



PUBLIC HOSPITAL DISTRICT NO. 4, KING COUNTY

Board of Commissioners

MINUTES

STRATEGIC PLANNING WORKSHOP

September 30, 2015, 1:00 – 5:00 p.m.

Snoqualmie Valley Hospital, North/South Conference Rooms

(Moved from East/West Conference Rooms due to size)

9801 Frontier Avenue SE, Snoqualmie, WA

PRESENT:

Dariel Norris, President

David Speikers, Secretary

Joan Young, Commissioner

Gene Pollard, Commissioner

Ryan Roberts, Commissioner

ALSO PRESENT:

Rodger McCollum, Chief Executive Officer

Tom Parker, Chief Operating Officer

Steve Daniel, Chief Financial Officer

Kim Witkop, M.D., VP Medical Affairs

Jay Rodne, General Counsel

FACILITATOR: Charles "Skip" Houser

This workshop was facilitated by Charles "Skip" Houser, an Attorney with Pope, Houser & Barnes. A draft agenda was provided and explained that it was an evolving document and the board could change any area. The following topics were listed on the draft agenda:

Introductions

Governance

Historical context

Prior strategic plan and refresh

Revisit mission, vision and values

SWOT

Strategic planning

Implementation

Along with introductions, each person was asked to state the best and worst thing they thought could come out of today's session.

The following best/worst things stated:

BEST	WORST
Productive, time well spent, hopefully the beginning of something better to come	Not be productive; don't waste everyone's time;
Better communication, relationship building	Get mad, walk out
Cooperative effort and understanding of roles and responsibilities. Acceptance that all are unique and have a right to own opinion	Can't get along
Finances in order – here to work on strategic plan and get some work done	Get ignored for what one feels needs to be done
Increase of mutual respect and understanding	Continuation of rubber stamping
Shared vision of moving forward	Division
Basic foundation of how to get work done; framework for what strategic plan looks like	Start focusing on past decisions
Start of a process of strategic plan, not a one-time event; communication, shared vision	That we don't get there
Beginning foundation of trust and teamwork/collaboration	Reiterate past battles
Foundation to remove animosity between board and administration; increasing trust and cooperation; plan in place to move forward	Walk out today and business as usual
Establishing foundation of the respective roles and how roles work together, foundation of approach to strategic planning so all on same page, and put on the table the highest priorities in terms of issues facing board, staff and industry	Disagreement that exceeds our capacity to resolve; cannot move forward

Meeting ground rules were reviewed:

- Listen carefully
- Speak honestly
- Be relevant
- Be sensitive
- Trust the process
- Don't personalize
- Use good judgment
- Be respectful

- Focus on the situation, problem, issue or event, not individuals
- Get to the real meaning
- Don't dominate the air time, but speak up
- Have some fun

Title 70 RCW – Public Health and Safety was reviewed and discussed.

PowerPoint used to guide discussion through the following areas of discussion (slides are available upon request):

- Governance, roles and responsibilities, governing board responsibilities,
- Building Trust
- Current District Strategic Plan – 2013-2014
- SWOT Analysis

Current Strategic Plan reviewed in all categories: Mission, core values, vision, focus areas.

Current mission statement:

Promote the health and wellbeing of people in our community by providing quality care in a collaborative environment.

Mr. Houser suggested the group identify the problems and try not to seek solutions at this session. Today's workshop is more problem identification.

The elements discussed included, but were not limited to:

- Promote vs. safeguard the health of our community
- Mission statement doesn't necessarily need changed; services being provided under the mission statement need expanded
- Core Values: trust, integrity, collaboration, quality, innovation
- Mission and vision statement have ideals that are overlapped with what we actually are and what we're actually doing over the backdrop of the Affordable Care Act. If vision statement is in line with reality, we will be the absolute best swing bed program hospital in the greater Puget Sound area, that gives the best well thought out referrals. Defining who we are, what we want to be and then develop mission and vision statements to go along with that.
- Issue with the word "community." We are not just a hospital; we are a district providing all kinds of healthcare. Healthcare is not just providing within the hospital.
- Mission statement should address the following: why you exist, who you serve, what needs you meet, the geography you serve, how the services are provided.
- The services we provide today may not be the services we want to stick to or provide in the future.
- Services we provide could be "quality care."
- Cleaner, shorter, crisper a mission statement is the better.
- Beneficial to addressing and working on mission.

- Strategic plan has to be open ended for the future
- Think of a mission statement as a statement of purpose. SWOT analysis is a snapshot in time of what forces are affecting you right now. The mission does not change based on what is happening. If we change our purpose, we would need to change our vision statement. Vision statements are to talk about what we want to become; it's goal oriented, takes you out 3-5 years.
- You fulfill mission by having a vision statement that makes sure it is speaking to the purpose.
- SWOT is the strategy to get the strategic plan put in place but it does not create the mission.
- Mission statement could be simplified to provide more flexibility, i.e. to provide quality healthcare to all who walk thru the doors and to serve the people of the Snoqualmie Valley.
- Discussed limitations if Snoqualmie Valley is included in statement
- Try to reach the people of our community; more people should know about the quality care and should be using our hospital
- Using Snoqualmie Valley in the statement would tend to exclude people from outside the valley that would not be able then to use our unique swing bed program and other unique features. The term community would be better than specifying Snoqualmie Valley because that opens it up.
- Boundaries are irrelevant. People who would really identify would be the community that would want to drive to come to our hospital is North Bend, Fall City and Snoqualmie. Probably a lot of folks in Carnation identify with Evergreen just geographically.
- Collaboration is not only within our district, could be collaboration with resources of Seattle, etc.

Task delegated from the Board to the Executive Team: Come back with a revised mission statement, perhaps 2-3 versions. The board can then provide feedback and discussion. Any further input the board wishes to provide can be sent to any member of the executive team.

Current vision statement:

We will safeguard the health of our community.

Discussion points:

- Needs to be humanized. Include the word "people"; We will safeguard the health of each individual in our community
- Vision looks out beyond the mission – where you want to be
- Safeguard needs defined
- Meet changing needs/geography
- Statement needs to be practical
- Financial health needs addressed with what we want to do down the road – goals and strategies. How we become more financially robust and healthy is intertwined with who we want to be down the road.

- Right now serving a specific group and really want to serve more than that.
- District needs to learn to operate on reimbursement based on value, not volume.
Can we do this on our own or do we need an affiliation?
- To date, the District has done a great job in taking full advantage of the reimbursement structure that is currently in place.
- Provide exceptional Care
- Creative – managing resources and management of care
- Adapting
- Vision may expand; creative, practical approach providing services to an expanding geography and service area.
- How to measure and/or define exceptional
- Provide focused care
- Will we be able to transition in to a non-CAH hospital
- Promote to others, community, quality care, services
- Promote the hospital to the community

Briefly reviewed goals of current strategic plan in the areas of:

Quality
Finance
Relationships
Growth

It was suggested to go through the goals once a year to review what has been met, what has not, which goals are unachievable.

Core Values: Trust, integrity, collaboration, quality and innovation.

If you have trust, you have integrity

If you have trust, you can collaborate

If you have trust, you'll have quality and innovation

Additional assignment for the Executive Team: Would like to see a budget that we can stick to, to help us move into the future. The question needs to be answered: Will we be able to survive without critical access status when we need to? If we are going to survive, how are we going to do that? These issues should be reviewed frequently to come up with the answers. Perhaps some kind of analysis can be provided that can be used to help give the board guidance. A five-year plan to transition away from cost-based reimbursement should be presented at the regularly scheduled January meeting.

Leadership Definition:

- ✓ Establishing a clear vision
- ✓ Share the vision so others will follow
- ✓ Provide information and knowledge to realize that the vision can be obtained

Strategic Planning Definitions:

- ✓ Strategic planning is the process by which leaders of an organization, such as local government determine what it intends to be in the future and how it will get there. It involves developing a vision for the organization's future and determining the necessary goals, priorities, and action strategies to achieve that vision.
- ✓ The process by which the guiding members of the organization envision the organization's future and develop the necessary procedures and operations to achieve that future.
- ✓ The managerial process of developing and maintain a strategic direction that aligns the organization's goals and resources with its changing marketing opportunities.

SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis briefly discussed.

P.I.E.: Plan, Implement, Evaluate – What percentage would you spend on each? Most organizations tend to put most of the time in planning and implementing and very little time into evaluating. Evaluation is key to find out if things are working.

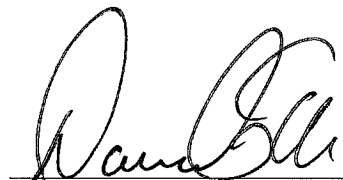
It was hoped that there could be a collective commitment to continue this process in January. As mentioned earlier, the board would like the executive team to do an analysis for the future, say the next five years.

There was a further suggestion to schedule future workshops, board development, team building sessions.

The workshop concluded at 4:35 pm.



Dariel Norris, President



David Speikers, Secretary