



**Steering Committee for Organizational Realignment (SCOR)**

# Public Update

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NOVEMBER 2023

## Goal 1: Short Term Goals



Our action plan to support rapid, systemic changes to drive organizational direction.

## Outcomes

- Improved physician engagement and reinvigorated peer review of important cases
- Updated information on progress readily available and accessible to both the public and internal team members
- Notable or significant progress made on all focus areas

## Actions taken

- ✓ Created and implemented action plan
- ✓ Prioritized recommendations
- ✓ Launched workgroup team meetings and planning
- ✓ Reinstated M&M conferences for select services
- ✓ Reinstated peer review activities
- ✓ Implemented regular and internal communications updates

## Goal 2: Organization, Structure and Composition of Senior Leadership Team



Our work to restructure, simplify and identify the right people to lead CMC through performance improvement

### Outcomes

- Improved management structure and accountability
- Increased physician leadership and oversight of medical operations

### Actions taken

- ✓ Restructured management team and organizational structure for increased cohesion and accountability
- ✓ Ensured the Chief Medical Officer is involved in clinical, behavioral, and health issues for all physicians and Advanced Practice Providers

## Goal 3: Provide Education

*Focus on core duties and responsibilities for the Board, Senior Leadership, and the Medical Staff*



Our focus on core duties and responsibilities for the Board, Senior Leadership and Medical Staff

## Outcomes

- Improved leadership awareness and accountability
- Increased physician buy-in and leadership
- Overall increase in system leaders' understanding of roles and responsibilities and goals for performance improvement

## Tasks Completed

Developed and implemented initial education plans for:

- ✓ Board of Directors at 2023 Board of Trustees Annual Retreat
- ✓ Senior Leadership at multiple occasions including retreat and on-site meetings
- ✓ Medical Staff including educational programming at medical staff meetings

## Goal 4: Review Corporate Bylaws

*Revise and update regarding the role of the Quality Management and Patient Experience Committee*



Our focus on core duties and responsibilities for the Board, Senior Leadership and Medical Staff

## Outcomes

- Improved quality management oversight
- Improved processes that promote and support consistent improvements in quality and patient experience
- Improved bylaws in line with industry best-practices

## Tasks Completed

- ✓ Updated Quality Management and Patient Experience Committee processes to ensure compliance with regulatory requirements and leverage industry best practices
- ✓ Utilized most recent analysis from industry quality assurance and risk management company DNV to improve and expand bylaws

## Goal 5a: Update Medical Staff Bylaws

*Actively involve MEC members, other physician leaders, and Senior Leadership*



Our work to review, revise and update medical staff bylaws

## Outcomes

- Initiation of Medical Staff Bylaws review and revision

## Tasks Completed

- ✓ Reviewed detailed recommendations for updating Medical Staff Bylaws from outside experts
- ✓ Created initial draft of Medical Staff Bylaws

## Goal 5b: Update Credentialing Policy

*Actively involve MEC members, other physician leaders, and Senior Leadership*



Our work to review, revise and update credentialing policy

## Outcomes

- Initiation of credentialing policy review and revision

## Tasks Completed

- ✓ Reviewed detailed recommendations for updating Medical Staff Bylaws from outside experts
- ✓ Created initial draft revision of credentialing policy

## Goal 6: Develop New Peer Review Policies

*Rebuild the Professional Practice Evaluation Policy, Practitioner Health Policy, and Professionalism Policy*



Our work to create aligned, mission-driven and objective peer review processes based on industry best practices

## Outcomes

- Increased Peer Review Committee oversight of medical staff
- Increased physician interaction and review of important cases

## Tasks Completed

- ✓ Created a peer review process committee to assess current peer review processes and policies
- ✓ Instituted Peer Review Committee oversight of all medical staff review regardless of employment status
- ✓ Reinstated M&M conferences for select services



## Goal 7: Revise Quality Management Program

*Focus on leadership, accountability, and data*



Our work to improve CMC's Quality Management Program

### Outcomes

- A new leadership team with additional experience and training for quality management staff
- Department alignment, ownership and accountability in supporting all quality management functions at CMC
- System-wide inclusion and collaboration across all disciplines to create and sustain a culture of quality and data driven decision-making

## Tasks Completed

- ✓ Changes in leadership and staffing
  - Director of Quality
  - Clinical Data Analyst
  - Hospital Accreditation and Regulatory Specialist
- ✓ Proposal for department accountabilities and ownership (draft)
- ✓ Initial investigation of current data management structures and strategies within the department and organization

## Goal 8: Revise 2BSafe Reporting

*Rebrand, simplify the reporting form, create a feedback loop, and add physician review*



Our work to reconfigure our safety reporting system, as well as our process for the review of all submitted reports

### Outcomes

- Optimize event reporting process focusing on technology, workflow, education and reporting.
- Quality, Risk and Patient Experience staff trained on industry best practices
- Updated and improved feedback process for submitted
- Increased leadership review and accountability of safety reports

### Tasks Completed

- ✓ Initiated work to revise the process for safety report review and other related system changes
- ✓ Implemented training sessions with outside third party experts for the Quality, Risk and Patient Experience staff
- ✓ Instituted immediate feedback process for submitted reports
- ✓ Increased awareness of open investigations supported by weekly reports and discussion at daily huddles
- ✓ Implementation of 2BSafe Optimization Oversight Team (multi-disciplinary)

## Goal 9: Operational Issues

*Evaluate medical staff meeting procedures and the flow of information*



Our work to redesign the flow of information and accountability between leadership and Medical Staff

## Outcomes

## Tasks Completed

\*Work scheduled to begin January 2024

## Goal 10: Trust and Accountability

*Measure and increase trust and accountability at all levels of the organization*



Our work to increase trust and accountability by ensuring an accountable culture

## Outcomes

- Demonstrated commitment to building a strong culture that values trust and accountability
- Build on trust by providing results and resurveying every two years

## Tasks Completed

- ✓ Established base line engagement/trust targets using data from APP pulse surveys in 2022
- ✓ Conducted 2023 employee engagement survey (now closed) - data aggregation for reporting now underway