

Strategic Plan

Scotland County Hospital & Clinics
 04/24/2018
 Revised
 *6/22/2020



MISSION:

To improve the health of our communities, with services close to home

VISION: To be the pre-eminent provider of patient & family-centered, physician-directed healthcare in an environment of compassion and trust,

supported by dedicated employees with a desire to provide the best care possible.

CORE VALUES: We expect to work as a team every day, delivering to every patient the highest quality care possible, in a friendly, caring, and compassionate manner.

ASPIRATIONAL VALUES: We aspire to be collaborative & innovative in delivering the best health care we can; treating one another, patients, and families with dignity and respect.

Strategic Themes →

Financial Stability & Performance

Quality & Safety

Culture

Community/ Stakeholders

	*Hardwire Policy Management System B4	Hardwire Leadership & management Skills C4	Understanding what our community needs & wants D4
*Pursue Integration with Blessing Health System A3	Achieve full staffing B3	Professionalism C3	Increase utilization, expand service area & improve loyalty D3
Expand market share among key constituencies A2	Outcomes that exceed quality & safety benchmarks B2	Authentic employee engagement C2	Educating our community about our business D2
Consistent positive operating margins A1	Hardwire quality & safety in all activities B1	Consistent & Balanced Accountability C1	Engaging our community in wellness D1

**The Triple Aim:
 Better Care. Improved Health. Lower Costs.**

Strategic Theme: FINANCIAL STABILITY & PERFORMANCE

Efforts across the organization to improve the success of our strategic priorities.

Financial Stability & Performance
Business development, partnerships, service lines

REVENUE

OBJECTIVE A1: Consistent Positive Margins – Revenue Maximization

***Initiative A1a:** Charge master/pricing review – Conduct a charge master/pricing review biannually

****Measure A1a:** Annually review financial impact of implemented changes

***Initiative A1b :** Identify & implement revenue improvement opportunities and identify threats to our market

****Measure A1b:** Review selected geographic area quarterly to determine gains/losses in market share to develop plan to focus on improving the market share

***Initiative A1c:** Develop Service lines/Service line review to determine potential new sources of revenue as well as the performance of existing service lines

****Measure A1c:** Review service lines quarterly. Ensure service lines are greater than or within 10% of established goals. Make adjustment quarterly

EXPENSES

OBJECTIVE A1-2: Consistent Positive Margins – Expense Management

***Initiative A1-2a:** Benchmark development - Identify & manage towards benchmark standards for expenses

****Measure A1-2a:** Annual progress in expense improvement

***Initiative A1-2b:** Quarterly review of financial performance of each service line

****Measure A1-2b:** Expenses must be within 10% of predetermined expense goals which will be calculated using benchmark data, historical data as well as revenues and patient volumes by end of year 3

Objective A2: Identify and focus services on pivotal and growing demographic groups

Initiative A2a: Offer healthy aging opportunities on campus and around the community with educational programs regarding lifestyle and prevention, presented by SCH staff

Measure A2a: At least 6 events annually

Initiative A2b: Telehealth awareness and routine utilization

Measure A2b: Within three years have at least 3 service lines of telehealth

Initiative A2c: SCH staff presentations to thought leaders in identified demographic targets

Measure A2c: At least quarterly outreach to identified demographic target groups

***Objective A3:** Leverage management agreement with Blessing Health System to take full advantage of resources offered while working towards a deeper affiliation.

***Initiative A3a:** Achieve financial, operational and clinical best practices, consistent with BHS standards where applicable.

***Measure A3a:** % of CEO reports summarizing progress made in achieving financial, operational and clinical best practices.

Initiative A3b: Keep abreast of regionally influential organizations' activities that may impact SCH operationally with quarterly sweep of their operations and CEO summary report to Board

Measure A3b: % of CEO reports with market summary

Initiative A3c: At least quarterly leadership contact, via any platform, & semi-annually in person visit with potential affiliates & CEO report summary to BoD

Measure A3c: % of required completed contacts reported by CEO to Board

Strategic Theme: QUALITY & SAFETY

Efforts across the organization to improve the success of our strategic priorities.

Quality & Safety
Policies,
Processes,
Consistency

Objective B1: Establish the language and tools of quality and safety science as non-negotiable skills for every member of the SCH Team
Initiative B1a: Monthly structured education for Leadership presented by quality department & leadership team in basic and current QA topics
Measure B1a: Measure & monitor occurrence of required presentations
Initiative B1b: Supporting quality & safety leaders in offsite quality & safety visits to other facilities and/or conferences at least twice annually
Measure B1b: Monitoring required offsite facility and/or conference participation
Initiative B1c: Organizationally commit to a minimum of 2 Quality/Safety projects annually, and perform employee assessment of Quality and Safety culture from AHRQ survey annually
Measure B1c: Measure the occurrence of the quality & safety projects and the survey

Objective B2: Implement tactics that identify, measure, and change processes and personnel in order to minimize avoidable variation
***Initiative B2a:** Establish departmental benchmarks & SCH-determined goals for QAPL projects (PIPs) incorporating visual tracking of associated outcome metrics.
***Measure B2a:** % of compliance with hospital wide and departmental PIPs utilizing problem solving tools and outcome measures displayed in visual format for ongoing review and revision as needed to drive improvement.
Initiative B2b: Regular supervisor-led identification, analysis & quality & safety improvement discussions at department meetings
Measure B2b: Documentation of QA agenda items & problem-oriented discussion at department meetings
Initiative B2c: Implement QA & Safety measures on all performance evaluations
Measure B2c: By end of year 3 at least 90% of all employees will achieve highest scores on their quality & safety section of the performance evaluation

Objective B3: Restructure & stabilize staffing model, based on industry data, to achieve full staffing
Initiative B3a: Identify department staffing targets with reference to industry benchmarks & SCH goals
Measure B3a: Align with departmental targets within 3 years
Initiative B3b: Establish employee cross training goals for each department
Measure B3b: Achieve goals within 3 years
Initiative B3c: Annually Supervisors will present their department salary structure with industry benchmarks & labor market realities to administration during the budget process
Measure B3c: Document the occurrence of the annual presentation to administration during the budget process

***Objective B4:** Establish effective Policy Management System that all staff engage in fulfilling all necessary roles and tasks to provide accurate and updated policies and procedures to provide the best services possible in all areas.
Initiative B4a: Restructure current policy system, making improvements to close identified gaps and meet expected outcome measures.
Measures(process): 1) Policy Management System Plan in place, 2) Effective Utilization of PolicyStat, 3) All staff trained, 4) Shared Work Model in place, 5) Accountability measure in place for Employee Performance Evaluations and system accountability measures.

Strategic Theme: CULTURE

Efforts across the organization to improve the success of our strategic priorities.

Culture
Employees,
Training,
Accountability
&
Ownership

Objective C1: Establish uniform accountability, balancing personal and process ownership of adverse outcomes

Initiative C1a: Adopt & indoctrinate behaviors of “Just Culture” with all established employees and new hires starting at orientation

Measure C1a: 90% participation in curriculum & at least one annual quiz

Objective C2: Develop an attitude of organizational ownership and dedication, with shared values, vision, and mission for all who work here

***Initiative C2a:** *Engage all employees in Patient & Family Centered Care Strategies supported by the Institute for Patient & Family Centered Care*

***Measure C2a:** *Number of Patient & Family Centered Care strategies and processes implemented at SCH.*

***Measure C2ab:** (Process) *Successful Patient Family Advisory Council Structure and membership in place with ongoing PFAC projects being supported by SCH leadership. (Outcome) Improved CAHPS scores.*

Initiative C2b: Involve 4 different staff in board meetings each month with a personal invitation from the Board Chairman, followed by report at their next department meeting

Measure C2b: Compliance of attendance by employees at board meetings

Objective C3: Universal compliance with code of conduct and professional behavior toward our external & internal customers

Initiative C3a: Hire professionally skilled and emotionally intelligent employees

Measure C3a: 15% or more decrease in HR disciplinary actions, facility-wide complaints & turn-over rates over 3 years

Initiative C3b: Professionally skilled & emotionally intelligent supervisors will nurture employee excellence with employee feedback, without regard to hierarchy or favoritism

Measure C3b: At least 90% of supervisors will demonstrate leadership proficiency & garner employee respect as per 360° review

Objective C4: Develop management & leadership training, directed by internal leaders

Initiative C4a: Structured education at Supervisor’s meetings every other month with multi-media resources prepared and led by leadership addressing leadership essentials.

Measure C4a: annual review of required presentation delivery and quiz or other validation tools

Strategic Theme: COMMUNITY/STAKEHOLDERS

Efforts across the organization to improve the success of our strategic priorities.

Community/ Stakeholders

Employees,
Patients, Families,
Communities
we serve

Objective D1: Developing programs that promote healthy lifestyles in the communities we serve
Initiative D1a: Develop a social media campaign engaging our communities with wellness topics with effective social media platforms
Measure D1a: By year 3, at least one monthly produced social media segment. By year 3, a 300% increase in social media traffic.
Initiative D1b: Develop a monthly SCH Staff-centered media presence in traditional media
Measure D1b: Monitor compliance with required frequency
Initiative D1c: Develop 1 new pioneer program in the community annually to promote health & wellness
Measure D1c: Monitor compliance with required frequency of pioneer program development

Objective D2: Operational participation by area residents, shared with the community over multiple communications platforms
Initiative D2a: Regular "members at large" attendance at Quality/Safety, Finance, Board and Medical Staff meetings
Measure D2a: Each committee will achieve at least 50% average annual attendance by end of year 3
Initiative D2b: Regular "Employee for a Day" immersion experiences in hospital departments
Measure D2b: At least one each clinical and non-clinical experience monthly by end of year 3
Initiative D2c: Utilizing immersion and meeting participants in structured social media and traditional messaging platforms to disseminate objective and effective testimonials to the community
Measure D2c: 6 public testimonials per quarter by end of year 3

Objective D3: Establish wider regional utilization with an expanded service area
Initiative D3a: Identify priorities for value driven service lines among our key demographic groups
Measures D3a: At least a 10% annual increase of utilization of identified service lines
Initiative D3b: Develop 'virtual visits' with SCH clinicians at a set retail price point
Measure D3b: Establish program by end of year 1; achieve sustained growth in years 2 and 3
Initiative D3c: Develop & establish a fully functional care coordination plan by end of year one, with sustained growth in years 2 and 3; emphasizing internal follow up referrals from SCH on-demand services.
Measure D3c: Established program by end of year 1, with sustained growth rate of completed referral encounters

Objective D4: Commit to a triennial Community Health Needs Assessment (CHNA) & prioritize identified elements
Initiative D4a: Utilizing a CHNA tool kit, while simultaneously identifying and attaining funding to offset costs
Measure D4a: Completion of the CHNA triennial cycle and compliance with the timeline for each of the cycle's components .