



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

# Public Update

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FEBRUARY 2024

## Goal 1: Short Term Goals



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

## Outcomes

- ✓ Notable or significant progress made on all focus areas
- ✓ Peer review and M&M will continue and will be supported and overseen by Medical Staff and Administration
- ✓ Communication will continue when appropriate

## Tasks Completed

- ✓ Created and implemented action plan
- ✓ Prioritized recommendations
- ✓ Launched workgroup team meetings and planning
- ✓ Regular meetings of Peer Review Committee
- ✓ 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

### Tasks Completed

- ✓ 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
- ✓ On-boarded new leadership positions

## Goal 3: Provide Education



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

### Outcomes

- ✓ Improved leadership awareness and accountability
- ✓ Increase physician buy-in and leadership
- ✓ Overall increase in 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 education and orientation for leaders by role and for key committee membership positions
- ✓ Created draft of education and orientation matrix for consistent implementation

## Goal 4: Review Corporate Bylaws

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



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
- ✓ Reflect improved processes and clarity for medical staff representation on Board

## Goal 5: Update Medical Staff Bylaws & Credentialing Policy

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



Work to review, revise and update medical staff bylaws and credentialing policy

### Outcomes

- ✓ Initiation of Medical Staff Bylaws and credentialing policy review and revision

### Tasks Completed

- ✓ Reviewed detailed recommendations for updating Medical Staff Bylaws and Organization & Functions Manual from outside experts
- ✓ Created initial draft of Medical Staff Bylaws and Organization & Functions Manual, along with an executive summary of changes
- ✓ Shared proposed changes with Medical Staff Officers for initial review and feedback
- ✓ Reviewed detailed recommendations for updating the Credentialing Policy from outside experts
- ✓ Created initial draft of Credentialing Policy, along with an executive summary of changes
- ✓ Shared proposed changes with Medical Staff Officers and Credentials Committee Members for initial review and feedback

## Goal 6: Develop New Peer Review Policies

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



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

## Outcomes

- ✓ Increased Peer Review Committee's oversight of the peer review process for all medical staff
- ✓ Increased physician interaction and review of important cases

## Tasks Completed

- ✓ Engaged the Medical Staff through a variety of mechanisms to assess current peer review processes and policies and provide input for policy updates
- ✓ Updated and approved Professional Practice Evaluation (aka Peer Review), Professionalism, and Practitioner Health Policies with industry best practices
- ✓ Reinstated Regular Peer Review Committee meetings

## Goal 7: Revise Quality Management Program

*Focus on leadership, accountability, and data*



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
- ✓ Alignment of department accountabilities and ownership to expand the organizational quality footprint
- ✓ Initial investigation of current data management structures and strategies within the department and organization
- ✓ Department Organizational Chart proposal pending approval



## Goal 8: Revise 2BSafe Reporting

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



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
- ✓ Cross-cutting throughout the entire organization

### 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) and subgroups (technology, workflow, education)
- ✓ Internal 2BSafe Survey completed

## Goal 9: Meeting Procedures and Flow

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



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

### Outcomes

- ✓ Improve information flow
- ✓ Share and education staff to create standardization

### Tasks Completed

- ✓ Created draft reporting schedule for the medical staff committees and some hospital operational committees/functions to the Medical Executive Committee
- ✓ Created a draft Quality Organization & Functions Reporting Structure Hierarchy for the hospital
- ✓ Created template drafts for meeting agendas, minutes, and follow-up action items

## Goal 10: Trust and Accountability

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



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
- ✓ Create working groups and action plans based on results

### Tasks Completed

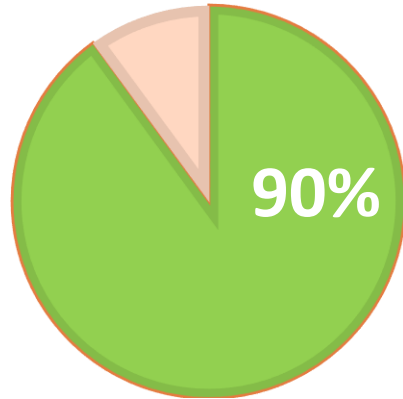
- ✓ Established base line engagement/trust targets using data from Physician and APP pulse survey completed in 2022
- ✓ Conducted 2023 employee engagement survey – 63% response rate

# Work Group Progress Dashboard

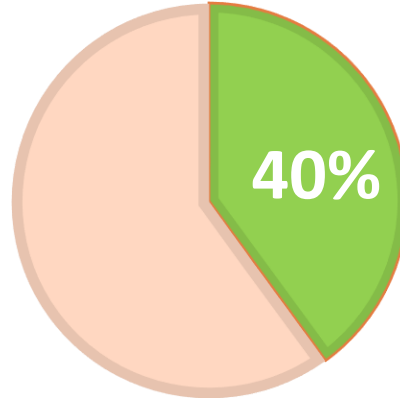
Short-Term Goals



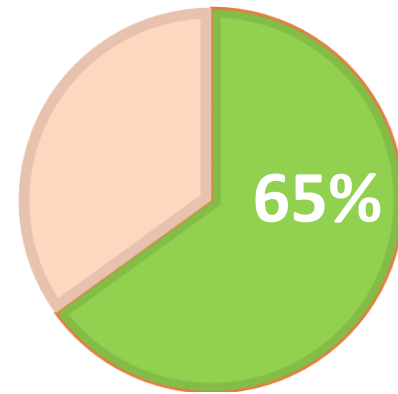
Org, Structure, SLT



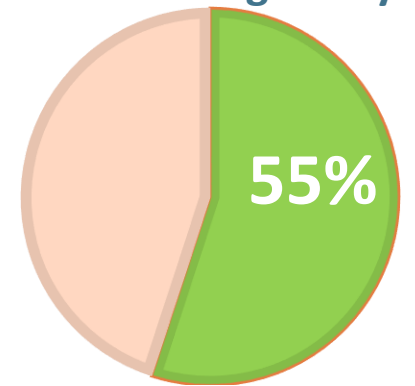
Provide Education



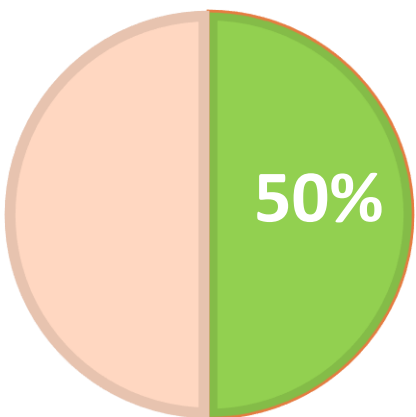
Review Corporate Bylaws



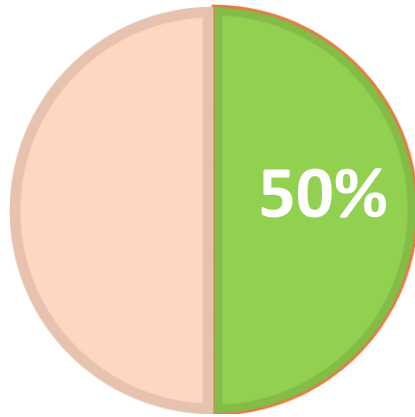
Medical Staff Bylaws –  
Credentialing Policy



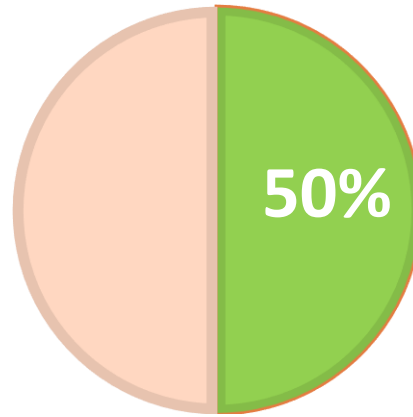
Peer Review Policies



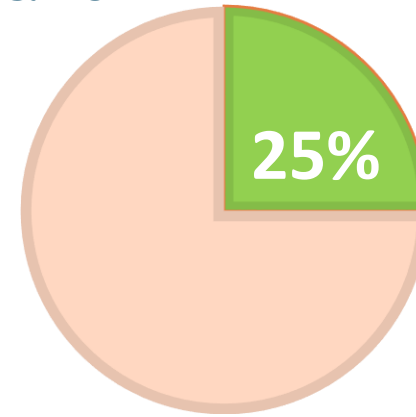
Quality Management



2BSafe



Meeting Information  
& Flow



Trust & Accountability

