

AHS Strategic Plan Prioritization

Alameda Health System Board of Trustees Retreat March 25, 2022







Agenda

- Timeline and Progress
- Current State at AHS
- Review of Strategic Actions
- Strategic Framework Discussion and Revision



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Timeline and Progress



Current Timeline

- AHS ELT Retreat 3/18
 - ELT members conducted a similar prioritization exercise as we will today
- AHS Board of Trustees Retreat Today
- Week of 3/28 begin meetings to finalize the language of each pillar
- Mid-April Present plan to Executive Leadership Team and begin developing communication plan
- May Rollout plan to constituent groups across AHS and the community



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Current State of AHS



Transformational Change vs. Foundational Excellence

- Transformational Change is the dramatic evolution of the basic structure of an organization – its strategy, culture, organization, physical structure, supply chain, or processes*.
- Foundational Excellence is a set of core skills, capabilities, and capacity to execute. The
 focus is on creating competencies and programs that support the organization to deliver
 on its mission while providing the structure required to undertake complex, aspirational
 initiatives that will drive transformational change in the future.

AHS' ability to meet the needs of its constituents and position itself for an evolving future market require a near-term focus on Foundational Excellence in the strategic plan.



Foundational Excellence

- The current draft of the plan focuses on establishing foundational excellence over the next five years to support a long-term, transformational future for AHS
- Being foundationally focused means the plan:
 - Focuses on delivering the best possible care and experience to our patients by becoming high-quality, highly reliable, and patient-centric
 - Addresses opportunities to align available care with patient needs
 - Recognizes that execution is critical to the success of the plan
 - Lays the foundation for transformational change in the subsequent 5-year period
- Since the plan is not transformational, the plan does **NOT**:
 - Address all possible goals and actions some will be deferred to the next plan
 - Attempt to address all of today's known challenges
 - Include "leaps forward" in the delivery model or scope of services





Join at slido.com #AHSBOT

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Considering AHS' current stress level and workload, on a scale from 1 (no capacity) to 10 (full capacity), please rank AHS' capacity to take on more work at this time:

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Considering BEST and initiatives that are currently underway, on a scale from 1 (no capacity) to 10 (full capacity), please rank AHS' capacity to take on more work one year from now:

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Review of Strategic Actions



Prioritized Actions from ELT

| Rank | Pillar | Action | Score |
|------|---------------|--|-------|
| 1 | Care | Improve quality metrics | 14.74 |
| 2 | Care | Provide meaningful and actionable data, dashboards, and reports to support high quality care | 13.05 |
| 3 | Care Partners | Improve Culture of Safety Survey results | 12.95 |
| 3 | Care | Improve inpatient throughput to leading practice to create additional capacity | 12.95 |
| 5 | Care | Meet timely access to care standards, improve quality of customer service, and meet patients where they are to deliver care | 12.74 |
| 6 | Community | Develop community-based care programs for our patients that keep them out of our hospitals - Expand and grow specialty care | 10.84 |
| 7 | Care Partners | Engrain work standards surrounding equity, diversity and inclusiveness in day-to-day AHS operations | 10.47 |
| 8 | Care | Capture the value of governmental and supplemental funding | 10.37 |
| 9 | Care | Formulate team based multidisciplinary care models that integrate patient's SDOH to better reach and care for patients | 10.05 |
| 10 | Community | Evaluate AHS' role within the community's needs for a behavioral health continuum and deploy programs that support our patients in and out of our hospitals - Establish and grow a BH presence within AHS' overall footprint | 9.42 |



Prioritized Actions from ELT

| Rank | Pillar | Action | Score |
|------|------------------|---|-------|
| 11 | Community | Develop community-based care programs for our patients that keep them out of our hospitals - Establish a community health workers program | 9.37 |
| 12 | Community | Create a closed-loop feedback system to ensure patients access care and community resources (i.e., navigating outside the AHS system) | 8.32 |
| 13 | Community | Evaluate AHS' role within the community's needs for a behavioral health continuum and deploy programs that support our patients in and out of our hospitals - IOP/PHP | 7.84 |
| 14 | Community | Foster trusted relationships with community and governmental agencies to serve all | 7.16 |
| 15 | Care Partners | Provide public recognition for staff successes | 7.11 |
| 16 | Care Partners | Develop leadership academy for leaders, staff, and physicians | 6.84 |
| 17 | Care Partners | Clearly communicate responsibilities and accountabilities to promote independent decision making | 6.26 |
| 18 | Care Partners | Increase and encourage developmental opportunities for staff available | 5.11 |
| 19 | Community | Establish and engage patient advisory committee to proactively identify opportunities to partner with the community and improve health | 4.84 |
| 20 | Community | Evaluate AHS' role within the community's needs for a behavioral health continuum and deploy programs that support our patients in and out of our hospitals - Establish a Geri-psych unit | 2.95 |





The actions chosen to "include" at the retreat are listed below by pillar. Please rank the importance of the following actions:

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Prioritization Discussion

- Are there any of the 20 strategic actions chosen by the ELT that should be removed from the current strategic plan (next 3-5 years)?
 - Why should they be removed (capacity, importance, cost, not enterprise level, etc.)?

- Are there any strategic priorities that were not represented by the actions chosen by ELT that should be added?
 - What are these priorities?
 - Why should they be included in the strategic plan for the next 3-5 years?



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Strategic Framework – Discussion and Revision



Definitions

• **Pillar:** Defines a group, area, or item of strategic importance

Goal: A high-level, trackable outcome that supports or addresses the pillar

 Action: Specific and often measurable actions or groups of actions that support progress to the desired goal



Pillar Discussion

Guiding Principles

- The ELT utilized these guiding principles while determining the pillars:
 - Few We want all staff and patients to memorize and be able to recite the pillars
 - Alliteration, Short Phrases
 - Broad Encompass all objectives
 - Clear The names of the pillars accurately portray the goals and actions that fall under them



Current Draft Pillars - Revisions

- Care Partners: AHS values its physicians, clinicians, and staff and seeks to grow, engage, and empower them to serve
 all.
- Community: AHS is an anchor in its community and aligns its services to provide a comprehensive continuum of care
 by providing needed services and bring a trusted partner in its community at large.
- Care: AHS provides high-quality care that is accessible to all, supported by leading technology, and is aligned with the principles of health equity and social determinants of health.

Based on the content covered in each of the pillars, is there anything missing that should be present as a pillar in the strategic plan?

How many pillars would we like in total?



Alternative Pillar Discussion

Current Pillars Alternative Pillar Options

<u>Care Partners</u>: AHS values its physicians, clinicians, and staff and seeks to grow, engage, and empower them to serve all.

<u>Community</u>: AHS is an anchor in its community and aligns its services to provide a comprehensive continuum of care by providing needed services and bring a trusted partner in its community at large.

<u>Care</u>: AHS provides high-quality care that is accessible to all, supported by leading technology, and is aligned with the principles of health equity and social determinants of health.

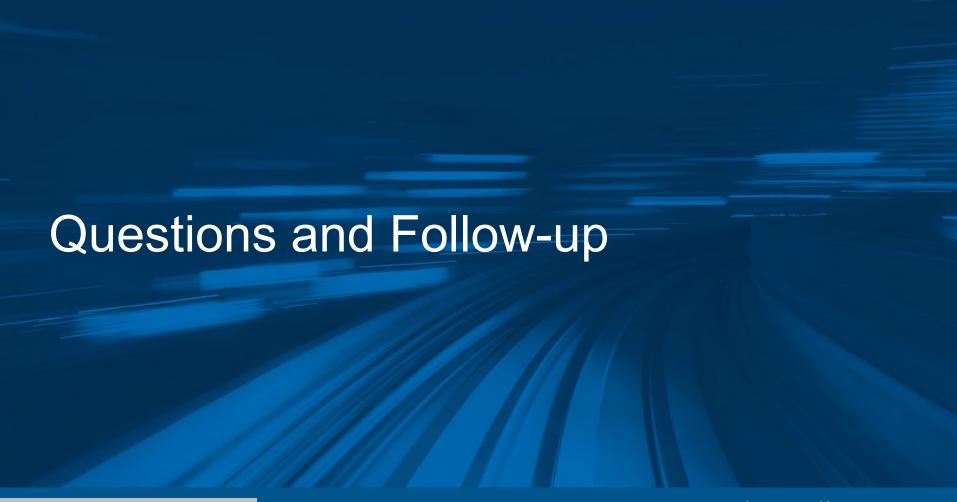
<u>Culture & People</u>: AHS values its physicians, clinicians, and staff and seeks to grow, engage, and empower them to serve all.

<u>Serving the Community</u>: AHS is an anchor in its community and aligns its services to provide a comprehensive continuum of care by providing needed services and bring a trusted partner in its community at large.

Quality & Care: AHS provides high-quality care that is accessible to all, supported by leading technology, and is aligned with the principles of health equity and social determinants of health

<u>Sustainability and Fiscal Stewardship</u>: AHS provides care in a fiscally sustainable way that provides value for its patient







Care Partners Goals

Foster an environment of trust within AHS' leadership, care givers, and care partners

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|--|---|---------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Improve Culture of Safety Survey results | Reach top quartile | Incremental Lift | | | x | x |
| Engrain work standards surrounding equity, diversity and inclusiveness in day-to- day AHS operations | Develop and deploy diversity and equity scorecard for departments that reflects organizational goals 100% participation in anti-racism, structural competency, and equity-explicit training Make health disparity data readily available for all care partners Define expectations related to recruitment and retention through an equity lens | Net New | X | | X | X |



Care Partners Goals

Empower staff to make accountable decisions independently in an efficient manner

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|--|--|----------------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Provide public recognition for staff successes | Recognize employees for leading accountably during leadership meetings and Board of Trustee meetings | Manageable Effort Level | | | x | X |
| Clearly communicate responsibilities and accountabilities to promote independent decision making | Implementation of tiered huddles Establish regular accountability check-ins for middle management Utilize consistent benchmark data in relation to budget and FTE and equity | Net New | | | x | х |



Care Partners Goals

Invest in internal education/growth programs for our leaders, staff, and physicians

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|---|--|------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Develop leadership academy program for leaders, staff, and physicians | • Train <mark>X</mark> care partners per year | Incremental Lift | | | x | X |
| Increase and encourage developmental opportunities for staff available internally | Increase number of trainings and forums provided by X% and define participation expectations Provide training on crucial conversations for 100% of leaders Reward performance and growth as part of the annual review process X number of new certifications and qualifications achieved per year | Incremental Lift | | | X | X |



Partner with resources in our community to deliver a comprehensive continuum of care to our patients

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|---|---|------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Develop community- based care programs for our patients that keep them healthy and out of our hospitals | Expand and grow Specialty Care | Incremental Lift | X | X | X | |
| Develop community- based care programs for our patients that keep them healthy and out of our hospitals | X Community Health Workers deployed | Net New | х | х | х | |



Partner with resources in our community to deliver a comprehensive continuum of care to our patients

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|---|---|---------------------------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Evaluate AHS' role within the community's needs for a behavioral health continuum and deploy programs that support our patients in and out of our hospitals | Establish and grow a Behavioral Health presence within AHS' overall footprint | Early Stages – Incremental Lift | X | x | x | |
| Evaluate AHS' role within the community's needs for a behavioral health continuum and deploy programs that support our patients in and out of our hospitals | Grow and expand IOP and PHP (currently included in the 2022 Budget baseline) | Early Stages – Incremental Lift | X | X | Х | |



Partner with resources in our community to deliver a comprehensive continuum of care to our patients

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|---|--|--|--------------------------|---------------------|---------------------|------------------------------------|
| Evaluate AHS' role within the community's needs for a behavioral health continuum and deploy programs that support our patients in and out of our hospitals | Establish a Geri-Psych unit | Net New | X | x | x | |
| Establish and engage patient advisory committee to proactively identify opportunities to partner with the community and improve health | Establish X comprehensive patient advisory committees X AHS systemwide initiatives generated from patient advisory committees | Ranging from Early Phases with Incremental Lift to Net New | X | X | х | х |



Create a referral program that ensures patients receive needed care and resources

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|---|---|-------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Create a closed-loop feedback system to ensure patients access care and community resources (i.e., navigating outside the AHS system) | X% of patients utilizing referral program have the loop "closed" with confirmation of services X partners included and regularly providing feedback on patients referred | Net New | х | X | х | |



Share goals, objectives, and performance internally and externally to support outreach and highlight AHS' role in the community

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|--|--|-----------------------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Foster trusted relationships with community (–based and –led) and governmental agencies to serve all | Establish community stakeholder feedback forum Develop regular report to the community highlighting programs, key metrics, and priorities and regularly publish internally and externally (e.g., intranet, County Board of Supervisors meetings) Participate in X community-led and directed efforts with other providers and community partners | Substantial Effort Expected | X | X | X | |



Establish AHS as a high-quality healing environment that advances health equity and addresses the social determinants of health (SDOH)

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|-------------------------|--|-----------------------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Improve quality metrics | All patient safety, quality, and satisfaction metrics tracked by AHS reach top quartiles Achieve 90th percentile or greater on key clinical and community-based health measures Move Leapfrog score from C to A and Medicare Stars from 2 to 5 Increase patients who provide a 9 or 10 rating on the Hospital Consumer Assessment of Healthcare Providers and Systems, and Clinician and Group Consumer Assessment of Healthcare Providers and Systems by X% Decrease the number of hospital-acquired infections and harms by X% | Substantial Effort Expected | X | | X | ALAMED HEALTH SYSTE |

Create high quality healing environments supported by leading technology and trusted data

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|--|---|-----------------------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Provide meaningful and actionable data, dashboards, and reports to support high quality care | 100% of existing resources reviewed; unused resources retired Expand the audience for reports to a broader audience Develop X new reports/datasets to support emerging care areas (e.g., Population Health) | Substantial Effort Expected | X | X | | х |



Improve access to care in all AHS facilities

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|--|--|-----------------------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Improve inpatient throughput to leading practice to create additional capacity | IP LOS O/E ratio reduced X% | Manageable Effort Level | X | | x | |
| Meet timely access to care standards | Establish turnaround time standards for departments and achieve 100% compliance Proactively identify patients assigned to AHS who are not located near a facility and work to reassign them within X days Access to drop-in appointments in X% of clinics X% improvement in third next available appointments, especially for specialties | Substantial Effort Expected | X | X | X | |

Improve access to care in all AHS facilities (continued)

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|---|---|---|--------------------------|---------------------|---------------------|------------------------------------|
| Capture the full value of governmental and supplemental funding | Meet specific metrics of supplemental funding sources (e.g., QIP) Implement X programs specifically addressing goals of CalAIM | Maintenance – No Incremental Lift | x | | x | х |



Establish AHS as a high-quality healing environment that advances health equity and addresses the social determinants of health (SDOH)

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|--|--|-------------------|--------------------------|---------------------|---------------------|------------------------------------|
| Formulate team-based multidisciplinary care models that integrate patient's SDOH to better reach and care for patients | Collect State DHCS key SDOH CPT codes as part of routine patient assessment for X% of encounters | Net New | X | | x | |



Financial Stewardship Goals

Optimize AHS' Revenue Cycle and demonstrate efficiency through effective expense management

| Action | Example Measure of Success | Current Status | Serve the Underserved | Broaden Services | Improve Position | Support Physicians and Staff |
|-------------------------------------|--|---|--------------------------|---------------------|---------------------|------------------------------------|
| Maximize reimbursements from payors | Achieve and maintain BEST Revenue Cycle goals | Maintenance – No Incremental Lift | x | x | x | |
| Meet budgetary goals for expenses | Achieve and maintain expense- related goals through BEST Meet budget / benchmark standards for labor expenses such as FTE/AOB | Maintenance – No Incremental Lift | х | Х | Х | |

