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Hospital

Organizational Profile

IV. Organization Profile

For us to diagnose the needs of your organization, we require specific data. This Organization Profile is a snapshot of your organization and current service culture. It is important that these documents be filled out and received no later than 14 days prior to Custom Learning Systems arriving on-site.

Please complete to the best of your ability. All information provided is extremely helpful for our Expert Implementation Team to understand your organizations needs and provides valuable recommendations for improvement.

Organization Name: **Moore County Hospital District**

ADMINISTRATION / LEADERSHIP / SENIOR MANAGEMENT / C-SUITE

Name of Administration Team/C-Suite <i>(What do you call your Administration Team/C-Suite group?)</i>	Executive Team
Number of Administration Team/C-Suite Members	8 How often do they meet? Weekly
Name of Senior Leadership Team i.e. Department Managers	Department Heads
Number of Senior Leadership Team Members	32 How often do they meet? Monthly

Please check the following if they are members of your Administration/Leadership/Senior Management/C-Suite Team

POSITION	C-SUITE	FIRST AND LAST NAME
CEO/President/Administrator	<input checked="" type="checkbox"/>	Jeff Turner, CEO
CEO Executive Assistant	<input checked="" type="checkbox"/>	Ashley Smith, Marketing & Admin Project Coordinator
ITPE Meeting Planner	<input checked="" type="checkbox"/>	Ashley Smith, Marketing & Admin Project Coordinator
COO	<input checked="" type="checkbox"/>	Ashleigh Wiswell, COO
CFO	<input checked="" type="checkbox"/>	John Sharp, CFO
CNO/DON	<input checked="" type="checkbox"/>	Yessenia Longoria, CNO
HR Leader	<input checked="" type="checkbox"/>	Kathie Fuston, Director HR, ED MCHF
Quality Improvement	<input type="checkbox"/>	Cody McCutchan, Director Risk Management / QA
Patient Experience Coordinator	<input type="checkbox"/>	
Physician Chief Medical Officer	<input type="checkbox"/>	Gasim Bella, Internist
Physician Chief of Staff	<input type="checkbox"/>	Dr. Stephanie Diehlmann, Family Practice, OBGYN
Clinic(s) Senior Leader	<input checked="" type="checkbox"/>	Connie Flores, CPO
Long Term Care Administrator	<input checked="" type="checkbox"/>	Galeana Huggenberger, Administrator MNRC
Board Chair	<input type="checkbox"/>	John Fratz, Chairman of the Board
Other Key Leaders/Influencers	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

KEY HOSPITAL FACTS

HOSPITAL	DETAILS – PLEASE COMPLETE			
Status	PPS	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	Critical Access	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	Other (please specify)	[REDACTED]		
Tax Support	Tax District	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	Annual Support Amount	\$ [REDACTED]		
Owner/Affiliate	Independent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Name of System Affiliation	NA		
Average Daily Census (Including Swing Beds)	Acute Care	[REDACTED]		
	Swing Bed	[REDACTED]		
No. of Full & Part Time Staff	Approx 350 FT / 25PT & PRN			
No. of Leaders	8 Executive / Approx 30 Department Heads			
Major Service Lines	Med Surg/ICU, Surgery, Women's Services, Imaging, Lab, Therapy, Respiratory,			
MEDICAL CLINICS/PROVIDERS	Nursing Home, Home Health & Hospice, EMS, Physician Clinics, Swing Bed			
Name of Clinic Senior Leader	Connie Flores, CPO			
Number of Clinics	7			
Medical Clinic(s) (If more than 4, please attach a list)	CLINIC NAME	CITY / TOWN	NO. OF MONTHLY VISITS	RURAL HEALTH CLINIC (if yes, check <input checked="" type="checkbox"/>)
	[REDACTED] SEE LEFT	[REDACTED]	[REDACTED]	<input type="checkbox"/>
	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
	[REDACTED]	[REDACTED]	[REDACTED]	<input type="checkbox"/>
Total No. Employed	Doctors	10		
	Nurse Practitioners	4		
	Physician Assistants	4		
Fully Staffed or Recruiting?	[REDACTED] Fully Staffed			
Total No. of Non-Employed Active Providers on Staff	[REDACTED] 2 Private Practice (Drs. Purl & Bunch)			
Describe Provider Culture	[REDACTED] Patient Centered Care, Stable			
Hospitalists	Hospital Managed?	<input type="checkbox"/> Yes	NO	
	Name of Hospitalist Group	Concord		
	No. of Hospitalists on Staff	10		
Describe Hospitalist Culture	[REDACTED]			
ER Staffing	Hospital Managed?	<input type="checkbox"/> Yes	NO	
	Name of ER Group	Concord		
	No. of Providers Employed	10		
	No. of Monthly ER Visit	[REDACTED]		
Describe ER Physician Culture	[REDACTED] Stable. Room for Improvement			

Moore County Adult Medicine | 122
 Moore County Bone & Joint | 398
 Moore County Family Health Clinic | 1,602 | YES
 Moore Count Foot & Ankle | 222
 Moore County General Surgery | 106
 Moore County Internal Medicine | 421
 Moore County OG/GYN | 518



KEY HOSPITAL FACTS (continued)

BOARD

No. of Board Members	7	
Appointed, Elected or Advisory?	6 appointed by County Commissioners, 1 appointed by Medical Staff	
Name	Occupation	Board Role, i.e. Chair, Secretary, etc.
John Fratz, Chairman of the Board,	Farming	
Stacey Grall, Vice Chairman, Business Owner		
Russell Fangman, Secretary of the Board,	Farming	
Tom Moore, Member, Farming		
Ben Maples, Member, Retired Financial		
Shannon Gillespie, Member, Oil		
Dr. Carmen Purl, Medical Staff Representative, Family Practice		

SERVICE EXCELLENCE COUNCIL

Name of Your Patient Experience Improvement Team/Committee		N/A
Chair Name		
Comments		

FOUNDATION

Do you have a Foundation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Amount Raised Last Year	\$
Comments	

VOLUNTEERS

Is there an Ancillary Group?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Type of Volunteer Services	Ancillary, Nursing Home, Hospice
No. of Active Volunteers	
Operates a Gift Shop?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Operatives a Thrift Shop?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amount Raised Annually	\$
Comments	

UNIONS

Is your organization unionized?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, Name of the Union (s)	
Comments	



KEY HOSPITAL FACTS (continued)		
STAFFING/RETENTION DASHBOARD	CURRENT	GOAL
Number of Full and Part Time Staff <i>(including Executive/Senior Management Team)</i>		
Number of Managers		
Current Annual Staff Turnover (%)	%	%
Current First Year Staff Turnover (%)	%	%
Current First 90 Days Staff Turnover (%)	%	%
Staff Turnover Goal (%)	%	%
Number of Nurses		
Current Annual Nurse Turnover (%)	%	%
Nurse Turnover Goal (%)	%	%
Number of Nurse Vacancies/Positions		
Number of Nurse Agency Positions		
Overall Vacancy Rate (%)	%	%
Estimated Monthly Overtime Cost	\$	\$
Estimated Monthly Cost of Agency Staffing	\$	\$
Signing Bonus	\$	
Staff Referral Incentive	\$	
Describe Loan Repayment Program		
Describe Tuition Reimbursement Program		

PROFESSIONAL DISCIPLINES IN SHORT SUPPLY	
1	
2	
3	

HOME HEALTH	
Own Home Health Unit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Clients	
Describe Home Health Culture	

HOSPICE	
Own Hospice Unit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No. of Clients	
Describe Hospice Culture	

AMBULANCE	
Operate Ambulance Service	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Annual Subsidy	\$
Annual Subsidy Source	
Describe Ambulance Culture	

KEY HOSPITAL FACTS (continued)

LONG TERM CARE (LTC)		
LTC/Skilled Nursing	Name and City	Memorial Nursing & Rehabilitation Center
	Current Census	38
	No. of Full and Part Time Staff	40
Describe LTC Culture	Family oriented / regulation focused	
Assisted Living N/A	Name and City	
	Current Census	
	No. of Full and Part Time Staff	
Describe Assisted Living Culture N/A		
Independent Living N/A	Name and City	
	Current Census	
	No. of Full and Part Time Staff	
Describe Independent Living Culture N/A		

QUALITY INITIATIVES	YES	NO	COMMENT
Involved in ACO	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
ACO Name			
Currently a Nurse Magnet Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Applying for Nurse Magnet Status	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Currently a Baldrige Recipient	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Applying for Baldrige National Recognition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Applying for Baldrige State Recognition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

PROCESS IMPROVEMENT TOOLS		
Which model do you use, PDSA, PDCA, QUAPI?	PDSA	
Are you actively using LEAN for process improvement?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If no, are you interested in starting the LEAN journey?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:		

COMPETITORS (Please list in the order of priority & importance)		
ORGANIZATION NAME	CITY/TOWN	NO. OF MILES FROM YOU
Hospitals and Surgical Centers in Amarillo, TX		



PATIENT EXPERIENCE MEASUREMENT – EXECUTIVE SUMMARY

MEASUREMENT

Please provide scores based upon last full rolling year 12-month report

Survey Vendor Name	Press Ganey			
Current Google Star Rating	4.6 Over all pages			
Current Hospital Care Compare Patient Survey Star Rating	N/A			
	STAR RATING ACTUAL OR ESTIMATED	TOP BOX OR MEAN SCORE	PERCENTILE RANK	SURVEY TIME FRAME BEGIN & END
HCAHPS				
In-patient		87.04	96th	02/01/23 - 01/30/24
Emergency Department ED CAHPS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		72.97	65th	02/01/23 - 01/30/24
Medical Clinics CG CAHPS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		72.93	10th	02/01/23 - 01/30/24
Ambulatory Surgery OAS CAHPS: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		96.30	96th	02/01/23 - 01/30/24
Outpatient Services				
Home Health		100.00	99th	02/01/23 - 01/30/24
Hospice		100.00	99th	02/01/23 - 01/30/24
Long Term Care/Skilled Nursing				
Assisted Living				
Independent Living				
Employee Engagement Survey			92nd	taken October 23
Physician Engagement Survey		4.77 out of 5.0		taken September 23



KEY GROUPS	
PATIENT AND FAMILY ADVISORY COUNCIL	
Name of Patient and Family Advisory Council	
Active and Effective	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chair Name and Job Title	N/A
Comments	
QUALITY COUNCIL/PERFORMANCE IMPROVEMENT TEAM	
Name of Quality Council/Performance Improvement Team	PIC
Active and Effective	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Chair Name and Job Title	Elizabeth Cortez, QAPI RN
Comments	
RETENTION AND RECRUITMENT COUNCIL/TEAM	
Name of Retention and Recruitment Council	
Chair Name and Job Title	
Active and Effective	<input type="checkbox"/> Yes <input type="checkbox"/> No N/A
Comments	
AWARDS AND RECOGNITION COMMITTEE	
Awards and Recognition Committee Name	
Active and Effective	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Charter	<input type="checkbox"/> Yes (please provide a copy) <input type="checkbox"/> No N/A
Team Lead Name	
Comments	
BOARD QUALITY/PATIENT EXPERIENCE COMMITTEE	
Name of Board Quality/Patient Experience Committee	
Active and Effective	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a Charter	<input type="checkbox"/> Yes (please provide a copy) <input type="checkbox"/> No N/A
Team Lead Name	
Comments	
DAILY SENIOR LEADERSHIP HUDDLES <input type="checkbox"/> Yes (Please describe below) <input checked="" type="checkbox"/> No	
Who Attends	
When and Where	
DAILY DEPARTMENT/UNIT HUDDLES <input checked="" type="checkbox"/> Yes (Please describe below) <input type="checkbox"/> No	
Which Department(s)	Nurse Divisions - WED (wkly)
Comments	CNO rounds daily, directors meet WED

Nursing division meets weekly to discuss:
 Staffing needs
 Census
 Special Circumstances (leaders out/coverage)
 New communication (policy/protocol/dr. needs)
 QAPI
 Safety concerns
 hospital-wide communication



CONTRACTED SERVICES (Please list the services that are currently contracted)	
BEHAVIORAL HEALTH	
Do you provide Medicare's Senior Life Solution?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Vendor	N/A - Not Offered
Comments	
DIETARY	
Company Name	Unidine
No. of Full and Part Time Staff	8-10
Comments	
HOUSEKEEPING	
Company Name	
No. of Full and Part Time Staff	N/A - In House
Comments	
THERAPY	
Company Name	
No. of Full and Part Time Staff	N/A - In House
Comments	
FITNESS	
Company Name	
No. of Full and Part Time Staff	N/A - Not Offered
Comments	
EMERGENCY DEPARTMENT PHYSICIAN	
Company Name	Concord
No. of Full and Part Time Staff	10-15
Comments	ER & Hospitalist Hybrid Service
HOSPITALISTS	
Company Name	Concord
No. of Full and Part Time Staff	10-15
Comments	
PHARMACY	
Company Name	CompleteRX
No. of Full and Part Time Staff	5
Comments	
OTHER – please describe:	
Company Name	
No. of Full and Part Time Staff	
Comments	



KEY BEST PRACTICES				
KEY BEST PRACTICES	POLICY EXISTS IF YES, CHECK <input checked="" type="checkbox"/>	RATE 5 = EFFECTIVE 1 = NOT EFFECTIVE	CAN PROVIDE COPY IF YES, CHECK <input checked="" type="checkbox"/>	COMMENTS/ CURRENT STATUS
Service Recovery	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	
Six-Foot Rule (10/5 Rule)	<input type="checkbox"/>		<input type="checkbox"/>	
No Pass Zone	<input type="checkbox"/>		<input type="checkbox"/>	
Managing Up	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	
AIDET	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	Oriented/ trained to complete. Active in doing these. Some areas better than others
Key Words/Sentence Starter	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	
FRONTLINE ENGAGEMENT BEST PRACTICES				
Awards and Recognition	<input type="checkbox"/>	4	<input type="checkbox"/>	Hospital wide. Great feedback of employees turning in nominations. Employee - lead
Service Behavior/Standards	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	
Onboarding and Retention	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	
NURSING BEST PRACTICES				
Nurse Leader Patient Rounding	<input type="checkbox"/>	5	<input type="checkbox"/>	
Hourly Rounding	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	Nurse Leader/ Employee Rounding Officer/ Leader rounding
Bedside Report	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	
Post Discharge Call Back	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	
LEADERSHIP BEST PRACTICES				
Quarterly Townhall Forums	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	
Leader Staff Rounding	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	
Name of Quality Improvement				

CEO PRIORITY GOALS (To be completed by the CEO)

Please number the goals below to indicate the priority objectives for your organization
 Provider of Choice: 1 = most important, 5 = least important
 Employer of Choice: 12 = least important
 Physician Goals: 9 = least important
 Market Growth = 2 least important

PROVIDER OF CHOICE GOALS

3	Achieve an effective level of leadership and frontline accountability for patient experience scores.
5	Achieve a CMS 5 Star patient experience rating.
1	Create effective frontline buy-in, ownership, and empowerment.
2	Create a pre-eminent organization-wide culture of healing kindness.
4	Improve patient experience scores over a 3-year period.

EMPLOYER OF CHOICE

1	Create a functional patient driven culture.
8	Create long-term recruitment, competitive advantage.
2	Create engagement and real empowerment and input into decision making.
12	Develop a Nurse "Magnet" based culture organization-wide.
6	Foster trust and communication at all levels.
10	Improve Physician/Nurse relationships.
11	Improve the results of our employee engagement survey.
5	Initiate a process of continuous education, growth, and career opportunities for all.
7	Initiate a Rewards and Recognition culture where staff feel valued and appreciated.
4	Institute cross-functional teamwork and break down silos.
9	Permanently fix our staffing vacancies/shortages/recruitment and retention systems and processes.
3	Provide Manager-leaders with world-class timely and relevant leadership education.

PHYSICIAN GOALS

7	Adopt a comprehensive strategy to retain physicians.
8	Create a competitive advantage of physician recruitment.
3	Engage physicians more actively in our on-going continuous Quality Improvement Process.
4	Engage physicians to utilize patient experience survey data as a tool for continuous improvement.
2	Identify physician dissatisfiers and take action to improve.
1	Increase patient volume by enhanced referrals from physicians.
5	Phase in an on-going timely physician engagement measurement tool.
9	Reform and/or improve our physician "Citizenship Policy" to create greater accountability for appropriate staff treatment.
6	Significantly improve physician engagement and satisfaction over a 3-year period.

MARKET GROWTH

2	Reverse market share stagnancy/decline and start growing again.
1	Significantly improve swing bed census.



CEO'S VISION AND BURNING PLATFORM (To be completed by the CEO)

VISION

In the next 3 years, I would like to see this organization be, do, and have:

According to our Strategic Plan, in the next 5-10 years, we want to achieve:

1. Construct multi-specialty RHC facility
2. Recruit and open Pediatric Practice
3. Become a telemedicine provider
4. Address mental health needs
5. Develop an Oncology Service line - cancer center
6. Expand elder care to include assisted living

TOP 5 GOALS

Top 5 Goals for Patient/Resident Experience and Employee Engagement we need to implement:

Employee Engagement - We have a pretty good thing going here - averaged greater than 90 percentile in Press Ganey survey for the past 13 years. Still, we can do better. I think the area I'd like to see improve is the sense that front line employees - when properly trained on our culture and expectations - have the ability to fix things for customers on the spot and in real time.

Patient/Resident Experience - Would like to see the scores we receive reflect the quality that is being delivered. There seems to be a disconnect (i.e. CHARTIS vs. Star Scores or Pat Sat Scores)

BURNING PLATFORM

The Primary Reason we need to improve Patient/Resident and Employee Engagement to Create a Sense of Urgency is:

Our community deserves our best effort everyday. We want to be the best rural hospital in the world. We don't get there by continuing to do the same things we've always done. That's the burning platform... to be better tomorrow than we were today.





STRATEGIC GOALS (To be completed by the CEO)

Complete if Strategic Plan is not provided. Please identify your top three (3) strategic goals in terms of:

PATIENT EXPERIENCE (List of top 3 priorities)

1	<input type="text"/>
2	<input type="text"/> Strategic Plan Sent with documentation. Please see plan.
3	<input type="text"/>

EMPLOYEE ENGAGEMENT/RETENTION (List of top 3 priorities)

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

PHYSICIAN ENGAGEMENT/RETENTION (List of top 3 priorities)

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

MARKET GROWTH (List of top 3 priorities)

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>





CURRENT INITIATIVES

CURRENT PATIENT EXPERIENCE/SERVICE EXCELLENCE PROGRAM/INITIATIVES

Name of program/initiative	<input type="text"/>	
Was started (Month/Year)	<input type="text"/>	Is led by: <input type="text"/>

MAJOR PATIENT EXPERIENCE IMPROVEMENT BEST PRACTICES PROJECTS that you are currently working to implement:

INITIATIVES YOU HAVE UNDERWAY or are getting ready to launch that require contact with and/or training for all staff:

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

TRAINING/EDUCATION PROGRAM YOU HAVE DELIVERED IN THE PAST TWO YEARS (please describe):

All Leaders	<input type="text"/>
All Frontline Staff	<input type="text"/>
Administration Team/C-Suite	<input type="text"/>
Others (please describe)	<input type="text"/>

SERVICE EXCELLENCE ACCOMPLISHMENTS IN THE PAST TWO YEARS

1	<input type="text"/>	CHARTIS/NHRA #9 CAH in USA for Clinical Quality
2	<input type="text"/>	Press Ganey Guardian of Excellence Award for Employee and Physician Satisfaction US News and World Report Top 5% Nursing Home
3	<input type="text"/>	State of TX EMS Agency of the Year CHARTIS Performance Leadership Award
4	<input type="text"/>	
5	<input type="text"/>	





CURRENT ORGANIZATION-WIDE PROJECTS/CHANGE INITIATIVES

Please list in order of priority i.e. EMR, new construction, etc.

1	<input type="text"/>	New facility completed Jan 2021; renovation s ongoing
2	<input type="text"/>	EMR changed from Meditech 6.08 to Meditech Expanse (MAASO in February 2024 Discussion adding CMO, Residency Program and Employing our own Hospitalist Group with Medical Staff and Board
3	<input type="text"/>	

Is there anything else you would like us to know?

<input type="text"/>

NAME OF EVERY INDIVIDUAL WHO SHOULD BE ACKNOWLEDGED FOR ORGANIZING THIS EVENT

<input type="text"/>	Ashley Smith	<input type="text"/>
<input type="text"/>	Yessenia Longoria Terrance McKean	<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

