Copansburg Regional Health System

2022 Key Factors Worksheet

P.1a Organizational Environment

Organization Description Not-for-profit integrated delivery health care provider. Service area of approximately 2,000 square miles includes both rural and urban areas. System created in 2000 with merger of two regional health care providers. Significant growth organically and through acquisitions
Service Offerings Five hospitals include a teaching hospital with 120 residents and service lines of cardiology, oncology, orthopedics, women's and children's health, behavioral health/substance abuse, and neurology. Outpatient and post-acute service lines (home health, hospice, and durable medical equipment [DME]) generate 70% of the total revenue. Diagnostic and treatment centers, joint venture (JV) surgery centers, imaging and rehabilitation services, urgent care, and 750-member multi-specialty medical group along with 420 independent physician members. Operates health insurance plans
Mission, Vision, Values Mission – provide outstanding health care services to improve the health of all citizens in the service area; Vision – to be among America's best health systems; Values – WE CARE: World-class medicine, Efficiency, Compassion, Accountability, Respect, Excellence
Core Competencies Safe, high-quality clinical care; efficiency in operations
Workforce profile Workforce segments: 9,830 employees (5,730 clinical; 4,100 non-clinical), 1,290 physicians (750 employed, 420 non-employed), 140 students (100 nursing, 40 other), and 500 volunteers (400 adults, 100 teens). Organized bargaining units for nurses and environmental and facilities workers
Workforce Engagement Factors Clinical employees: support of clinical practice, competitive compensation, collegial environment, safe environment, appreciation, and wellness. Non-clinical employees: collegial environment, competitive compensation, wellness, and ability to work remotely. Employed physicians: support of clinical practice, competitive compensation, staff competency, and support for service growth. Non-employed physicians: ease of practice, staff competency, and support for service growth. Students: safe learning environment, expert clinical faculty, and career acceleration. Volunteers: meaningful work, appreciation, and wellness
Assets Five hospitals: 600-bed, 150-bed, 50-bed (2), and 25-bed critical access; corporate office building; outpatient facilities; surgery centers; imaging centers; and urgent care and rehabilitation therapy facilities. Equipment: imaging, radiation oncology, e-ICU (intensive care unit), cardiology, neurosurgery, and mobile clinic. Nonphysical assets: Apex electronic medical record (EMR) software, telehealth platform, analytics platform, and residency curriculum and programming
Regulatory Environment Heavily regulated by federal, state, and industry organizations. Federal: Centers for Medicare and Medicaid Services (CMS), Occupational Safety and Health Administration (OSHA), Office of Inspector General (OIG), Office for Civil Rights (OCR), Equal Employment Opportunity Commission (EEOC), Food and Drug Administration (FDA), Environmental Protection Agency (EPA), Internal Revenue Service (IRS), and Department of Energy (DOE). State: Department of Health, insurance, Medicaid services, and emergency medical services. Third layer of regulators include United Practice, American Surgeons Group, American Pathologists Group, Accreditation Council for Graduate Healthcare Education, Radiologists Group of America, and Commission of Education Advancement

P.1b Organizational Relationships

Organization Structure 16-member volunteer board of trustees (BOT), local advisory boards at all hospitals serving three-year terms that can be re-elected twice. Officers: Chair, Vice-Chair, Secretary, Treasurer. Committees: Quality, Finance, Governance, Risk Management, and Executive. Chief Executive Officer (CEO) reports to BOT. Foundation has separate 12-member community-based advisory board
Leadership Structure Executive Leadership Team (ELT): CEO and direct reports; Senior Leadership Team (SLT) in each business unit includes senior leader and direct reports. Corporate office provides strategic planning, marketing, finance, legal, risk management, accreditation, information technology (IT), biomedical services, and human resources (HR) services
Customers and Stakeholders Key customer and requirements: patients (inpatient, emergency care, outpatient, post-acute care, insurance plan members): access to care, high-quality and safe care, service excellence, participation in care, and value. Second key customer and requirements: family members (other customers): high-quality and safe care, service excellence, communication, and access to loved ones. Ultimate customer and requirements: communities served: access to care, high-quality and safe care, value, scope of services, and societal responsibility
Suppliers, Partners, and Collaborators Suppliers: sell supplies, equipment, drugs, and services for core operations. Key requirements: quality of products/services, availability of products/services, and cost. Partnerships: key equity partnerships with > 51% equity, three surgery centers, six imaging centers, city government, university school of medicine, nursing, and pharmacy. Collaborators: county health department, regional Federally Qualified Healthcare Centers (FQHC), state office for rural health, and Communities of Excellence 2026 (COE)

P.2a Competitive Environment

Competitive Position Market share leader for almost all clinical services in region. Competitors: university academic medical centers (AMCs) (400-bed and 450-bed), national hospital corporation (250-bed), independent hospitals, outpatient centers (imaging, surgery, physical therapy [PT], and urgent care), and health insurance plans
Competitiveness Changes Potential mergers of independent hospitals with other. Closure of rural hospitals presents opportunities for collaboration. For-profit surgery center has been approved in primary market space.
Comparative Data Internal and external. Covid has disrupted comparative data. CMS, Consumer Assessment of Healthcare Providers and Systems (CAHPS), Centers for Disease Control and Prevention (CDC), National Healthcare Safety Network (NHSN), Healthcare Effectiveness Data and information Set (HEDIS), ASG, National Database of Care Quality Factors (NDCQF), Medical Agency Research and Quality, Bureau of Labor Statistics (BLS), State Health Group, Kress Daney, National Data Sort Corporation, Carerank, Voorlan, LeapCore, Zandi's Rating Agency, and Craigly Rating Agency

P.2b Strategic Context

Strategic Challenges Workforce burnout; shortages of nurses, technologists, and some physician specialties; national and state health care payment changes; increasing costs of drugs; cybersecurity and emergency preparedness; and difficulty in reducing health disparities
Strategic Advantages System scale that helps create a cost advantage, integrated EMR for all entities that provides for a convenient experience and supports telehealth, market share leadership, and resilience

Strategic Opportunities Embedding resilience in operations, increasing connectivity in rural and disadvantaged urban areas, and increasing health care access throughout service area
Strategic Objectives Achieve top-decile performance in customer excellence, achieve top-decile performance in workforce excellence, achieve top-decile performance in financial excellence, and achieve top-decile performance in process excellence

P.2c PERFORMANCE Improvement System

Performance Improvement System Baldrige framework – all employees trained in the framework and Plan-Do-Check-Act (PDCA) methodology for daily improvement. Performance Improvement Council (PIC) selects improvement projects and assigns to a team. Institutional Review Board (IRB) supports innovation in medical care. Performance Excellence and Strategy Teams identify opportunities for intelligent risks to pursue.