



Strategic Plan 2015-2017

Adirondack Health

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MISSION, VISION AND GUIDING PRINCIPLES

Mission

Excellent Health Care...Close to Home

Vision

Adirondack Health is at the forefront of compassionate, quality health services continuing our community's legacy of healing.

Guiding Principles

- Compassionate
- Accountable
- Respectful
- Exceptional
- Service

STRATEGIC INITIATIVES TO ACHIEVE THE VISION

Building on our long tradition of outstanding service, Adirondack Health identified the following Strategic Initiatives to ensure success and sustainability as we navigate the next three years in a rapidly changing environment:

▲ **Improve our Patients' Experience of Care, Quality, and Patient Safety by Developing a Culture of Continuous Process Improvement**

Adirondack Health will deliver high quality, safe, patient-centered care by integrating continuous process improvement, evidence-based medicine, and customer focused service, into every aspect of the organization.

▲ **Improve the Health of our Community Members by Developing a Community Care Organization (through Primary Care Network Alignment and Clinical Service Network Development)**

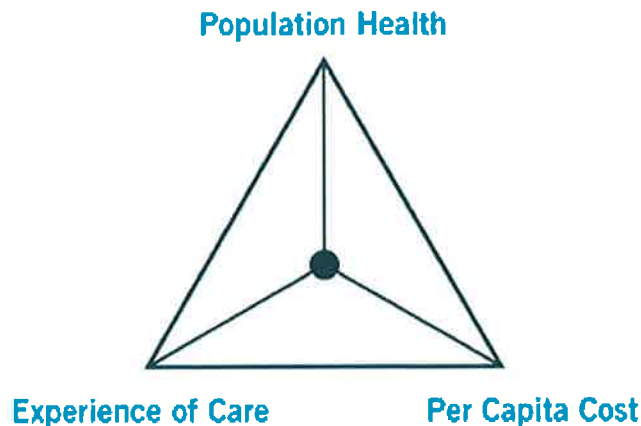
Adirondack Health will continue working locally and throughout the region to create an innovative model of care delivery and care financing aimed at improving the health of our community members.

▲ **Improve the Value (Quality and Cost) of Our Care by Optimizing Operations**

Adirondack Health will improve financial viability through identifying new, innovative sources of revenue, new models of reimbursement based on population health, and building on existing revenue streams as well as continually improving operating efficiencies to enable us to reduce the overall cost of care in our system.

OUR STRATEGIC INITIATIVES MATCH THE INSTITUTE FOR HEALTHCARE IMPROVEMENT'S (IHI) TRIPLE AIM

The IHI Triple Aim



Adirondack Health is a leader in adopting patient centered initiatives, and is implementing changes to improve health care in our communities. To continue this leadership role, Adirondack Health adopted components found in the Institute for Healthcare Improvement's (IHI) Triple Aim framework.

The goals of the Triple Aim are to simultaneously improve quality, the health of our population, and efficiencies in the system. As the United States healthcare system shifts from a volume-based to a value-based payment system, quality will be a driver both for payment to providers and as a value differentiator for patients. Healthcare providers will need to compete based on quality.

As the United States healthcare system evolves, Adirondack Health will be transforming our local healthcare delivery system. We will use a framework to match our movement toward a value-based system with changes in the payment model to help ensure sustainability. In this framework, Phase 1 represents fragmented care and fee for service payment system. During Phase 2, care becomes more integrated and providers begin experimenting with new models of payment. In Phase 3, care becomes coordinated with providers using data to address population based health issues and payment is largely based on value. Phase 4, the final phase, is a fully integrated community care organization or population-based healthcare system. Implementation in phases will keep Adirondack Health from moving too fast and getting ahead of the payment system while proactively managing an orderly transition of the delivery system.

STRATEGIC INITIATIVES AND GOALS

Strategic Initiative I: Improve our Patients' Experience of Care, Quality, and Patient Safety by Developing a Culture of Continuous Process Improvement

- Goal I A: Partner with patients, caregivers, and providers to enhance patient safety
- Goal I B: Improve quality to exceed national benchmarks
- Goal I C: Attract, develop, and retain high quality providers and staff to ensure access to care
- Goal I D: Create a culture that nurtures innovative solutions for improving care

Strategic Initiative II: Improve the Health of our Community Members by Developing a Community Care Organization (through Primary Care Network Alignment and Clinical Service Network Development)

- Goal II A: Develop a Primary Care network in partnership with associated providers
- Goal II B: Develop organizational alignment that maintains and enhances Adirondack Health's ability to serve the health needs of our community members
- Goal II C: Develop proposed infrastructure for an integrated, Coordinated Care Organization on a local and then regional basis
- Goal II D: Actively participate in the development of alternative payment models for Medical Home, ACO and other population health initiatives in partnership with employers, providers, and third party payers, both public and private that reward quality patient outcomes, and cost effective care
- Goal II E: Coordinate an Information Systems structure to link all local providers in a coordinated care system

Strategic Initiative III: Improve the Value (Quality and Cost) of Our Care by Optimizing Operations

- Goal III A: Continuously streamline services and improve efficiency
- Goal III B: Partner to transition Post-Acute services to a financially viable model as a critical component of population health
- Goal III C: Develop and grow financially and clinically viable healthcare services, including niche services, to increase volume and improve value
- Goal III D: Implement the current master facility plan and update as needed
- Goal III E: Identify partners/relationships/alignments that enhance the ability of Adirondack Health to take costs out of the system or enhance revenue
- Goal III F: Develop the functionality of Adirondack Health's Information Technology system to produce our own real time cost and quality data

Strategic Initiative I: Improve our Patients' Experience of Care, Quality, and Patient Safety by Developing a Culture of Continuous Process Improvement

| Goal I A: Partner with patients, caregivers, and providers to enhance patient safety | | | | | | |
|---|------------------|------------------|----------------|--------------|---|--|
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 Implement AHRQ Culture of Safety Survey Action Plan | CMO, CNO | 2015, 2016 | | | 10% improvement over 2014 survey results by 2016 | |
| 2 Continually evaluate and appropriately adopt evidence-based practices | CMO, CNO | 2016 | | | 100% of electronic order sets will be evidence based | |
| 3 Implement Safe Patient Handling program | CNO, AVPLTC | 2015 | | | Program in place by 12/31/2015 | |
| Goal I B: Improve quality to exceed national benchmarks | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 Improve Patient Satisfaction Scores by 5% (Overall Rating to Raw Score of 80) | CMO | 2015 | | ✓ | Scores improved by 5% | |
| 2 Quality Measures in Hospital Compare and Nursing Home Compare Better than National | CMO, CNO, AVPLTC | 2015, 2016 | | ✓ | Hospital Compare better than National: 60% in 2015, 75% in 2016, Nursing Home Compare 4 stars by 2016 | |
| Goal I C: Attract, develop, and retain high quality providers and staff to ensure access to care | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 Recruit new providers | CMO | 2015, 2016, 2017 | ✓ | ✓ | Providers in place | |
| 2 Reduce CNA turnover rate | CHRO, AVPLTC | 2016 | ✓ | | Reduce turnover rate by 20% | |
| Goal I D: Create a culture that nurtures innovative solutions for improving care | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 Implement shared governance model for patient care services | CNO | 2016 | ✓ | | Improve "Yes" rate to 60% on the ANCC Pathways to Excellence shared governance principles survey | |
| 2 Evaluate top 10 Employee Think Tank suggestions | CHRO, AVPLTC | 2016 | | | Increase Employee Survey organizational overall score to 75% compared to peer group | |

NY SHIP & DSRIP columns: check mark indicates that the Action is in line with the NY SHIP Drivers or DSRIP Strategies

New York State Health Innovations Plan Drivers Diagram

New York State Delivery System Reform Incentive Payment program Attachment J: Strategies Menu and Metrics Amended April 14, 2014

Strategic Initiative II: Improve the Health of our Community Members by Developing a Community Care Organization (through Primary Care Network Alignment and Clinical Service Network Development)

| Goal II A: Develop a Primary Care network in partnership with associated providers | | | | | | |
|--|---|-----------------------|------------------|-------|---|--|
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 | Explore retail clinic partnership with Kinney Drugs to link Urgent Care to the Medical Home | COO | 2015, 2016, 2017 | | If feasible implement retail clinic and analyze results for additional sites | |
| 2 | Create innovative incentives for Adirondack Health primary care providers to further develop their panel size with integrated, coordinated care network support | CMO, COO | 2016 | ✓ | Increase health center panel size by 10% | |
| 3 | Improve alignment between Adirondack Health and independent primary care providers in the service area | CMO, COO | 2016 | ✓ | Reduce hospital readmissions by 10% | |
| Goal II B: Develop organizational alignment that maintains and enhances Adirondack Health's ability to serve the health needs of our community members | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 | Improve Behavioral Health coordination with Primary Care and Senior Living | CNO, COO, AVPLTC | 2015 | ✓ | 10% decrease Emergency Department visits for primary diagnosis of behavioral health | |
| 2 | Conduct discussions with High Peaks Hospice to create a Tri-Lakes strategic plan for palliative/end of life services | CNO, CEO, AVPLTC | 2015 | ✓ | Coordinate service plan for community | |
| 3 | Identify and assess potential partners for improving the health of the community | CEO | 2015, 2016 | ✓ | Identification of partners who meet affiliation criteria and complete affiliation process if endorsed | |
| 4 | Link with Family Practice Residency program | CEO, CMO | 2016, 2017 | ✓ | Residency program plan in place | |
| Goal II C: Develop proposed infrastructure for an integrated Community Care Organization on a local and then regional basis | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 | Implement Patient Navigation Program incorporating specialty/community services | CMO, COO, CNO, AVPLTC | 2016, 2017 | ✓ | Reduce hospital readmissions by 10% through community coordination of transitions of care | |
| 2 | Support regional electronic solution linking all affiliated providers | CFO | 2017 | ✓ | Solution in place | |

Strategic Initiative II: Improve the Health of our Community Members by Developing a Community Care Organization (through Primary Care Network Alignment and Clinical Service Network Development)

| Goal II D: Actively participate in the development of alternative payment models for Medical Home, ACO and other population health initiatives in partnership with employers, providers, and third party payers, both public and private that reward quality patient outcomes, and cost effective care | | | | | | |
|---|----------------|-------------|----------------|--------------|---|--|
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| Successful Performance on 28 Accountable Care Organization (ACO) Measures | CMO, COO | 2015 | | | 86% meet or exceed ACO benchmarks | |
| Design a Comprehensive Community-Based Weight Management Program | COO | 2015 | ✓ | ✓ | Implementation of Medical Weight loss program | |
| Implement ICD-10 | CFO | 2015 | | | System in place | |
| Employ Population Health Program to AH Self Insured Population | CHRO | 2015 | ✓ | ✓ | No greater than 5% increase in 2016 health insurance cost, every employee in Medical Home | |
| Investigate North Country partnership for health insurance product | CEO, CFO, CHRO | 2016, 2017 | ✓ | | Product developed | |
| Prepare Living Centers to contract with Managed Long-Term Care (MLTC) organizations (PACE) | CFO, AVPLTC | 2015 | ✓ | ✓ | One contract in place | |
| Goal II E: Coordinate an Information Systems structure to link all local providers in a coordinated care system | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| Create an IT Strategic Plan | CFO | 2015 | ✓ | ✓ | Implementation of plan | |
| Link Primary Care Provider Electronic Medical Record (EMR) and Adirondack Health EMR | CFO | 2016 | ✓ | ✓ | Linked EMR | |
| Continue to expand telemedicine applications | CMO, COO | 2017 | | ✓ | New services as appropriate | |

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Strategic Initiative III: Improve the Value (Quality and Cost) of Our Care by Optimizing Operations

| Goal III A: Continuously streamline services and improve efficiency | | | | | | |
|---|------------------|------------------|----------------|--------------|---|--|
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 Reduce supply expenses per patient | COO, CFO, CNO | 2015 | | | Reduce supply expense as a percentage of gross revenue from 8.8% to 8.5% | |
| 2 Redesign Renal delivery system | CNO, CFO | 2015 | | | Reduce loss by 50% | |
| 3 Identify solution for combining medical and surgical units | CEO, CNO | 2015 | | ✓ | Plan in place | |
| 4 Produce Transitional Action Plan (TAP) | CEO, CFO | 2015, 2016, 2017 | | | Plan in place | |
| Goal III B: Partner to transition Post-Acute services to a financially viable model as a critical component of population health | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 Complete sale of Uihlein Living Center | CEO | 2015 | | | Ownership transferred | |
| 2 Explore feasibility of expanding post-acute services in partnership with others | CEO, COO, AVPLTC | 2016, 2017 | | ✓ | Master plan for Post-Acute services in Tri-Lakes area | |
| Goal III C: Develop and grow financially and clinically viable healthcare services, including niche services, to increase volume and improve value | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 Create value analysis committee to analyze new projects and equipment | COO | 2015 | | | Thorough analysis and accepted methodology for projects and major equipment purchases | |
| 2 Develop comprehensive marketing plan | CEO | 2015 | | | Marketing Plan in place | |
| 3 Develop destination health care programs | COO | 2016, 2017 | | | One new program in place | |
| 4 Develop a Strategic Plan for Women's Health Services | CMO, CNO | 2015 | | | Strategic Plan completed | |
| Goal III D: Implement the current master facility plan and update as needed | | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures | |
| 1 Complete financial feasibility analysis of the Master Facility Plan and implement as appropriate | CFO | 2015 | | ✓ | Analysis complete and approved | |
| 2 Update Master Facility Plan annually | | 2016, 2017 | | ✓ | Complete two updates | |

Strategic Initiative III: Improve the Value (Quality and Cost) of Our Care by Optimizing Operations

| Goal III E: Identify partners/relationships/alignments that enhance the ability of Adirondack Health to take costs out of the system or enhance revenue | | | | | |
|---|----------|------------|---------|-------|---|
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures |
| 1 | CEO | 2016 | | ✓ | Plan in place to reuse hospital space |
| 2 | CEO | 2015, 2016 | ✓ | ✓ | Identification of partners who meet affiliation criteria and complete affiliation process if endorsed |
| Goal III F: Develop the functionality of Adirondack Health's Information Technology system to produce our own real time cost and quality data | | | | | |
| Action | Lead | Year | NY SHIP | DSRIP | Operating Results/Measures |
| 1 | CFO | 2015 | | | Online resource is "live" on AH website |
| 2 | CFO | 2015 | ✓ | | Method in place |
| 3 | CFO, CMO | 2015 | ✓ | | System in place |

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