

Employee Information (name, ID, manager)

Employee:
JACQUELINE GONZALEZ

ID:
6120

Manager:
MICHAEL HARRINGTON

Goals

Develop an operating plan for Labor & Delivery services (Completed)

- Q1 Develop scope of services for patient care delivery for mother/baby
- Q2 Facilitate visit to high risk L & D program to review best practices at another children's hospital.
- Q3 Develop standardized set of guidelines/scope of services for operationalizing this unit, including staffing, equipment plan and other related services
- Q4 Submit template for operations for consideration in 2016 budget cycle

Public

Start Date	Due Date
Jan 1, 2015	Dec 31, 2015

• Quarterly Comments

From: JACQUELINE L Date: May 7, 2015

GONZALEZ
QUARTER 1

- 1. Collaborating with Michael Davila, Tim Birkenstock and Jose Gran-Villar on reviewing a potential operational partner for high risk L & D
- 2 Met with Leo Lopez & Richard Simon re comparison between different types of high risk (baby) delivery programs @ CHOP and Colorado
- 3 Brigham site visit scheduled for next week.

QUARTER 2

- 1 Letter of intent completed and trip to Brigham Women's pending (scheduled for August)
- 2 Klaus Children's Hospital site visit completed at NCH by Brigham Women's Key service medical staff leaders met with Brigham Team from Cardiac and Neuro

QUARTER 3

- 1 Successful collaboration trip to Brigham Women's with signed Memorandum of Understanding achieved by both organizations Meeting also with Dana Farber Cancer Institute medical leader with significant interest
- 2 Staffing plan research complete building staffing grid for patient delivery unit.
- 3 Policies and procedures in process and to be shared with Brigham on site visit.

QUARTER 4

- 1 Met with Brigham and assigned leaders from NCH and them to drive process, they will be on site in December
- 2 Continuing to gather data as to planning for unit development

GROWTH: Increase growth in inpatient surgical volumes (67 cases-Cardiac = 12; Neurosurgery = 23; Plastics = 8; ENT = 3; Spines = 13; Urology = 2) to offset revenue moving to ASC.

(Completed)

- Q1 Collaborate with physician enterprise and service leadership to incrementally increase tertiary surgical volumes Q1 N-16
- Q2 Establish surgical case targets for new surgeons being hired to include optimizing OR time, but not limited to Orthopedic spine surgeons along with the Vice President for Support Services & Physician Enterprise Q2 N-33
- Q3 N-49
- Q4 N-67

Measure of success At least 67 new complex patient surgical cases that will offset ASC move and will be within projected budget of \$104.1M on Operating Room budget

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QUARTER 1

inpatient cases for Q1 ahead of budget by 31 (831 Actual, 300 Budgeted) Greatest increase in General Surgery up by 21% Open hearts down by 9 or down by 1.6%. Neurosurgery down by 12.6%. Orthospine down by 16% and General Orthopedics up by 1

QUARTER 2

inpatient volume up by 2% compared to budget or 37 cases against a budget of 33 additional inpatient cases Working with Orthopedics to accommodate new surgeons on board Surgical volume over last years totals

QUARTER 3

inpatient volume up by 7% as compared to budget (871 cases Actual, 800 budgeted for the quarter) YTD through Q3 126 cases over budget!!! Exceeding goal of 67 cases!!!!

QUARTER 4

Hematology/oncology service line development and operational plan. (Completed)

- Q 1 Review existing cancer program volume, include gap analysis and philanthropic opportunities
- Q 2 Collaborate with physician leadership presenting cancer strategic plan for South Florida markets.
- Q 3 Develop a robust and synergistic strategic service line plan that includes all aspects of model of cancer care (screening, prevention, monitoring & treatment)
- Q 4 Implement plans of care.

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QUARTER 1

- Philanthropy plan established presentation developed as core content.
- Gap analysis will be completed with new Service Line leader as he starts
- Market share analysis completed as well of primary/secondary and Florida markets.

QUARTER 2

- Collaborated with medical staff leadership and Service Line leader in the development of the Heme/One service line strategic plan
- Collaborated with team for ACOS survey, hired excellent new and experienced nursing clinical leader for the unit
- Working with John Gard on the future needs required to build a cancer program.

QUARTER 3

- Met with medical leaders from Dana Farber to discuss future collaboration with NCHIMCHS team.
- Nurse Navigator hired for team with metrics for evaluating effectiveness
- ACOS survey successful with some recommendations. Data collected to share with Dana Farber for their review/evaluation. \$25K grant from Cure Search received which will enable launch of Patient Navigation tracking/software

QUARTER 4

- Met with Dana Farber/Boston Children's for detailing opportunities to collaborate on 1113.
- Proposal developed and submitted to move forward with relationship
- Continue to move forward with strategic programming and service development: budgeting for 2016 reflecting movement with social work added along with outpatient program manager for Survivorship Clinics, etc.
- Successful COG survey

Kidney/Heart transplant analysis (1-3 year plan: implement in 2016-2017) (Completed)

Complete analysis of MCHS transplant opportunities including including heart and kidney transplant and recommend for or not approval to submit organization for CON

Q 1 Update kidney transplant proforma/analysis and begin heart transplant analysis. Identify physician transplant surgeon and potential affiliation that will enable MCH to move forward. Collaborate with public policy to identify and mitigate potential opposition.

Q 2 If decision to move forward is yes, engage company (lobbyist, etc) that can assist with strategy to successfully implement the CON.

Q 3 Prepare for submission to CMS; engage consultant to assist in application preparation and strategy for potential October 2015 submission cycle.

Q 4 Submit to CMS in October 2015.

Measure of success MCH will either submit to CMS for transplant (heart/kidney) approval or decide not to submit at this time based on available information & board decision.

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QUARTER 1

Proforma for kidney complete, heart near completion. Working with APV legal team re. next steps for consultant. Timeline established for submission. CON application items under review. Gaps to plan and next steps determined. Meeting with CCF forthcoming for transplant expertise.

QUARTER 2

1. Decision to move forward with heart/kidney transplant. Heart transplant business plan and proforma completed. Reviewed and accepted by finance and SLT. Consultant engaged for CON application and list of requirements disseminated to teams.

2. Follow-up meeting with Cleveland Clinic (CCF) team and Heart Program physician leader. Deliverables identified for next steps.

QUARTER 3

1. Letter of intent underway for CCF for review by corporate offices.

QUARTER 4

1. After several meetings with CCF they have agreed to support us in moving forward with heart transplant program.

2. Decision to focus on heart transplant first. Continue to data collect for kidney with primary focus on application for heart.

3. Data collection elements for consultant review (over 90% of 17 items complete ahead of time).

4. External consultant gap analysis completed for multi-organ transplants.