

Medical Imaging Strategic Plan

2020-
2022



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Medical Imaging Strategic Planning Team

In August 2020 Medical Imaging Department embarked on a strategic planning process to define goals and strategies designed to improve the effectiveness, efficiency and work flow of the department. Physicians, administrative and department leaders attended a work session to create a vision, develop goals and strategies to achieve during the two year time frame. The committee consisted of the following members:

Gina Benavides
Clint Brooks
Dr. Burton
Monique Daigle
Dr. Dillon Jr.
Shelley Ebenal
Dr. Evans
Julie Fry
Dr. Fowler
Nancy Griffith
Tammy Johnson
Teri Kiss
Eric Nesbitt
Joseph O'Connor
Dr. Ramirez
Roy Roehl
Joan Sonnenburg
Joyce Vandersommen
Nicole Welch

Facilitators:
Suzan Bast
Becky Blodgett
Liz Woodyard

Medical Imaging Department

Medical imaging is a field of medicine including many various modalities used to image patients in a variety of ways. In our organization, these modalities include; ultrasound, mammography, dexta, MRI, diagnostic x-ray, CT, nuclear medicine and radiology nursing. Imaging guides providers to correct diagnosis and/or treatment plans for many, many patients. Imaging is also utilized to provide guidance for tissue sampling as well as other interventional procedures such as drain placements.

Staffing

The Medical Imaging Department is currently budgeted for 64.1 FTE's representing approximately 75 staff members. All clinical staff are registered nationally with our nurses licensed in Alaska.

Technologists are required to hold advanced qualifications in their modality within 18 months of hire. These staff members represent all of the modalities above as well as our support staff. Our team performs almost 80,000 exams each year throughout locations comprising of emergency, inpatient and outpatient.

Imaging exams are performed at three locations; FMH, FIBC and TVC First Care.

FMH: x-ray, CT, MR, nuclear medicine, and ultrasound

FIBC: x-ray, CT, MR, nuclear medicine, ultrasound, dexta and mammography

TVC: x-ray and CT

Radiologists

We contract with a local group of seven radiologists, Radiology Consultants Inc. who cover all locations and perform procedures onsite.

Leadership

Medical Imaging Director, Medical Imaging Supervisors, PFS Supervisor and Nursing Coordinator

Leadership is responsible for coordinating care, staff scheduling and education, have direct reports, and are responsible for protocols and policies in their areas as well as any regulatory requirements.

Staff

Mammography Technologist, Ultrasound Technologist, MR Technologist, Multi-modality Technologist, Diagnostic X-ray Technologists, CT Technologist, Nuclear Medicine Technologist, RN Acute, Digital Imaging Clerk, Medical Imaging Assistant, Administrative Assistant, POS Charge Specialist, PACS Analyst and PACS Analyst Senior

FDA	Mammography
ACR	Mammography (2 units + stereotactic biopsy) CT (3 units + cardiac) MR (3 units + breast) US (breast) Breast Center of Excellence
DHSS	All x-ray and CT units (each x-ray tube)
NRC	Nuclear Medicine

Mission, Vision and Values

Mission

People First. Community Focused. Excellence Every Time.

Vision

To be the interior of Alaska's imaging center of choice for both providers and patients, providing customer focused high quality state of the art imaging services.

Core Values

Excellence

We work as a team to bring experience, advanced technology and best practices to our community in order to provide the highest quality of care for our patients.

Integrity

Our actions are honorable, transparent and conducted in the best interests of our patients, their families, our employees, our community and our facilities.

Compassion

With understanding and empathy, our team anticipates the needs of others and acts to meet those needs appropriately, meaningfully and with kindness. We genuinely care about and feel a responsibility for the well-being of others.

Stewardship

Our team meets the diverse healthcare needs of our community by wisely managing our human, physical and financial resources.

Responsiveness

Our location on the edge of the Arctic inspires practical determination, strategic collaboration and a sense of independence that keeps us responsive to the people of Interior Alaska.

Trust

Patients can trust that our team will complete exams quickly and accurately.

Accuracy

Appropriate performance and interpretation of quality radiologic and medical imaging examinations.

SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats

A SWOT Analysis serves to create a big picture view of what is going on inside and outside an organization. The SWOT Analysis was performed by the entire Strategic Planning team, with the following findings:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Leadership • Commitment of the team • Rad Nurses • Radiologist (top notch) • Range of modalities • Capacity potential • Long term partnerships • Large referral base • Community loyalty to FHP • Teamwork • Ceiling lift • Human capital • Location – accessible • Nice facility • IT • Technology (new CTD3D mammo) • Breadth of services • Breast Imaging center of excellence • Willingness to train – grow our own • Expertise, experience • Mammography • Desire/drive to be the best • Culture – positive and strong • Vendor partnerships • Registered technologists (national) • Engaged staff and radiologist • Nice facility • Teamwork • Multiple accreditations • Diversity of service lines • People – staff/rads • The “Force” with perfusion • Department culture • Collaborative relationships with other departments • State of the art equipment • Strong level of expertise, technical and staff • Advanced – state of the art equipment • Clinical staff integration, physician to physician – leader to leader – tech to provider – tumor board/cath conference • Vendor relationships – Jason Crokker • Competent staff and providers • ACR – Breast Center of Excellence • Short report turnaround times • Awesome CT scanner • Leadership – engaged and effective 	<ul style="list-style-type: none"> • AIM – price shoppers • Scheduling issues • Workforce constraints • Scheduling process • Aging equipment and asset costs • Unclear AP processes • Access issues – process • Efficiency • Pricing • Communication • Difficult data extraction • Cerner not optimized • Multiple EMRs • Competition on the rise • RQI for individual modalities • Ease of access – getting people through the door easily • Registration/admission – road block • Aging equipment – 3T, MRI, PET/CT • Supply chain and inventory errors • Workflow for rad reads/technical workflow • Fairbanks location (geographic) – parts and service/staffing • Order – electronic process – finding the order • Employed providers sending patients to competitors • Workforce – recruitment challenges • Lack of marketing, no online instructions, information about rads • Finances to replace aging equipment • Registration/scheduling process • Unknown amount of payor denials • Employed providers sending patients to competitors • Image in the community • Lacking housewide imaging storage control • Lack of department – financial data • Challenges of operating and staffing (skillsets) multiple locations • IT dependent – multiple systems • Not competitive financially – pricing, redundancy • Delivery of reports to outside provider – timely- critical results – electronic • Communication through departments/hospital • Referral large base – complacency • Lack of margin on most modalities • Resulting – timeliness, accuracy (patient data) • Communication breakdown – multiple EMRs • EMRS not integrated – duplication of work

SWOT Analysis

Strengths, Weaknesses, Opportunities and Threats

A SWOT Analysis serves to create a big picture view of what is going on inside and outside an organization. The SWOT Analysis was performed by the entire Strategic Planning team, with the following findings:

Opportunities	Threats
<ul style="list-style-type: none"> • Provider referrals • VA/Federal contracts • Under – utilized capacities • Scheduling optimization • Offering cash studies • Admissions process • Appointment access • Strengthen recruitment • Process efficiencies • Workforce strategies • Price setting • Another CT Force at FIC – expanding • Improve revenue/work efficiencies • Reduce barriers for ease of access • Better marketing – social media • Access improvement – internal and external referrals, marketability/patient election • Faster patient/registration/scheduling • Scripting or education for employed providers to suggest scheduling with us • Internal relations/education/understanding • Supply cost cutting via sharing • Inefficiencies • Participate in internship program • EMR – consolidation (interface) • Find other cash pay scans (such as body scan) • Workforce – market analysis – recruitment • Improve customer service experience, online registration, digital tools, order/report delivery electronic • Developing unique and emerging service lines, ex. prostate imaging/LC screening with SBRT therapy • Technology improvements to increase data integration and ease of use • Marketing technology in meaningful way public/community providers • Improve communication with all departments • New equipment: faster exams, new technology, opportunities for new/more volumes • Add more procedural radiology – keep people local • TAT from night shift and accuracy • Communication improvement – normal, critical • Opportunities to grow within departments/modalities 	<ul style="list-style-type: none"> • North Star 3 Tesla MRI • AUC – shifting of exams • 2021 CMS payment changes • Outside: Providence • CMS surgical changes • Medical tourism downstream • Aging equipment/downtime • Regulatory changes • Finances • Changing payor mix • CMS surgical changes • Survival on Medicaid reimbursement rate • Competition – current and future • Payor valuation changes for radiology services • Anchorage, Surgery Center selling • Supply chain for workforce • Aging equipment (potential to go down) • Deteriorating payer mix • Insurers/payors directing choices • Medicare/Medicaid reimbursement • Outside: Providence • Old equipment – downtime • End of life CT at FIC (threat to ER) • Can't be everything to everyone – too many services offered • Capital equipment investment • Contracted services – (unions) to send services out – related to larger hospital threats • Chief Andrew Isaac new imaging center CT • Ripple effect of CMS payment changes to ambulatory surgery centers • Competition – (easier to schedule with), workforce • Ourselves (apathy, “Dear Brutus”) everything to everyone • Changing payer mix – decreased reimbursements • Not having all services housed together – not a one stop shop • Rising cost of doing business in interior Alaska • Regulatory changes breast density/MR mandates • Competition – outside ownership of North Star

Strategic Priorities

Following the SWOT analysis, the team identified the strengths, weaknesses, opportunities and threats for Medical Imaging Services. From this list, the team was asked to identify cross-cutting themes, emerging and key strategic issues. These themes and issues were categorized and selected as priorities by the planning team. The strategic priorities are:

People
Community
Financial Health
Quality

Strategic Priority: People

<u>Goal #1</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline/Due</u>
<p>Improve success rate for filling hard to fill positions</p> <p>Owner: Jen Hoskins</p>	<ol style="list-style-type: none"> 1. Review compensation structure to ensure we are effectively supporting the grow your own methodology 2. Market the grow your own opportunities – internally and externally 3. Coordinate efforts with Hutch Health Care program to introduce students to the radiology path 	<p>Hard to fill hires</p>	

Strategic Priority: People

<u>Goal #2</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline</u>
<p>Establish new grad hiring program for off shifts hard to fill positions</p> <p>Owner: Nancy Griffith</p>	<ol style="list-style-type: none"> 1. Review education agreement with UA 2. Establish preceptor process for new grads 	<p>Hard to fill hires</p>	
<u>Goal #3</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline</u>
<p>Improve interdepartmental collaboration and communication</p> <p>Owner: Nancy Griffith Radiology Leadership</p>	<ol style="list-style-type: none"> 1. Cross shadow schedulers and imaging staff 2. Continue ED PI project 	<p>Number of schedulers shadowing modalities</p>	

Strategic Priority: Community

<u>Goal #1</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline/Due</u>
<p>Improve patient access</p> <p>Owner:</p> <p>Joan Sonnenburg</p> <p>Nancy Griffith</p>	<ol style="list-style-type: none"> 1. Develop expected turnaround time 2. Analyze national standard open slot times 3. Evaluate preauthorization process 4. Reduce machine down time 5. Determine reason for back log <ol style="list-style-type: none"> a. Workforce b. Equipment c. Hours of operation 6. Review Naturopaths ability to order 	<p>Patient satisfaction surveys</p>	
<u>Goal #2</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline</u>
<p>Improve our Medical Imaging marketing strategy</p> <p>Owner:</p> <p>Joan Sonnenburg</p> <p>Nancy Griffith</p>	<ol style="list-style-type: none"> 1. Enhance digital marketing and social media 2. Market services to providers and community 3. Online catalog of services 4. Develop partnerships with payers 5. Evaluate pricing of competition 	<p>Outpatient volumes</p>	

Strategic Priority: Financial Health

<u>Goal #1</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline/Due</u>
<p>Create a pricing and service strategy for MR</p> <p>Owner: Gary Roderick Joan Sonnenburg</p>	<ol style="list-style-type: none"> 1. Conduct analysis <ol style="list-style-type: none"> a. Pricing comparison – FHP to community, FHP to Alaska b. Market comparison – FHP to community (what modalities are offered where, how are they promoted) c. Referral review d. Reimbursement/AR evaluation – across payers what are the: e. Create cost accounting data f. Minor and major (capital) equipment timeline – repair, maintenance, replacement, expansion g. Utilization of equipment and space by service 2. Data review proposal creation <ol style="list-style-type: none"> a. Review data and identify strategic opportunities (service additions/discontinuation, partnerships, etc.) 3. Finalize strategy 	<p>Contribution margin</p>	
<u>Goal #2</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline</u>
<p>Develop a customer service improvement plan for CT</p> <p>Owner: Nancy Griffith Kaela Phillips</p>	<ol style="list-style-type: none"> 1. Conduct analysis of CT process <ol style="list-style-type: none"> a. Identify all segments of the registration process by task b. Time this study for both the patient experience and staff workflows <ol style="list-style-type: none"> i. Average time each study takes 2. Benchmarks (volumes) <ol style="list-style-type: none"> a. Schedule reviews – identify by area/modality b. Referral Patterns c. Process mapping d. Patient experience– what works/what does not/new ideas e. Registration/clinical team experience f. Combined data sets for analysis for review group 	<p>Contribution margin</p>	

	<ol style="list-style-type: none"> 3. Data review and proposal creation <ol style="list-style-type: none"> a. Review data and identify operations opportunities b. Prioritize opportunities and create timeline c. Identify workgroups for implementation d. Identify measures for success e. Identify cycles for review/monitoring/implementation change process f. Prepare layered proposals for review by Executive Team and other stakeholders 4. Finalize plan 5. Determine ROI on CT scanners 		
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Strategic Priority: Quality

<u>Goal #1</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline/Due</u>
<p>To improve patient satisfaction when scheduling Medical Imaging appointments</p> <p>Owner: Monique Daigle</p>	<ol style="list-style-type: none"> 1. Develop medical imaging specific education for schedulers 2. Evaluate current software system 3. Evaluate appointment reminder system 4. Create internal marketing 5. Scheduling module optimization using interfaces 6. Implement “order before scheduling” requirement 7. Provide physician education related to ordering processes 8. Align outpatient ordering so can happen with CPOE (decrease paper orders) 9. To implement a biometrics solution to reduce redundancies and improve information flow 	<p>Patient satisfaction</p>	
<u>Goal #2</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline</u>
<p>Increase internal and external customer satisfaction with registration process</p> <p>Owner: Nancy Griffith Monique Daigle</p>	<ol style="list-style-type: none"> 1. Develop a process flow map for current registration process 2. Improve workforce customer service competency 3. Develop online catalogue (hints about what they want and how to order) 4. RCA of workarounds 5. Identify redundancy and align between organizations 		

Strategic Priority: Quality

<u>Goal #3</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline/Due</u>
<p>Implement MR regulatory changes</p> <p>Owner: Nancy Griffith</p>	<ol style="list-style-type: none"> 1. Investigate new MR regulatory changes 2. Compare new regulations to current state 3. Determine if physical environment needs adjustment 4. Evaluate potential new staffing models 5. Develop education plan for staff and radiologists to meet safety guidelines 		
<u>Goal #4</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline</u>
<p>To investigate and plan for USP 797/825</p> <p>Owner: Nancy Griffith</p>	<ol style="list-style-type: none"> 1. Compare USP 797 to 825 2. Determine scope of work to be done 3. Present financial costs and regulatory risks to Executive Team 		

Strategic Priority: Quality

<u>Goal #5</u>	<u>Tasks</u>	<u>Measures</u>	<u>Timeline</u>
To develop a quality dashboard Owner: Nancy Griffith Amy Lucke	<ol style="list-style-type: none">1. Identify top 5 metrics2. Develop service line specific dashboard in PBI		