



INDIAN RIVER COUNTY HOSPITAL DISTRICT STRATEGIC PLAN 2019-2021



Michael R. J. Felix MSHA, Community Health Development Strategist

Ann Marie Suriano, Executive Director, IRCHD

Message from The Board of Trustees, Indian River County Hospital District-

The purpose of the IRCHD Board of Trustees two-year strategic action plan, is to place attention on two areas that will support efforts to continuously improve our responsibility towards ensuring Indian River County Residents enjoy access to quality and equitable health services, a top priority identified in the recent county health needs assessment.

Our strategic planning process is focused on engaging our community partners and community resources along with the Boards review of the Health Needs Assessment to shape the strategies contained in this plan.

Beginning with the Board's governance responsibility, we will seek to continuously improve our role in health services planning, development, oversight and evaluation required to support all county resident's ability to access quality and equitable health care.

The second aspect of good governance and continuous improvement is learning. The recent county needs assessment identified several other priority areas, including mental health and substance use, cancer, coronary heart disease, and stroke to name a few. The Board will implement an educational agenda that will focus on best health practices for improving health conditions with attention on identifying and filling gaps in health services.

The third aspect of the Board's health needs and economics learning agenda is the implementation of a health policy and tracking process. As national and state health policy experts continue to tweak health coverage, reimbursements for health services, the emergence of new models of health care delivery, and quality and costs measures, the Board will focus attention on the impacts of any intended and unintended consequences these decisions might have on the residents.

Our health policy tracking process will keep us abreast of changes that may impact the Indian River County resident's ability to access our county's health services.

The Board will focus their attention on continuous health improvement by ensuring that best health metrics are in place for monitoring and evaluating current and future funded health services and programs. This is to ensure that residents are receiving quality and health services, and the tax payers are receiving a return on their investment.

To keep our residents informed about all of the Board's activities, we will plan, develop and implement an annual report to the community on all the Hospital District's funded activities.

The Board wishes to thank the community for the support and commitment we collectively make in partnership towards building superior quality, and equitable health services for the residents of Indian River County.

Respectively,

IRCHD BOARD OF BOARDS 2019

MARYBETH CUNNINGHAM, Chairwoman (Seat 2)

MICHAEL WEISS, Vice Chair (Seat 7)

ALLEN N. JONES, Treasurer (Seat 4)

ANN MARIE MCCRYSTAL, Secretary (Seat 6)

TRACEY LOCKWOOD-ZUDANS, Assistant Secretary (Seat 1)

BARBARA S. BODNAR (Seat 3)

KAREN DEIGL (Seat 5)

Mission Statement:

To Ensure Access to Care and Services Resulting in Improved Health Outcomes.

Vision:

Working to Improve the Health of our Community through a Collaborative Effort

Core Value Statements:

Stewardship..... is our commitment to the careful and responsible administration of funds and assets to promote the health and well-being of our residents and to demonstrate measurable benefit to the community.

Partnerships ... is our commitment to building a healthy collaborative, interdependent relationship with all our residents for the continuous improvement of the community's healthcare assets.

Integrity...is our commitment to behave with honesty, sincerity and transparency, based upon high ethical standards

Respect... is our commitment to valuing a culture of inclusion and diversity built on trust, respect and compassion for all.

Accountability... is our commitment to accept full responsibility for our actions and decisions.

Leadership.... is our commitment to educate our residents towards utilizing the best healthy practices and to ensure the community's resources are wisely invested and adaptable to the changing health needs of our residents.

Goal – The Hospital District Board will enhance the governing board operating procedures by January 2020.

1. Review and update Board leadership job descriptions by April 2019.
 - a. Staff will review current position description and other special assignment responsibilities with Chair.
 - b. Staff will update position descriptions and send to Board for review.
 - c. Staff will include Board responses and draft new position and other assignment descriptions for final Board approval.
 - d. Review and Revise Board Manual and Orientation Materials.

2. Review and Update Staff Position Descriptions by April 2019.
 - a. Executive Director will review with staff current position descriptions.
 - b. Executive director and Board Chair will review updated position descriptions.
 - c. Staff sends draft position descriptions to Boards for review.
 - d. Staff will include Board responses and draft updated position descriptions for final Board approval.

3. Develop and implement a Board learning Agenda by May 2019.
 - a. Staff will Utilize the Health Needs Assessment as a guide to survey the Board for relevant education topics.
 - b. Staff will solicit input from funded agency leaders on important health related themes and practices.
 - c. Staff will utilize medical and health related publications for continuing education opportunities for the Board and staff. (see end notes for recommendations.)
 - d. Staff will present a learning agenda, schedule, speakers and proposed budget at the May 2019 Chair meeting.

- e. Staff will develop an archival process for presentations to be easily accessed by community and future Boards.
4. The Board will plan and implement an approach to track and monitor state and national health policy issues by May 2019.
 - a. The Board Chair will assign a Trustee as health policy lead.
 - b. The staff will work with the Board to develop a health policy process.
 - c. The staff will present to the Board a health policy tracking process.
 - d. The policy process becomes a monthly educational item on Chair's meeting agenda.
5. The Board will engage with local governmental, philanthropic and non- governmental resources on appropriate strategies to develop partnerships.
 - a. Staff will identify current health funding by other governmental and non- governmental and philanthropic resources.
 - b. Staff will compare similarities and differences to IRCHD funding priorities.
 - c. Staff will identify a process, and outcome measures utilized by governmental and non -governmental and philanthropic resources for comparison to IRCHD measures.
 - d. Staff presents findings to the Board with recommended next steps for engaging partnerships.
6. The Board will conduct an annual board self-evaluation by December 2019.
 - a. Staff and Board Chair review current self-evaluation instrument.

- b. The updated instrument will be distributed to the Board for review and comment.
- c. Updated instrument presented at Chairman's meeting for review and approval.
- d. Staff will distribute self-evaluation at the November 2019 Chairman's meeting.
- e. Staff will collect and analyze evaluations and prepare results for December 2019 Chairman's meeting.
- f. The IRCHD Chair will review results with the Board and discuss action steps for continuous improvement.
- g. The results and action steps should be included in the proposed annual report to community.

Goal- The Hospital District will enhance access to a full-continuum of quality and health care services for all residents of IRC by December 2021.

- 1. Staff will conduct an in- depth analysis with recommendations on best practice process and outcome measures by October 2020.
 - a. Staff will conduct individual meetings with funded programs and services to identify appropriate quality and equitable metrics.
 - b. Staff will explore local, state and national health resources to inform the community of the IRCHD's future approach. (see end note recommendations)
 - c. Staff will presents to the Board recommendations and a proposed methodology for tracking and monitoring current and future evaluation measures including a semi-annual agency reporting procedure.

- d. The Board shall adopt best practice measures and methodology for FY 2020-2021.
 - e. The staff will conduct individual meetings with funded agencies for the purpose of adjusting future funding agreements.
 - f. New measures will be reported in the Annual Report to the Community.
2. The Board will evaluate the potential impact on amending the current funding criteria by July, 2019.
 - a. The Board and staff will perform a feasibility analysis on the potential number of new users between 150% and 250% of the Federal Poverty Level.
 - b. The Board will examine the inclusion of co-pays, deductibles and sliding fee scales and the impact on access to care.
 - c. The Board will discuss policy, practice and process considerations on increasing the Federal Poverty Level.
 - d. The Board will issue a final decision on any adjustments to the IRCHD policy by September, 2019.
 - e. The Board shall review and revise as needed, existing funding agreements for FY 2020.
3. The Board will examine the following policy considerations identified during the strategic planning process by June 2020.
 - a. Exploration of the IRCHD Special Act on the definition and role of prevention activities;

- b. Discussion on program funding, and/or fee for service;
- c. Discussion of role in supporting special population analysis;
- d. The role of IRCHD in supporting emerging community partnerships for seniors accessing resources and children's services;
- e. Discussion on role in supporting gaps in health services for a full continuum of care-birth to end of life;
- f. Discussion and identification of methodology for demonstrating community benefit and or community return on investment;
- g. Discussion on developing an annual report to the community that includes District funded programs including a listing of providers, results achieved, people served, and benefits to community; and
- h. Discussion on continuous improvement of the District website as a means of informing and educating the community on District activities.

End Notes and Recommendations:

1. Suggested Topics for the proposed learning Agenda:

- a. Population Health and The Social Determinants of Health;
- b. Telehealth as a best practice service delivery model;
- c. Community gaps in services for substance use and opioids;
- d. The 340 b Pharmaceutical Program as a best practice;

- e. Primary care best practice models (Patient Centered Health Homes, Integration of primary care with behavioral health, oral health and care coordination);
- f. Mental and behavioral health (reducing the community stigma to accessing behavioral health services, Mental Health First Aid, Trauma Informed Care, Adverse Childhood Experiences (ACES));
- g. Best dental health community-based practices for under-served children and adults; and
- h. Additional health policy information gathered by new policy process may include learning opportunities on health care financing, health service delivery practices, practice outcomes and health policy issues;

2. Potential metric considerations:

- a. Equitable distribution of health resources;
- b. Population access to health services;
- c. Health outcomes for medical and health services;
- d. Care cost per patient;
- e. Patient experience;
- f. Quality measures;
- g. Patient health disparities. (Significant and persistent differences in disease rates and health outcomes between people of differing race, ethnicity, socioeconomic status, and area of residence.);
- h. Specific conditions and disease measures;

- i. Potential impact of prevention related activities. (Assessing program effectiveness and Impact.); and
- j. Community benefit return on investment.

3. Resource listing in considerations for Evaluation and monitoring.

The Agency for Healthcare Quality and Research suggests the following six domains for health care quality promoted by the Institute of Medicine:

- A. Safe: Avoiding harm to patients from the care that is intended to help them;
- B. Effective: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively);
- C. Patient-centered: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions;
- D. Timely: Reducing waits and sometimes harmful delays for both those who receive and those who give care;
- E. Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy; and
- F. Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Note: The Institute of Medicine (IOM) defines a health service disparity between population groups to be the difference in treatment or access among distinct segments of the population including differences that occur by gender, race or ethnicity, education or income, disability, or living in various geographic localities.

4. Additional Resources to inform the IRCHD of Potential Measures:

- a. Health Resource and Services Administration. (HRSA)
- b. Bureau of Primary Care, HRSA.
- c. American Academy of Family Physicians. (Patient Centered Health Homes)
- d. Institute for Health Care Improvement. (Triple Aim)
- e. Substance Abuse and Mental Health Services Administration. (SAMHSA)
- f. Agency for Health Care Quality and Research. (Best practice measures data base)
- g. National Quality Forum.
- h. Dentaquest Partnership for Oral Health.
- i. American Dental Association.
- j. Office of Health Promotion Disease Prevention (Healthy People 2020)

5. Health Policy Resources.

- a. Health Affairs <https://www.healthaffairs.org>
- b. Modern Healthcare <https://www.modernhealthcare.com/>
- c. Hospitals and Health Networks <https://www.hhnmag.com/>
- d. American Journal of Public Health. <https://ajph.aphapublications.org/>
- e. Healthcare Policy in Florida.
https://ballotpedia.org/Healthcare_policy_in_Florida
- f. Agency for Health Care Administration, Florida.
http://www.fdhc.state.fl.us/Inside_AHCA/index.shtml