

FY26 Capacity and Throughput FY26 Balance Scorecard & Governance Structure Design Case Study

Overview

The Capacity and Throughput initiative at MedStar Health focused on designing a systemwide governance structure and updating the department's Balanced Scorecard (BSC) to strengthen alignment with the FY26 vision and the organizational Annual Operating Plan (AOP). The effort aimed to improve transparency, accountability, and performance monitoring across hospitals and operational teams. By aligning strategy, governance, and measurement, the initiative supports better decision-making and helps ensure patients receive the right care, in the right place, at the right time.

The Approach

The development of the Capacity and Throughput FY26 Balanced Scorecard followed a structured, phased approach designed to align stakeholders, define strategic direction, and establish measurable performance indicators across MedStar Health.

Phase 1: Establishing the Strategic Foundation

The first phase focused on defining the foundational elements of the program, including the mission, vision, and strategic objectives for Capacity and Throughput. Stakeholders across the system collaborated to clarify the department's role in advancing the One MedStar vision of systemness and ensuring patients receive the right level of care, in the right facility, at the right time. This step ensured that the Balanced Scorecard would be grounded in a shared strategic direction and aligned with the FY26 organizational priorities.

CAPACITY & THROUGHPUT – FY26 BALANCED SCORECARD FOUNDATION			
Capacity & Throughput Mission: To ensure all MedStar patients receive the right level of care in the right facility and at the right time with sufficient and suitable capacity to deliver high-quality, safe patient care.		Capacity & Throughput Vision: To embody the One MedStar vision of systemness and facilitate efficient access to and delivery of all acute clinical services and transitions of care across our DCDN.	
Patient Focus	Seamless and Accurate Access	Single Point of Entry and Timely, Accurate Placement for Specialty Care	Market Leading Frictionless System to Maximize Access for Acute Referrals
	Best Patient Care at the Right Time	Coordinated Care Management to Minimize Avoidable Days	High-Quality & Efficient Care Coordination across the Acute Encounter
Internal Focus	System Processes for Capacity Management	System Standard Management and Measurement of Capacity	Consistent Use of C&T Data, Processes, and Tools
	Organizational Capability for Efficient Throughput	Right-Sized Resources to Meet Demand	Continuous Improvement of System and Entity Practices

Figure 1: Balance Scorecard Foundations

Phase 2: Identifying and Aligning Performance Metrics

Once the strategic objectives were established, the Enterprise Analytics team partnered with stakeholders to evaluate available data and performance indicators. The team identified existing metrics that could measure progress toward the defined objectives and highlighted areas where new metrics would need to be developed or standardized across the system. This process ensured the Balanced Scorecard would be supported by reliable and actionable data.

Phase 3: Prioritizing Strategic Initiatives

To identify the most impactful initiatives, the team used Microsoft Forms to distribute a structured survey to key stakeholders. This approach allowed leaders to efficiently evaluate and prioritize initiatives, ensuring the selected priorities reflected both operational needs and strategic goals across MedStar Health.

Capacity & Throughput Balance Scorecard Evaluation

Please rate the following strategic initiatives based on their current relevance and priority to your team. Use the following scale:

1 = Low Priority,
 2 = Medium Priority,
 3 = High Priority,
 4 = N/A - Already Completed

Note: We are evaluating whether these initiatives remain aligned with our priorities as we plan for FY26 and beyond.

Hi, Kenneth. When you submit this form, the owner will see your name and email address.

* Required

1. Please select one rating (1, 2, or 3) for each strategic initiative listed below. * ☐

	1 (Low)	2 (Medium)	3 (High)	N/A
Specialty Services Global Matrix: Capture a global matrix of what acute specialty services are offered at which locations across the DCDN. Integrate matrix into Amion on-call platform and deployment.	☐	☐	☐	☐
Service Line Medical Appropriateness Consultation Service: Develop a Service Line Consultation service to aid in evaluating medical appropriateness and timing readiness to decide between a provider consult vs. patient transfer. Align with MMG around definitions of medical appropriateness, esp. for strategic	☐	☐	☐	☐

Figure 2: Example of Microsoft Form to Evaluate Strategic Initiatives

Phase 4: Collaborative Scorecard Design

Because the work required input from multiple leaders with complex schedules, the Performance Improvement and Analytics (PI&A) team facilitated several virtual design workshops. Using Microsoft Whiteboard, stakeholders collaborated in real time to organize strategic objectives, initiatives, and supporting measures. This interactive approach allowed the group to refine the structure of the Balanced Scorecard, validate alignment with system priorities, and build consensus among participants.

BALANCE SCORECARD (BSC) - STRATEGIC INITIATIVES

Area of Focus	Strategic Objectives	FY26 Strategic Initiatives	FY26 Measures of Success
Seamless and Accurate Access	Single Point of Entry & Timely, Accurate Placement for Specialty Care Market Leading Frictionless System to Maximize Access for Acute Referrals	Initiative 1: Optimize and standardize workflow between dispatch and the Transfer Center with clearly defined roles across all Hospitals. Initiative 2: Operationalize the defined pathways for the different service lines. Initiative 3: Upgrade phone systems to improve coordination between transfer coordinators and RN navigators. Initiative 4: Formalize the peer review case process to increase awareness and to decrease SBEs (Serious Safety Events).	M1: Peer Review Case Process M2: Transfer Center M3: RN Navigators M4: SBEs
Right level of care at the right place and at the right time	Coordinated Care Management to Minimize Avoidable Days High-Quality & Efficient Care Coordination across the Acute Encounter	Initiative 5: Reporting and organizational structure with care management and Clinical Ambulance Support. Initiative 6: Optimize Discharge Hierarchy Center (DHC) processes and expand utilization by adjusting the FSNIC model across hospitals for both ambulance and ambulatory discharges. Initiative 7: Development of Centralized Bed Management process for MSH. Initiative 8: Building a platform to identify repatriation of patients and building internal program to increase the number of patients being repatriated and the timing.	M5: Reporting and organizational structure M6: Optimize Discharge Hierarchy Center (DHC) processes M7: Development of Centralized Bed Management process for MSH M8: Building a platform to identify repatriation of patients
System Processes for Capacity Management	System Standard Management and Measurement of Capacity Consistent Use of C&T Data, Processes, and Tools	Initiative 9: Prepare MTD dashboard with accurate Capacity Management data to support centralized bed management. Initiative 10: Explore Epic tools to identify C&T barriers and streamline processes. Initiative 11: Establishing standardized governance structure to align C&T governance model throughout MSH (Local and Systems).	M9: Prepare MTD dashboard M10: Explore Epic tools M11: Establishing standardized governance structure
Organizational Capability for Efficient Throughput	Right-Sized Resources to Meet Demand Continuous Improvement of System and Entity Practices	Initiative 12: Conduct a capacity analysis to better understand demand vs. available resources. Initiative 13: Establish meeting cadence and governance bodies dedicated to reviewing data and assessing intervention impacts. Initiative 14: Establish throughput committees across all remaining hospitals. Initiative 15: Establish a patient flow FY26 Finalize process mapping, address identified gaps, and establish reporting metrics for cycle times.	M12: Capacity analysis M13: Throughput committees M14: Patient flow M15: Finalize process mapping

Figure 5: Example Initial DRAFT BSC

Phase 5: Designing the Governance Structure

In parallel with the Balanced Scorecard development, the team designed a systemwide governance structure to support implementation and long-term performance management. The governance model was informed by a structure similar to the PSL governance framework, adapted to the operational needs of the Capacity and Throughput (C&T) program.

The purpose of the governance structure is to create clear accountability, stronger coordination across hospitals, and more transparent decision-making. The proposed model connects enterprise strategy with operational execution through a tiered structure.

This governance framework ensures that strategic initiatives, performance monitoring, and operational improvements are consistently managed across the system, enabling MedStar Health to better coordinate patient flow, optimize resources, and support sustained improvement in capacity and throughput.

The Results

The initiative resulted in the development of a FY26 Capacity and Throughput Balanced Scorecard that aligns strategic priorities, performance measurement, and governance across MedStar Health.

Through the prioritization and design process, stakeholders identified 12 strategic initiatives that collectively support the Capacity and Throughput mission and vision. These initiatives focus on strengthening the system's ability to ensure patients receive the right level of care, in the right facility, at the right time. At a high level, the initiatives address key areas such as patient access and transfer coordination, capacity management, patient flow optimization, care coordination across the acute encounter, operational standardization, and the use of data and analytics to guide decision-making. Together, these initiatives create a coordinated roadmap for improving how patients move through the system while enhancing operational efficiency and care delivery.

In addition to the strategic initiatives, the project established a five-tier governance structure designed to support implementation, accountability, and ongoing performance monitoring.

- **Tier 1 – System Steering Committee:** Provides enterprise-level strategic oversight, approves major initiatives, and monitors system performance.
- **Tier 2 – C&T System Operations Council:** Coordinates priorities across process areas and ensures alignment with system strategy.
- **Tier 3 – Process Area Committees:** Develop and recommend systemwide solutions and operational improvements within key functional areas.
- **Tier 4 – Hospital Operations Councils:** Ensure local implementation and operational alignment with system initiatives.
- **Tier 5 – Hospital Operational Sub-Committees:** Support frontline execution, monitoring, and feedback on operational performance.

Together, the 12 strategic initiatives and the five-tier governance model create a structured framework that strengthens coordination across MedStar Health, improves visibility into performance, and supports sustained improvements in capacity management, patient flow, and access to care.

CAPACITY & THROUGHPUT – FY26 BALANCED SCORECARD FOUNDATION			
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Patient Focus	Seamless and Accurate Access	Single Point of Entry and Timely, Accurate Placement for Specialty Care	Market Leading Frictionless System to Maximize Access for Acute Referrals
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Figure 6: Final C&T FY26 BSC Page #1

CAPACITY & THROUGHPUT – FY26 BALANCED SCORECARD ROADMAP			
Area of Focus	Strategic Objectives	FY26 Strategic Initiatives	FY26 Measures of Success
Seamless and Accurate Access	Single Point of Entry & Timely, Accurate Placement for Specialty Care	1. Implement and integrate the defined care pathways across the different service lines. 2. Upgrade phone systems to improve coordination between transfer coordinators and RN navigators 3. Formalize the peer review case process to increase awareness and to decrease SSEs (Serious Safety Events)	1. Pathway implementation effectiveness measured by (1) completion rate of updated pathways and (2) overall adherence to implemented pathways in practice. 2. Upgraded phone system in place with reduced hold times and validated effectiveness (survey). 3. Demonstrated decrease in Serious Safety Events (SSEs)
	Market Leading Frictionless System to Maximize Access for Acute Referrals		
Right level of care at the right place, at the right time	Coordinated Care Management to Minimize Avoidable Days	1. Develop of Centralized Bed Management process for MSH 2. Commercial ambulance partnerships: Enhance reporting of Payor of Last Resort expenses and utilization of dedicated ambulance resources and launch targeted PI initiatives. 3. Optimize DHC processes and expand utilization by adopting the FSMC model across hospitals for both ambulance and ambulatory discharges. 4. Develop a platform to track patient repatriation and establishing internal processes to increase both the volume and timeliness of repatriated patients.	1. Decrease time of bed request to bed assignment 2. Reduce spend on dedicated ambulance resources by minimizing use as payor of last resort. 3. Increase DHC utilization for eligible patients across all MHS hospitals and reduce the gap between discharge orders and actual patient departure. 4. Increase number of repatriated patients
	High-Quality & Efficient Care Coordination across the Acute Encounter		
System Processes for Capacity Management	System Standard Management and Measurement of Capacity	1. Explore Epic tools to identify C&T barriers and streamline processes. 2. Establish standardized governance structure to align C&T governance model throughout MSH (Local and System)	1. N/A 2. Successful establishment of governance forums with clear roles, charter, and consistent meeting cadence at system and local levels
	Consistent Use of C&T Data, Processes, and Tools		
Organizational Capability for Efficient Throughput	Right-Sized Resources to Meet Demand	1. BH Transfer Services: Conduct a capacity analysis to better understand demand vs. available resources 2. Establish throughput committees across all remaining hospitals 3. Finalize process mapping, address identified gaps and establish reporting metrics for cycle times.	1. TBD – FY27 2. Throughput committees established at 100% of targeted hospitals, with defined membership, charter, and meeting cadence. Standardized monitoring process for inpatient throughput/patient flow metrics adopted and in use by each committee (e.g., dashboards, regular reporting). 3. Creation and implementation of reports with 100% validated and accurate time stamps.
	Continuous Improvement of System and Entity Practices		

Figure 7: Final C&T FY26 BSC Page #2

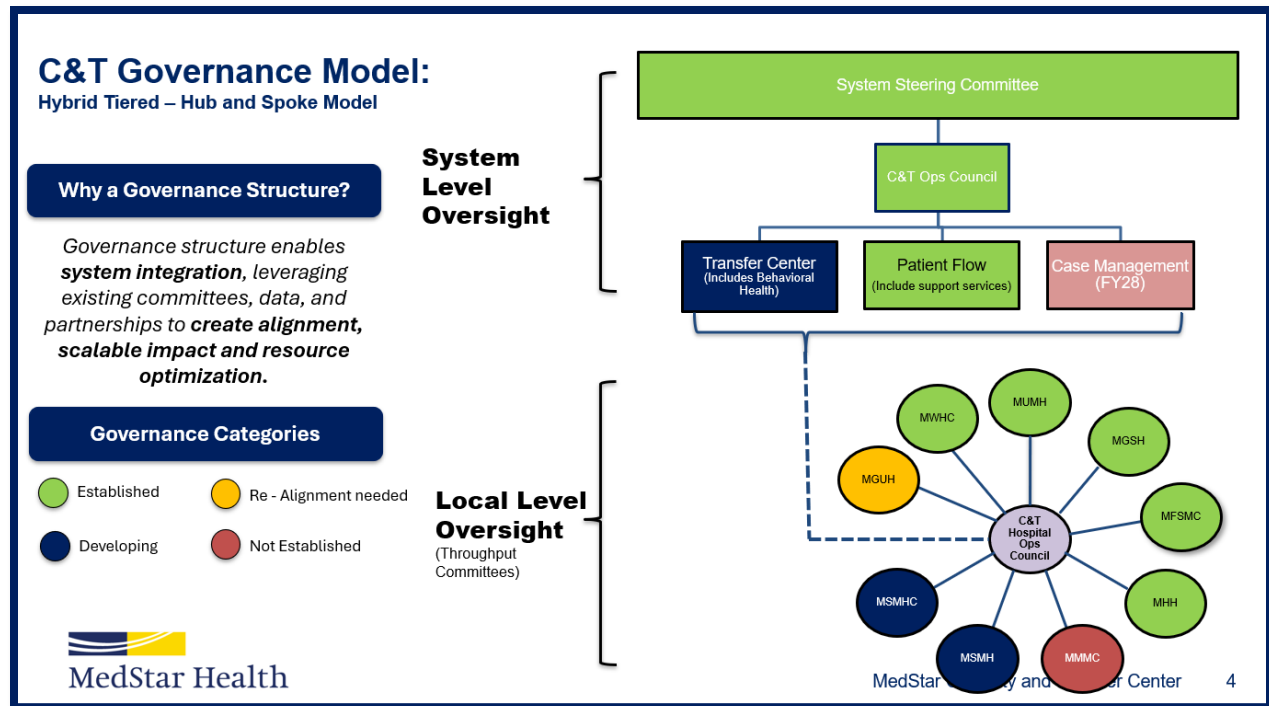


Figure 8: Final Proposed C&T Governance Model

Why It Matters

Effective capacity and throughput management is critical to ensuring patients receive timely care while hospitals operate efficiently. By aligning strategy, performance measures, and governance, this initiative strengthens MedStar Health's ability to coordinate patient flow across the system.

The updated Balanced Scorecard and governance structure provide clearer accountability, better visibility into performance, and stronger alignment across hospitals. Together, these improvements support better access to care and help ensure patients receive the right care, in the right place, at the right time.

Team

This work was a multidisciplinary collaboration, bringing together leaders and operational teams from across the Capacity and Throughput program and the Performance Improvement and Analytics team at MedStar Health to ensure the Balanced Scorecard and governance model reflect system priorities, operational expertise, and frontline perspectives.

Team Members:

- Jeff Matton - SVP Integrated Ops
- Lorelei Stellwag - VP Capacity Mgmt and Transfer Center
- Jay Weiner - Regional Dir. Clinical Support Ops
- Eileen Barrett - Capacity/Throughpt Reg Mgr DC
- Robin Holt - Capacity/Throughpt Reg Mgr Baltimore
- Robyn Murray - Sr. Dir Capacity & Througput
- Dr. Marchand - Physician MMG
- Dr. Pancu - Physician MMG
- Anthony Rodriguez – Dir. Performance Improvement
- Ken Cortes Barreto - Sr. Performance Improvement Mgr
- Demetria Murphy - Sr. Performance Improvement Mgr
- Ani Ghosh - Analytics Mgr

Learn More

For more information about this initiative or the Capacity and Throughput Balanced Scorecard see contact information below

- **Name:** Kenneth Cortes Barreto
- **Title:** Sr. Performance Improvement Manager
- **Email:** Kenneth.Cortesbarreto@medstar.net

Key Takeaways

The FY26 Capacity and Throughput Balanced Scorecard and governance design created a consistent, systemwide framework for aligning strategy, measurement, and execution across MedStar Health.

- **A shared strategic foundation was established.** The work clarified the Capacity and Throughput mission, vision, and strategic objectives, ensuring the Balanced Scorecard was grounded in FY26 priorities and the One MedStar vision of systemness.
- **Stakeholder input shaped the final design.** A phased process using surveys, virtual design workshops, and collaborative prioritization helped leaders align on the most important initiatives, measures, and implementation needs.

- **Twelve strategic initiatives provide a focused roadmap.** The final scorecard organizes priority work around access and transfer coordination, capacity management, patient flow, care coordination, operational standardization, and data-driven decision-making.
- **Governance strengthens accountability and execution.** The five-tier governance model connects enterprise strategy to local operations, creating clearer roles for oversight, coordination, implementation, frontline feedback, and sustained performance monitoring.
- **The combined framework supports better patient access and flow.** Together, the Balanced Scorecard and governance structure improve visibility into performance, strengthen coordination across hospitals, and support the goal of getting patients the right care, in the right place, at the right time.