



TAHOE FOREST HOSPITAL DISTRICT

# Board Quality Committee

Jun 09, 2015 at 12:00 PM - 01:30 PM

Eskridge Conference Room

# Meeting Book - 2015 Jun 09 Board Quality Committee

## AGENDA

2015 Jun 09 Board Quality\_Agenda Page 3

ITEMS 1 - 4 see agenda

## 5. APPROVAL OF MINUTES

2015 Apr 14 Board Quality\_DRAFT Minutes Page 5

## 6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.2. TFHS Quality Strategic Plan Goals Page 9

6.1. Quality Committee Goals 2015 Page 10

6.3. Medical Staff Strategic Plan Update

a) Medical Staff Strategic Plan - 3 year FY 2015-2017 Page 11

B) Medical Staff Strategic Plan - Completed Page 12

6.4. TFHS Web Site Quality Information

No related materials

6.5. Patient & Family Centered Care (PFCC)

6.5.1. Patient & Family Advisory Council Update

No related materials

6.6. Lean Training Program

No related materials

6.7. Board Quality Education

No related materials



# QUALITY COMMITTEE AGENDA

Tuesday, June 9, 2015 at 12:00 p.m.  
Eskridge Lobby Conference Room, Tahoe Forest Hospital  
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**

2. **ROLL CALL**

Greg Jellinek, M.D., Chair; John Mohun, Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

4. **INPUT – AUDIENCE**

This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. **APPROVAL OF MINUTES OF: 4/14/2015** ..... ATTACHMENT

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Quality Committee Goals 2015** ..... ATTACHMENT

Committee will review and discuss updated Committee goals.

*Staff Recommendation: Committee recommendation to the full board for approval of the Quality Committee 2015 Goals.*

6.2. **TFHS Quality Strategic Plan Goals** ..... ATTACHMENT

Committee will review and provide updates related to the Tahoe Forest Health System strategic goals related to quality.

6.3. **Medical Staff Strategic Plan Update** ..... ATTACHMENT

Committee will be provided an update related to the Tahoe Forest Health System Medical Staff strategic goals related to quality.

6.4. **TFHS Web Site Quality Information**

Committee will review and provide input related to the Tahoe Forest Health System web site related to quality.

**6.5. Patient & Family Centered Care (PFCC)****6.5.1. Patient & Family Advisory Council Update**

An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).

**6.6. Lean Training Program**

An update will be provided related to the Lean training program in which the TFHD staff has been participating. This training has been funded through a grant from the National Rural Health Resource Center and the CHA Flex Grant.

**6.7. Board Quality Education**

The committee will review and discuss topics for future board quality education.

**7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS****8. NEXT MEETING DATE**

The date and time of the next committee meeting will be proposed and/or confirmed.

**9. ADJOURN**

\*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.



# QUALITY COMMITTEE

## DRAFT MINUTES

Tuesday, April 14, 2015 at 12:00 p.m.  
Eskridge Lobby Conference Room, Tahoe Forest Hospital  
10121 Pine Avenue, Truckee, CA

1. **CALL TO ORDER**

Meeting called to order at 12:04 p.m.

2. **ROLL CALL**

Greg Jellinek, M.D., Chair; John Mohun, Board Member

3. **CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA**

None.

4. **INPUT – AUDIENCE**

None.

5. **APPROVAL OF MINUTES OF: 2/10/2015**

Motion made by Director Mohun, seconded by Director Jellinek, to approve the minutes as presented. Approved unanimously.

6. **ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION**

6.1. **Quality Committee Goals 2015 & Charter**

Director of Quality provided a review of the committee Charter previously approved. Based on input provided a previous meeting and input from the ADHD leadership conference, committee goals were reviewed and reassessed to confirm appropriateness. Discussion took place regarding concerns of ambiguity around the goals and need to identify specific measurements.

The CNO provided feedback related to the committee's expectation identified in 2014 that the organization be at the 90<sup>th</sup> percentile if not at 100 for quality measures. Discussion took place and request made that the goals better identify the expectation; keep the goal at 90 but challenge the organization to identify how to continue to improve with a reach toward 100%. The fall out number will also be defined.

Discussion took place regarding why the board quality goals differ from the goals identified on the organizational strategic plan.

Discussion took place related to patient experience from Director Jellinek's perspective as a patient.

Discussion took place related to the Press Ganey data; Dr. Conyers indicated the scale is uninterpretable. It was noted that other survey vendors are being assessed and that Health Stream is currently being looked at for use at IVCH.

Discussion took place related to manipulating survey questions to make them more specific to TFHD and it was noted this would eliminate the availability of benchmarking data and that regulatory agencies want to see the benchmark data.

Discussion took place related to limiting the goals to a focused few for the following year.

A review of the goals included on the strategic plan took place. It was noted that one committee goal related to sharing quality data with the community is not included on the strategic plan.

Discussion took place related to how quality data could be shared with the community. Recommendation made by Dr. Conyers to engage with the community to share quality data with area service organizations, etc. Director Mohun suggested having the interim CEO promote quality through the local papers. Dr. Conyers suggested there is a need to get others that are not hired and paid by the hospitals to share the quality data.

Discussion took place related to managing TFHD's online reputation. It was noted that this item falls within the scope of responsibility of the marketing department.

Community member, Ronda Brooks, indicated that she would like to hear more and that she is not aware of what the marketing and communications department does.

It was agreed that the Director of Quality will review each goal and restate them to include something measurable that aligns with the strategic plan.

Discussion took place related to the benefits of sharing the TFHD strategic plan on the website in an abbreviated format along with Medical Staff goals.

Trish Foley, Patient Advocate, provided a review of the response process for issues submitted online. Discussion took place related to the most common concerns reported by patients.

Director of Quality will send out 4 – 5 measurable goals to the committee for review and feedback prior to the next committee meeting.

## **6.2. TFHS Quality Strategic Plan Goals**

Discussion took place related to the review process for the strategic plan and how it ties to the budget. Discussion took place related to opportunities to engage and communicate with the community. Recommendation made to provide community education related to costs.

## **6.3. Patient Satisfaction Survey**

Sample standardized patient satisfaction survey templates were reviewed and discussed. With the Press Ganey survey, there is an option to add 3 – 5 unique questions that are not benchmarked. Request made to have Trish Foley provide some feedback related to questions that may be helpful based on complaint issues raised by patients.

Dr. Shawni Coll provided background related to a pilot process being used related to providing cost estimates to patients in advance of a procedure. Discussion took place related to how the data may

be analyzed to help identify patient out migration. It was noted that it would be easy to analyze how many patients opt not to have surgery after receiving the estimate but that people are not leaving to have the procedure elsewhere, rather deciding not to have the procedure at all.

Director of Quality will find out if there are financial or cost related questions to be included in the survey.

#### 6.4. Patient & Family Centered Care (PFCC)

##### 6.4.1. Patient & Family Advisory Council Update

Trish Foley provided an update related to the activities of the PFCC. The first meeting of the Patient and Family Advisory Council (PFAC) will take place the evening of 4/14/15.

##### 6.4.2. Patient Family Story Presentation at Board Meeting

Leilani Schweitzer, Stanford University Patient Liaison, presentation is scheduled on April 28, 2015 at the BOD meeting. She will be sharing her personal healthcare story and the importance of a Just Culture philosophy and error disclosure.

#### 6.5. Lean Training Program

Director of Quality provided an update regarding the Lean training program in which TFHD staff has been participating. A review of plans for future education was discussed including on-site training by David Billson [sic] tentatively scheduled on May 15<sup>th</sup>.

#### 6.6. Board Quality Education

The Committee discussed options related to informational resources available for use in Board education. It was noted that regional and national conference education options are being vetted by the Governance Committee related to broad board education. Director of Quality will look into quality specific education options via webinars and area seminars.

#### 7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

None.

#### 8. NEXT MEETING DATE

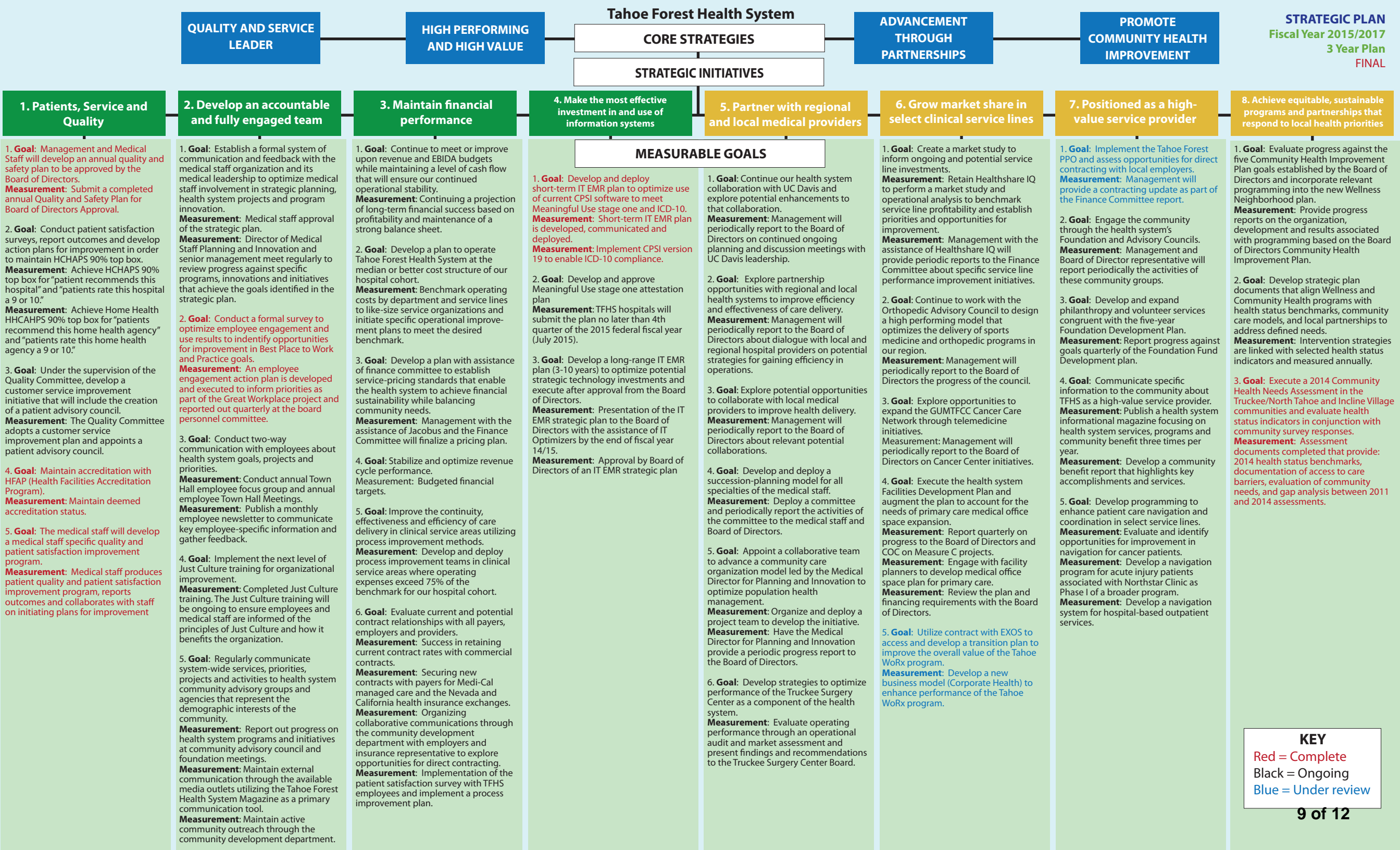
The next Board Quality Committee meeting will be June 9, 2015.

#### 9. ADJOURN

Meeting adjourned at 1:41 p.m.

DRAFT





**QUALITY AND SERVICE LEADER**

**HIGH PERFORMING AND HIGH VALUE**

**Tahoe Forest Health System**  
**CORE STRATEGIES**  
**STRATEGIC INITIATIVES**

**ADVANCEMENT THROUGH PARTNERSHIPS**

**PROMOTE COMMUNITY HEALTH IMPROVEMENT**

**1. Patients, Service and Quality**

**1. Goal:** Management and Medical Staff will develop an annual quality and safety plan to be approved by the Board of Directors.  
**Measurement:** Submit a completed annual Quality and Safety Plan for Board of Directors Approval.

**2. Goal:** Conduct patient satisfaction surveys, report outcomes and develop action plans for improvement in order to maintain HCHAPS 90% top box.  
**Measurement:** Achieve HCHAPS 90% top box for "patient recommends this hospital" and "patients rate this hospital a 9 or 10."  
**Measurement:** Achieve Home Health HHCAHPS 90% top box for "patients recommend this home health agency" and "patients rate this home health agency a 9 or 10."

**3. Goal:** Under the supervision of the Quality Committee, develop a customer service improvement initiative that will include the creation of a patient advisory council.  
**Measurement:** The Quality Committee adopts a customer service improvement plan and appoints a patient advisory council.

**4. Goal:** Maintain accreditation with HFAP (Health Facilities Accreditation Program).  
**Measurement:** Maintain deemed accreditation status.

**5. Goal:** The medical staff will develop a medical staff specific quality and patient satisfaction improvement program.  
**Measurement:** Medical staff produces patient quality and patient satisfaction improvement program, reports outcomes and collaborates with staff on initiating plans for improvement

**2. Develop an accountable and fully engaged team**

**1. Goal:** Establish a formal system of communication and feedback with the medical staff organization and its medical leadership to optimize medical staff involvement in strategic planning, health system projects and program innovation.  
**Measurement:** Medical staff approval of the strategic plan.  
**Measurement:** Director of Medical Staff Planning and Innovation and senior management meet regularly to review progress against specific programs, innovations and initiatives that achieve the goals identified in the strategic plan.

**2. Goal:** Conduct a formal survey to optimize employee engagement and use results to identify opportunities for improvement in Best Place to Work and Practice goals.  
**Measurement:** An employee engagement action plan is developed and executed to inform priorities as part of the Great Workplace project and reported out quarterly at the board personnel committee.

**3. Goal:** Conduct two-way communication with employees about health system goals, projects and priorities.  
**Measurement:** Conduct annual Town Hall employee focus group and annual employee Town Hall Meetings.  
**Measurement:** Publish a monthly employee newsletter to communicate key employee-specific information and gather feedback.

**4. Goal:** Implement the next level of Just Culture training for organizational improvement.  
**Measurement:** Completed Just Culture training. The Just Culture training will be ongoing to ensure employees and medical staff are informed of the principles of Just Culture and how it benefits the organization.

**5. Goal:** Regularly communicate system-wide services, priorities, projects and activities to health system community advisory groups and agencies that represent the demographic interests of the community.  
**Measurement:** Report out progress on health system programs and initiatives at community advisory council and foundation meetings.  
**Measurement:** Maintain external communication through the available media outlets utilizing the Tahoe Forest Health System Magazine as a primary communication tool.  
**Measurement:** Maintain active community outreach through the community development department.

**3. Maintain financial performance**

**1. Goal:** Continue to meet or improve upon revenue and EBIDA budgets while maintaining a level of cash flow that will ensure our continued operational stability.  
**Measurement:** Continuing a projection of long-term financial success based on profitability and maintenance of a strong balance sheet.

**2. Goal:** Develop a plan to operate Tahoe Forest Health System at the median or better cost structure of our hospital cohort.  
**Measurement:** Benchmark operating costs by department and service lines to like-size service organizations and initiate specific operational improvement plans to meet the desired benchmark.

**3. Goal:** Develop a plan with assistance of finance committee to establish service-pricing standards that enable the health system to achieve financial sustainability while balancing community needs.  
**Measurement:** Management with the assistance of Jacobus and the Finance Committee will finalize a pricing plan.

**4. Goal:** Stabilize and optimize revenue cycle performance.  
**Measurement:** Budgeted financial targets.

**5. Goal:** Improve the continuity, effectiveness and efficiency of care delivery in clinical service areas utilizing process improvement methods.  
**Measurement:** Develop and deploy process improvement teams in clinical service areas where operating expenses exceed 75% of the benchmark for our hospital cohort.

**6. Goal:** Evaluate current and potential contract relationships with all payers, employers and providers.  
**Measurement:** Success in retaining current contract rates with commercial contracts.  
**Measurement:** Securing new contracts with payers for Medi-Cal managed care and the Nevada and California health insurance exchanges.  
**Measurement:** Organizing collaborative communications through the community development department with employers and insurance representative to explore opportunities for direct contracting.  
**Measurement:** Implementation of the patient satisfaction survey with TFHS employees and implement a process improvement plan.

**4. Make the most effective investment in and use of information systems**

**1. Goal:** Develop and deploy short-term IT EMR plan to optimize use of current CPSI software to meet Meaningful Use stage one and ICD-10.  
**Measurement:** Short-term IT EMR plan is developed, communicated and deployed.  
**Measurement:** Implement CPSI version 19 to enable ICD-10 compliance.

**2. Goal:** Develop and approve Meaningful Use stage one attestation plan  
**Measurement:** TFHS hospitals will submit the plan no later than 4th quarter of the 2015 federal fiscal year (July 2015).

**3. Goal:** Develop a long-range IT EMR plan (3-10 years) to optimize potential strategic technology investments and execute after approval from the Board of Directors.  
**Measurement:** Presentation of the IT EMR strategic plan to the Board of Directors with the assistance of IT Optimizers by the end of fiscal year 14/15.  
**Measurement:** Approval by Board of Directors of an IT EMR strategic plan

**MEASURABLE GOALS**

**5. Partner with regional and local medical providers**

**1. Goal:** Continue our health system collaboration with UC Davis and explore potential enhancements to that collaboration.  
**Measurement:** Management will periodically report to the Board of Directors on continued ongoing planning and discussion meetings with UC Davis leadership.

**2. Goal:** Explore partnership opportunities with regional and local health systems to improve efficiency and effectiveness of care delivery.  
**Measurement:** Management will periodically report to the Board of Directors about dialogue with local and regional hospital providers on potential strategies for gaining efficiency in operations.

**3. Goal:** Explore potential opportunities to collaborate with local medical providers to improve health delivery.  
**Measurement:** Management will periodically report to the Board of Directors about relevant potential collaborations.

**4. Goal:** Develop and deploy a succession-planning model for all specialties of the medical staff.  
**Measurement:** Deploy a committee and periodically report the activities of the committee to the medical staff and Board of Directors.

**5. Goal:** Appoint a collaborative team to advance a community care organization model led by the Medical Director for Planning and Innovation to optimize population health management.  
**Measurement:** Organize and deploy a project team to develop the initiative.  
**Measurement:** Have the Medical Director for Planning and Innovation provide a periodic progress report to the Board of Directors.

**6. Goal:** Develop strategies to optimize performance of the Truckee Surgery Center as a component of the health system.  
**Measurement:** Evaluate operating performance through an operational audit and market assessment and present findings and recommendations to the Truckee Surgery Center Board.

**6. Grow market share in select clinical service lines**

**1. Goal:** Create a market study to inform ongoing and potential service line investments.  
**Measurement:** Retain Healthshare IQ to perform a market study and operational analysis to benchmark service line profitability and establish priorities and opportunities for improvement.  
**Measurement:** Management with the assistance of Healthshare IQ will provide periodic reports to the Finance Committee about specific service line performance improvement initiatives.

**2. Goal:** Continue to work with the Orthopedic Advisory Council to design a high performing model that optimizes the delivery of sports medicine and orthopedic programs in our region.  
**Measurement:** Management will periodically report to the Board of Directors the progress of the council.

**3. Goal:** Explore opportunities to expand the GUMTFCC Cancer Care Network through telemedicine initiatives.  
**Measurement:** Management will periodically report to the Board of Directors on Cancer Center initiatives.

**4. Goal:** Execute the health system Facilities Development Plan and augment the plan to account for the needs of primary care medical office space expansion.  
**Measurement:** Report quarterly on progress to the Board of Directors and COC on Measure C projects.  
**Measurement:** Engage with facility planners to develop medical office space plan for primary care.  
**Measurement:** Review the plan and financing requirements with the Board of Directors.

**5. Goal:** Utilize contract with EXOS to access and develop a transition plan to improve the overall value of the Tahoe WoRx program.  
**Measurement:** Develop a new business model (Corporate Health) to enhance performance of the Tahoe WoRx program.

**7. Positioned as a high-value service provider**

**1. Goal:** Implement the Tahoe Forest PPO and assess opportunities for direct contracting with local employers.  
**Measurement:** Management will provide a contracting update as part of the Finance Committee report.

**2. Goal:** Engage the community through the health system's Foundation and Advisory Councils.  
**Measurement:** Management and Board of Director representative will report periodically the activities of these community groups.

**3. Goal:** Develop and expand philanthropy and volunteer services congruent with the five-year Foundation Development Plan.  
**Measurement:** Report progress against goals quarterly of the Foundation Fund Development plan.

**4. Goal:** Communicate specific information to the community about TFHS as a high-value service provider.  
**Measurement:** Publish a health system informational magazine focusing on health system services, programs and community benefit three times per year.  
**Measurement:** Develop a community benefit report that highlights key accomplishments and services.

**5. Goal:** Develop programming to enhance patient care navigation and coordination in select service lines.  
**Measurement:** Evaluate and identify opportunities for improvement in navigation for cancer patients.  
**Measurement:** Develop a navigation program for acute injury patients associated with Northstar Clinic as Phase I of a broader program.  
**Measurement:** Develop a navigation system for hospital-based outpatient services.

**8. Achieve equitable, sustainable programs and partnerships that respond to local health priorities**

**1. Goal:** Evaluate progress against the five Community Health Improvement Plan goals established by the Board of Directors and incorporate relevant programming into the new Wellness Neighborhood plan.  
**Measurement:** Provide progress reports on the organization, development and results associated with programming based on the Board of Directors Community Health Improvement Plan.

**2. Goal:** Develop strategic plan documents that align Wellness and Community Health programs with health status benchmarks, community care models, and local partnerships to address defined needs.  
**Measurement:** Intervention strategies are linked with selected health status indicators and measured annually.

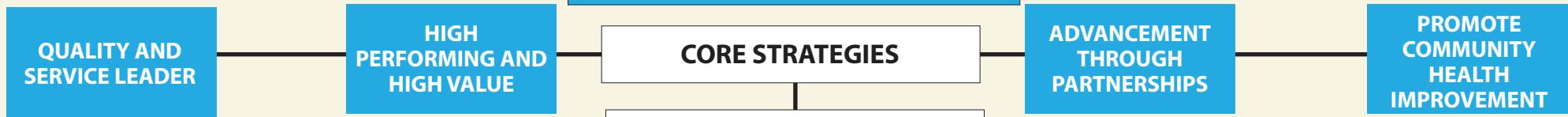
**3. Goal:** Execute a 2014 Community Health Needs Assessment in the Truckee/North Tahoe and Incline Village communities and evaluate health status indicators in conjunction with community survey responses.  
**Measurement:** Assessment documents completed that provide: 2014 health status benchmarks, documentation of access to care barriers, evaluation of community needs, and gap analysis between 2011 and 2014 assessments.

**KEY**  
 Red = Complete  
 Black = Ongoing  
 Blue = Under review

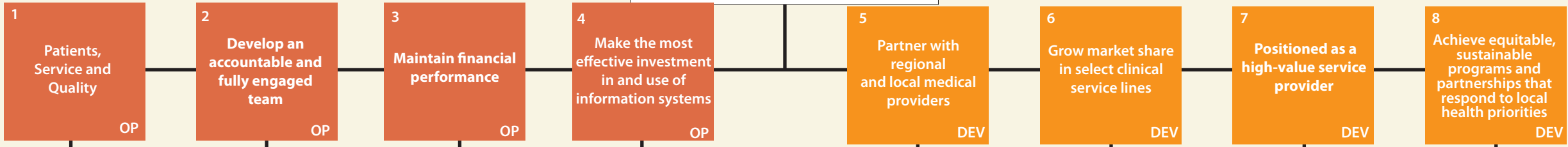
## Board Quality Committee Goals 2015

1. Review on a quarterly basis the resources available to assist the Patient & Family Advisory Council (PFAC) improvement initiatives to ensure they are adequate and appropriate.
2. Monitor quality and patient safety metrics and support processes, with a focus on outliers, to ensure programs are in place to achieve the strategic goal of maintaining top decile performance.
3. Provide direction on the Quality and Service elements of the Health System strategic plan and the Quality Assurance/Performance Improvement (QA/PI) Plan.
4. Review and approve a plan for sharing of quality and service metrics with the community through multi-media venues (i.e., web site, public speaking, social media, quarterly magazine, newspaper articles, etc.).
5. Utilize Just Culture principles when responding to notice of sentinel/adverse events, including the disclosure of medical errors when a patient experience is shared directly with a Committee member; ensure issues are directed through appropriate channels for resolution.
6. Make recommendation as to the selection of a patient satisfaction survey vendor based on the evaluation and feedback provided by the Quality Department.

**Tahoe Forest Health System**  
**MEDICAL STAFF STRATEGIC PLAN**



**KEY STRATEGIC GOALS**



**MEDICAL STAFF TACTICS**

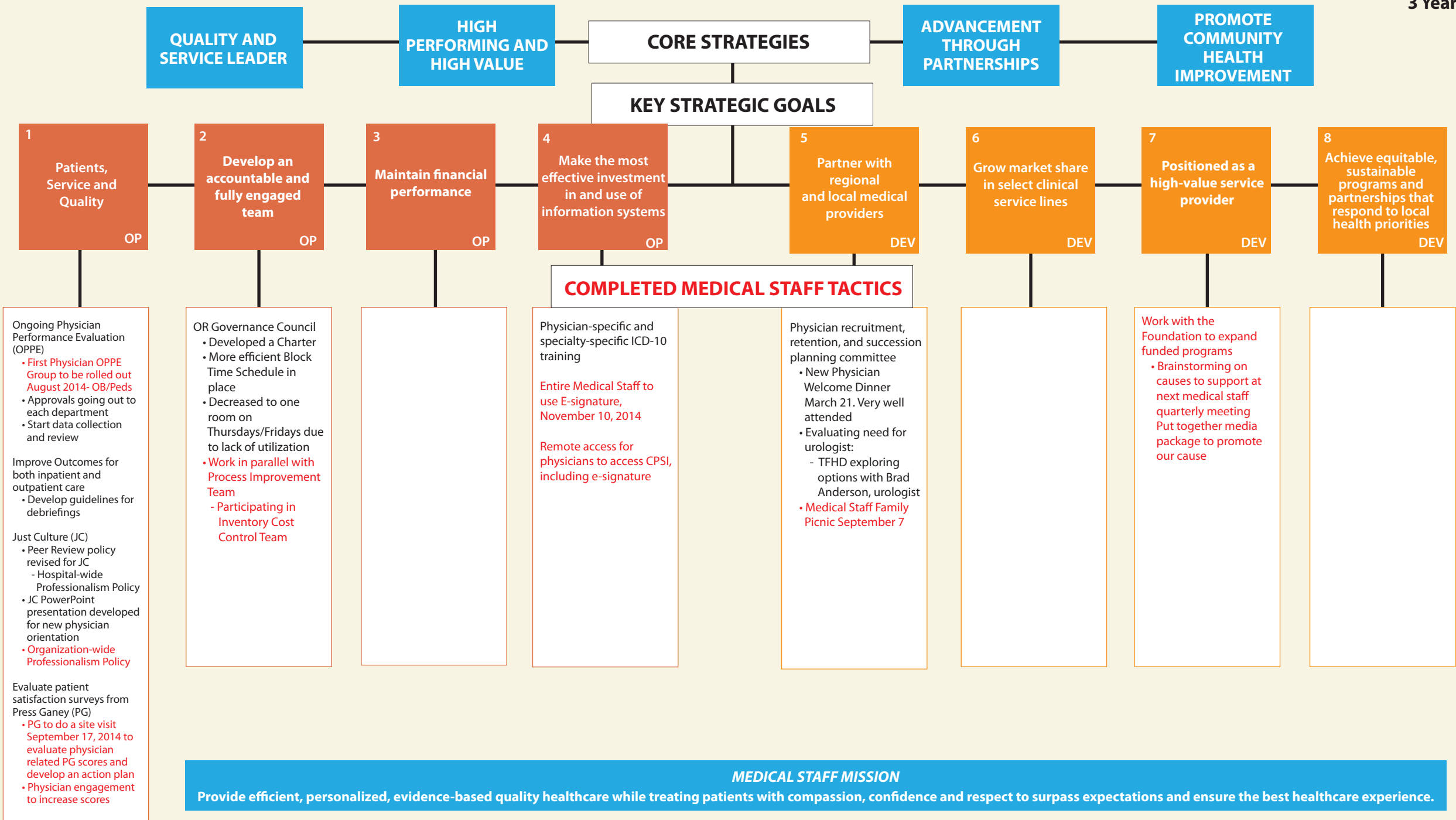
<p><b>1 Patients, Service and Quality</b> OP</p> <p>Ongoing Physician Performance Evaluation (OPPE)  <ul style="list-style-type: none"> <li>• Continue rolling out OPPE to each physician group</li> <li>• Use for benchmarking nationally and internally</li> <li>• Use to guide process improvement initiatives as needed</li> </ul> <p>Improve Outcomes for both inpatient and outpatient care  <ul style="list-style-type: none"> <li>• Use evidence based medicine and best practice</li> <li>• Improve publicly-reported core measures</li> <li>• Increase end-of-life discussions</li> <li>• Increase utilization of pre-printed order sets <ul style="list-style-type: none"> <li>- Measure % of pre-printed order sets used</li> <li>- Review need for additional order sets</li> </ul> </li> </ul> <p>Just Culture (JC):  <ul style="list-style-type: none"> <li>• Educate MEC to new JC tool</li> <li>• Revise Physician Well Being policy to reflect JC</li> </ul> <p>Evaluate patient satisfaction surveys from Press Ganey (PG)  <ul style="list-style-type: none"> <li>• Improve physician-related survey results</li> <li>• Engage Press Ganey to educate physicians on ways to improve scores</li> </ul> <p>Communication  <ul style="list-style-type: none"> <li>• Revisit SBAR</li> <li>• Investigate educational opportunities with Beta</li> </ul> </p></p></p></p></p>	<p><b>2 Develop an accountable and fully engaged team</b> OP</p> <p>OR Governance Council  <ul style="list-style-type: none"> <li>• Work in parallel with Process Improvement Team</li> <li>- Participating in Pre-op Process Improvement Team</li> </ul> <ul style="list-style-type: none"> <li>• Evaluate ways to improve efficiency in OR</li> <li>- Continue brainstorming and participating with Nursing leadership and administration on more efficient and cost effective operations</li> </ul> <p>Strategic Planning physicians engaged in the SP process  <ul style="list-style-type: none"> <li>• Quarterly meetings, 1st Thursday of the month starting June 2015</li> </ul> <p>Medical staff engagement  <ul style="list-style-type: none"> <li>• Involved in CEO recruitment</li> </ul> <p>Just Culture  <ul style="list-style-type: none"> <li>• See 1. Patients, Service and Quality</li> </ul> </p></p></p></p>	<p><b>3 Maintain financial performance</b> OP</p> <p>OR Governance Council  <ul style="list-style-type: none"> <li>• See 2. Develop an accountable and fully engaged team.</li> </ul> <p>Continue implementation of Choosing Wisely  <ul style="list-style-type: none"> <li>• Monitor physician ordering profiles and educate as needed</li> </ul> <p>Medical staff engagement  <ul style="list-style-type: none"> <li>• Investigate clinic models with chosen consultant</li> <li>• Ad hoc committee of MSQAC for U.R./C.D.I.</li> </ul> </p></p></p>	<p><b>4 Make the most effective investment in and use of information systems</b> OP</p> <p>Engage CPSI Physician Application Advisory Team: Drs. Thompson, Scholnick, Standteiner, and Dan Coll PA-C to help with CPSI implementation</p> <p>Roll out, per service lines, electronic documentations and CPOE starting June 2015</p> <p>Continued ICD-10 Education for October 2015 implementation</p> <p>Chair of each department to support specific to ICD-10 training and implementation</p> <p>Ongoing feedback and education mechanism (Clinical Documentation Specialist)</p> <p>Coordinate inpatient and outpatient vaccination records</p>	<p><b>5 Partner with regional and local medical providers</b> DEV</p> <p>Primary Care Redesign with Caroline Ford and primary care physicians  <ul style="list-style-type: none"> <li>• Participate in evaluation of medical staff specialty needs for community</li> <li>• Re-evaluate UC Davis referral relationship</li> </ul> <p>Medical education  <ul style="list-style-type: none"> <li>• Develop structured programs for medical/PA/NP students</li> </ul> </p></p>	<p><b>6 Grow market share in select clinical service lines</b> DEV</p> <p>Collaborate with board and administration to optimize objectives on TFHS Strategic Plan</p> <p>Collaborate with board and administration on optimizing primary care, surgical services, and sub-specialty services  <ul style="list-style-type: none"> <li>• Explore new specialties for community and succession planning</li> <li>- Mental health</li> <li>- Urology</li> <li>- General surgery</li> <li>- GI</li> </ul> </p>	<p><b>7 Positioned as a high-value service provider</b> DEV</p> <p>Work with the Foundation to expand funded programs  <ul style="list-style-type: none"> <li>• Physicians desire a philanthropic project to foster</li> <li>• Sober October</li> <li>- Philanthropic program to support teen anti-ETOH/anti-drug programs</li> <li>• Work with Foundation to get services funded with money that would be ongoing and not one-time funding.</li> </ul> </p>	<p><b>8 Achieve equitable, sustainable programs and partnerships that respond to local health priorities</b> DEV</p> <p>Continued physician engagement with the Wellness Neighborhood to advance community health and wellness.</p> <p>Engage primary care physicians in primary care redesign.</p>
--	---	--	--	---	---	--	---

**MEDICAL STAFF MISSION**  
Provide efficient, personalized, evidence-based quality healthcare while treating patients with compassion, confidence and respect to surpass expectations and ensure the best healthcare experience.

**MEDICAL STAFF VISION:**  
In conjunction with Tahoe Forest 2020, TFHD Medical Staff will be strategically placed to provide the best quality healthcare experience by anticipating and planning for upcoming changes in healthcare reform.

Tahoe Forest Health System  
**MEDICAL STAFF STRATEGIC PLAN - COMPLETED**

**MEDICAL STAFF STRATEGIC PLAN**  
**COMPLETED** Fiscal Year 2015-2017  
**3 Year Plan**



**MEDICAL STAFF MISSION**  
 Provide efficient, personalized, evidence-based quality healthcare while treating patients with compassion, confidence and respect to surpass expectations and ensure the best healthcare experience.

**MEDICAL STAFF VISION:**  
 In conjunction with Tahoe Forest 2020, TFHD Medical Staff will be strategically placed to provide the best quality healthcare experience by anticipating and planning for upcoming changes in healthcare reform.