Palomar Pomerado Health

BOARD OF DIRECTORS

SPECIAL BOARD MEETING – VISIONING, PROGRAM AND FACILITIES PLANNING RETREAT

Palomar Medical Center, Graybill Auditorium, Escondido

Thursday, August 7, 2003

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
CALL TO ORDER	5:15 pm Quorum comprised Directors Bassett, Berger, Gigliotti, Kleiter, Larson, Rivera, Scofield.		
NOTICE OF MEETING	Notice of Meeting was mailed consistent with legal requirements		
PUBLIC COMMENTS	None		
OTHER ATTENDEES	PMC Medical Executive Committee; Pomerado Medical Executive Committee; PPH Executive Management Team; PPHF Executive Committee; Anshen + Allen, Architects		
REVIEW/DISCUSSION OF PPH VISION STATEMENT	Michael Covert, CEO, introduced this topic, stating that the meeting was a Visioning, Program and Facilities Planning Retreat extending over the next two weeks, splitting the process to determine what we are as an organization, and where we want to be in the future. i. Our Vision plays a key role in this aspect; ii. Based upon our Program Goals for this year (Program Development), Mr. Covert posed the question as to what we may want to continue to develop in the future. Examples being: a. Women's Center; b. CardioVascular Center but what other areas of excellence might we wish to develop and at which facilities? c. Also, what are the criteria we should use to measure a number	**Informational**	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	of potential future needs/centers of excellence, for our healthcare community? iii. A session would be held later with Anshen + Allen, Architects, as to the process they would like to take, guiding us through a disciplined process which will become an evolving process as to what these future facilities will be like. Discussion ensued on the **PPH Vision Statement.** Mr. Covert stated that we wanted to have "the best patient satisfaction in California". However, he asked what we wanted when we mature in the future. Any strong organization has a strong sense of vision as to what it would like to be. Every time a new program arises, we should consult our Vision Statement to see how this would fit., e.g, Neurology – tertiary-oriented? What capabilities do we want, including commitment, resources, physicians, money? Once we have made those decisions, have we given thought as to how best to utilize those facilities? What is our Vision? e.g, how do we arrange for the services needed in our community? What should the community expect from our facilities? We are not yet a "system". A Vision should be simple, articulate, but large enough to provide us with focus.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
--Mission Statement **--Suggestions for new Vision Statement**	Michael Covert quoted from the PPH Mission Statement… "to Heal, Comfort and Promote Health…" but asked at what level did we want to do this. He also posed an example of what would happen if we are a Tertiary Care Center and our ENT specialist left the area. As a result of raising such questions, the Retreat attendees had been split up into separate table groups for a brainstorming session as to which services and at what level they were needed, etc. The table groups were then asked to discuss amongst themselves for about 20 minutes, following which Michael Covert would seek ideas fom those groups. Input received from table groups as follows: Two examples of a Vision Statement were suggested – "To be amongst the top 5% of District Hospitals"; "To be the Hospital of Choice for San Diego County Nationally Recognized". Other Suggestions - Vision to be Action Oriented; Future Focused; Distinctive Service; Large enough to Grow Into; Inspiring; Simple enough for all to articulate. **Table 1 (Bob Hemker – Leader)** Suggestions – The issues of "system"; How do we get through the cultural and political barriers as to how we have grown? High-tech/Critical Care Oriented; Bio-Tech; How do we raise the bar in attracting sub-specialties with Bio-tech and Research capabilities?; "PPH will be a high		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	technology, cardiovascular, critical care, hospital-oriented system using Diagnostic and Minimally Invasive Procedures" - Pomerado Hospital should lend itself to the latter, whereas PMC should lend itself to Critical Care, particularly with the Leapfrog program, whereby we will be carefully reviewed by both the program and consumer. **Table 2: (Director Gigliotti – Leader)** Suggestions – Appeared to have similar conclusions as Table 1, but those were elements and not the Vision itself. A suggestion for the Vision Statement was that, "Physicians, Patients and Staff be the Health System of Choice in San Diego County for the Services we Provide". **Table 3: (Dr. Tesoro – Leader)** Suggestions – Determining if we wanted to be a Tertiary Care Center, providing basic core services. Ability to integrate patients into our system with referral to other systems if needed . However, it was felt we did not want to be a Tertiary Care Center. Suggestion for the Vision Statement was that, "PPH will provide a Choice to the Communities we Serve by Administering the Highest Level of Quality and Commitment to the Community". Director Berger noted we need to be strong in critical areas to be able to provide the very best of care for cardiac patients, ie., stroke, accident, rehab. Provide access to full range of services via integration/seamless level of care.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	Table 4: (Lorie Shoemaker – Leader) Suggestions – Have a top facility or one associated with medical research. Both facilities to be tertiary, or one to be tertiary with the other being a "center of excellence". Suggestion for the Vision Statement was, "To Provide a Healing Environment so that Medical Staffs appreciate the Services we Provide". Medical Staff want to come to this area and bring their expertise. The quality of nursing care is what brings people to the hospital. We must have staff who feel passionately about quality and reflective of the healthcare community needs within our demographic area including CSUSM, Murrietta, Temecula, etc., recognizing that Outpatient Services are important. Following above input from Retreat attendees, suggestions were entered on a flip chart, noting that, "PPH is dedicated to having centers of excellence to the communities served and committed to patient education and delivery of care through effective teamwork". Reason being that patients complain nobody ever talks to them – educational communication necessary. Bruce Krider felt that the services provided should be reflective of the needs of the population we serve, including morbidity.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	Table 5: (Dr. Kolins – Leader) Suggestions – To be nationally recognized for clinical service excellence; Hospital of Choice in San Diego County; International Recognition. Suggestion for the Vision Statement was, "PPH will be a Nationally Recognized First Choice for Healthcare with a First Choice Working Environment for Healing, Comfort and Prevention". Dr. Kolins continued that in clinical and customer service, we need to be the employer of choice and the architectural design structure must attract everyone. Dr. Buringrud stated that it has to be the choice in the community for whom we provide. Chairman Larson noted that the hospital should be known for its advocacy, already in the Mission Statement. Director Kleiter hoped that we would strive to be nationally recognized, but we need to be known here and now, as he felt we are not the system of choice to many people and we have to address this aspect with our communities in Inland North County before addressing this county or nationwide.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
--Review of Vision Statement Input	Mr. Covert conveyed to those present that we now required this input to be more cogent. Being a "Provider of Choice for our Community" appeared to be a major factor. Further input was provided by Dr. Kanter, Bruce Krider and Director Rivera, with Bob Hemker stating that our Mission points towards the Vision, but asked what we are striving towards. Comments by Dr. Beaumont suggested that North County Inland was too small a description and we should state San Diego County (or Region) instead. Drs. Conrad, Kung and Directors Berger and Kleiter variously commented upon our demographics, tertiary care, medical research potential, established area hospitals, acute care needs, image and reputation. Director Rivera posed the question of considering ourselves consumers and how we might identify with the Foundation specific aspects for future fund-raising. Mr. Covert continued that we need to look hard to the future and that our Vision Statement must be inspiring, action-oriented with future focus, descriptive of services/programs, large enough for us to grow into and simple enough for all to articulate. A break in the meeting ensued.		
IDENTIFICATION OF POTENTIAL PPH CLINICAL PROGRAMS/SERVICES FOR DEVELOPMENT	Marcia Jackson led a preliminary discussion on identification of potential PPH Clinical Programs/Services for Development, providing a handout *(attach to original mins)* which included Criteria, together with Clinical Service/Program Descriptions and current status. Following input from Drs. Kanter, Beaumont, Berger and Otoshi that this is an aging community having chronic diseases in	**Informational**	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
ESTABLISHMENT OF CRITERIA FOR PRIORITIZATION OF PROGRAM DEVELOPMENT (2003-2004 Goal) --Grid Input	Inpatient and Outpatient, Wound Care, and Rehab., Director Berger noted that the missing piece is a strong Primary Care Referral system. Dr. Just relayed that End of Life care was extremely important, including Home Health, Hospice and Palliative Care. Director Scofield strongly supported Chronic Disease healthcare programs such as DiabetesHealth. Dr. Buringrud voiced concern about our Trauma area and the need to redesign due to space needs. Chairman Larson noted our responsibilities with outlying communities for urgent care/emergency services. Director Bassett suggested provision of an educational service for RNs, etc. Mr. Covert asked which programs, based upon the Criteria, are likely to be decided upon. Dr. Kanter suggested a Needs Assessment. Marcia Jackson responded that potential clinical programs for development would be based upon community demographics. Dr. Kolins commented that physicians come into the community if there is a need. We cannot do everything, but should do what we do best. Further discussion ensued. Director Scofield confirmed with Marcia Jackson that we should look at statewide and national excellence. Marcia Jackson requested that following this meeting, Retreat attendees complete the Grid on last page of the handout and return to the next meeting with a consensus for the greatest opportunity and greatest need where our time, talent and money could be directed over the next 2-3 years.	**Informational**	

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
ARCHITECTURAL DISCUSSON – PPH VISION FOR THE FUTURE	Michael Covert stated that we would now briefly discuss with the architects our possibilities of expansion such as square footage allotment, allocation of beds, Lab space needs etc., with discussion of our future direction occurring at next week's follow-up Visioning Session. Tom Chessum from the architectural firm of Anshen + Allen was then introduced stating that he had been listening carefully to all of the suggestions/ideas proposed, and that in next week's meeting he will also be doing the same, as it was important to hear what PPH representatives had to say at the beginning. We should view this as a ground zero/fresh start. It was a structured process that would result in creativity and new ideas. Next week's meeting would discuss how the architect will work with PPH over the next few years as we start to integrate vision with the Criteria/Goals, returning later with a more solid format. Based upon PPH's input, the next six months would be a Design Phase. Early in 2004 it was anticipated that the architect would organize a building or series of buildings, and in 10-12 months, provide an increasingly detailed design. This would be followed by a two-year process of compiling construction documents and going through OSHPD to obtain approvals to building, followed by a Plan Check with eventual construction in 2008-2009, possibly extending into 2010. Mr. Covert commented that if the monthly inflation rate was 2-3% in terms of final cost, it was essential that we stay on track. Bob Hemker inquired what we would need for our brainstorming package. It was felt there should be an architectural theme involving		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
	people, where we work, space needs, healing environment, etc., but no specific details at this stage. It would also entail consideration of the highest and best use of our land with over-arching ideals. Dr. Kanter said we should have an analysis of where we are backlogged in patient care. How many more beds are needed in the ER and other areas, solving this before any new programming. Mr. Covert responded that we should make such information available to those who would like to have it. Craig McInroy of Anshen + Allen referred to a meeting with Mr. Covert. He quoted an example of InterMountain Healthcare where five pillars of excellence are expressed architecturally and as an operational identity. Mr. McInroy suggested the possibility of touring such hospitals with Anshen + Allen as there was a great deal to consider from an architectural viewpoint, and it would be better to learn from such designs in the next three months or so.		
--Summation	In summing up, Director Rivera underscored the need for us to think of ourselves as consumers and listen to what others in the community want. We must have our community support us in this venture. Mr. Covert thanked everyone for attending and providing their valued input. He looked forward to seeing them at the follow-up meeting on August 14.		
ADJOURNMENT	8:40 p.m.		

AGENDA ITEM	DISCUSSION	CONCLUSIONS/ACTION	FOLLOW-UP/RESPONSIBLE PARTY
SIGNATURES ▪ **Board Secretary** ▪ **Board Assistant**	_____ **Nancy L. Bassett, R.N., M.B.A.** _____ **Christine D. Meaney**		

27