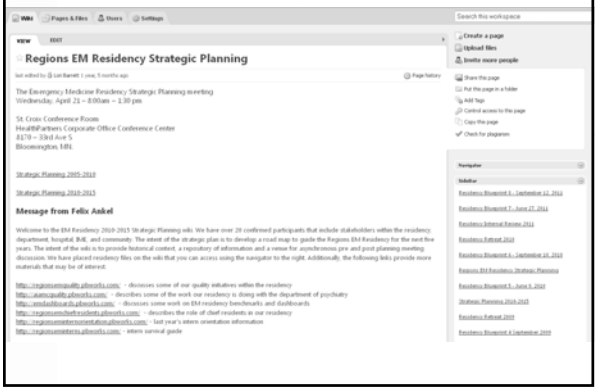
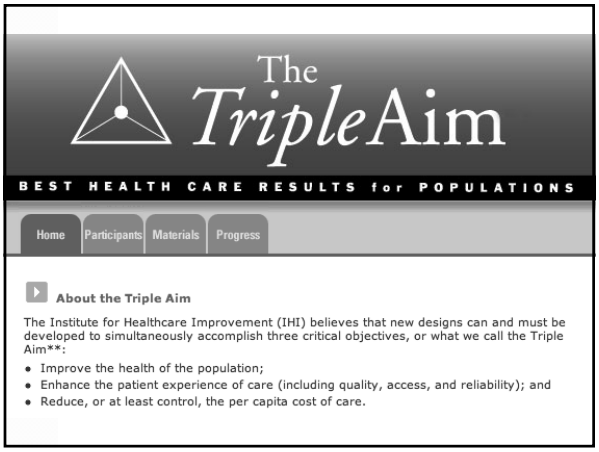
Regions Emergency Medicine Residency Retreat October 27, 2011

Felix Ankel, MD





History

- Accreditation 1995, 1999, 2003, 2009
- 108 graduates 1999-present
- 138 residents 1996-present

Mission: PAPEEMCE

Provide and promote excellence in emergency medicine care and education

- Patient centered
- Resident focused
- Team oriented
- Transparency
- Professionalism
- Knowledge
- Skills
- Attitudes
- Core competencies
- Contribution to specialty

108 graduates 1999-present

- 69 Minnesota: 15 HealthPartners, 10 EPPA, 9 United, 6 Fairview-U, 6 North, 5 Abbott, 5 HealthEast, 5 Duluth, 2 Waconia, Shakopee, Rochester, New Ulm, Princeton, Park-Nicollet
- 38 out of state: 6 SD, 4 IA, 3 WA, 3 CA, 2 ND, 2 NE, 2 CO, 2 IN, 2 WI, 2 MT, 2 UT, NH, NY, OR, VA, CT, PA, AK, TX
- 16 Academic: 14 Regions, Wishard, Mayo
- 14 Hybrid: 7 Fairview-U, 6 North, Mercy-Iowa City
- 73 Community
- 13 Fellows (3 toxicology, 2 critical care, 2 EMS, faculty development, simulation, informatics, ultrasound, international, quality & pt safety)

138 residents (1996 - present)
39 medical schools

- 48 U of M
- 9 UND
- 8 Iowa, Mayo
- 7 MCW, USD,
- 6 UW, Creighton
- 2 Nebraska, Loyola, Indiana, Kansas, Chicago Med School, Colorado, Loma Linda, SLU
- SUNY-Buffalo, Des Moines-COM, Nevada, Vermont, Penn, Hawaii, East Carolina, Arizona, Utah, Michigan State, SUNY-Syracuse, VA-COM, UCSF, Dartmouth, Yale, Tufts, Cincinnati, Morehouse, Florida, Nova-COM, Temple, LSU, UT-Houston

29 Faculty (13 Different EM Residencies)

- Regions x 14
- Henry Ford x 2
- Harvard Affiliated x 2
- Illinois x 2
- HCMC
- Brooke Army
- St Vincent's
- Christ
- Indiana
- Boston Medical Center
- Grand Rapids
- Michigan
- Resurrection

Residency Strategic Plan 2010-2015

4/21/010

- SWOT analysis
- Review of strategic plans of department, hospital, IME, and healthplan
- Outcomes (*quality)*
- Knowledge translation (*web 2.0* and work with librarians)
- Procedural competency
- Non-clinical training (*longitudinal admin*)
- Benchmarks and scorecards
- Resources (*wellness and resilience*)

Program review 2011

- 3 most important aspects of the program
- Strengths of the residency
- Areas of focus
- What should the residency ***continue*** doing?
- What should the residency ***stop*** doing?
- What should the residency ***start*** doing?
- Specific rotation comments
- Other comments

2010-2011

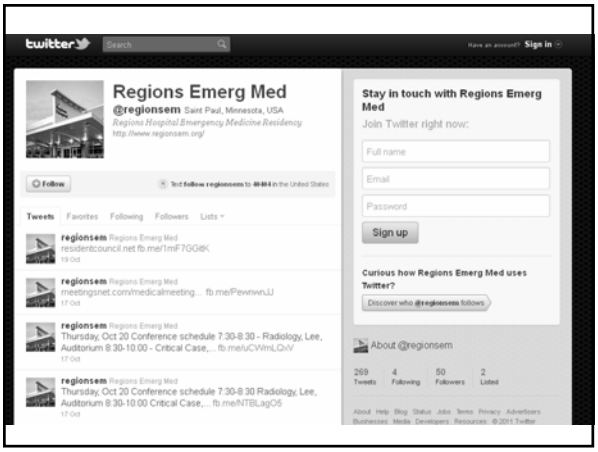
- 10 interns
- New procedural skills lab
- EMS fellow, EM-peds sponsorship
- Quality, international fellowship approval
- ROD, MSOD – longitudinal admin experience
- Night float block
- Hudson selective pilot
- Quality teams
- Recruitment boom

2011-2012

- Plastics moves from PGY1 to PGY2
- Tox moves from PGY2 to PGY1
- Shift schedule moves to 9-hours
- Eliminate single EM resident/pod overnight.
- ROD checklist development
- Quality project refinement
- Patient satisfaction reports to residents
- Resident lounge renovation
- Methodist added as community site
- No overnight intern call on SICU or Ortho

Thoughts

- Caring for patients vs. treating patients
- Complex Adaptive Systems (CAS), “Boids”
- Wisdom of Crowds, James Surowiecki
- Drive, Dan Pink
- Edgeware, Brenda Zimmerman



Questions to consider

- Web 2.0
  - Consolidate and optimize current on line interactive resources
- Longitudinal admin experience
  - Determine strengths and areas to tweak
- QI program design
  - Review, discuss progress and recommend improvement
- Wellness and resilience
  - Develop plan to maintain and improve current wellness and resilience

Questions to consider

Emergency Medicine Resident/Faculty Retreat
St. Paul Curling Club
November 18, 2010

Residents				Support/Guests			
	Catie Carlson, MD	x	Bjorn Peterson, MD	x	Pat Anderson	x	Jennifer Neville
	Katie Davidson, MD	x	JR Walker, MD	x	Lori Barrett	x	Debi Ryan
x	Autumn Erwin, MD	x	Ben Watters, MD	x	Eugenia Canaan	x	Funmi Salami, MD
x	Alex Gerbig, MD	x	Casey Woster, MD	x	John DeAngelis	x	Eric Scharrer
x	Kara Kim, MD	x	Amanda Carlson, MD	x	Marcella de la Torre	x	Kelsey Shelton-Dodge
x	Kolja Paech, MD	x	Jodi Deleski, MD	x	Eric Ellingson	x	Peter Tanghe, MD
x	Eric Roth, MD	x	Zabrina Evens, MD	x	Jimmy Haung	x	Mary Wittenbreer
x	Jillian Smith, MD	x	Becky Gardner, MD	x	Tam Huynh		
x	Timmy Sullivan, MD	x	Gary Mayeux, MD	x	Richelle Jader		
x	Peter Baggenstos, MD	x	Sonali Meyer,. MD	x	Ben Kartman		
x	Eric Dahl, MD	x	Tolu Oweyo, MD	x	Dean Langenfeld		
x	Tyler Ferrell, MD	x	Wendy Rangitsch, MD	x	Jennifer Longo, MD		
x	Kate Katzung, MD	x	Darcy Rumberger, MD	x	Emily Marino-Vang		
x	Clint Hawthorne, MD	x	Joe Walter, MD	x	Amy Murphy		
Faculty							
x	Felix Ankel, MD		Jason Gengerke, MD	x	Kory Kaye, MD		Karen Quaday, MD
x	Kelly Barringer, MD	x	Brad Gordon, MD	x	Kevin Kilgore, MD		Martin Richards, MD
	Emily Binstadt, MD		Paul Haller, MD		Peter Kumasaka, MD	x	Sam Stellpflug, MD
	Aaron Burnett, MD	x	Carson Harris, MD		Richard Lamon, MD		Charis Thatcher, MD
	Mary Carr, MD		Cullen Hegarty, MD		Robert LeFevere, MD	x	Bjorn Westgard, MD
	Won Chung, MD	x	Keith Henry, MD		Matt Morgan, MD	x	Stephanie Taft, MD
x	Rachel Dahms, MD		Brad Hernandez, MD		Jessie Nelson, MD	x	Michael Zwank, MD
	Kristen Engebretsen, PharmD	x	Joel Holger, MD		Levon O'hAodha, MD		Drew Zinkel, MD
x	RJ Frascone, MD		Kurt Isenberger, MD		Brian Peterson, DO		

Person	Agenda Item	Action Plan/Key Points
Ankel	Welcome and Historical Perspective	Dr. Ankel welcomed and acknowledged invited guests. Presented historical perspective.
	Small Group Discussions	Attendees divided into four preselected groups: Web2.0; Admin/Healthcare Delivery Curriculum; Quality Improvement Program Design; and Wellness and Resilience. Each group spent the one hour discussing and generating ideas, and one hour on developing a plan for progress.
	Large Group Discussion	Admin/Healthcare Delivery ▪ Coding. More formal conference lectures. C Hawthrone ▪ Second half of year each resident to meet individually with Eric Peterson to review resident numbers and develop plan to market self. B Watters ▪ ROD Duties. Review intro to ROD, advocacy, how to give lectures, structural organization 101, identify high-yield meetings, and time management. K Katzung ▪ Conference lectures – case study on fellowship development. Web2.0. Volunteers needed to help organize and prioritize. Feedback is also welcomed. ▪ Consolidate resources/links to one source ▪ Develop a team to coordinate content ▪ Layout/design team ▪ ROD, critical case presentation in electronic-publishable format Quality ▪ Teach QI fundamentals to all ED staff ▪ Develop a no-blame culture. Encourage communication on what we are doing right as well as where improvement is

		needed. Have on-line links to EdNet ▪ Staff development ▪ Leaders: M deleTorre and K Kim ▪ New project improvement manager to partner with QI teams ▪ Dedicated data person ▪ Pairing with administrator mentor ▪ Leaders: M deleTorre and K Kim ▪ Easy access to information ▪ QI projects linked to EdNet ▪ Historical background of QI projects ▪ Communicate to ED IT leaders. ▪ Quality Forum ▪ Show result ▪ Use the huddles to share knowledge and set the tone ▪ More guidance and fundamentals needed for QI projects. ▪ Suggested leaders: Holger, Zinkel, Hegarty Wellness ▪ Work with hospital/IME for healthier and affordable food options in the cafeteria and café. K Paech ▪ Scheduling workgroup to look at circadian shift transition, vacations, holidays, night hawk, flexibility for trades, etc. Set up a meeting with R Dahms and K Kim and the new chief. ▪ Stress decompression for dealing with challenging experiences. Open forum after shifts either one on one with staff or periodically meet with RAP. K Henry will discuss at staff meeting ▪ RAP Exposure. Small group/conference. T Sullivan, R Dahms, S Taft ▪ Clarify conference attendance rules regarding percentage of conference. Look at video viewing, other conferences (ACEP, etc), online resources for conference makeup. A Gerbig, K Paech, T Ferrell, S Taft, R Dahms. ▪ Outside social time

Did today's retreat meet your expectations?

		Response Percent	Response Count
Yes		95.7%	22
No		4.3%	1
		Comments	6
		answered question	23
		skipped question	0

1. Did today's retreat meet your expectations?

	Comments	
1	There was a lot of group discussions that were really informative and I feel like there was a lot of feedback that was given during the retreat.	Nov 22, 2010 5:42 PM
2	the group leader did an excellent job of keeping the us on track and focused. Fun afternoon, great release.	Nov 22, 2010 6:57 PM
3	This was the first time I've attended the retreat. It was a wonderful combination of group sharing and fun!	Nov 22, 2010 7:05 PM
4	Well-planned and facilitated. Thanks for the opportunity to participate.	Nov 22, 2010 9:49 PM
5	I liked mix up from SWOT analysis, really great ideas in our group.	Nov 22, 2010 10:29 PM
6	It was excellent to spend that amount of time with all the residents and attendings to all come together to share ideas.	Nov 22, 2010 11:54 PM

What did you like about today's retreat?

	Response Count
	19
answered question	**19**
skipped question	**4**

2. What did you like about today's retreat?

	Response Text	
1	shorter 'updates' and more small group.	Nov 22, 2010 5:36 PM
2	Curling was a great program bonding event.	Nov 22, 2010 6:12 PM
3	Different groups who came up with clear plans about how to make improvements. Curling.	Nov 22, 2010 6:30 PM
4	well-organized. pertinent issues	Nov 22, 2010 6:57 PM
5	Sharing, energy, fun.	Nov 22, 2010 7:05 PM
6	great chance to learn about future of EM residency and improvement plans	Nov 22, 2010 7:26 PM
7	I liked the small group format and CURLING! Also, everyone seemed to focus on the positives as opposed to turning it into a big rant session.	Nov 22, 2010 7:56 PM
8	Great way to connect as a group	Nov 22, 2010 8:50 PM
9	Good topics, amount of time for discussion	Nov 22, 2010 9:49 PM
10	Group think and problem solving, venue was cool.	Nov 22, 2010 10:29 PM
11	I liked being able to give feedback and contribute to improving the residency	Nov 22, 2010 11:54 PM
12	Good venue, relevant topics, round-table type discussion	Nov 23, 2010 2:23 PM
13	That other departments were included in the meeting.	Nov 23, 2010 5:15 PM
14	Small group format.	Nov 24, 2010 6:31 PM
15	location, discussion	Nov 24, 2010 6:47 PM
16	I really enjoyed being able to participate as an applicant to the residency. It was neat to see the goals and strategic plans for the coming years and to hang out with the residents on a more informal basis. The curling was a good choice because few people had previous experience.	Nov 24, 2010 7:06 PM
17	curling, teambuilding	Nov 29, 2010 12:57 AM
18	Having the time to have a discussion with the residents	Nov 29, 2010 3:40 PM
19	Actually coming up with plans for action, instead of just sitting and complaining/patting ourselves on the back all day.	Nov 29, 2010 7:19 PM

What did you dislike?

	Response Count
	12
answered question	**12**
skipped question	**11**

3. What did you dislike?

	Response Text	
1	I"m curious if the residency got general feedback about direction, rather than just specific feedback about topics that were small-grouped. Maybe not needed every year, but a general call for what are weaknesses is probably important to keeping things on the radar.	Nov 22, 2010 5:36 PM
2	Spending the entire time in the break out group discussing Quality. It's an important topic, but not one that I picked. I	Nov 22, 2010 6:12 PM
3	As you've likely heard, the sound was tricky.	Nov 22, 2010 7:05 PM
4	Some groups were very concrete about their action steps; others were not and may suffer from not leaving with an actino plan.	Nov 22, 2010 9:49 PM
5	I had to leave early	Nov 22, 2010 10:29 PM
6	A little more time as a large group	Nov 22, 2010 11:54 PM
7	Nothing.	Nov 23, 2010 5:15 PM
8	Acoustics but that's always hard to guage when scheduling these types of events.	Nov 24, 2010 6:31 PM
9	Nothing.	Nov 24, 2010 7:06 PM
10	the food	Nov 29, 2010 12:57 AM
11	It was a bit noisy and it was hard to hear at times.	Nov 29, 2010 3:40 PM
12	Being randomly sorted into groups	Nov 29, 2010 7:19 PM

What suggestions to you have for next year?

	Response Count
	11
answered question	11
skipped question	12

4. What suggestions to you have for next year?

	Response Text	
1	Allow us residents to choose which breakout group we are assigned to.	Nov 22, 2010 6:12 PM
2	Have people RSVP and choose a group. If no choice is made or the don't RSVP but show up, then they get assigned. I didn't want to change groups because of the numbers but there were other groups I would've liked to be a part of.	Nov 22, 2010 6:30 PM
3	None at this time	Nov 22, 2010 6:57 PM
4	Maintain the interactive workgroups and sharing/report outs!	Nov 22, 2010 7:05 PM
5	Try "world cafe" method where participants rotate among topic tables and can see and add to notes from the previous group discussion. Just an idea!	Nov 22, 2010 9:49 PM
6	I think a report on how things went over past year and then keep this format for couple years and then mix up.	Nov 22, 2010 10:29 PM
7	Either curling again or a similar activity. That was a lot of fun	Nov 22, 2010 11:54 PM
8	Follow-up from this year's topics	Nov 23, 2010 2:23 PM
9	It might be nice to rotate through the small groups to get to brainstorm on a variety of topics.	Nov 24, 2010 7:06 PM
10	Focus on improving core curriculum in our residency education.	Nov 25, 2010 5:37 AM
11	It was a wonderful retreat! I loved how the residents were empowered and led the discussions.	Nov 29, 2010 3:40 PM

Residency Planning Meeting
September 12, 2011

✓	Felix Ankel, MD		Rachel Dahms, MD		Stephanie Taft, MD
✓	Pat Anderson		Bjorn Peterson, MD	✓	JR Walker, MD
✓	Lori Barrett		Kurt Isenberger, MD	✓	Casey Woster, MD
			Emily Marino-Vang		

Item	Key Points/Action Plan
Agenda	Felix reviewed agenda and minutes from previous Blueprint meetings. - C.Woster to check with residents on whether they'd like to continue using the comment box. - P.Anderson will send interview dates to B.Peterson to try to have a chief involved in all interviews.
Program Review & Residency Retreat	Reviewed program eval. Areas identified to focus on include: - Maximizing core content conferences – this will be discussed at November curriculum committee meeting. - Improving mentorship. Encourage first year advisors to have consistent contact with advisee. Reminder should go out now to intern advisors to have meetings prior to 6-month evaluation. - Making community rotation at Hudson mandatory during senior year. Will need to communicate this change to other community sites. Reviewed current community site options. - Developing a chart review system – billing vs medical decision making. Advisors may be asked to do a brief chart audit to discuss at periodic meeting with advisees. Retreat themes - continue to expand on Web 2.0, quality, Healthcare delivery education and resiliency training. Will ask K.Kim to facilitate quality discussion. Chief residents will facilitate other discussion groups. Residents want to curl again. Will check on venue availability.
Internal Review & WebAds	Reviewed recommendations from Internal Review Committee requiring a PD response. - Discuss 3rd year peds shifts at retreat. Suggest reducing 2nd year peds rotation to 4 weeks and moving remaining 12 weeks into EM-3 schedule. - 6-month review process has been adjusted so scheduling is more timely. Moonlighting policy - R.Dahms working with promotions committee. Will update policy to reflect position that resident moonlighting must not be disruptive to other EM schedules. WebAds Section 6 reviewed - Will secure cab vouchers to offer residents who cannot safely drive home after an overnight shift. - Need to define night float. - Will investigate making all SICU shifts 12-hours and move away from 16 or 24-hour shifts.
ROD & Admin Exposure & Quality	ROD has more structured day with checklist(s) submitted. Focus: - Getting AM presentation posted on EMRes website - Developing a more user-friendly meeting calendar - Developing a "push" to residents to plan their ROD experience.
LEAN	Discussed recent LEAN process for Triage. Will try to begin a LEAN process this fall for residency administrative work for both residents and support staff with goal of identifying value-added vs. non-value-added tasks.
Web 2.0 & Education	Need succession plan for EMRes website.

Residency Planning Meeting
June 27, 2011

✓	Felix Ankel, MD		Katie Davidson, MD	✓	Eric Roth, MD
✓	Pat Anderson		Brad Gordon, MD	✓	Debi Ryan
✓	Lori Barrett	✓	Bjorn Peterson, MD	✓	Stephanie Taft, MD
✓	Kelly Barringer, MD	✓	Kurt Isenberger, MD		JR Walker, MD
✓	Rachel Dahms, MD	✓	Kara Kim, MD	✓	Casey Woster, MD
			Emily Marino-Vang		

Item	Key Points/Action Plan
Agenda	Felix reviewed agenda and touched on previous meetings. He also gave some historical perspective on topics for discussion.
Chief Advice	Attendees gave the following advice to incoming chief residents: - Communication between chiefs is key - Everyone is a resident and residency advocate - Encourage residents to problem solve - Potential resident issues – notify Felix and Rachel early - Resident presence is critical to the ED - Keep directors and Lori and Pat in the loop
Program Review	Reviewed program eval. Areas identified to focus on include: - Staff support for quality projects - Maximizing core content conferences - Improving mentorship. Encourage first year advisors to have consistent contact with advisee. - Look at focused procedural competency training, e.g., workshops in areas such as epistaxis management, US guided IJ's. Will look at current weekly workshop schedule and suggest changes.
ROD, Admin Exposure & Quality Training	ROD: Clarify ROD expectation and responsibilities. Tighten up the ROD presentations to include daily presentations Mon-Fri at 7am and 3pm for all staff in the break room. If no ROD, then faculty to present. Presentations should be 3-5 minutes and be postable on blog. Casey will take lead to get implemented. Workshop time changes to 1-2:30 starting 7/6 to allow ROD to attend morning admin meetings; this also fits better with evening shift starts. Discussed incorporating ultrasound into workshops. QI: Clarify G1 QI project expectations. Less frequent QI project conference time dedication.
Fall Retreat 10/27	Integration of teaching themes. Continue to expand on Web 2.0, quality, Healthcare delivery education and resiliency training. Ideas for possible retreat venues were discussed.

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Our vision: **Our vision is to be the patient-centered hospital of choice for our community.**

	Success	What drives our success?	How will we make success happen?	Department/Division: How will we make success happen?
People	***A highly engaged and committed workforce as measured by:*** • Improved employee well-being • Increased workforce diversity • Alignment with our mission and values across HealthPartners	Build on our culture of **partnership** • Respect • Accountability for excellence (go above and beyond) • Involvement and engagement	• Live our Promises to Each Other: o Be Reliable o Demonstrate Excellence o Show appreciation o Have a Positive attitude o Embrace differences o Communicate effectively o Work as a Team • Create clear expectations and priorities with every employee • Leaders will involve and engage staff to improve all we do • Work effectively with organized labor to achieve our market objectives	Support further development of high performers and actively manage underperformers In the people dimension support culture change by implementing key strategies (huddles/unit practice councils) that address accountability/ownership Support use of Regions Manager Expectations Plan (90 day action plan) Support focus on creating a culture of respect - Re-tool Healthy Workplace Improve All Employee Survey engagement results Improve employee survey results in "overall, I am satisfied with my company as my employer"
		Cultivate an environment where people can: • **Thrive** • **Grow** • Feel **appreciated** • Have **FUN**	• Deliver HealthPartners tools and resources that allow employees to achieve their personal health goals • Promote individual professional development • Focus leadership development efforts on respect, involvement and engagement, communication, accountability and cultural competence • Every employee will receive regular feedback and valuable, timely annual performance reviews	Provide tools and training that strengthen our leaders' skills Provide regular feedback and valuable, timely annual performance reviews Maintain positive momentum – success increases the likelihood of future success Leverage workforce efficiency and effectiveness, and workforce planning Continue to develop and implement key wellness strategies - increase employees & significant others to take assessment - increase employees to complete programs
		Expand **diversity and inclusion** work within the organization	• Retain and develop diverse employees • Target recruitment of diverse candidates • Implement initiatives that foster an inclusive environment and opportunities for growth • Improve the cultural competence of our workforce	Strengthen strategies to grow diverse candidate interest & applications Finalize implementation and ongoing monitoring of diversity hire reports Diversity Recruiting – Executive informational interviews Continue equitable care work, fellows program, communication strategies to achieve a culturally-inclusive work environment Assess job & education requirements to broaden a professional pool of candidates
		Foster simple, clear and concise **communication**	• Share our direction, successes and challenges openly, including our health care reform strategies • Seek to understand and listen • Build accountability through honest, open, two way dialogue	Clear, concise communication delivered through employee forums, huddles and e-messaging to staff Improve Pulse Survey Results "I feel informed where my company is going"
Health	***Improved health for our patients, members and community as measured by:*** • Better well being, more satisfied and healthy lives • The best local and national health outcomes and the best performing health care costs in the region	Every division and department **develops plans** that achieve Partners for Better Health goals using capabilities from across the organization	• Use Partners for Better Health 2014 goals as a guide to set each division and departmental annual plan • Work with partners from across the organization to maximize results and deliver on unique health solutions • Focus on communication, transitions and care coordination	Each individual department's annual plan will align w/Partners for Better Health 2014 in order to support success across the organization
		Reduction in disparities based on race and economic status	Design and implement interventions to improve results	Implement and integrate EBAN approach to equitable care
		Improve the health and **wellness of our own employees**	Actively promote the health and wellness of our own employees	Implementation of Region's new Health and Wellness Center of Excellence and the HealthPartners wide "Be Well" brand Develop specific interventions to increase the health and wellness of our employees
		Partner with others in the community to **reduce socioeconomic and physical environmental barriers** to better health	Advance public policy and focus on eliminating disparities, improving mental health care and outcomes and promoting and supporting healthy lifestyles	Continue efforts to affect public policy development CCDS model of care ▪ Participate in joint research project with HCMC ▪ Analyze utilization data to determine improvements to spread across multiple payors
		Achieve **optimal health** by: • Increasing customer knowledge and adoption of **healthy behaviors** • Providing **support for living well** with acute and chronic illness and disease	• Interventions and tools to help customers achieve optimal lifestyle • Interventions focused on improved patient care transitions • Implement and spread decision support for specific health conditions and end of life care • Assure customer preferences guide care	Increase referrals to Care Management/Disease Management programs End of Life: Continue efforts to provide optimal health content and patient education health materials Develop interventions and tools to help patients achieve optimal lifestyle
		• Improve HEDIS performance to be in the **top 10** health plans nationally • Across care delivery, achieve **best performance** in publically reported measures for every area and specialty	• Design and implement interventions to achieve targeted results	Monitor, manage and achieve excellence in clinical quality care as measured by top publicly reported results ▪ Leapfrog performance ▪ AHRQ performance ▪ HealthGrades performance ▪ State of MN/National Measures
		Focus on **affordability** in all we do	• Strategically target improvement initiatives that optimize health, experience and affordability • Implement alternative methods for care delivery (e.g., phone, e-visits, online, etc) • Extend payment method and Total Cost of Care measurement that incents value • Focus on access and communication, care coordination, patient self management and registry development	Achieve readmission targets
		Improve **coordination of care** that lowers costs and improves experience	• Develop and promote new innovations that achieve triple aim value internally and in partnership with others • Smooth transitions of care by providing seamless coordination across sites of care and amongst providers of care (e.g., heart care readmission reductions)	Improve hand over, communication, discharge information – (Western WI, outstate, local) Implement Personal Decision Support (AKA Shared Decision Making) Continued development of Palliative Care and End of Life care as patient preference care Interventions focused on improved patient care transitions and reduced readmissions
		Customers are **safe** in our care	• Accelerate safety work to achieve industry leading results	Reduce adverse events Redesign safety survey to identify information that further supports a culture of safety Reduce the number of infections at Regions Achieve and manage Ancillary Services Health Goals (improve lab, radiology, therapy and pharmacy medication turnaround times)

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	Success	What drives our success?	How will we make success happen?	Department/Division: How will we make success happen?
Experience	***Deliver an exceptional experience that customers want and deserve at an affordable cost as measured by:*** • Improved customer experience • Enhanced respect and trust by patients and members • Customer recognition of the value of our care and services • Engaged and informed patients and members	**Anticipate** the needs of the patient/member to: • Provide smooth handovers across the continuum of care and services • Design approaches to support patients and members in getting health care services that best meet their needs	• Expand the voice of our patients and members in the development of our services and products • Focus on improved patient care transitions • Provide an integrated approach for cost of care assistance • Equip employees to more effectively guide patients and members in meeting their overall health care needs	Improve Patient Satisfaction by - ▪ 'Did everything to help your pain – increase results to top decile' ▪ 'Patients/families experience increased personal attention upon arrival & departure" (see guest services work plan) ▪ Patient centered support and tools to meet their needs
		• **Communicate** more effectively with patients and members • Hire and support employees and caregivers to create a positive **emotional connection** between our patients/members and us	• Equip employees with the necessary skills/expectations to provide an exceptional customer experience • Deliver on our commitment to Promises to patients, members and families	Achieve Best Care Best Experience patient experience as measured by top decile scores in communications dimensions Achieve Emergency Department Experience Goals (increase Fast Track Utilization, reduce patients left without being seen, reduce wait times) Achieve Ancillary Services Experience Goals (improve cleanliness of environment, transport response time, pharmacy discharge medication timeliness) Create unified Brand experience/approach
		• Be amazingly **easy to use** • Improve **access** to care and services	• Introduce new approaches that solve the health plan benefit needs of our customers • Increase offerings that make it more convenient and affordable for customers to access care and service, including phone, online and mobile options • Increase awareness of coverage and care options that meet customer's needs • Expand new patient/member "welcome" approaches	Increase awareness of services/care we offer – cross marketing Improve/decrease patient wait time in the ED Report ED & urgent care wait times on website Achieve access and flow improvement ▪ Reduce ER closing (divert) hrs ▪ Reduce Regions direct diverts ▪ Increase the number of patients discharged before noon Improve Regions Direct responsiveness – one phone call to admit
		Provide more **customized** personal care and services	• Be proactive in reaching out to patients and members for their individual needs by establishing a preferred communication approach • Expand use and availability of decision support capabilities • Reduce disparities in member and patient overall experience • Build on communication redesign work to improve health literacy	Reinforce cultural competency work Consistently and reliably deliver Best Care Best Experience Improvement in listening to our patients
Stewardship	***Deliver greater value, growth, and financial results as measured by:*** • Growth in members and patients • More affordable care and coverage • Leadership in providing community benefit • State and federal reform that furthers our mission • Achieving net income target	**Grow** • Increase medical and dental membership • Increase patients in our clinics and hospitals • Increase our health and wellness customers	• Focus on member and patient retention strategies • Execute on marketing and sales strategies • Expand our group practice building strategies including a focus on pharmacy • Engage employees in willingness to recommend our care and coverage • Continue to evaluate merger and affiliation options	Continued commitment to pursue Behavioral Health expansion Provide Leadership & Resources for Western Wisconsin Continue employee engagement strategy to increase employees willingness to recommend Execute marketing strategies (Take Me to Regions & Doc Hollywood) Continue group practice building strategies to achieve capture rate targets Deliver on outreach business plan
		Improve **affordability** of healthcare • Reduce cost trends • Design contracted network payment to reward affordability • Maintain low administrative costs • Reduce the cost of care in our own care delivery system	• Implement and expand Total Cost of Care payment approaches • Develop new strategies that achieve triple aim results • Introduce new products that are more affordable • Implement strategies to address over-use, under-use, and misuse of healthcare • Introduce more cost effective care options • Expand use of Lean and other tools to improve efficiency • Provide customers with tools to support care and coverage decisions	Implement strategies to reduce readmissions Improve accessibility to time & attendance data to make it easier for local leaders to manage "staffing costs" (overtime, FMLA, FTE utilization) Continued management to benchmark level of staffing Introduce & implement LEAN to Medical Executive Council Successfully mitigate reimbursement rate cuts at the state and federal levels Implement Resolute and Epic ADT Deliver ongoing supply cost savings
		Foster a culture of **integrity**	• Systematic training and reinforcement on ethical business practices, compliance and privacy	Achieve 100% compliance training Support the culture of patient privacy and compliance Implement record retention policy
		Provide **community benefit** and influence development of standards	• Tell our community benefit story • Shape discussions on community benefit at state and federal levels	Proactively engage in communication (internally and externally) to accurately capture Regions community benefit Implement community benefit reporting system Continue to expand philanthropic support for key hospital programs and needs
		Shape **healthcare reform** implementation	• Advocate reform platform with policymakers, regulators and community partners • Prioritize and participate in reform development and implementation • Engage stakeholders, including employees, in our reform efforts	Participate in and support HealthPartners Accountable Care Organization work Advocate reform platform with policymakers, regulators and community partners Engage stakeholders, including employees, in our reform efforts Strong partnership and work with legislature Evaluate healthcare reform demonstration & grant opportunities

Our mission: **Our mission is to improve the health of our patients and community by providing high quality health care which meets the needs of all people.**

Our values: **Passion Integrity Teamwork Respect**

Updated 11/4/10

Residency Strategy Planning Meeting

Thursday, April 21, 2010 8:00-1:30
St Croix Room, 8170 Bldg
Recorded by: Pat Anderson

Present

Pat Anderson	Cullen Hegarty, MD	Pete Tanghe, MD	Jeff Fritz
Gary Gosewisch, MD	Eric Roth, MD	Katie Davidson, MD	Tim Lindquist
Jessie Nelson, MD	Eugenia Canaan	Richelle Jader	Drew Zinkel, MD
Felix Ankel, MD	Jon Henkel, RN	Susan Walls, RN	Elie Gertner, MD
Kate Graham, MD	Jennifer Schiffler, RN	Marcella de la Torre	Manu Madhok, MD
Carl Patow, MD, MPH	Maddy Cohen, MSW	Kara Kim, MD	Mike Zwank, MD
Lori Barrett	Keith Henry, MD	Steve Wandersee, PA-C	Brad Gordon, MD
Mary Healy, RN	Stephanie Taft, MD	Scott Donner, MD	Marc Martel, MD
Karen Quaday, MD	Rachel Dahms, MD	Gretchen Leiterman	
Aaron Burnett, MD	Brad Hernandez, MD	Mary Wittenbreer	

Item	Action Plan/Key Points
SWOT	As a group a SWOT table was made identifying our residency's strength, weakness, opportunities, and treats. Table is attached.
Review or Other Strategic Plans	How can we strategically integrate the residency into the plans of the department hospital, IME, and healthplans?
Outcomes:	What characteristics of knowledge, skills and attitudes in a graduating resident are sought after by employees? Employers are looking not only for smart ED physicians, but for physicians with the following qualities: - team players - good communication skills - humanstic characteristics - empathy - patient advocate - documentation competency - leadership ability - good follow through - effective teachers - adaptable to new culture - creative - good management/organization skill - What are the things Regions is doing to graduate residents with these qualities and what can we do to influence our grads for the future. Regions has done the following: - Robert Knopp Humanism Award - Shift card evaluations which include patient care compassion to promote culture of kindness. - IME sponsors a Core Competency Conference each year. This year the theme is "Communication as a Driver of Quality" with workshops on Interpreters' Observation on Medical Communication. Afternoon session with be a trip to MN Institute of Art for an exercise in visual thinking strategies.

Knowledge Translation	How do we translate best knowledge into best practice? Discussion and thoughts: - In the future there will be more expectation of obtaining information on the go through smart phones, Twitter, etc. - More interactive websites - CME courses to keep staff skills up - Core lectures to teach core competency with most up to date literature. Need to have ongoing renewing library for education. - Resident QI projects for best practices. - Develop a depository of up to date educational data. Integration of quality into the didactics - Disseminating knowledge through QI initiatives - Introduction of critical appraisal of conference lectures - Incorporate EBM into practice and look at outcomes - EKG curriculum. Look at teach class specific level of training, experiential training, smaller group sessions. - Resident one on one sessions with faculty
Procedural Competency	How do we ensure procedural competency? Discussion and thoughts: - New grads have it. - Sim labs for maintaining skills - CME courses - Teaching each other - Hospital are moving toward requiring staff to show that they are competent in procedures by documenting a required numbers of procedures - Education day with a combination of teaching and stations. - Resident procedural competency verification by staff - Feedback to resident - Regional resource for rarely performed procedures – have residents teach community physicians. - Class-specific ultrasound training
Non-Clinical Training	How do we train future leaders of the healthcare delivery system? Discussion and thoughts: - Encourage more community involvement - Patient satisfaction data included in 6 month evals. - Conferences focused on communication and scripting - Teach by role modeling - Constructive feedback - Resident comparison with RVU per hour. - 360 evaluation
Benchmarks & Scorecards	How do we measure our outcomes to our goals? Discussion and thoughts: - Push on trying to get Picker to adopt a point of service mechanism. - Smart, kind, fast – report card - Report card with patient complaints, speed, tract utilization, peer evals, team player
Resources	What resources will we need to ensure success?

SWOT

Strengths	Weaknesses	Opportunities	Threats
Leadership/Faculty	Few other Regions' residents	Educational synergy	Increasing number of residencies, recruitment challenges
Resident Applicants – interests, geographic, Intelligence	Lack of integrated admin experience	Integration of quality	Decreased funding for educational offerings
Collaboration	Diversity	Collaboration with local programs	Academic suprastructure funding
Organization	Research execution	Fellowship development	UMN funding challenges
Vitality	Documentation time	Integrating IHI triple aims (performance, experience, stewardship)	Lack of team connection in ED pods
Educational Quality	Communication across Pods	Simulation vision – develop faculty	Becoming in-bred, lack of diversity
Support	Educational space	Community selective sites - collaboration	Decreasing leaders/admin support "depth of bench"
Prominence and National Recognition	Coding and billing education	Improve documentation model	GAMC funding impact
Hospital Integration	Simulation infrastructure	Use library resources for customized information push through web 2.0 means	Academic time
Community Resource	Underutilization of knowledge based resources	Leadership development – Systems – Bedside	Lack of outcomes data to support value of education
Quality of Residents	Integration of inpatient peds	Develop research	Research support
Teaching	Ortho reduction skills	RN mentorship	Balancing service vs resident needs
Systems-based	Patient satisfaction	Mutidisciplinary sim	Autonomy vs integration
Reputation	Psychiatric curriculum	Regional UME-GME-CME collaboration	Bedside teaching experience & support
Quality of graduates	Minimal educational offerings to other ED providers	Collaboration with other disciplines Integrated education	Running a pod – clinical leadership
Innovative	Geographic location	Clinical learning center	Competing priorities - complexity

Stable	Minimal dissemination of education to regional community hospitals. Lack of educational marketing.	Healthcare advocacy	Maintaining clinical/educational quality
Responsive	Clinical research infrastructure	Unique rural experience (WI)	Maintining quality simulation
Flexible	Sub-optimal use of Epic	Relationship with UMN	New chair (unknown)
Resilient	Admin load	Expanded role of patient education	Community support (selective)
Critical Care Exposure	Increasing reporting demands without admin support	Publishing our work	Lack of consistent ownership of dept.
Quality of fellowships		Faculty development	Faculty retention – faculty development
Humanistic		Highlight critical care experience	Caregiver well-being
		EMIG involvement	Disruptive forces in healthcare delivery systems, e.g., freestanding EDs.
		UMN resources	Stability of academic EM department at UMN
		Medico-legal and media training	
		Real-time resident feedback: patient satisfaction, quality markers, performance, stewardship	
		Evolving technology	
		Defininition of procedural competency standards	
		Regional center for procedural competency training	