This strategic plan is a living document that provides strategic direction and operational guidance for Parkland Health & Hospital System. Parkland is committed to successfully implementing this plan to ensure the residents of Dallas County are afforded the highest quality health care and service in the most efficient manner possible.
Letter from the CEO

Parkland Health & Hospital System achieved great things in 2015. We began operations at a new state-of-the-art acute care hospital that incorporated the latest research in designing a patient-focused, healing environment and brought Parkland to the cutting edge of health facility technology. We opened the new Hatcher Station Health Center that is playing a key role in revitalization efforts within the Frazier Courts neighborhood. And Parkland was recognized by The Leapfrog Group - a prominent organization that evaluates hospitals based on quality and safety measures - as one of the Top Hospitals in the nation. Over the past several years, Parkland has, indeed, made great progress toward our vision of defining the standards of excellence for public academic health systems. I can say with confidence that the state of Dallas County's public health system is strong.

However, these are uncertain times for public health systems. Ongoing health reform efforts are creating uncertainty within our industry as well as major shifts in the way health systems must operate. Consumers and payers are demanding more value, more quality and more transparency for their healthcare dollar. Payments are increasingly dependent on patient satisfaction and health outcomes. And the rest of the industry is now focused on something my predecessor, Dr. Ron J. Anderson, knew a long time ago - that health systems must care for patients beyond the walls of their facilities. Parkland, like every other health system in the region, will face many challenges as we adapt to the changing landscape. That is why it is so important at this time to communicate a carefully considered strategic plan that will help Parkland meet the challenges to come while ensuring we maintain the highest level of quality, safety and service for the greater Dallas community.

Parkland's strategic plan sets out the objectives we hope to achieve between now and 2020. It offers Parkland staff and stakeholders guidance and insight with regard to the health system's direction in the coming years. At the same time, we recognize that this plan is a living document and the health system must be prepared to adapt and adjust to rapid changes within the healthcare industry. In reading this plan, I hope Dallas County residents will be assured that Parkland has identified many of the challenges we will face in the coming years and that we have taken steps to turn those challenges into opportunities - to improve care, to improve access, and to improve overall efficiency.

Let me close by thanking all those people, both internally and externally, who helped us put this plan together. This process was a collaborative effort that incorporated many voices from community leaders to healthcare industry experts to our own dedicated Board of Managers and staff. All of us at Parkland look forward to ensuring your vision comes to fruition and that Parkland remains a name people associate with innovation, service and high quality care for everyone.

Sincerely,

Fred Cerise, MD, MPH
President and Chief Executive Officer
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Parkland Strategic Plan 2017-2020
The Strategic Planning Process

The strategic planning process that produced the priorities that follow began in March 2014 with direction from the Parkland Board of Managers and a plan of action defined by Parkland executive leadership. Over the duration of the effort, input was sought from many sources and concurrent activities were pursued to ensure diverse perspectives were included in the collaborative process.

Parkland’s 2020 Strategic Plan is the result of more than a year of preparation and participation by hundreds of committed people who want to ensure patients served by Parkland Health & Hospital System are provided the highest quality care and service possible.

The Parkland Mandate

The planning process for Parkland’s 2020 Strategic Plan began with a review of the mandate and featured robust discussion among the Board of Managers, senior executives and the Strategic Planning Committee regarding our strong and unwavering commitment to the overarching purpose for Parkland’s existence: to serve residents of Dallas County seeking care and needing medical assistance, regardless of their ability to pay.

The Parkland Mission and Vision

As part of the planning process, the Parkland Health & Hospital System mission and vision were reviewed. The Strategic Planning Committee had extensive discussions to ensure the mission and vision aligned with the direction Parkland wants to go. Widespread input from the employee and physician surveys were considered as well. This strategic plan aligns with and affirms the mission and vision for Parkland Health & Hospital System.
The Vision for the Parkland 2020 Strategic Plan

Introduction
As Dallas County’s hospital, Parkland must provide value to the public and will do so by meeting our patients’ needs as efficiently as possible. At the most basic level we will show proficiency in performance for outcome and process measures. We will also demonstrate costs – at both the individual encounter level and at the population level – that are below industry norms.

Our plan prioritizes value from the patient’s perspective
To determine value beyond these basic measures of reliable care, we first need to understand the outcomes that matter most to our patients and establish related measures. This requires a focus on empathic and coordinated care. Parkland will support and encourage innovation in improving outcomes, the patient experience and efficiencies in providing care and services. Our goal is to demonstrate leadership as a “cost conscious” health system by reducing waste, eliminating care that does not add value, and instituting new practices that address the health needs of the population while lowering costs.

As a system, we will invest in the tools and resources required to optimize internal business and clinical functions in order to achieve consistency in process and predictability in outcome. We will streamline process and structure necessary to prioritize efforts that have the greatest potential for impact to improve outcomes and reduce waste, and we will create a pathway for piloting innovative ideas for clinical and business improvements. Partnering with the University of Texas Southwestern Medical Center (UTSW) to identify and support physicians to provide dedicated and consistent clinical and administrative guidance, participating in or leading teams in their respective areas, is paramount to improving value for Parkland’s patient population.

Consistently implementing efficient operations requires a careful examination of labor and supplies. We will invest in tools to raise awareness of costs of supplies and pharmaceuticals and to improve managers’ abilities to make intelligent real-time management decisions regarding labor and supplies.
These efforts will require focus and reinforcement at all levels of the organization, so we plan to raise the bar for our team. The expectation for all employees to add value will be consistently incorporated into processes for employee-focused efforts in recruitment, hiring, onboarding, training, and accountability in job performance. Consistent adherence to Parkland’s preferred cultural norms and behavioral expectations will be our standard for employee achievement. To improve the patient and family experience, we will make those high redundancy patient-facing daily operations such as patient access, registration, eligibility assessment, and care authorization more patient-centered. Process redesign across the continuum of care will be piloted for select clinical conditions that represent significant opportunities to demonstrate new, value-driven approaches to doing business at Parkland. Opportunities to improve patient outcomes will be reviewed and the process will be carefully documented so that replication will be simplified for future initiatives.

DEMONSTRATING VALUE USING THE INTEGRATED PRACTICE UNIT MODEL
We will pilot the development of one or more team-based, integrated practice units (IPUs) with a goal of increasing the value of care delivered. The IPUs will be organized around the full cycle of care for a condition or chronic disease that differentially impacts Parkland’s patient population or the underserved communities of Dallas County (e.g., diabetes). As proof of concept is established and success is documented, the approach will be expanded to include other areas of care delivery across the continuum at Parkland. While focusing on IPU development, we must also prepare for other changes in the healthcare environment and seek opportunities to enhance revenues or secure funding to accelerate our ability to implement new complex care delivery models. Such opportunities will range from routine business functions (e.g., billing and collecting) to the pursuit of innovative programs or financing strategies that will provide additional resources for Parkland to continue fulfilling its mission. Assuming a proactive stance in understanding market dynamics will allow Parkland to develop strategies for addressing changes that will impact operations and funding.

Our plan prioritizes Parkland’s culture
Many aspects of the Parkland 2020 Strategic Plan rely on successful change management and a culture of innovation, curiosity, transformational leadership and accountability. Creation and sustainability of a healthy organizational culture may be the single most important task we undertake in terms of our ability to successfully implement our plans.

We are committed to creating an inspiring and supportive environment that fosters high quality and compassionate care for patients and achieves recognition as a great place to work, train and practice. To create the desired “Parkland culture,” we are starting with a clear shared purpose: meeting the needs of patients, improving outcomes, and being accountable public stewards.

The principle reason Parkland exists, our mandate, is to provide medical care to the needy people residing in our district. In this capacity we provide a critical function for Dallas County - to serve a patient population that generally has limited options for care. Parkland must, as a priority commitment, create a culture that fosters high quality and compassionate care for every patient. This is critical in order to fulfill our commitment to the patients who depend on us, and it is also important in order to maintain the confidence of the public that supports our work.

To create our desired Parkland culture, we will develop a clear culture statement, articulate what it looks like and feels like for patients and employees, develop materials that ensure consistency in behavioral and communication expectations, and articulate accountability metrics and reinforcement strategies. We will model this preferred culture in all interactions, recognizing that how we speak, how we act, and how we interact are the greatest contributors to the successful adoption of our desired Parkland culture.
Parkland’s volume growth has been unprecedented and continues to rise each year. As a public system of care, we are faced with demand for care that stresses available resources and need to address these challenges and systematically pursue improvements to the way that each patient accesses and experiences care. The creation of accountable, service-oriented teams committed to engaging in every encounter with empathy and compassion is one way to start. Using available tools we can measure the patient experience and use that feedback to develop interventions, including necessary training to provide a compassionate environment of care. All employees - leaders and front line workers, clinical and support workers – will be accountable for improving how patients experience care and how such expectations are reflected in a disciplined and consistent approach to new employee on-boarding, new and improved system-wide employee training programs, and annual performance reviews.

CONNECTIONS WITH PATIENTS
Patients who seek care from Parkland are suffering, some in small ways, others in major ways. Our role is to relieve suffering, whether that is from a frustrated patient who cannot get a timely clinic appointment or a grieving family member of a patient in the ICU. Patient suffering may be in the form of pain on an inpatient unit; we can measure and monitor and treat that. Suffering may come from hospital-acquired complications; we will track those and implement system-wide interventions to drive them to zero. Suffering may come from confusion and delays in care; we will develop measures to monitor these types of burdens and interventions to relieve them. We will define ways that patients suffer in our system and we will stress behaviors and create systems to relieve suffering.

The diversity of our population is an opportunity and a challenge and we will embrace it as both. We will deliver care in collaboration with each patient - communicating in languages and ways that they can understand, including through the use of technology, care plans and choices to help them become partners in the delivery of care.

CONNECTIONS WITH EACH OTHER
Achieving the right culture is paramount for the consistent and reliable provision of high quality, patient-centered care. We remain committed to cultivating a culture that embraces and lives the values of collaboration, respect, and support for one another in the workplace. Through our actions we will establish an environment of trust in our fellow employees and team members. We will create an inspiring and supportive culture and an environment that fosters high quality and compassionate care through focus on the patient and employee experience. We will invest in leadership training and skill building for those who show a propensity to lead in order to cultivate talent from within the organization. Listening to our employees and engaging them in shared governance and shared decision-making models of operation will foster innovation and collaboration within and among departments and integrated practice units.

The bottom line is that in order for our patients and their families to have the best possible experience, it is important that our employees are well cared for; when they feel confident, respected, and secure in their work environment that will translate to better care for our patients. We will measure our performance against our goal through patient experience surveys, employee engagement surveys, employee exit interviews, and in other appropriate ways. Parkland’s leadership will recognize those teams that model the appropriate behaviors and achieve exceptional performance for the organization.
Our plan prioritizes leadership in teaching, learning and research

Parkland makes Dallas healthier through its direct patient care programs, and it does so through the training of thousands of healthcare providers who go on to serve patients at Parkland and elsewhere throughout Dallas. In fact, of the practicing healthcare providers in Dallas County, over half have trained at Parkland.

ALIGNMENT, ENGAGEMENT AND COLLABORATION

The UTSW teaching faculty are key members of the Parkland leadership and care teams. To be maximally effective as team members and team leaders, faculty need a consistent physical presence at Parkland. In partnership with the University of Texas Southwestern Medical Center (UTSW), our plan for provider alignment begins with identification of faculty who provide great value to both the UTSW training programs and to the Parkland care delivery teams. While understanding the need and the value that come from sharing specialist providers across programs and sites, it is Parkland’s goal to maintain and grow a core faculty group that is committed to serving at Parkland. This regular, reliable presence of longitudinally committed faculty members is critical to support planning and implementation of programs to improve training at this site as well as improve quality and efficiency of operations in the Parkland clinical settings.

As a health system with a teaching mission, the strategic plan calls for all services, including non-teaching services, to support and embrace training opportunities. The large volume of services at Parkland along with more stringent training program requirements require the use of caregivers who do not work in the context of a training program. Parkland will work with UTSW to identify those care providers and ensure a coordinated, patient-centered approach to care whether the providers are UTSW faculty or not. Well-coordinated, empathic, value-driven care that transcends setting (e.g., inpatient or outpatient) or faculty status is our goal, and that will be accomplished by care teams that will include faculty and non-faculty members working together. Alignment among physician and non-physician providers is also crucial to efficient, well-coordinated care.

Parkland’s clinical leaders will work together to define specific areas of interest and will pursue those questions, either in the form of research or quality improvement projects. In addition, Parkland actively will solicit proposals from providers and others to pursue priority areas of interest for Parkland and will support selected projects with the necessary resources to complete the studies. Parkland will seek to collaborate more effectively with established partners such as UTSW as well as pursue relationships with other natural partners such as nursing programs and other safety net providers and large integrated health systems. Research productivity in Parkland priority areas will be an explicit goal and cultivated through investments in protected time for key individuals and, where appropriate, included in individual goals, for instance, as a recognized component of our nursing clinical ladders.

Parkland will make it easier for study nurses and interpreters on funded studies to interface with clinical operations. We want UTSW faculty to serve as investigators on Parkland-initiated studies and Parkland clinicians to participate on UTSW study teams for studies they initiate at Parkland. To improve integration, Parkland must be included early in study development to anticipate expected commitments including scope of work, budgeting, and use of key personnel.
Better documentation of the strong track record of research at Parkland will improve our ability to sustain and grow those efforts. Parkland must be prominently acknowledged in publications of research conducted at Parkland, and key personnel should be included in study teams. Parkland intends to produce an Annual Research Report that catalogs all active research at Parkland includes metrics that highlight the performance of the research program. The report will also describe improvements in quality and new efficiencies resulting from the research activity.

TEACHING AND LEARNING
In order to sustain and improve upon our success as a major teaching hospital, Parkland must remain closely aligned with its academic partner UTSW. The Accreditation Council for Graduate Medical Education has increasingly emphasized the learning environment as a key contributor to the learning experience, and Parkland will partner with UTSW to ensure the learning environment is conducive to excellent, well-rounded training. This entails preparing future physician leaders by broadening and enhancing the training experience to include greater exposure to the principles and practice of population-based healthcare, systems-based care, safety, and quality improvement. As a large integrated health system with vibrant training programs, Parkland helps to define best practices for developing trainees to function in a healthcare system that is shifting its focus from volume-based to value-based care.

Parkland will continue to pursue opportunities to further comprehensive educational and service missions through undergraduate medical education, nursing, pharmacy, and allied health training in association with UTSW, as well as other educational institutions.

RESEARCH
Research is an essential component of any major teaching hospital and that is especially true of a large public safety net institution driven to identify better ways to deliver population-based care. Parkland’s investment in research will stress improving health outcomes with a focus on the triple aim: improving the experience of care; improving the health of the population we serve; and reducing per capita costs of healthcare. Our research agenda will prioritize support for interventions designed to achieve the triple aim while also supporting more targeted programs or site-specific enhancements to improve care and health outcomes.

It is widely acknowledged that in order for the U.S. to maintain the recent advances made in health insurance coverage and healthcare access it must find ways to deliver better care at a lower cost. This is a fundamental underpinning in evolving value-based reimbursement models that are increasingly incorporating incentives and penalties based on outcomes and efficiency. As a public entity with the full continuum of care under one authority - from outpatient primary care to post-acute skilled nursing facilities - Parkland’s work must focus not only on the best care delivery model for its patient population but also demonstration of better ways to deliver care for the entire U.S. population. Parkland’s patients have the demographic makeup of an underserved population that has historically been excluded from clinical trials and therefore represent a priority research population for federally supported research.

A research-conducive environment is a required element of graduate medical education training programs and as the largest teaching hospital of UTSW, Parkland must maintain an environment nurturing to research. This environment will be enhanced by the active inclusion and engagement of our nursing leaders and research partners. This is aligned with our pursuit of the American Nurses Credentialing Center Pathways to Excellence designation and will build the foundation towards achieving Nursing Magnet Status.
Parkland has invested heavily in an electronic health record that spans the inpatient and outpatient settings. We need to make better use of this rich source of information. We will develop or acquire the analytic capacity to assist researchers who are pursuing a research agenda consistent with Parkland’s priorities. This will require the creation of an accurate and reliable system-wide data warehouse. We will enhance our research support infrastructure in other areas as well to facilitate and engage investigators interested in research at Parkland. This will include practical assistance for experienced investigators to help them better understand the approval process, plan appropriate access to data and analytics, and interface with the clinical and business operations to support research. We will develop a more robust infrastructure to train and support new investigators with tasks such as framing research questions, protocol development, navigating the IRB, and accessing and analyzing data.

To support the necessary research infrastructure we need to improve our internal cost recovery model. We will also seek external funding to support the development of a structured program to provide this enhanced research infrastructure.

**Our plan prioritizes clinical excellence through multidisciplinary care**

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**Developing and spreading innovative approaches to healthcare delivery that provide greater quality at lower cost is the next great challenge facing the nation.**

David Blumenthal and Sara Collins,  
*New England Journal of Medicine, 2014*

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INTEGRATION

In order to deliver upon the national goal to improve patient outcomes and reduce per capita healthcare costs, our historically fragmented healthcare system must be transformed into more integrated systems of care. This will prove challenging for the many independent providers in the U.S., and peak societal efficiencies will remain elusive while economic forces are co-dominant with care concerns. As the public safety net provider for Dallas County, Parkland has the necessary components to function as an integrated delivery system: primary care clinics, specialty clinics, and hospital all under a common electronic health record; skilled nursing facilities; and a health plan. In order to improve its effectiveness, Parkland must be strategic in recognizing the challenges associated with the care delivery system and with deliberate intention, invest in clinical operation improvements that enhance our ability to operate as a large integrated managed care system for a vulnerable population. Innovations in the care delivery system will not only benefit the patients served at Parkland but will serve to inform the nation on improvements in structure and function of delivery systems.

COORDINATE CARE WITH INTEGRATED PRACTICE UNITS

Parkland will more closely align efforts of primary care with specialty providers and bridge care between outpatient services with inpatient service to ensure better coordinated care of patients across the continuum. This will require building the organizational connections and identifying responsible leaders to structure integrated practice units (IPUs) that will deliver high quality and consistent care for patients regardless of where they enter the system. For the IPUs to be effective we will support them with a strong information technology platform that allows tracking of patients by disease state and by utilization in order to identify gaps in care and address them in real time. The system must be
value-added for patients with features such as easy scheduling, prescription renewal, and the ability to communicate with providers. Parkland will establish outcome measures that matter to patients (e.g., maintaining vision, avoiding amputations, and avoiding dialysis among patients with diabetes) and track those across the population to determine effectiveness. Parkland will invest in analytic support for quality improvement and research efforts that align with the IPUs. Services will be assessed and positioned geographically to best match the availability of highest quality services with community need.

Given the high prevalence and morbidity among the population Parkland serves, we will focus initially on improving care across the continuum for patients with diabetes. The focused system-wide effort to reduce the impact of diabetes on the community will include widespread training of employees and providers at multiple levels regarding standardized prevention and management practices designed to exceed national benchmarks for diabetes-related care while reducing the per capita cost of care for patients. The entire effort will be documented so that it can be replicated in application to other conditions. This will become the Parkland standard operating procedure for improving value and reducing health disparities, one condition or focus area at a time.

Parkland will develop initial pilots for IPUs focused on diabetes and oncology and expand to other conditions using lessons learned. IPUs will be defined through a structured process led by an identified chief executive responsible for integrating clinical services and will focus on community needs and the unique needs of the patients Parkland serves. Examples could vary from highly prevalent conditions such as diabetes to narrowly focused conditions such as urologic and orthopedic problems in developmentally disabled children aging out of Medicaid coverage.

The IPUs will include primary care and specialty care clinicians who devote a significant portion of their time to that condition. They will take responsibility for the care of patients throughout the care continuum from primary care to rehab services. Teams will include clinicians and support services such as nutrition, education, pharmacy, social services, and other behavioral health services. Attention will be given to the patient’s perspective and their involvement in decision-making regarding their care.

EXPANDED REACH AND INCREASED ACCOUNTABILITY
Parkland serves a population with special needs and often the most effective intervention may be beyond the scope of the traditional health system. Care does not start at hospitalization nor end at hospital discharge. We will partner with community-based organizations to form an Accountable Care Community that attends to the special needs that impact access to care and the effectiveness of the care of the very low-income population we serve. We will leverage our relationships with newly acquired nursing facilities to improve care options available for our patients.

Parkland will build on the momentum created in the 12 primary care clinics with innovations to improve access such as group visits, virtual visits, and telemedicine pilots. Parkland will pursue more robust integration of primary care services with specialty and ancillary care using innovations to provide efficient and effective care through multidisciplinary teams led by clinical experts and centered on the patients’ needs.
Parkland’s system improvements will not come solely through the IPU structure. Whether in a clinic setting or hospital setting, Parkland will develop a collaborative professional practice approach that clarifies roles and supports multidisciplinary team approaches to care organized around the patient’s condition. Parkland is fortunate to have a strong and committed medical staff as well as talented nursing, pharmacy, and ancillary care employees, from leaders to frontline staff. Using a shared leadership model, Parkland will take advantage of the talent and interest in improving care to establish and maintain a culture of innovation and improvement that encourages and rewards performance driven by both leadership and frontline workers.

As we develop better - disease-specific models to care for patients, we realize that many patients have multiple co-occurring disorders, particularly behavioral health and physical health issues. Behavioral health problems often lead individuals to exhaust healthcare coverage and other support resources. As the safety net provider, Parkland will continue to play a prominent role in the delivery of behavioral health including emergency care, inpatient care, clinic care, and jail-based care. We will work with other community providers as well as local and state interests to identify how we can best leverage local resources to meet the behavioral healthcare needs of the community within the context of the statewide system of care.

Our plan prioritizes delivering value for the community

COMMUNITY SCOPE AND ENGAGEMENT

The Dallas County Community Health Needs Assessment and other market intelligence is used to identify communities, conditions, or health status indicators on which to focus coordinated and prioritized efforts in order to improve care and reduce disparities. Diabetes, oncology and behavioral health have been identified based on prevalence and available services as important areas of initial focus. Our community engagement approach will, however, extend well beyond these few conditions.

Parkland will organize the community relations and outreach infrastructure to support a system of care that ensures Dallas County residents can connect with Parkland in a meaningful way resulting in the delivery of care at the right time, in the right location. This will build on the recent consolidation of several committees into one governing body for coordinated community outreach efforts. A focused effort to our community collaboration and outreach efforts will emphasize coordination and alignment of that activity with health system priorities through evidence-based interventions that improve value. We will bring an inclusive approach to our community outreach efforts with attention to the needs of different ethnic groups and patients with limited English proficiency. The work of our community advisory groups will be formalized and will meet on a consistent basis with structured agendas to provide direction and oversight into our community-based efforts.

Resources will be dedicated to support community-based health education and screening events that have the highest impact on the health of the population. We will deploy resources to support the important work of our community partners in a consistent, coordinated, and evidence-based fashion. Projects will be evaluated as new metrics for success are articulated and those that meet those expectations and align with the strategic plan will be supported.

PARTNERSHIPS

Nearly one million people in Dallas are either uninsured or have Medicaid with limited options for their healthcare. Parkland is the predominant but not the sole provider for this population. We will embrace opportunities to partner
with other providers who share our mission in order to extend care for Dallas residents in the most effective and efficient fashion.

Many of the patients we serve have needs that extend beyond the realm of traditional clinical interventions. To most effectively manage their clinical conditions, we must ensure appropriate attention to the social determinants of health. This includes the impact of poverty, neighborhood, ethnicity, and social supports on the way they experience care. We will partner with clinical and non-clinical community-based organizations, exchanging clinical information in a secure fashion and coordinating operations to better meet the needs of the patients in whose care we share. Parkland is active in establishing these connections today and will take a community leadership role in formalizing more community-wide alignment that extends beyond Parkland and works toward establishing a Dallas Accountable Care Community.

VOLUNTEERISM AND COMMUNITY INVOLVEMENT

Parkland employees will be encouraged to participate in community-facing, Parkland-sponsored events and outreach efforts. In addition to clinically oriented activities, Parkland employees can bring scale to effect a positive impact on focused community-wide initiatives. As an organization, where appropriate, and by focused employee volunteer involvement, Parkland will take an active role in the mayor’s signature effort to reduce poverty in Dallas, an initiative with a direct impact on health disparities and the social determinants of health that challenge many of our patients.

REGIONAL LEADERSHIP

Access to healthcare is variably provided in counties across the state with sometimes quite dramatic differences in neighboring counties. While there is no consistent statewide expectation of access beyond a very minimum standard, Dallas County, through its support of Parkland, has an expectation of access to appropriate care for all in need. The result has been over the years that Dallas County supports care for non-Dallas County residents – either through direct services or through the state’s use of county funds as match to receive federal dollars that are spent for care in other counties. As the regional trauma and burn center, it is appropriate that Parkland provide these services without regard for county of origin. For non-emergent care, we will work more closely with neighboring counties to help secure services there for those out-of-county patients seeking care at Parkland. Further, we will continue to coordinate with similar large, public safety net providers across the state to ensure that public officials understand our experiences with the large demand for services that exceeds available funding and the critical roles we play in ensuring access to the full continuum of care.

“Large, publicly supported safety-net institutions are driven less by external payers and market forces, and more by patient and community needs — and clinicians often participate prominently in decision making. Those are all assets in an era of healthcare reform.”

Cerise, Frederick P., MD “Health Care Innovation Doesn’t Have to Be Driven by Profit.” Harvard Business Review, 4 December 2015
Let’s do this.

To those of you reading this, we welcome you to join us on this journey. Together, we will ensure Parkland remains the reliable, strong, and effective community resource that it has always been and that we model for the nation, effective delivery of high quality care at scale, while offering employees a wonderful place to work and strengthening our role as a great training organization for residents and health professionals. Let’s commit to each other to build on Parkland’s proud legacy to create a system that consistently provides exceptional care for any person in Dallas and relieves suffering of those for whom we care.

– The Strategic Planning Committee (January 2016)
Parkland Health & Hospital System

STRATEGIC PLAN

2017-2020
The Parkland 2020 Strategic Plan

Several key concepts emerged in the earliest planning sessions that created momentum for idea generation and energized the committee’s work throughout the process. First, the desire to contribute knowledge and leadership through scholarship and patient-focused, innovative care improvements was evident from the earliest conversations and remained strong throughout the process. Second, our commitment to the highest need patients in Dallas County, our safety net population, is unwavering. Both are reflected in our Parkland 2020 Goal statement and all priorities are structured to maximize the likelihood of reaching our goal by 2020.

PARKLAND 2020 GOAL

Parkland will demonstrate national leadership as an academic safety net delivery system focusing on outcomes, efficiency, patient experience, and excellence in education and research

The Parkland 2020 Strategic Priorities

Our 2020 goal to demonstrate excellence and national leadership as an academic safety net delivery system will be achieved through focused execution of five priorities:

STRATEGIC PRIORITY #1
Improve value by achieving exemplary outcomes that matter to patients while lowering the per capita costs of care and anticipating changes in the dynamic healthcare environment.

STRATEGIC PRIORITY #2
Create an inspiring and supportive environment and culture that foster high quality and compassionate care through focus on the patient and employee experience.

STRATEGIC PRIORITY #3
Create remarkable opportunities for teaching, learning, and research with a focus on improving the care for our patient population.

STRATEGIC PRIORITY #4
Accelerate clinical care improvements through multidisciplinary integrated teams delivering outcomes-focused, customized care at scale in the areas of highest priority for population health in Dallas County.

STRATEGIC PRIORITY #5
Strengthen Parkland’s value to the community by delivering services, programs, and outreach that reduce health disparities in Dallas County, meet community-defined needs, and are developed and delivered in partnership with the community.
STRATEGIC PRIORITY #1
Is about delivering value in all that we do

Healthcare in the U.S. is in a dynamic state but two things are certain – we must continue to seek ways to achieve exemplary outcomes that matter to our patients and we must operate as efficiently as possible in order to continue expanding our capacity to care for our community members in need. To that end, our focus on value translates to tactical action that begins with system-wide improvements in our everyday business processes and patient operations so that both our patients and our employees face fewer barriers and delays. Focusing on efficiency in essential functions also fosters an ability to anticipate and respond to changes at the local/state level and national healthcare landscape and optimizes our ability to leverage any opportunity to secure financial resources that enable us to deliver on our patient care, teaching, and research missions.

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<thead>
<tr>
<th>Strategic Priority #1: Improve value by achieving exemplary outcomes that matter to patients while lowering the per capita costs of care and anticipating changes in the dynamic healthcare environment</th>
<th>Measure of Success: Demonstrate improvement on national benchmarks of target outcomes and efficiency each year</th>
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<tbody>
<tr>
<td>Goal</td>
<td>Highlighted Tactics</td>
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<tr>
<td>I</td>
<td>Improve value from our patients’ perspectives</td>
</tr>
<tr>
<td>II</td>
<td>Build culture that fosters innovation in value-driven approaches to care</td>
</tr>
<tr>
<td>III</td>
<td>Create environment that increases efficiencies and reduces waste and administrative burden</td>
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<tr>
<td>IV</td>
<td>Prepare for changes likely to impact Parkland and its patients</td>
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STRATEGIC PRIORITY #2
Is about building a culture of trust and engagement

Throughout this process, the shared purposes for our discussions about culture were clear – improve our ability to exceed patient expectations and relieve patient suffering. Parkland is facing unprecedented demand for services from a growing and aging population. Supportive recruitment and development of a caring, compassionate and committed workforce is more important than ever to Parkland’s sustainability and successful implementation of the innovative and transformational elements of this strategic plan. We believe that an environment that inspires and supports patients, caregivers and employees doesn’t just happen, but instead must be built through deliberate intention and clear focus.

### Strategic Priority #2:
Create an inspiring and supportive environment and culture that foster high quality and compassionate care through focus on the patient, employee and physician experience

<table>
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<tr>
<th>Goal</th>
<th>Highlighted Tactics</th>
<th>Measures</th>
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| I    | Prioritize patient-centeredness in all of our work | • Ensure every capable patient connects meaningfully and participates in a model of care built on trust, care, compassion and shared decision-making  
• Ensure delivery of culturally competent care that addresses needs of underserved minorities and Limited English Proficiency Patients | Documentation of patient engagement in shared decision-making and improvement in patient satisfaction scores |
| II   | Implement a new “Parkland Culture” that engages all who serve here | • Incorporate new culture into all elements of employee life cycle, from recruitment to separation  
• Enhance existing and add new reward and recognition programs to cultivate an environment of innovation, engagement and patient satisfaction | Year over Year (YOO) increase in engagement survey questions related to respect, recognition and trust |
| III  | Develop strong talent and great careers | • Cultivate a culture of development: implement a performance management process and strengthen Parkland Academy’s career development center  
• Create needs-based development programs for frontline staff and define educational portfolio to develop strong leaders  
• Strengthen nursing education and leadership opportunities in pursuit of Pathways to Excellence and Magnet Recognition | YOO increase of employee survey scores on question: “This organization provides career development opportunities.” |
| IV   | Increase accountability for engagement | • Implement division, unit and department action plans to address gaps identified in engagement surveys  
• Link engagement scores to performance reviews | YOO increase of division, unit and department action plan implementation |
STRATEGIC PRIORITY #3
Is about investing in the future of healthcare through teaching, training, and research

Parkland’s commitment to leadership in medical training and the development of health professionals has never been stronger. Our collaborative relationships with UTSW and other training programs ensure that Parkland’s learning environment plays a significant role in exposing trainees to the unique and often complex circumstances that high-need need patients face each day. Our faculty and non-faculty providers work together across the entire care continuum to integrate students and trainees into our patient-centered approaches to multidisciplinary care. On the research front, we plan to invest in building a more robust infrastructure at Parkland – one that will support physicians, nurses and other key clinicians pursuing research agendas focused on reducing health disparities, preventing and managing chronic disease, or relieving suffering in the communities that we serve.

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<th>Goal</th>
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| I    | Enhance patient-centered care through alignment of providers in multidisciplinary care teams | • Establish multidisciplinary care teams with defined roles for physicians and non-physician providers  
• Utilize multidisciplinary care teams to establish excellence in clinical care delivery models and improvements | Implementation of Pathways to Excellence  
Number of units or departments operating as a single coordinated team |
| II   | Establish Parkland as preferred training site for residents and health professionals | • Foster a supportive learning environment through cultural reinforcement and leadership  
• Increase resident and health professions students’ exposure to training for population health, safety, quality improvement and other delivery models (virtual visits, shared medical appointments, etc.) | Scores on trainee experience surveys  
UTSW/Parkland ranked to matched outcomes  
Trainee participation in Parkland QI projects, presentations and publications |
| III  | Ensure alignment with a core group of committed faculty within the Parkland learning environment | • Identify UTSW faculty committed to Parkland and increase the percentage of core faculty serving principally at Parkland | Reduce the very part-time and increase near full-time effort at Parkland |
## Strategic Priority #3: Create environment that offers remarkable opportunities for teaching, learning and research and is focused on improving the care for our core population

### Measure of Success:
Increase physician and nursing engagement scores, research productivity, recruitment success each year

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| IV Establish Parkland as a system dedicated to research to improve patient outcomes | • Expand and support the infrastructure needed to support a world-class research enterprise  
• Streamline interface between investigators and clinical operations teams  
• Develop training program for new investigators | Year Over Year (YoY) expansion of research support services  
Increase number of active projects & investigators |
| V Build an engaging, collaborative research environment | • Prioritize research projects that include multi-professional team members (nursing, pharmacy, allied health)  
• Increase funding for research including external support and establish seed funding programs  
• Strengthen collaborative research efforts with UTSW with the inclusion of Parkland in all phases of research projects involving Parkland patients | Increase in studies with multi-professional teams  
Increase in project funding  
Parkland inclusion in UTSW research efforts conducted with Parkland patients |
| VI Build Parkland’s reputation for research | • Pursue collaborative research endeavors with other research facilities (nursing, pharmacy), national groups (ex. RWJ Foundation) and other safety net providers  
• Publish widely and acknowledge collaborative partnerships in publications, posters and presentations  
• Communicate our research productivity and the impact that our efforts have on population health, health disparities, and the lives of the patients we serve. | Initiations of collaborative research projects  
Publications, posters and presentations  
Annual Research Report Publication |
**STRATEGIC PRIORITY #4**

Is about the unique challenge of delivering patient-focused, customized care at scale and about Parkland’s opportunity to lead the nation in creation of high-capacity clinical models.

As one of the highest volume health systems in the country, Parkland has opportunities to segment clinical care for our complex patients without losing any efficiencies of scale in the process. This is an advantage that allows us to customize delivery models for distinct groups or organize services around specific disease states. We plan to use these organized service groupings – Integrated Practice Units (IPUs) – to focus on the care models across the entire continuum that have the greatest potential to produce transformational results and positive outcomes for our patients. This priority requires a strong commitment to system building and capacity building and will start with the creation of an IT platform and tracking tools that will enable IPUs to collect information and make it available at all points of need.

### Strategic Priority #4:

*Accelerate clinical care improvements through multidisciplinary integrated teams delivering outcomes-focused, customized care at scale in the areas of highest priority for population health in Dallas County*

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<td>I Improve care for complex patients and in service lines with potential to have greatest impact on care</td>
<td>• Prioritize areas/services for system-wide focus and invest efforts and resources with intention in those areas toward coordinating care, streamlining processes, improving outcomes and reducing cost of care</td>
<td>Commit resources to target specific conditions Measure added value and reduction of waste for priority areas</td>
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<td>II Pilot or expand creative ways to deliver care at scale</td>
<td>• Partner with community to improve care beyond the health system walls – review opportunities to establish Accountable Care Community • Improve access and reduce delays in care through expanding group visits, telephone visits, telemedicine visits or other options to connect patients with providers</td>
<td>CMMI Accountable Care Community funding Document impact, outcomes, patient experience, and cost of alternative approaches</td>
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<td>III Develop system of care coordination that will produce models for the nation</td>
<td>• Define goals, expectations and metrics and develop IT platform for tracking utilization, compliance, and health status of patients and refine disease registries that can be utilized to improve care coordination for patients • Track progress on individual patients and community-wide basis related to patient-defined quality outcomes (e.g., maintain vision, ability to work, avoid amputation, earlier stage of cancer at time of diagnosis) • Focus integrated practice units (IPUs) on full cycle of care for conditions that differentially impact Parkland’s patient population and address inconsistencies to improve care coordination and outcomes.</td>
<td>Number of IPUs created Expansion of data warehouse, chronic disease registries to support clinical and research efforts Launch IPUs to coordinate care to improve the patient experience</td>
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STRATEGIC PRIORITY #5
Is all about the communities that we serve and building partnerships within them

A community is defined by its great public institutions. We want Parkland to remain a source of pride and continuously earn the trust and respect of the people of Dallas County. As the healthcare industry shifts from care fragmentation to managing the health of populations, our connection to the people, neighborhoods, and businesses of Dallas County has never been more important. The only way to succeed in value-based care and in the eradication of health disparities is by working together with community network partners to deliver services and outreach along the entire continuum of health and social services. Throughout the strategic planning effort, we often referred to this priority as “no wrong door” to represent our intent to create a system of care, a true safety net, that would be so strong and pervasively present that community members in need could access services anywhere in the County and if their needs warranted it, be immediately connected to Parkland’s system of care.

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<th>Strategic Priority #5:</th>
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<td>Strengthen Parkland's value to the community by delivering services, programs and outreach that reduce health disparities in Dallas County, meet community-defined needs, and are developed and delivered in partnership with the community</td>
<td>Demonstrate growth and impact of Parkland community-based efforts and track engagement outcomes</td>
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<td>I</td>
<td>Understand our community and strengthen outcomes-based outreach infrastructure</td>
<td>• Develop a strategy for ongoing communication between Parkland leaders and community residents/stakeholders to ensure outreach efforts reflect community priorities</td>
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<td>• Report and review community-level data to prioritize and allocate resources that maximize impact and ensure all efforts support the strategic priorities</td>
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<td>II</td>
<td>Bring intention and purpose to Parkland community relations and outreach efforts</td>
<td>• Organize Parkland community outreach activities to achieve better coordination, standards of engagement, unified purpose and voice, consistency of effort and structured resource allocation method</td>
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<td>• Elevate level of engagement of community advisory boards</td>
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<td>• Engage private investment in Parkland in order to engage business community</td>
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<td>III</td>
<td>Reduce community-level health disparities that significantly impact patients and the communities we serve</td>
<td>• Create a system of support to connect County residents to timely, convenient, and culturally appropriate services at Parkland or with our partners</td>
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<td>• Engage community stakeholders to target solutions and leverage resources to address public health needs and disparities (e.g., behavioral health, diabetes, oncology)</td>
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<td>• Share and integrate information and patient data across community organizations</td>
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<td>• Designate teams skilled in community health screening and encourage employee volunteerism in Parkland community efforts</td>
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Keys to Implementation

The Parkland 2020 Strategic Plan is a living document that provides strategic direction and operational guidance for Parkland Health & Hospital System as an academic safety net delivery system for Dallas County, Texas. Many elements in this plan align closely with the Institute for Health Improvement’s (IHI) Triple Aim of lower per capita costs of care while improving the quality and experience of care for the purposes of positively impacting the health of the population. Since the inception of the Triple Aim, the IHI has monitored more than 140 organization for seven years and determined that successful execution of the Triple Aim has three core components (Whittington, Nolan, et al. Pursuing the Triple Aim: The First Seven Years, Milbank Quarterly, 2015. Vol 93 (2):263-300):

1. Creating the right foundation for population management
2. Managing services at scale for the population
3. Establishing a learning system to drive and sustain the work over time.

All three of these core components are included in the foundation and in the specifics of the Parkland 2020 Strategic Plan. Our success ultimately will be realized through relentless pursuit of execution on the tactics detailed in our implementation plan – carried out by our employees and care teams, with leadership and guidance from the executive team, and with support from the Parkland Board of Managers. Partnerships with other entities similarly committed to the mission of serving the people of Dallas County will be of paramount importance and this plan calls for strengthening those relationships.

Parkland is committed to successfully implementing this plan to ensure the residents of Dallas County are afforded the highest quality health care and service in the most efficient manner possible and that by 2020, the safety net of care available in our community is stronger and more effective than ever.
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