



Mayers Memorial Hospital District

Chief Executive Officer, Interim
Louis Ward, MHA

Board of Directors

Abe Hathaway, President
Michael D. Kerns, Vice President
Allen Albaugh, Treasurer
Beatriz Vasquez, PhD, Secretary
Art Whitney, Director

BOARD of DIRECTORS
MEETING AGENDA
February 25, 2016 1:00 PM
Board Room (Burney)

Mission Statement

Mayers Memorial Hospital District serves the Intermountain area providing outstanding patient-centered healthcare to improve quality of life through dedicated, compassionate staff and innovative technology.

1	CALL MEETING TO ORDER – Abe Hathaway, President	
2	CALL FOR REQUEST FROM THE AUDIENCE: PUBLIC COMMENTS OR TO SPEAK TO AGENDA ITEMS: Persons wishing to address the Board are requested to fill out a "Request Form" prior to the beginning of the meeting (forms are available from the Clerk of the Board (M-W), 43563 Highway 299 East, Fall River Mills, or in the Board Room). If you have documents to present for the members of the Board of Directors to review, please provide a minimum of nine copies. When the President announces the public comment period, requestors will be called upon one-at-a time, please stand and give your name and comments. Each speaker is allocated five minutes to speak. Comments should be limited to matters within the jurisdiction of the Board. Pursuant to the Brown Act (Govt. Code section 54950 et seq.) action or Board discussion cannot be taken on open time matters other than to receive the comments and, if deemed necessary, to refer the subject matter to the appropriate department for follow-up and/or to schedule the matter on a subsequent Board Agenda.	
3	Quarterly Worker's Compensation Report, Libby Mee, HR Manager	Information
4	APPROVAL OF MINUTES: 4.1 Regular Meeting – January 27, 2016 (ATTACHMENT A)	ACTION ITEM
5	OPERATIONS ▶ Chief's Reports (CEO, CNO, CCO, IHF CEO) (ATTACHMENT B) WRITTEN REPORT PROVIDED – ADDITIONAL COMMENTS AS NEED VERBALLY	Information
6	BOARD COMMITTEES: 6.1 Finance Committee – Chair Allen Albaugh 6.1.1 Committee Meeting Report 6.1.2 Jan 2016 Financial review, AP, AR and acceptance of financials (Dispersed Separately) 6.1.3 Quarterly Finance Review verify and accept review of payments made to ALPHA Fund (workers comp), CAHHS (unemployment liabilities, EDD (annual premiums; IRS (FICA, Medicare, withholdings), State Board of Equalization (sales tax), CEO expenditures/reimbursement..... 6.2 Strategic Planning Committee – Chair Abe Hathaway 6.2.1 Committee Meeting Report	Information ACTION ITEM ACTION ITEM Information

	6.3 Quality Committee – Chair Mike Kerns 6.3.1 Committee Meeting Report..... 6.3.2 Policy & Procedure Approval..... • Severe Winter Storms (Attachment C)	Information ACTION ITEM
7	OLD BUSINESS 7.1 Building Project Update (Attachment D – New facility drawings)..... 7.2 Clinic Grant Update.....	Discussion Discussion
8	NEW BUSINESS 8.1 Organizational Chart Approval (Attachment E)..... 8.2 Policy & Procedure Review Schedule (dispersed at meeting)	ACTION ITEM Information
9	9.1 INFORMATION/REPORTS/BOARD EDUCATION/ANNOUNCEMENTS Board Comments, Upcoming Events, etc.	Information/ Discussion
10	ANNOUNCEMENT OF CLOSED SESSION: 10.1 Government Code Section 54952 Quality Assurance: Quality Improvement Issues, Medical Staff Report (Dr. AJ Weinhold, Chief of Staff)	ACTION ITEMS
11	RECONVENE OPEN SESSION: REPORT ACTIONS TAKEN DURING CLOSED SESSION	
12	BOARD WORKSHOP – STRATEGIC PLANNING RETREAT DISCUSSION..... (ATTACHMENT F)	
13	ADJOURNMENT: Next Regular Meeting March 23, 2016, Fall River Mills	

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Board, are available for public inspection at the office of the Clerk to the Board of Directors, 43553 Highway 299 East, Fall River Mills CA 95028.

This document and other Board of Directors documents are available online at www.mayersmemorial.com.

Posted/Distributed 02/17/16

Date: January 27, 2016
Time: 1:00 P.M.
Location: Mayers Memorial Hospital
Fall River Mills, California

(These minutes are not intended to be a verbatim transcription of the proceedings and discussions associated with the business of the board's agenda; rather, what follows is a summary of the order of business and general nature of testimony, deliberations and action taken.)

1. CALL MEETING TO ORDER: President Hathaway called the regular meeting to order at 1:00 p.m. on the above date with the following present:

Abe Hathaway, President
Mike Kerns, Vice President
Beatriz Vasquez, Secretary
Allen Albaugh, Treasurer
Art Whitney

Board Members Absent: none

Staff Present: Louis Ward, CEO; Jessica Stadem, Scribe; Travis Lakey, CFO; Sherry Wilson, CNO; Keith Earnest, CCO; Mary Ranquist, Hospice Manager; Marlene McArthur, IHF CEO

2. CALL FOR REQUEST FROM AUDIENCE TO SPEAK TO ISSUES OR AGENDA ITEMS:
None

3. CADD Pump Labeling Project – Mary Ranquist and Keith Earnest presented to Quality, were asked to present to full board; project came about because of programming error; used the error to come up with a simplified, detailed process

4. APPROVAL OF MINUTES – A motion/second and carried, the Board of Directors accepted the minutes of the December 16, 2015 Regular Board Meeting
(Albaugh, Kearns) – Approved All

5. OPERATIONS REPORT:

In addition to the written operations report included in the board packet, the following verbal reports and discussions are summarized below:

- ▶ **Louis Ward, CEO** – Attended the Shasta County BOS Meeting in Redding: \$400k (from windmill project) was approved (4 to 4), a change in verbiage now says committed to hospital project and money can now be counted on.

Ways to improve employee of the month program: plaque for each employee of the month, publically recognize employee at board meeting with certificate and gift/reward; board to consider, add to agenda, work with Val Lakey on idea and send it out for consideration.

Met with Cyndy Gordon, CEO at Shasta Regional, discussed shared problems (transportation, documentation) for collaboration, acquiring old equipment from their facilities, toured ER facility (will return with Donna Cova, ER Manager), lots of good input.

Attended retirement for Suzanne Ness from CHA (involved in northern CA hospitals), replaced by T Abraham.

Projects: management scorecard; scorecard for board room (transparency), quality scorecard; TEAM Fund (\$5k total cost to district).

Joint meeting with MVHC, discussed challenges (access to physicians, lab codes, surgery and OB referrals, will do mock admit/referral process on Friday to see patient experience; working with Apex to have access to MVHC patient system; talk to Dave Jones about working together to get doctors, on-call doctor to have admin time (best day would be Friday for swing discharges).

- ▶ **Keith Earnest, CCO** – Potential PT was interviewed but no offer was extended

Omnicell: update Pyxis or change system, collecting quotes to see options

Clinical services to Burney: exploring how to spend grant money; process will require OSHPD approval, floor plan decided, need to talk to architect, contractor (space needs to be approved, in the case of an audit if not approved, Medicare and Medicaid can deny all services done in space); \$99k grant, estimates around \$300k; use grant for cosmetic to bring telemedicine or rent out space, need to talk to MVHC for ideas (possibly go back to Partnership and tell them we can't come up with a plan for services in Burney because of obstacles with OSHPD); possibly use grant for transportation to services (PT, pick up prescriptions)

- ▶ **Sherry Wilson, CNO** – CNA class started with 15 entrants, 7 dropped before the start because of transportation issues; Shasta College working on ITV to Burney, CDPH approval is needed in order to get certified to do class via ITV

Currently 77 total long term care patients, continue with trouble acquiring doctors

- ▶ **Marlene McArthur, IHF CEO** – Invited board members to Chocolate Festival, thank you to those sponsoring and working.

IHF board meeting: approved budget, discussed campaign, formed committee for campaign (\$18.3 million total construction budget = \$16.3 million plus \$2 million for additions); met with Shannon Phillips from McConnell Foundation regarding hopeful donation to campaign, we have received grants from them in the past (dietary, innovation).

\$51k net revenue from stores (resale, thrift store, gift store).

\$40k budget for district grant projects

The Health Fair is scheduled for April 9.

6. BOARD COMMITTEES:

6.1 Finance Committee – Chair Allen Albaugh

6.1.1 Committee Meeting – credit line paid off; last month was 2nd highest revenue, 2nd lowest expense month

6.1.2 December 2015 Financials – (Albaugh, Whitney) – Approved All

6.1.3 OB/Surgery Update – working on cost reduction

6.2 Strategic Planning Committee –Chair Abe Hathaway

6.2.1 Committee meeting – HR programs with Libby Mee (employee evaluations, training schedules); working with Val Lakey on SP retreat plan

6.2.2 Annual Board Assessment – PPT based on board member survey results (findings/recommendations: revisit Vision, Mission & Values, improve SP process, add board education to each agenda)

6.3 Quality Committee – Chair Mike Kerns

6.3.1 Committee Meeting Report – CADD presentation by Hospice (helped lead into discussion of overall quality of hospital); Jeanette Rodriguez is heading to FEMA course in AL, Val Lakey to report when she is back to work

7. OLD BUSINESS

7.1 Building Project Update – \$400k from BOS; \$723k of initial \$1 million (needed to submit to USDA); RFQ next step in February with Porter, collect RFPs from appropriate firms for size of project; contract with HGA to get CAD drawing to use for marketing (campaign, RFP process)

7.2 Clinic Grant Update – (Keith updated during his report)

8. NEW BUSINESS

8. 1 Foundation Ex-Officio member appointment – Mike Kerns steps down, Beatriz Vasquez is appointed (2 year term); no objections

9. INFORMATION/BOARD EDUCATION/ANNOUNCEMENTS

BOARD COMMENTS, UPCOMING EVENTS, ETC. – Discussed possible dates of Strategic Plan retreat and contents/format

10.1 Announcement of Closed Session @ 3:10

4:25 pm adjourned to closed session - All on agenda was approved

10. ADJOURNMENT: There being no further business, at the hour of 4:25 p.m., President Hathaway declared the meeting adjourned. Next meeting February 24, 2016 – Burney

Jessica Staden, Scribe



Operations Report January 2016

Mayers Memorial Hospital

Statistics	January YTD FY16 (current)	January YTD FY15 (prior)	January Budget YTD FY16
Surgeries (including C-sections)	63	65	75
> Inpatient	21	21	8
> Outpatient	42	44	67
Procedures (surgery suite)	124	108	115
Inpatient	1280	1199	1249
Emergency Room	2313	2362	2310
Skilled Nursing Days	15445	15841	15556
OP Visits (OP/Lab/X-ray)	9469	8997	9677
Hospice Patient Days	1159	688	594
PT	6632	7220	6950
Ambulance Runs	245	234	231

Operations District-Wide

Prepared by: Louis Ward, MHA, Chief Executive Officer

February 2016

The District staff has been busy with a number of projects throughout the last month; add that to a very busy patient care month and one could say a lot has been accomplished over the past month. We have worked closely as a Management Team while discussing and implementing many of our open projects. Below I have outlined in detail many of the current projects the district staff is currently working on.

Management Scorecard

We deployed 2 Hospital scorecards, they can be found in the Fall River Board room and the Burney Annex Board room. We are focusing on and publishing many of the districts most pressing metrics. We will track, update, and publish monthly the following metrics

1. Acute Census
2. Swing Census
3. SNF Census
4. Days Cash on Hand
5. Surgery Volumes
6. Acute Registry Staffing Costs
7. SNF Registry Staffing Costs
8. A/R Days
9. ER Surveys

We intend to provide this information to Managers in the form of graphs and raw data through handouts. We also invite all employees to visit the board rooms to view the district's progress. We are also working on developing and purchasing 2 additional boards to track quality measures.

Employee Evaluation Process

This month we created a new committee tasked with revamping the employee evaluation process. The committee is made up of 7 managers from operations and clinical departments. They have discussed revamping our employee evaluation materials as well as the process. Managers volunteered to assist in the development of the evaluation as well as lining out what we as the management group feel we will require for an employee to have a successful evaluation. We are looking for requirements that will exist at the organizational level and can be applied to all employees without consideration of their job position. We will also be working with managers to determine if a manager will have department specific requirements for a successful evaluation. A couple of examples would be:

1. Dietary Manager may require all employees must complete and pass a SERV-SAFE course which will be provided online and at the hospitals expense.
2. Managers may require all employees must attend a hand washing in-service that will be provided by Shelly Lee, RN Infection Control Manager.

We are trying to turn the employee evaluation into a routine "process versus that of an event!" Managers have been eager to assist with this and are excited to have a resource they feel they can use to better engage with their staff.

Clinic Collaboration

This month a number of Mayer's employees involved in the Lab order / referral / billing process met with 4 or 5 employees of Mountain Valley Health Center. They went to work on ways we could collectively ensure a good order/result process. The group ended up with a task list that is being worked through at the moment, but there was issues highlighted in the meeting that have already been fixed and created an immediate impact. Michele King and I met Cheryl Thorlaksson, COO MVHC, and her surgery referral and scheduling team later in the month. We discussed ways we as a group could streamline the surgery referral process in an effort to ensure all steps are value added for the patient. We made some good progress but there is no "easy button" with this particular issue so we will need to continue to work together over the next couple of months while we work towards higher utilization of our surgery department.

Provider Relations

This month we kicked off a new committee, the Provider Relations committee. This committee will be tasked with various objectives but primarily improving the provider / hospital relationships by developing easy processes, strengthening communications, and ensuring a streamlined orientation process. There was no agenda for the first meeting on purpose as I was very interested in having a candid conversation about how the provider relations / orientation process is currently setup. It was very clear that all in the room felt strongly that although we are doing some things, we are doing nothing great. We have an enormous amount of room to grow in this area. Everyone is excited about the opportunity to be involved in the process. At this point we are all in agreement there needs to be one clear owner of this process, A Physician Liaison of sorts. Considering Val Lakey is very involved in Public Relations she is most appropriate to take on the task of coordinating Physician trainings, meetings, marketing and so forth. This will be a TEAM approach with many folks involved in the process but Val will be the point person.

At our second meeting as a group our EMCARE Representative and Dr. Watson joined us for the meeting. We specifically spoke about orienting new ER docs to the ER as well as educating providers to the services provided within the hospital. We spoke at length about a process to ensure the new provider is setup to use

our computers and educated on the computer system prior to seeing patients. Dr. Watson has been very helpful with this and I look forward to many of the ideas he is implementing in the ER.

Building Project and Capital Campaign

Marlene, Travis, Keith, Mike Kerns, and I met this month at the IMHF office to continue working on the development and strategic roll out of the campaign. As mentioned in past updates and in Marlene's most recent report to the Board of Directors we are meeting weekly on this topic. Some great news, we received architectural CAD drawings we requested from HGA. At this point, these images surely will help with campaign materials as well as help with the vision but there is likely to be modifications once we bring on a Construction firm in future months.

We have setup a weekly call with Porter Consulting (project management firm) going forward. Our next step is developing the request for qualifications (RFQ). We look forward to working with them over the next weeks while we iron out next stages, scope of work, and owners of projects. We intend to plan the first meeting of our newly formed Building committee in the next month as we need to begin formulating next steps and a standard meeting time and frequency.

Respectfully Submitted by,
Louis Ward, MHA
Chief Executive Officer

Chief Clinical Officer Report **Prepared by Keith Earnest, Pharm.D.--Chief Clinical Officer**

Respiratory Therapy

- The new PFT machine is scheduled to arrive the week of February 15th. The machine expands our ability to do pulmonary function studies by adding provocation testing.
- The referrals for PFT testing reached record levels in January with many of the new referrals coming from Canby and Dr. Ragsdale a Redding pulmonologist.
- Referrals for pulmonary rehab have been good and the department is currently seeing three patients.

Laboratory

- Lassen College has approached Mayers about precepting phlebotomy externs. We are exploring this opportunity to train staff through this program.
- Issues remain with the interface between the new analyzer and Paragon®. Paragon has assigned a new tech to the case and we anticipate progress.
- Chris Hall, CLS—lab manager, is building a relationship with Mercy Medical Center's lab in hopes that in the future they can perform antibody identification and screening for cross matching blood for transfusion instead of sending it out to San Francisco.

Physical Therapy

- On April 1-2, Daryl Marzan, PT manager, will be completing her credentialing class to become a clinical instructor so she can precept graduate PT students.

- We are exploring the use of the empty "Right Roads" clinic building in Burney for use as an outpatient PT (and potentially other clinical services) site.
- Staffing continues to be the largest need. We are employing every recruitment strategy we can come up with.

Imaging

- The interface Mountain Valleys is temporarily on hold pending the completion of a contract for a new HL7 interface.
- Patient dose monitoring is now required by CMS for full reimbursement of imaging. The programs that track and report radiation exposure amounts generally cost tens of thousands of dollars but will be part of our next routine Phillips® software upgrade for no additional cost.

Cardiac Rehab

- Dr. Dahle has agreed to perform cardiac stress treadmill testing at Mayers. He will be completing further education in this area in June. In the mean time we are getting the internet connections set up to convey the data directly to the cardiologist.
- Cardiac rehab is booming and 24-27 patients go through the department 3 days a week. The monitored patient volumes are also strong at 4 current with 2 more pending.

Hospice

- With the *End of Life Options Act* becoming law in California, a policy has been drafted delineating how our hospice agency will handle it. The policy has been reviewed by the department and Mayers Ethics Committee and will be reviewed by legal counsel and the Medical Staff prior to coming to the Board of Directors for review and approval.

Critical Access Hospital

Prepared by: Sherry Wilson CNO/Acute

All staff has been working extra shifts in an effort to keep registry usage down. We have found it difficult at times to even obtain registry to fill open shifts. Our Team appreciates the willingness and attitudes of our staff to go above and beyond in our efforts to decrease registry.

Shasta College CNA students are scheduled to begin clinical rotations in our LTC units in March. So far this opportunity to work with the college has been nothing but positive. They are interested in sending their LVN students to do clinical time both in our LTC and on our Acute floor. This will open up some possible opportunity for recruitment of more licensed staff.

We've had two visits by the CDPH for self reports that resulted in no deficiencies. The Quality Care Team's focus has been our fall rate in both facilities. We have revamped our fall policy and procedure and the process which is followed once a fall has occurred.

Obstetrics

The OB department has had an increase in census and actually had both OB rooms occupied as well as the ED OB bed at the same time. This would have been a great moment to have had the central monitoring for the purpose of observation where one nurse could have overseen the strips as opposed to 3.

The chocolate festival was a huge success in raising more funds for this purpose and I am very thankful to all that put this together to increase the future quality of care for our obstetrical patients in the community.

The Halo sleep sacks are almost complete and through production and should be sent out to us the last week of February and ready to be gifted into circulation to our new moms and babies the first week of March.

Lastly, we have an increase in our census this year with 7 babies due in February, 8 due in March and 9 due in April. This is good news as it will give more opportunity for training to the nurses wanting to learn OB. I look forward to continued growth and increased quality of service excellence for our patients and families in our community.

Holly Green BSN, RNC, Obstetrics

Quality Improvement

The Quality department has been working on a couple projects. The first project is working with Jennifer Brooks for access to data and reporting in which she hopefully will be able to come for a site visit the end of February or beginning of March. She is to get back to me on this.

Second, I have been putting together the MERP (Medication Error Reduction Plan) binders that will go on each station as a way to track and implement quality improvement strategies regarding medication administration.

Lastly, due to census, our skills training to enhance nursing knowledge or refresh current knowledge was cancelled and will be rescheduled so that we can keep our staff up to date, compliant and competent in areas regarding skill, safety and quality measures. I look forward to continued improvement in our quality of care here at MMHD and strive for zero error for our community.

Holly Green RNC, BSN, Quality Director

Outpatient Medical

There has been an increase in wound care patient referrals from outside hospitals for the last 2 months. We are happy to see this trend. Patient Census was 117 for January. This is up from our average of 78. This represents a 50% increase!

Dr. Zittel has also decreased his availability for wound care clinic days to one time per month. The Wound Care Clinic held at the Burney Annex old urgent care area has been full every month. Last year Dr. Zittel's wound care patients made up 42% of the patient population we served. His presence

has been a great asset to Mayers Outpatient Services. Dr. Zittel's decision to decrease his availability at MMHD was made for a combination of professional/personal reasons. He feels committed to the patients served here in the intermountain area and enjoys being the Medical Director of Outpatient Services at MMHD and therefore has agreed to stay on in this limited capacity.

Through Pam Sweet, descriptions of the Outpatient Department Services available, and the hours of operation have been made available to all new physicians orienting at MMHD/MVHC in order to make them aware of what kind of services we offer, and to promote more patient referrals. In addition, Dr. Goodwin of Pit River Health Clinic, now has privileges at Mayers. We hope the addition of his services will result in more referrals also.

Currently, the Outpatient nurses are studying for the national test by the American Board of Wound Management Board Certification (ABWM). Our goal is to have staff that is Certified Wound Specialists (CWS). This certification indicates that the competency of our wound care knowledge and skill has passed a nationally recognized standard. Dr. Zittel also will be taking the Physicians exam to be certified as a Certified Wound Specialist Physician (CWSP).

The nursing staff and hospital Pharmacist completed the Tysabri Manufacturers training in November 2015. We will keep working to establish new services available through the Outpatient Department; such as the Tysabri Infusion service, a new treatment for Multiple Sclerosis.

Surgery

- Surgery staff continue to go home/or work elsewhere during down hours.
- New housekeeper for surgery has been working out very well. This decreases the budget demands because scrub techs and RNs are not doing the cleaning.
- Dr. Guthrie continues to be VERY pleased with the surgery dept. Verbalizes that we as a team do a very good job.
- Autoclave #2 has had to have many repairs recently and has the potential for breaking down all together. A new computer board may be needed soon.
- Patient surveys have been sent home with patients recently. Those we have received back have all been very positive.

Skilled Nursing Facility

Skilled Nursing census as of 2/15/16 is 76

MAYERS MEMORIAL HOSPITAL DISTRICT

POLICY AND PROCEDURE

SEVERE WINTER STORMS

Page 1 of 2

DEFINITION:

For all intents and purposes, the word "patient(s)" refers to all customers receiving health care services in our facilities, including inpatients, outpatients, residents and clients.

POLICY/PURPOSE:

To prepare for the event of severe winter storms.

DEFINITIONS:

Snow storms are described as snow ranging from flurries to blizzard or severe winter conditions. The following are characteristics of a severe winter storm *when* conditions are expected to last for a minimum of three hours:

- Wind speed of 35 mph or greater.
- Significant amounts of falling snow or blowing snow that reduces visibility to less than a quarter of a mile.
- Temperatures below 20 degrees F are to be considered life threatening when combined with above listed conditions.

Ice storms are described as freezing rain that forms a layer of ice on roads, power lines and other objects.

WARNINGS:

Winter storm watches are issued by the National Weather Service when a significant storm is approaching an area. A watch is upgraded to a warning when heavy snow, sleet or freezing rain is expected. A blizzard warning will be issued when blizzard conditions are anticipated.

PREPARATION:

In preparation for a severe winter storm the following provisions will be made:

- Routine testing of communication systems.
- Participation with Shasta County disaster planning in developing and maintaining emergency operations plans.
- Shelter in place plans, hospital provisions in place to maintain patients/staff dietary and medical needs for 96 hours.

EMERGENCY RESPONSE:

Take all measures to preserve life and property.

Incident Command:

- Activate the Emergency Operations Plan as appropriate.
- Assess the need for activation of shelter in place plan.
- Assess the need to close certain hospital units based on severity of disaster.
- Coordinate efforts with local agencies.
- Call back hospital staff to provide for emergency snow removal, building maintenance as needed.

REFERENCES:

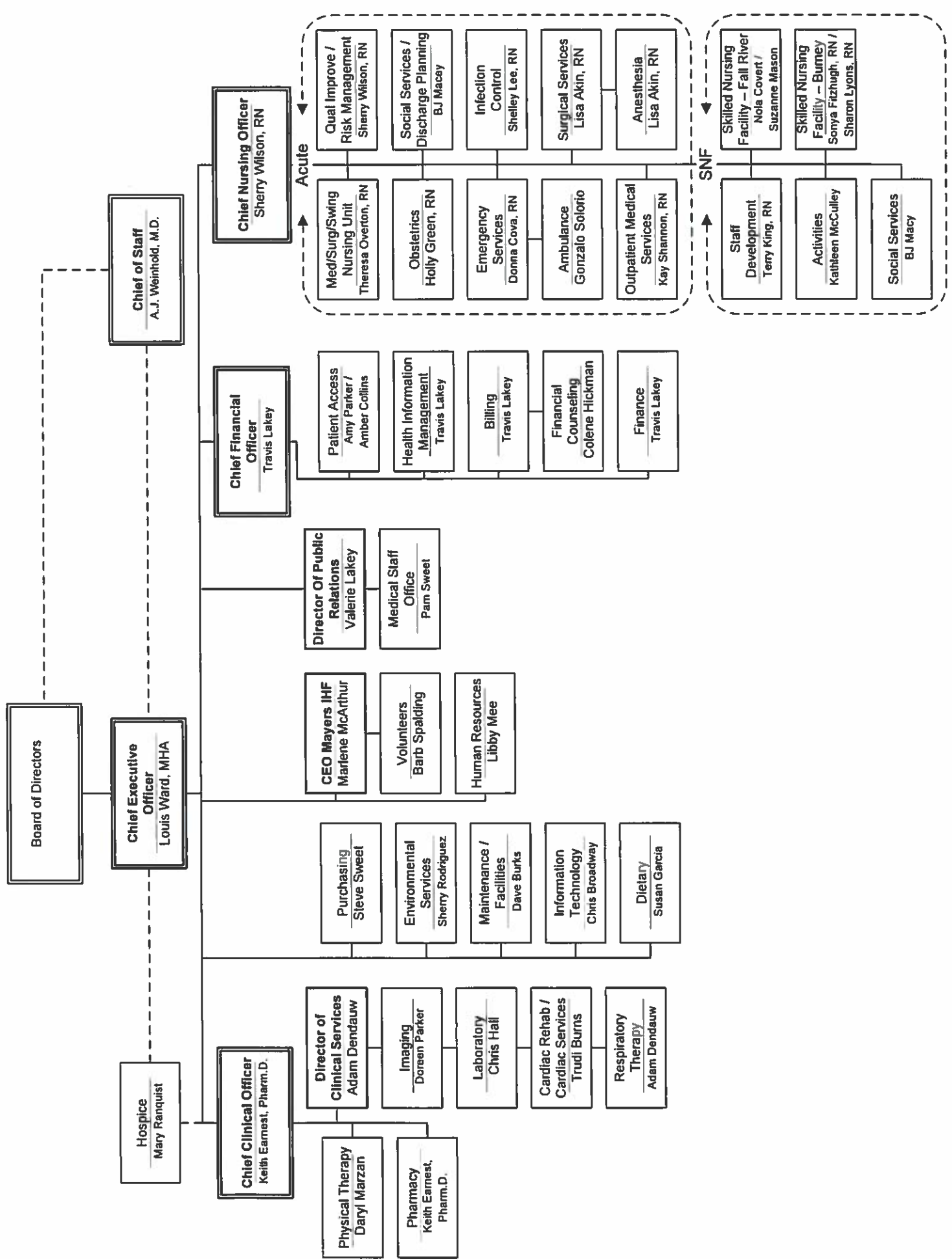
Hospital Incident Command System- Internal Scenarios, Scenario 12: Severe Weather.

ATTACHMENT D









*Bolted double-lined boxes indicate rotating Administrator On Call (AOC)



Mayers Memorial Hospital District

Always Caring. Always Here.

2016 STRATEGIC PLANNING PROPOSAL

The proposed format is completely opposite from what we have been doing. We will focus on *ORGANIZATIONAL GOALS* and limit goals to 3-5 specific, realistic and achievable goals. Instead of using the recent process of having managers develop department goals and building from there, we will determine *Strategic Organizational Goals* and integrate them into our departments.

Regular operational/department goals will be expected from management, but will be reviewed, monitored and measured by the chief team. These goals could in fact contribute to the *Organizational Goals*.

The objective will be to clearly separate our regular operational goals from our *Strategic Organizational Goals*.

Objectives:

- Determine top 3-5 goals that define the organizations strategic intent
- Develop a clear picture of where we want to see the organization in 3 years, 5 years
- Separate Operational/Daily issues and projects from *Strategic Organizational Goals*
- Develop a process to deliver clear message to front line managers about strategic goals of organization and what the role of their department is.

Process:

- 4 step strategic planning process in which board determined goals are integrated into management and department planning processes. Process will culminate with a retreat including board members and management.

Step One:

- Board and Chiefs meet with facilitator (Workshop after February board meeting)
 - Brainstorm, determine agenda items and top "prospects" for goals
 - *Organizational Goals* – not department goals

Step Two:

- Board and Chiefs meet for a second time with facilitator (Possibly propose a weeknight during the week of March 7th) to finalize details
 - Finalize top 3 – 5 realistic, measurable and achievable goals
 - Construct framework in which we want team to work
 - Provide clear direction for team

Step Three:

- Senior Team to meet with Management Team (Possibly the week of March 14th)
 - Explain 3-5 *Organizational Goals* as set by board
 - Give direction for managers to bring their ideas, plans on how their department will fit in and contribute to the success of the *Organizational Goals*

Step Four:

- Facilitated one day (afternoon?) workshop/retreat away from campus with Board, Chiefs and managers. (Select Date) ?
 - Ask managers to put aside day-to-day issues and look forward to the determined goals. What will you need to help make these goals happen? What role will your department play in these goals? What additional resources will be needed?

One day retreat: (Select location)

- Lion's Hall or Veteran's Hall
- Catered by Mayers Dietary (Breakfast items, Lunch)

Facilitator:

- Laura Dolman-Beyer