
Recap of accomplishments related to our 2012 - 2015 PCH Strategic Plan

Mission – *To make a difference in health care*

Vision – *To provide personable and compassionate care and services*

Values – POCs (professional, quality, customer service, caring, compassion, committed, community, communication, collaboration, competent, change and cost conscious)

1. To be a leader in healthcare (locally, regionally, state and nationally)

- **Were recognized and honored by iVantage as of the Top 100 CAHs in 2015**
- **Were recognized and honored by NRHA as 1 of the Top 20 CAHs in 2015 (out of approx. 1300 CAHs)**
- Were a part of Community needs assessment through Vibrant Futures and associated Town Hall meetings.
- We did initiate and have continued to support and be a part of the Community Care Coalition
- Was a part of the MHA LTC State wide committee as Administrator of HLRC
- Have continued our affiliation in and with – MHA, NMHA, STAT Air and MHN
- Other collaborations – working with FMDH and NMH for Outreach specialists as well as initiated conversations with St. Vincent's for any opportunities
- PCH has maintained its Trauma designation and also have become recognized as Pediatric ready

2. To provide quality care/services

- **Service Excellence** – we completed our work/engagement with Custom Learning Systems and are now adapting those principles and philosophies into what works for us. With the on-going reason to improve customer service and be the Provider and Employer of Choice
- **Performance Improvement Network (PIN)** – PCH is still engaged in the PIN and Ward sits on the Advisory Board to improve our quality of care/services
- **Satisfaction surveys** – PCH has developed and continues to morph our own internal Employee Survey process and practices to affect changes. PCH contracts with a 3rd party vendor for HCHAPS patient surveys
- **Campus QA/QI program** – Jolene and Chum have taken on this challenge and task and are doing a great job and we continue to develop our program, what we track/monitor and then how to affect change. Looking to implement a dashboard that can look to pull national, state, local and facility indicators
- **Partnership for Patients (HEN)** – PCH just signed up to continue to partner and be engaged in this work

3. To be the Provider of Choice

- **Maintain current levels of service** – We managed through Practitioner transitions which we are not back up to our full 3 Practitioner model again with 2 contracts to negotiate in 2016 and looking at the potential of adding a 4 Practitioner. Physical Therapy continues to grow and be very busy – also looking at fill-in/relief or more consistent PT coverage in that department as well. Got endoscopy up and going again by partnering with NMH, but that has been a challenge based on staffing, scheduling and space. Continue to partner with Central Montana Hospital in Lewistown to do Sleep Studies at PCH
- **Explore potential other new services and/or collaborations** – did explore the addition of adding a Clinical Psychologist in to our model, but just not good timing. Did continue to have conversations with an area Optometrist to assist in setting up office in Malta but nothing has come through yet. Addition of Podiatry Outreach clinic from NHM. Continue to work to increase Telemed usage. Contracted with HealthLink Now for Mental Health services which didn't get utilized very much.
- **Continue to provide the continuum of care** – we have maintained our core services (HH, PALS, DME/O2, ER, Nursing, PT, Lab/X-ray, RHC) but did transition leadership and management of HLRC early in 2015
- **Analyze our Provider call/clinic schedule model** – was hard to analyze this during this period secondary to our Practitioner transitions.
- **Up-to-date Policy and procedures** – PCH and all of our departments have done a much better job in reviewing and renewing these annually as well as making any needed/necessary changes or new PRN

4. To be the Employer of Choice

- **Service Excellence** – we did complete and work with Custom Learning System on our internal practices and process related to Customer Service and work continues in this area, but has morphed into Campus Core to meet our needs
- **Recruitment and Retention** – we had been doing pretty well in this area, but in 2014-2015 we have struggled to gain RNs to PCH. We were able to recruit a PA to PCH to replace a leaving FNP, then that PA left and we had one of our own RNs going to school to be an FNP and we were able to maintain this person at PCH. Towards the end of 2015 we were able to recruit a new

full-time IT person to PCH. We have been able to fill our PCH Association Trustee list and our 9 member Board seats, but here in 2015 it is becoming increasingly difficult to find people able/willing to serve in either capacity. Our Trustee list continues to be a work in progress to be up-to-date and relevant for folks to potentially transition onto the PCH Board of Directors

- **Orientation** – we have changed our Board member orientation so that it is a smoother easier process by providing them with information, but then setting up a meeting with them, CEO and CFO to have a more general conversation about PCH. We continue to assess and develop the proper practices/process of general and departmental specific orientations to PCH as this is something we don't do that well.
 - **Retention** – we lost a BO person, but have decided that we didn't need to replace that currently, we did have our IT person leave, also have had some transitions in the Hskpg department but seem to be stable at this time
 - **Education and training** – PCH continues to explore any and all opportunities to educate and train our employees in all areas (clinical, financial, operational), yet it is contingent on finances. At the Board level we are trying out an on-line Governance training "Best on Boards"
 - **Growing our own** – PCH continues to partner with Nursing students to be UAPs to hopefully come back as RNs, we have done "mock" interviews at the MHS with students thinking of going into the health care field. Just recently have taken on a BS in Healthcare Administration Intern. Also as people contact us in certain areas we have worked to accommodate that (specifically we have done some in PT). We also partner with medical colleges/schools for PA and MD rotations.
 - **Analyze compensation and benefits** – PCH continues to utilizes MHA wage compares as their main resource for wage analysis, but looks at other PRN to make sure we are competitive for all departments and positions especially en-light of need to recruit RNs potentially another Practitioner as well as any succession planning efforts. We continue to explore ways to get to performance based wage raises that are objectively set.
 - **Personnel P/Ps** – we have had them reviewed by A&E and now are just having Senior Leadership finalize them and then will pass through the Board and Medical Staff to finalize. We will need to decide how we will handle Drug Testing and being a Drug Free work place in P/P.
 - **Develop a Volunteer program** – we have not developed a volunteer program and may not be something we truly need and/or want
5. **To be on the leading edge of healthcare technology**
- **Migration to Healthland (financials/clinical) EHR** – we have successfully completed this process as well as meeting MU requirements associated with EHR. We continue to identify areas of need to improve practices, processes and any additions to the solutions. A major step we took was to move our EHR servers on-site, working on getting our own PACs server on site as well. We also initiated DRAGON Speak so that Practitioners can dictate right into the EHR.
 - **Website development** – we have one developed and it is out there, but is working on identifying the appropriate person/department internally to update, monitor it and manage it in moving forward.
 - **PCH had helped develop and then led the Montana Healthland Consortium**
6. **To have an up-to-date/proper functioning campus and facilities**
- **Facility master plan** – we completed our facility Master Plan identifying areas of need and actually did a minor remodel in the PT department as it became apparent that it was priority the way it has been growing as well as to gain space and efficiencies for the PT department. Also, have replaced our chiller secondary to it having failed. Have initiated retro-commissioning of our current HVAC system.
 - **Preventative Maintenance Plan** – our Maint. Department does have and does do Preventative Maint on our systems and equipment
7. **Marketing Strategy**
- This is an area that we continue to struggle in identifying an internal resource to do this on a regular and consistent basis as well as developing and then implementing a structured marketing/advertising strategy.
 - We have worked to put more articles in the PCN about things happening at PCH as well as we now do have a website and have dabbled some with having our own Facebook page as well. Have continued to advertise in our regular local medias
8. **To attain/maintain financial stability and sustainability**
- **Annual balanced budgets** – we hold Finance/Budget meetings monthly and sometimes bi-monthly in the months of Feb – April to work on a balanced, understood and approved budget.
 - We are constantly and continually monitoring and managing the controllable expenses at PCH
 - We did not seek out and/or apply for 2-3 competitive grants/year during this period.
 - **Explore other strategic alliances** – we maintained our regular alliances/partnerships (MHA, MHN, STAT Air and NMHA) but also partnered with
 - NMH in Havre on personnel to provide Scopes as well as Podiatry and Mental Health Practitioners
 - Became a member of the newly formed NE Montana AHEC Advisory Board
 - Conversations with ST Vincent's in Billings on iPad technology in the ER and any other potential opportunities to partner
 - Have joined MIHA for services, products and/or education
 - **Healthcare Foundation** – we were able to keep the Foundation going through these years with the great assistance of Sue Davis and Michelle Sather who we hired as the Foundation Director. We also did develop and initiate a scholarship program