You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 1 (a)**

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

**Strategy(a):**

**Integrate Patient First philosophy throughout the employment experience for all. (pre-employment, interview, hiring, annual evaluation)**

Bold=High Priority

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [X] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: _____________.

**Comment:**
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment: Once the “Patient First” philosophy is developed the three recruitment departments, other Human Resource staff, and select hiring managers will meet to brainstorm about the various ways we can incorporate the philosophy into our pre-employment, interview, hiring, and evaluation processes. Initial ideas include a required review of the philosophy online prior to applying (possibly in a video format), a brochure to be distributed during interview and reviewed with candidate, content added to New Employee Orientation during hiring/onboarding, inclusion in the three month refresher training after hire, and incorporation of content into the annual evaluation. It is estimated this will take three months from the time the philosophy is rolled out to bring to fruition.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 1 (b)**

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

**Strategy(b):**

*Adopt a “Patient First” process throughout the patient experience from registration to after provision of care (including, but not limited to items such as: customer focused trained staff, standard practices, registration Kiosk) that provides assistance with directions, parking, insurance questions, what to bring to appointment, reminder calls, management of billing issues and concerns, etc*

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ______________.

**Comment:**
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
A Task Force consisting of: Shelley White (Patient Access Services), Carol Maier (IMT-HIS), Veronica Amsterdam (PFS), Joe Smith (Ed-Comm), Bridget Flanagan (UMAS), 2-3 MSG business managers, an ambulatory care business manager, Chris Lalone (MedBest), and a representative of Organization Training and Development will be called to evaluate the situation and make recommendations for a program. The need for an ongoing committee is unclear at this point.

Some components can be implemented by 12/31/07 (customer focused assistance with directions, parking, insurance questions, what to bring to appointment, etc.)

Other recommendations (registration kiosk) will take longer due to financing and procurement-related delays.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: _Shelley White_

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
To: Joe Smith, Shelley White

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 1(c)**

1) Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

**Strategy(c):**

*Revise current clinical Web content to provide greater patient friendly information resource.*

*Italic* = *Identified Potential Quick Win*

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

**For B:**
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
The hiring of two full time web designers is predicated on the fact that the current staff of web designers (3) in Ed Comm is focused on the **mechanics** of the web, not the **marketing** opportunity therein. What has been missing for many years (since Brad Hoffman in marketing left in 2000) is the attention to the **quality** of the web content, primarily the copy and how it's presented for consumption by the public. This area tends to be left to administrative staff who are not skilled enough to do it right nor motivated to drop everything and deal with it in a timely fashion.

The web has fast become the most important form of communications for health care institutions particularly for younger generations. Consumers want to know what you can do, who can do it, how fast and thoroughly you can do it and if there is anyone credible who can endorse how you do it. It is also a fast and easy way to get information without having to call a doctor's office and wade through the obvious bias to get what they need. While the mechanics of developing a web site are critical, the way the information is presented is equally critical. The web should not be a repository of pdf files of brochures and ads nor can it be allowed through neglect to age beyond usability. It needs to be interactive, easy to navigate, up to date, interactive, grammatically correct and complete... telling the consumer what they need to know without wasting their time, and perhaps entertaining them in the process. Further, even if we were to rely only on the EdComm staff, there are not enough of them to stay on top of what needs to be done.

It is essential that when a new program is launched, a companion site launch at the same time. Not doing so only shows the potential customer/patient that we don't have our act together, and that bodes poorly for their impression of our product.

Next is to add purchased clinical web content to complement our local information. Purchased content can include interactive patient educational materials, subscriptions to disease based content, ability for patients to manage their personal health in a secure setting, healthy living interactive tools, etc (reference www.Mayoclinic.com).

Requesting:
Two full time web designers - ~$45,000 each
Purchase turn-key interactive clinical web content - $30,000

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Ron Young

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 1(d)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy(d):

Brand “Patient First” as an institutional logo (i.e. - tee shirts, screen savers, coffee mugs, etc.)

*Italicics=Identified as a Quick Win*

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [X] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)
For A:

Please provide an anticipated date of completion: _____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
Resources required are primarily those associated with the give-aways, since the cost of each is multiplied by 3,000 staff. I assume these items will support the launch of a program designed to change the culture in the hospital. There is no way to anticipate the cost at this point since the branding could involve far more than tee shirts and coffee mugs, e.g., celebratory events, prizes, signage and such. $35,000 is not unusual to support an initiative like this (each $1 item x 3,000 will cut into a budget very quickly).

Timeframe depends on the program launch. Items suggested in the strategy above can be ordered and in place in one month from the decision to order.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:
Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Joyce Mackessy, Lorraine Manzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 1(e)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy (e):

*Disperse patient experience team surveyors throughout the clinical system to assess patient experience in real time.*

*Italics=Identified as a potential Quick Win.*

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [] Needs time for review and will require a committee (Complete B below)
- [] Can be accomplished, but will require significant resources (Complete C below)
Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: Oct 2007

Comment:
Would need to get manager buy-in to support “management by walking around” philosophy and expectations so as to incorporate rounds strategically as a means to identify opportunities for improvement. The concept is one of “secret shopper” where you see the needs as you observe the behavior/activity taking place. Structuring management expectations for rounding into core competencies under customer service expectations would support hardwiring this behavior into the organization.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 1(f)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy(f):

Track and publicize patient compliments.

The above strategy (please check one response):

X Can move forward within our current resources. (Complete A below)
Needs time for review and will require a committee (Complete B below)

Can be accomplished, but will require significant resources  (Complete C below)

Should be deferred  (Complete D below)

**For A:**

Please provide an anticipated date of completion: __first quarter 2008__.

**Comment:**

A program can fairly easily be developed and promoted which ask for the supervisors, etc. of the various patient services sites to send the positive compliments they received from patients concerning their staff and/or Upstate. There already is a glass case the hospital installed in the cafeteria for this purpose. Another possibility is to have a place on a website upon which these letters and notes can be posted. With artistic involvement, an electronic bulletin board can be created (and monitored) for letters to be posted and can be viewed by all who have computer access. In addition, other existing publications should be utilized. For instance The Update has a section where it names people in the news. This is getting old as the same people make some comment to the newspapers and it’s great, but not news. Can we sometimes substitute some posted compliments (or excerpts there from) to include the regular staff rather than focus on physicians and leadership?

We think there is probably already a committee that could include this initiative.

---

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

---

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

**Comment:**

---
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: Lorraine Manzella and Joyce Mackessy

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Mary Wasilewski, Mary Ann Merklein

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 1(g)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy (g):
Add adherence to customer service standards to annual performance reviews for all personnel (including Physician Medical Staff) with responsibility in clinical system.

The above strategy (please check one response):
**For A:**

Please provide an anticipated date of completion: **completed.**

**Comment:**

“Adherence to Customer Service Standards” was added to the physician and health professional reappointment/reappraisal recommendation form and will be utilized for the upcoming reappointment cycle for physicians beginning in October and health professionals effective in 2009.

“Adherence to Customer Service Standards” will be added to all Core Competency Assessment forms maintained by HR. Changes to the forms will be presented at the 10/23/2007 Management Forum. Revised forms will be used for Performance Programs beginning 11/1/2007.

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**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

---

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

**Comment:**

---

**For D:**

Please provide an explanation of why the recommendation should be deferred.

**Comment:**
Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Barbara Riggall

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 1(h)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy(h):

Provide “Patient First” training refresher to all employees 3 months after initial training.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
X Needs time for review and will require a committee (Complete B below)

☐ Can be accomplished, but will require significant resources (Complete C below)

☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
A definition of “Patient First Philosophy” is needed. The committee should determine what currently has been implemented under Patient and Family Center Care, customer service standards and department/unit orientation.

Committee membership: Chaired by Organizational Training and Development.
MD representation, Hospital Administration, Nursing Administration, Medical Staff Office and Diagnostic and Therapeutics.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th.

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Leonard Weiner MD, James Legault

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 1(k)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy (k):

Enhance system to solicit real time patient feedback on care provided that is disseminated in a timely fashion to physicians, nurses and other support areas, and leadership as appropriate.

The above strategy (please check one response):
- Can move forward within our current resources. (Complete A below)
- Needs time for review and will require a committee (Complete B below)
- Can be accomplished, but will require significant resources (Complete C below)
- Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**
This should be coordinated between the existing Patient Satisfaction Committee and the Quality Council.

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

**Comment:**

**For D:**

Please provide an explanation of why the recommendation should be deferred.

**Comment:**
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Joyce Mackessy, Lorraine Manzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 1(m)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy (m):

Implement process for Service recovery program that addresses clinical and administrative gaps in “Patient First” service delivery and quality medical care.
The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ______Program roll out in Sept 2007______.

Comment:
Hospital has plans to roll out in Sept a Service Recovery program that will be focused on empowering frontline staff with tools to fix problems in real time and track issues and follow up if needed. Program will fall under Patient Relations Dept for the hospital services. Service recovery items for staff to use include: apology cards, $5 gift cards for the coffee bar, the hospital gift shop, Wegman’s, Blockbusters or Morrison’s cafeteria sites on campus. Medical Service groups can evaluate this program used by the hospital and adapt for their needs. See Program training materials attached.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:
Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: __ Joyce Mackessy, Lorraine Manzella

_________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Richard Kilburg, Jodie Purdy, Lorainne Manzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 1(l)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy(l):

Implement system for the Timely recognition for those who support the “Patient First" philosophy (consider mechanisms for instant feedback).

The above strategy (please check one response):
Can move forward within our current resources. (Complete A below)

Needs time for review and will require a committee (Complete B below)

Can be accomplished, but will require significant resources (Complete C below)

Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: dependent upon overall program approach and development.

Comment: We feel that the recommendation of timely recognition for those who support the “Patient First” philosophy can be best accomplished through education, training and development of our management/supervisory staff and physicians. Continuous/daily and timely recognition is extremely important to the success of such a program and would have to be included as part of the training. National studies, as well as our own internal study, have shown that what staff appreciate most is a simple “thank you” as recognition for a job well done. Incentives such as those offered by the Hospital’s Star Program, free coupons for coffee/food, parking, etc. would be a nice touch.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:
Recommendation/Strategy: 1(i)

Recommendation 1. Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Strategy(i):

Provide incentives for the development and support of clinical care teams to enhance the “Patient First” philosophy.

The above strategy (please check one response):

X Can move forward within our current resources. (Complete A below)
 Needs time for review and will require a committee (Complete B below)

 □ Can be accomplished, but will require significant resources (Complete C below)

 □ Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion:  

*dependent upon overall program approach and development.*

**Comment:**
Real time recognition of positive activities and behaviors including feedback is critical. The best way to achieve this in a consistent way is to focus training and attention on the practice/unit/area manager or supervisor. Formalized recognition programs may have their place, but day to day management is essential in order to assure consistent patient first staff actions. The emphasis should be on encouraging and supporting helpful and problem solving behavior. This is done at the service area. A comment by a supervisor indicating a good job, or how things were handled well but maybe some suggestion of changes is key to maintaining good patient service. So this should be included in the overall program approach with emphasis on the unit supervisors to encourage and support them to recognize ‘patient first’ actions on the part of staff.

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

**Comment:**

**For D:**

Please provide an explanation of why the recommendation should be deferred.

**Comment:**
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
Can move forward within our current resources. (Complete A below)

Needs time for review and will require a committee (Complete B below)

Can be accomplished, but will require significant resources (Complete C below)

Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: dependent upon overall program approach and development.

Comment:
Recommend both a material and educational component. The material resources that staff need to help make decisions at the point of care to help patients and families can be tied to the service recovery efforts. This would be the cup of coffee, nice follow-up letter, parking help, etc. We also would recommend changing the name of the service recovery kits to “Patients First” kits and implementing them house wide to every area that sees patients. The educational piece would consist of teaching the manager/direct supervisors how to empower staff to make independent decisions to improve the patient/family experience, how to properly support staff in those decisions, and how to follow-through. This training would be incorporated into both the initial and 3 month follow-up training. Would recommend that the direct manager/supervisor and the staff receive different training programs since the manager/supervisors role in recognizing employees for their patient first efforts is so integral to the programs success and to overall buy in.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:
Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___ Richard Kilburg, Jodie Purdy, Lorainne Manzella

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

Summary
Clinical Enterprise Recommendation #1

Recommendation:

Embed a “Patient First” philosophy throughout the organization, including accountability and evidence of performance at all levels of the clinical system.

Overview:

Oversight of the Patient-First initiative, to include development of the program philosophy, integration into the employment experience, education and training, logo promotion, staff reward system, service recovery etc. can be provided through an existing- expanded, committee structure. The current patient satisfaction committee will be changed to the Patient First committee with revised membership to include is representation from UMAS, physician leadership, Human Resources, that relate to the implementation of the strategies listed. This initiative will begin immediately and set the framework for the associated strategies and the identified quick-wins to move forward.

Identified Quick-wins:

- 1 (a) Integrate Patient First philosophy throughout the employment experience for all. (pre-employment, interview, hiring, annual evaluation)
- 1 (E) Disperse patient experience team surveyors throughout the clinical system to assess patient experience in real time.

- 1 (F) Track and publicize patient compliments.

- 1 (G) Add adherence to customer service standards to annual performance reviews for all personnel (including Physician Medical Staff) with responsibility in clinical system.

- 1 (M) Implement process for Service recovery program that addresses clinical and administrative gaps in “Patient First” service delivery and quality medical care.

**EXECUTIVE COUNCIL RESPONSE**

TEAM: Clinical Enterprise  
CHAIR: John McCabe, MD,  
CO-CHAIR: Katie Mooney, RN, MSN  
EC Sponsor: Phillip Schaengold, JD, MBA

To: Shelley White, Lorraine Manzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 2(a)**

Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

<table>
<thead>
<tr>
<th>Strategy(a):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutionalize a one call philosophy – patients and providers have single place to call to get information that they need.</td>
</tr>
</tbody>
</table>

Bold=High Priority

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
Needs time for review and will require a committee (Complete B below)

Can be accomplished, but will require significant resources (Complete C below)

Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
An initial task force should be formed including representation from the following areas: Shelley White, Richard Kilburg, Janice Gualtieri (MD Direct), Bridget Flanagan (UMAS), MSG business managers, ambulatory care business managers, Steve Defazio (ad hoc). An evaluation of how to centralize functions and which functions to what extent those functions (e.g. call center, scheduling, etc) can be centralized needs to developed.

Progress will be incremental and is anticipated to take 1 year to complete the initial phases of implementation.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(b)

Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(b):

Throughout the Clinical System, ensure that a single phone call can result in an appointment, with no prequalification of patients to be seen within our system.

Bold=High Priority

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)

☐ Needs time for review and will require a committee (Complete B below)

☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred  (Complete D below)

For A:

Please provide an anticipated date of completion: ______________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:  The same suggestion for 2a should address this recommendation as well.

Progress will be incremental and is anticipated to take 1 year to complete.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: __Shelley White______

Thank you.
Executive Council Response

Team: Clinical Enterprise  
Chair: John McCabe, MD.  
Co-Chair: Katie Mooney, RN, MSN  
EC Sponsor: Phillip Schaengold, JD, MBA  

To: Steven Scheinman, MD  

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(c)

Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(c):  

Recruit and retain appropriate numbers of motivated clinical faculty, to meet consumer and provider demand for services, and provide performance expectations that will facilitate Access goals.

Bold=High Priority

The above strategy (please check one response):  

☐ Can move forward within our current resources. (Complete A below)  
☐ Needs time for review and will require a committee (Complete B below)  
☒ Can be accomplished, but will require significant resources (Complete C below)  
☐ Should be deferred (Complete D below)

For A:  

Please provide an anticipated date of completion: ____________.
For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
Access goals need to be defined according to the Strategic plan for the Clinical system. To a large degree, that will be developed through the priorities set forth in other recommendations. Recruitment of appropriate motivated clinical staff having an orientation towards service will be critical going forward. Recruitment of faculty will need to be consistent with these goals. Faculty oversight related to performance, productivity and service will need to be monitored by each respective Department Chair consistent with practice standards also referenced in companion recommendations in the EE process. The identification of a practice Plan leader can be instrumental in accomplishing this recommendation.

For D:
Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Shelley White, Joe Ziemba

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(d)

Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(d):

Implement Institution-wide service standards for automated phone management, including Access to medical services and, management of referrals and consultations.

*Italicics=Identified as a Potential Quick Win

The above strategy (please check one response):

- [X] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:
- Roll out enterprise-wide recently established hospital standards for automated phone management and Customer Service Standards (estimate completion by 12/31/2007)
• Encourage areas to review current usage of existing ACD technologies for recommendations to improve efficiencies (core group including Joe Ziemba, Shelley White and Leola Rogers are available for guidance)
• Encourage departments to consider using Healthcare Telesevices (HCTS) Call Center to receive overflow calls during times of high call volume or transition all main department calls into the HCTS Call Center (anticipate incremental transition).
• Note: HCTS (includes operators. Health Connections and soon will included newly classified professional level Call Center Representatives) has implemented new call processing technology which facilitates efficient call processing for an unlimited number of separate phone lines providing each with a personalized approach while maintaining high customer service standards. All calls are digitally recorded and easily reported. Other AMC’s have successfully reduced overall FTE’s while improving customer service to incoming phone calls. Shifting general calls from a department to a central call center allows department staff to attend to their direct-patient roles.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___Shelley White_______

Thank you.
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 2(e)**

Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

**Strategy(e):**

*Survey referring providers to determine what they see as obstacles in getting their patients’ access to care and getting information back regarding their patients’ care.*

*Italicics=Identified as a Potential Quick Win*

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ______________.
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
Survey of the providers will cost approximately $25,000 to $30,000. The project would be professionally executed and would feature a phone survey of 400 providers in a broad geographic area but with concentration in Onondaga County. It would also include questions asked in a survey conducted in 1997 to determine if the needle has moved in 10 years. It may also include focus group sessions, a web-based survey and a fax survey to round out the responses.

Timeframe: This can be accomplished in 3 months minimum. This includes the requirement that we advertise this project in the Contract Reporter, which will drag the process down by at least 4 weeks.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: Melanie Rich

Thank you.
To: Shelley White, Melanie Rich

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(f)

Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(f):

Train and equip people receiving patient and provider calls to understand and have information about the programs we provide, and have ready access to provider schedules.

*Italic* = Identified as a Potential Quick Win

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ___1Q08______.
Comment:
- Upstate Marketing is completing an expanded Upstate “Facts” piece
- Make Facts available on line for public and employees. Can use Black Board training to monitor that staff have read the material.
- Display rack in the cafeterias with Upstate Facts and What’s New at Upstate to continue to market new initiatives
- Materials provided to new employee orientation and to Volunteers and Advocates
- Health Connections uses their call center database to standardize information about our physicians and the services we provide. Staff are continually working on maintaining and updating the information. Proper use of the database and complete tracking of caller activity is part of orientation and ongoing staff training. Upstate staff can be encouraged to call Health Connections for assistance with they aren’t sure if information a patient may need.

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:
Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by:  __Shelley White_________

Thank you.
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(g) and 4 (d)
Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy 2 (g):
Expand MD Direct to allow it to function as first point of contact for patients requesting new access for services.

Strategy 4 (d)
Expand the role of MD direct in patient appointment, referral, consultation, and communications coordination throughout the clinical system.

Italics=Identified as a potential Quick Win

The above strategy  (please check one response):

☐ Can move forward within current resources. (Complete A below)
X Needs time for review and will require a committee ( Complete B below)
Can be accomplished, but will require significant resources (Complete C below)
Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion: ______.

Comment:

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
New positions need to be added to the existing complement of MD Direct staff by posting vacancies. It is proposed that recruitment will come from within the enterprise with the understanding that their corresponding vacancies shall not be refilled. While some exceptions may occur based on their previous role yet in aggregate this will be an FTE neutral and hopefully a decrease in facility-wide FTE’s as efficiencies of a centralized process are realized.

I suggest 2 FTE’s are approved for recruitment in August. Additional positions will be justified as other initiatives are implemented. Recruitment and proper orientation take approximately 4 months.

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:
Please provide an explanation of why the recommendation should be deferred.
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(h)

Recommendation 2: Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy (h):
Develop Workforce projections for Non-Physician Staff to ensure access.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☒ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion:

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition: The committee that is formed to implement Clinical Enterprise recommendation #2 should establish a subgroup that will utilize UHC and other resources (including best practices employed by other academic medical centers) to specifically address this recommendation. This subgroup should have cross-sectional representation from Patient Access Services, Ambulatory Service, UMAS, and the larger clinical practice groups.

The expected timeframe: Three months after the new PFCC patient access model has been finalized.

Comments:

Creating an environment with guaranteed, simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC), will require a supporting infrastructure. A key component of this infrastructure will be the support staff (excludes attending physicians, residents and physician extenders).

Changes such as centralized scheduling and discharge/exit planning that includes follow-up appointments will have an impact on staffing. It is unknown at this time whether the new PFCC access model will require the same, more, or fewer support staff personnel; or different classification levels for the support staff. The subgroup may decide that the development of a staffing equation based on acuity, patient care setting, tasks, times and frequencies is appropriate. If it is determined that no single measure can reliably be used to measure or analyze the effectiveness of staffing, an evidence-based approach to staffing effectiveness by the use of multiple measures of both clinical/service and human resources measures may need to be used in combination.

Some steps that this subgroup may take:

- Review current data
- Evaluate clinical indicators for patient populations that are high volume, high risk or problem prone
- Determine what human resources data is currently available and relevant
- Survey practice sites including private MSG sites to understand how scheduling and call access are currently being handled
- Determine if additional data needs to be collected or if there appears to be opportunities for improvement in existing data
- Develop action plan
- Evaluate effectiveness of action

The subgroup may also need to consider strategies for the following:

- Staff recruitment
- Education/training
- Reorganization of work flow
- Re-organizing team structure and composition around competencies
- Targeting and improving hand-offs, risk assessment and prioritization of at-risk patients
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Shelley White, Lorraine Manzella, Saundra Mnich, Richard Kilburg

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2 (i)
Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(i):
Implement system to ensure that internal referral can be made at time of patient discharge from University Hospital.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion: ______________.

Comment:

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
Richard Kilburg, Sandie Mnich, Shelley White, Janice Gualtieri, Lisa Gaspe, representation of unit patient services clerks, case managers, medical service group and provider-based staff who schedule appointments.

Estimated time for completion: 1Q08

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___Shelley White____

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Shelley White, Lorraine Manzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(j)
2) Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(j):
Ensure ease of access to clinical system services for referring community providers.

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:
There are numerous other Clinical Enterprise strategies that are precursors to a successful implementation of this recommendation. These include:

CE 2A/B – Institutionalize a one call philosophy: for information and an appointment with no pre-qualifications
CE 2E – Survey referring physicians to determine what they see as obstacles in getting their patients’ access to care and getting information back regarding their patients’ care
CE 2G – Expand MD Direct to allow it to function as first point of contact. MD Direct is an existing physician-to-physician service. Information obtained in CE 2E will be essential to make corrections to our existing clinical enterprise and address their difficulties in ease of access

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: __Shelley White_________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Shelley White, Lorraine Manzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(k)

2) Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(k):
Implement system to assist patients and providers to find access to services we don’t offer.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)
☒ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ______________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
The data staff (2 current FTE’s) of Healthcare Teleservices are responsible for maintaining the databases used by Health Connections and MD Direct, including community and regional resources for the call center staff to use to refer when Upstate doesn’t have the services requested. Callers referred out to other providers is documented and reportable for trending purposes.

Over the past several years the 2 data staff have taken over other significant projects (CAIS and SoftMed referring physician database, additional Health Connections contracts, MD Direct admission and discharge notifications, etc). While they currently maintain the database, additional resources are needed to re-survey the area providers and actively maintain the database.
Hire 1 additional data assistant (UUP SL1) – estimated salary - $30,000
Hire Clerk 1 to off-load data entry and clerical work (SG 6) - $24,414
Upon approval of new positions, completion of the database initiative will by in 2Q08.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: _Shelley White_________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Lorraine Manzella, Shelley White, Eric Frost, Richard Kilburg

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2 (l)

2) Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(l):
Practice Plans, Clinics, MD Direct in cooperation with Human Resources will review current staff mix and develop plans to ensure proper staff and skill mix to ensure that all services can meet access goals defined.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion: ____________.

Comment: ________________________________

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment: 
As this relates to 2(h) “Develop workforce projections for non-physician staff to ensure access,” please refer to the response submitted. Preliminary requirements include at least: initial “access goals” to be defined and agreed to; assessment of current operations across the institution including hospital, provider based and UMAS/MSG private sites; assessment of current staffing patterns and identification of best practices from which to model other situations. Consideration of funding source/employer differences, bargaining unit agreements, applicable state/federal law (including civil service law) and SUNY/Research Foundation policies will need to be taken into consideration across the institution.

In order to begin activities on this a task force or leadership operations group should be identified to define the scope of the project and how it fits into all of the other initiatives underway.

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment: ________________________________
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Lorraine Manzella, Shelley White, Joyce Mackessy

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(m)
Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(m):

Develop visible program to promote and recognize the value of the person who is first point of contact to the patient.

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _____Dec 2007________.

Comment:
- Suggest to truly make a great first impression we try to “brand” or standardized our front line customer expectation across the campus so patients see these people as welcoming resources. Bright blazers or colorful vest to help these ambassador roles stand out.
- Provide initial standardized general customer service training and area specific customized customer service training for these team members so they understand the value of greeting/assisting and advocating for the patients.
- Need to be sure all first contacts know their role with “Patient First” and have hardwired into their performance review competencies standardized customer service standards.
- Consider implementing like Crouse does a Recognizing Staff Excellence program. Their program provides a small postcard in all patient care areas and by elevators that patients and visitors can take and fill in the name of any employee or dept that they felt deserved recognition. The post card is self addressed and postage paid so it can be dropped in a mailbox.
- Nominated employees can be promoted by having their pictures displayed publicly: webpage/Update /Customer service newsletters, etc.
- Host quarterly refresher training lunch meetings which also celebrate their successes and foster an environment for staff to share their experiences

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by:  _Lorraine Manzella, Shelley White, Joyce Mackessy

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Ronnie Amsterdam, Bridget Flanagan, Mark Buttiglieri

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.
Recommendation/Strategy: 2(n)

Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy(n):
Implement process to identify and assist patients in need of financial assistance.

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion: _12/31/07_____________.

Comment:
Many resources exist today to provide financial assistance but there is a need to educate all staff and patients of these options. This can be accomplished through enhancements to the web site, patient ed TV, brochures and signage, targeted education at specific clinical areas i.e. Outpatient psychiatric services, and blackboard training. With dedicated training, the Volunteers may also be a potential resource to assist the Senior population with understanding their hospital and professional bills. Many of these expanded initiatives can be accomplished by 12/31/07. A further assessment of what the volume of patients requiring assistance as well as the unmet need will be collected over the next six months to identify further areas of enhancement.

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: __Veronica Amsterdam_________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Terry Wagner

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(o)

Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).
Strategy(o):

Enable systems that incorporate multiple technologies for easy access to clinical services by patients and providers (i.e. Web Based, phone, email, etc.)

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
This broad strategy will be considered in the context of both information systems and institutional program planning going forward. The specific technologies and goals associated with technology-facilitated patient access need to be clearly defined and prioritized. The specifics of prioritization and implementation will need to be determined by the Information Systems Planning Committee and the EMR Steering Committee.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
Ambulatory Electronic Medical Record (EMR) technology is a key component of a patient access strategy. This technology offers significant advances in telephone triage and messaging management, web access for patients to appropriate portions of their own records, and a means for patients to self-record. Costs are estimated at approximately $13M capital, $4M annual maintenance, including system maintenance fees and staff. In addition, a significant commitment of time from existing practice clinicians, staff and management will be essential for project success. Full deployment of EMR is estimated at 4-5 years.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: T. Wagner

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Leonard Weiner MD, James Legault, David Duggan MD, Deborah Gregoire

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 3(a)

Recommendation 3. Establish an environment where quality and safety are the primary drivers of healthcare delivery.
Strategy(a):

Identify areas for comparison to national and regional quality/safety standards (UHC, Health Grades, CMS, NACHRI, MGMA, JC, etc.), disseminate standards in a public way; develop goals for achievement, designation within the standards, and mechanism and resources to ensure accountability among staff to accomplish goals.

Bold=High Priority

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

Comment:

This should be coordinated by the Quality Council. Mr. Seale has already begun the process. The Quality Council will need to seek input from UMAS and IT for reporting across the clinical system.

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Leonard Weiner MD, James Legault, David Duggan MD, Deborah Gregoire

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 3(b)

Recommendation 3. Establish an environment where quality and safety are the primary drivers of healthcare delivery.
Strategy(b):

Establish a coherent method for collection and communication (in real time) of quality outcomes with clinical and administrative leadership system wide, with accountability for Quality improvement planning and implementation.

Bold= High Priority

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☒ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment: 

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
This should be coordinated by the Quality Council. The Quality council will require additional input from UMAS and IT.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
Recommendation 3. Establish an environment where quality and safety are the primary drivers of healthcare delivery.

**Strategy(c):**

**Develop and implement a Quality and Safety Training Program for all staff that identifies institutional quality and safety goals and is provided at the time of hire and periodically throughout every staff member’s employment.**

Bold= High Priority

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

Comment:

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment: Initial training for incoming staff on quality and safety initiatives and regulation are provided at the time of hire by the mandated Safety at Work Self Study (completed annually), National Patient Safety goal content in Clinical Hands on Provider Orientation and Right to Know Education (also annual completion).
Addressing periodic training and awareness of safety and quality would be accomplished by the suggested activities detailed in response to strategy 3g as much overlap exists. Please refer to 3G; the suggestion would be to combine these two strategies.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: Nancy Page, Barbara Riggall, Rob Andrus___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Leonard Weiner, MD, James Legault, David Duggan MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 3(d)
Recommendation 3. Establish an environment where quality and safety are the primary drivers of healthcare delivery.

**Strategy(d):**

*Identify and promote visible Rewards systems linked to quality improvement.*

*Italics: Identified as a Potential Quick Win*

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ______________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

This should be coordinated by the Quality Council. Both public recognition and small material rewards should be considered.

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

**Comment:**
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
Utilize dedicated "roving quality reviewers" for real time review of patient quality indicators and to institute corrective action before completion of the episode of care for core measures.

*Italicics* = Identified as a potential Quick Win

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources  (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

This should be coordinated by the Quality Council, which will have responsibility for designating reports and accountability

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

We should take the same approach as many of the best practice hospitals and have a person assigned to each individual core measure. The duties include concurrent reviews and data entry. Switching the focus to have this review completed during the episode of care (goal within 24-48 hours of admission) gives us the opportunity to institute any corrective action required. These roving quality reviewers should be dedicated to this function in order to prevent priority assignment conflicts. As we explore the role of a “documentation specialist”
perhaps these roles could be incorporated. Concurrent coding should be considered within 24-48 hours to assist in the identification of these patients.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Melanie Rich, James Legault, Mary Ann Merklein

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 3(f)

Recommendation 3. Establish an environment where quality and safety are the primary drivers of healthcare delivery.

Strategy(f):
Create mechanism for the visible and regular dissemination of quality reporting internally to Physician and clinical staff.

*Italic= Identified as a potential Quick Win*

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources  (Complete C below)
- [ ] Should be deferred  (Complete D below)

**For A:**

Please provide an anticipated date of completion: newsletter would be ongoing

Comment: There are four ways to disseminate this information: 1) through Upstate Update--either as an insert or as a column, depending on the length of copy; 2) develop an E-letter sent to physicians, clinical administrators, management forum and the ops council, and distributed in hard copy form to nursing and other clinical staff without routine access to email. 3) present the information in quick-read format for display in key employee areas, 4) attach to Upstate Announcements and draw immediate attention to it by making it a first-mention.

The less-targeted mailings (Update and UA) make the information available to those who are interested even though they may not be the intended audience. The posting (#4) will be seen by the public (which could be a good thing but the info must be presented tactfully so it doesn’t look like we weren’t doing well to being with.)

**In all cases, avoid long, drawn-out explanations for which people (staff) have little tolerance or time.** Emphasize the big ideas, the big gains (and give big credit to those who are responsible) and, on the display, avoid the elementary school approach with cut outs and cockeyed photos and the like. *In the latter case, Marketing can assist with a professional presentation.*

Note: if there’s a reason for targeting only the audiences noted in the strategy, then items 1, 3, and 4 are not applicable.

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___ M. Rich

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Barbara Riggall, Nancy Page, Lorraine Manzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 3(g)

Recommendation 3. Establish an environment where quality and safety are the primary drivers of healthcare delivery.

Strategy (g):
Ensure that all staff understand (at the time of employment and on an ongoing basis) the vital role of
patient safety and quality improvement for in their job description.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)

☒ Needs time for review and will require a committee (Complete B below)

☐ Can be accomplished, but will require significant resources (Complete C below)

☐ Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

Comment:

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment: The primary goal starting at orientation would be that all staff, regardless of level or role, are comfortable with, and aware of Upstate Medical University’s mechanisms for alerting administration when a patient safety risk is present, whether a near miss or actual event. A system for employee feedback on response to these reports must be enacted to ensure that staff see the vital role they play in patient safety and quality improvement. Closing that feedback loop is essential to such a program’s success to evidence to staff that administration is listening.

Since the higher risk regarding patient safety issues are inpatient, current successful programs should be understood and expanded. For instance, patient safety walk rounds in the pediatric units provide excellent opportunities to directly discuss issues with employees. Since that framework already exists, time frame for implementation should be relatively short, less than 3 months. It is suggested that the expansion of rounds occur after the AHRQ Hospital Survey on Safety Culture has been conducted house wide in November. Walk rounds serve not only as a feedback mechanism (tell us about the risk that is out there), but an educational opportunity as well (let me just briefly tell the team about a pharmacy fix to the look a like insulins). The safety culture survey would be repeated 18-24 months later as one of the measures of effectiveness.

For the ambulatory areas, a knowledge of the extent of the risk is important. If this already exists then it must be considered in the development of a more standard formal safety program. If there isn’t currently an assessment for the ambulatory areas across the institution, then an assessment should be completed. Patient safety program implementation for the ambulatory practices, etc. should be the responsibility of the practice areas. Administration should develop the standards and
alternative education and key components which are then pushed down into the functional practice units. Compliance can be checked either through auditing or evaluation of incidents reported.

Since CMS is developing a number of quality/safety indicators for measurement and report by hospitals and now physicians, Upstate Medical University should evaluate these and incorporate them into our plan to avoid redundancy.

Committee Members: Associate Dean for Quality/Safety Initiatives, Patient Safety Officer, Director of Clinical Practice Analysis, Organizational Training and Development Representative, Representative from executive level of hospital (C level), Environmental Health and Safety Officer

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Lorraine Manzella, Stephen Albanese MD, Nancy Page, Rob Andrus

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 3(h)

Recommendation 3. Establish an environment where quality and safety are the primary drivers of healthcare delivery.

Strategy (h):

Require all physician practices (MSG’s) to have a quality and safety plan that is reported on and updated annually.
The above strategy (please check one response):

- [X] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: **develop in 2008**

Comment:
The Associate Vice-President and Vice Dean for Clinical Initiatives will be developing quality/safety programs consistent with CMS initiatives. A number of the MSGs have begun (July 2007) to report on some of these Physician Quality Reporting Initiative (PQRI) measures. The UMAS Board can discuss and endorse a basic quality/safety program which each MSG (or even site specific) can particularize for implementation. Additionally, data on physician compliance with selected National Patient Safety Goals (NPSG) are available and could be incorporated into a quality and safety report card for each MSG with input from the patient safety officer. NPSG are updated on an annual basis, such updates should be reflected in the MSG plans.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise 
CHAIR: John McCabe, MD,  
CO-CHAIR: Katie Mooney, RN, MSN  
EC Sponsor: Phillip Schaengold, JD, MBA  

To: Ron Young, Melanie Rich

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 3(i)

Recommendation 3. Establish an environment where quality and safety are the primary drivers of healthcare delivery.

Strategy(i):

Create a public awareness campaign emphasizing the quality of our care to patients, employers, insurers, and providers.

The above strategy (please check one response):
Can move forward within our current resources. (Complete A below)

Needs time for review and will require a committee (Complete B below)

Can be accomplished, but will require significant resources (Complete C below)

Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Rolling out a campaign to highlight the quality of our patient care before we have a strong story to tell will not ring true. Our Press Ganey scores suggest that, with a few exceptions, we have a way to go before we can tout our record. Claims that we give excellent patient care should be supported by statistics to be believable. I was not part of this EE task force, so don’t know what this recommendation is based on. This needs further discussion as well as consideration vis a vis the branding initiative currently underway. However, there is no reason not to begin the discussion which at the least should involve representatives from the quality group, PFCC, HCTS, and nursing.
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM:    Clinical Enterprise
CHAIR:    John McCabe, MD,
CO-CHAIR:  Katie Mooney, RN, MSN
EC Sponsor:   Phillip Schaengold, JD, MBA

To:    Barbara Riggall, Lorraine Manzella, Joyce Mackessy

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy:  4(a)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(a):

Ensure orientation and ongoing training for all clinical staff that creates the expectation for excellent customer service, empowerment to problem solve, appropriate job specific training, and a focus on productivity and accountability.

Bold= High Priority

The above strategy  (please check one response):

X     Can move forward within our current resources. (Complete A below)

X     Needs time for review and will require a committee ( Complete B below)
For A:

Please provide an anticipated date of completion:  Currently done

Comment:
Customer Service Standards/expectations are currently presented at New Employee Orientation (NEO). Optional customer service training is available for all staff “If Disney Ran Your Hospital.” Customer service training is also customized as requested to meet specific department/unit needs. For example, a customization may be “If Disney Ran Your OR” or “If Disney Ran HR.”

While all employees are accountable for the customer service expectations, managers need to take an active role in mentoring and coaching related to customer service. The organization should include a competency to the employee evaluation process related to customer service standards/expectations.

Empowering employees to problem solve related to customer service will require a culture which is just and non-retaliatory. This will happen through mentoring and coaching of supervisors and employees.

Setup a mechanism/process where the organization celebrates and rewards good customer service.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
SUNY Upstate Medical University needs to look at customer service as a “systems” issue. Getting our arms around empowerment to problem solve and establish a focus on accountability requires a broader discussion. There is a hospital team including Joyce Mackessey, Paul Seale and Katie Mooney who have focused on customer service. Consider expanding this team to include representation from physicians and campus.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:
Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

Recommendation/Strategy: 4(b)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(b):

Implement a Leadership Institute for management personnel, and clinical staff. (to include faculty and residents).

The above strategy  (please check one response):

☐ Can move forward within our current resources. (Complete A below)

☐ Needs time for review and will require a committee ( Complete B below)
Can be accomplished, but will require significant resources  (Complete C below)

Should be deferred  (Complete D below)

For A :
Please provide an anticipated date of completion: _____________.

Comment:

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:
Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Paul Seale, Lorraine Manzella, Katie Mooney

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 4(c)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(c):

Define teams of clinical staff or units within clinical system that should have accountability for specific productivity, quality, and patient safety standards and define consequences for not meeting standards.

Bold: High Priority

The above strategy (please check one response):

X Can move forward within our current resources. (Complete A below)
<table>
<thead>
<tr>
<th>Box</th>
<th>Description</th>
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<tr>
<td>☐</td>
<td>Needs time for review and will require a committee (Complete B below)</td>
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<tr>
<td>☐</td>
<td>Can be accomplished, but will require significant resources (Complete C below)</td>
</tr>
<tr>
<td>☐</td>
<td>Should be deferred (Complete D below)</td>
</tr>
</tbody>
</table>

**For A:**

Please provide an anticipated date of completion: ____________.

Comment: An analysis should be conducted to utilize existing structures within the hospital and UMAS (e.g. committees etc.) that will act as the conduit for establishing enterprise-wide standards applicable throughout the organization in the areas of quality, safety and productivity. Monitoring of compliance with standards and appropriate follow-up actions will be conducted by existing committees within UMAS and the hospital, e.g. UMAS Executive Board and hospital Quality Council and Patient Safety Committee and University Hospital Governance Committee. The recently announced creation of the Associate Vice President and Associate Dean for Clinical Initiatives will be a key leader in this initiative. Completion date: late 2008

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

**For D:**

Please provide an explanation of why the recommendation should be deferred.

Comment:
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Shelley White

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 2(g) and 4 (d)
Recommendation 2. Create environment with guaranteed simple, timely access by patients and providers (internal/external) to programs and services we provide in a manner that recognizes the importance of Patient and Family Centered Care (PFCC).

Strategy 2 (g):

*Expand MD Direct to allow it to function as first point of contact for patients requesting new access for services.*

Strategy 4 (d)

*Expand the role of MD direct in patient appointment, referral, consultation, and communications coordination throughout the clinical system.*

*Italics=Identified as a potential Quick Win*
The above strategy (please check one response):

- [ ] Can move forward within current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _______.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
New positions need to be added to the existing complement of MD Direct staff by posting vacancies. It is proposed that recruitment will come from within the enterprise with the understanding that their corresponding vacancies shall not be refilled. While some exceptions may occur based on their previous role yet in aggregate this will be an FTE neutral and hopefully a decrease in facility-wide FTE’s as efficiencies of a centralized process are realized.

I suggest 2 FTE’s are approved for recruitment in August. Additional positions will be justified as other initiatives are implemented. Recruitment and proper orientation take approximately 4 months.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by:  _Shelley White_________

EXECUTIVE COUNCIL RESPONSE

TEAM:    Clinical Enterprise
CHAIR:    John McCabe, MD,
CO-CHAIR:  Katie Mooney, RN, MSN
EC Sponsor:   Phillip Schaengold, JD, MBA

To:    EOC (Dr. Sara Grethlein)

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy:  4(e)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(e):

Require that all annual performance reviews incorporate evaluation of adherence to customer service standards.

_Italics: Identified Potential Quick Win_

The above strategy  (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)

☐ Can be accomplished, but will require significant resources (Complete C below)

☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Nancy Page, Leonard Weiner MD, Karen Haney

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 4(f)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(f):

Ensure that all staff have identified performance standards that are evaluated through a regular Clinical Quality Improvement (CQI) process.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)
For A:

Please provide an anticipated date of completion: ______________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment: Once strategies A and E are achieved under this recommendation, the group felt that at that time it could be determined how strategy F might best be accomplished. The performance standards need to be set through the content of orientation & training in addition to the existing customer service standards before any measurement could occur in a clinical quality improvement process. What variables are to be measured is what first needs to be determined before strategy F is achievable.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Completed by: _______Nancy Page, Leonard Weiner, Karen Haney____________________
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Rory Carrigan, Bridget Flanagan

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 4(g)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(g):
Identify and share best practices for core services that can be centralized/coordinated (i.e., call center, denial management).

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☒ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A :
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
There should be two committees established for the specifics programs identified, one to address scheduling and the other denial management. The scheduling committee should include representatives from admitting, MD Direct, UMAS and MSG business managers. Projected time frame to complete is six to nine months. The denial management committee should include representatives from admitting, patient financial services, IT, UMAS and MSG business managers. Projected time frame to complete is six to nine months.

Other opportunities for centralization of services could be forwarded to senior management. If endorsed, the Vice Presidents could appoint a task force.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: Rory Carrigan and Bridget Flanagan
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: John McCabe MD, Colleen O'Leary MD, David Duggan MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 4(h)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(h): Define standards for the processes of consult and referral throughout the continuum of patient care, and implement systems to ensure compliance.

The above strategy  (please check one response):

[X] Can move forward within our current resources. (Complete A below)

☐ Needs time for review and will require a committee (Complete B below)

☐ Can be accomplished, but will require significant resources (Complete C below)

☐ Should be deferred (Complete D below)
For A:

Please provide an anticipated date of completion: _____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:
Comment:
The Medical Staff bylaws describe the expectations for consultation explicitly, but they are not always followed. They are silent on referral policies, which were developed by UMAS several years ago. Consults and referrals for inpatients should be a topic of discussion at the Inpatient Services Committee to suggest system changes to ensure compliance, and referrals amongst ambulatory practices should be defined in an expanded Ambulatory services committee that includes UMAS leadership.

The Medical Staff guidelines follow and the UMAS referral guidelines are attached:

D. Consultations and Referrals

1. Consultations with another qualified physician are required for all cases in which, according to the judgment of the physician,
   a. The patient is not a good risk for operation or treatment;
   b. The diagnosis is obscure;
   c. There is doubt as to the best therapeutic approach.

2. Consultations will be considered as falling into the following three categories:
   a. Emergent - Consultation to be performed within 15 minutes.
   b. Urgent - Consultation to be performed within 4 hours.
   c. Routine - Consultation to be performed within 24 hours (or in accordance with a mutually agreeable schedule).

3. All requests for consultation must be made in writing by the physician who represents the requesting service to the physician who represents the consulting service. All emergent and urgent requests for consultation must be arranged by personal discussions between physicians. Requests from attending physicians to specific consulting attending physicians will be accommodated wherever possible.

4. When emergent consultations are requested through a resident or fellow, the attending of the consulting service must be notified as soon as possible by the resident or fellow who received the request for a consult. The attending consulting physician will review the consultation and document such review in the Medical Record within 24 hours or sooner if deemed appropriate by the consulting attending.

5. The attending consulting physician will be notified within 4 hours of all urgent consultation requests by the consulting physician receiving the request for consult. The attending consulting physician will review the consult and document such review in the Medical
6. The attending consulting physician will review routine consultations within 24 hours after the consultation has been given or sooner if deemed appropriate by the attending consulting physician (or in accordance with a mutually agreeable schedule).

The requesting physician will document the plans for the execution of routine consults in the medical record.

7. Consultations shall show evidence of a review of the patient’s medical record by the Consultant, pertinent findings on examination of the patient, the consultant’s opinion, and recommendations. The Consultant shall not enter orders in the medical record unless the Consultant has the express permission from the attending physician. Violation of this section would be dealt with by the attending the next visit if he/she found orders written by a consultant who had not gained permission.

Consultation notes prepared by medical students will not appear in the patient’s chart until reviewed and subsequently co-signed by a licensed physician. An attending physician as consultant shall enter his/her own note into the chart, in addition to any student or resident notes.

**EXCEPTION:** All patients admitted to the SICU or MICU services may have orders written by the ICU services without a specific order from the admitting service.

8. When operative procedures are involved, the consultation note shall, except in emergency situations so verified in the record, be recorded prior to the operation.

9. All referrals/consultations (inpatient and ambulatory/outpatient) shall have a written report recorded in the medical record.

10. Consulting physicians for patients in the Emergency Department must share key findings verbally with the Emergency Physicians before leaving the area. Consultation notes must be dictated for all ED patients who are not likely to be admitted.

11. For outpatients, a copy of the referral/consultation note shall be forwarded to the requesting physician by the consulting physician.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Saundra Mnich, David Duggan MD, Paul Cunningham MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 4(i)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(i):

Institutionalize focus on efficient hospital discharge management process that starts when the patient is admitted.

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
  
  Reports can be created with available resources once there is consensus on what elements the they should include. May require one meeting with dept chairs or perhaps can be accomplished at inpatient services.

- [ ] Needs time for review and will require a committee (Complete B below)

- [ ] Can be accomplished, but will require significant resources (Complete C below)

- [ ] Should be deferred (Complete D below)
For A:

Please provide an anticipated date of completion: **Report Distribution start date: 11/01/2007, sooner if consensus reached regarding report elements.**

**Committee Formation if sanctioned and MD champions for each service area available: 11/01/2007**

*Comment:*

1.) In order to do this work, we will need focused, regular, accurate, complete and useful discharge data by physician. We will also need committees to be formed in each department (or division, when appropriate) to create strategies and tactics to make a positive change. These committees will include Division Chiefs or their surrogate representatives.

Some initiatives that may help include the following:

- Patient clustering
- Specific discharge planning processes focused on each specific service
- Ongoing clinical pathway refinement and education

2.) The above committees would report into Quality or med Exec and would rotate reporting into one of these, perhaps on a quarterly basis. The expectation would be that they review the latest LOS/Readmission data and report on both implemented and proposed quality/process improvements.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

*Comment:*

**See above for report creation recommendation.**

**Committees to include dept. chairs, chief resident, extenders, appropriate nurse manager and case manager or cm leader. Ad Hoc IMT, Patient Access Services Rep, ED rep. Committees to be formed no later than 11/01/2007.**

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

*Comment:*

- Report development will IMT labor hours
- Committees/meetings will require membership/staff hours
- Additional resources to be determined by committees

Completed by: Saundra Mnich
Thank you.

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Dave Duggan MD, Paul Seale, Grace Van Nortwick, Christine Thomason, Steve Defazio

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 4(j)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(j):

Define a process and mechanism for sharing of productivity and efficiency measures across the clinical system.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☒ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A :

Please provide an anticipated date of completion: ______________.

Comment:
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
We suggest that a small group come up with productivity and efficiency measures, drawing primarily from the UHC data. Measures should include RVU generation per clinical FTE, SOI adjusted LOS, ROM adjusted mortality, % discharge orders written by 9 am, number of patients seen per ambulatory session, and others as the committee deems appropriate for physicians. Measures of practice site efficiency should also be measured, including the % of patients in a room on time, number of dropped phone calls, and others as the committee deems appropriate.

A time frame should be placed on these deliberations. They will report to the Quality Council.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
To: Joyce Mackessy, Lorraine Manzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 4(k)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(k):

Develop and implement a processes for “Service Recovery” that allow identified clinical or logistical problems/errors to be identified and corrected by in real time.

The above strategy (please check one response):

- Can move forward within our current resources. (Complete A below)
- Needs time for review and will require a committee ( Complete B below)
- Can be accomplished, but will require significant resources (Complete C below)
- Should be deferred (Complete D below)

For A :

Please provide an anticipated date of completion: September for the hospital.

Comment:
Hospital has plans to roll out in Sept a Service Recovery program that will be focused on empowering frontline staff with tools to fix problems in real time and track issues and follow up if needed. The hospital’s Patient Satisfaction Committee can evaluate outcome data on the Service Recovery program and will be able to work on addressing system issues. Medical Service groups can evaluate this program used by the hospital and adapt for their needs.
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: __Joyce Mackessy__, Lorraine Manzella________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
To: Phillip Schaengold

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 4(l)

Recommendation 4. Establish a performance oriented culture where individuals strive to improve and maintain operational effectiveness and efficiency throughout the clinical system, and that measure success against industry standards and objective benchmarks.

Strategy(l):

Review/revise “provider based clinic” model.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [X] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _________

Comment:
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

Hospital Finance and Legal will need to analyze provider based contracts whereby Medicaid and Self Pay patients will be billed by the hospital. Hospital to pay MD’s assigning Medicare patient plus RVU amount. Roll-out to begin with Medicine, OB/GYN, Surgery, Ophthalmology etc.

Effort to be completed during FY 2008 with an estimated financial impact to the hospital of $500,000

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th
Recommendation/Strategy: 5(a)

Recommendation 5. Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Strategy(a):

Institute process for on-going review of existing clinical services, including review of quality of care, and assessment of need for continued service delivery.

Bold=High Priority

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)

☒ Needs time for review and will require a committee (Complete B below)

☐ Can be accomplished, but will require significant resources (Complete C below)

☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ______________.

Comment:
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment: Current CPAC membership plus additional nursing/physician members to assure every Department is represented. Developing an inventory of existing clinical services and tools to review of quality of care and assessment of need will likely take a year at minimum.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: _Colleen O’Leary MD__________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Colleen O'Leary, Gregory Threatte, Stephen Albanese, Robert Marzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 5(b)

Recommendation 5. Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Strategy (b):

Include UMAS, UH, and MSG’s in a process to review requests for new clinical programs and/or new clinical faculty with consideration of broad clinical system issues and resource impact as part of the decision making process.

Bold=High Priority

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)

☒ Needs time for review and will require a committee (Complete B below)

☐ Can be accomplished, but will require significant resources (Complete C below)

☐ Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: __9 months to a year__________.

Comment:

This recommendation came about because the programs we’ve developed at times represent the skills of the physicians we have or recruit (including department chairs) rather than the needs of the health care system or our service area. A high level committee should be formed to include someone who can do a market analysis, UMAS Administrative staff, the Dean of the College of Medicine, top hospital leadership (CEO or COO), and several Dept Chairs--consider UMAS Executive Committee.
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Steven Scheinman, MD, Phillip Schaengold

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 5(c)

Recommendation 5. Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Strategy(c):

**Define clinical system governance structure that can coordinate recruitment needs across clinical system (OR time, equipment, office space, staff, ancillary services, impact to other department faculty).**

Bold= High Priority

The above strategy (please check one response):

- [X] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ___By calendar year end___________.

Comment:

The Strategic Planning committee will be the mechanism to coordinate recruitment across the clinical system. This can be accomplished within the existing Governance committee structure by broadening the responsibilities of the Strategic planning Committee. Please see the attached flow chart on how resource determinations and program recruitment/development can be accommodated.
TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Steven Scheinman MD, Phillip Schaengold, Steven Brady

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 5(d)

Recommendation 5. Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Strategy(d):

*Promulgate definitions for creation of new programs, initiatives, institutes, and develop criteria to be used for review and approval.*

*Italics=Identified Potential Quick Win*

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: By end of 2007

Comment:

A draft summary of definitions will be developed by the group of six for review and acceptance by EC.
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 5(e)

Recommendation 5. Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Strategy(e):

Perform community needs assessment on a regular basis to guide decisions regarding development, implementation, and continuation of clinical programs.

Italics= Identified Potential Quick Win

The above strategy (please check one response):

- [x] Can move forward within our current resources or nominal expense. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: 1st Q 2008

Comment:
Onondaga County, Excellus, Community Health Foundation of Western New York, United Way have all done community needs assessments. If we feel we can rely on the results of these surveys, then the cost of this initiative may be negligible. (SPARCS may also be useful. In terms of incidence being an indicator of need.) Whether we cease programs as a result of the lack of community need will require a committee decision. Committee members, in that case, should include: Operations, Marketing, Finance, Quality, Market Research, key service lines, Medical Directors for periop and
medicine, Outpatient.

If the information we’re interested in cannot be reliably obtained from the community sources noted in A, then there will be out of pocket costs associated with retrieving the information….either through phone and written surveys or personal canvassing of regional agencies (est. 15,000).

It is suggested that the information obtained be reviewed and distributed within the existing planning and governance committee structure.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
To: Colleen O'Leary MD, Gregory Threatte MD, Eric Smith, Robert Marzella

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 5(f)

Recommendation 5. Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Strategy(f):

Institute Mechanism to ensure sound business planning, and secure operational funding with new program development.

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _6 months___________.

Comment: Clinical Program Assessment Committee (CPAC) has a process in place that ensures a uniform process for ensure sound business planning and securing of funding. This process should be reviewed and a mechanism developed such that it is applied to all new programs, including those developed to support new recruits at the Departmental level.
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Steven Scheinman MD, Phillip Schaengold, Steven Brady

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 5(g)

Recommendation 5. Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Strategy (g):
Identify decision making process for evaluation and approval of new programs, with empowerment of single final authority for decisions.

The above strategy (please check one response):

- [X] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ___By calendar year end___________.

Comment:
Please see 5C response as the proposed structure is the same solution.
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,  
CO-CHAIR: Katie Mooney, RN, MSN  
EC Sponsor: Phillip Schaengold, JD, MBA

To: Phillip Schaengold, Steven Scheinman MD, Steven Albanese MD, Steven Brady

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 5(h)

Recommendation 5. Develop a system that ensures a uniform process for development, implementation, and ongoing review/continuation of clinical services and programs.

Strategy(h):

Encourage joint venturing between MSG groups, University Hospital, and other interested entities in the region.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _____N/A is current practice_________.

Comment:
Joint Ventures are encouraged between UMAS on behalf of the MSG’s and other parties.

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 6(a)**

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

**Strategy(a):**

*Create “Fix It” program to swiftly identify and rapidly correct work environment issues.*

| Bold= High Priority |

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: **June 2008**.

**Comment:**

We are researching opportunities to create a catchy phone number that customers can call to request a Physical Plant or Environmental Services response to a problem. A possibility is “dial 4-2 FIX (it)” [4-2349]. If this number can be made available, it would allow someone not familiar with the regular service numbers to pick up the phone and request service. This number would **not** replace the regular service numbers or work order systems.

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: Gary Kittell

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Gary Kittell, Richard Kilburg
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 6(b)**

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

**Strategy(b):**

**Institute Process for routine, scheduled refreshing / updating of clinical space (painting, counter replacement, window washing, screen replacement, furniture replacement).**

*Bold=High Priority*

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:** Gary Kittell, Sue Campanaro, David Sikora, Charlie Lester

Will require support at Dean, VP and Officer level to develop a “real estate” ownership program based upon department/area location and footprint. These responsibilities will include public spaces that may be adjacent to the department/area. Responsibilities will be defined within buildings, floors, and departments/areas depending on existing configuration and floor plans. Individuals appointed will be responsible for observing their areas, especially common use areas for deficiencies that require Physical Plant or Environmental Services attention and requesting the needed services. They
will also be responsible for requesting replacement of furnishings as part of the annual budget cycle. This should take 6–12 months to establish throughout the university.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by:  Gary Kittell

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM:    Clinical Enterprise
CHAIR:    John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor:    Phillip Schaengold, JD, MBA

To:    Gary Kittell, Mark Zeman, Linda McAleer
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 6(c)**

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

**Strategy(c):**

*Ensure adequate and appropriate storage for clinical equipment in all clinical facilities to provide timely access for quality care and patient safety.*

**Bold=High Priority**

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

---

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:** Robert Marzella, Nina Popow, Burton Thomas, Nursing Director(s)

This is a very difficult issue to address satisfactorily due to any number of space assignment, patient care operations, code and proximity issues coupled with staff expectations.

By code, storage space must be provided on patient units for patient care equipment that staff need
from moment to moment to maintain continuity of care. Remote storage at the Computer Warehouse Building or Continental Can cannot meet this particular 24/7 need.

The Vertical Expansion has storage space designed per the code. Our challenge will be not allowing this space to be diverted for other uses after move in. A storage zone is being constructed on Level 7 of the VE to store certain larger items like spare beds, etc. However, this area is not adequate to meet the needs of 6East.

It is reported that a room on 6East in 6F was cleaned out a year ago with the intent that it would become the 6East equipment storage area. For lack of formal assignment of the space for this purpose and a named owner/manager the room has drifted back to a place to put junk. If this area can be assigned permanently as the 6East equipment storage area and assigned a responsible party for it’s management it could result in a quick win for the 6East units on this issue.

The old pharmacy has been redirected for OR storage.

Unfortunately, these actions do not address the UH North Wing patient care units. When they are completely renovated, storage space will again be designed in to meet code requirements. In the interim, we are faced with three choices.

1. Status quo
2. Create storage space by moving functions off of the North Wing floors. The 1961 North Wing design created “stretcher” and “storage” rooms on each floor. These have since been diverted to other uses.
3. Wait for VE move to occur and then designate vacated spaces for storage when the North Wing decompresses to single bedrooms.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by:    Gary Kittell

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
To: Robert Marzella, Grace Van Nortwick

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 6(d)

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

Strategy (d):

Create and implement standards for office assignment, office proximities, and office design for clinical staff and support personnel.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
This recommendation is very similar to 7C and should probably be incorporated into the proposed group identified to address this topic. The 7C response reads:

“The campus has initiated a space policy that can be adapted and modified to include all campus facilities, to include the hospital. In addition, the Campus Master Plan initiative should serve to link institutional long range planning and strategic initiatives. A policy on decision-making guidelines should be developed with R. O’Shea, Grace Van Nortwick, R. Marzella, B. Thomas and G. Kittel. It should then be endorsed by EC. It is estimated that this could be completed by end of first Quarter 2008 as the Campus Master Plan is developing the Fall of ’07”.

As part of this policy development the components of this recommendation, (create and implement standards for office assignment, office proximities, and office design for clinical staff and support personnel) can be addressed.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.
Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Gary Kittell, Susan Campanero, Dave Sikora

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 6(e)

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

Strategy(e):
Implement regularly scheduled institutional “clean up” process with involvement of clinical staff.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)
☒ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion: ______________.

Comment:
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

Annual institutional clean-up days have been conducted in the past. They can be managed with existing resources. Required are a commitment from Hospital and Campus Administration to absorb the operating staff down time associated with a “clean up day” event, committee to organize/advertise and commitment for “no e-mails” and/or “no meetings” that day.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: Gary Kittell

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
EXECUTIVE COUNCIL RESPONSE

TEAM:  Clinical Enterprise
CHAIR:  John McCabe, MD,
CO-CHAIR:  Katie Mooney, RN, MSN
EC Sponsor:  Phillip Schaengold, JD, MBA

To:  Gary Kittell

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 6(f)

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

Strategy (f):
Decrease turnaround time and simplify process for physical plant work orders.

The above strategy (please check one response):

☒ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion:  December 2008.

Comment:
This is already underway. Physical Plant’s new TMA work order system is phasing in well. TMA is used at 200 Universities and 100 Hospitals around the country.

The traditional paper work order has already been replaced with an electronic “Form” found on ipage that staff can fill out, print and submit to Physical Plant by mail. Once received and loaded, customers receive confirmation e-mails regarding their work order. There are electronic updates when it is accepted by Physical Plant, notification of its reference number, work order status changes and/or it is completed.
The final TMA work order implementation phase is a feature called “i-service desk”. Once on line i-service desk will allow customers to fill out a work order online and submit electronically.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: _______Gary Kittell____________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Gary Kittell, Susan Campanero, Richard Kilburg, Dave Sikora

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 6(g)

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

Strategy(g):
Relocate responsibility for ongoing clean environment and equipment maintenance, workplace improvement to all clinical staff, supported by unit/department managers.

The above strategy  (please check one response):

☑ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources  (Complete C below)
☐ Should be deferred  (Complete D below)

For A:

Please provide an anticipated date of completion:  6-12 months.

Comment:

This is identical to Employer of Choice Recommendation 9: Strategy 2. Recommendation and response follow:

Recommendation/Strategy: 9 Enhance pride in work environment through facilities
Strategy 2: Enhance employee sense of “ownership” of facilities.

Response:

Physical Plant and Environmental Services will work with managerial/supervisory staff to develop a “real estate” ownership program based upon department/area location and footprint. These responsibilities will include public spaces that may be adjacent to the department/area. Responsibilities will be defined within buildings, floors, and departments/areas depending on existing configuration and floor plans. This should take 6 –12 months to establish throughout the university.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 6 (h)

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

Strategy (h):

Ensure use of Patient Family Centered Care (PFCC) established standards for all new construction and renovation of Clinical facility space.

The above strategy (please check one response):

[X] Can move forward within our current resources. (Complete A below)

[ ] Needs time for review and will require a committee (Complete B below)

[ ] Can be accomplished, but will require significant resources (Complete C below)

[ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _September 30, 2007._

Comment: Standards have already been established and in use by the Project Planning Committee. Have agreed that worksheet will be made a part of policy P-24: Construction/Renovation/Relocation
Project Approval Process to be completed as part of the justification process by the Department Head that submits the Project Request Form and by the Design Associate assigned to each project to ensure consideration given to standards as part of the project as well as during the renovation or construction project, e.g., ensuring every effort made to decrease noise of construction, etc. Also recommending the following policies be reviewed for reference to the Facility Standards Worksheet: B-06 – Acquisition and Installation of Hospital Beautification Program “Creating a Healing Environment”; EHS-C06 – Health & Safety for Maintenance and Construction; and, L-07 – Project Submission Guidelines for Leased Space.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by:  _Leola Rodgers, Associate Administrator, GCH & Peds Business Services
Richard O’Shea, Assistant Vice President for Management

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
To: Robert Marzella, Burton Thomas

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 6(i)

Recommendation 6. Ensure a work environment for clinical staff, patients and visitors that promotes patient safety, quality of care, high patient satisfaction, and high worker satisfaction, efficiency and productivity.

Strategy(i):

Encourage staff input at all levels in workplace design, renovation, and renewal.

The above strategy (please check one response):

- [X] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: __Immediate____________.

Comment:

All new construction and renovation activities are required to follow protocols of the project committee which require an initial programming phase prior to any design development. Steps to solicit staff input in design, renovation and renewal has been incorporated into this process.
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th

Clinical Enterprise Team – Item 7A
Response from R. O’Shea, R. Kilburg, S. Sherman

Issue: Review/revise and implement a plan for a clinical ambulatory care teaching facility utilizing reasonable practice standards, to maximize operational efficiency, and meet community medical needs.
**Box Checked: C** The above strategy: Can be accomplished, but will require significant resources
Anticipated Time Frame: 4-8 Months

In addition to requiring significant resources, meeting this objective will require a number of steps. Those steps will broadly involve:

1) Re-establishment of a permanently appointed review committee consisting of administration, faculty and patient care givers to analyze and prioritize the spaces proposed in the very detailed report by Karlsberger in the SUNY Upstate Medical University Ambulatory Care Teaching Facility Program Study dated November 2006. Significant attention needs to address the departments included/excluded and the square feet assigned. Standards for assignment of space were considered but not strictly imposed under pressure of input from insisting faculty. The consultant can propose a standard, but it must be imposed by administration.

2) Completion of a Master Strategic Plan and the ensuing Master Facility Plan which should identify and finalize the site and ownership of the proposed facility;

3) The Master Facility Plan component will need to incorporate an inventory of all Upstate outpatient activity- provider based and private in Syracuse and regionally.

4) Identify detailed source options for funding the project: to include developer funded model, state bonded model, government funded model (such as new markets capital), or a private/public model.

Clinical Enterprise Team - Item 7B
Response from R. O’Shea, R. Kilburg, S. Sherman

Issue: Integrate plans for clinical ambulatory facility with view for entire clinical system (need) ambulatory practice, and regional needs assessment, including implications for off-site and regional program and space development.

**Box Checked: C**

The above strategy: Can be accomplished, but will require significant resources
Anticipated Time Frame: 4-8 Months
This effort should be done in concert with Item 7A, with significant input from the faculty to be followed by a directive by the president to employ the recommended model. It would have to be acknowledged from the start that the model will not be favored by many service groups individually, but will supply the ultimate benefit to the groups as a whole and to the mission of UMU as a whole.
Clinical Enterprise Team - Item 7I
Response from Richard O’Shea, R. Marzella

Issue: Ensure that all new clinical facility construction and renewal is guided by accepted, realistic industry benchmarking standards.

**Box Checked: A** The above strategy: Can move forward within our current resources
Anticipated Time Frame: Immediate

For all projects undertaken, Upstate Medical University follows, to the letter, the Guidelines for Design and Construction of Hospitals and Health Care Facilities. These Guidelines are issued by the American Institute of Architects Academy of Architecture for Health with the assistance from the U.S. Department of Health and Human Services. Whenever Upstate Medical University engages consultants to perform work a major factor of their evaluation for engagement includes a review of their expertise in the planning and programming of health care and related clinical spaces.

There are a numerous benchmarks and standards incorporated in the stated guidelines, including utility requirements such as the need for emergency power, medical gas outlets, water purity, air changes; square footage amounts based on the type of space and so forth.

Clinical Enterprise Team – Item 7J
Response from R. O’Shea

Issue: Develop long term plan to improve clinical staff access to affordable, available, proximate parking.

**Box Checked: C**

The above strategy: Needs time for review and will require a committee.

Proposed Committee: Existing Parking Committee which is composed of: Frank Tees, Mark Schmitt, PhD, Sandy Peyer, Joyce MacKessy, Chuck Simpson, Juliann Shanley, Carrie Pulaski and Richard O’Shea
Anticipated Time Frame for implementation: 6 – 18 Months

Briefly summarizing the current situation, the Garage West reconstruction will provide about 1500 spaces. However, the demand will be immediately greater, and thus will require the continued use of off campus shuttle lots. The committee would have to determine long term options to accommodate demand beyond the on campus facilities. Options include the continued use of leased properties, the purchase of land, continued/broader partnership with public transportation, and/or the construction of additional garages. Whether the spaces are “affordable” will have to be considered in terms of bargaining unit negotiations, market conditions and UMU willingness to subsidize. The financial requirements will be dependant upon the recommended solution.
Based on existing leases, the proposed 6-18 month time line should be reasonable to develop a long term solution.

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Robert Marzella, Richard O'Shea, Grace Van Nortwick

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 7(c)

Recommendation 7. Establish long term, realistic, sustainable and renewable facilities plan that supports clinical system growth and recognizes research and education needs.

Strategy(c):

*Establish decision making guidelines space utilization that balances priorities of individual stakeholders with institutional long range planning and strategic initiatives.*

Bold=High Priority, Italics=Potential quick win

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Robert Marzella, Richard O'Shea, Grace Van Nortwick

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 7(d)

Recommendation 7. Establish long term, realistic, sustainable and renewable facilities plan that supports clinical system growth and recognizes research and education needs.

Strategy (d):

Recognize in all new construction and renovation the need for non-clinical facility space to support the clinical and academic enterprise (faculty offices, simulation sites, training and development center, support personnel).

The above strategy  (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources  (Complete C below)
☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: __Immediate____________.

Comment:
All new construction and renovation activities are required to follow protocols of the project committee which require an initial programming phase prior to any design development. The need for support space is addressed as part of the space programming steps. An additional policy is being placed into effect for the campus requiring a space assessment be completed as part of the F-1 approval process. This is an initiative which should be considered for a standard for all hiring entities at the University.
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Robert Marzella, Richard O'Shea, Grace Van Nortwick

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 7(e)

Recommendation 7. Establish long term, realistic, sustainable and renewable facilities plan that supports clinical system growth and recognizes research and education needs.

Strategy(e):
Incorporate academic and research space into all clinical facilities planning.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☒ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _____________.

Comment:
For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

While the incorporation of academic needs into clinical space planning is clear in concept, the degree of research incorporation into clinical space renovation and construction needs to be defined to a greater extent. This needs to be discussed and better defined to understand the need for overlap of research and clinical space utilization. A small group should be formed and standards developed as a guiding design principles. This could be linked to the 7C group and timeframe.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
To: Phil Schaengold, Steven Scheinman MD, Stephen Albanese MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 7(f)

Recommendation 7. Establish long term, realistic, sustainable and renewable facilities plan that supports clinical system growth and recognizes research and education needs.

Strategy(f):

Develop governance and decision making processes that can integrate campus/University Hospital/MSG facility planning.

The above strategy (please check one response):

- [X] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: _____Immediate_________.

Comment:
The formalization of the “group of six” as a “master facilities planning group” will receive all requests for space and will make recommendations to the Executive Council consistent with the Master facilities plan presently under development.

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise  
CHAIR: John McCabe, MD,  
CO-CHAIR: Katie Mooney, RN, MSN  
EC Sponsor: Phillip Schaengold, JD, MBA
To: Phil Schaengold, Steven Brady, Steven Scheinman, MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 7(g)**

Recommendation 7. Establish long term, realistic, sustainable and renewable facilities plan that supports clinical system growth and recognizes research and education needs.

**Strategy(g):**

Expand UH capacity and/or develop plans to off load and/or develop clinical programs and support services at other sites.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

Comment:

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

Expansion plans for increasing University Hospital capacity and development of clinical programs and support is underway and is best summarized in the proposed Revenue Bond equivalent. This document is summarized in the attached which reflects campus-wide strategic initiatives presently underway.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Rory Carrigan, Steven Brady, Bridget Flanagan
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 7(h)**

Recommendation 7. Establish long term, realistic, sustainable and renewable facilities plan that supports clinical system growth and recognizes research and education needs.

**Strategy(h):**

Explore joint venture, new financing models for development/expansion of future clinical facilities.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:
There currently is an engagement to develop a Strategic Master Plan and Strategic Facilities Plan. The consultant is Karlsburger the firm that planned and designed the Vertical Expansion project. This recommendation should await the findings of this process.

In the interim there is a hospital Clinical Program Assessment committee that is responsible for reviewing new clinical programs. The goal of the committee is to optimize University Hospital’s capital and labor resources to best contribute to its mission. It encourages choosing technologies and programs of clinical practice that are consistent with the strategic plan of the institution. The committee has the responsibility for recommending new and expanded clinical programs and any associated technology acquisitions.

Completed by: Steve Brady, Rory Carrigan and Bridget Flanagan

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Terry Wagner, Lorraine Manzella, Stephen Albanese, MD
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 8 (a)**

Recommendation 8. Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

<table>
<thead>
<tr>
<th>Strategy (a):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop governance model that enhances uniformity across all MSG’s with respect to: quality of care reporting/finance/budget/contracting/clinical responsiveness/ billing/practice management/ information systems/ staffing/institutional resource use credentialing.</td>
</tr>
</tbody>
</table>

**Bold=High Priority**

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ______________.

Comment:

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
An essential component to standardization/uniformity with regard to operations and reporting is a common system infrastructure. For clinical, quality and practice management indicators, the new practice management and EMR system is essential. Please refer to other sources for the financing and time line regarding this.

An other aspect in the development of standardization and uniformity is understanding how today all of our practice sites (including MSGs, provider based and hospital) currently handle the operations so that identification of problems and best practices as well as the understanding of what can be standardized and what can’t/shouldn’t be, is developed. One way to move forward on this is the proposal by the UMAS Administrative Director to expand the central staff (currently = Administrative Director, Principal Financial Officer, Contracts Specialist associate, Administrative Assistant, .5fte Credentialing and Insurance Enrollment staff along with the Compliance Office for Faculty Practice comprised of the Compliance Officer and a Compliance Auditor) to include a Chief Operations Officer position. Part of the proposal is also to add a Senior Workflow Analyst once we are closer to preparation for and implementation of the EMR. These costs would be part of the UMAS annual budget.

The Lawson accounting system for UMAS/MSGs could be further standardized and developed once the remaining MSG is moved onto it. Other reports such as staffing, etc. would need to be analyzed and evaluated.

Currently the UMAS Executive Committee and Board, along with Senior Administration are in active discussions concerning the further development and integration of UMAS/faculty practice plan.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA
To: Phil Schaengold, Steven Scheinman MD, Stephen Albanese MD, Steven Brady

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 8 (b)**

Recommendation 8. Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

**Strategy (b):**

*Develop a single management contract between UMAS and UH for physician management services, oversight of clinical programs, on call services, and provision of clinical services.*

Bold=High Priority

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

Single management control between UMAS and UH will be developed by the end of FY 08 to be approved by UMAS Board of Directors, University Hospital Executive Council via UH Finance.
Committee. It is recommended that UMAS be led by an Executive Director who can coordinate activities within UMAS.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 13th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Terry Wagner, Lorraine Manzella
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 8 (c)**

Recommendation 8. Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

**Strategy (c):**

**Develop information systems that allow clinical information exchange between UH and MSG physician practices.**

Bold=High Priority

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)

☐ Needs time for review and will require a committee (Complete B below)

☒ Can be accomplished, but will require significant resources (Complete C below)

☐ Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

Comment:

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
There is currently a demographic interface between CAIS to the Misys system which facilitates registration and billing operations, particularly for UMAS/MSGs. Although the electronic interface is one way (from CAIS to Misys) there have been a variety of other solutions to provide feedback from the groups to UH regarding updated and corrected information. In addition ad hoc requests have been considered and accomplished such as UH Teleservices access to MSG scheduling information to assist patients and referrals. University Hospital clinical information is available to MSG physicians via WebCAIS, the hospital information system. The planned implementation of an electronic document management (EDM) system will further enhance UH clinical data availability for patient care, operations and billing purposes. Current plans call for initial phases of EDM implementation in Q3 2008. The recent adoption of University Radiologist Associates of PACS, using the University Hospital infrastructure has made both private and hospital radiology diagnostic images and reports available across the enterprise.

Further integration of clinical information exchange can be significantly achieved only through the installation and adoption of a common ambulatory EMR. The goal is to have one registration system, or at least the need to register only once whether it is on the hospital or UMAS side. With the EMR application, meaningful clinical information will be shared and necessary interfaces will be developed and maintained to assure essential in patient information is available, such as a discharge summary, op report, etc. Those working on the EMR/ new system Steering Committee think it is critical to move forward on this multiyear project. At this time available financing is delaying the project’s progress, but the institution has and must commit to the concept.

Costs are estimated at approximately $13M capital, $4M annual maintenance, including system maintenance fees and staff. In addition, a significant commitment of time from existing practice clinicians, staff and management will be essential for project success. Deployment is estimated at 4-5 years.

Completed by:  LLM & TW

Thank you.

EXECUTIVE COUNCIL RESPONSE

TEAM:  Clinical Enterprise
CHAIR:  John McCabe, MD,
CO-CHAIR:  Katie Mooney, RN, MSN
EC Sponsor:  Phillip Schaengold, JD, MBA

To:  Steve Scheinman
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 8(d)**

Recommendation 8  Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

<table>
<thead>
<tr>
<th>Strategy (d):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delineate specific academic and clinical functions of each clinical department in the College of Medicine and ensure accountable leadership for each.</td>
</tr>
</tbody>
</table>

*Italicics = Identified Potential Quick Win*

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**
The clinical chair together with the Dean of the College of Medicine has responsibility for setting and meeting the academic and clinical expectations for the department. Clinical functions in hospital outpatient and inpatient settings are the responsibility of the President CEO and chiefs of service. Several forms delineate specific academic and clinical functions of each clinical department starting with individual faculty hires and the letter of academic expectations that defines the primary responsibilities of each new hire. Academic and clinical expectations of the department are reviewed annually by the Dean of the College of Medicine with individual clinical chairs. Several operational committees attended by key leaders in both the Hospital and College of Medicine are in place for ongoing discussion and oversight of clinical and academic functions.

Though the delineation between academic and clinical functions is made through the ways described it is not always paid the proper attention in the coordination of services in clinical settings. Chairs and the chiefs of service should be given the responsibility to review their service areas and identify areas of deficiencies in the organizational structure that prevents suitable coordination of the two functions. As well, support staff, faculty and administration within each clinical department should be informed of the delineation of functions, which individuals are accountable for the coordination of services and what each individual’s role and responsibilities are to ensure that the two functions are paid the appropriate attention. Department chairs and chiefs of service should periodically meet to share their goals and expectations and to set the guidelines as to how the two areas can function together in a way that ensures the needs and requirements of each function are met. The plans should be shared with the
Hospital CEO and Dean of the College of Medicine and incorporated into annual reviews and setting of expectations.

Also worth noting as a longer term solution is the potential movement to unify the faculty practice. This would offer the opportunity for a new integrated governance structure that expands the purview of leadership to set the structure that is clearly understood and properly organized to deliver on our three part mission of clinical care, teaching and research.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Steve Scheinman

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 8(e)

Recommendation 8 Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

Strategy (e):

*Provide Clinical leadership training for chairs and other physician leadership, coincident with hiring and orientation, and on a regular recurring basis.*

*Italicics = Identified Potential Quick Win*

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ______________.

Comment:

The role of department chair is a critical one and includes a number of important expectations. Prominent among these is the challenge of the chair to build a successful clinical practice and sustain the academic mission of the department with limited resources. It is not always the case that chairs though highly successful and skilled on many levels have acquired the skills to mentor faculty and run a successful department. There is an increasing need for formal and informal training programs in order to better prepare physician leaders for their evolving roles and responsibilities. With this understanding through the initiative of Dean Scheinman all new clinical chair hires are encouraged to attend the Harvard Leadership Course for Chiefs of Clinical Service and the College of Medicine has
supported the cost of attendance. The program was designed specifically for chairs of clinical
departments in major teaching hospitals.

The objective of the program is to enhance and develop individual leadership abilities and
effectiveness. Developing a faculty leadership development program of similar format in our
environment would be a goal to strive for but in the short term it would be worthwhile to identify
individuals who demonstrate leadership potential or who could benefit from this course and extend
the option to attend.

All faculty are invited to attend a New Faculty Orientation hosted by the Office of Faculty
Affairs and Faculty Development Office that covers a wide range of topics from introduction to
campus resources to an overview of the mentoring program now actively in place. The orientation
program could be expanded to offer a number of breakout sessions with specific attention to
leadership development issues. A separate session could be added for new chairs or division chiefs
with the focus on areas specific to their roles. Consideration could also be given to offer the program
on a more regular basis than the once a year session currently in place.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the
recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ____________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Steve Scheinman

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 8(f)

Recommendation 8 Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

Strategy (f):
Develop governance model that encourages shared support staff among MSGs, and ensures sharing of clinical and practice information.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion: ______________.

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment: The Practice Plan should reorganize their structure so as to give through shared investment, shared risk and a common interest in the success of the entire clinical enterprise as well as create efficiencies in business management.

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:
Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Lorraine Manzella, Stephen Albanese, MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 8 (h)

Recommendation 8. Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

Strategy (h):

Provide current UMAS services through integration of UMAS functions in new governance model.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)
For A:

Please provide an anticipated date of completion: ______________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
The integration of UMAS is being discussed at the UMAS Executive Committee, Board and with Senior Administration. A specific plan of action is not yet fully developed but research into initiatives for presentation is currently underway including the following: alternative employment organization; maintenance of collective reserves in interest bearing account; productivity report development through membership in UHC FPSC; increase staff to include Chief Operations Officer to understand operations across all practice sites and review for opportunities for standardization and uniformity.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: L. Manzella, S. Albanese, S. Brady

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 8 (i)

Recommendation 8. Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

Strategy (i):

Provide current MedBest services through integration of MedBest activities in new governance model.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☒ Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)
Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion: ____________.

Comment:

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
Currently the UMAS Executive Committee is working closely with Senior Administration in reviewing and determining the best way to progress with further development of our Faculty Practice Plan and its organizational structure. MedBest, UMAS and the MSGs work closely together on all system billing issues and through initiatives including the Misys Operations Committee and the Denial Management and Mitigation Task Force which result in a level of functional integration and coordination. Greater integration of MedBest activities will follow decisions to be made about the development of UMAS as we further integrate our Faculty Practice Plan. Key components of this include: (1) the implementation of a new system including practice management and EMR which will be used to further standardize functions and operations in the billing and collections activities; and (2) UMAS Central Office establishment of the position of Chief Operations Officer to devote more time and resources specifically to understanding current operations across group practice sites, and developing standardization as appropriate.

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:
Please provide an explanation of why the recommendation should be deferred.

Comment:
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 8 (i)

Recommendation 8. Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

Strategy (i):

Provide current MedBest services through integration of MedBest activities in new governance model.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
☐ Can be accomplished, but will require significant resources (Complete C below)

☐ Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ______________.

Comment:

---

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

Currently the UMAS Executive Committee is working closely with Senior Administration in reviewing and determining the best way to progress with further development of our Faculty Practice Plan and its organizational structure. MedBest, UMAS and the MSGs work closely together on all system billing issues and through initiatives including the Misys Operations Committee and the Denial Management and Mitigation Task Force which result in a level of functional integration and coordination. Greater integration of MedBest activities will follow decisions to be made about the development of UMAS as we further integrate our Faculty Practice Plan. Key components of this include: (1) the implementation of a new system including practice management and EMR which will be used to further standardize functions and operations in the billing and collections activities; and (2) UMAS Central Office establishment of the position of Chief Operations Officer to devote more time and resources specifically to understanding current operations across group practice sites, and developing standardization as appropriate.

---

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

---

**For D:**

Please provide an explanation of why the recommendation should be deferred.
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 8 (j)

Recommendation 8. Implement physician practice structure/governance to maximize efficiency, consistency of practice, uniform access to patient and practice information.

Strategy (j):

Review and revise current UMAS practice standards/expectations, develop mechanism to ensure MSG and Department adherence to standards.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
Needs time for review and will require a committee (Complete B below)

Can be accomplished, but will require significant resources (Complete C below)

Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ______________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
The current UMAS practice standards/expectations can be reviewed and updated. A small sub group including 2-3 physicians and administrative support can be organized. Inclusion of the Associate VP for Quality should be considered. Policing and enforcing the standards may take additional resources depending upon a better understanding of what currently takes place.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________
Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Steven Scheinman, MD, Colleen O'leary, MD, Leonard Weiner MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 9 (a and c)

Recommendation 9. Define and enforce the role of the attending physician as the primary provider of care in the teaching setting, with the resident physician as a member of the health care team.

Strategy (a):

*Define expected role for attending physicians in patient care, develop mechanism to assure accountability to such standards.*

Bold= High priority strategy

Strategy (c):

*Define and enforce practice standards that ensure the primary role of the faculty physician in the care of all patients, including standards for faculty involvement in communication with patients and family, documentation in the medical record, scheduling /performance/supervision of care and procedures, and participation in the consult process.*

Bold= High Priority Strategy
The above strategy (please check one response):

- Can move forward within our current resources. (Complete A below)
- Needs time for review and will require a committee (Complete B below)
- Can be accomplished, but will require significant resources (Complete C below)
- Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: __Year end, 2007_________.

Comment:

A variety of resources and individuals can be consulted to establish a summary of physician expectations to include documents provided via the RRC and several documents that currently exist out of the Medical staff office. Expectations will need to cover key performance measures directly affecting the flow of patient care services throughout the clinical system. These would include such things as promptness in routine patient consultations, attending physician vs. resident responsibilities in patient care delivery (e.g., ED consultations, OR start-times, etc.) all with the goal of establishing standards that are consistently applied among practice groups etc.

Standards of practice were developed in 1999 which will be updated and re-introduced. These standards will be presented at COMEC and would be accompanied by a process describing the role of the practice plans via UMAS establishing accountability, potentially involving the re-appointment and credentialing process.

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

EXECUTIVE COUNCIL RESPONSE

TEAM:  Clinical Enterprise
CHAIR:  John McCabe, MD,
CO-CHAIR:  Katie Mooney, RN, MSN
EC Sponsor:  Phillip Schaengold, JD, MBA

To:  Sara Grethlein, MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy:  9 (b)

Recommendation 9. Define and enforce the role of the attending physician as the primary provider of care in the teaching setting, with the resident physician as a member of the health care team.

Strategy (b):

Define expected role for resident physicians in patient care, as directed and supervised by faculty, and develop mechanism to assure accountability to such standards

Bold= High priority strategy

The above strategy  (please check one response):

☐  Can move forward within our current resources. (Complete A below)
☒  Needs time for review and will require a committee (Complete B below)
Can be accomplished, but will require significant resources  (Complete C below)

Should be deferred  (Complete D below)

**For A:**

Please provide an anticipated date of completion: ______________.

**Comment:**


**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**
Defining the role of resident physicians in patient care, should include a review of both procedural, and non-procedural functions. Current policies related to resident “privileges”, supervision, documentation, etc. (order writing, restraints, etc.), as well as, governing regulations (ACGME, JCAHO, etc.) should be reviewed in the development of the definitions. The mechanism for accountability should be representative, but not unwieldy. It is possible that the accountability mechanism might incorporate educational goals from strategy 9e.

**Proposed committee membership:**
Sara Jo Grethlein – Associate Dean For Graduate Medical Education
Carlos Lopez – Program Director, Anesthesiology
Vincent Frechette – Program Director, Internal Medicine
Gary Johnson – Program Director, Emergency Medicine
Representative – Clinical Data Services
Representative – Nursing
Resident – Radiology
Resident – Pediatrics
Resident – Surgery
Maryann Merklein – Medical Staff Office

**Time Frame:**
Three to six months to define the role, and propose a mechanism for accountability. Implementation and refinement of accountability will take longer – 1 year.

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

**Comment:**
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Steven Scheinman, MD, Sara Greathlein, MD

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 9 (d)

Recommendation 9. Define and enforce the role of the attending physician as the primary provider of care in the teaching setting, with the resident physician as a member of the health care team.

Strategy (d):

Create ongoing Program for residents and attending physicians that communicate the goals of clinical enterprise.

Italics=Identified potential Quick Win

The above strategy (please check one response):
Can move forward within our current resources. (Complete A below)

Needs time for review and will require a committee (Complete B below)

X Can be accomplished, but will require significant resources (Complete C below)

Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
Creating a program for residents and attending physicians can be accomplished using our existing resources – blackboard, GroupWise. It will, however, require some development time, and tracking of implementation. The strategy calls for an “ongoing” program, which will require periodic identification of goals to be communicated, and development of new materials to be delivered. Resident participation in programs such as the patient first program as well as the quality structure will be part of this initiative.

Time Frame:
1-3 months to determine the best mechanism for communication (online education, newsletter, in-person presentation, etc.), and 3-6 months to implement the first “round”

For D:

Please provide an explanation of why the recommendation should be deferred.
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy:  9 (e)

Recommendation 9. Define and enforce the role of the attending physician as the primary provider of care in the teaching setting, with the resident physician as a member of the health care team.

Strategy (e):

Provide Resident training and ensure broad participation in quality improvement activity and in the evaluation and improvement of systems based care.

The above strategy  (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)

- [ ] Needs time for review and will require a committee (Complete B below)
Can be accomplished, but will require significant resources  (Complete C below)

Should be deferred  (Complete D below)

For A:

Please provide an anticipated date of completion: ______________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

This recommendation is important, and will help satisfy significant needs for residency programs. It will however, require support for implementation. Additional personnel resources to coordinate identification of, and capitalize on opportunities for, resident involvement in QI/QA activities will be necessary. Support staff to aid in chart review, and auditing of clinical activities will be required as part of this initiative. Additional funds will likely be required for an educator to oversee resident projects in this arena. Involvement of staff from clinical data services will likely be necessary. Although all parties agree on the importance of this recommendation, I believe it will require a dedicated champion for implementation.

Resident involvement with our quality improvement efforts is an essential step for both enhancing clinical quality and resident professional development/education. Efforts should be made to identify resident physician specific outcomes for key measures (such as the JCAHO measures, time from patient discharge until dictation of summary, time from dictation posting until signature, compliance with mandatory educational measures, health updates, etc.) without creating an excess burden in data collection. These activities are already recorded, but not collated or reported to individual practitioners.

Development of a senior resident “Quality Council” that incorporates representation from each training program, and functions both as a vehicle for dissemination of quality initiatives and as a
feedback mechanism for self reflection and improvement by trainees should be explored. Educational initiatives that link quality, patient safety and fiscal outcomes to an individual practitioner’s actions fall under the requirements for “Practice Based Learning and Improvement”, and may produce measurable improvements in key areas.”

This strategy will be included in the Quality Task force planning for review.

Timeline:
1-3 years

Completed by: ___________________________

Thank you.

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Terry Wagner

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 10 (a & c)

Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

Strategy(a):

Implement an information system planning process with strong clinical representation that prioritizes the need for new clinical applications and authorizes major changes to existing systems.

Bold= High Priority Recommendation

The above strategy (please check one response):
Can move forward within our current resources. (Complete A below)

Needs time for review and will require a committee (Complete B below)

Can be accomplished, but will require significant resources (Complete C below)

Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**
The response to this recommendation takes into account existing and planned governance and planning processes as well as several possible approaches to implementing a more robust approach to multi-year planning for IT across the enterprise.

**Current**

Systems projects impacting the clinical enterprise are currently governed via a combination of the existing IT strategic planning process in combination with the existing capital review and allocation process. Significant clinical representation is present in both processes. The Information Systems Planning Committee, reporting to the UH Strategic Planning Committee, reviews and assesses initiatives for hospital IT projects and maintains a multiyear (3 years for most purposes) strategic plan.

UMAS systems projects are currently governed through the Misys Operations Group, the EMR Steering Committee and the UMAS Governing Board. Again, there is clinical representation in this process as well as cross representation from the hospital.

**Planned**

The Strategic Planning Committee has agreed to consider a proposal to make some revisions to the IT planning structure such that the Information Systems Planning Committee membership will consist of primarily senior staff level members with a supporting multidisciplinary committee structure responsible for the review and initial recommendations related to the various initiatives and major change requests. This should result in a more thorough review process and maintain greater attention on longer term planning.

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

Future

A more formal linkage between the UH and UMAS planning processes should be assessed by key
members of both structures.

Any missing components related to UMAS-driven initiatives can be incorporated into the master plan maintained by the Information Systems Planning Committee. (EMR planning is already considered in the ISPC process.)

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA
To: Terry Wagner, Rory Carrigan, Bridget Flanagan, Eric Smith

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 10 (b)**

Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

**Strategy (b):**

**Incorporate planning for capitalization and recurring investment in technology, including FTE’s, into all clinical system budgeting processes.**

Identification of priority: 
**Bold= High Priority**

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

The response to this recommendation takes into account existing and planned governance and planning processes as well as several possible approaches to implementing a more robust approach to multi-year planning for IT capital investment and recurring costs.
Current
Most systems projects impacting the clinical enterprise are currently governed via a combination of the existing IT strategic planning process in combination with the existing capital review and allocation process. The Information Systems Planning Committee, reporting to the UH Strategic Planning Committee, reviews and assesses initiatives for hospital IT projects and maintains a multiyear (3 years for most purposes) strategic plan.

All IT projects requiring capital (the great majority) are reviewed by the ISPC and submitted through the capital planning process using Stratacap. Both capital expenses and ongoing operating expenses are assessed and presented. The current capital process explicitly approves only the capital portion of the request and normally addresses capital on a single-year basis. This can result in delays while sources are found for identified operating resources.

UMAS systems projects are currently governed through the Misys Operations Group, the EMR Steering Committee and the UMAS Governing Board. All proposed enterprise-level investments are reviewed including assessment and approval of capital and operating costs. (The hospital is also represented in these groups.) The major UMAS IT initiative over the next several years is the replacement of the Practice Management system and implementation of a shared (with UH) EMR application. A thorough assessment of the capital and operational impact has been completed and will be reviewed by an external consultant. The organization has committed to addressing and committing to all financial aspects of this initiative prior to proceeding.

Planned
The Strategic Planning Committee has agreed to consider a proposal to make some revisions to the IT planning structure such that the Information Systems Planning Committee membership will consist of primarily senior staff level members with a supporting multidisciplinary committee structure responsible for the review and initial recommendations related to the various initiatives and major change requests. This should result in a more thorough review process and maintain greater attention on longer term planning.

Future
Consideration should be given to adding the following elements to the resource planning process for IT.
- capitalization of implementation staff
- formal multi-year capital commitments where appropriate
- consideration of annual commitment to some level of routine capital funding for IT investment
- up-front explicit commitment to the ongoing staffing and other maintenance expenses of planned initiatives concurrent with the capital funding approval

In addition, a mechanism for linkage of UMAS and UH planning for clinical enterprise IT should be designed that also takes into account the financial planning requirements.

It is suggested that members of ISPC, and the members of this response group (Wagner, E. Smith, Flannagan, Carrigan) develop the financial components of these elements over the next 6 months.

For C:
Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by:  T. Wagner, B. Flanagan, E. Smith, R. Carrigan

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th
Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

Strategy (d):

*Establish medical record documentation standards for all MSG practices and implement them through an EMR system, to ensure uniformity, transparency of medical information between practices.*

*Italic* = Identified potential quick win

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ______________.

Comment:

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
This is a critically important institutional initiative, but one that requires significant resources including capital, FTEs, and institutional focus and attention. Careful planning for an institutional EMR has been underway for some time. To date, a comprehensive selection process has been undertaken and a preferred vendor has been identified, a project budget has been drafted, and data regarding potential ROI has been compiled for both the hospital and UMAS. Due to financial constraints, it is anticipated that the major portion of funding, particularly for ongoing personnel and operational needs, will not be available until FY 08/09. In order to continue with the project and be prepared for full initiation, the project team will continue with planning activities, assessment of current processes, recommendations for institution-wide process changes and standardization to enable the most effective use of a new system. The planning group will work within the financial constraints, but will recommend the 2007/08 expenditure of funds to support activities necessary for preparation which require additional resources including a consultant engagement (inquiry already in process) to help evaluate our plan, and the recruitment of a Project Manager to be housed within IMT. The team will also proceed with contract negotiation and other procurement steps.

Full implementation of this initiative is anticipated to require at least four years from the formal project start. This timeframe will vary depending on resources dedicated to the project. Scope includes Practice Management for all UMAS medical service groups to include scheduling, registration and billing, scheduling and registration for hospital clinics, and a fully functional EMR for both UMAS and hospital ambulatory practices. The full project will also include an EMR module for the Emergency Department. Future phases could enable additional participants. Scope also includes extensive integration with existing University Hospital inpatient clinical and patient accounting systems.

Success of this initiative will also require considerable institutional commitment to process change, standardization of practice where possible and a commitment to sharing of data throughout the organization.

Costs are estimated at approximately $13M capital, $4M annual maintenance, including system maintenance fees and staff. In addition, a significant commitment of time from existing practice clinicians, staff and management will be essential for project success.

NOTE: THIS IS NOT A QUICK WIN INITIATIVE

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by T. Wagner, L. Manzella

Thank you.
Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: T. Wagner

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 10 (e)

Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

Strategy (e):

Implement a single sign-on portal page solution.

The above strategy  (please check one response):

☐ Can move forward within our current resources. (Complete A below)

☐ Needs time for review and will require a committee (Complete B below)

☒ Can be accomplished, but will require significant resources  (Complete C below)

☐ Should be deferred  (Complete D below)

For A :
Please provide an anticipated date of completion: ______________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

Note: significant resources for the ID management component of this as described below have been committed, but additional resources are likely required to fully implement the recommendation.

The current IT strategic plan calls for implementation of Identity Management, which is a foundational technology for single sign on. The ID Management project was kicked off formally in August, 2007. This is a hospital funded project, but will benefit all campus constituents as an enterprise implementation is required. Basic single sign on functionality is part of our ID management procurement, but additional resources may be required to add system ‘participants’ to the single sign on portfolio. There is also significant investment of effort required to address the standardization of user id assignment across the institutional applications. Phase 1 of the ID management project itself will require several months to complete and will be delivered in 2008. Phase 1 includes on-campus access to CAIS, PACS, SelfServe/HR and Groupwise.

It should be noted that some systems may not be able to take full advantage of single sign on technology due to inherent technical limitations in security processing within the particular application. This is often the case with systems based on older technologies.

It may also be appropriate to assess a purchased portal solution as an adjunct/follow on to single sign on. This and other specific tactical measures associated with this recommendation need to be incorporated into the IT strategic and tactical plans as developed by the Information Systems Planning Committee (reporting to Strategic Planning Cmte). This planning should be conducted concurrently with the ID Management phase one rollout.
For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: T. Wagner

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 10 (e)

Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

Strategy (e):
Implement a single sign-on portal page solution.

The above strategy (please check one response):

☐ Can move forward within our current resources. (Complete A below)
☐ Needs time for review and will require a committee (Complete B below)
☒ Can be accomplished, but will require significant resources (Complete C below)
☐ Should be deferred (Complete D below)

For A:

Please provide an anticipated date of completion: ____________.

Comment:

For B:

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

Note: significant resources for the ID management component of this as described below have been committed, but additional resources are likely required to fully implement the recommendation.

The current IT strategic plan calls for implementation of Identity Management, which is a foundational technology for single sign on. The ID Management project was kicked off formally in August, 2007. This is a hospital funded project, but will benefit all campus constituents as an enterprise implementation is required. Basic single sign on functionality is part of our ID management procurement, but additional resources may be required to add system ‘participants’ to
the single sign on portfolio. There is also significant investment of effort required to address the
standardization of user id assignment across the institutional applications. Phase 1 of the ID
management project itself will require several months to complete and will be delivered in 2008.
Phase 1 includes on-campus access to CAIS, PACS, SelfServe/HR and Groupwise.

It should be noted that some systems may not be able to take full advantage of single sign on
technology due to inherent technical limitations in security processing within the particular
application. This is often the case with systems based on older technologies.

It may also be appropriate to assess a purchased portal solution as an adjunct/follow on to single sign
on. This and other specific tactical measures associated with this recommendation need to be
incorporated into the IT strategic and tactical plans as developed by the Information Systems
Planning Committee (reporting to Strategic Planning Cmte). This planning should be conducted
concurrently with the ID Management phase one rollout.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD,
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Nancy Page, Neil Seidberg, MD, Roy Guharoy, Maureen Cummings

You have been identified as an institutional leader designated to respond to strategies made by the
Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to
respond, we would like your assistance in completing the following assessment. Please review and
provide a response to the strategy listed below.

Recommendation/Strategy: 10 (f)

Recommendation 10. Implement clinical information systems that support, enhance and promote the
flow of information to provide efficient, high quality and safe patient care throughout the clinical
enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

<table>
<thead>
<tr>
<th>Strategy (f):</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Implement Medication Management software to supplement CPOE to maximize patient safety and quality of care.</em></td>
</tr>
<tr>
<td><em>Italicics=Identified as a Potential Quick Win</em></td>
</tr>
</tbody>
</table>

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

---

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

---

**For C:**

Please provide a summary of required resources to initiate and anticipated timeframes:

**Comment:**

This important initiative closes the circle on medication errors, the other side was closed by CPOE. Baseline information was gathered on point of care bar code technology from prior planning efforts in 2005. A project team would be required with representatives from the medical staff, nursing,
pharmacy, HIS, ONS, etc to participate in the vendor selection process as well as the analysis, design, testing, training, and implementation phases of this project. Project would need to be considered for capital budget process for 2007-08 (October). This is a large, as yet unfunded program. This project would require complete administrative support and funding including the necessary FTE’s for successful implementation. This is a project similar in scope to CPOE and will require a similar, significant organizational commitment to resources (capital & operational) to implement. A project of this scope with the adequate resources is estimated to take 18-24 months to complete.

Bed side bar code medication management has been proven to have a huge impact on safety of medication administration, but the increased nursing staff time for medication administration would need to be considered in nursing staffing patterns going forward.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___Nancy Page, Roy Guharoy, Maureen Cummings, Neal Seidberg__

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: T. Wagner

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

Recommendation/Strategy: 10 (g)
Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

Strategy (g):
Identify and support emerging technologies that will support clinical system growth and change (i.e., Wireless/web capability, Radio Frequency ID, Telemedicine, etc.).

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [X] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

For A:
Please provide an anticipated date of completion: ____________.

Comment:

For B:
Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
This is a function that the Information Systems Planning Committee is tasked with in collaboration with the appropriate business units and other governance committees of University Hospital and Upstate. The ISPC should also assess the potential value of assigning/requesting additional resources specifically dedicated to the identification and development of new technologies.

Upstate has dedicated resources to a Telemedicine Manager position and has engaged in a number of telemedicine initiatives, a recent example being the NYS Stroke Telemedicine program. We have also made a commitment to participate in and support a north country (Watertown/Fort Drum area) based telemedicine initiative. (Grant funding is being sought for this initiative.)

Upstate has made several recent investments in expansion and enhancement of wireless capability with a significant technology upgrade in campus buildings to include ubiquitous wireless and an upgrade to newer wireless technology for the existing wireless infrastructure in the hospital.
University Hospital was an early adopter of wireless technology and has leveraged this technology to support critical applications such as Vocera and CPOE over the last several years. The hospital wireless upgrade will be completed in Q4 2007; the campus network upgrade will be completed in Q2 or Q3 2008.

Start up funding for technology similar to RFID to support equipment tracking has also been funded by UH.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 10 (h)**

Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

<table>
<thead>
<tr>
<th>Strategy (h):</th>
<th>Monitor and develop recommendations to replace current clinical systems (replacement of CAIS).</th>
</tr>
</thead>
</table>

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ______________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

**Comment:**
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
This is a significant priority for the mid-long term for the strategic IT planning process and should be monitored by the Information Systems Planning Committee. An expense of $15-20M can be anticipated. Implementation of a new platform within 5-6 years should be expected.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: ___________________________

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD.
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA
To: Terry Wagner

You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 10 (i)**

Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

**Strategy (i):**
Expand medical information sharing with key referring practices/care locations (i.e., MD groups, hospitals, SCHC, etc.) to improve patient care and build referral base.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

Comment:

---

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:
For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:

LONG TERM:
The most satisfactory approach to meeting this goal is through the use of a state-of-the-art EMR system which is in the planning phases. (See recommendation 10D for additional detail.) Additional funding to include non-Upstate practices will need to be provided. For example, a Syracuse Community Health Center implementation is estimated at approximately $1.8M.

The EMR will also have capability to provide selected access to referring physicians that are not full participants in the use of the system. EMR implementation is expected to begin 9/08, with an initial pilot live late early 2010 (~15-18 months). Full rollout will require 4-5 years.

In addition Upstate has made a commitment to partnering with HACCNY on a community-based clinical information exchange project. Timing is highly dependent upon grant funding that is pending.

SHORT/MED TERM:
In the short term, there is a plan in place to expand access to PACS for appropriate records to key referring practices. A pilot should be in place within the latter half of 2007.

Identity management should be assessed as a mechanism to help with managing access options for referring physicians.

Short and medium term options could be better furthered with the addition of a resource (FTE) that would be assigned responsibility for identifying and implementing technical means to extend access to referring providers.

Completed by: Terry Wagner
2nd draft Sept 28, 2007

Thank you.

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Terry Wagner
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 10 (j)**

Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

**Strategy (j):**

Develop a mechanism for identification and timely implementation of quality and safety solutions within IT infrastructure.

The above strategy (please check one response):

- [ ] Can move forward within our current resources. (Complete A below)
- [x] Needs time for review and will require a committee (Complete B below)
- [x] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

**Comment:**

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

**Comment:**

Automation in support of quality and safety solutions is a priority criteria for information systems investments. A number of such initiatives have been implemented or are underway. Examples include CPOE, Smoking Cessation, Incident Reporting, and many others. Priorities for this recommendation need to be incorporated into the IT strategic and tactical plans as developed by the Information Systems Planning Committee (reporting to Strategic Planning Cmte). In this case, these
strategies should be prioritized with direction from Quality Council.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

Comment:
Depending on the priorities developed, significant resources or diversion of existing resources could be required.

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by: T. Wagner

Thank you.

Please respond using this form electronically to Kim Utter, Hospital Administration by August 17th

EXECUTIVE COUNCIL RESPONSE

TEAM: Clinical Enterprise
CHAIR: John McCabe, MD
CO-CHAIR: Katie Mooney, RN, MSN
EC Sponsor: Phillip Schaengold, JD, MBA

To: Terry Wagner, James Legault, Dave Duggan, MD
You have been identified as an institutional leader designated to respond to strategies made by the Engaging Excellence, Clinical Enterprise Team. So we may accurately catalogue our ability to respond, we would like your assistance in completing the following assessment. Please review and provide a response to the strategy listed below.

**Recommendation/Strategy: 10 (k)**

Recommendation 10. Implement clinical information systems that support, enhance and promote the flow of information to provide efficient, high quality and safe patient care throughout the clinical enterprise, and provides an infrastructure that enables the deployment of future clinical applications and technologies.

**Strategy (k):**

Automate the capture of real-time Quality measures (Rules Engine) and provide electronic reporting to regulatory (CMS, SPARCS) and benchmarking organizations (UHC).

The above strategy (please check one response):

- [x] Can move forward within our current resources. (Complete A below)
- [ ] Needs time for review and will require a committee (Complete B below)
- [ ] Can be accomplished, but will require significant resources (Complete C below)
- [ ] Should be deferred (Complete D below)

**For A:**

Please provide an anticipated date of completion: ____________.

Comment:

**For B:**

Please provide a listing of proposed committee members and an expected timeframe to bring the recommendation to fruition:

Comment:

Automation in support of quality data capture and reporting should be a priority criteria for information systems investments. Priorities for this recommendation should be defined and developed by the Quality Council with input from IMT. These then need to be incorporated into the...
IT strategic and tactical plans as developed by the Information Systems Planning Committee (reporting to Strategic Planning Cmte). We would recommend that IMT be represented on the Quality Council by the CIO and Dr. Neal Seidberg (as Physician Leader for CPOE and Medical Records Chairman.)

Depending on the priorities developed, significant resources or diversion of existing resources could be required.

For C:

Please provide a summary of required resources to initiate and anticipated timeframes:

For D:

Please provide an explanation of why the recommendation should be deferred.

Comment:

Completed by:  T. Wagner, D. Duggan, J. Legault

Thank you.

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