

Central Peninsula Hospital BUSINESS PLAN

IN SUPPORT OF May 2018 STRATEGIC PLAN (Updated Annually)

June 2022 UPDATE

Introduction

Central Peninsula Hospital's Strategic Plan is developed and adopted by the CPGH, Inc. Board of Directors with input from hospital administration and physicians. Per policy, the Strategic Plan is revised every three to five years by the CPGH, Inc. Board of Directors. The purpose of the Strategic Plan is to outline the goals, strategies, objectives, and tactics that are to be put in place to accomplish the hospital's mission, vision, and values.

Mission, Vision & Values Statements

MISSION

We are a community-initiated and community-nurtured organization dedicated to promoting wellness and providing high quality health care that ensures the confidence and loyalty of our customers.

VISION

We will become a regional medical center focused on improving individual and community health and achieving national standards of excellence.

VALUES

SAFETY: We are a highly reliable organization that is uncompromising in our commitment to a culture of safety through our core values and behaviors. Collective and sustained commitment by organizational leadership, managers and health care workers emphasize safety over competing goals. Safety is our number one priority.

INTEGRITY: We hold ourselves accountable to the highest ethical and performance standards, demonstrating honesty, professionalism and sincerity.

SERVICE EXCELLENCE: We are committed to consistently improving healthcare outcomes and exceeding the expectations of those we serve.

COMPASSION: We recognize every person as a whole human being with different needs that must be met through listening, empathizing and nurturing.

STEWARDSHIP: We are each responsible for wise oversight of all resources entrusted to us.

RESPECT: We will create a harmonious environment that will honor each person's dignity and reflect their worth.

GOALS

Quality

•Using activities embodied in a Highly Reliable Organization, Central Peninsula Hospital is dedicated to achieving consistent and demonstrated excellence in clinical quality and safety.

Patients & Community

•Patients and the community are very satisfied with the services provided and grateful that the hospital exists; and systems are in place to improve our overall population health.

Caregivers

• Our collaborative approach to healthcare delivery creates high caregiver satisfaction and performance.

Medical Facilities

• Our medical facilities provide a patient-centered environment to support our dedication to the Mission and Vision and systems are in place to protect the borough's assets.

Financial

• CPH is financially positioned to support our dedication to the Mission, Vision, and Values.

GOAL A: Quality

Using activities embodied in a Highly Reliable Organization, Central Peninsula Hospital is dedicated to achieving consistent and demonstrated excellence in clinical quality and safety.

	Strategies	Strategic Tactics
A-1.	Recruit and Retain Excellent Caregivers	A.1.1. By achieving the goals of very satisfied patients and community with an emphasis toward improving population health (Goal B), a collaborative approach to health care delivery (Goal C), and a patient-centered environment (Goal D), we will create an environment that attracts and nurtures Excellent Caregivers
		Evidence of achieving these goals is demonstrated by the fact that the quality of our medical staff continues to remain high. Dr.s Mullins, Reyes, Anding are just a few recent examples of high caliber physicians who have chosen to join CPH. Recently recruited Dr. Ashman full time Neurologist and Solomon Pearce, Pain Management.
		A.1.2. Implement hiring practices such as the use of the Leadership Evaluation Tool, that ensure the right person for the right position

		 A.1.3. Promote the PDSA framework to move people toward the development of creative solutions for complex issues A.1.4. Pursue educational opportunities for continued staff training on how to perform in a Highly
		Reliable manner
A-2.	Improve Quality Process	A.2.1 Continue to expand the PDSA methodology to systematize the quality process. This effort is being driven down to the staff level by the Quality Council, with results being reported up through the Board Quality Committee. Patient Satisfaction scores are hovering around
		the 75 th percentile YTD
A-3.	Refine Institutional Quality Culture	A.3.1 Continue to expand staff involvement in the quality process as outlined above
A-4.	Improve community health through population health management	A.4.1 Using our own employee health plan as a model, with help from MODA, develop the framework for a Clinically Integrated Network to begin the process of improving the health of a defined population through primary care management and care coordination, data sharing, disease tracking and management, and other health improvement tools.
		Value Based Network has been established with Primary Care physicians to begin Population Health Management effort.

		Working directly with the simplement Medicaid Demother the peninsula. State is curractuarial firm to do initial p	nstration Project on ently working with a

• GOAL B: Patients & Community

Patients and the community are very satisfied with the services provided and grateful that the hospital exists; and systems are in place to improve our overall population health.

	Strategies	Strategic Tactics	
B-1.	Develop processes to understand and meet patient and community expectations and experiences	B.1.1 Conduct Tri-annual Community Health Need Assessments and work the plan to support findings	ls
		CHNA is used as a guide in Strategic Planning process.	g
		Next CHNA due in 2022 and discussions have begun with contractor.	е
B-2.	Develop a healthcare system that is meeting and exceeding patient and family expectations	B.2.1 Gear marketing efforts toward educating the community about the good work we do. M people in our community don't (or rarely) interact with the hospital so impressions ar often formed by the media.	lost
		B.2.2 Monitor HCAHPS survey responses and use PDSA process to make adjustments to iden areas for improvement	
		B.2.3 Use the new Balanced Scorecard display too give staff members a clearer mechanism fro which to track progress toward achieving	

B-3. Increase Access to Quality Care

B.3.1 Aggressively recruit primary care physicians and develop creative ways to increase access.
 Possibilities include increased telemedicine and email access, roving care givers that cover multiple clinics, etc.

Partnership with PIM and the establishment of CPIM has increased access to Medicare patients.

Working to integrate Internal Medicine and Behavioral Health into the Family medicine clinics in order to provide more comprehensive Primary Care.

Trying to build core primary care team to help build long term physician/patient relationships. (This is challenging as the new generation of providers' primary goals tend to be centered on work/life balance and paying off student debt instead of developing close community ties or joining hospital/med staff activities and culture.)

B.3.2 Work on expanding Kenai presence to improve access there

Urgent Care Clinic has been established. We have a plan under development to build a larger building and consolidate Urgent Care, Primary Care Services, Radiology, and Lab services all into one convenient location.

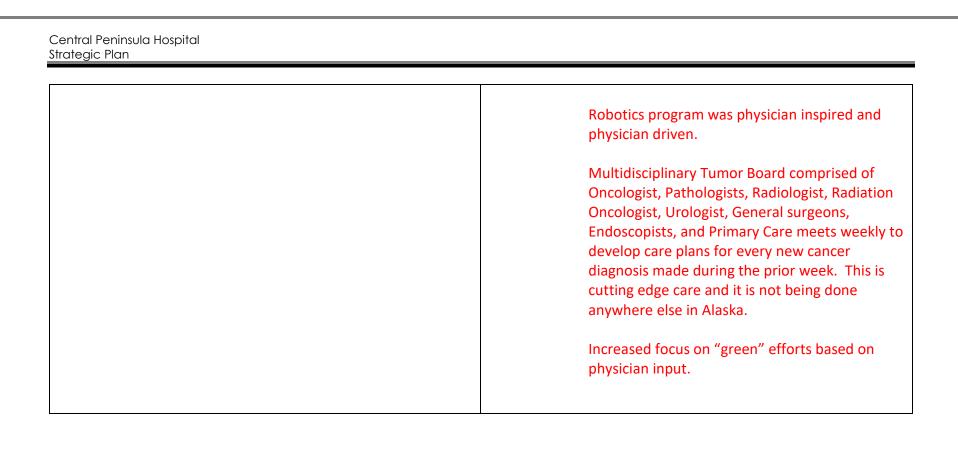
	In the process of purchasing, with plans to
	operate the Surgery Center of Kenai.

• GOAL C: Caregivers

Our collaborative approach to healthcare delivery creates high caregiver satisfaction and performance.

	Strategies		Strategic Tactics
C-1.	Identify and meet needs and expectations that create an efficient/effective workplace environment	C.1.1	Work closely with staff to increase understanding of how we can exceed their needs and expectations, and facilitate process improvement activities to support better engagement and performance
			Quarterly Stop-Light Report is shared with staff to address staff ideas or concerns placed in suggestion boxes.
			Employee Engagement scores increased again this past year for the 10 th straight year.
		C.1.2	Involve physicians in the quality process by encouraging participation in PDSA activities and other process improvement efforts
			Center of Excellence efforts in both Joint and Spine have been heavily physician inspired and directed.

C-2.	We are committed to a policy of equal opportunity for all persons by embracing diversity in our workforce and our patient care and believe is it essential to our ability to survive and thrive	C.2.1	We value our diversity and seek to foster equity and inclusion in a welcoming, safe, and respectful environment. Embracing and building an environment of inclusion means we honor, respect, embrace and value the unique contributions and perspectives of each team member
			American Hospital Association and CMS are both developing plans to increase access to care and equity of care for diverse populations. We will continue to follow these directives as they become more definitive.
C-3.	Develop stronger relationships with the Medical Staff	C.3.1	Work closely with physicians to increase understanding of how we can exceed their needs and expectations, and facilitate process improvement activities to support better engagement and performance
			Continued shift of Independent physicians over to the hospital demonstrate that we are accomplishing these goals.
		C.3.2	Involve physicians in decisions on items that impact their lives, i.e. equipment selection, information technology, OR block time, program development, etc.
			Center of Excellence efforts in both Joint and Spine have been heavily physician inspired and directed.



GOAL D: Medical Facilities

• Our medical facilities provide a patient-centered environment to support our dedication to the Mission and Vision and systems are in place to protect the borough's assets.

	Strategies	Strategic <i>Tactics</i>
D-1.	Develop Master Plan and timeline which will meet the	D.1.1 Board Approved Master Plan in progress a. Radiology expansion - Complete
	present and future needs of the community we serve	•
		b. Phase 5 – Specialty Clinic Project – Complete
		 c. Elevate presence in Kenai – Added Urgent Care Clinic. Plan to consolidate services is in progress. Back-burnered for now due to Covid but preparing to re-engage with Double Glacier Builders.
		In the process of purchasing and operating Surgery Center of Kenai.
		d. OB upgrade – Complete
		e. Electronic Health Record replacement – Complete
		f. Cardiology service line development – Complete
		g. Overall bed capacity – 5 overflow beds (old OB unit), 3 ICU beds, 4 OB/Med Surg flex beds have been added.
		Conversation is currently underway about the need to add more beds.
		h. "Phase Six" campus expansion – Conversation is currently underway about the need to add more beds.

			G. Soldotna Outpatient Clinic Upgrade – On Hold for now.
D-2.	Implement Planetree Philosophy in all facets of our Organization	D.2.1	Quarterly progress reports presented to the board.
D-3.	Develop Clinical Information Services Integration Plan and Timeline among CPH owned facilities	D.3.1	Clinical Information Services Integration Plan exists and is periodically presented to the board

GOAL E: Financial

• CPH is financially positioned to support our dedication to the Mission, Vision, and Values.

Strategies	Strategic <i>Tactics</i>
E-1. Prepare, plan, and adapt to changes in healthcare delivery systems and payment models	E.1.1 Using our own employee health plan as a model, with help from MODA, develop the framework for a Clinically Integrated Network to begin the process of improving the health a population through primary care management and care coordination, data sharing, disease tracking and management, and other health improvement tools. This is the first step toward the development of an Accountable Care type organization that can be marketed to employers and government payers Value Based Network has been implemented for CPH Employees. Met with Commissioner Crum in Sept to reinvigorate the Coordinated Care Organization plans for the peninsula's Medicaid population State has hired two employees to work on Kenai Peninsula Medicaid demonstration project. Biweekly planning meetings with the State and MODA are underway.

			E.1.2 Continue effort to maximize core measure compliance and patient satisfaction to maximize value-based purchasing dollars Balanced Scorecard reflects success in these areas.
E-2.	Enhance Revenue Cycle Performance		E.2.1 Continue on productivity journey by conducting periodic CFO/Director Departmental Operation Review meetings E.2.2 Maintain strong business office focus On track to earn \$40 mil EBDITA this year.
E-3.	Asset growth compatible to CPGH, Inc. Mission and Vision Statement	E.3.1	Focus growth on existing and new clinical service lines to maintain positive net margin growth. Achieved Joint Commission status for Diamond Willow resulting in a > \$2 mil per year net revenue increase. Behavioral Health is now carrying itself and actually contributing to the bottom line. Cardiology service line development is underway with Cardiology on site and a cath lab volume continuing to increase. Working on a PSA with AHI to provide one full day per week of Cardiac cath services and Dr. Madden is providing 3 full weeks per month of IR services.

rategic Plan	
	Oncology service line has shown success and growth far beyond expectations.
	Joint Replacement Program continues to gro and is generating positive buzz within the community.
	Payer mix shifts, more tightly controlled benefit plans, and slower economic growth (job losses) are putting pressure on volumes and revenues. We continue to manage tight while we carry on with efforts to grow volumes and add service lines.
	We continue to educate staff about the uncertain future of health care and the need for increasing our focus on expense management.
	Expanded Neurology clinic and we now have one and a half fulltime Neurologists
	Brought on Dr. Pearce, Interventional Pain Management which is a new service line
	E.3.2 Support core local services through program development and infrastructure: adult medicine, surgical services, and primary care locations.

gic Plan	
	Added new providers in General Surgery,
	Pulmonology, Cardiology, Interventional
	Radiology, Pain Management, and
	Orthopedics.
	PIM is now under CPH umbrella providing
	expanded Medicare access to our commun
	Working with Kenai Spine to formalize a cl
	relationship with that specialty
	E.3.3 Work on Center of Excellence certifications
	strategic services lines to ensure sustainab
	Joint Replacement program has achieved J
	Commission Certification.
	Spine Program will be surveyed for
	certification in the summer.
	Incorporating systematic improvements
	learned through certification process into
	other Surgical Service lines.
	E.3.4 Forge new regional relationships in select
	clinical services, ie Alaska Heart Institute,
	Pulmonology, Nephrology, and other
	Specialists not currently available on the
	Peninsula
	Assisted Alaska Heart Institute in recruiting
	new Cardiologist to provide full time Medi

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	Directorship oversight to our Cardiology program. Working on contract with AHI for one full day per week of cath lab coverage.
	Added Pulmonology Services two days every other week with Dr. Martynowicz.
	Recruited Dr. Pearce, Interventional Pain Management