BEAUMONT GROSSE POINTE 2017 STRATEGIC PLAN

Quality & Safety

(Sue Muscat)

1. *Meet 2017 Over-all QPI Target (TBD)*
    a. Identify process owners/champions for each measure on the 2017 quality matrix
    b. Develop and implement monthly clinical Service Quality Safety Reports – July 2017
    c. Include status 1 and 2 requirements for monthly action plans – January 2017
    d. Continue weekly QSC "mini" service meetings - Continue
    e. Include all HAC and VBP status 1 & 2, process owner report at each QSC – January 2017
2. *Improve Culture of Safety Over-all Score to 70%*
    a. 2017 Leadership Training "Just Culture" – July 2017
    b. 2017 "Speaking-up" campaign – July 2017
    c. Design and implement QSR/RL Feedback process – February 2017
    d. Develop and implement tracking and feedback process for Leadership Patient Safety Rounds – January 2017

(Linda Witt)

3. *Decrease the number of Status 1 Metrics on the Quality Matrix*
4. *Meet Target for Culture of Safety Scores – 1st Quarter 2017 (current results pending)*
5. *Demonstrate sustained and continued market share growth*

Grosse Pointe - HAC Reduction					
AHRQ Patient Safety Indicators PSI-90 Composite	**Service**	**Current Score**	**Status 2**	**TARGET**	**Status 4**
PSI 03 Pressure Ulcer Rate	Nursing	3.206	0.000	0.000	0.000
PSI 6: Pneumothorax	H&V	0.000	0.630	0.310	0.000
PSI 8: In Hosp Fall w/Hip Fx	Orthopedics	0.000	0.000	0.000	0.000
PSI 9: Peri Op Hemorrhage	Perioperative	TBD		TBD	
PSI 10: Post Op Kidney Injury	Perioperative	TBD		TBD	
PSI 11: Post Op Resp Failure	Perioperative	TBD		TBD	
PSI 12: Peri Op PE/DVT	Perioperative	0.572	0.730	0.450	0.320
PSI 13: Post Op Sepsis	Perioperative	0.000	1.040	0.000	0.000
PSI 14: Post Op Wound Dehisc	Perioperative	0.000	4.100	0.000	0.000
PSI 15: Accident Punc/Lacn	Perioperative	0.000	0.420	0.250	0.130
CDC NHSN Measures	**Service**	**Current**	**Status 2**	**TARGET**	**Status 4**
CLABSI – SIR (ICU)	ICU	0.000	0.392	0.132	0.000
CAUTI SIR (ICU)	ICU	0.859	0.900	0.410	0.000
SSI Colon SIR	Digestive Health	1.479	0.817	0.368	0.000
SSI Abd Hist SIR	Woman's Health	2.857	0.681	0.000	0.000
MRSA SIR	Inf. Prevention	3.096	0.759	0.357	0.000
C-DIFF SIR	Inf. Prevention	0.300	0.784	0.436	0.000
Grosse Pointe - Readmission Reduction					
All Cause Readmit Rate	**Service**	**Current**	**Status 2**	**TARGET**	**Status 4**
Pneumonia CMS	Medicine	12.941	14.118	12.790	11.378
AMI CMS	H&V	16.000	11.910	10.000	8.470
Heart Failure CMS	H&V	16.779	18.561	17.505	15.621
Hip Knee CMS	Ortho	3.125	3.205	2.944	2.224
COPD CMS	Medicine	19.008	17.699	16.216	14.706

BEAUMONT GROSSE POINTE 2017 STRATEGIC PLAN

Patient Experience

(Sue Muscat)

1. *Integrate IPFCC model/ concepts into Quality and Safety process*
    a. Identify and implement at least one IPFCC Patient Family Advisor onto QSC – June 2017
    b. Implement IPFCC criteria into all GP Action Plans – March 2017
2. *Improve HCAHPS scores*
    a. Include HCAHPS measure on quality matrix - March 2017
    b. Include HCAHPS service Quality Safety Reports – July 2017

(Linda Witt)

1. *Meet / exceed Press Ganey Target – Re-evaluate Target of 79*
2. *Demonstrate sustained and continued market share growth*

Employee Engagement

(Sue Muscat)

1. *Develop and implement processes that ensure ongoing and consistent feedback to frontline staff*
    a. 2017 Quality & Safety Fair - March 2017 (Safety Month)
    b. Implement Unit Visual Boards in at least 5 clinical areas (start with OR) – July 2017
    c. Implement Patient Safety Rounding (different from Leadership Rounds)– January 2017
    d. Present Eagle Eye and Patient Safety Awards on unit (with peers) – January 2017
    e. Relocate Patient Safety Wall to more visible location (cafeteria?) – March 2017

(Linda Witt)

2. *My scores current exceed Target – my goal is to sustain that employee engagement*
3. *Provide appropriate resources (i.e. Adequate Transport Staff, IV Team)*

Finance and Growth/New Programs & Services

(Sue Muscat)

1. *Continue VBP success and avoid HAC financial penalty*
    a. Clearly identify HAC and VBP measures on all service dashboards or Quality Safety Reports. See measures below - July 2017
2. *Reduce CMS Readmission rates for Pneumonia/AMI/CHF/Hip & Knee/COPD*
    a. Engage PFA into readmission reduction efforts – July 2017
    b. Develop Readmission dashboard and continue Readmission Task Force – February 2017
    c. Include Readmission information on Service Quality Safety Reports – July 2017
3. *Ensure appropriate patient placement as early as possible to decrease observation utilization, 1 day LOS, insurance denials, and system leakage*
    a. Implement 24/7 EC Care Management Coverage – August 2017
    b. Identify "non-appealable" cases and conduct quality Peer Review – March 2017
    c. Implement measures and tracking for high DRGs and physician utilizer groups – to be reviewed at UM Committee – February 2017
    d. Develop and implement UM Dashboard to identify opportunities and changes – January 2017

(Linda Witt)

BEAUMONT GROSSE POINTE 2017 STRATEGIC PLAN

1. New programs/services impacting finance and growth
    a. *Renovated and Relocated Urology Suite – 1st Quarter 2017*
    b. *Pain Clinic Relocation to MOB – Budgeted volume increase of 24% - 2nd Quarter 2017*
    c. *Continue procedural volume growth (OR & Endo) through Patient and Physician Satisfaction (meet budgeted growth targets) 4th Quarter 2017*

Beaumont Grosse Pointe
Monthly Strategic Tracker

Beaumont Grosse Pointe 2017 Strategic Objectives

	Objectives / Tactics	Measure	Department Leader	Administrator	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Quality & Safety	**1. Eliminate HAC Penalty**	----------	----------	----------	----------	---------	---------	---------	---------	---------	---------	---------	---------	---------
	a. SSI Composite Rate SIR	from: 1.178 to: 0.988	Muscat	Cavender	**0.988**	1.047	1.000							
	b.MRSA - SIR	from: 1.263 to: 0.963	Muscat	Cavender	**0.963**	1.258	1.258							
	c. PSI-13 Post Op Sepsis	from: 2.559 to: 0.000	Muscat	Cavender	**0.000**	0.397	0.454							
	2. Improve Culture of Safety	Sue will update w/ recently announced 2017 targets: 55% of units at the 75th percentile, achieving status 2, 3, or 4 (Status 2>66%, Status 3 > 71%, Status 4 > 77%)	Muscat will report # on behalf of all accountable department leaders	Muscat will report # on behalf of all accountable Administrators	55	34	34							
	3. Implement communication boards	----------	----------	----------	----------	---------	---------	---------	---------	---------	---------	---------	---------	---------
	a. Partner with Service Excellence and Nursing to implement a consistent communication board by 1st Qtr. 2017	On Track ✓ / At Risk ! / Not on Track ✗	Muscat/Bennett	Cavender	✓	✓	✓							
	4. Complete Magnet document by August 1st	On Track ✓ / At Risk ! / Not on Track ✗	Whitney	Stewart	✓	✓	✓							
	5. Reduce CMS All-Cause Readmission Rate	----------	----------	----------	----------	---------	---------	---------	---------	---------	---------	---------	---------	---------
	a. Pneumonia	On Track ✓ / At Risk ! / Not on Track ✗	Muscat	Cavender	**12.79**	11.39	13.64							
	b. AMI	On Track ✓ / At Risk ! / Not on Track ✗	Muscat	Cavender	**10.00**	11.11	13.64							
	c. Heart Failure	On Track ✓ / At Risk ! / Not on Track ✗	Muscat	Cavender	**17.50**	21.43	23.29							
	d. Hip / Knee	On Track ✓ / At Risk ! / Not on Track ✗	Muscat	Cavender	**2.94**	2.83	2.73							
	e. Ischemic Stroke	On Track ✓ / At Risk ! / Not on Track ✗	Muscat	Cavender	**7.61**	4.76	4.55							
	f. COPD	On Track ✓ / At Risk ! / Not on Track ✗	Muscat	Cavender	**16.21**	21.95	21.95							
		✗												
Patient Experience	**1. Implement Patient & Family Advisor model**	----------	----------	----------	----------	---------	---------	---------	---------	---------	---------	---------	---------	---------
	a. Include PFAs on 4 service teams by 2nd Quarter 2017	On Track ✓ / At Risk ! / Not on Track ✗	Bennett	Cavender	✓	✓	✓							
	b. Include PFAs on QC&SC by 1st Quarter 2017	On Track ✓ / At Risk ! / Not on Track ✗	Bennett/Muscat	Cavender	✓	✓	✓							
	2. Complete service model training for all employees by the end of 1st quarter	On Track ✓ / At Risk ! / Not on Track ✗	Bennett	Cavender	✓	✓	✓							
	3. Implement a leader rounding model by 1st Qtr. 2017	On Track ✓ / At Risk ! / Not on Track ✗	Bennett	All Administrators	✓	✓	✓							
	4. Improve physician engagement in patient experience	----------	----------	----------	----------	---------	---------	---------	---------	---------	---------	---------	---------	---------
	a. Report physician scorecards on a quarterly basis (at least) at the Operations Team meetings	On Track ✓ / At Risk ! / Not on Track ✗	Bennett	Cavender	✓	✓	✓							
	5. Achieve patient experience target specifically related to the Clean component of the Environment Domain (lowest performing domain, of those noted as top priority index domains)	≥ 50th %ile rank of "Always" by the time the December 2017 YTD data is posted	Kripli	Cavender	50	58								

Beaumont Grosse Pointe
Monthly Strategic Tracker

	Objectives / Tactics	Measure	Department Leader	Administrator	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Employee Engagement	**1. Improve time to fill vacancies**	---	---	---	---	---	---	---	---	---	---	---	---	---
	a. Reduce average fill time by 10% (from 33 days to 30 days = 3 day reduction)	Average fill time (days)	Walker	Swaine	30	---	---	---	---	---	---	---	---	---
	2. Achieve milestones related to Magnet designation	---	---	---	---	---	---	---	---	---	---	---	---	---
	a. Increase BSN rates to 60% by year end; goal is to have BSN rate of 80% by 2020	BSN rate (%) at BGP	Whitney	Stewart	60	58%	58%	58						
	3. Develop hospital wide and departmental action plans re: to engagement survey by the end of the 1st quarter	On Track ✓ / At Risk ! / Not on Track ✗	Walker will report # on behalf of all accountable department leaders	Walker will report # on behalf of all accountable Administrators	✓									
	1. Achieve hospital-wide budget targets associated with key strategic initiatives: Outpatient Services	---	---	---	---	---	---	---	---	---	---	---	---	---
	a. Achieve 340B savings target	$2.1M savings by year end or $190.9K/month, for 11 months; metric documented in ($000)	Stout	Cavender	190.9	N/A								
	b. Meet Hyperbaric volume projections (visits)	145 visits per month	Winters	Cavender	145	N/A	N/A							
	c. Develop a plan to track volume growth associated with MOB tenants by 2/1/2017	On Track ✓ / At Risk ! / Not on Track ✗	Kilpatrick / Miller: US/Gen Volume & Physician referral reports will begin in February (Kilpatrick) Physician Office report data from Decision Support system will be available by the end of the 2nd Quarter (Miller)	Cavender/ Kilpatrick/ Miller	✓	Team Met & developed plan	US/Gen Volume & Physician Referral Reports are available. ✓							
	d. Grow PT business through expanded space plan on Little Mack	PT Program Expansion SCS/Proforma ROI/BMG Negotiation On Track ✓ / At Risk ! / Not on Track ✗	Amarnath	Kilpatrick	✓	BMG Meeting	BMG Meeting Follow Up Meeting	BMG Next Steps Meeting Scheduled						
	e. Implement 3rd shift MRI and associated volume targets	Total Volume, Customer Service, Next Available On Track ✓ / At Risk ! / Not on Track ✗	LeBlanc	Kilpatrick	✓	! Low OP Volume	Improved IP TAT - OP Improved							

Beaumont Grosse Pointe
Monthly Strategic Tracker

	Objectives / Tactics	Measure	Department Leader	Administrator	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Finance & Growth	f. Increase pain clinic volumes by 10% increase and on track to achieve this by the end of the 2nd quarter	Budgeted Annual Pain Clinic Volume for Pain Clinic is 6,893 cases (574 per month)	Witt	Swaine	574	566								
	2. Achieve hospital-wide budget targets associated with key strategic initiatives: Inpatient Services	----------	----------	----------	----------	-------	-------	-------	-------	-------	-------	-------	-------	-------
	a. Open SICU by (as of 1/12/17 - date is TBD)	On Track / At Risk / Not on Track	Reinman	Stewart										
	b. Achieve PCI volume projections	Monthly volume	Reinman	Kilpatrick	17	23								
	b. Achieve PCI CON procedural equivalents	Monthly procedural equivalents	Reinman	Kilpatrick	1400	169								
	3. Achieve hospital-wide budget targets associated with key strategic initiatives: Surgical Services	----------	----------	----------	----------	-------	-------	-------	-------	-------	-------	-------	-------	-------
	a. Achieve Surgical growth projections by marketing private rooms to orthopedic surgeons, referring physicians and community, beginning on 1/4/17	Orthopedic (IP/OP) volume to increase by 10 % (target=2016 Year End actual + 10%)	Hartner	Swaine	190	192								
	b. Develop strategies such as "pre-hab" to minimize the impact of Ortho bundled payment to be completed by the end of the 2nd quarter	On Track / At Risk / Not on Track	Hartner	Swaine										
	c. Achieve Surgical growth projections by conducting tours of new urology suite to attract physicians with renovations complete & announcements/invitations to tour by end of 2nd quarter	On Track / At Risk / Not on Track	Witt	Swaine										
	4. Improve utilization management & revenue stream	----------	----------	----------	----------	-------	-------	-------	-------	-------	-------	-------	-------	-------
	a. Improve the management of OPPMs	Decrease OPPM LOS by 6% (from 31.83 hours to 30 hours)	Muscat/Kline	Cavender	30									
	b. Improve the management of denials	Develop an automated report by end of the 1st quarter; based on report data, additional metrics will be developed for 2nd - 4th quarters	Muscat/Kline	Cavender										
	c. Implement quarterly case mix meetings with physicians	Scheduled for March Chiefs' Meeting	N/A	Miller/ Swaine		N/A	N/A	7-Mar						
	d. Implement EC copay collection process	To begin in February with target developed by the end of Q1	Newman-Bain	Miller		N/A	N/A							
	e. Bundled Payment Team to develop pre-surgical optimization process to prepare for BC/BS and CMS	a. Target developed by the end of Q1 for: *LOS for Hip/Knee procedures will be reduced by %*	Hartner	Swaine										

Beaumont Grosse Pointe
Monthly Strategic Tracker

Objectives / Tactics	Measure	Department Leader	Administrator	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
bundled payments; Draft complete by end of Q1 & Implement by the end of Q2	b. Target developed by the end of Q1 for: *Utilization of Skilled Care facilities will be reduced by %*	Hartner	Swaine	✓	✓								
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5. Develop new and expand existing services	---	LeBlanc	Kilpatrick	✗	TBD	TBD					Review CON		
a. Plan to add 2nd MRI (Fixed/Mobile)	On Track ✓ / At Risk ! / Not on Track ✗				TBD	Strategic Planning	Revised Profoma						
b. Feasibility plan for 2018 onsite/offsite Linear Accelerator	On Track ✓ / At Risk ! / Not on Track ✗	Kilpatrick/Maria	Kilpatrick	✓									
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6. Proactively plan for medical staff succession planning	---												
a. Assess and prepare for anticipated retirements within the next 5 years for Drs. Barbe, Lloyd & Rodriguez with documented and agreed upon succession plans established by 3/31/2017	On Track ✓ / At Risk ! / Not on Track ✗	Hartner	Hoban	✓	✓								
b. Achieve Surgical growth projections through vascular surgeon outreach on behalf of Dr. Haouilou	Visits to 11 BMG PCP locations and other targeted referring physicians beginning on 1/31/17 through May (target 3 per month based on physician availability)	Hartner	Swaine	3	0								