

**Mendocino Coast District Hospital  
2011-2012 Strategic Plan**

**Facilitated by  
MJ Philips & Associates LLC  
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**November 2010**

Revised Draft for Planning  
Committee  
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# MENDOCINO COAST DISTRICT HOSPITAL IN 2015

## Statement of a MCDH Ideal Future

### **INTRODUCTION**

This Statement of a MCDH Ideal Future was drawn from comments made during focus group meetings involving a broad cross section of the Hospital's key constituencies and input received at the November 20, 2010 Mendocino Coast District Hospital Strategic Planning Retreat.

This Ideal Future Statement reflects where the Hospital can realistically expect to be in five years given a sincere commitment by the organization to:

- Vigorously pursue opportunities
- Use available resources creatively
- Anticipate, adapt to, and manage change

## **Mendocino Coast District Hospital in 2015 Statement of a MCDH Ideal Future**

By 2015, MCDH will have successfully returned to profitability through

- ❖ Vigorous efforts to reduce costs (e.g. reduction in energy use, adoption of productivity standards by department/cost centers, etc.)
- ❖ Success in recapturing market share (the opening of a new Diagnostic Imaging Center has greatly reduced out migration to “over the hill” providers)
- ❖ Reconfiguration of services (e.g. the relocation of Home Health to the Mendocino Healthcare District, repackaging of OB/GYN services, etc.)
- ❖ Adding new revenue generating programs and services (e.g. an industrial medicine program)
- ❖ Elimination of financial losses at the North Coast Family Health Clinic (a new practice management system and development of a clinic electronic medical record contributed to this turnaround)
- ❖ A keen understanding by MCDH stakeholders that the various strategic areas (e.g. high level of quality and patient satisfaction, increased utilization and market share, etc.) are all related to several other strategic areas (see Attachment I, Circle of Success)

Nearly four years ago, MCDH decided to become proactive in planning for replacement of most or all of its existing physical plant...thus ensuring that the Hospital will comply with California’s seismic standards (SB 1953) in advance of the 2030 deadline. The profitability of hospital operations has permitted MCDH to improve its bonding capacity, which is key to building capital resources required to undertake future physical plant upgrade/replacement.

The public and all of MCDH's key constituencies are well informed thanks to an aggressive educational effort undertaken by the Hospital several years ago to inform coastal communities regarding the full range of services and programs MCDH provides...and the challenges the Hospital faces in its efforts to ensure the long term viability of health services for coastal community residents.

The Hospital's expanded *Healing Hospital Program– healthy community* continues to be well received by area residents. The Program has drawn considerable national attention and has turned a corner in terms of achieving profitability.

Customer/patient services training programs, which contributed to successful efforts to bring about a MCDH cultural change among the Hospital's employees and medical staff, has continued. These training sessions have been repeated once or twice a year over the past six years. Evidence of the impact of this training and education is that MCDH has consistently achieved outstanding scores on patient satisfaction surveys. MCDH has also established a track record of providing high quality care, which meets or exceeds all state and federal regulatory guidelines as well as current voluntary quality goals and targets.

Sheer persistence coupled with “out of the box” recruitment strategies (which took into account an aging medical staff) has permitted MCDH to develop a corps of highly qualified physicians of sufficient size with the right mix of primary care and specialists. This has enabled MCDH to be competitive with area hospitals while fully meeting community expectations. We now have a medical staff, which operates in a practice environment that is highly collegial, financially rewarding, and offers opportunities for expanding clinical skills and experience.

Mendocino Coast District Hospital  
2011-2012 Strategic Goals and Objectives

**GOAL AREA – Financial Performance**

**STRATEGIC GOAL** – It is the strategic goal of MCDH to achieve sustained, positive, financial performance that:

- ❖ reflects a year after year excess of revenue over expenses
- ❖ permits the Hospital to significantly improve its bonding capacity
- ❖ allows MCDH to build capital reserves to ensure that it has sufficient financial strength to complete a replacement facility that fully complies with SB 1953 seismic standards by or before 2030

## GOAL AREA: Financial Performance

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENT/ACTION
<p><b><u>Implement Departmental productivity standards:</u></b></p> <ul style="list-style-type: none"> <li>• Establish productivity standards for each MCDH department.</li> <li>• Develop the capability of producing profit and loss statements for selected cost centers and/or product lines.</li> </ul>	<p><u>Start date</u> Feb 2011</p> <p><u>End date</u> 12-31-2012</p> <p><u>Start date</u> Apr 2011</p> <p><u>End date</u> 12-31-2011</p>			
<p><b><u>Improve profitability of MCDH Services:</u></b></p> <ul style="list-style-type: none"> <li>• Develop a strategy and plan for achieving profitability in the delivery of MCDH's <b><u>EMS/ Ambulance Service</u></b> including: <ul style="list-style-type: none"> <li>◆ identifying EMS cost reduction alternatives</li> <li>◆ publicizing and communicating to the user public which emergency situations are appropriate for 911 or private vehicle</li> <li>◆ utilizing EMS staff for other functions (e.g. lift team)</li> <li>◆ marketing aggressively the MCDH MCAS Membership Program</li> </ul> </li> <li>• Complete the organizational relocation of MCDH's <b><u>Home Health Services</u></b> to the Mendocino Healthcare District...to eliminate the revenue losses currently occurring under the Hospital's CAH cost based reimbursement policies. This change should not have any negative effect on the volume or quality of home health services being provided to area residents.</li> </ul>	<p><u>Start date</u> Feb 2011</p> <p><u>End date</u> 10-31-2011</p> <p><u>Start date</u> Oct 2010</p> <p><u>End date</u> 12-31-2012</p>			

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENT/ACTION
<p><b><u>Improve Financial Performance at NCFHC:</u></b></p> <p><b><u>Technology Objectives:</u></b></p> <ul style="list-style-type: none"> <li>• Identify practice management system (PMS) and select, purchase and install the preferred PMS system.</li> <li>• Complete the development and implementation of an Electronic Medical Record (EMR) for NCFHC which is compatible with the EMR being developed by the Hospital for acute inpatients and outpatients. This will enable NCFHC to <b>achieve Meaningful Use</b> in order to receive the maximum potential Federal stimulus funding available.</li> <li>• Upgrade telephone system.</li> </ul> <p><b><u>Expense Reduction Objectives:</u></b></p> <ul style="list-style-type: none"> <li>• Implement low census day policy for clinic days when scheduled appointments are fewer than 100</li> <li>• Implement block scheduling for providers in order to more efficiently staff clinic.</li> <li>• Eliminate transcription service and replace with voice recognition software system</li> <li>• Determine feasibility of bringing billing in-house vs. continuing with outsourced billing service</li> <li>• Explore closure of Pediatric Clinic Practice</li> <li>• Establish minimum FTE requirement for coverage of physician malpractice costs</li> </ul>	<p><b><u>Start Date</u></b> Nov. 2010 <b><u>End Date</u></b> 12-31-2011</p> <p><b><u>Start Date</u></b> Nov. 2010 <b><u>End Date</u></b> 6-30-2012</p> <p><b><u>Start Date</u></b> Feb 2010 <b><u>End Date</u></b> 4-30-2011</p> <p><b><u>Start Date</u></b> Jan 2011 <b><u>End Date</u></b> Ongoing</p> <p><b><u>Start Date</u></b> Jan 2011 <b><u>End Date</u></b> Ongoing</p> <p><b><u>Start Date</u></b> Jan 2011 <b><u>End Date</u></b> 6-30-2012</p> <p><b><u>Start Date</u></b> Jan 2011 <b><u>End Date</u></b> 6-30-2012</p> <p><b><u>Start Date</u></b> April 2011 <b><u>End Date</u></b> 6-30-2011</p> <p><b><u>Start Date</u></b> April 2011 <b><u>End Date</u></b> 9-30-2011</p>			

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENT/ACTION
<p><b>Contracting/Reimbursement Objectives:</b></p> <ul style="list-style-type: none"> <li>• Renegotiate the Blue Shield contract for improved professional fee rates.</li> <li>• Renegotiate the Blue Cross contract for improved professional fee rates.</li> <li>• Review NCFHC Charge Master and make pricing adjustments as appropriate and necessary.</li> <li>• Implement either a productivity standard or cost sharing formula for overhead expense allocations for providers.</li> <li>• Explore feasibility of changing ratio of Nurse Practitioners to Physicians.</li> <li>• Renew and/or renegotiate physician contracts.</li> <li>• Restructure surgery billing for increased clinic revenues.</li> </ul>	<p><u>Start Date</u> Jan 2011 <u>End Date</u> 3-31-2011</p> <p><u>Start Date</u> Jan 2011 <u>End Date</u> 11-30-2011</p> <p><u>Start Date</u> Apr 2011 <u>End Date</u> 6-30-2011</p> <p><u>Start Date</u> <u>Apr 2011</u> <u>End Date</u> <u>9-30-2011</u></p> <p><u>Start Date</u> Apr 2011 <u>End Date</u> 9-30-2011</p> <p><u>Start Date</u> Mar 2011 <u>End Date</u> 9-30-2011</p> <p><u>Start Date</u> Oct 2010 <u>End Date</u> 3-31-2011</p>			
<p><b><u>Scope of Services Objectives:</u></b></p> <ul style="list-style-type: none"> <li>• Determine the feasibility of establishing a lab draw station at NCFHC, either for existing NCFHC patients or for the general public.</li> <li>• Determine the feasibility of establishing a pain management program at NCFHC.</li> <li>• Determine the feasibility of accepting more drop-in/unscheduled appointments (post EMR implementation).</li> </ul>	<p>Mar 2011 <u>End Date</u> 6-30-2011</p> <p><u>Start Date</u> Jan 2011 <u>End Date</u> 6-30-2011</p> <p><u>Start Date</u> Mar 2011 <u>End Date</u> 6-30-2012</p>			

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENT/ACTION
<p><b><u>Other Objectives:</u></b></p> <ul style="list-style-type: none"> <li>• Appoint new NCFHC Medical Director</li>   <li>• Create a Clinic Action Plan, and include it in the MCDH Strategic Plan and monitor milestones</li> </ul> <p><b><u>Improve Revenue Cycle Management Opportunities:</u></b></p> <p><b><u>MCDH Charge Structure review</u></b></p> <ul style="list-style-type: none"> <li>• Review MCDH’s charge structure for both inpatient and outpatient care and services the Hospital and NCFHC provides to identify services for which: <ul style="list-style-type: none"> <li>◆ MCDH is undercharging (and an upward adjustment in price is warranted)</li> <li>◆ a reduction in price is needed to be competitive with area healthcare providers</li> <li>◆ some reduction in price is necessary or useful to create goodwill in Fort Bragg and other coastal communities</li> </ul> </li> </ul> <p><b><u>Third party payer contracting</u></b></p> <ul style="list-style-type: none"> <li>• Develop a system for proactively monitoring third party payer contracting (e.g. Blue Cross/Blue Shield) to ensure that: <ul style="list-style-type: none"> <li>◆ contracts are negotiated in a proactive and timely manner</li> <li>◆ requested rates have been arrived at through a focused, analytical process that makes maximum use of available resources (e.g. the MCDH rate consultant)</li> <li>◆ consideration has been given to pooling hospital and physician third party payer negotiations to increase MCDH’s bargaining leverage</li> <li>◆ MCDH takes full advantage of resources potentially available through the CCAHN and through the four</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> Mar 2011</p> <p><b><u>End Date</u></b> 6-30-2012</p> <p><b><u>Start Date</u></b> Dec. 2010</p> <p><b><u>End Date</u></b> 3-1-2011</p> <p><b><u>Start Date</u></b> Feb. 2011</p> <p><b><u>End Date</u></b> 6-30-2011</p> <p><b><u>Start Date</u></b> Dec. 2010</p> <p><b><u>End Date</u></b> 12-31-2011</p>			

<p>hospital Joint Powers Agreement</p> <ul style="list-style-type: none"> <li>♦ a calendar is established and accountability is assigned for identifying all current contracts and renewal dates</li> </ul>				
<p><b><u>Reduction of denied claims</u></b></p> <ul style="list-style-type: none"> <li>• Form a utilization review committee focused on reducing the frequency of denied stays due to not meeting specified admission criteria.</li> </ul> <p><b><u>Value Based Purchasing (VBP)</u></b></p> <ul style="list-style-type: none"> <li>• Evaluate MCDH’s ability to meet or exceed quality performance standards under the national hospital value based purchasing program (expected to take effect in the fall of 2012) being established through the Patient Protection and Affordable Care Act (PPACA)...thereby permitting MCDH to be eligible for incentive payments under this program. <ul style="list-style-type: none"> <li>♦ provide education to clinical staff, medical staff, and revenue cycle staff on proposed VBP quality measures</li> <li>♦ create performance improvement teams for each VBP measure that applies to MCDH</li> <li>♦ implement action plans to improve MCDH performance for applicable VBP measures</li> </ul> </li> </ul> <p><b><u>MCDH energy use reduction</u></b></p> <ul style="list-style-type: none"> <li>• Undertake a multi-faceted approach to reducing MCDH’s energy costs through a reduction in energy use, which includes: <ul style="list-style-type: none"> <li>♦ a hospital-wide energy audit to determine situations of energy waste and opportunities for energy savings</li> <li>♦ investigate installation of solar panels where appropriate as an auxiliary energy source</li> <li>♦ initiating an education campaign in energy conservation...”turn the lights off” for MCDH employees</li> <li>♦ completing upgrade of central plant equipment</li> <li>♦ obtaining PG&amp;E rebates for energy reduction</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> Feb. 2011</p> <p><b><u>End Date</u></b> 6-30-2011</p> <p><b><u>Start Date</u></b> Sept. 2011</p> <p><b><u>End Date</u></b> 9-30-2012</p> <p><b><u>Start Date</u></b> Jan. 2011</p> <p><b><u>End Date</u></b> 12-31-2011</p>			

Mendocino Coast District Hospital  
2011-2012 Strategic Goals and Objectives

**GOAL AREA – Physical Plant**

**STRATEGIC GOAL** – It is the strategic goal of MCDH to continue to develop a state of the art physical plant and campus, which is attractive, highly functional, and supports the Hospital’s efforts to provide those it serves with the “ideal” patient experience...and to:

- ❖ Complete efforts currently underway to improve patient flow, attractiveness, comfort, and functionality of patient rooms, clinical support in common areas as well as new dependable infrastructure components (boilers, chillers, generators, etc.)
- ❖ prepare the community regarding replacement of all or a portion of MCDH’s existing physical plant to ensure that ~~the 2030~~ SB 1953 seismic safety standards are fully met

<b>GOAL AREA – Physical Plant and Equipment</b> STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENT/ACTION
<p><b><u>Complete physical plant improvements currently underway/evaluate upcoming Infrastructure Needs</u></b></p> <ul style="list-style-type: none"> <li>• Complete projects underway for updating, modernizing, and refurbishing patient rooms, common areas and infrastructure components (boilers, etc.).</li> <li>• Review, prioritize and provide costs, including cost benefit analysis, for replacement of remaining older infrastructure components</li> </ul>	<p><u>Start Date</u> Jan. 2009</p> <p><u>End Date</u> 12-31-2012</p> <p><u>Start Date</u> March 2011</p> <p><u>End Date</u> 1-31-2012</p>			
<p><b><u>Preliminary campus/facility master plan</u></b></p> <ul style="list-style-type: none"> <li>• Begin work on a preliminary campus/facility master plan which: <ul style="list-style-type: none"> <li>◆ identifies those portions of the existing physical plant that are likely to be demolished and replaced by new construction as well as those sections of the existing facility that are likely to be retained and upgraded or renovated</li> <li>◆ serves as a useful tool in communicating to the community the magnitude of support and investment required to ensure that MCDH has the capacity to meet the area’s healthcare needs over the next 30-40 years</li> <li>◆ lays out assumptions regarding use of MCDH’s current campus/property and whether additional property will need to be acquired</li> <li>◆ following the move of Radiology to the DI Center, identifies the best utilization of vacated spaced</li> </ul> </li> </ul>	<p><u>Start Date</u> March 2012</p> <p><u>End Date</u> 12-31-2012</p>			
<p><b><u>Compliance with SB 1953 Seismic Laws</u></b></p> <ul style="list-style-type: none"> <li>• Ensure that MCDH meets all requirements of SB 1953 seismic safety law.</li> </ul>	<p><u>Start Date</u> Jan. 2001</p> <p><u>End Date</u> 12-31-2012</p>			

Mendocino Coast District Hospital  
2011-2012 Strategic Goals and Objectives

**GOAL AREA – Medical Staff**

**STRATEGIC GOAL** – It is the strategic goal of MCDH to develop and maintain a medical staff of sufficient size and breadth including primary care and specialty physicians with background, education, and expertise needed to support the range of services required to meet the needs of area residents...and to enable MCDH to regain and grow market share and compete vigorously with competitor hospitals in key areas (e.g. OB and orthopedic surgery).

The MCDH medical staff should:

- ❖ Be cohesive and well organized
- ❖ Enjoy a practice environment that is financially rewarding, offers opportunities for professional growth and advancement
- ❖ Be characterized by comradery and effective physician to physician communication

## GOAL AREA: Medical Staff

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENTS/ACTION
<p><b><u>Out of the box physician recruitment strategies</u></b></p> <ul style="list-style-type: none"> <li>• Continue to develop physician recruitment strategies, which:           <ul style="list-style-type: none"> <li>▪ reference MCDH’s medical staff development plan</li> <li>▪ explore approaches for expanding opportunities for collegial interaction to allay concerns among physicians being recruited regarding appropriate access to specialists and availability of peer consultation such as:               <ul style="list-style-type: none"> <li>○ creating additional links with medical schools interested in making available to medical students and residents opportunities for exposure to rural medicine</li> <li>○ expanding MCDH’s program of financial assistance to hospital staff and local high school and college students interested in health care careers as physicians, PAs, NPAs, etc.</li> <li>○ focusing on lifestyle/recreational opportunities in the greater Mendocino Coast environment</li> </ul> </li> </ul> </li> </ul>	<p><u>Start Date</u> Jan. 2011</p> <p><u>End Date</u> 1.31.2016</p>			
<p><b><u>Medical staff physician survey</u></b></p> <ul style="list-style-type: none"> <li>• Complete a survey of the MCDH medical staff to determine how physicians view their practice environment including, do physicians feel they:           <ul style="list-style-type: none"> <li>◆ are being fairly compensated</li> <li>◆ have the appropriate tools, equipment and specialty support to practice the style of medicine they expect to be practicing</li> <li>◆ have a reasonable opportunity to dialogue with their peers on professional issues</li> <li>◆ have the ability to be heard when problems or issues arise and have a reasonably good chance that the issue</li> </ul> </li> </ul>	<p><u>Start Date</u> Feb. 2011</p> <p><u>End Date</u> 10-31-2011</p>			

<p>or problem will be equitably resolved</p> <ul style="list-style-type: none"> <li>◆ have adequate access to education and training resources required for professional growth and advancement</li> <li>◆ would benefit from other resources that MCDH could or should provide to enhance the local practice environment (e.g. billing and collection support, increased marketing of physicians to the community, etc.)</li> </ul>				
<p><b><u>Access to diagnostic and clinical test results by physicians</u></b></p> <ul style="list-style-type: none"> <li>• Identify the most effective alternatives for communicating imaging and clinical test results to MCDH physicians: <ul style="list-style-type: none"> <li>◆ select a preferred approach or methodology for transmission of imaging results</li> <li>◆ review the selected alternative with MCDH medical staff representatives</li> <li>◆ adopt a plan for health information exchange (HIE) of laboratory results</li> <li>◆ adopt a plan for dissemination of diagnostic imaging reports and PACS images to all physicians</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> Jan. 2010</p> <p><b><u>End Date</u></b> 12-31-2011</p>			

<p><b><u>Develop continuing education resources program for medical staff</u></b></p> <ul style="list-style-type: none"> <li>• Purchase appropriate CME resources (e.g. institutional subscription to “Up to Date”)</li> <li>• Evaluate opportunities to provide CME credit offerings (e.g. in collaboration with other organizations)</li> </ul>	<p><b><u>Start Date</u></b> Jan. 2010 <b><u>End Date</u></b> 12-31-2011 <b><u>Start Date</u></b> Jan. 2010 <b><u>End Date</u></b> 12-31-2011</p>			
<p><b><u>Hospital/physician financial integration</u></b></p> <ul style="list-style-type: none"> <li>• Complete an exploration and analysis of possible options to align financial incentives between MCDH and its medical staff...drawing on models that have worked elsewhere (California, other states, etc.).</li> </ul>	<p><b><u>Start Date</u></b> Mar 2011 <b><u>End Date</u></b> 6-30-2012</p>			
<p><b><u>Incentives for increasing physician participation in key committees</u></b></p> <ul style="list-style-type: none"> <li>• Complete an assessment of options for increasing physician participation in key committees including the committees of integrated quality management, medical executive, surgery, and medicine...committees which play an essential role in review of existing policies and procedures and performance at MCDH. This assessment should take into consideration: <ul style="list-style-type: none"> <li>◆ incentives in place at other hospitals (including CAHs)</li> <li>◆ possible physician compensation for time spent on committee activities</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> Jan. 2011 <b><u>End Date</u></b> 6-30-2011</p>			

Mendocino Coast District Hospital  
2011-2012 Strategic Goals and Objectives

**GOAL AREA: Scope, Range of Services**

**STRATEGIC GOAL** – It is the strategic goal of MCDH to provide residents of its primary and secondary service areas the full range of healthcare services that are within the hospital’s financial capability and clinical competence...thus ensuring that to the extent possible:

- ❖ MCDH retains all appropriate patients
- ❖ travel by Mendocino Coast residents to outside medical centers for care is minimized
- ❖ MCDH is very well positioned to compete with other acute hospitals across the board and in key categories (e.g. OB, orthopedics, lab, radiology, etc.)
- ❖ the range of services offered by MCDH reflects ongoing efforts by the organization to identify new programs and services area residents want, need, and will utilize

## GOAL AREA: Scope, Range of Services

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENTS/ACTION
<p><b><u>New or Additional Services:</u></b></p> <p><b><u>Adding Services:</u></b></p> <ul style="list-style-type: none"> <li>• Analyze and determine the programmatic and financial feasibility of establishing:               <ul style="list-style-type: none"> <li>◆ a 23 hour psychiatric MCDH stabilization program</li> <li>◆ additional or expanded skilled nursing facility (SNF) care</li> <li>◆ a program of care and services to individuals suffering from Alzheimer’s Disease</li> <li>◆ a psychiatric services program to help meet the need for mental health services in Fort Bragg and other coastal communities which draws on the model developed by the Mendocino Coast Clinic</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> July 2011</p> <p><b><u>End Date</u></b> 12-31-2012</p>			
<p><b><u>MCDH services to area veterans</u></b></p> <ul style="list-style-type: none"> <li>• Initiate discussions with representatives of US Department of Veterans Affairs to explore what expanded role MCDH might assume in providing healthcare services to veterans residing in Fort Bragg and other coastal communities...services that area veterans are now traveling to VA facilities in San Francisco to receive</li> </ul>	<p><b><u>Start Date</u></b> Mar. 2011</p> <p><b><u>End Date</u></b> 12-31-2012</p>			

<p><b><u>Women's Health Program</u></b></p> <ul style="list-style-type: none"> <li>Analyze and determine the programmatic and financial feasibility of developing and/or reestablishing a product which creatively packages all OB/GYN and women's health services into an integrated product that addresses the health care needs of female residents of Fort Bragg and other coastal communities.</li> </ul>	<p><b><u>Start Date</u></b> July 2011</p> <p><b><u>End Date</u></b> 2012</p>			
<p><b><u>Industrial/occupational medicine program</u></b></p> <ul style="list-style-type: none"> <li>Confirm the programmatic and financial feasibility of establishing a MCDH industrial and occupational medicine program and if found feasible, establish and implement the program.</li> </ul>	<p><b><u>Start date</u></b> Dec 2010</p> <p><b><u>End date</u></b> 12-31-2011</p>			

Mendocino Coast District Hospital  
2011-2012 Strategic Goals and Objectives

**GOAL AREA: Quality**

**STRATEGIC GOAL** – It is the strategic goal of MCDH to develop the capability of providing the patients it serves, with the “ideal” patient experience which:

- ❖ Fosters the movement of patients/customers through an easy to navigate, seamless system from point of entry to completion of diagnostic or treatment procedure, discharge and follow-up
- ❖ Reflects the provision of exquisite customer service and responsiveness that conveys a sense that everyone in the organization, physicians, management, clinical staff, other employees, etc. stand ready at all times to be a proactive advocate for the patient
- ❖ Builds on progress made in the past two years to achieve a culture of caring and a commitment to service excellence and a superb ability of all parts of the organization to work together as a cohesive team
- ❖ Helps to establish MCDH’s position as a leader in quality among rural hospitals
- ❖ Includes process components that increase MCDH’s efficiency in provision of services while enabling the Hospital to reduce operating costs
- ❖ Ensures that MCDH achieves excellent patient outcomes by meeting or exceeding national quality targets and scoring high on quality surveys (HealthGrades rating, etc.)

## GOAL AREA: Quality

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENT/ACTION
<p><b><u>Meaningful Use compliance</u></b></p> <ul style="list-style-type: none"> <li>Identify all of the requirements for achieving meaningful use of MCDH's EMR as well as the time frame in which these requirements need to be achieved.</li> </ul>	<p><u>Start Date</u> Dec. 2008</p> <p><u>End Date</u> 6-30-2011</p>			
<p><b><u>Patient/Customer billing system</u></b></p> <ul style="list-style-type: none"> <li>Complete a redesign/reconfiguration of MCDH's current billing system to make bills easier to read and understand</li> </ul>	<p><u>Start Date</u> Mar. 2011</p> <p><u>End Date</u> 6-30-2012</p>			
<p><b><u>Technology platform, IT system upgrade</u></b></p> <ul style="list-style-type: none"> <li>Complete efforts underway to evaluate alternatives for upgrading MCDH's existing information technology system that:               <ul style="list-style-type: none"> <li>are affordable within the organization's budget and financial capabilities</li> <li>will result in substantial improvements in MCDH's technology platform</li> <li>take full advantage of any available financial support through federal or private grant sources</li> </ul> </li> </ul>	<p><u>Start Date</u> Dec. 2010</p> <p><u>End Date</u> 9-30-2011</p>			
<p><b><u>Work Group Satisfaction</u></b></p> <ul style="list-style-type: none"> <li>MCDH will place a high priority on identifying and tracking improvements by establishing a cross functional/cross departmental work group to improve patient, physician, and employee satisfaction in the emergency, lab and radiology departments.</li> <li>Assign and train the required additional dedicated staff needed to facilitate safer patient transport and lifts at MCDH.</li> </ul>	<p><u>Start Date</u> Dec. 2010</p> <p><u>End Date</u> 12-31-2011</p>			

<p><b><u>Reconciliation of medication lists</u></b></p> <ul style="list-style-type: none"> <li>• To the extent possible, within existing technological constraints, bring about a reconciliation among medication lists employed by various components of the MCDH organization (hospital, NCFHC, Home Health, ER, etc.) and compile a list of medication reconciliation issues that may only be resolved through establishment of the EMR.</li> </ul>	<p><b><u>Start Date</u></b> Dec. 2010</p> <p><b><u>End Date</u></b> 12-31-2011</p>			
<p><b><u>Accreditation and performance measures</u></b></p> <ul style="list-style-type: none"> <li>• MCDH will: <ul style="list-style-type: none"> <li>◆ maintain existing or higher accreditation and performance measures</li> <li>◆ identify steps to maintain 5-star rating in orthopedics and pneumonia care</li> <li>◆ achieve ACR Accreditation for all imaging modalities offered by MCDH.</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> Jan. 2011</p> <p><b><u>End Date</u></b> 1-31-2012</p>			

Mendocino Coast District Hospital  
2011-2012 Strategic Goals and Objectives

**GOAL AREA: Market Position, Relationship with Community**

**STRATEGIC GOAL** – It is the strategic goal of MCDH to:

- ❖ Maintain and improve its current strong market position and to achieve a significant reversal in the decline of market share in such key areas as OB and lab through proactive efforts to build market share in these and other selected product lines
- ❖ Achieve the highest possible level of trust and support among Mendocino Coast residents based on confidence that their hospital is stable, well managed, viable long term, and deserving of financial contributions from the community...and capable of responding to the evolving healthcare needs of area residents over the next 40+ years

## GOAL AREA: Market Position, Relationship with Community

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENT/ACTION
<p><b><u>Marketing of the MCDH Diagnostic Imaging Center</u></b></p> <ul style="list-style-type: none"> <li>• Design and begin executing a comprehensive campaign for publicizing and marketing the Hospital’s new DI Center scheduled to open in 2011. This campaign should include but not be limited to:               <ul style="list-style-type: none"> <li>◆ inviting members of MCDH medical staff to tour the Center, observe demonstrations of selected imaging equipment, and engage in one on one discussions with Center staff</li> <li>◆ marketing efforts targeted to physicians “over the hill” who frequently receive MCDH patient referrals...including providing samples which clearly demonstrate MCDH’s high quality imaging capabilities</li> <li>◆ inviting area residents to tour the imaging center, stressing the value of having images performed locally...suggesting there is no reason to leave the community for imaging tests</li> </ul> </li> </ul>	<p><u>Start Date</u> Dec 2010</p> <p><u>End Date</u> 6-30-2011</p>			
<p><b><u>Education of the community and all stakeholders</u></b></p> <ul style="list-style-type: none"> <li>• Drawing upon a successful effort to put a face on MCDH through the healthy outlook “Our Friends and Neighbors” PR Program, undertake an expanded campaign to educate the public and all stakeholders regarding:               <ul style="list-style-type: none"> <li>◆ the full range of programs and services MCDH provides through luncheon meetings at the Hospital, tours of various departments, and presentations to service clubs, etc.</li> <li>◆ challenges MCDH faces given limited resources, the increasing cost of healthcare, ongoing requirements to upgrade the physical plant, equipment, and recruiting new physicians, etc.</li> </ul> </li> </ul>	<p><u>Start Date</u> July 2011</p> <p><u>End Date</u> 7-31-2012</p>			

<ul style="list-style-type: none"> <li>• Devise a method and approach for consistently communicating MCDH clinical initiatives and results to residents of the Hospital's primary service area.</li> <li>• Establish a system that addresses a Marketing Plan.</li> </ul>	<p><b><u>Start Date</u></b> July 2011</p> <p><b><u>End Date</u></b> 7-31-2012</p>			
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Mendocino Coast District Hospital  
2011-2012 Strategic Goals and Objectives

**GOAL AREA: Personnel Staffing**

**STRATEGIC GOAL** – It is the strategic goal of MCDH to:

- ❖ Continue to attract and retain a well trained and educated staff of highly qualified and motivated individuals committed to creating an environment which fosters the “ideal” patient experience
- ❖ Provide hospital and clinic employees at all levels adequate opportunities for professional growth and advancement through programs offering mentoring and professional training and education
- ❖ Maintain a positive and attractive working environment which is highly professional and characterized by a spirit of teamwork and cooperation between departments and among all components of the organization
- ❖ Foster strong and effective working relationships between hospital employees at all levels and MCDH’s medical staff

## GOAL AREA: Personnel Staffing

STRATEGIC OBJECTIVE	TIMING	RESPONSIBILITY	RESOURCES	STATUS/COMMENT/ACTION
<p><b><u>California Critical Access Hospital Network (CCAHN and the Joint Powers Agreement) opportunities</u></b></p> <ul style="list-style-type: none"> <li>• Identify the full range of opportunities offered by CCAHN and/or through the Joint Powers Agreement for MCDH department managers and other clinical staff and employees to:               <ul style="list-style-type: none"> <li>◆ confer with counterparts at other CAHs</li> <li>◆ dialogue and participate in joint work groups to identify solutions to common problems and issues of mutual interest</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> 2008</p> <p><b><u>End Date</u></b> 1-31-2016</p>			
<ul style="list-style-type: none"> <li>• Needs assessment survey distributed to all employees regarding training and education recommendations.               <ul style="list-style-type: none"> <li>▪ Send to all employees</li> <li>▪ Analyze findings in preparation for future training programs</li> <li>▪ Incorporate into MCDH educational plan</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b></p> <p><b><u>End Date</u></b> 6-30-2011</p>			
<ul style="list-style-type: none"> <li>• Complete a revision of MCDH clinical ladders for the nursing staff which will be more appropriate for the actual performance of their duties               <ul style="list-style-type: none"> <li>▪ Meeting with Chief HR, CCO and Educator</li> <li>▪ Fine tune ideas with CCO, Nursing Manager and Educator</li> <li>▪ Have ready for Union Negotiations</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> Feb. 2011</p> <p><b><u>End Date</u></b> 6-30-2011</p>			
<ul style="list-style-type: none"> <li>• Will have the Simulation Lab in full use with the clinical staff (e.g. mock codes, OB education, procedures, etc)               <ul style="list-style-type: none"> <li>▪ All IT equipment and supplies ready for use</li> <li>▪ Forms and checklists ready for use</li> <li>▪ Feedback</li> </ul> </li> </ul>	<p><b><u>Start Date</u></b> June 2010</p> <p><b><u>End Date</u></b> 5-31-2011</p>			

<ul style="list-style-type: none"> <li>• Continue the Service Excellence classes. <ul style="list-style-type: none"> <li>▪ Target departments with special needs</li> </ul> </li> </ul>	<u>Start Date</u> 2009 <u>End Date</u> 1-31-2016			
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