



Creating connections. Improving care.

2011-2013

Greater Cincinnati Health Council
Strategic Plan (Revised Jan 2012)

**Greater Cincinnati Health Council
Strategic Plan 2011-2013**

Mission Statement

The Health Council creates and facilitates opportunities to collaboratively address issues that challenge delivery of comprehensive, high-quality, high-value health care and wellness service throughout the region. The Council helps maintain and enhance its members' ability to actively improve the health status of the Tri-state community.

Vision Statement

Internal: Member hospitals rely on the Health Council to be the essential resource, trusted partner, and unique venue where members can collaborate with each other and with other stakeholders to improve the quality, value, and accessibility of health care in the Tri-state community.

External: Greater Cincinnati is a thriving region where high-quality, high-value health care and wellness services are available and accessible to all.

Guiding Principles

- Collaboration drives our progress
- We are a trusted, reliable source of information about and spokesperson for member hospitals.
- Every member has a voice.
- All stakeholders are treated equitably.
- We value and continue to earn the trust of our members, our partners, and the communities we serve.
- We are unwavering in our continuing focus on improvement of care quality.
- We are committed to efficiency, transparency and accountability on behalf of our membership.

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Goals and Key Result Areas

1. Improve Quality of Care and Patient Safety

- Electronic Medical Records
- Quality, Patient Safety and Data Initiatives
- Disparities in Care and Outcomes

2. Advocate/Speak for Members on Key Issues

- Health Care Reform Implementation Issues
- Declining Reimbursement
- More Engaged and Informed Consumers

3. Enhance Members' Operating Efficiencies

- Workforce Recruitment, Retention, and Development
- Group Purchasing/Shared Services

4. Expand Community Benefit Opportunities

- Emergency/Disaster Readiness
- Supplier Diversity/Economic Inclusion
- Community Blood Supply
- Collaborative Community Benefit Initiative

5. Manage Internal Operations

- Governance
- Finance
- Membership Service, Retention, Recruitment and Communications
- Administration, Operations and Staffing

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Goal 1: Improve Quality of Care and Patient Safety

Key Result Areas	Objectives/Measures	Staff Member	Partner Organization
Electronic Medical Records	1. Facilitate collaborative responses to impacts of widespread EMR adoption on care delivery.		
	During 2011, determine which roles the Health Council, Health Improvement Collaborative and HealthBridge will play in addressing the needs of hospitals, physicians and other providers to achieve meaningful use.	Colleen	HealthBridge, Health Improvement Collaborative
	Facilitate ad hoc EPIC Users Groups as needed through 2013 to support standardized approaches to implementation issues.	Dora/Tonda	N/A
	During 2011 and 2012, conduct a pilot using the DIRECT application to enable participating hospitals to share patient information via secure, encrypted email with the next provider of care.	Dora	N/A
Quality, Patient Safety and Data Initiatives	1. Facilitate improvements in care for patients.		
	By 2012, evaluate the feasibility of GCHC becoming a Patient Safety Organization and identify benefits to members of that status.	Nancy/Dora	N/A
	Maintain overall community scores achieved in 2010 for Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF) and Pneumonia (PN) through 2013.	Nancy/Dora	N/A
	In 2011, determine the best way to align consumer-friendly hospital and physician reporting. In 2012, implement the new combined public reporting portal.	Nancy/Dora	N/A
	In 2011, set targets and data collection process for pressure ulcers, falls, and readmissions. In 2012 and 2013, track and report progress toward targets for participants.	N/D	N/A
	During 2012, set targets and data collection process for HAIs. In 2013, track and report progress toward targets for participants.	N/D	N/A
	During 2012, demonstrate coordination between GCHC and 3 state associations' projects.	N/D	OHA, IHA, KHA
	In 2011, begin spreading the learnings of the Transforming Care at the Bedside project to member hospitals.	Nancy/Dora	TCAB Hospitals
	Provide members with timely communication on the Beacon community program in order to maximize participation in activities and outcomes to: 1) reduce readmissions related to congestive heart failure, and 2) document disparities in care associated with REL	Nancy/Dora	HealthBridge/other organizations
	2. Improve the trauma care delivery system.		
	Based on average length of stay/transfer data gathered in 2010 to identify outliers, determine a proper course of action for non-trauma hospitals in 2011.	Tonda	N/A
Increase the instructor pool within the region for Advanced Trauma Life Support (ATLS) and Trauma Nurse Core Curriculum (TNCC) courses by offering two instructor courses over the next two years.	Tonda	N/A	
Disparities in Care and Outcomes	1. Through Cincinnati Expecting Success and related quality initiatives, develop a plan to address identified health disparities.		
	By the end of 2011, two additional hospitals will standardize Race, Ethnicity and Language (REL) data collection based on Office of Management & Budget guidelines.	Nancy	Health Collaborative

	By 2012, develop a quality assurance program to ensure accuracy and completeness of hospital REL data collection	Nancy	Health Collaborative
	Facilitate initiatives to decrease disparities in care or outcomes related to cardiac and diabetes care during 2011 and 2012.	Nancy	Health Collaborative
	Publicize Cincinnati Expecting Success work to local and national audiences during the three-year planning cycle.	Nancy	Health Collaborative
	2. Assist members in improving care provided to patients with limited English proficiency.		
	In 2011, hold an education forum regarding the roll-out of the new medically-qualified interpreter certification process.	Amy	National Health Law Program, JCAHO
	In 2012, identify steps to implement in 2013 that will assist members with maximizing operational efficiencies related to the certification process.	Amy	National Health Law Program, JCAHO

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Goal 2: Advocate/Speak for Members on Key Issues

Key Result Areas	Objectives/Measures	Staff Member	Partner Organization
Health Care Reform Implementation Issues	1. Represent members on issues related to health care reform.		
	Represent members on AHA's Allied Hospital Advisory Committee's Healthcare Reform Implementation Task Force.	Colleen	AHA
	Facilitate process to explore enhancing shared accountability/infrastructure to support members' ability to successfully test/implement new payment reform models. In 2011: 1) manage technical assistance from Brookings resulting in white paper and recommendations; 2) facilitate discussions among member, health plan, and business representatives to reach consensus on recommendations.	Colleen	Brookings Inst.
	2. Explore the value of the Health Council providing a collaborative forum for executives of hospital-owned physician practices.		
Declining Reimbursement	1. Assist members in addressing the impacts of anticipated decreases in reimbursement for readmissions and infections, two areas where reimbursement will decrease.		
	During the 3-year period, provide forums for members to work collaboratively to decrease avoidable readmissions and HACs	Colleen/ Nancy	N/A
	During 2011 and 2012, communicate with key internal and external audiences about the impact of declining reimbursement on members' ability to serve their patients and the community	Colleen/ Nancy	N/A
More Engaged and Informed Consumers	1. Determine if the Council could play a beneficial role relative to consumers being more engaged and informed.		
	In 2011, convene members to determine if there is a role for GCHC, and, if so, initiate work in 2012.	Colleen	N/A
	In 2011, initiate and set goals for the Patient/Family Centered Care initiative. In 2012, set data collection process, track and report progress to participants	Mary	N/A

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Goal 3: Enhance Members' Operating Efficiencies

Key Result Areas	Objectives/Measures	Staff Member	Partner Organization
Workforce Recruitment, Retention and Development	1. Ensure that members' nursing workforce remains competent.		
	Provide at least 4 Tristate education courses annually to further develop nursing professionals (e.g., Charge Nurse, Workplace Violence, Advanced Preceptor, Nurse Readiness for Patient Emergencies).	Mary	TBD
	In 2011, develop a page on the TriState Nursing Resource Center (TNRC) web site for members to share clinical best practices and nursing education research projects.	Mary	N/A
	2. Explore and initiate innovative methods to expose future high school graduates to health care careers.		
	In 2011, develop a Facebook page to inform students about health careers and in 2012-2013 monitor and grow the effectiveness of the page.	Mary	Norwood High School students
	3. Support members in meeting the challenges of instituting the Health Reform laws that impact the workforce.		
	During 2011 – 2013, provide workshops, webinars and other forums for human resource professionals to assist them with interpreting and responding to the new health reform legislation within their organizations.	Mary	HR Consultants (Towers Watson, Mercer)
	4. Improve member awareness of GCHC's workforce initiatives and events.		
Group Purchasing/Shared Services	In 2011, develop and implement a communications plan.	Mary/Nancy	N/A
	1. Develop a diversified portfolio of Group Purchasing (GP) contracts maximizing value for members and GCHC.		
	Negotiate 2 new contracts per year based on assessment of value and projected performance. (Net gain of two or more contracts per year.)	Rick/Amy	N/A
	2. Increase utilization of contracts.		
	Increase members' contract dollar volume by an average of 4% annually from 2011 through 2013.	Rick/Amy	N/A
	Expand geographic reach to recruit affiliate members from at least 6 new counties in Kentucky/ Indiana by 2013.	Rick	N/A
	3. Develop strategies to maximize value to members of GCHC's national group purchasing organization (NGPO) affiliation and of GCHC's local contracts.		
	In 2011, assess the pros and cons of current relationship with MedAssets and decide on continuation or bidding out to other NGPOs.	Rick	N/A
	With vendor partners and members, implement strategies that result in members using or continuing to use GCHC contracts.	Rick	N/A
	4. Improve members' awareness of GCHC's shared services program and trends.		
In 2011, create and begin distributing on a quarterly basis a report for member CEOs, CFOs and supply chain executives to inform them of opportunities and trends in the group purchasing business.	Amy	N/A	
5. Work with members to minimize energy usage and cost.			
In 2011, implement an Energy Efficiency Program for members that will reduce their energy footprint and cost and develop metrics that will track the reductions.	Amy	N/A	

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Goal 4: Expand Community Benefit Opportunities

Key Result Areas	Objectives/Measures	Staff Member	Partner Organization
Emergency/Disaster Readiness	1. Assist in preparing the region for a major threat/emergency incident.		
	In 2011, implement the new patient tracking program throughout the region.	Tonda	N/A
	In 2011, increase to 90% the percentage of hospitals that submit capacity resource data within prescribed time and accuracy requirements.	Tonda	N/A
Supplier Diversity/Economic Inclusion	1. Increase the availability and members' use of Minority Business Enterprise (MBE) contracts.		
	Based on Supplier Diversity Consortium efforts in 2010, identify a goal in 2011 against which progress will be tracked in 2012-2013.	Amy	N/A
	By 2013, increase member volume on MBE contracts by 15% over 2010 year end baseline.	Amy	N/A
Community Blood Supply	1. Increase the number of units of blood donated via member hospital blood drives.		
	In 2011, introduce an award program to recognize hospitals for increased donation rates and/or other established criteria.	Colleen/Dora	Hoxworth
	Establish and meet/ exceed 2011/2012 annual goals.	Colleen/Dora	N/A
Collaborative Community Benefit	1. Explore and, with member approval, implement new collaborative community benefit initiatives.		
	During 2011, develop partnerships among hospitals and other organizations (e.g., HCAN- Healthcare Access Now) to reduce avoidable emergency department visits and connect patients with primary care providers; also establish baselines and targets by year end 2011.	Tonda/Colleen	HCAN/ or others
	In 2011, determine with the Strategic Planning Committee, whether or not members will jointly undertake additional community benefit initiatives.	Rick/Colleen	N/A
	In 2011, develop and conduct a joint Community Health Needs Assessment	Tonda	N/A
	During 2012, based on needs assessment results, determine if members want to jointly address one or more identified needs.	Tonda	N/A
	During 2011-13, evaluate a role for GCHC and potentially participate in Tristate initiatives that: 1) raise awareness about the obesity epidemic, and/or 2) seek to reduce obesity rates.	Colleen	N/A
	In 2012, develop an inventory of existing regional obesity reductions/awareness initiatives.	Colleen	N/A

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Goal 5: Manage Internal Operations

Key Result Areas	Objectives/Measures	Staff Member	Partner Organization
Governance	1. Effectively lead the Council to enable it to meet its mission and accomplish its goals.		
	Through the efforts of the Tri-9 (the executive directors and 2 board members from GCHC, HIC, HealthBridge), maintain the strategic alignment of the three organizations.	Colleen	HIC, HB
	In 2013, review and update CEO/Executive staff compensation model.	Colleen/Mike	N/A
Finance	1. Maintain a financially viable organization.		
	Maintain long-term reserve goal of 3 months operating expenses plus sufficient additional reserves to fund grant-supported staff for 1 year (2011 goal: \$1,011,970)	Mike	N/A
	In 2011, evaluate the hospital dues structure and formula and determine its adequacy in meeting the needs of the members and the Council during the plan period.	Mike	N/A
Membership Service, Retention, Recruitment and Communications	1. Retain current hospital, affiliate and associate members.		
	Hospital member goal (year end 2010 total):	Rick	N/A
	Affiliate member goal (year end 2010 total):	Rick	N/A
	Associate member goal (from 2011-2013 lose no more than 10% of prior year-end total):	Rick	N/A
	2. Recruit new members		
	By 2013, recruit at least 9 new Affiliate Members.	Amy	N/A
	Add at least 5 new Associate Members annually.	Rick	N/A
	Achieve a net gain of 2 new hospital members in the 14-county service area by 2013.	Rick	N/A
	3. Increase member participation/satisfaction with Council communications.		
	In 2011, establish a baseline of member satisfaction with the e-newsletter, The Digest and other communications and track progress during the three-year strategic planning cycle.	Nancy	N/A
Redesign the web site, establish baseline usage in 2011 and increase hits on the web site by 5% per year in 2012 and 2013.	Nancy	AI Systems	
4. In 2011-2013, evaluate opportunities to work with other Ohio metros and OHA to enhance benefits to members	Colleen/Rick	OHA/other Ohio metros	
Administration, Operations and Staffing	1. Manage staff and resources to enable accomplishment of mission/goals.		
	Initiate a professional development plan for selected staff in 2011.	Colleen	N/A