

**LONG RANGE STRATEGIC VISION**  
**Report of the Long Range Planning Committee**  
**June 2008**

**Introduction**

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In the Spring of 2007, the Long-Range Planning Committee of the Board of Franklin Community Health Network (FCHN) embarked on a planning process with the intention of articulating a long-range strategic vision for FCHN. The Committee was chaired by FCHN Board member and former Board Chair Darryl Brown and included medical staff leadership, nurses, administrators, board members, and community leaders. The Committee held two daylong retreats and a series of subcommittee meetings to gather perspectives and reach consensus on the vision. In order to gain perspective on human resources and financial considerations – two areas that will impact all components of the plan – special subcommittees were formed. This was followed by a meeting of the Committee to review subcommittee recommendations and create a final plan.

This new strategic vision is intended as a roadmap to guide the overall development of FCHN over the next five to seven years, inform major resource allocation decisions, and provide a context for recruitment of the next President/CEO. Even in its draft form, this long-range planning process has already influenced the work of the Network; for example, the renaming of Pine Tree Medical Associates to Franklin Health has been driven by a desire to show connections within FCHN as identified by the family-centered care subcommittee. Throughout this process, strategic planning has been powered by the desire to further the Network's mission: To work cooperatively with other concerned individuals and organizations to achieve the highest level of health and wellness possible for the people of west central Maine.

At the conclusion of the Committee's first retreat in May 2007, five subcommittees were formed to analyze research and gather perspectives from a variety of stakeholders on key issues in the organization's future. The five subcommittees included:

- *Technology* : Bob O'Reilly, Chair
- *Family-Centered Care* : Pam Ernest, Chair
- *Facilities* : Darryl Brown, Chair
- *Scope of Service* : John Bogar, Chair
- *Community Health* : Doug Walrath, Chair

Each subcommittee gathered information from sources including the Community Visioning process, focus group interviews, questionnaires, engaged workforce survey results, physician survey results, demographic data available from state and federal sources, and other processes and tools. Subcommittee members were selected to represent a broad cross-section of interested parties, with widespread expertise. For example, the Technology Subcommittee invited Maine Medical Center's senior

administrator for information technology, and the Community Health Subcommittee included numerous community leaders as well as FCHN employees.

In January 2008, the Long Range Planning Committee gathered once again for another retreat to review recommendations from each subcommittee and draft a blueprint for the FCHN strategic vision. Special subcommittees on human resources and financial feasibility met afterwards to make recommendations based on this draft. The resulting document was reviewed by a final meeting of the Long Range Planning Committee in June 2008.

The plan that follows is a result of this process. This plan will guide FCHN over the next five to seven years in its continuing efforts to achieve the organization's Vision: To be the best rural healthcare organization in New England by expressing the Network's values of pride, innovation, caring and excellence, and by centering work on nine basic "Foundation Stones" – People, Service, Quality, Growth, Finances, Community, Collaboration, Integration of Care, and Access – as the best means to accomplish this mission.

## Core Concepts

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### **1. FCHN should remain community-focused and independent.**

FCHN has a powerful reputation statewide and is nationally recognized for its involvement in the community it serves, including its access to care initiatives, preventive health outreach, Healthy Community Coalition, and partnership with Greater Franklin organizations advocating improved economic development, violence prevention, and education. This Vision calls for sustaining that special role in the community, making the health and well-being of the community a continuing priority for operations at FCHN, and holding leadership accountable not only for high quality patient care and safe patient outcomes, but for contributing toward the well-being of the larger community. This supports the FCHN foundation stone - *Community*. Moreover, the Committee recommends a vision that sustains FCHN as an independent organization, drawing from and contributing to the strengths of the Greater Franklin area but not owned by a larger external health care delivery system. Affiliation with a larger system might bring incremental economies of scale, but could detract from the organization's ability to set priorities that reflect the unique concerns and needs of the local rural community and the health system. At the same time, the Network must remain alert to trends and changes in the environment to assure that this continues to be the best strategy in the future.

Committee members recognize that this Vision requires an unusual level of determination, especially because involvement in the community is typically not financially remunerated. However, in a rural community with relatively few community institutions with the leadership and resources to respond to pressing community needs, FCHN plays a more pivotal role than other health systems might in more resource-laden areas. FCHN must continue its role as a strong community partner; otherwise, the Network risks substantial declines in the quality of life and economic well-being of the region, which in turn will have an impact on the financial health of FCHN and its ability to recruit and retain top talent.

This Vision also requires continued vibrant collaboration with other organizations in the community. This supports the FCHN foundation stone - *Collaboration*. Prominent among these collaborations is the Network's longstanding and highly productive partnership with the University of Maine at Farmington. Other historic collaborators include the five school districts; the business and economic development community; advocates like Abused Women's Advocacy Project, SAVES, and the Franklin County Children's Task Force; social service agencies like Western Maine Community Action and Community Concepts, the United Way of the Tri Valley area; colleague health providers like HealthReach; area nursing homes; Androscoggin Home Care and Hospice; faith-based organizations; and numerous other organizations that share a common purpose with the FCHN community.

This Vision also requires continued collaboration with other providers headquartered outside FCHN's service area where joint approaches to program development and care delivery will help the organization to provide a rich array of specialized services in a way

that would be economically or programmatically impractical on a solo basis. Such collaboration also provides FCHN with some of the advantages of marginal efficiencies typically achieved only through merger. In cases where it would support FCHN's mission, the Network should give serious consideration to acquisitions either within or contiguous to the organization's service area.

## **2. FCHN should deliver family-centered, coordinated, high quality care.**

Most health professionals and health organizations in this country would say that they provide patient-centered care. However, the reality is that health care in this country is usually centered not on the patient's needs and safety, but on the needs of those delivering care. Patients are left the difficult task of navigating among various delivery systems and providers.

Too often, mental health services are provided in isolation, with little to no integration between mental health and primary health or specialty care. It is now common for patients to receive their primary care from one group of doctors, emergency care from the hospital, inpatient care from hospitalists, and specialty care from one or more specialists at locations outside the region. Many people have prescriptions that are written by multiple physicians, who are often unaware of all the prescriptions their patient is taking or the reasons that other medications have been ordered. Mental health, home health, nursing home, and assisted living services are rendered by other organizations, often with different affiliated physicians overseeing the medical portion of this care. In addition, physicians increasingly ask patients to connect with community supports to affect lifestyle changes such as tobacco cessation or weight loss. Despite their importance, these support systems often function entirely independently of the health care delivery system.

This is particularly problematic for seniors, who are most likely among all age groups to have multiple health needs, and often least likely to have the means and the resiliency to navigate the system as effectively as possible. These same challenges also disproportionately stress other vulnerable populations, such as local residents who are financially vulnerable or have achieved low levels of educational advancement.

This Vision calls for a rededication to the goal of full integration of patient care, to assure that the first priority in structuring FCHN's operations and protocols is the patient and family experience. By partnering with patients and families in their own care to provide comprehensive, integrated services, and by recognizing patients as beings with spiritual and emotional needs as well as physical ones, FCHN also has a powerful opportunity to enhance quality and safety and improve patient outcomes. This will support the FCHN foundation stone - *Integration of Care*.

The Vision includes the following:

*Medical home:* The Network should study the medical home model to identify initiatives that will enhance the continuity and integration of care provided at FCHN. This should include consideration of the medical home model of care recommended by professional

organizations including the American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, and American Osteopathic Association.

*Electronic medical record:* Central to this Vision is the development and appropriate implementation of a seamless electronic medical record that can be shared across delivery systems to assure transparency and safe practices among providers serving the same patient. Currently, even within the FCHN system, patient services may appear to occur in isolation. Providers risk being unaware of services a patient accesses elsewhere in the system unless the patient or the provider makes a special effort to ensure that the medical record is communicated to all providers involved in the patient's care. For example, if a patient is treated in the emergency room for a drug overdose, his or her primary care provider or mental health counselor may be unaware of this incident unless the patient makes an active effort to disclose the information. While this information is available in a patient's medical record, changes in procedure may be needed to ensure that all players in a patient's health care have easy access to such information. As more patients in FCHN's service area suffer from chronic illnesses such as diabetes and heart disease that are often strongly correlated with mental health problems, the connection between mental health and other services has become a particular concern.

Establishing a medical record that is not just integrated but truly seamless is a key component of coordinated and patient-centered care. This will also have the important benefit of supporting quality care and better patient outcomes by reducing the likelihood of medication errors. Medical record information should be available for the patient and family to access with ease in a format that is simple and easy to understand, enabling patients and families to participate fully in their plan of care. Medical records must also be clearly formatted and easily accessible for all providers participating in a patient's care along the continuum of services he or she might receive. Even as the electronic medical record is being constructed, changes must be made to the paper system to promote these same goals.

Work in this area should consider dental care, mental health services, and long term care as key components of an individual's care along with primary care and hospital-based services, with a long-term view toward including each on a patient's electronic medical record. FCHN will continue to support the work of HealthInfoNet, an integrated statewide clinical information sharing infrastructure, through participation in its demonstration project as its only rural site. The work of HealthInfoNet will be crucial as medical providers across the state seek to share information across delivery systems in order to provide seamless care for patients.

*Community supports:* FCHN should partner with community organizations to assure supports for patients and families needing care including transportation services, help maintaining a healthy lifestyle, and decent housing and home care services. This will be particularly crucial as many community organizations anticipate significant funding cuts that will affect their ability to provide such services dramatically. In this environment,

FCHN may need to be more proactive, acting as a leader in the community to ensure supports are available for all. This will support the FCHN foundation stone - *Community*.

*Education and patient responsibility:* FCHN should make it a priority to continue offering education and library resources to patients and the community about healthful lifestyles, and how to take care of oneself through the disease process. In addition to supporting families as they face health challenges, this reinforces the principle that patients and families are responsible for taking charge of the progress of their own health and well-being. Tools such as ScoreHealth should be utilized as a method of promoting personal responsibility for one's health for patients and for the community as a whole. Increasingly, the Internet will be a key tool in achieving these goals. Accordingly, FCHN should continue to provide support to Internet-based projects, including FCHN.org, TheCommunityConnector.org, the online deployment of ScoreHealth, and MaineHealthForum.org.

*Delivery system protocols:* FCHN will strive to improve communication among providers, and clinical staff will make listening to patients and families and responding to their unique needs a top priority. Office practices will offer patient-friendly hours including lunchtime hours. Special initiatives should be considered to bring services to locations where people live through tools such as HCC's Mobile Health Unit, or through initiatives such as EBS's current presence in area schools. This will support the FCHN foundation stone - *Access*. Recruitment should focus on attracting nurses, physicians and others who share a strong vision for family-centered care. Systems should be put into place that measure the effectiveness of family-centered care, and these performance measures should influence compensation.

*Environment of care:* The organization's facilities provide a unique and concrete opportunity for FCHN to convey its values of caring, pride, excellence, and innovation. Like all other aspects of the FCHN system, facilities can be used to foster healing and wellness, and to promote the Network's commitment to quality patient care and patient safety. Offices and facilities should be designed to support family-centered care, consistently making patients feel welcome and supported. Patient rooms should be conducive to family participation in care and staff efficiency. Where possible, facilities should be 'green' and energy-efficient.

*Transparency and quality improvement:* FCHN should measure and publicly report on quality measures to include the outcomes of the care we provide. The organization should engage patients and the community in reflecting on quality results and safe practices, and encourage them to participate in their care to achieve high levels of performance. This will support the FCHN foundation stone - *Quality*.

*Continuity and Integration of Care:* Currently, FCHN provides a number of resources to patients navigating the complexities of today's healthcare system. For example, Franklin Health Access provides personal health advocates, primarily for low-income individuals. FMH's Care Support Services provide care support nurses to patients with conditions including breast cancer, congestive heart failure, coronary heart disease, diabetes, and

patients with cardiovascular risk factors. Maternal and Child Health's Growing Healthy Families program provides support to parents through nurse home visits, and through family support visitors in collaboration with the Franklin County Children's Task Force. Such services are extremely valuable to patients, providing them with individualized support that often continues across the continuum of services they require. FCHN should maintain and expand these successful programs, and work to integrate protocols across systems. The Network should also work to provide such support to all patients, regardless of income level, disease, or other specific factors.

*Treating the whole patient and family:* The Network should commit to a concept of care that treats the mind and spirit in addition to the physical body. Care providers must recognize that social networks, family relationships, and environmental factors each have a strong impact on their patients' care. Mental health providers should be deployed in all places where physical health services are provided. Clinicians providing medical care should acknowledge the importance of social and environmental factors on patients. This philosophy of care should be embraced by all at FCHN, and affirmed through thoughtful changes in clinical protocols, systems, and programs.

### **3. FCHN should achieve strong and sustainable growth, with a business model to justify each incremental step.**

The Committee envisions growth in three main areas: technology (including information systems and clinical interventions), service lines, and facilities. A cornerstone of the vision for growth is the organization's ability to create appropriate business models for consideration of options. The organization should develop a methodology to assess new options for growth that considers the cost of the new option; the quantifiable benefits as well as the intangible, mission-specific benefits; and the revenue generating potential. In addition, the organization should maintain a consistent methodology to measure the return on investment of new business lines after deployment. The modeling envisioned by the Committee will likely require investment in new accounting capacity to isolate and measure profitability by business line. These initiatives will support the FCHN foundation stone - *Growth*.

*Technology growth:* The Committee envisions development of an internal infrastructure to support clinical and financial systems growth. The changes in health care are rapid and complicated, and require strong institutional knowledge and adeptness to manage the rapidly evolving new technology to support compliance systems and care delivery. Moving forward, FCHN will need a process to assess the needs of the Network balanced with the costs and benefits of various technology solutions. A committee should be formed specifically to assess such decisions. The advent of electronic medical records will be supported as well by broadband access in the community, allowing local providers and residents speedy and accurate access to records and reducing infrastructure costs and complications for the hospital. FCHN is committed to developing an e-ICU at FMH in collaboration with MaineHealth in order to allow intensivists to electronically monitor patients at remote facilities from a centralized control center. Such advances are key to FCHN's ability to provide high levels of care to patients within a rural community.

*Service Line Growth:* For growth in service lines, the committee recommends the following priorities be evaluated over the coming years: child development; surgery (and new surgical specialties); geriatrics; mental health (including inpatient services); and women's health. According to a recent market analysis, geriatrics in particular will fill a growing need in the community. Market data similarly indicates an opportunity for growth in the southern tier of the Network's service area. In addition to the elderly, priority targeted populations also include children and youth, young adults, and the economically disadvantaged. In all cases, decisions will be based on data assessing the needs of the community balanced with the needs and capabilities of the Network.

*Facilities Growth:* The Committee envisions infrastructure improvements that will facilitate a number of projects of benefit to the organization and the community in coming years. In the next five to seven years, FCHN should undertake improvements to facilitate coordinated and family-centered care, expand services in the southern tier, build a child development and youth center if additional community supports are available, and provide a new building for Androscoggin Home Care and Hospice. Other needs on the horizon include a new site for NorthStar's Farmington base, a new medical office building, a new permanent home for HCC, and senior housing. New facilities should be built as environmentally friendly facilities, using renewable resources and alternative sources of energy wherever practical. In all cases, facilities growth should support the overall goals and vision of FCHN, and be weighed carefully against financial considerations and community needs.

## **Key elements of the Vision**

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### **1. Financial feasibility**

The changing landscape of health care in the U.S. and in Maine presents enormous challenges to FCHN's ability to fulfill the Vision. The erosion of reimbursements under MaineCare and Medicare, the escalation of commercial insurance premiums, the potential of a substantial and prolonged recession, and the threats and opportunities of federal efforts at health care reform all carry the promise of change as unpredictable as it is dramatic. Considerations in this area support FCHN foundation stone - *Finances*.

Presently, about half of FMH's revenue comes from Medicare. Almost 20 percent comes from MaineCare (Medicaid). A small percentage of revenue comes from self-pay (which often means no pay), and about 30 percent comes from commercial insurance, especially Anthem, Aetna, Cigna, and Harvard Pilgrim. This payor mix continues to shift in significant ways as the Medicaid program grows sharply.

Excessive reliance on MaineCare is a risky financial strategy for FCHN. MaineCare reimburses inpatient care at a rate far below FCHN's costs, and delays full payment of even these inadequate amounts by a period of years. Meanwhile, Medicare payments - once a reliable source of funding and surplus for the hospital - are being ratcheted back

and further eroded as the federal government dramatically increases compliance regulations.

Reimbursement for mental health services is also under scrutiny and attack. Presently the State of Maine proposes dramatic decreases in the funding of mental health services statewide. These changes may have a substantial negative impact on Evergreen Behavioral Services. Further, since Evergreen operates many school-based programs, the proposed reorganization of school districts will have a yet undetermined impact on EBS.

A look at financial feasibility should also include examination of the use of the organization's financial reserves. Specifically, careful study should determine whether the financial reserves should be earmarked to provide annual support for particular strategic initiatives under the so-called "5 percent rule" that is now in place. This rule allows that, for certain Board designated purposes, 5 percent of an endowment fund can be used annually to support a special board designated purpose. Presently such Board and donor-designated reserves are in place for Franklin Health Access, the Healthy Community Coalition, and the Martha B. Webber Breast Care Center, totaling approximately \$250,000 a year. The present reserve fund totals about \$18 million. Meanwhile, the implementation of the recently launched planned giving program offers long-term promise to increase board or donor designated reserves for vital programs that are needed by the community but will not be financially self-reliant.

It is clear that major additional capital investments must be undertaken incrementally. A gradual approach to new capital projects is necessary because the financial situation for FMH is so uncertain and unpredictable. Furthermore, with the exception of expansion in the southern tier, most of the major additions currently being considered will result in little or no additional income. Further strategic financial review will help prioritize program expansion and contraction priorities. It is likely that investments yielding the greatest return will have to receive the highest priority for future investments as financial pressures will soon intensify.

For example, it is clear that much business in the southern tier of FCHN's market area goes south to Lewiston or Portland instead of FMH. This fact would support the acceleration of the organization's expansion plans in the southern tier. The marketing data gathered as a part of the finance committee's long range planning forecasts and modeling suggests that there is an opportunity to capture additional market share by attracting more referrals from the southern tier of the service area, including North Turner, Livermore, Livermore Falls, Jay, Canton, and Readfield. In fact, data indicates that the southern tier is the best venue for market share and revenue growth. Conversely, staff turnover at the Western Maine Family Health Center operated by HealthReach Community Health Centers in Livermore Falls may adversely affect referrals to specialists and services of Franklin Memorial Hospital. For these reasons, it is suggested that FMH give priority to developing a program that integrates and expands present hospital-sponsored services in Livermore Falls. If possible, this integration should include the health center operated by HealthReach Community Health Network.

In the same time frame, it is recommended that a project move forward to bring Franklin Health - Farmington Family Practice (formerly Pine Tree Family Practice) onto the main campus into a new facility that will allow long-term growth, as this represents a particularly pressing need.

Renovation and expansion plans at the hospital will necessarily have to progress on an incremental basis. Clinics and office space on the second floor should be removed to another venue as soon as possible. Plans should be developed to activate space on the second floor for inpatient use. This will help accommodate the slow but steady long-term growth of hospital inpatient business and to accommodate a specialized inpatient unit if approved. By activating inpatient space on the second floor of the hospital building, several of the larger rooms on the second and third floors can be used to accommodate families and patients with special needs.

Other major capital projects within the hospital will be limited by CON considerations, scarce capital, and the fact that some remodeling projects will add only small incremental income increases. For all projects requiring debt financing, FCHN management and the board should assure that the projects are carefully planned and considered. Financial risk should be incremental, and considered cautiously against a reappraisal of the financial environment at the time.

Additionally, the Network must be prepared to consider potential affiliations and acquisitions that support FCHN's mission. This charge is particularly directed toward consideration of opportunities within the organization's service area, but should include a periodic review of opportunities contiguous to the service area where such a move would support the Network's mission. While the anticipated financial environment suggests that the Network must be cautious in such efforts, the ability to act in a proactive manner rather than a reactive one will be particularly valuable considering current economic forecasts.

The expected difficult financial environment in coming years has informed the following strategic financial recommendations:

1. Avoid use of line of credit borrowing for conditions caused by long-term environmental factors.
2. Be deliberate, cautious and incremental in adding new programs so risks are managed, capital is not over-extended, and programs can build on one another and solidify financially before additional risks are added.
3. Be prepared to swiftly implement cost reductions. Know in advance what programs will be examined first, what process will be used to identify and decide upon reductions, and what trigger points will be used to determine when cuts will be made.
4. Build the endowment through increased efforts to attract philanthropy, with a particular focus on planned giving.
5. Build FCHN's capacity to obtain foundation and governmental grants. Be careful to use grants in areas that do not require continued support when the grants end.

6. Use tax-exempt borrowing as the source to fund new facilities and major capital equipment purchases.
7. Avoid capitalized leases.
8. Keep the hospital's debt-to-asset ratio under 50%.
9. Maintain a 3-year moving average operational surplus of 3%.
10. Maintain a 3-year moving average total return of 5%.
11. Build capacity for political advocacy with Maine government.

## **2. Recruitment and retention of staff and providers**

The importance of the recruitment and retention of talented and dedicated employees is a thread that weaves through each of the Network's long-range and short-term goals. Indeed, the robust Vision that has emerged through FCHN's Long-Range Strategic Planning process will not be realized without the presence of talented professionals and leaders in FCHN's ranks to implement it. Work in this area will support FCHN foundation stone - *People*.

FCHN faces major shortages in a number of key professional areas, including specialty physicians, nursing, physical and occupational therapists, and senior leaders. Changing employee expectations have a major impact on recruitment and retention activities as more employees seek flexible work schedules and less onerous weekend and evening responsibilities. National shortages are leading to increased competition for human resources, including a greater tendency for locally-based professionals and students to compare jobs available elsewhere in the country to local employment opportunities. FCHN is also challenged to find ways to compensate employees seeking advanced degrees, as this is vital to the cultivation of leadership talent in the future. At this point, the Network's response to such challenges has been largely reactionary and focused on short-term needs. In order to tackle these mounting challenges, FCHN must begin to make bold and forward-looking moves.

Despite these challenges, the Committee recognizes that FCHN has a strong foundation that will ground future work in recruitment and retention. The organization's remarkable strengths will enable FCHN to respond effectively to coming challenges.

*Loan repayment program:* New strategies must be developed to encourage local residents to select careers in healthcare, to help motivated residents find the means to achieve a health-related education in a way that connects the graduate back to employment at FCHN, to support the pursuit of advanced education among current employees, and to attract top talent regionally and nationally to hard-to-fill positions. The Committee recommends that FCHN achieve these goals in part through a loan repayment program, utilized on a selective basis to target areas where staff are difficult to recruit and retain. Through an FCHN-sponsored program, individuals with outstanding loans from qualifying educational programs who come to work at FCHN will have their loans paid by the Network. Participation in this program will require an established commitment by the individual. Current employees in qualifying areas with outstanding educational loans will also be included in this program. Loan repayment will be available in addition to the

tuition reimbursement program and other educational opportunities currently available to FCHN employees. The Committee recommends that the board designate use of endowment funds to provide ongoing support of this program, although consideration must be given to how this may affect reimbursement.

*Targeted efforts for key areas:* While the Network must strive to recruit and retain the best and brightest in all areas of the organization, the Committee recommends those key areas experiencing high turnover and shortages be targeted with special initiatives and considerations. The Committee recommends that the focus in recruiting throughout the organization and for these areas in particular should be shifted from recruiting applicants for specific job openings to a continuous, ongoing search for the best and brightest. The use of differential benefits should also be considered as a way to compensate individuals in these key areas. For example, nursing staff who are encouraged to use earned time during periods of low census might find additional earned time particularly attractive. This could then be used as a valuable recruitment and retention tool in areas where the Network anticipates high turnover.

Like the higher earned time accrual rates currently used to recognize employees with longer tenure at the organization, the use of differential benefits could be an effective tool to compensate individuals in high stress or high demand areas. However, with very specific human resources needs and continuing challenges in payment, the Network may have to be extremely selective in this matter.

*Encouraging advanced degrees:* Staff with advanced degrees will be crucial to meeting the leadership needs of FCHN in the future. Such advanced study provides staff with key critical thinking skills and a broader understanding of patient care, which results in higher quality care and better patient outcomes. FCHN should consider the use of differential pay or benefits for individuals with advanced degrees, including bachelor's- or master's-prepared nurses. Recruitment and retention of staff with desirable advanced degrees could be achieved through an altered clinical ladders structure, utilizing increased benefits such as earned time or financial incentives to encourage participation. Although this is not standard practice in the state of Maine, this goal might also be achieved through core pay. Current staff should be considered a key resource, and special efforts should be made to encourage employees to advance their career through higher degrees.

*Leadership development:* The Network must undertake intentional efforts to promote leadership development, including medical staff and board leadership. Efforts should include targeted development for current staff in addition to special efforts to recruit individuals with great leadership potential. The long-term success of FCHN will depend on success in this area.

*Welcoming back former employees:* With rising gas prices, FCHN has the opportunity to attract employees who have left to work at hospitals outside the community back to the Network. Currently, employees who leave the organization are treated as new employees in terms of earned time accrual rates and other benefits when they return. The Network will implement measures to make a return to FCHN by former employees as inviting and

attractive an option as possible, primarily by applying previous employment history to the tenure of returning employees.

*Supporting the needs of the workforce:* In order to strengthen FCHN's position as an employer of choice, the Network must strive for innovative and effective ways to meet the needs of its workforce. The nursing workforce and workforce overall includes an increasing number of family caregivers who face special challenges in balancing work and home life. The Network's competitive edge in supporting employees as family caregivers will be essential. As a step towards achieving this goal, the Committee recommends the expansion of the current childcare program and the addition of after-school care. The Committee additionally recommends more targeted efforts to support the needs of an aging workforce. This will be achieved through considerations in future facilities planning as well as other innovative ways to relieve strain, reduce stress, and prevent work-related injuries. Such support may also provide a unique recruiting tool for new staff.

*Educational programs and affiliations:* FCHN's capacity to further develop as a learning-centered organization will be central to future success. Although the Network currently benefits from 16 different affiliations, programs should be expanded where feasible and additional clinical educational affiliations should be developed. In particular, it will be beneficial to maximize the connection with the new medical school being jointly developed by Tufts University School of Medicine and Maine Medical Center. This program has the additional benefit of strengthening existing partnerships with the University of New England College of Osteopathic Medicine and other medical programs.

*Developmental planning:* The Committee recognizes that succession planning is necessary for all critical and hard to fill positions. As such, the Network must put development plans into place based on expected turnover. In addition, a formal long-range physician recruitment and retention plan should be developed.

## **Next Steps**

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Far from a relic that will sit on the shelf and collect dust, this Vision will guide FCHN for years to come. Indeed, even before the process has been completed, this plan has already had a concrete impact on a number of major initiatives and priorities at the Network. Recent efforts in facilities planning, physician recruitment, and program development have each been guided by the priorities and goals set forth in this document. In the future, this plan will be used to inform the CEO Executive search that is currently underway. It will be used to guide resource allocations as determined in annual goal setting for systems and affiliates. This plan will also guide considerations of new proposals for programs and services. Throughout the implementation of the Vision, data, including epidemiological information and market reports, will be used to guide specific actions and priorities.

The FCHN Board's Long Range Planning Committee will meet once each year to monitor and evaluate the progress of the Network according to these goals.

## **Conclusion**

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When the Committee set out to produce this Vision, Darryl Brown, Chair of the Long Range Planning Committee, challenged the organization to create from this process at least one bold idea for its future. The boldness that emerges from this Vision is not in one single idea, but in the totality of the overall Vision. This is a strong, innovative, and broad vision tailored to the special considerations of the Greater Franklin area, and it demonstrates a willingness of the health care community to advance beyond business as usual. It builds on the Network's nationally recognized achievements in caring for the whole patient, community partnership and collaboration, and measured, state of the art growth. It also demonstrates a strengthened commitment to FCHN's foundation stones, mission, and values. Taken together, the strong and incremental steps and measured growth we envision advance system toward meeting an aggressive mission of improving the health and well-being of people in the community.

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