

The Baldrige/Studer Breakthrough Plan: Integrating Two Powerful Approaches to Breakthrough Performance

Presented at
What's Right In Health Care
2011

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President



What Is The Malcolm Baldrige National Quality Program?



- Established by Congress in 1987 to promote quality to better compete in demanding global market
- Named after Malcolm Baldrige, Secretary of Commerce (1981-1987) under President Reagan
- The highest Presidential award for quality
- Evidence- based, results-oriented criteria aimed at improving organizational performance through process and results
- Crosses sectors: Manufacturing, Service, Small Business, Health Care (1999), Education (1999), Not-for-profit (2006)

The Objective

It's NOT about the Award.

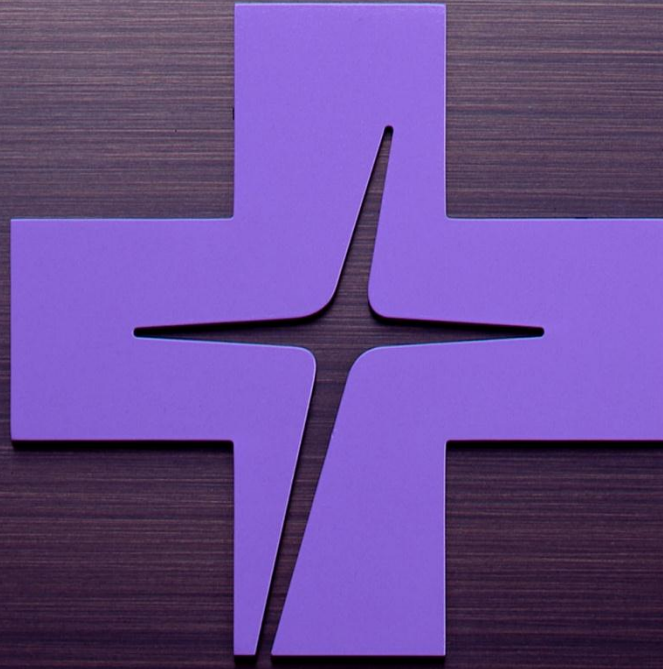
It's about being 'award worthy.'

It's about...



In 2010,
Advocate Good Samaritan Hospital
became the 12th organization in
American Healthcare to be awarded
the National Baldrige Award for
Performance Excellence





Welcome All to this Place of Healing



Speaking for Jack



About Good Samaritan Hospital

- Part of Advocate Health Care
- 333 bed hospital – Downers Grove, IL
- 2,700 associates, 950 affiliated physicians, 500 volunteers
- Community hospital with highest level trauma and perinatal care
- Annually: 46,000 ED visits; 156,000 outpatients; 19,500 admissions; 1,800 births



HARDWIRING PERFORMANCE EXCELLENCE

Drives Breakthrough Accomplishments

(partial list of awards)

- 2010 Lincoln Gold & Baldrige Quality Awards Recipient
- Delta Group ranks GSAM #1 in Illinois and #4 in the USA for Overall Hospital Care 2010
- Named Top 50 Hospital for Cardiovascular Care by Thomson Reuters 2011
- Named Top 100 Hospital for Overall Excellence by Thomson Reuters 2009 & 2011
- HealthGrades Distinguished Hospital Award for Clinical Excellence 2006, 2007, 2008, 2009, 2010, 2011, 2012 (Top 5% nationally)
- Advocate Healthcare named Top 10 Health System by Thomson Reuters out of 285 health systems (2009-2011)



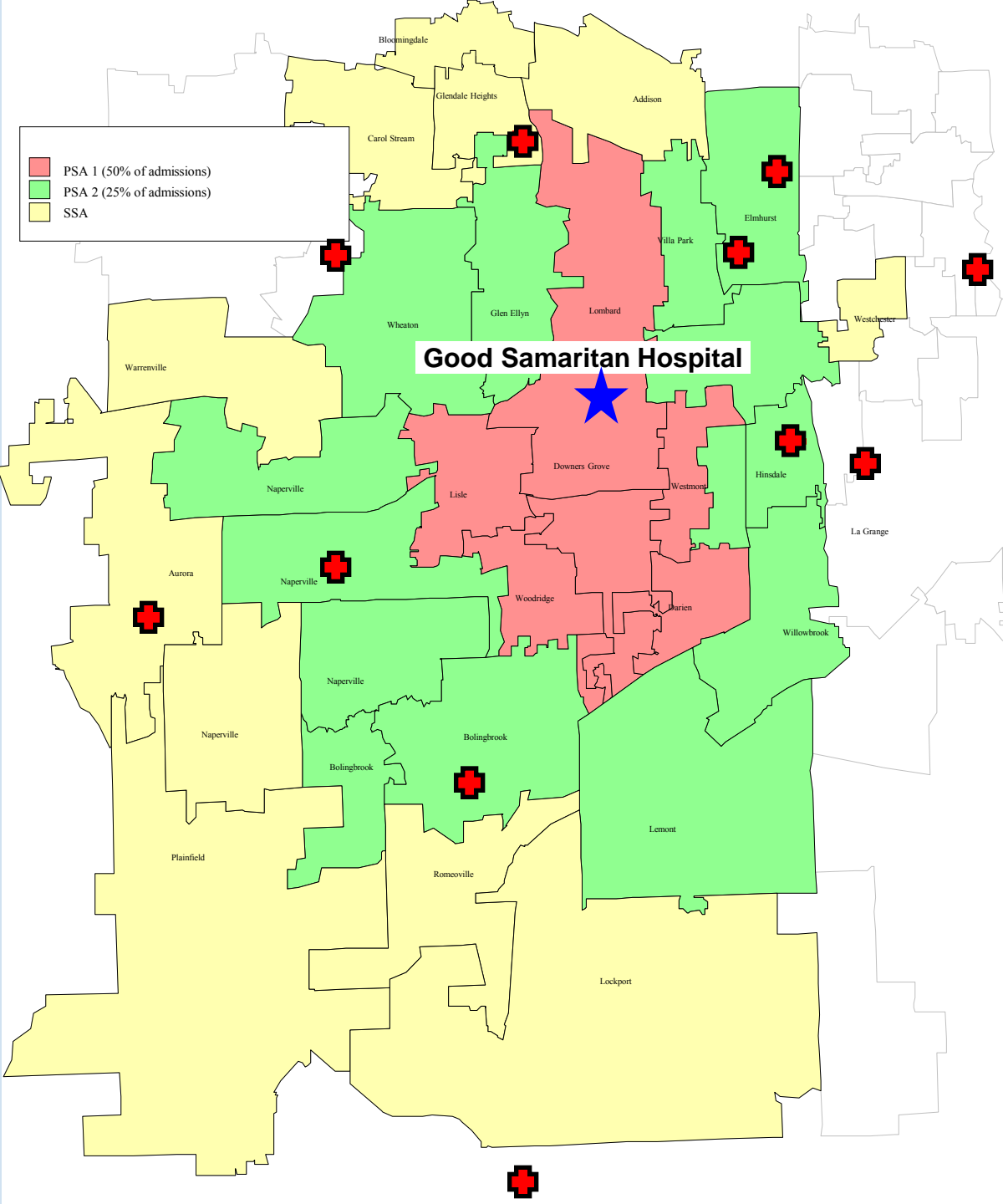
BUT IT WASN'T ALWAYS THIS WAY



2004

Good Samaritan – True To Its Name – A “GOOD” Hospital

- **Associate satisfaction** that was pretty good, but not exceptional
- **Physician satisfaction** was mixed
- **Quality** that was generally perceived as good
- **Nursing Care** seen as ‘uneven’
- **Patient satisfaction** that was at best mediocre
- **Quality medical staff** of mostly ‘splitting’ physicians
- **Technology and Facilities** that were increasingly perceived as slipping behind
- A **PHO** that was struggling financially



**In a Highly
Competitive
Market**

Rationales for Organizational Transformation

Mission Rationale

- To make good on our promise to be ‘a place of healing’

Operational Rationale

- To create a framework to advance quality and safety by building loyal relationships with MDs and associates

Strategic Rationale

- To differentiate ourselves and ensure our future success by becoming the best place for physicians to practice, associates to work and patients to receive care





Our Transformational Journey to Performance Excellence - Good to Great - G2G





Our *Commitment* to
Clinical and Service Excellence
Created the Context for Our G2G Journey





Context is Decisive

“Premise: One of the most under-appreciated roles of the effective leader is the creation of *context* for their personal leadership and for their team or organization.”

(Last Word On Power, Tracy Goss)

Creating the Context for Performance Excellence

- Context – “The interrelated conditions in which something exists or occurs.” - Webster’s
- *Everything* happens within a Context, including healthcare, creating clinical and service performance excellence, and workforce engagement.
- Context shapes, and either limits or expands what is possible.
- At Good Samaritan Hospital, our **Commitment to Excellence**, our **Leadership** and our **Good to Great journey** created the context for our creating and sustaining Performance Excellence.



***So How* did we create a culture of performance excellence?**



We Were and Are Guided On Our G2G Journey By **The Studer Group 9 Principles of Excellence**

- 1 Commit to Excellence**
- 2 Measure the Important Things**
- 3 Build a Culture Around Service**
- 4 Create and Develop Leaders**
- 5 Focus on Employee Satisfaction**
- 6 Build Individual Accountability**
- 7 Align Behavior with Goals & Values**
- 8 Communicate at All Levels**
- 9 Recognize and Reward Success**



We Needed Alignment and Integration

Patient Falls
Core Measure Clinical Best Practices
Design of New Surgery Facilities
New Med/Surg Care Model
Solucient Benchmarking
Care Connection
Employee Turnover
Patient Satisfaction
OP Access Team
DRG Benchmarking
G2G
Lemont Walk-In Clinic
Opening of New Critical Care Unit
ED Throughput
Nursing Shared Governance
& Pursuit of Magnet
PHO
National Patient Safety Goals
Service Teams
Employee Satisfaction
Opening of Cancer Center Expansion
Family Care Unit Remodeling
Financial Targets
Risk Management
Physician Relations

ONE OF THE JOBS OF LEADERS IS TO MAKE AN ALIGNED AND INTEGRATED PICTURE THAT CAN BE UNDERSTOOD AND EMBRACED

A Plan to Shape Our Future

Launched *Moving From Good to Great (G2G)*

A BALANCED COMMITMENT TO EXCELLENCE

**Health
Outcomes**

**Associate
Engagement**

**Patient
Satisfaction**

**Physician
Engagement**

Growth

**Funding
Our
Future**



Transparency from the top

Leaders Go First

Creating Alignment, Ownership & Transparency

Organization Goals Cascade to Managers



Weighting	Goal (Stretch)	Result	Score	Item Score
HEALTH OUTCOMES - Clinical Effectiveness				
3.5%	Acute Care Readmission - 10.9% (10%)	12.1%	1.67	0.059
3.5%	LOS Index - 0.91 (0.87)	0.85	5.00	0.175
2.6%	Meaningful Use Yes or No	yes*	4.00	0.104
2.0%	Cardiology Outcome Measures - 75th (90th) Mortality / Emerg CABG / Post-op Stroke	2 of 3	4.00	0.08
2.0%	ICU Mortality Index - Expected (< Expected)	as expected	3.00	0.06
2.0%	Sepsis Mortality Index - Expected (< Expected)	as expected	3.00	0.06
1.6%	STS Composite - Expected/** (***)	> expected	5.00	0.08
1.6%	Post Op PE/DVT - Expected (< Expected)	> expected	2.00	0.032
1.6%	Core Measure Bundles - 94% (97%)	97%	5.00	0.08
1.6%	NICU Mortality Index - Expected (< Expected)	as expected	3.00	0.048
HEALTH OUTCOMES - Patient Safety & Infection Prevention				
3.5%	AHRQ Patient Safety Bndl - Expected (> Expected)	> expected	5.00	0.175
3.5%	ICU Central Line Infection - 0.6 (0.0)	0.60	3.00	0.105
2.4%	Falls w/Injury per 1,000 PDs - 0.25 (0.0)	0.16	3.75	0.09
1.6%	Influenza Immunizations - 65% (75%)	68%	3.66	0.059
HEALTH OUTCOMES INDEX RESULT (Target = 100)		100		
ASSOCIATE ENGAGEMENT				
5%	Associate Satisfaction - 80th (90th)	93rd	5.00	0.25
PATIENT SATISFACTION				
5%	Inpatient HCAHPS - 61st (75th)	57th	2.71	0.136
0%	Inpatient Press Ganey - 75th (85th)	80th	4.00	
5%	Outpatient Satisfaction - 75th (85th)	93rd	5.00	0.25
5%	Emergency Satisfaction - 75th (85th)	91st	5.00	0.25
PHYSICIAN ENGAGEMENT				
7%	Physician Satisfaction - 75th (85th)	97th*	5.00	0.35
3%	PHO Clinical Integration - 75% (85%)	96%*	5.00	0.15
GROWTH				
5%	Service Area Net Revenue Growth - Budget (Budget + 2%) excludes Meaningful Use \$2.8M	101.1% of budget	4.10	0.205
FUNDING OUR FUTURE				
20%	Service Area Operating Margin - 6.17% (B) (7.27%) (Target= \$29M w/Meaningful Use of \$2.8M) \$23.6M (A) VS. \$17.1M (B) YTD	8.43%	5.00	1.00
10%	CPAD \$8,193 (\$8,029)	\$8,033	4.73	0.473
2%	Philanthropic Giving - \$1.5M (B) (\$1.9M) YTD Goal = \$575,000	\$1,128,379	5.00	0.10
Overall Performance Score (on a 5-point scale):				4.371

* Placeholder Result = 2010 Actual except Meaningful Use



2005-06: Path to Achieving Operational Excellence

Deeper Deployment of Studer Evidence-based Practices

- Leadership Development Institutes (LDIs)
- Goal Alignment & Accountability System
- Pillar Boards

- Leader Rounding (Associates & Physicians)
- Thank You Notes
- Physician Bookmarks

- Standards of Behavior
- Peer Interviewing
- High / Middle / Low Conversations (HML)

- 5 Fundamentals of Service
- Hourly Rounding
- Discharge Call Manager

2006: At a Crossroad...



- G2G journey led to:
 - Superior Outcomes
 - Cultural Transformation
 - Operational Excellence
 - Leading-edge innovations in healthcare
- With Vision & Values as our moral compass, we asked ...

How will we...

- Ensure Good Samaritan's long-term sustainability?
- Create a legacy for the future?
- Hardwire best practices?
- Achieve repeatable excellence?

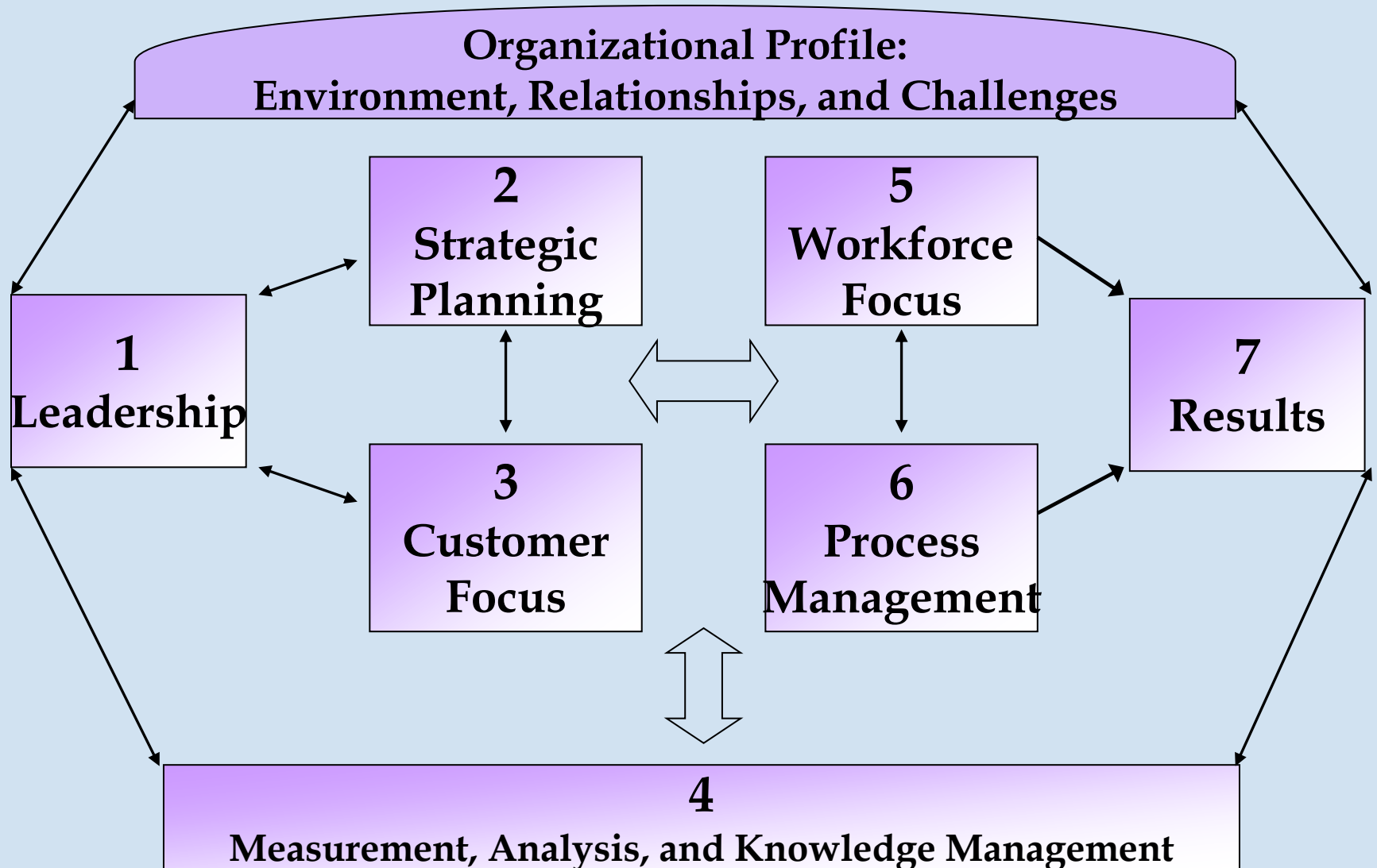
Integrating Studer & Baldrige Approaches

Becoming a process- driven organization (G2G 2.0)



Blueprint For Building A Great Organization

Baldrige Health Care Criteria for Performance Excellence Framework: A Systems Perspective



Baldrige 238 Questions to Assess Process & Results

HOW

Organizational Profile
 Key cultural characteristics, advantages
 challenges, success factors, core competencies

1 Leadership
 Lead
 Deploy
 Vision & Values

 Engage
 Communicate

 Foster High
 Performance

 Fulfill Societal
 Responsibilities

2 Strategic Planning

 Develop Strategy

 Implement Strategy

3 Customers

 Listens to Customers

 Engages & Build Relationships

 Determine Offerings and
 Communication Mechanisms

5 Workforce
 Manages the Workforce
 To Accomplish the Work

 Create a Supportive
 Work Environment

 Engage & Develop for
 High Performance

6 Operations Focus
 Design, Manage, & Improve
 Work Systems and
 Work Processes

 Emergency Preparedness

7 Results
 Healthcare

 Process
 Effectiveness

 Customer

 Senior Ldrship

 Governance

 Financial

 Marketplace

4 Measurement, Analysis, & Knowledge Management
 Measures, Analyzes, Reviews, & Improves performance through the Use of Data
 Builds and Manages Knowledge Assets

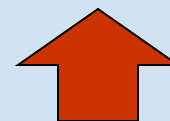
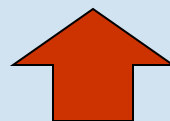
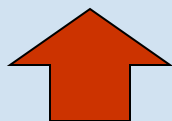
All Processes Must Meet the Baldrige A-D-L-I Test!

- **Approach** – systematic, repeatable method based on data
- **Deployment** – applied consistently and used by all appropriate work units
- **Learning** – evaluation of the process using data; making improvements to the process based on that data
- **Integration** – aligned with organizational needs and harmonized with plans, processes, actions across work units to support organization-wide goals

Baldrige Criteria vs Evidence-Based Practices: The Connection

Baldrige Criteria

- 238 'How' requirements = organizational processes
- Maturity of processes based on ADLI Test



Evidence-Based Practices

- Systematic practices that address *some* of the 238 'how' requirements
- Practices integrated into organizational processes
- Practices must undergo ADLI to mature the approach

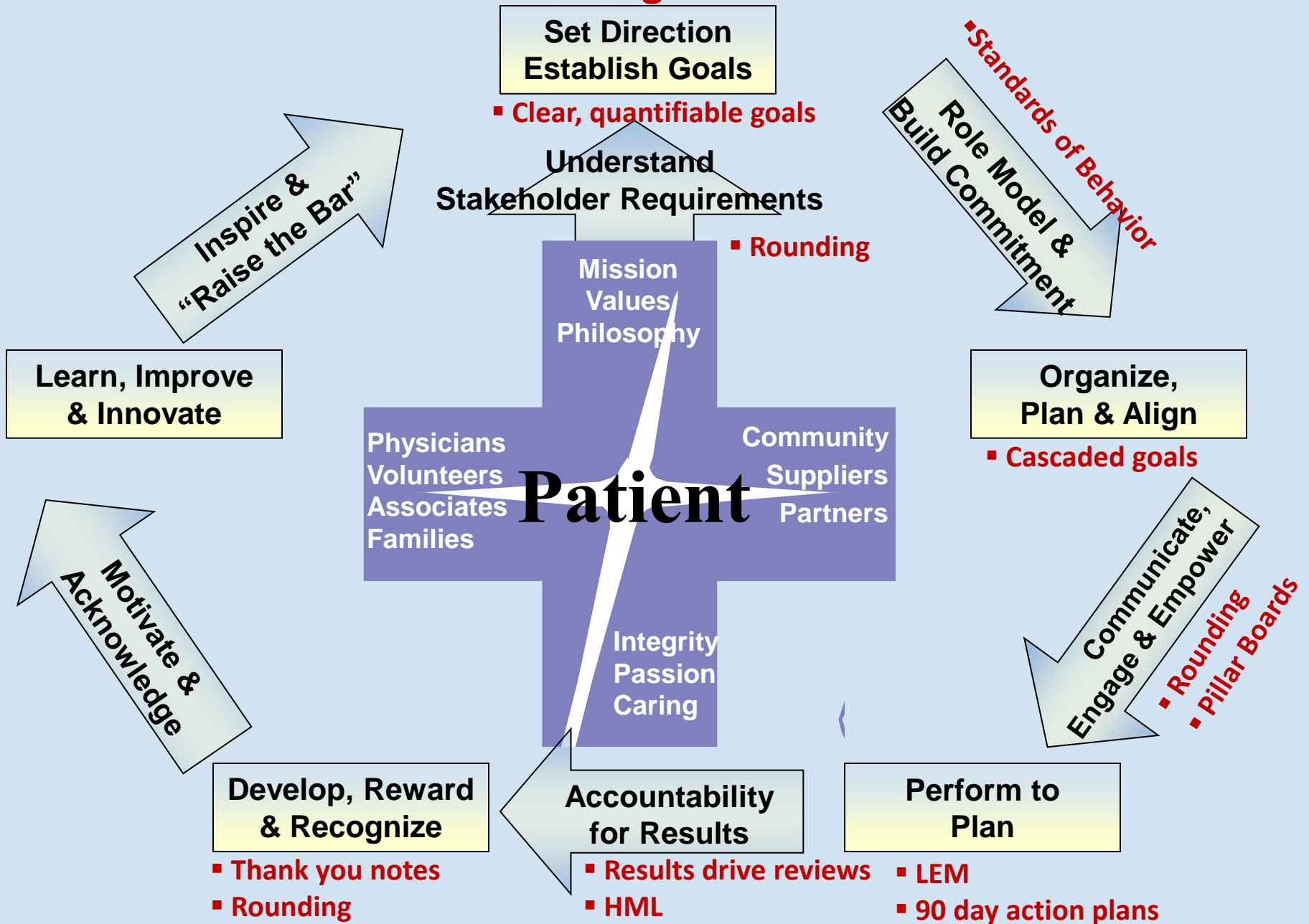
Baldrige Category 1 – LEADERSHIP

Studer Principles: Commit to Excellence, Create & Develop Leaders, Build a Culture Around Service, Communicate at All Levels, Reward and Recognize Success

Baldrige Criteria	Evidence-Based Practices
1.1 How do Senior Leaders deploy vision and values through your Leadership System?	Senior Leader Rounding Rounding for Outcomes
1.1 How do you create a workforce culture that delivers a consistently positive experience for patients and stakeholders and fosters their engagement?	Standards of Behavior HML, LDIs Patient satisfaction goals for each leader
1.1 How do senior leaders communicate with and engage the entire workforce ?	Quarterly Forums
1.1 How do senior leaders encourage frank, two-way communication throughout the organization?	Senior Leader Rounding Rounding for Outcomes
1.1 How do senior leaders take an active role in recognition programs to reinforce high performance and a patient focus?	Thank You Notes

Leadership System:

Evidence Based Practices Integrated into How We Lead



Category 2 – STRATEGIC PLANNING

Studer Principle: Align Goals and Values

Baldrige Criteria	Evidence-Based Practice
2.1 How do your strategic objectives consider and balance the needs of all key stakeholders?	Pillar approach
2.1 What are your most important goals for your strategic objectives?	Goal setting process
2.2 How do you deploy action plans and strategy throughout the organization?	Goal cascading process Pillar Boards
2.2 How do you ensure that your overall action plan measurement system reinforces organizational alignment?	Balanced Scorecard Weighted goals

Key Strategic Objectives

Health Outcomes

- Advance Operational Excellence
- Reduce Preventable Harm to Patients

Associate Engagement

- Sustain Loyal Associate Relationships

Patient Satisfaction

- Sustain Loyal Patient Relationships

Physician Engagement

- Sustain Loyal Physician Relationships
- Strengthen Hospital and Physician Alignment & Integration

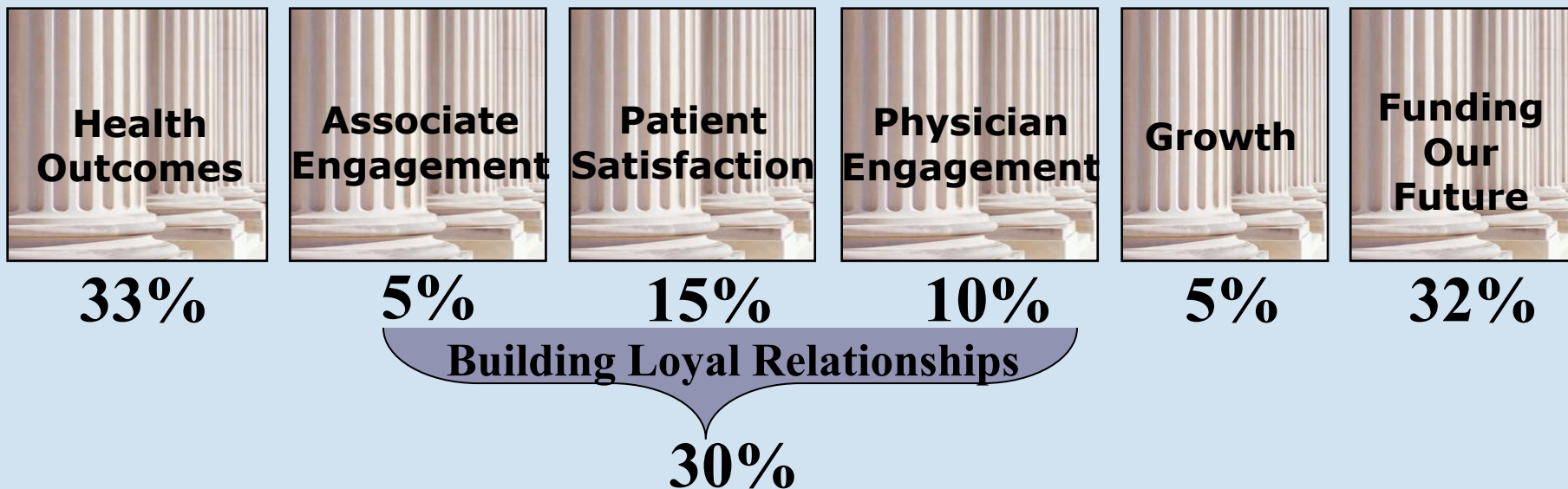
Growth

- Grow Service Area Overall Net Revenue

Funding Our Future

- Expand G2G culture to reduce waste and increase value

Organizational Alignment



3.5 LOS Index	5 Assoc Sat	5 Outpatient	10 MD Sat	5 Net Revenue	20 Margin
3.5 Readmissions		5 ED			10 CPAD
3.0 ICU CLABSI		5 HCAHPS			2 Philan
3.0 ICU Mortality					
2.4 Falls					
1.6 Core Measures					



Goal Alignment Process



Deployment Organization-wide

Department Pillar Boards

The bulletin board is organized into six vertical pillars, each with a header and a circular icon:

- Health Outcomes:** Contains 'Health Outcomes December 2010 Results' and '10/13 YTD Departmental Results' tables.
- Associate Engagement:** Contains 'Associate Engagement December 2010 Results' and 'Departmental Results' table.
- Patient Satisfaction:** Contains 'Patient Satisfaction December 2010 Results' and '10/13 YTD Departmental Results' table.
- Physician Engagement:** Contains 'Physician Engagement December 2010 Results' and 'Physician Engagement' table.
- Growth:** Contains 'Growth December 2010 Results' and '10/13 YTD Departmental Results' table.
- Funding our Future:** Contains 'Funding our Future' and 'Associate Forums'.

Three blue arrows on the right side of the board point to specific content:

- Hospital Goals & Results:** Points to the top section of the 'Funding our Future' pillar.
- Dept Goals & Results:** Points to the middle section of the 'Funding our Future' pillar.
- Information Sharing:** Points to the 'Associate Forums' section in the 'Funding our Future' pillar.

Additional posters on the board include 'FLU PREVENTION', 'Health Matters: Register for the Health Screening today!', 'QUIET Did you know?', and 'Good Samaritan Hospital Total CPOE Orders in 2010 1,285,923'.

Baldrige Category 3 – CUSTOMER FOCUS

Studer Principles: Build a Culture Around Service, Communicate at All Levels

Baldrige Criteria	Evidence-based Practice
3.1 How do you listen to patients and stakeholders to obtain actionable information?	Hourly Rounding Discharge Calls
3.2 How do you engage patients and stakeholders to serve their needs and build relationships?	Rounding AIDET / Key Words
3.2 How do you market, build, and manage relationships with patients and stakeholders to acquire patients, meet their requirements, exceed their expectations in each stage of their relationship with you and increase their engagement?	Rounding AIDET / Key Words Standards of Behavior D/C calls Managing Up

Created A Shift In View Regarding Stakeholders

From

Stakeholder
Satisfaction

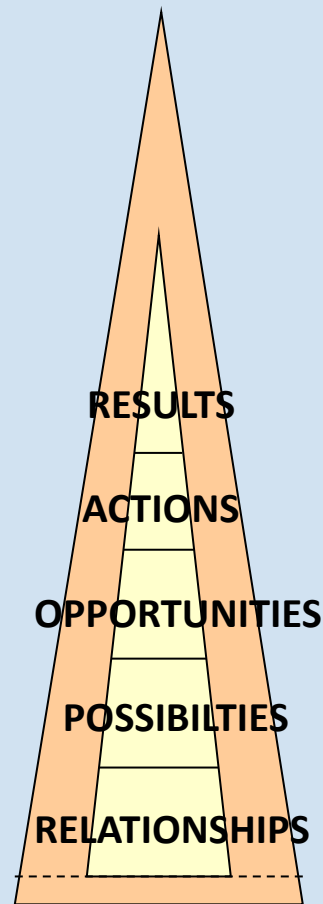
To

Stakeholder
Partnership
& Loyalty

Relationships Are the Foundation for Accomplishment

**A Narrow Base of Relationship
Creates A Very Narrow
and Small Space For
Accomplishment**

**Accomplishment
Triangle**

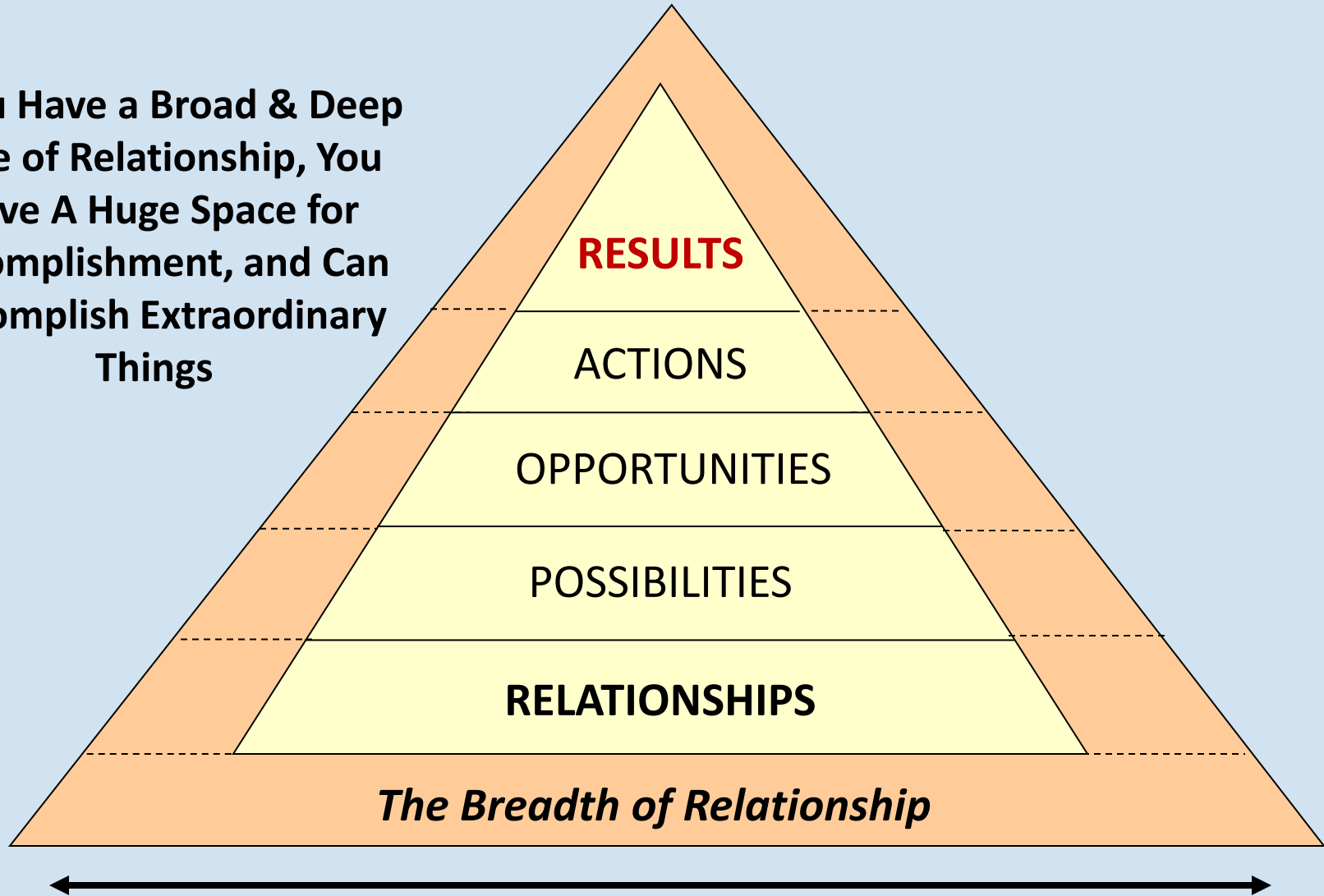


The Breadth of Relationship



Relationships Are the Foundation for Accomplishment

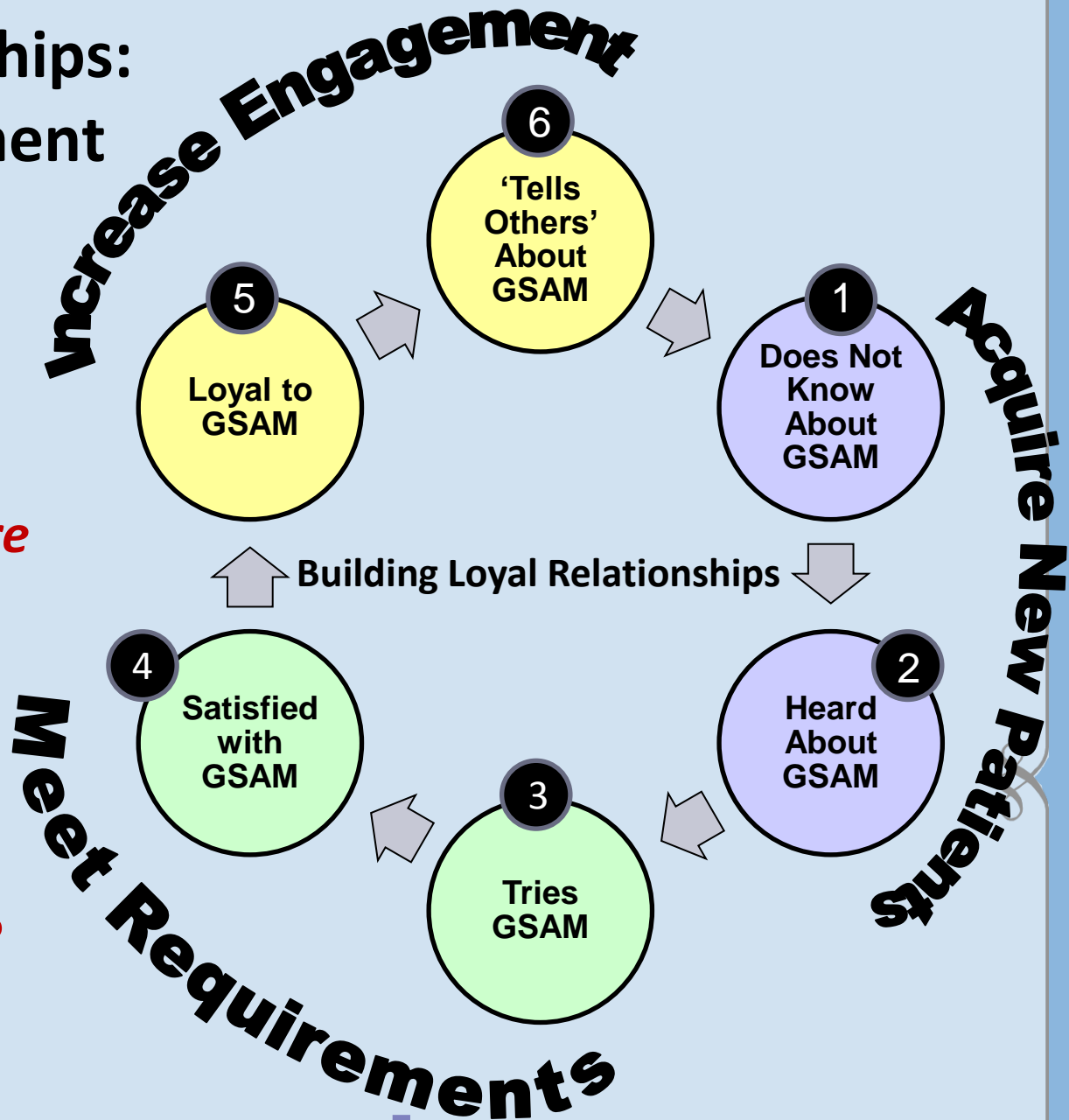
If You Have a Broad & Deep
Base of Relationship, You
Have A Huge Space for
Accomplishment, and Can
Accomplish Extraordinary
Things

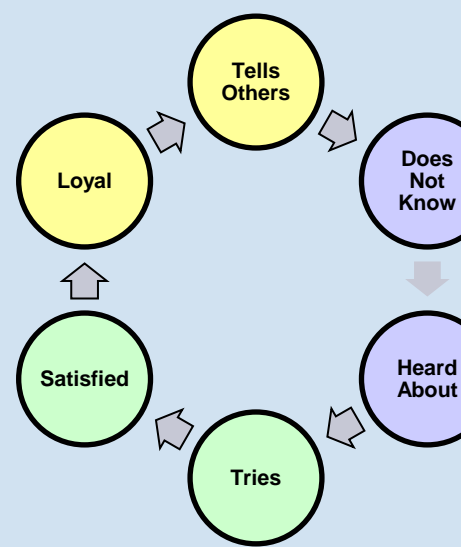


Building Relationships: Baldrige Requirement

3.2

How do you build relationships to acquire patients, meet their requirements, and increase their engagement with you at each stage of their relationship with you?





Evidence-Based Leadership Practices Key to Relationship Building

Stage	Practices/Tools to Build Relationships
Doesn't Know GSAM	<ul style="list-style-type: none"> ▪ Billboards, newspaper articles, ads ▪ Data warehouse to customize mailings ▪ GSAM website
Heard about GSAM	<ul style="list-style-type: none"> ▪ Stories of 'exceptional' care and service ▪ Health fairs, screenings, community education ▪ 1-800-ADVOCATE (Health Advisor) ▪ Efficiency improvements: physicians encourage their patients to choose GSAM
Tries GSAM	<ul style="list-style-type: none"> ▪ Partnership practices with local EMS
Likes GSAM	<ul style="list-style-type: none"> ▪ Hourly & RN Leader Rounding ▪ Standards of Behavior / Service Recovery ▪ Key Words for Key Times ▪ 'Managing up' of physicians and staff ▪ Centralized Scheduling ▪ AIDET ▪ Admission team ▪ Utilize previous medical record #
Loyal to GSAM	<ul style="list-style-type: none"> ▪ Key services: Pampered Pregnancy ▪ OP reminder cards for annual services ▪ Discharge / follow-up calls ▪ Patient liaisons
Advocates for GSAM	<ul style="list-style-type: none"> ▪ 'Reunions' of key populations ▪ Key words during registration prompted by 'Donor' designations

Identifying Our *Core Competency* of 'Building Loyal Relationships'

with
Patients & Families

**Physicians
Associates
Volunteers**



Building Loyal Relationships (percentile)

Outpatient



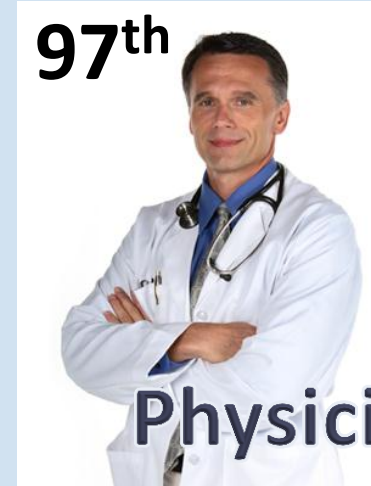
91th

Convenient Care



97th

97th



Physicians

Patients

Ambulatory Surgery



99th



98th

Emergency Department

Associates

93th



A Recent Letter from a Physician Patient

Dear Mr. Fox,

Recently I had some cardiac challenges and was cast into a whirlwind of cardiologic testing and OP procedures.

I must praise your hospital and facility further and ask that you praise your staff for exceptional expertise, care, commitment and interpersonal warmth. They are truly outstanding.

I wish I had chosen Good Sam to be my practicing hospital when I opened my practice 19 years ago.



Baldrige Category 4 – Measurement, Analysis And Knowledge Management

Studer Principle: Measure the Important Things

Baldrige Criteria	Evidence-based Practice
4.1 How do you select, collect, align, and integrate data and information for tracking daily operations and overall organizational performance?	Balanced scorecard around pillars
4.2 How do you accomplish the collection and transfer of workforce knowledge and the transfer of relevant knowledge from and to patients and stakeholders?	White boards Rounding Logs D/C calls 30/90 day LEM Pillar Boards

Baldrige Category 5 – WORKFORCE

Studer Principles: Focus on Employee Satisfaction, Create and Develop Leaders, Build Individual Accountability, Reward and Recognize Success

Baldrige Criteria	Evidence-Based Practice
5.1 How do you hire new members of your workforce? How do you ensure that your workforce represents the diverse ideas, cultures, and thinking of your hiring community?	Peer Interviewing
5.2 How do you engage your workforce to achieve organizational and personal success?	Peer Interviewing Thank You Notes
5.2 How do you foster an organizational culture that is characterized by open communication, high-performance work, and an engaged workforce?	Rounding for Outcomes 30/90 Day HML
5.2 How does your workforce performance management system support high-performance work, workforce engagement and consider...reward/recognition practices?	Reviews tied to goal results Stretch goals HML Thank You Notes

Evidence-Based Practices Integrated in GSAM Performance Management System



Baldrige Category 6 – OPERATIONS FOCUS

Studer Principles: Commit to Excellence, Measure the Important Things

Baldrige Criteria	Evidence-Based Practice
6.2 How do you address and consider each patient's expectations?	Whiteboards
6.2 How are health care service delivery processes and likely outcomes explained to set realistic patient expectations?	AIDET
6.2 How are patient decision making and patient preferences factored into the delivery of health care services?	Key Words for Key Times White Boards

Maturing Evidence-Based Practices Through Use of ADLI



Maturing Studer Evidence-based Practices Through Baldrige ADLI

A

Discharge Calls

D

- Unit pilot – then deployed to all units
- Studer Coach training: managers, CNS, Frontline
- LDIs

L

- Standardized the number of attempts to reach patients (3x)
- Incorporated informing inpatients prior to discharge that we would be contacting, asking for best time/best number to reach them
- Added clinical/safety questions to script vs. only service related questions
- New custom software to better track and trend data from calls

I

- New software integrates D/C call data, RN leader rounding, compliments/complaints to patient requirement themes
- Process integrated into key result areas of patient satisfaction and health outcomes (ensuring compliance with d/c plans, f/u appts, etc)
- Integrated with recognition systems
- Integrated with strategic goal to reduce avoidable admissions

Maturing Studer Evidence-based Practices Through Baldrige ADLI

A	H-M-L
D	<ul style="list-style-type: none">▪ LDIs▪ New leader on-boarding process
L	<ul style="list-style-type: none">▪ Tracking of HML conversations and actions taken with 'L'▪ Standardized in 'differentiator' tool
I	<ul style="list-style-type: none">▪ Standards of Behavior integrated into H-M-L criteria

Enhancing Studer Evidence-based Practices Through Baldrige ADLI

A

Peer Interviewing

D

- LDIs
- Quarterly training sessions

L

- Retooling of questions to focus on 1st year turnover issues
- Addition of questions to identify clinical performance risks
- 30 minute job shadowing to ensure RN understands culture of unit and job

I

- Integrated with Standards of Behavior, key reasons for 1st year turnover, RN competency assessment process

Studer / Baldrige Integration Drives Breakthrough Results (Category 7)



Identified As Outstanding Practices

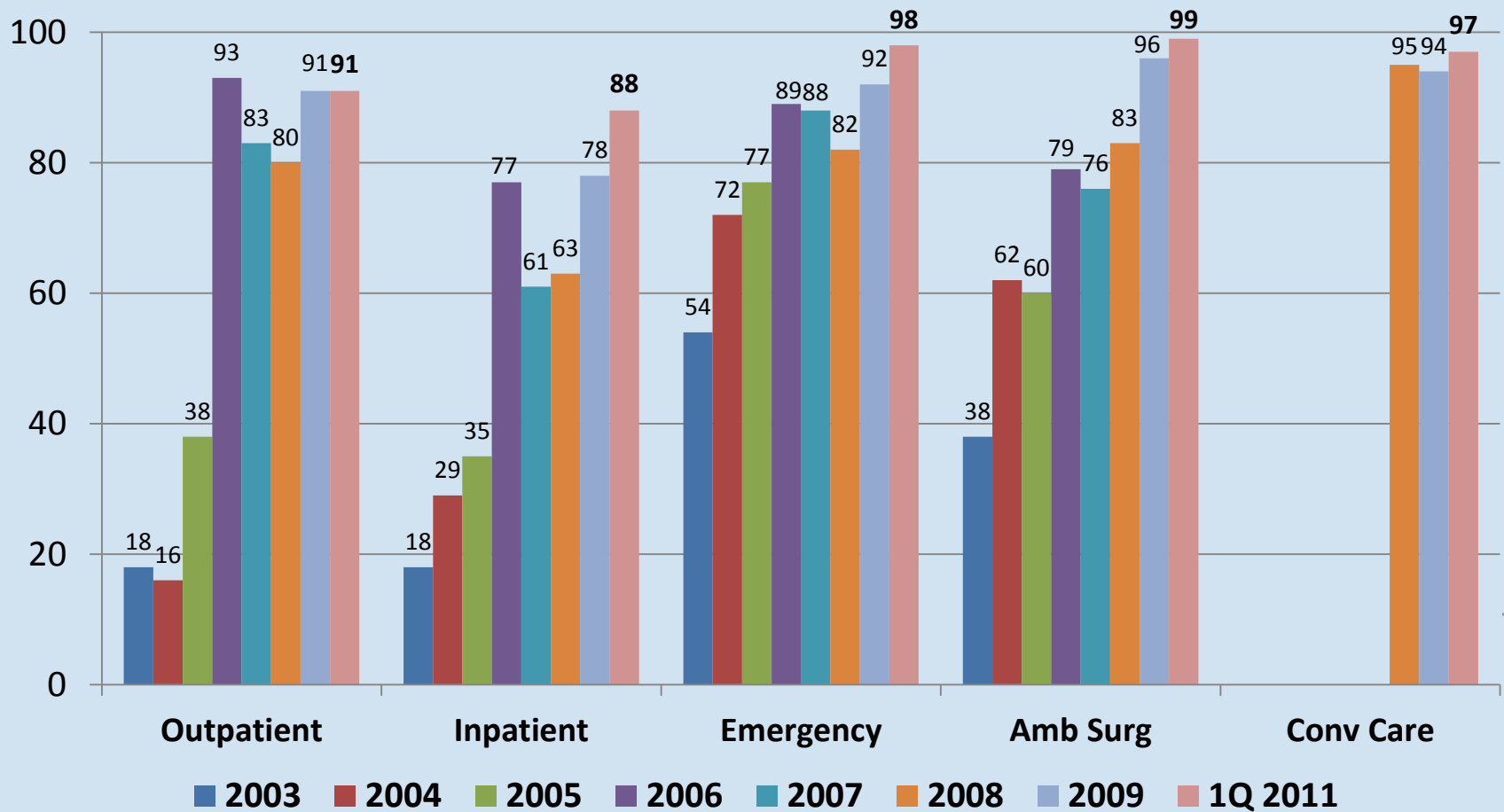
- Many tools, practices, behaviors, and measures are used in the systematic six-step Patient/Stakeholder Relationship System to build and manage loyal relationships
- The staff addresses and considers patient expectations across the four key work processes through multiple approaches, such as AIDET... whiteboards and patient interviews.
- GSAM deploys support requirements to all people involved in patient support through Standards of Behavior, key words in specific interactions....
- The effectiveness of these approaches is evident in excellent Patient Satisfaction and engagement as well as Health Outcome results.



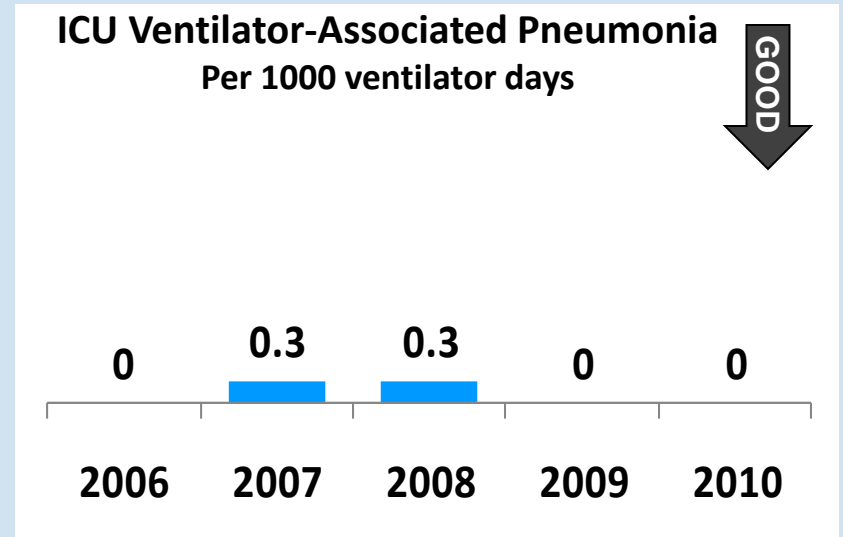
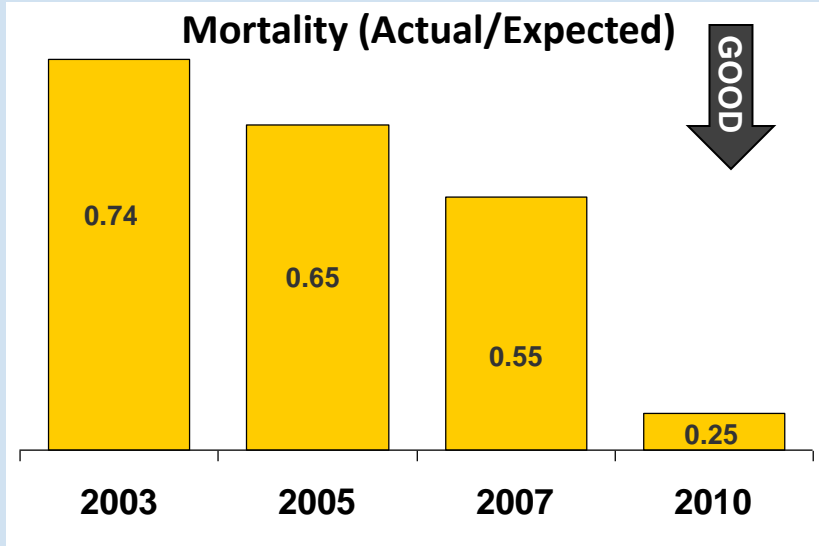
-- 2010 GSAM Baldrige Feedback Report

Transforming the Patient Experience: 2003 - 2011

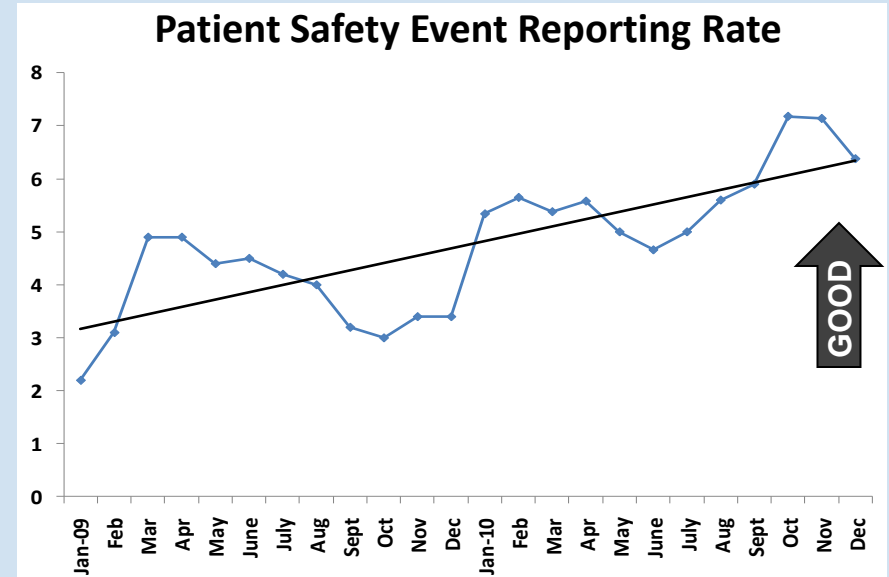
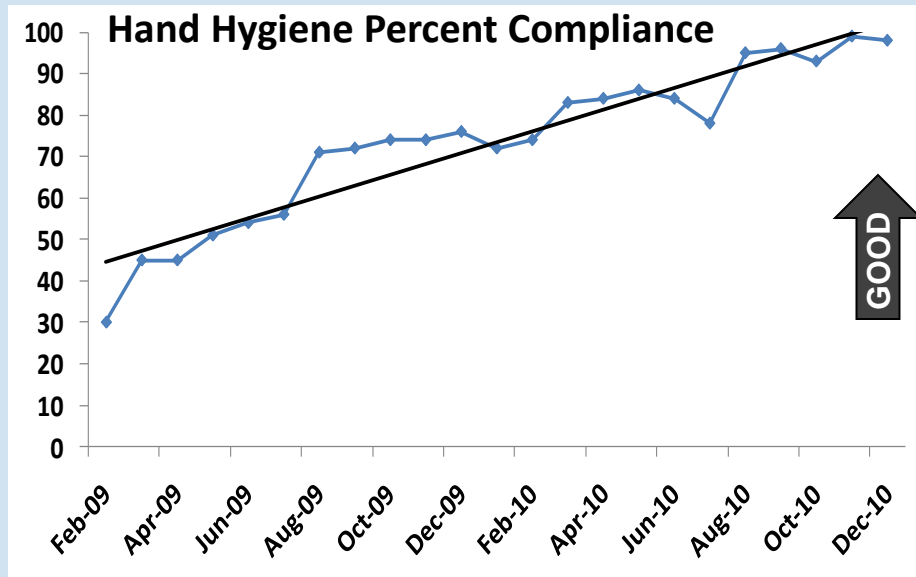
Patient Satisfaction Results - Percentile (Press Ganey)



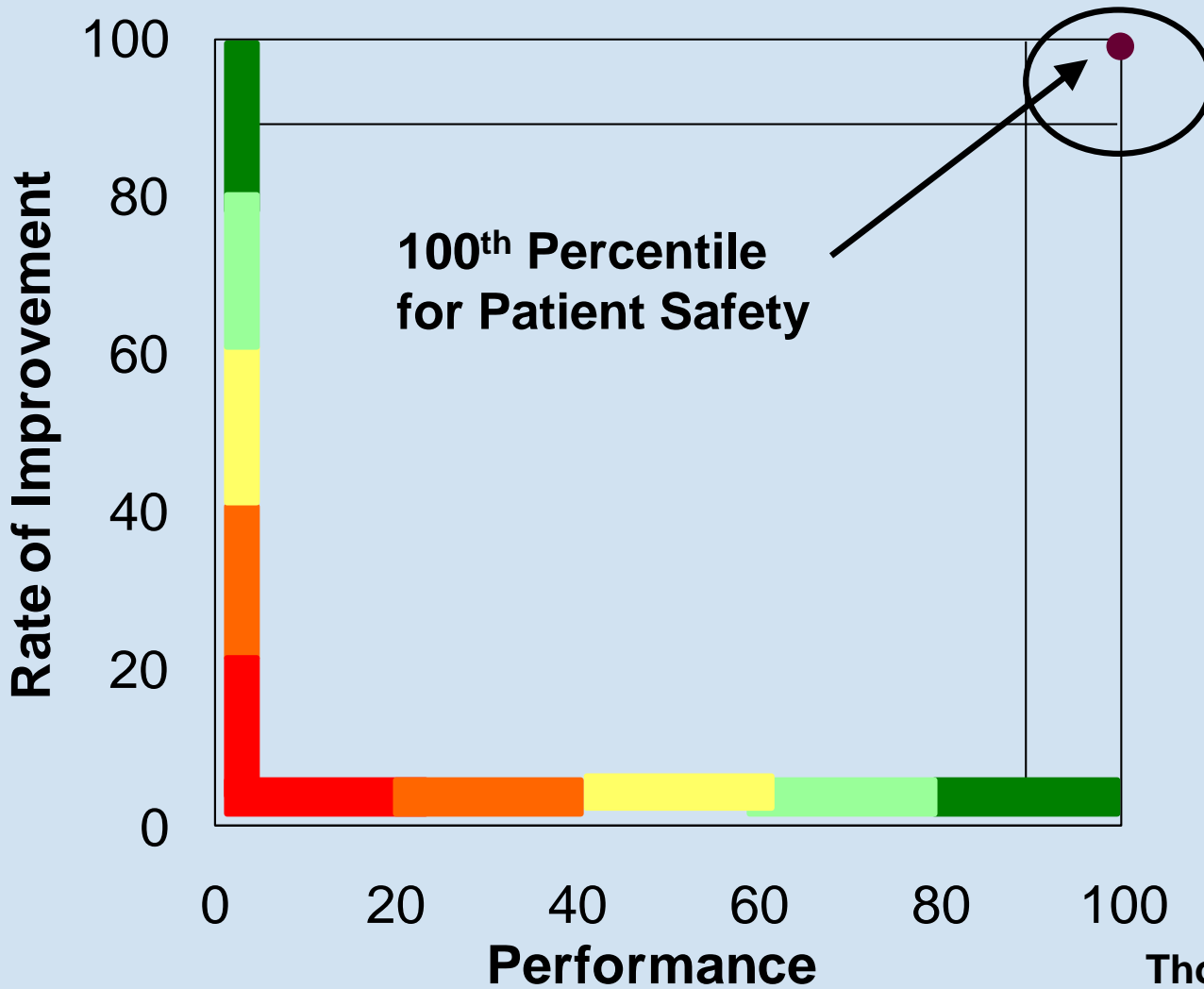
Breakthrough Results Through Performance Excellence



Transforming Clinical Quality

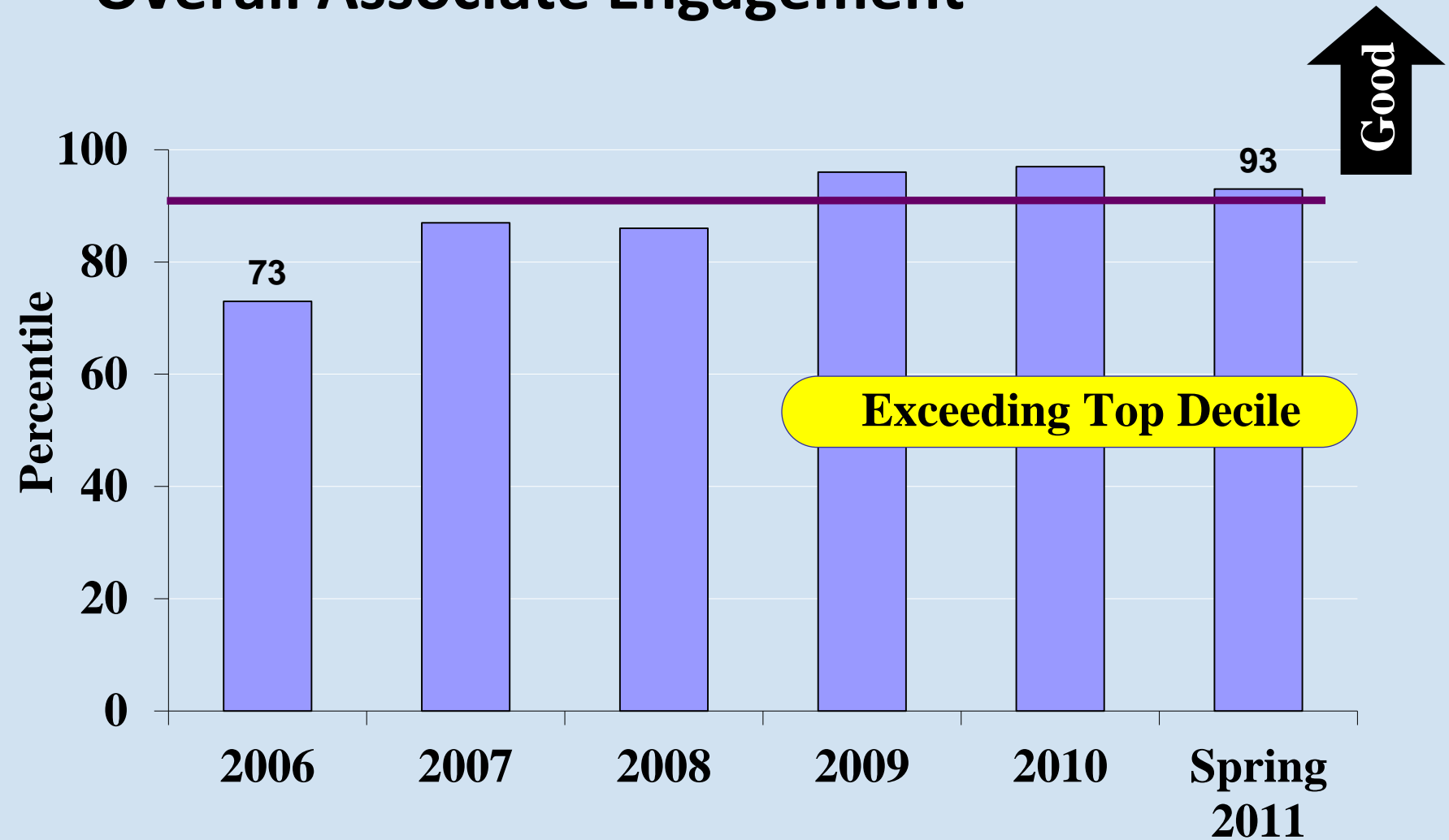


Creating a Culture of Patient Safety



Source:
Thomson Reuters
2004-2008

Overall Associate Engagement

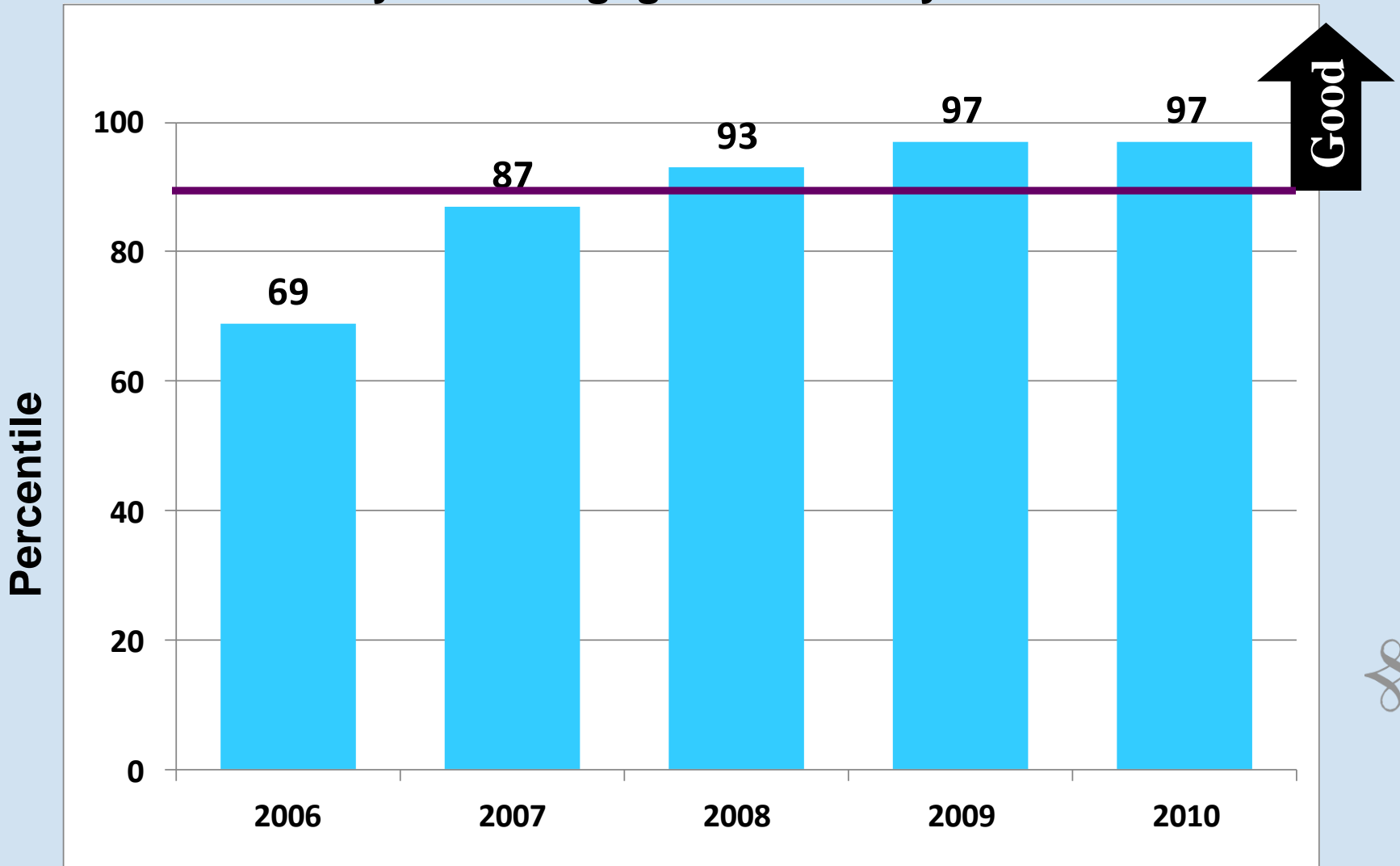


Source: Morehead — Top Decile



Physician Engagement and Relationship

Physician Engagement Survey Results



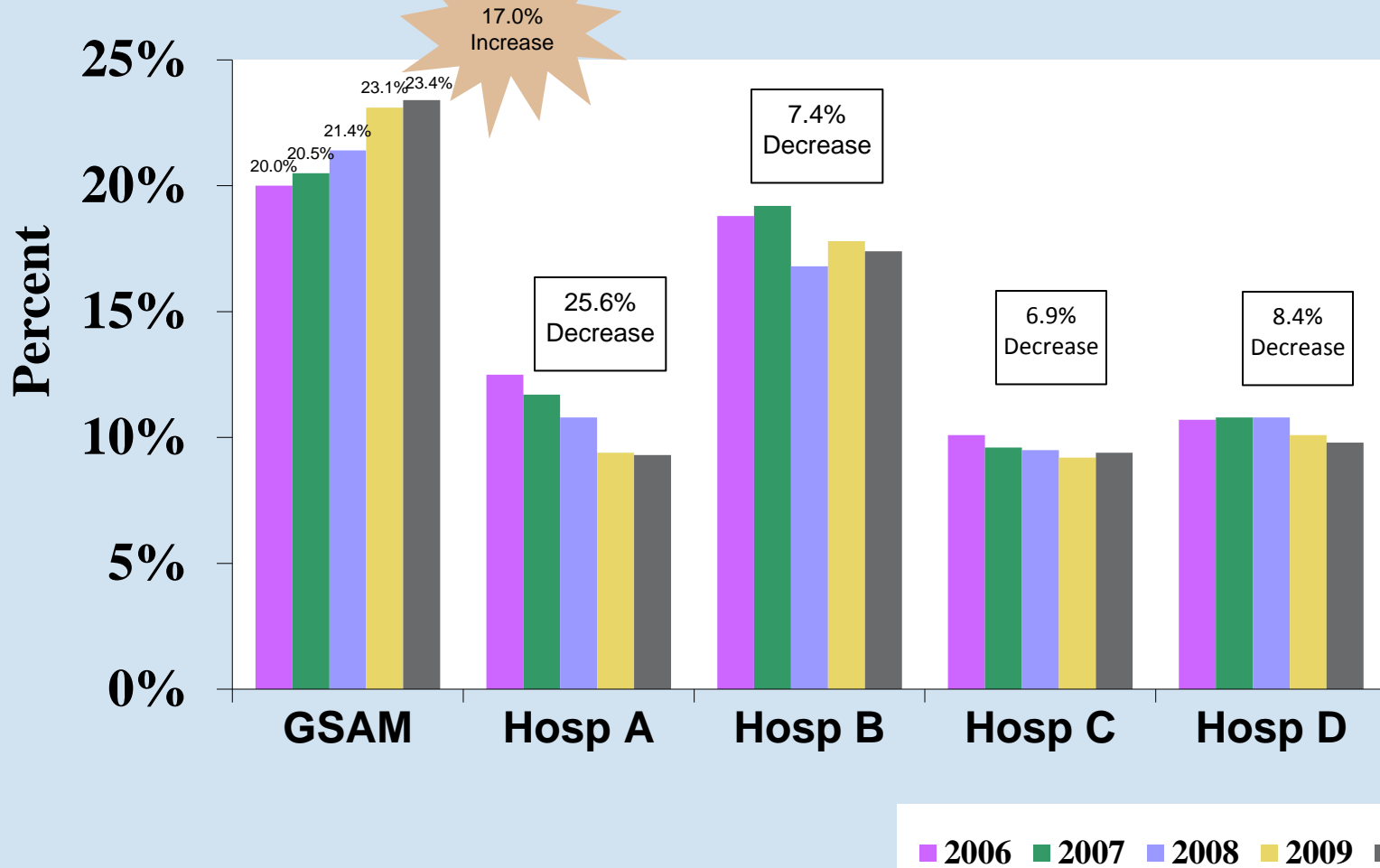
Source: HealthStream

— Top Decile



Results of Sustained Performance Excellence

GSAM Market Share For Overlapping Markets (Overall IP)



Source: CompData

**Even with the strategic
success in achieving
Performance Excellence,
we never forget the real
purpose of our work....**

Jack



Blessed.

May your holiday be decorated with the most precious of gifts & your New Year rich with love.

Happy Holidays from Joe, Nicole & Jack Stevens

Thank you from Good Samaritan's

- **2,700 Associates**
- **950 Physicians**
- **500 Volunteers**

