

Strategic Plan 2019-2020

Soledad Community Health Care District

The District is comprised of two distinct entities with different roles in serving the health care needs of the community we serve. As such, this requires the strategic plan to be broken into three unique parts addressing challenges and solutions of (1) **Eden Valley Care Center**, (2) **Soledad Medical Clinic** and (3) the **District** itself as a governing entity.

Eden Valley Care Center (EVCC): The reputation of EVCC is due to the outstanding professional leadership and dedicated staff of the center. It is a culture and way of doing business here that goes beyond the appearance and condition of the facility. It is a philosophy that is demonstrated with each contact between staff and residents or visitors alike. Often referred to as “Five Star” service this superior rating is earned through a stringent evaluation process performed by both State and Federal officials charged with the evaluation of skilled nursing facilities. Providing this level of care is our first and foremost goal.

Challenges: Like many other skilled nursing facilities, quality staffing at all levels are paramount to our success in the care of our residents. Recruiting and retention are an ongoing issue. Our success continues to be based in part on competitive wages and benefits and equally important is to have a caring management team that is both proactive and responsive to serving the needs of the staff. Administratively space is an issue to find appropriate working environments for all the increased reporting and compliance requirements as mandated by regulations both state and federal.

Perhaps the single biggest challenge is seeking out the right patient/payor mix to meet care requirements our resources can provide and have them fully paid for by the income received by the facility overall. Approximately seven years ago, EVCC recognized and adopted a business plan that called for EVCC to be self-sustaining by managing its payor mix. This was based in large part on how Medicare reimburses for services provided. Medicare is now changing this methodology and have issued a new, more complex set of standards that will go into effect October 1st.

The second of our challenges is in acquiring appropriate admissions for EVCC. This has been discussed at length over time and adjustments aimed at improving this complex admission process have been initiated. However, EVCC has a ‘reputation’ amongst the hospital discharge planners of an unwillingness to accept only but the best/easiest to care for patients. With the changes put upon the hospitals calling for less patient care bed-days, there will be a growing demand to discharge ‘sicker’ patients earlier than has been the practice historically. As a consequence, we are being asked to accept and care for patients that may require a higher, more acute level of care. This new methodology is called Patient Driven Payment Model (PDPM).

Plan of Action: For the sake of continuity, this plan will address these challenges in reverse order for reasons that will become apparent.

Training for the new PDPM system has been started earlier in the year, so that our team can best be prepared to adapt to this system for the benefit of patients and facility alike. We will be modifying our admission procedures to meet the needs of our facility and working more closely with hospital discharge planners. It is important to note that it is essential that our admission team continue to be the final deterrent in this process. Please see attached plan.

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Coupled with and essential to this new admission process is our continued monitoring of the payor mix with the ideal goal of 17 Medicare beds to maintain the board's goal of self-sustainability.

Lastly, the level of patient acuity will drive the need for additional licensed staff to meet the patient needs and standard of care guidelines set forth by CMS. Our plan is to seek out additional licensed care givers by word-of-mouth and traditional recruiting methods. Continued review of wage scales and benefits will be necessary to be competitive in the labor market. We will be addressing the work space issue with addition of a modular office unit to soon be installed.

Soledad Medical Clinic (SMC): Again the reputation of SMC is one of efficiency, and quality care with a group of consistent (long tenured) caring providers and compassionate nursing personnel. The service provided include lab and imaging which is very rare in most physician offices and almost unheard of in designated Rural Health Clinics. Our patient base is made up of residents from both within the district boundaries and the surrounding communities. The payor mix is approximately 80% state aide and the remaining divided between Medicare, commercial and 'self-pay'. Here again the reputation is due to the outstanding performance of the entire staff and professional leadership.

Challenges: In a single word: space. Even with the recent remodel and addition of three additional exam rooms, the patient demand for services continues to stretch our ability to provide services in a timely manner.

Diversity of specialty services is a growing challenge brought on by the needs of our expanding patient population. Some of these services include dermatology, cardiology, endocrinology and adjunct services such as dental or mental health.

Every changing and newer technologies are an ongoing challenge be it changes to the electronic medical record, new equipment.

Staff training and compliance issues are equally challenging due to a lack of space and time brought on by high patient demand for services.

Plan of action: The construction of the Women's Health Clinic is anticipated to begin by October 1st and it is anticipated to be in operation in April of 2020. This in and by-itself will go a long way in addressing many of the space issues and in turn allow for additional services to be performed. Please see the attached the detailed plan for SMC.

Soledad Community Health Care District (District): During the tenure of Mr. Steve Pritt, he managed each of the three entities as the district CEO and licensed nursing home administrator. Without question he did an outstanding job in each of the arenas while simultaneously serving as the public figurehead for the district by participating in community events including Rotary and forging partnerships with other organization such as Salinas valley Hospital and the Soledad school district. The board and myself acting as Interim CEO, recognize the singular uniqueness of these talents.

Challenges: As was discussed at the strategic planning meeting by the board members present, Steve's uniqueness is rare and perhaps impossible to find in another single candidate to serve as CEO of the district. This being the consensus, the challenge is to restructure the management team of the District and specifically to separate and delegate responsibilities throughout this new management structure and put into place a succession plan for all key management positions within the district.

Plan of action: The CEO will oversee all operations and report directly to the Board and be the link for the board to the district employees. The CEO will establish a formal organization chart delineating the management responsibilities of each entity within the district (see attached). The district CEO will have ultimate responsibility of all activities of the organization and direct supervision over the EVCC Administrator and SMC Director. The primary responsibilities will

district CEO will have ultimate responsibility of all activities of the organization and direct supervision over the EVCC Administrator and SMC Director. The primary responsibilities will be to assure financial stability and sustainability of the district, to serve as the public figurehead and serve as liaison to the community and other activities as may be appropriate. The CEO will develop a District Administration Team to serve directly under the CEO but interface with other Administrators /directors and managers as required for the efficient operation of the district. This will also require changes to the reporting and accounting systems which will be developed in conjunction with the districts accounting consultants. New policies and procedures may be adopted as required by the changes implemented with this new management structure,

Lastly, a succession plan will be developed for all key personnel and required cross-training completed by the June 2020.