DRAFT
9.13.23

$$V = \left[\frac{Q+S}{C}\right] \times E$$

Stanford Health Care's Value Equation
Value equals quality plus service divided by cost, amplified by the engagement of our employees

Stanford MEDICINE
Health Care

OPERATIONAL PLAN FY-2024
TARGET FOR YEAR

QUALITY, SAFETY & HEALTH EQUITY (Q)
Vizient Top Performer*

*Vizient Top Performer is 5 Star Inpatient and Top Ten Ambulatory (Goal is for SHC only)

Mortality
Mortality Index: <0.70

Safety
Hospital Acquired Conditions (HACs):
- Reportable HAPI Rate: ≤0.12/1,000 Patient Days
- Inpatient Falls with Injury Rate: ≤0.40/1,000 Patient Days
Hospital Associated Infections (HAIs):
- CLABSI SIR: ≤0.90   - COLO SSI: ≤0.70
- CAUTI SIR: ≤0.62   - HYST SSI: =0.00
- CDI SIR: ≤0.62
Postoperative Sepsis (PSI-13) Index: ≤0.71

Effectiveness and Efficiency
30-Day Readmission Rate: <11%
Length of Stay Index: <0.91
Advance Care Plan Rate: >25%

* Data sources: Vizient, NDNQI, NHSN, and SHC Internal Data

HealthEquity
Annual Health Equity Report: Continue to identify and analyze disparities in Quality and Safety outcomes
Develop a written action plan to describe SHC's approach to address at least one hospital and ambulatory-based health care disparity in our patient population
Equitable Access to Research: Perform baseline assessment of inclusion practices related to underserved populations/patients enrolled in hospital-based clinical trials

Sustainability/ Climate Health
Greenhouse Gas Emissions Reduced by 3%
Waste Diversion from Landfill by 5%*

PATIENT EXPERIENCE (S)
84.3%*

* Composite Score - 80% LTR, 5% Video Visit, 15% HCAHPS Domains (Goal is for SHC, Tri-Valley and Partners)

Overall Ratings
Likelihood to Recommend: 86.2% Video
Visits Overall Experience: 85.0%

Timely, Appropriate Access
Improve Access for Urgent/Emergent Patients (as Defined by SoM and SHC)
- Emergency Department and Inpatient Discharge Follow-ups
- Clinically Appropriate Patients That Can Be Seen in Lower Acuity Settings – Avoidable ED Visits: <35.9%
- Increase Post-Discharge Follow-Up Within 7 Days for Ambulatory Care Sensitive Admissions: 48.2%
Improve Access for Clinically Appropriate New Patients Towards Median Benchmark
Ease of Scheduling: 73.5%

[1]Tied to Inpatient Vizient rank within Quality domain – Patient Centeredness HCAHPS Domains

Improve utilization of MyHealth/Digital Access by:
- 90% of patients enrolled
- 30% of appointments added to waitlist
- 20% of referrals lead to a scheduling ticket as appropriate

Communication
Communication about Medicines[1]: 65.4% Nurse
Communication[1]: 82.9%
Doctor Communication[1]: 84.3%

Culture: Inclusion, Diversity & HealthEquity
Implement Phase 3: We Ask Because We Care Accommodations

Care Coordination
Care Transitions[1]: 64.1%
Staff Worked Well Together: 82.4%
Patient Understood What To Do After Video Visit: 75.5%

ENGAGEMENT AND WELLNESS (E)
Fully Engaged*   **Joy in Medicine***
42%   ### Gold Status

*Fully Engaged determined by SHC Engagement Pulse; Joy in Medicine determined by AMA (Fully Engaged goal is for SHC only)

Employee Engagement
I Have a Chance to Use My Strengths Every Day at Work[1]: >50% Employees Responding 5.0
At work, I Clearly Know What Is Expected of Me[1]: >57% Employees Responding 5.0

Diversity and Inclusion
Aspire to Expand Underrepresented Talent** Represented in Leadership Roles
Increase Underrepresented Talent ** fully engaged 31% baseline
**Defined as American Indian or Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian, Other Pacific Islander, Southeast Asian (Filipino, Hmong, Cambodian, Thai, Vietnamese), Sexual Orientation and Disability

Culture of Sustainability
Improve Air Quality by Reducing Single Occupancy Vehicle (SOV): 5.7%

[1]Fully Engaged determined by SHC Engagement Pulse

Create a Respectful Work Environment for All
Fully Implement Violence and Mistreatment in the Workplace Strategic Plan (6 Initiatives)

Optimize Procedural Environment for Patient Care and Support Teams
Cases Accurately Scheduled: 80%
Shorten OR Turnaround Time: Meet Specified Turnover Goal by Location 60% of Time

Optimize Clinicians' Time in Ambulatory Practice Environment
Implement 3 Enterprise Technology Supported Standards to Improve Inbasket Burden
Decrease Physician Inbox Burden by 10% in 4 Clinical Target Areas (Primary Care – Faculty and SMP, Neurology, Hematology, Endocrinology

FINANCIAL STRENGTH (C)
Operating Budget
$408M
(Goal is for SHC, Tri-Valley and Partners)

Clinical Improvement - Patient Flow
Improve SHC ALOS to 6.5 Days:
- Improve cost/discharge (CMI adjusted) from FY23
Reduce ED Boarder Hours from FY23

Workforce Optimization
Labor Hours/Unit of Service (Adj Days) : <FY23 Baseline
Reduce Wasted Effort and Simplify Daily Activities:
- Implement One or More Team Improvement Initiatives in FY24

Non-Labor Savings
Non-Labor Savings Program: All Departments Across SHC: $40 Million

Revenue Cycle
CDI & Coding: $30 Million

Elevate DSL/SL Financial Performance
Meet or exceed FY24 Contribution Margin (CM) Dollar Targets.[1]
Improve Contribution Margin Efficiency by 0.5%[2]
Consider the following strategies:
- Increase appropriate volumes
- Implement evidence-based clinical pathways
- Implement revenue cycle improvements
- Reduce unintentional variation
- Explore site-of-service improvements
- Leverage the Ambulatory Access Compacts
Other DSL/SL-specific improvements

Improve Efficiency
Improve Cost/ Adjusted Discharge Benchmark from FY23

[1]CM dollar targets will be provided for each DSL/SL
[2]Contribution Margin divided by Net Revenues

Targets listed are at the organizational level. Targets for all local areas will vary accordingly.