

# OPERATIONAL PLAN | FY17



## PATIENT EXPERIENCE

### 1. PATIENT VISIT EXPERIENCE

- Implement clinic flow initiative in up to 10 clinics with recommended staff ratio by year end
- Implement the Valued Customer Program
  - Registration accuracy to target by year end
  - 10% improvement of point of service collection by year end
  - First call resolution to target by September 2016

### 2. PATIENT ACCESS

- Flexible hours of operation in 10 new clinics by Q2
- Increase new patient visits by 5% by year end
- Implement virtual patient access by Q2
- Achieve 75<sup>th</sup> %ile clinic wait time by year end

### 3. PROVIDER & STAFF ENGAGEMENT

- 90<sup>th</sup> %ile for faculty and staff satisfaction by FY19 for academic staff, clinical staff, and providers
- Improve provider satisfaction
  - Feeling valued
  - Ability to influence practice
  - Communication
- Achieve provider and staff voluntary turnover rates better than appropriate market averages for academic staff, clinical staff, and providers

### 4. PATIENT ENGAGEMENT

- System-wide online scheduling by target date
- 50% MyChart enrollment for 90% of providers by year end
- Increase MyChart usage by 15% by year end
- Text message patient reminder available by Q2

### 5. HCAHPS PERFORMANCE

- Vizient Top 5
- HCAHPS performance for 2 of 4 quarters
  - MD Communication – 83% always
  - RN Communication – 83% always
  - Pain Management – 73% always



## QUALITY

### 1. IMAGINE PERFECT CARE

- Health system communication plan by year end
- 10 physician-led IPC initiatives as prioritized by HCEC
- Nursing units, outpatient clinics, and ancillary departments will participate in at least 1 IPC initiative by year end

### 2. PATIENT SAFETY

- Best practice response to serious safety events by Q3
- Improve medication safety
  - Marquis2 medication reconciliation collaborative
  - HCAHPS medication communication to 68% always by Q2
  - EPIC-IV pump integration

### 3. INPATIENT QUALITY

- Mortality (Vizient O/E)
  - 3 service lines top decile by year end
  - 5 service lines and aggregate mortality top quartile year end
- HAI rates
  - CDI < SIR 1.0 by Q1 and maintain
  - CAUTI < SIR 0.8 by Q2 and maintain
  - CLABSI < SIR 0.25 by Q3 and maintain
  - SSI < SIR 1.1 by Q3 and maintain
- Care transitions
  - HCAHPS discharge to 92% always and care transitions to 63% always by Q2
  - Reduce all-cause readmissions in 2 high-risk populations by Q3

### 4. AMBULATORY QUALITY

- Patient access
  - 49% new patients seen in 7 days by year end
  - Bump rates to <1.4% by year end
- Collect patient reported outcome data in 66% of all ambulatory encounters by year end
- Meet meaningful use quality requirements by year end

### 5. CLINICAL CARE REDESIGN/VDO

- Implement value scorecards for 30 of the Top50MCs by Q3
- Improve quality for 15 of the Top50MCs by year end



## FINANCIAL STRENGTH

### 1. CLINICAL GROWTH

- 2 free standing urgent care sites by year end
- Develop a 3 year faculty recruitment and retention plan by Q3
- Update ambulatory strategic plan (locations, services, practice standards) by Q3
- Farmington Health Center
  - On time, on budget, meet key financial performance metrics

### 2. PRODUCTIVITY/EFFICIENCY

- 6% increase in wRVUs by year end
- 5% increase in patient per room utilization by Q2
- 40<sup>th</sup> %ile for hospital salary, wages, and benefits per CMI adjusted discharge by year end
- Improve OR utilization
  - 10% decrease in OR turnaround times by year end
  - Cost per case at the Vizient median by year end

### 3. CLINICAL CARE REDESIGN/VDO

- VDO access to all medical and administrative leadership and CVO council
- \$10 million savings in clinical care redesign by year end

### 4. NETWORK AFFILIATIONS

- Epic Connect in 1 new facility by year end
- 2 new affiliation agreements by year end
- Increase referral volume by 2% over prior two year average by year end

### 5. HEALTH PLAN

- Increase enrollment by 10.5% by year end
- 89% or lower MLR for Healthy U

