

**CLATSOP CARE HEALTH DISTRICT
BOARD OF DIRECTOR'S STRATEGIC PLANNING WORK SESSION
November 11th, 2021**

I. CALL TO ORDER

Linda Crandell called the meeting to order at 03:00 pm via Zoom meeting.

Roll call: present = P excused = E absent = A

Board Members		Management	
Linda Crandell	P	Mark Remley Aidan Health Services	P
Mike Aho	P	Kim Sornson Aidan Health Services	P
Paul Radu	E	Clarissa Barrick Administrator CCHR	P
Mary Nauha	A	Lauren Beard Administrator CRV	P
Melissa Watson	E	Hannah Olson Administrator CCMC	p
Chuck Meyer	P	Debi Martin IHC Director	p
Megan Lampson	P	Michael Martin Marketing Director	p
		Mike Kerwin CTO	p
		Other staff	
		Melissa Schacher	P

II. AGENDA

- A. Linda Crandell opened the discussion.

III. Strategic Plan Outline

- A. Working data from previous session.

Strengths. What does the district do well?

1. Invests in staff with continuing education opportunities.
2. Offers many types of services that allows people to stay in Clatsop County rather than going out of the area.
3. Quality of care for the residents.
4. Transparency regarding the district's finances and direction its going.
5. Linking people with the services they need within the district.
6. None of the facilities have the odor of urine or an institutional chemical smell.

7. Clients feel like they are in a home like environment.
8. Practice what we preach, following the mission statement.
9. People, employees allow the district to have success.
10. Staff benefits compare well, better than the competition.
11. Staff that cares and really stepped up during the covid-19 pandemic.

What unique resources can we leverage? What do 3rd parties see us as?

1. Taxpayers support the health district and have a vested interest in our facilities and services.
2. Clatsop Care Health District is unique in the State. Residents do not need to leave the county to receive services ranging from the retirement village, skilled rehab, or the memory care. Continuity of care throughout.
3. The community feels they can rely on us, we can and will meet the community's needs.
4. Overall expertise at so many different levels of care, both direct care and in the background processes.

Weaknesses. What needs improvement? What do our competitors say? What resources do we lack?

1. Lack of employees.
2. Lack of short term and long-term goal setting, planning.
3. Employee benefits need to be reviewed and improved upon.
4. Need to have more variety regarding meals for residents.
5. More frequent cleaning of resident rooms.
6. The 16th building, hard to staff due to physical plant. Inefficient layout. Needs frequent maintenance in many areas, money that could be put to better use in a new facility.

Opportunities. What market opportunities are present? How can we leverage our strengths? What trends can we take advantage of?

1. Our market is growing and will continue to. Projected to grow for the next 15+ years.
2. Respite care, short term care at the facilities. Specific care for hospice clients. Look into qualifying for Respite / Hospice care.
3. Increase visibility about the facilities and the range of services offered from CCHR, CRV, CCMC and IHC. When appropriate, host an open house at the various facilities to promote awareness and support.
4. Look into providing independent living as part of the district's services.

Threats. What is our competition currently doing? Do your weaknesses expose your business? What threats can hurt your business?

1. Lack of affordable workforce housing in the county.
2. Staffing in general. Without enough staff, operations are negatively affected.
3. Another company building a new assisted living or memory care facility. Potential competition.
4. Aging infrastructure of our facilities. In particular, the 16th street location.

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5. Patients / clients choosing to go to Portland instead of getting rehabilitation services at Clatsop Care. Due in part because of the aging infrastructure.
6. Not offering quality incentives for staff to continue to work for the health district which creates high turnover.
7. Hospitals making use of their swing beds in direct competition to us. *A swing-bed is a service that rural hospitals and Critical Access Hospitals (CAHs) with a Medicare provider agreement provide that allows a patient to transition from acute care to Skilled Nursing Facility (SNF) care without leaving the hospital. This allows a patient to continue receiving services in the hospital even though acute care is no longer required.*

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B. Open discussion / next steps.

Mark Remley shared a recap of how this strategic plan was created. Listed below are goals and timelines to address / achieve these goals. This will align board members, management, and staff with short- and long-term goals. This is a working document from an operations standpoint that team members will be able to reference for future success and growth.

Marketing:

Goal	Survey 1		Survey 2		Survey 3		Survey 4	
	Community	Timeframe	Community	Timeframe	Community	Timeframe	Community	Timeframe
Community, everyone knows everyone, sense of camaraderie	CCHD	immediate	CCHD	Now and on going	CCHD	immediate	Intrinsic	1
Community knows what we are in our entirety, full service	CCHD	immediate	CCHD	Now and on going	CCHD	immediate		1
Not for Profit, reflect values of the Community	CCHD	immediate	CCHD	Now and on going	CCHD	immediate	Intrinsic	
Continuity of care	CCHD	immediate	CCHD	Now and on going	CCHD	immediate		1
Communication to the community/family members	CCHD	immediate	CCHD	Now	CCHD	immediate		1
Pump up the funds for the word to get out	CCHD	immediate	CCHD	Now	CCHD	immediate	??	
Pound our chest on the good things we do, positive outcomes	CCHD	immediate	CCHD	Now	CCHD	immediate		1
Families supported and training on what they may experience with us	CCHD	immediate	CCHD	1-2 years	CCHD	immediate		1
Satisfaction surveys to focus on what our customers are saying, employees and staff	CCHD	immediate	CCHD	3 years	CCHD	immediate		1
Unique in receiving tax funds; part of the community, family connections	CCHD	1-2 years	CCHD	within the first year	CCHD	1-2 years	Intrinsic	
Trust of the voters in the district, work in progress, do what's necessary to meet the needs of the community, stay viable over the long term	CCHD	1-2 years	CCHD	Now and on going	CCHD	1-2 years		1
Need in the community so that members can stay here locally	CCHD	1-2 years	CCHD	Now	CCHD	1-2 years	Intrinsic	
How do we get to the "average" resident in the community so they know all we do? Volunteer opportunities	CCHD	1-2 years	CCHD	Now	CCHD	1-2 years		
CRV refresh, increase first impression	CRV	1-2 years	CRV	1-2 years	CRV	1-2 years		
See regular educational sessions for families and residents alike. Workshops/series	CCHD	1-2 years	CCHD	3 years	CCHD	1-2 years		2
Getting community back involved in the district, outreach program.	CCHD	1-2 years	CCHD	3 years	CCHD	1-2 years		1
See a new building!	CCC	5 years	CCHD	5 years	CCC	5 years		

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Staffing:

Goal	Survey 1		Survey 2		Survey 3		Survey 4	
	Community	Timeframe	Community	Timeframe	Community	Timeframe	Community	Timeframe
Comprehensive employee training	CCHD	immediate	CCHD	On going	CCHD	immediate		1
How does compensation look moving forward			CCHD	Now				1
Retention - what do we do, what can we do, cost of turnover			CCHD	Now				1
Administer recognition, last year has taken its toll	CCHD	immediate	CCHD	Now	CCHD	immediate		1
Robust off the cuff benefit strategy as a means of retention	CCHD	immediate	CCHD	Now	CCHD	immediate		1
Robust orientation program for employees that encompass the entire district	CCHD	immediate	CCHD	less than 1 year	CCHD	immediate		1
Employee handbook	CCHD	immediate	CCHD	less than 1 year	CCHD	immediate		1
401 k	CCHD	immediate	CCHD	1-2 years	CCHD	immediate		1
Agency dependency reduced	CCHD	1-2 years	CCHD	less than 1 year	CCHD	1-2 years		1
Compensation tangible and intangible ways to offer our employees different benefits	CCHD	1-2 years	CCHD	Now	CCHD	1-2 years		1
Explore ways to get staffed up, college relationships, housing opportunities, how do we draw more people in, multigenerational living	CCHD	1-2 years	CCHD	1-2 years	CCHD	1-2 years		1
Get to the point where employees seek us out	CCHD	1-2 years			CCHD	1-2 years		1

Services:

Goal	Survey 1		Survey 2		Survey 3		Survey 4	
	Community	Timeframe	Community	Timeframe	Community	Timeframe	Community	Timeframe
Being knowledgeable about the District	CCHD	immediate	CCHD	Less than 1 year	CCHD	immediate	Marketing	
Widespread services through all levels of care.	CCHD	immediate	CCHD		CCHD	immediate		
Continuity of Care	CCHD	immediate	CCHD	Now	CCHD	immediate		1
Keeping residents at the core	CCHD	immediate	CCHD	Now	CCHD	immediate		1
Helping new residents acclimate well, get them home when possible, keep people in the home when possible.	CCC, CRV, MC, IHC	immediate	CCHD		CCC, CRV, MC, IHC	immediate		1
Work with all healthcare agencies to see if we can maximize coordination of services.	CCC, CRV, MC, IHC	immediate			CCC, CRV, MC, IHC	immediate		1
Quality Care			CCHD	Now				1
Community knows where we are in our entirety, where could someone go, full service	CCHD	1-2 years	CCHD	Less than 1 year	CCHD	1-2 years	Marketing	
Reflect the values of the community; Service our community first.	CCHD	1-2 years	CCHD	Less than 1	CCHD	1-2 years	Intrinsic	
Culture Change/ programming; what does this look like, and how can we separate from other communities in this way.	CCHD	1-2 years	CCHD		CCHD	1-2 years		1
Skilled care more of their own community of people, not integrating them with ICF level of care.	CCC	1-2 years	CCC	1-5 years	CCC	1-2 years		1
Greater need for additional beds?	CCC, MC, CRV	1-2, 5+ years	MC	3 years	CCC, MC, CRV	1-2, 5+ years		
Maintain profitability, not in the hole financially.	CCHD	5 years	CCHD	Now	CCHD	5 years		
See an expansion in Memory Care or any other level of care?	MC	5 years	MC	3 years	MC	5 years		
Campus situation?	CCC, CRV, MC	5 years	CCHD	1-5 years	CCC, CRV, MC	5 years		

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Leadership:

Goal	Survey 1		Survey 2		Survey 3		Survey 4	
	Community	Timeframe	Community	Timeframe	Community	Timeframe	Community	Timeframe
Administrator recognition	CCHD	immediate	CCHD	Now	CCHD	immediate		1
More supportive of each other	CCHD	immediate	CCHD	Now	CCHD	immediate		1
Tighter knit group	CCHD	immediate	CCHD		CCHD	immediate		1
Explanation of the training we already do, outreach	CCHD	immediate	CCHD		CCHD	immediate		1
What makes us comfortable financially to work through some of our programs, taking some risks?	CCHD	1-2 years	CCHD	1-3 years	CCHD	1-2 years		1
Board involved in every building, better understanding of what we do	CRV, MC, CCC	1-2 years	CCHD	?	CRV, MC, CCC	1-2 years		1
Development of leadership coaching, growth for our team.	CCHD	1-2 years	CCHD	1-3 years	CCHD	1-2 years		1
Address pros and cons of continued contract management vs returning all to "in house"								1

Mark Remley commented. Now that this plan been created, it can be fine-tuned, and discussion can continue about accomplishing these goals.

Linda Crandell asked everyone to review the strategic plan draft, highlight points for discussion. Then please drop it off the Care Center before Thanksgiving. This information will be compiled and discussed at the next board meeting.

Chuck Meyer commented. We need to move forward with replacing the 16th street building with a new facility. The first task will be locating a large enough property that is not in the Tsunami zone to buy and move forward with this project.

Linda Crandell asked. Are there recommendations on what our next steps will be?

Mike Aho agreed with Chuck Meyer. Mike recommended Mark Remley help determine what size nursing facility the community can support and cost per square foot to build. Mike also recommends reviewing the market value of the 16th street building to create a plan to proceed.

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Chuck Meyer recommended this topic be discussed at the next board meeting.

Megan Lampson agreed. This should be on a future board meeting agenda.

Clarissa Barrick stated. There is a sense of urgency regarding replacing the Care Center. She would like to see the district build a state of the art, efficient, one story nursing facility.

Mark Remley will gather information and present at the next board meeting.

Mike Aho would like to add discussion regarding employee benefits to the December board meeting agenda.

Linda Crandell will add these to discuss at the December board meeting.

Mark Remley will follow up with a time and date to discuss employee benefits.

IV. ADJOURNMENT

Linda Crandell adjourned the meeting. The meeting was adjourned at 4:00PM


Chair

12-8-21
Date

Secretary

Date

Minutes recorded by Mike Kerwin CTO