

\*\*\*DFM Strategic Planning Weekly Update\*\*\* - Listening Session Summary and Update  
9/10/14

To all-

Following is the next iteration of the listening session materials as part of our beginning strategic planning process. The material is divided into sections:

- #1) Positive issues that came up in the listening sessions as appreciated and helpful or that have already been resolved (Yeah – some things we are doing well!)
- #2) Issues that are out of the direct control of the department
- #3) Specific recommendations for change,
- #4) Issues for strategic planning

Thanks to all the members of leadership council for their contribution to this work, especially from the last LC meeting Aug 6, 2014.

Val

#1) Successes

- Monthly meetings for providers –*these meetings are being expanded starting in September as monthly -Wednesday morning sessions to*
  - Clarify new policies and guidelines
  - Share information about best practices within DFM
- Dyad meetings are helpful – these will continue
- Pending resolution to coverage issues at Meriter - *ongoing discussion, subgroup lead by the Assoc. VC for Community Clinic Operations -Dave Ringdahl*
- Tools to help clinicians manage opioid use –*a workgroup has formed to make recommendations*
- UWMF employees receiving DFM emails – *now accomplished*
- Listening sessions/opportunities for input
- Clinical staff have access to St. Mary's and Meriter records - *through "care everywhere" and "care link"*

#2) Issues outside of direct departmental control (*We try to have input but UWMF or UW have made these decisions*)

- MLK Day Holiday for UWMF employees
- Making UW Health scent-free
- DFM is too big of a department
- Adjunct faculty status for our faculty not hired by UWMF

#3) Pragmatic suggestions – *these are great suggestions.*

*The LC members voted to prioritize these in the last meeting and following are responses from me and the other executive team members (Larry Hanrahan, Linda Haskins, Sandy Kamnetz, Robin Lankton, Beth Potter, Bill Schwab)*

1. Have place/way to share ideas and innovations (13 votes) – *great idea –There are events and meetings but we are searching for other opportunities. It is not clear what might be most effective so we will be asking for input .*

2. Have meet and greet to get to know faculty/staff (11 votes) - *good idea – we will again be asking for ideas / input*
3. Calendar (for managers) of when trainings and certifications are due for providers (8 votes)–  
*This has been a project that we have been working on for at least 4 years the problems are that*
  - a. *Some items like DEA numbers change at different time for different people*
  - b. *Different hospitals have different requirements*
  - c. *Requirements are set by our larger institutional partners who have not sent us dates*
  - d. *DFM staff are unable to check on completion of some of these certifications because they are not public record so individual log-ins and passwords are required**Nonetheless it is still a good idea that we will keep working on it and let you know!*

4. Manual for who to contact regarding different issues – *We are enhancing the policy and procedures section of our web site where much of the questions that come up can be answered but it is still in the infancy*
5. Hold brown bag lunches to share updates from leadership- *Unfortunately Town hall meetings were a failure – look for a survey about the desire for on-site meetings or other suggestions*

#3) Leadership council top 5 priority- *these are the “big issues” and will be part of strategic planning!*

1. DFM Leadership/Top Down Style
2. Communication
3. Department Goals/Vision/Unity
4. Patient Care/Too much focus on metrics
5. Standardization vs. Individualism/PCRI