

SPECTRUM HEALTH MASTER PLAN
CORE TEAM MEETING NOTES / ACTION ITEMS

9/3/2019

NAVIGANT

nbbj



Project: SPECTRUM HEALTH SYSTEM MASTER PLAN
Meeting Date: 8/28/2019
Issue Date: 9/3/2019
Prepared By:

Meeting Location: 221 Michigan, Ste 501, Conf Rm 5502
Meeting Purpose: EXECUTIVE COMMITTEE MEETING

Participant	Present	Participant	Present	Participant	Present
Alan Kranzo	Yes	Mike Romano	Yes	Ryan Hullinger	Yes
Sean Easter	No	Lindsay Withey	Yes	Donald Bellefeuille	Yes
Gwen Sandefur	Yes	Sushil Bose	Yes	Kim Way	Yes
Darryl Elmouchi	Yes	Kaitlin Wolcott	Yes	Nicolas Bracco	Yes
Leslie Flake	Yes	Rulon Stacey	Yes	Paula Buick	No
Brian Brasser**	Yes			Eileen Trimbach	No
Matthew Cox	Yes				
Loren Hammel	No				
Daniel Bacchicocchi	No				

**via phone

Note: Information being documented represents our best understanding of the discussions held and decisions reached at this meeting. Please report any inaccuracies within 48 hours. Items indicated as action items may affect project budget and/or schedule and require immediate attention by the responsible party.

Overall Project Status:	On Track
Get to GREEN Plan:	

MILESTONES						
No.	DESCRIPTION	RESPONSIBLE	OPEN	DUE	PROGRESS/RESOLUTION	STATUS
1	Open NBBJ website	Donald Bellefeuille	7/18/2019	7/18/2019	Website created, introduction upcoming at the September Executive Steering Committee meeting.	Completed
2	Master Planning Guiding Principles established	Donald Bellefeuille	7/18/2019	8/23/2019	Ranking exercise completed and ranking established.	Completed
3	Organizational Vision and Planning Priorities established	Mike Romano	7/18/2019	8/23/2019	Integral part of ranking exercise Master Planning Guiding Principles.	Completed
4	Data requests received.	Mike Romano	6/10/2019	7/26/2019	Contracts and data documents in place.	At Risk
5	Market situation context established.	Mike Romano	7/22/2019	9/23/2019	In progress.	On Track
6	Volume projections/capacity requirements established.	Mike Romano	8/12/2019	10/21/2019	Pending patient data receipt.	On Track
7	Facility and Real Estate assessment complete.	Nicolas Bracco	8/12/2019	10/21/2019	In progress.	On Track
8	Site assessment complete.	Kim Way	8/12/2019	10/21/2019	In progress.	On Track
9	Strategic imperatives and care delivery goals established.	Donald Bellefeuille	7/22/2019	10/21/2019	In progress.	On Track
10	Clinical capacity targets (IP/OP) established.	Donald Bellefeuille	7/22/2019	10/21/2019	In progress.	On Track
11	Functional and capacity assessment complete.	Nicolas Bracco	8/12/2019	10/21/2019	In progress.	On Track
12						
DECISIONS						
No.	DECISION	RESPONSIBLE	OPEN	DUE	PROGRESS/RESOLUTION	STATUS
1	Communication plan for Spectrum Health System master plan project.	Alan Kranzo	7/18/2019	7/18/2019	Project communication to leadership is sufficient for this stage.	Completed
2	Refine and finalize bed need assumptions. Confirm ALOS assumption to decrease from 4.0 to 3.7.	Mike Romano	8/28/2019	9/16/2019		Not Started
3	Confirm Tier 2 and Tier 3 Leadership for interviews.		8/28/2019	11/1/2019	Tier 2 start in 2 months. Specification upon completion of data analysis.	Not Started
4	Conversation around staff efficiencies in Micro-hospitals.	Brian Brasser	9/3/2019	9/30/2019		Not Started
MEETING NOTES						
1	Work plan: Schedule is on track.					
2	System Master Planning Principles: Question posed to the leadership group: Confirm reason why providing healthcare service in settings as close to the patient was ranked last? It was mentioned this would be discussed throughout the meeting. An overarching goal.					
3						
4	Bed Need Scenario Modeling:					
5	Planning team indicates that there should be a larger mix of ICU beds based on other facilities across the country. Blodgett should be a step-down facility including observations. Evaluate Butterworth needs to increase ICU.					
6	ALOS- assumption was that this would decrease from 4.0 to 3.7. There was no scenario where LOS was flat. Spectrum Health leadership to confirm if this is appropriate.					
7	Spectrum Health is currently studying 6 South to address converting med/surg beds to ICU beds; this would get them from 72 to 84 ICU beds and would alter their % distribution of ICU beds.					
8	Need more analysis with LOS. System is focused on OP growth and digital - not IP growth. Planning team to include analysis to push OP vs IP across the system and a shift to digital. Provide digital shift organizational plan to planning team.					
9	Regional Initiatives: a) Medical staff development plan in progress. Forward staff development plan to planning team. b) Tele hospitalist program with video admissions, c) Tele consults and triage system like Cleveland clinic, d) 2019 data has been different from 2018 data from Freeman White study. Planning team to do comparison of the 2019 data once received to determine if there would be an impact on the beds.					
10	Value based markets: Planning team to look at comparative markets, show examples on the shift to OP and apply to Spectrum Health as scenarios.					
11	Planning team to incorporate Lakeland data-set into the analysis and think about the OP component.					
12	Ortho will likely go to OP surgery center from Blodgett in the next two years. Planning team to study Blodgett as a general/medical and digestive service lines campus.					
13						
14	Emerging Themes from Interviews and Site Visits:					
15	Real estate footprint seems over-sized. Need to right-size the platform and demolish some assets.					
16	It is a given / agreed-to get out of semi-private rooms. Butterworth West Bldg. beds to be relocated.					
17	Regional markets and MOBS: All locations are different, serving different markets and missions. Need to determine common strategy.					
18	Helen DeVos Children's has a broader market. Branding in ASC and other markets. Want peds to come to GRR in lieu of regional peds, which is a different strategy.					
19	Lease vs Own- Lake Drive, Bradford. Evaluate how to work into overall strategy and drive down costs. Observed big regional leases.					
20	Evaluating area and key room count for each facility. Examples: a) Zeeland: No C-Section room. Several C-sections are conducted in Endo Rooms., b) Kelsey: Looking at building an OP center and closing hospital with continuing care beds. Incorporate Fuller strategy. c) Reed City: Would like to look at micro-hospital strategy to replace current hospital. Planning team suggest to bring Derek Rushing (Navigant) in for conversation around staff efficiencies in Micro-hospitals.					
21	Engaging with tier 2 and 3 leaders will be addressed that next meeting.					
22	Need better understanding around collaborative staff support/team based space models for clinicians. Planning team (NBBJ) can make suggestions based on current examples of trends around these concepts.					
23						
NEXT STEPS: 1) Focus on Ambulatory at next meeting, 2) Follow up on leadership recommendation action items as noted during this meeting, 3) Engage tier 2 and tier 3 leadership for interviews.						
NEXT MEETING: Week of September 16, 2019						
END OF NOTES						