

**Southeast Georgia Health System  
System Goals & Objectives  
Fiscal Year 2019**

	Champion	Quarter
<b>Quality, Outcomes, and Customer Service</b>		
<i>Hospitals:</i>		
1. Achieve a Central Line-Associated Bloodstream Infection (CLABSI) Standardized Infection Ratio at or below the Centers of Medicare & Medicaid Services (CMS) target rate of 0.50.	<b>Manager, Infection Prevention</b>	4 <sup>th</sup> Quarter
2. Achieve a Catheter-Associated Urinary Tract Infection (CAUTI) Standardized Infection Ratio at or below the Centers of Medicare & Medicaid Services target rate of 0.75.	<b>Manager, Infection Prevention</b>	4 <sup>th</sup> Quarter
3. Achieve the overall Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score system-wide at or above the 50 <sup>th</sup> percentile.	<b>Director, Patient Experience</b>	4 <sup>th</sup> Quarter
4. Implement an Opioid Stewardship Program to improve the use of opioids under the guidance of a committee consisting of a physician champion along with representatives from Quality, Pharmacy, Nursing, and Informatics.	<b>Director, Pharmacy</b>	2 <sup>nd</sup> Quarter
5. To better manage Central Line-Associated Bloodstream Infections, replace the Peripherally Inserted Central Catheter (PICC) Nurse Contract with an internal Health System Vascular Access Team.	<b>Director Patient Care Services (JJ)</b>	1 <sup>st</sup> Quarter
6. For the benefit of both patients and team members, develop a Safe Patient Handling Program to include education, assure availability of appropriate equipment and develop outcome metrics.	<b>Director, Patient Care Services (JJ)</b>	2 <sup>nd</sup> Quarter
7. Develop and implement a system-wide early mobility program to assist with fall prevention and to decrease length of stay.	<b>Director, Patient Care Services (ES)</b>	2 <sup>nd</sup> Quarter
8. Complete the sequential roll out of new Hill Rom Nurse locators with panic button and hand hygiene tracker, the	<b>Director, Patient Care Services (GG)</b>	4 <sup>th</sup> Quarter

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timing of which will be predicated upon the master facility project.		
9. Standardize patient resuscitation “crash carts” and replace defibrillators where appropriate.	<b>Director, Patient Care Services (ES)</b>	4 <sup>th</sup> Quarter
10. Develop a plan to launch and sustain Sexual Assault Nurse Examiner Program.	<b>Director, Emergency Care Center</b>	2 <sup>nd</sup> Quarter
11. Strengthen physician relations with the Health System by working with the Chief Medical Officer to conduct a physician satisfaction survey and develop an applicable response plan based on feedback received.	<b>Director, Medical Staff Services</b>	4 <sup>th</sup> Quarter
12. Develop and begin the staged implementation of the specimen collection module for positive patient identification.	<b>Director, Laboratory Services</b>	3 <sup>rd</sup> Quarter
13. Implement a hand hygiene campaign and monitoring program that will sustain compliance at >95%.	<b>Quality Improvement Director</b>	4 <sup>th</sup> Quarter
14. In collaboration with, medical staff, pharmacy staff, patient care services, and quality/patient safety, assess the feasibility of increasing the number of med alerts available to providers at the time they enter the medication order.	<b>Quality Improvement Director</b>	2 <sup>nd</sup> Quarter
15. Develop, educate and implement a System-wide Capacity Surge Plan to enhance patient safety, patient experience and patient throughput.	<b>Vice President, Patient Care Services</b>	1 <sup>st</sup> Quarter
<b><i>Brunswick Campus:</i></b>		
1. Achieve and sustain 80% or greater compliance with The Joint Commission defined stroke core measures for a minimum of 4 months after which an application for Primary Stroke Center Specialty Certification shall be submitted.	<b>Director, Rehabilitation and Sports Medicine Services</b>	4 <sup>th</sup> Quarter
<b><i>Camden Campus:</i></b>		
1. Develop a unit-specific Patient Safety Council as a pilot project to audit charts for infections (sepsis, catheter-associated urinary tract infection, central line-associated bloodstream Infection), and falls. This will consist of developing a unit-specific audit tool and monitoring the Hill Rom dashboard to ensure that the bed alarms and side rails are up and that purposeful hourly rounding is taking place. This will ultimately lead to the reduction of inpatient falls and infections.	<b>Manager, Patient Care Services-Camden Campus</b>	4 <sup>th</sup> Quarter

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<i>Cooperative Healthcare Services, Inc.</i>		
1. Implement a Transitional Care Management program across the primary care and applicable medical subspecialty practices. The new Centers of Medicare & Medicaid Services program will assist in the transition of patients from the inpatient setting to a physician practice visit and has the potential to improve patient satisfaction and lower hospital readmissions.	<b>Director, Physician Practices</b>	1 <sup>st</sup> Quarter

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<b>Recruitment, Retention, and Development</b>		
<i>System Wide:</i>		
1. Reduce Registered Nurse turnover rate to meet or exceed the national benchmark.	<b>Vice President, Human Resources</b>	4 <sup>th</sup> Quarter

	<b>Champion</b>	<b>Quarter</b>
<b>Operational Improvement, Efficiency, and Access</b>		
<i>System Wide:</i>		
1. Evaluate the need to establish a freestanding imaging center to mitigate potential losses from insurance industry limitations on hospital based advanced imaging. This Goal will be reported separately for the Brunswick and Camden Campuses.	<b>Director, Radiology Services</b>	1 <sup>st</sup> Quarter
2. Implement the Kronos Time and Attendance System	<b>Vice President, Human Resources</b>	2 <sup>nd</sup> Quarter
3. Upgrade/Convert All Kreg Systems to Axiom including the implementation of productivity and decision support.	<b>Director, Decision Support</b>	3 <sup>rd</sup> Quarter
4. Working in tandem with Southeast Georgia Physician Associates – Hematology Oncology practices to implement and transition to Cerner’s Ambulatory Electronic Medical Record.	<b>Director, Cancer Care Centers</b>	4 <sup>th</sup> Quarter
5. Facilitate complete internal review and revision of Brunswick medical staff governing documents to render them more current and practical, and improve medico-legal strength.	<b>Director, Medical Staff Services</b>	4 <sup>th</sup> Quarter
6. Implement an Outpatient Clinical Documentation Improvement program designed to improve outpatient documentation with outcomes of improved charge capturing and reduction of payor denials.	<b>Director, Medical Records and Resource Management</b>	3 <sup>rd</sup> Quarter
7. Evaluate potential models and recommend a Strategic Plan for Behavioral Health patients.	<b>Directors, Patient Care Services (SW)</b>	3 <sup>rd</sup> Quarter
8. Evaluate the feasibility of creating an inpatient smoking cessation program for Chronic Obstructive Pulmonary Disease (COPD) patients to reduce their incidence of readmission.	<b>Director, Cardiopulmonary Services</b>	3 <sup>rd</sup> Quarter
9. Implement a malnutrition identification program for the inpatient population.	<b>Director, Dietary Services</b>	2 <sup>nd</sup> Quarter
10. To assist with medication education and to assist in the reduction of readmissions, identify local retail pharmacies with which to partner and facilitate a Meds-to-Beds program.	<b>Director, Pharmacy</b>	3 <sup>rd</sup> Quarter

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11. Develop a strategic plan for the expansion of the neurological surgery program.	<b>Director, Surgical Services</b>	3 <sup>rd</sup> Quarter
12. Replace one third (1/3) of the forty five (45) existing Omnicell Dispensing Cabinets on the two campuses in preparation for sun setting the current equipment by 2021.	<b>Director, Pharmacy</b>	4 <sup>th</sup> Quarter
<b><i>Brunswick Campus:</i></b>		
1. Complete installation of the Varian True Beam machine, including interfacing with ARIA software through Citrix's operating system for the Radiation Oncology department.	<b>Director, Cancer Care Centers</b>	3 <sup>rd</sup> Quarter
2. Evaluate the feasibility of implementing a Patient Navigation Team that would accompany the hospitalist 10 hours per day, 7 days a week to assist with the admission medical necessity reviews, daily clinical progression/patient follow up, and communication facilitator for the patient care multidisciplinary treatment team.	<b>Director, Medical Records and Resource Management</b>	2 <sup>nd</sup> Quarter
<b><i>Camden Campus:</i></b>		
1. Commence operations of the Wound Care Center at the Camden Campus in conjunction with Healogics.	<b>Vice President (DB)</b>	4 <sup>th</sup> Quarter
2. Evaluate the feasibility of developing a formalized breast care program on the Camden Campus involving local physicians where patients will begin their journey of care from diagnosis to treatment to reconstructive surgery within SGHS utilizing a breast care nurse navigator.	<b>Manager, Surgical Services-Camden Campus</b>	2 <sup>nd</sup> Quarter
<b><i>Senior Care Center St. Marys:</i></b>		
1. Examine the feasibility of providing 6-7 day Rehabilitation Services coverage at the Senior Care Center-St. Marys.	<b>Manager, Rehab Services-Camden Campus</b>	3 <sup>rd</sup> Quarter
<b><i>Cooperative Healthcare Services, Inc.</i></b>		
1. Implement electronic charge capture for patients seen by providers in an inpatient or nursing home setting. Electronic charge capture will allow providers to enter charges timely, potentially decreasing account receivable days and reducing the risk of missed charges.	<b>Director, Physician Practices</b>	4 <sup>th</sup> Quarter

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<b>Coastal Community Health</b>		
<i>System Wide:</i>		
1. Complete an optimization and pricing analysis of the Coastal Community Health (CCH) facilities use of third party reference laboratories versus the use of a collaborative entity for send out testing.	<b>Director, Laboratory Services</b>	3 <sup>rd</sup> Quarter
2. Evaluate the feasibility of integrating Information Systems into the Coastal Community Health organizational structure.	<b>Director, Information Systems</b>	4 <sup>th</sup> Quarter
3. Evaluate the feasibility of continued participation in Coastal Community Health.	<b>President &amp; CEO</b>	4 <sup>th</sup> Quarter

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<b>Financial Management and Viability</b>		
<i>System Wide:</i>		
1. Maintain an operating margin, liquidity and capitalization sufficient to maintain a Standard & Poor's A3 rating.	<b>Director of Finance</b>	Quarterly
2. Manage Patient Accounts Receivable (A/R), including the discharged but not final billed component, at or below 60.0 days net patient revenue (reduced by allowances, charity care and bad debt). This goal would be adjusted should the Revenue Cycle System be implemented.	<b>Director, Patient Financial Services</b>	Quarterly
3. Evaluate the financial impact for chemo and biologics administered to determine the feasibility of continuing to offer all Food & Drug Administration (FDA) approved medications for all patients or implementing a closed formulary whereby non-formulary medications would not be provided by the hospital pharmacy.	<b>Director, Pharmacy</b>	2 <sup>nd</sup> Quarter
4. Implement Point of Service Collections.	<b>Director, Revenue and Admissions</b>	2 <sup>nd</sup> Quarter
5. Reduce claim denials by 15%.	<b>Chief Financial Officer</b>	4 <sup>th</sup> Quarter