

**Palomar Pomerado Health
STRATEGIC PLANNING COMMITTEE
PMC – GRAYBILL AUDITORIUM
November 15, 2005**

AGENDA ITEM	DISCUSSION	CONCLUSION/ACTION	FOLLOW-UP/ RESPONSIBLE PARTY
CALL TO ORDER	6:03 p.m.		
ESTABLISHMENT OF QUORUM	Dr. Larson, Nancy Bassett, RN, Michael Covert, Bruce Krider, Dr. Tornambe, and Ted Kleiter. Also attending were Gerald Bracht, Dr. Buringrud, Jim Flinn, Lorie Harmon, Marcia Jackson, Dr. Kanter, Lorie Shoemaker, Al Stehly, and Dr. Trifunovic. Guests: Sheila Brown, Carrie Frederick, Dr. Herip, Dr. Just, and Stonish Pierce.		
NOTICE OF MEETING	The notice of meeting was mailed consistent with legal requirements.		
PUBLIC COMMENTS	There were no requests for public comments.		
MINUTES Oct. 18, 2005		MOTION: Motion made by Bruce Krider, seconded by Nancy Bassett, R.N., and carried for approval as presented.	

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<p>PHYSICIAN LOYALTY SURVEY RESULTS</p>	<p>Palomar Pomerado Health conducts an annual Physician Loyalty Survey, and Gerald Bracht presented the results of the 2005 Physician Loyalty Survey. The Gallup Organization randomly interviewed a total of 200 PPH physicians in April and May of 2005, with 131 physicians who identified PMC as the hospital with which they most closely associated, and 69 who identified most closely with POM. The metrics of physician engagement asked three overall questions, aimed at loyalty and engagement, as follows:</p> <ul style="list-style-type: none"> • Overall, how satisfied are you with (PMC/POM)? • How likely are you to continue to choose (PMC/POM)? • How likely are you to recommend (PMC/POM) to an associate? <p>An additional 8 questions were designed to rate the following attitudes: PASSION, PRIDE, INTEGRITY, and CONFIDENCE. Three degrees of engagement were discussed relative to the following categories and their corresponding percentages of PPH physicians in 2005:</p> <ul style="list-style-type: none"> • Engaged – loyal, psychologically committed (44%) • Not Engaged – productive but not as psychologically connected (26%) • Actively Disengaged – physically present but psychologically absent; unhappy and insists on sharing their unhappiness with others (30%) <p>Individual Mean Scores Trended for PPH indicated that PPH scores above the 50th percentile of the Gallup's database of 50 hospitals, and below the 75th percentile of the same database. Gallup was asked to further compare</p>		

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	<p>PPH's ranking by physician specialties. Michael Covert noted that PPH's physician scores went down in areas that we made a conscious effort to touch in a direct way (radiology, OB/Gyn, gastroenterology, orthopedics, anesthesia, and psychology).</p> <p>Gerald also presented the Functional Drivers of Physician Engagement, in order to determine loyalty and engagement, and an overall rank ordering of correlation. He also presented the results of the Changes in the Physician Functional Driver Mean Scores.</p> <p>Gerald then presented the next steps to take in creating engaged physicians:</p> <ul style="list-style-type: none"> • Drill down by hospital – challenge with small numbers • Focus on key specialties – see previous ortho, OB/Gyn, anesthesia, etc. • Focus on key questions • Share results with staff – departments can see how they are doing • Increased rounding by all EMT - and communicating feedback 		
<p>CLINICAL RESEARCH PROGRAM DEVELOPMENT</p>	<p>In response to a request from the Board of Directors, Dr. Massone, former Interim Chief Quality Officer, and Dr. Just, Chair Investigational Review Committee, previously assessed PPH's situation regarding clinical research participation, and developed a plan for enhancing the Research Development Program. They presented their findings and recommendations to this Committee at the May 2005 meeting.</p> <p>Dr. Just presented an update on Clinical Research Program Development at the November 15 Committee</p>		

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	<p>meeting. Dr. Just noted that he was very excited after the May 2005 Committee meeting, and that he felt a lot of support for the Clinical Research Program Development. He let us know that the program has not really had a structure or goals decided on yet. He provided a list of proposed Research Program Medical Director responsibilities as follows:</p> <ol style="list-style-type: none"> 1. Promote the ongoing completion of at least 24 clinical trials a year 2. Monitor activity of physicians and staff, and produce a monthly research report 3. Develop a program of evaluation for devices, technology and systems in partnership with corporate sponsors 4. Build a formal relationship with UCSD, College of Medicine, and other institutions, in completion of research studies in all areas where we have educational relationships 5. Lead a Research Advisory Board, that shall establish a plan of growth and development of a research agenda for PPH that can be adopted and funded from various sources, particularly external funding 6. Serve as a member of the IRC and Board QRC, non-voting member 7. Organize a Health Development Committee to actively pursue grants 8. Assist PPH Administration with preparation for, and conduct of, any inspections and on-site surveys of hospitals conducted by governmental agencies, accrediting organizations, or payors contracting with the hospitals 9. Assist in preparing a budget for PPH Research Program 10. Hire a full-time research coordinator, which will 		

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	<p style="text-align: center;">ease Wendy Smith's responsibilities</p> <p>Dr. Just indicated that he is willing to serve as the Medical Director for the Research Program.</p> <p>Bruce Krider suggested that PPH look for money from pharmaceutical companies, and relate the programs to PPH Centers of Excellence. He emphasized not asking the public for money.</p> <p>Michael Covert said that it has to be something that interests people, and has to have financial backing. The key to do this is the Research Associates; we need to keep on track, and explore the existing technologies out there; however, we need to have a program without "institute" title.</p> <p>Dr. Just has an upcoming meeting with UCSF, to discuss a viable program, whereby they will share info with us at no cost to us.</p>		
<p>EMPLOYEE WELLNESS INITIATIVE</p>	<p>PPH is exploring becoming an innovator in wellness care delivery for our employees. In concert with the newly formed Medical Advisory Council, Corporate Health will explore a complement of wellness-related care that will promote better medical outcomes for our employees.</p> <p>Healthcare benefits and medical care are becoming a significant part of the cost of doing business. Employers need to start taking a more active role and consider alternatives. In 2004, Dr. Donald Herip joined the PPH family as the Medical Director of Corporate Health Services and accepted the opportunity to begin employee Health Risk Assessments in support of wellness initiatives. In July 2005, Corporate Health began health-</p>		

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	<p>risk assessments (HRA). These appraisals will assist highly targeted intervention strategies designed to reduce treatment cost, improve health, and promote productivity among PPH employees. PPH currently offers employees the following: Immunizations, including Hepatitis B, MMR, Td, influenza; Tuberculosis screening, blood pressure screening, smoking cessation class, healthy choices, and chair massages.</p> <p>In addition, Corporate Health collected proactive data regarding our PMC employees during their annual exams. From this data, the following focus is recommended in FY'06:</p> <ul style="list-style-type: none"> • Weight management • Work/life balance • Diabetic management <p>The employee Health Risk Assessment (HRA) is a personal wellness profile for employees that consists of the following:</p> <ul style="list-style-type: none"> • 39 question survey (HRA) • Complete computer bubble sheet • Answer sheet scanned • Personal wellness report generated • On-line version of HRA, as well as a Spanish version <p>The HRA also consists of clinical data, including the following: Blood pressure Cholesterol</p> <ul style="list-style-type: none"> • Total cholesterol • LDL • HDL 		

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	<p>Triglycerides Glucose</p> <ul style="list-style-type: none"> • Diabetes screening • <p>The HRA report will identify risk factors that need improvement, lab results that require further attention, health improvement opportunities, and will generate a personal wellness profile report. There are also many intangible benefits of having an HRA report, such as:</p> <ul style="list-style-type: none"> • Increasing employee morale • Increasing employee retention • Attracting higher quality employees • Improving employee satisfaction • Enhancing our corporate image <p>The next steps for PPH to take are divided into short-term and long-term steps:</p> <p><u>Short term</u></p> <ul style="list-style-type: none"> • Expand Health Risk Assessment program • Establish clinician list for speakers bureau • Establish clinician list for referral panel • Establish a wellness coordinator position <p><u>Long term</u></p> <ul style="list-style-type: none"> • Corporate and community programs • Establish employee incentive program • Academic collaboration • Cost benefit analysis • Wellness Center opportunities 		



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FY '06 GOAL OUTCOME	<p>Annual goals were established at the beginning of fiscal year 2006. A spreadsheet provided a summary of the first quarter achievement of those goals.</p> <p>Carrie Frederick demonstrated the balanced scorecard software, which can generate status reports on initiative's progress, as well as provide links to other websites. Discussion ensued regarding numerous opportunities and milestones with the implementation of the software.</p> <p>Dr. Kanter asked if tracking was available under sub-categories, and Carrie responded affirmatively, and demonstrated by using the OR's numbers. This program allows the user to view the status of an entire organization, in order to see their alignment with targeted goals.</p> <p>After review of the goals, it was noted that, under the Customer Service domain, in the Strategic Planning Committee, Objective 2.2, to "Increase physician loyalty," the FY 2005 – 2006 Target currently states the scores should be at the "98th percentile." However, Gallup has since re-calibrated their scale due to an increase in the survey size, and the Committee felt that it is not realistic to expect such a high percentile rating. Accordingly, Ted Kleiter proposed that the "FY '06 target be changed from the 98th percentile to the 75th percentile," with Bruce Krider seconding the motion, which passed unanimously, to take the item to the full PPH BOD for approval at the December meeting.</p>	<p>Take Action Item to the full PPH BOD at December 12 meeting for approval</p>	<p>Lorie Harmon to notify Christine Meaney to present item at December 12 BOD meeting for approval.</p>
COMMITTEE COMMENTS, SUGGESTIONS	<p>There were no Committee comments or suggestions at this time.</p>		

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FINAL ADJOURNMENT	8:13 p.m.		
SIGNATURES Committee Chairperson Recording Secretary	<hr/> Alan Larson, M.D. <hr/> Lorie Harmon		