

Mayers Memorial Hospital District  
Strategic Goals with Objectives  
Work Objectives FY10

**Goal 1—Mayers Memorial will provide the highest quality clinical and operational services.**

1.1 Burney campus will maintain a bed census of at least 46 residents through the development of a RNA program to be implemented by July 1, 2009. Sharon Lyons

1.2 Technologists complete required documentation 95% of the time before performing a CT scan by 12/1/09 and 98% of the time by June 30, 2010. Soda Khamphouvong

1.3 Eliminate unnecessary access to the pharmacy for medical-surgical patients by 9/30/09. Keith Earnest

1.4 Necessary access to pharmacy for medical-surgical patients will include remote video verification 90% of the time Keith Earnest 1/30/10

1.5 Maintain the physical plant in such a way that no recurring citations are issued.  
Eric Nielsen

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1.6 All Emergency Department primary nurses will be certified through the Emergency Nurse Association by April 30, 2010. Tim Maderis

1.7 Develop and implement an integrated multi-disciplinary acute nursing care plan program by December 1, 2009. Randi Holscher

1.8 Develop a utilization review trending and reporting program to ensure appropriate transitions of care by June 1, 2010. LuAnn Wellemeyer

1.9 Develop an annual acute nursing education program designed to identify baseline competency and knowledge of best-practice standards so that low-volume, high-risk patients receive the same level of care as the high-volume, low-risk patients by December 1, 2009. LuAnn Wellemeyer

1.10 All OB nurses will receive fetal heart monitoring education and Neonatal Resuscitation certification by June 1, 2010. Randi Holscher

1.11 Implement a Friendly Visitor Program, in conjunction with Shasta Senior Nutrition Program by April 1, 2010. Jill Reed

## **Goal 2**

**—Staff Development: Mayers Memorial will secure and maintain a positive and productive workforce.**

2.1 Improve resident care by developing a stable workforce in Fall River resulting in an 80% retention of the workforce. Dee Wiggins

2.2 All OB nurses will receive fetal heart monitoring education and Neonatal Resuscitation certification by June 1, 2010. Randi Holscher

## **Goal 3—Develop business growth opportunities internally and externally**

3.1 The number of resident falls in Burney will be less than the national standard. Sonya Fitzhugh

3.2 Activities will reach 100% of appropriate van request by developing a more efficient scheduling system. (BJ Macey)

3.3 Submit data for licensure of Provider-based Rural Health Center by 2-1-10. David Spenser

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## **Goal 4—Community: Outpatient migration will reduce by no less than 10% annually.**

4.1 Fully Ken Sands implement a home respiratory/sleep apnea program CPAP(continuous positive airway pressure) and BiPaP professional in home service by 1/1/10.

4.2 Increase surgeries/procedures to 75 cases per month by June 2010. David Spenser

## **Goal 5—Finance Goal: Mayers Memorial Hospital will achieve a breakeven financial statement.**

5.1 Resident days will increase by 10% through an efficient admissions process. BJ Macey

5.2 IHF will successfully cultivate 100 donors of \$1,000 or more. Anne Kerns

5.3 Achieve accreditation for Intermountain Respiratory Service by 10/1/0 Steve Scott

5.4 Develop a claims tracking system by 12/1/09 for Intermountain Respiratory Service resulting in a decrease of denials by 10% per month once tracking system in place 12/1/09. Steve Scott

5.5 Create a system by 9/30/09 to monitor billing errors/lost charges and implement corrections to reduce laboratory generated errors/lost charges by 80%. Chris Hall

5.6 Stabilize Hospice patient base at average daily census(ADC) of seven so that the organization is financially sound. Pat Baremore.

5.7 Balance bad debt inventory to third party collection inventory so that MMHD can report all unclaimed Medicare Bad Debt in 2010 for all previous years. Billing/Collections Lead

5.8

**Goal 5—Finance Goal: Mayers Memorial Hospital will achieve a breakeven financial statement (continued)**

- 5.9 Develop HIM coding productivity log by 1<sup>st</sup> quarter so that we can maintain a measurable 97% accuracy rate by 3<sup>rd</sup> quarter. HIM Lead
- 5.10 Develop ADT registration productivity log by 1<sup>st</sup> quarter so that we can maintain a measurable 97% accuracy rate by 3<sup>rd</sup> quarter. ADT Lead
- 5.11 Develop Patient Financial Services productivity log by 1<sup>st</sup> quarter so that we can maintain a measurable a measurable 97% productivity rate by 3<sup>rd</sup> quarter. Billing/Collections Lead
- 5.12 Ensure integrity of reporting of service line days from Finance vs. Clinical vs. Hospital Accounting System by 4<sup>th</sup> quarter Director of Finance
- 5.13 Balance all supply charges in the charge master to the purchasing item master to eliminate duplicate charges and to insure that all supplies are accounted for and captured by 3<sup>rd</sup> quarter. Director of Materials Management

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Eliminate lab and x-ray in Burney cost courier cost	=3 FTE +supply +	Increased outmigration of Burney patients Public relations negatively impacted Decrease access to care for Burney Med Staff fallout Increased transportation cost to transport Burney SNF to Fall River Increased staffing needs to transport to Fall River
Eliminate Cardiac Rehab +supply cost +equipment	= .5FTE  costs	Public relations negatively impacted Eliminate an area of potential growth
Eliminate Tele-med cost	= .5 FTE +supply	Decrease access to care End university affiliation
No Direct Staffing cuts in SNF		Add indirect and direct costs here
Eliminate District portion of employee benefits		Staff would leave Severely hamper recruitment efforts Significant use of registry
		Increase in bad debt as more in community ( staff that remained ) would be uninsured
Eliminate college and university affiliations		Cut off local pipeline of new licensed staff Increase use of registry Outmigration of staff seeking additional education not returning Northstate net working opportunities reduced
Eliminate HR reception  Volunteers  Half time Med Staff Coord.	= 1 FTE  = 1 FTE  =.5 FTE	Poor pre- employment experience  Increase in FTE in SNF to replace volunteer provided services. Resident/Community interface damaged Would eliminate gift shop and revenues  Medical Staff relations negatively impacted
Outsource Business Office	=17FTE	No local contact for billing issues Customer service in billing eliminated Lack of commitment to organization – missed opportunities to increase revenue
Eliminate 2 purchasing	= 2 FTE	Poor cost accounting decisions No advancement in cost capture activities (stickers)

		No advancement in patient experience – lack of staff to research new comfort products
Eliminate Weekend admit	= .5 FTE	Accuracy of admit materials compromised and could lead to patient identification issues including sentinel events No co-pays collected Phone calls will be unanswered Patients (walk ins) could be missed and left untreated Front lobby security absent
Close IMRS +insurance cost mileage expense	= 2 FTE  +supply  +  + auto	Increased oxygen costs for SNF Oxygen could come from Redding Increased staffing in SNF to handle oxygen Longer acute stays as Redding only delivers on Thursdays Public health consequences: i.e. extended power outage with no local coverage could cause harm or death
Close Hospice	= 4.5 FTE	Contrary to mission
cost insurance mileage fee Medical fee	+supply  +  + license  +  Directors	Public relations Loss of revenue in SNF (2 patients /month) Increase in outmigration Increase in swing beds
Foundation to cover own cost		Loss of system to access non-profit monies No new construction No seismic wall repair No expanded surgery services No new ER No new IT system No money for staff education