



Steering Committee for Organizational Realignment (SCOR)

Public Update

OCTOBER 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 Trustees at Annual Retreats
 - ✓ 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
- Awareness and plan to expedite credentialing process

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

- ✓ Updated Medical Staff Bylaws and Credentialing Policy – Approved March 2024

Tasks Completed

- ✓ Reviewed detailed recommendations for updating Medical Staff Bylaws and Organization & Functions Manual and Credentialing Policy from outside experts
- ✓ Created initial drafts of Medical Staff Bylaws and Organization & Functions Manual and Credentialing Policy along with an executive summary of changes
- ✓ Reviewed with Medical Staff Officers for feedback
- ✓ Shared proposed changes with Medical Staff Officers and Credentials Committee Members for initial review and feedback
- ✓ Final drafts reviewed and approved by Voting Members of Medical Staff and Board of Trustees.

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
- ✓ Dedicated a staff member for program support

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
- ✓ Expanded department accountabilities and focus on quality to entire organization
- ✓ Updated current management structures and strategies within the department and organization to align with best practices
- ✓ Updated Department Organizational Chart led by new Executive Director of Quality, Patient Safety and Infection Prevention
- ✓ Continued collaboration with other departments for continued quality improvement

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

- ✓ Streamlined 2BSafe technology and increased user experience and data metrics
- ✓ Increased education for 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)

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 a Medical Staff Committee Reporting Schedule
- ✓ Created a Quality Organization & Functions Reporting Structure Hierarchy
- ✓ Created template drafts for meeting agendas, minutes, follow-up action items, and a Meeting Highlights & Action Items reporting memo

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
- ✓ Completed employee & provider engagement survey
- ✓ Majority of leaders developed team action plans and shared with organization