building healthy communities and people through prevention and early mitigation of disease throughout the life course. (Washington State Health Care Innovation Plan, 2014)*

| | |
|---|---|
| **Description of what we are building to:** | Working with community partners we:<br>**PARTNER** (leveraging our core competency of enduring, sustaining partnerships),<br>**PLAN** (strategically identify priorities for services and community improvement programs),<br>**DO** (design programs and approaches to improve access to high quality evidence based health care), and<br>**IMPROVE** (improve the health outcomes of Yakima County).<br><br>**Aspirational Goal:  (3-5 years)**<br>Yakima is on the top 10 list of healthiest cities by 2020 (as measured by Gallup Well-Being Index) |
| **Why this area of focus is essential to accomplishing our Mission and Vision:** | As a community-based hospital, responding to the needs of our community is the root of our existence.  The future of healthcare is leading to maintaining the wellness of our community, so the Community Pillar is essential to evolving our organization to meet those changing needs.  This work will help us evolve from being reactive to proactive health wellness.  We will leverage Memorial Physicians and Signal Health to interface and integrate the work we need to complete. |

**Our Strategies:**

1. **POPULATION HEALTH: Leverage partnerships to bring together key stakeholders to link, align and achieve population health improvement.**
   - **ACH:** provide active leadership alongside community partners to develop and implement **Accountable Community of Health (ACH)** to formalize a public-private collaborative to address shared health goals.  Committees of work include:
     a) Formal Organization: Define and establish an ACH Governance Structure
     b) Community Health Needs Assessment – Link CHNA to identify community priorities.
     c) Health Improvement Plan -Identify key issues to impact population health.  Topics to include: obesity or diabetes through care coordination or community health workers.
     d) Engagement- Assure the participation of a wide basis of community perspectives.
     e) Development:  Develop and leverage cross-sector resources to implement the Yakima County ACH health improvement plan priorities, while incorporating sustainability strategies

2. **POLICY: leverage Memorial's voice in the community to influence policy.**
   - Identify a key area/top indicator of health to address.

3. **PREVENTION: promote prevention and wellness across the lifespan.**

   - **Healthy Hospital Initiative**  Memorial commits to Healthy Hospital pledge and  to the Local/Sustainable Food Challenge, Engaged Leadership, and Energy  Reduction
   - Improve the health of Memorial Workforce (PEOPLE PILLAR)
   - **Improve overall health through the implementing evidence based community programming proven to impact health. Focus on prevention.**
     - Diabetes Prevention Program
     - Chronic Disease Self-Management
     - Diabetes Wellness Initiative
     - ACT! Get Up, Get Moving!  Childhood Obesity Program
     - Hospital Lead community outreach screenings
     - Healthy for Life
     - PFEL
     - **ACEs:** Implement programs proven to decrease adverse childhood experiences.
     - Nurse Family Partnership

**Our Measures:**

1. Number of "LIVES TOUCHED" through evidence based strategic prevention activities (Placeholder)
2. Percentage of **Diabetes Prevention & Diabetes Mgmt Program** participants who lose 5% of Body Weight
3. Achieve Level 1 on Healthy Hospitals Initiative – Engaged leadership, healthier food, reduce energy

# FINANCE

***Finance Pillar Definition: Construct a competitive, ever-improving cost structure that enables us to maintain strong operating margins for the purposes of system and community health investments as well as be flexible in response to the changing reimbursement environment.***

**Description of what we are building to:**
Build upon our operational turn-around success to create the structure to fund our future. We will have a cost structure that allows us to succeed at Medicare Reimbursement rates due to the fact that a large percentage of our population are Medicare beneficiaries. We will achieve this cost structure by reducing practice variation, removing redundant, wasteful processes and leveraging our quality, service, use of lean and optimized payer and physician contracts to achieve new levels of clinical efficiency and outcomes.

**Why this area of focus is essential to accomplishing our Mission and Vision:**
No margin, no mission. With Healthcare Reform, we can no longer depend on increasing reimbursements to stay financially sustainable. Reducing costs, targeted growth strategies, and total cost of care contracts are the strategies needed to respond and prepare for the changes that are facing the healthcare industry.

**Our Strategies:**

1. **Seek enduring, strategic partnerships to enhance long-term sustainability of MFOS to meet community need.**
   Explore health system affiliation and finalize the process as needed.

2. **Enhance revenue through targeted growth, reduced leakage and effective backfill strategies.**
   a) Targeted growth of inpatient services:
   b) Redesign and optimize primary care for better access and service
   c) Targeted growth and access in specialty care:
   d) Optimize existing services for enhanced revenue:
   e) Targeted growth and optimize services within primary care lines:
   f) Explore partnerships with neighboring community hospitals (Kittitas and Sunnyside)

3. **Improve revenue-cycle for better customer service, greater efficiency and accuracy, improved cash flow and optimized reimbursement yield.**
   a) Optimize the entire revenue cycle workflow.
   b) Clinical documentation improvement (CDI) enhancement
   c) IP/OP Admission criteria and processes.

4. **Radically transform our cost structure to be sustainable at Medicare reimbursement rates**
   a) Implement Labor Productivity operational improvement opportunities.
   b) Implement Advisory Board Surgery Supply Compass to reduce cost and utilization of expensive supplies and implants.
   c) Explore the feasibility of an observation unit then plan and implement if indicated.
   d) Implement Non-Labor operational improvement opportunities.
   e) Implement Case Management and Clinical Process operational improvement opportunities.

5. **Through The Memorial Foundation, build on our community's legacy of giving and Memorial's legacy of meeting community needs to create a sustainable model of philanthropy**
   a) Continue Grateful Patient/Grateful Family cultivation to support the Foundation's allocation process for programs and services through philanthropic investment, and renew endowment efforts to provide perpetual financial support. Efforts will be made, as prioritized by Hospital leadership and the Foundation Board, by initiative and associated care lines and services:
   b) Continue to explore and prioritize potential campus capital campaign opportunities in 2016, based on Memorial FOS needs.
   c) Develop employee giving (inside-out giving)
   d) Leverage local, state and federal grants to fund new models of care and move us toward the Triple Aim.
      ▪ Modify approach and fully deploy the grants process to be in alignment with the MFOS strategic plan and Community Health Needs Assessment

6. **Develop innovative, cost-effective models of care based on population health management**
   a) Implement care coordination for the YVMH health plan participants

b) Implement Palliative Care/Supportive Care – Oncology or end stage chronic disease population
c) Development of branded, high performing network offering hosted by recognized commercial payers (e.g. First Choice, Group Health).
d) Development of branded, high performing network offering hosted by recognized Medicare and Medicaid payers (e.g. Health Alliance and Molina).
e) Actively engage local self-funded employers in narrow network plan design
  ▪ Leverage relationships with FWC, CHCW, other FQHC's and SignalHealth.

**Our Measures:**
1. Operational Performance Improvement (performance to budget)
2. Cash Collected as a Percent of Revenue
3. **Operating Margin Consolidated Statement**
4. Annual Endowment Growth
5. **Foundation Funding**

# INFORMATION

***Information Pillar Definition: Leverage information technology for our patients, providers and employees to simplify health care delivery, improve overall efficiency; optimize health outcomes and support decision-making.***

**Description of what we are building to:**

One patient, one record is the ultimate goal. We want a fully integrated EHR system to improve continuity of care across the entire FOS to reduce risk, improve efficiencies, and improve care and patient and provider satisfaction. All the data is in one place for better data extraction and ability to turn data into information. SignalHealth's HIE will provide additional information, alerts, and risk management for the community and community providers and will allow information exchange at the federal level – one connection to the federal government for unified records and costs.

**Why this area of focus is essential to accomplishing our Mission and Vision:**

The information pillar is the integral to all the pillars – to reduce costs, gain efficiencies, standardize processes and provide better care. Having reliable data and standard reports is critical so we can identify opportunities for improvement in cost and quality. Having improved approaches for communication and creating effective work environments (using technology to improve our connectivity to each other) is also a key area for improvement.

**Our Strategies:**

1. **Regulatory initiatives for Patient Safety/Quality**

   a) Hospital - Maintain MU Stage2 and define plan for meeting MU Stage 3 metrics in 2016.
   b) Ambulatory - Increase number of physicians meeting MU 1 and MU 2 metrics.

2. **Meet the requirements for ICD - 10. Government changing new process for documentation, coding and payment. Huge financial impact during this transition. Currently deadline is 10/2015**

3. **HIE Adoption– Expand provider access to clinical information in our primary service area – one stop shopping**
   a) Increase the number of partners that participate in the HIE (Metric)
   b) Add other EMRs to connect with the HIE
   c) Use the HIE to make referrals through the system and track
   d) Home for transitions of care across the community
   e) Pull clinical data for performance metrics (Daily, weekly and monthly). Tie into Core measures, e-CQM's, VBP and Leapt.

4. **Improve Data/Reporting: Systems to get the right information to the right person at the right time to enable timely decision-making and performance tracking.**

   a) **Operational DSS – Develop Standard Operational Metrics & Services**
      - Automated Daily Monitor report
      - Create MFOS ODSS reports, Strategic and Financial scorecard reports and provide each month for Board Presentation.
      - Standardize hospital and MP Operational reports
      - Healthcare Intelligence (Siemens) Business Intelligence with Admin/Financial Dashboards.
      - Support existing Clinical reporting
      - Create certified reports from source systems.

   b) **Organizational/Business Intelligence Decision Support Services, (SignalHealth)**
      Any reporting that uses ODSS data integrated with:
      - Population/community data
         o Provider portal as a tool to improve access to registry data
      - Payor/Insurance data
      - Claims/reimbursement data
      - Readmission dashboard – Care Coordination Project

   c) **Develop operational and decision support systems to better monitor operations, prepare budgets and support process improvement.**

- Consolidate Accounting and Finance functions across MFOS
- Provide education and leverage the use of the Daily Monitor reports across the FOS.

5. **Improve Clinical IS Systems**
   **Surgical Information System** for OR (ORSOS is not currently integrated)
   - Replacement system for ORSOS in 2015 capital budget

6. **IT Infrastructure**
   a) **Ensure Privacy - HIPAA/Security Infrastructure**
   b) **Improve Hardware Infrastructure -** Continue advancement in our Disaster Recovery plan (co-location of EMC storage) continue work on server virtualization with VMware, continued redundancy in the data center with Juniper switches.

**Our Measures:**
1. MU 3 Metrics achieved
2. Eligible Provider (Ambulatory/MP/e-CW) - Percent of physicians in the MU program (Stage 1 and Stage 2)
3. Eligible Provider (Ambulatory/MP/e-CW) – Percent of physicians in MU2 each Quarter
4. **HIE usage measures – Percent of eligible providers who login and retrieve patient information from the HIE**

# PEOPLE

*People Pillar Definition: Encourage a healthy workforce dedicated to our constructive culture, patient and family centered care and unending pursuit of learning and excellence.*

**Description of what we are building to:**   People are engaged and actively contributing to the achievement of the organization.

**Why this area of focus is essential to accomplishing our Mission and Vision:**   Culture is invisible, yet it is absorbed and transferred unknowingly by members of the organization. Organizations which live a constructive culture are where people want to be and want to come; they are were performance excels and success breeds success.

**Our Strategies:**

1. **Culture Integration**
   a) Create stronger interconnections (tying in the principles) between our Into the Blue Journey and all aspects of operations. Specifically for 2015, in support of our efforts around patient and family-centered service and employee engagement.
   b) Create systems, processes to increase constructive culture results – drive results to the department level for improvement, as well as at the systems-level.
   c) Add patient and family-centered behavioral interviewing practices

2. **Talent Management**
   a) Have an external focus on future capabilities, which are identified in advance and targeted during the selection process.
   b) Desired behaviors are identified in advance that support our VMV and service initiatives
   c) Identify Leadership Development Model for employees and providers.
      ▪ Fully deploy Manage, Innovate and Execute Manager orientation training in support of our long term operational goals
      ▪ Deploy Change management curriculum managers in order to increase the organizations agility and speed of change.
   d) Basic Skills- Develop and deliver an employee basic training program (YVCC)

3. **Data and Systems**
      ▪ Implement Position Control process
      ▪ Outsource Absence Management

4. **Employee/Physician/Volunteer Engagement**
   a) Increase the engagement of our workforce
      ▪ SLT assists in this effort by Rounding and following up on recommendations and requests. Create leader standard work that includes rounding measures.
      ▪ Address 2014 engagement survey results related to training and development
   b) Improvement manager engagement in developing their staff through the evaluation and development process
   c) Develop process to support managers in development and sharing of departmental key performance indicators
      ▪ Vision Boards and Weekly huddles

5. **Improve the health and wellbeing of our workforce**
   a) Increase utilization of the wellness benefits as defined by our health and wellness plan
   b) Increase the domestic claim retention though our narrow network
   c) Reduce non-emergent ED utilization
   d) High risk individuals are receiving appropriate disease management
   e) Negotiate a PTO model and deploy to all leaders, managers and employees.

6. **Physician, Employee, and Volunteer Reward and Recognition**
   Develop a culture that fosters an environment where the workforce feels rewarded and recognized by their manager

**Our Measures:**

1. **Increase Overall Employee Engagement Score**
2. **Increase Volunteer participation in survey**
3. Physician Engagement Score- Overall
4. Percent of staff that access preventive care (health plan data)

# QUALITY AND SAFETY

*Quality and Safety Pillar Definition:  Create patient & family-centered clinical quality and safety performance that sets the national standard for patient health outcomes.*

**Description of what we are building to:**
We want to become a role-model leader in delivering excellent quality, safe care to those we serve.  We will build a culture, based on evidenced-based practices and integrate consistent use of tools, technology and processes to do no harm.

**Why this area of focus is essential to accomplishing our Mission and Vision:**
Align some of selected strategies/tactics in Pillar with other strategies/tactics that are part of that strategy (such as LEAPT as an example); philosophy in choosing metrics:  Align with MVV, Core Competency, Purpose, go across MFOS and total care continuum experience—inpatient, outpatient, etc.; position organization for transitional and future models re access, PCMH, positive bottom line with Medicare rates, partnerships,  intelligent risk, big data

**Our Strategies:**

1.  **Safety:  Patient Safety Index Score or Serious Safety Event Rate:**
Improve patient outcomes in focused areas, thereby decreasing the Patient Safety Index Score / Serious Safety Event Rate.  Areas of Focus:  Perioperative Hemorrhage/Hematoma Rate, Postoperative Respiratory Failure Rate, Accidental Puncture/Laceration Rate.

2.  **Transitions of Care Goal:**
Improve patient outcomes from a quality/service perspective, population health and decreased costs (Triple Aim) through the prevention of readmissions within 30 days of discharge. Increase the number of measures going into 2015 score – Use a composite score of five specific diagnoses: (AMI, CHF, COPD, Pneumonia, Total Joint Hip and Knee).

3.  **Advanced Directives**  - Assure timely integration of the voice of the customer (patient/family/POAHC) into patient's care through the availability of a current document (Advanced Directives) containing patient wishes in the HIE.  Pilot new process with new patients at North Star Lodge.

4.  **Improve Patient Throughput**  - Implement Prism recommendations for improving patient throughput

5.  **Memorial Physicians** –  Improve  performance for  all-cause readmissions – inpatient admissions per 1000 patients and  ED visits per 1000

6.  **Transformation of Care Pilot at FMY– Patient-Centered Medical Home PCMH** - Improve teamwork, Improved patient throughput, Reduce patient diversions, Improve staff/provider satisfaction, Improve patient satisfaction, Implementation of Group Visits

**Our Measures:**
1.  Reduce Serious Safety Event Rate
2.  Readmissions: Reduce Composite score of five specific diagnoses: (AMI, HF, COPD, Pneumonia, Total Joint Hip and Knee)
3.  Percent  New North Star Lodge Pts with Advanced Directives in the HIE
4.  Throughput -  Percent  Discharge orders entered by 9:00 a.m. or Decision to Admit to Pt in Bed
5.  MP Network – Decrease  IP admissions per 1000 patients and ED visits per 1000 pts

# SERVICE

***Service Pillar Definition: Build a culture that requires passionate drive for service for our patients, families, communities and each other that results in patient and family-centered excellence and engagement.***

**Description of what we are building to:**
We are building a culture that is patient and family-centered, with an experience of care and service that meets each patient and family members' needs. We will have approaches to listen to the Voice of the Customer in our planning and design processes. This cross-functional team will develop the philosophy and mechanisms to create our patient and family-centered culture. We will connect service and quality in a formalized approach.

**Why this area of focus is essential to accomplishing our Mission and Vision:**
We have formally adopted the **Institute of Medicine's Six Aims** as the starting point for patient requirements, they are:

**Safe** – avoiding injury to patients from care that is intended to help them, without accidental error or inadvertent exposures;
**Timely** – reducing waits and harmful delays impacting smooth flow of care
**Effective** – providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding overuse and underuse)
**Efficient** – using resource to achieve best value by reducing waste and reducing production and administrative costs
**Equitable** – providing care that does not vary in quality according to personal characteristics, such as gender, income, ethnicity, location
**Patient-centered** – providing care that is respectful of and responsive to individual patient preferences, needs and values

**Our Strategies:**

1. **Understand our customers and develop our service philosophy, standards and expected behaviors – combine hotel service standards with an efficient VOC lean/systems engineering approach**

   ▪ **Determine our customer's requirements** – use the voice of the customer to understand what quality care and service feels like. Start with the Institute of Medicine's STEEEP and use Voice of the Customer (VOC) to translate into behaviors for Memorial. Develop measurement systems to demonstrate that we meet our customer's expectations including and beyond HCAHPS (KPIs)
      o Utilize Patient and Family Advisory Board members and other VOC approaches to customize STEEEP behaviors
   ▪ Use systems engineering to identify key performance indicators (cross connect with Quality and Safety Pillar) and SH Transformation Committee (throughput, care coordination, access and key work processes)

2) **Re-design service training to align with our new behavioral expectations**

   ▪ **Develop training** that supports our patient and family centric service philosophy and behaviors.
      o Leverage humanistic and encouraging behaviors – connect with our constructive culture
      o Cross connect with values and behaviors – ensure patient and family centeredness
      o Leverage Press Ganey partnership and education (Compassionate Care)
      o Leverage Above & Beyond Council, I am Memorial, & Bring it On!
   ▪ Add service recovery training and tools; formalize and support patient compliant and compliment processes

3) **Perform - Create the data systems and reporting that is pushed to managers; performance and verbatim comments are visible in work areas and managers create specific action plans and track results.**

   ▪ **Improve Performance -** Connect new patient-centered behaviors to survey questions (ED, IP, MP, HHH, ASC, other) and develop A3s to support improving satisfaction scores
      o Overarching tactics – make customer satisfaction scores and comments visible for staff, as well as dept-specific action plans.
      o Overarching tactic - Include Service Behaviors in the performance mgmt. system

- o Overarching tactic - Cultural Competency /COA 360 & Cultural Quality –assure that we collect demographics data correctly to facilitate meeting each patient's cultural needs. (MU connection; Clinical Process Group)
- o **Specific tactics for IP/ED include** re-designing Visitor Policy, standard use of white boards, leverage volunteers and chaplains as service extenders, develop new tools for AIDET, fully deploy bedside reporting, augment leader rounding on patients
- o Donor Rounding – Grateful Patient Grateful Family initiative in 2015
- o NSL – patient navigation
- Care Coordination - SignalHealth

**Our Measures:**
1. **HCAHPS Overall Rating of Care (Top Box)**
2. InPt- Staff Attitude towards Visitors
3. **Overall Emergency Dept Rating of Care**
4. **Physician Practices Ratings of Care -"Would you recommend the provider to others?"**
5. Improve Access at MP Clinics - Improve Third Next Available Appt (Primary and Specialty Clinics)
6. **Home Health Care Rating of Care:  C1 Care of Patients**
7. Patient-Centered Measures:  # of improvement events that include VOC

# Draft 2015 Strategic Scorecard

| Pillar | Measure | Measure Owner | 2014 Baseline | 2015 Goal | Current | Stoplight |
|---|---|---|---|---|---|---|
| Community | Number of "LIVES TOUCHED" through evidence based strategic prevention activities (may change) | Bertha Lopez | TBD | TBD | | |
| Community | Percentage of Diabetes Prevention & Diabetes Mgmt Program participants who lose 5% of Body Weight | Bertha Lopez | TBD | TBD | | |
| Community | Value-Based Contracting - Achieve Lives Covered | Rich S | 0 | 7500 | | |
| Community | Achieve Level 1 on Healthy Hospitals Initiative – Engaged leadership, healthier food, reduce energy | Laura K | 0 | 1 | | |
| Finance | Operational Performance Improvement (performance to budget) | Jim A | 0 | $11.3M | | |
| Finance | Cash Collected as a Percent of Revenue | Tim R | TBD | TBD | | |
| Finance | **Operating Margin Consolidated Statement** | **Tim R** | TBD | **2.25%** | | |
| Finance | Annual Endowment Growth | Anne C | TBD | TBD | | |
| Finance | **Foundation Funding - Allocable** | **Anne C** | TBD | **$2.2M** | | |
| Information | Hospital - Meaningful Use Stage 3 Metrics | Jeff Y | TBD | TBD | | |
| Information | Ambulatory - % of physicians in the MU program (Stage 1 & 2) | Jeff Y | TBD | 95% | | |
| Information | Ambulatory - % physicians in MU2 each Quarter | Jeff Y | TBD | 25% | | |
| Information | **HIE usage measures – Percent of eligible providers who login and retrieve patient information from the HIE** | Michael Vachon | 0 | 50% | | |
| People | **Overall Employee Engagement Score Increase by 2%** | John King | 4.13 | 4.21 | | |
| People | **Increase Volunteer participation in survey** | John King | 22% | 50% | | |
| People | Overall Physician Engagement Score | Amber H | TBD | TBD | | |
| People | Percent of staff that access preventive care (health plan data) | Jolene S | 0.4 | TBD | | |
| Quality & Safety | Reduce Serious Safety Event Rate or Patient Safety Index | Kevin S | TBD | TBD | | |
| Quality & Safety | Readmissions: Composite score of five specific diagnoses: (AMI, HF, COPD, Pneumonia, Total Joint Hip and Knee) | Dennis H | TBD | TBD | | |
| Quality & Safety | % New North Star Lodge Pts with Advanced Directives in the HIE | Carol V | 0 | 20% | | |
| Quality & Safety | Throughput - % Discharge orders entered by 9:00 a.m./Decision to Admit to Pt in Bed | TBD | TBD | TBD | | |
| Quality & Safety | MP - Reduce IP admissions per 1000 patients | TBD | TBD | TBD | | |
| Quality & Safety | MP - Reduce ED visits per 1000 pts | TBD | TBD | TBD | | |
| Service | **HCAHPS Overall Rating of Care (Top Box)** | Laura K | 65 | 67% | | |
| Service | InPt- Staff Attitude towards Visitors | Laura K | 55.6 | 58% | | |
| Service | **Emergency Dept Overall Rating of Care** | Kim/Erik | 63 | 67% | | |
| Service | **MP Physician Practices "Would you recommend the provider to others?"** | Matt K | TBD | TBD | | |
| Service | Improve Access at MP Clinics - Improve Third Next Available Appt (Primary Care) | Matt K | TBD | TBD | | |
| Service | Improve Access at MP Clinics - Improve Third Next Available Appt (Specialty Care) | Matt K | TBD | TBD | | |
| Service | **Home Health Care Rating of Care: C1 Care of Patients** | Carolyn N. | TBD | TBD | | |
| Service | Patient-Centered Measures: # of improvement events that include VOC | Laura K | TBD | 30 | | |

**BOLDED PERFORMANCE MEASURES ARE THE SAME MEASURES AS 2014**