Using The Baldrige Criteria To Improve Your Organization’s Performance And Quality

Thursday June 12, 2014
5:00PM – 7:30 PM Central Standard Time
ACHe Central Illinois Chapter

Upcoming Programs

Earn 1.5 Face-To-Face Education Credits

Using The Baldrige Criteria To Improve Your Organization’s Performance and Quality

Darcy Davidsmeyer, President & CEO, Illinois Performance Excellence
Tim Ols, FACHE, MBA, President & CEO, Sarah Bush Lincoln Health System
Christian Ray, MBA, MS, System Manager, Process Improvement & Innovation, SSM Healthcare
Julia Swanson, MHSA, VP Performance Improvement & Analytics, Henry Ford Health System
Greg Wahlstrom, MBA, HCM, Chair Education Committee, Central IL ACHE

Thursday June 12, 2014, 5:00pm – 7:30pm
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The Baldrige National Quality Award was developed in 1987 to enhance the competitiveness of U.S. businesses. Its scope was since expanded to healthcare and education organizations in 1999 and to nonprofit/government organizations in 2005. The award recognizes achievements in quality and business performance and is based on a strong framework of organizational excellence. The Baldrige Criteria are flexible enough to encompass a wide variety of methodologies in supporting quality and performance excellence.

State, local and regional Baldrige-based award programs use the Baldrige Criteria to advance improvement in their states and regions. These programs help many local organizations start or continue their performance journey. Many Malcolm Baldrige National Quality Award recipients were former state quality award winners.

Join Central Illinois American College of Healthcare Executives and Darcy Davidsmeyer, Tim Ols, FACHE, Christian Ray, and Julia Swanson for this 90-minute presentation, including Q&A, to performance and quality strategies to thrive in an competitive industry.

With this presentation, you will gain insight and tactics to:
- Key motivations to begin the Baldrige journey
- Understanding the elements of the Baldrige Criteria
- Reasons to use the Baldrige Criteria for organizational improvement
- The critical role of organizational champions
- Applying for the award compared to using the framework solely for organizational improvement
- Challenges of the award application process
- Lessons learned from the self-assessment and implementation of change
- How to use the framework and maintain improvement in the long term

As an independent chartered Chapter of the American College of Healthcare Executives Central Illinois Chapter of ACHE is authorized to award 1.5 hour of Face-to-Face continuing education credit toward advancement or recertification in the American College of Healthcare Executives.

Participants in this program who wish to have it considered for Face-to-Face Education (non-ACHE) credit should list their attendance when they apply to the American College of Healthcare Executives for advancement or recertification.

http://centralilache.blogspot.com
Program Description

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Program Description (cont)

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Many Healthcare organizations, without plans to apply for the award, are using the criteria to evaluate and improve their organization's quality and performance. This framework addresses a variety of criteria in the categories of leadership; strategic planning; focus on patients, other customers and markets; measurement, analysis and knowledge management; staff focus; process management; and organizational results. Learn from healthcare executives who are using this framework for overall organizational improvement or when applying for the rewards.
Topics

- Key Motivations to begin the Baldrige journey
- Understanding the elements of the Baldrige Criteria
- Reasons to use the Baldrige Criteria for organizational improvement
- The critical role of organizational champions
Topics

- Applying for award compared to using framework solely for organizational improvement
- Challenges of the award application process
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- How to use the framework and maintain improvement in the long term
Darcy leads Illinois Performance Excellence, a 501(c)(3) organization, which is modeled after the prestigious Malcolm Baldrige National Quality Award, offering organizations from any sector awareness, training and assessment in the deployment the Baldrige Criteria for Performance Excellence, a leading edge framework of validated management practices.

Prior to joining Illinois Performance Excellence in January of 2011, Darcy was Director, Government Affairs, for Motorola, a global leader in wireless and broadband communications technologies, and a Baldrige Award Recipient in 1988 and its Commercial, Government & Industrial Solutions Sector business unit was a Baldrige Award Recipient in 2002. For more than 22 years, her responsibilities included representing the company’s business and legislative interests in 50 states with a concentration on policy in the areas of telecommunications, economic development, procurement, taxation and environment.

Darcy also worked at the Illinois Association of Realtors, as assistant director of government affairs, in Springfield, Illinois. Early in her career, Darcy worked for the Illinois Senate General Assembly Staff as a budget and revenue legislative analyst and under the federal Law Enforcement Assistance Act, Illinois Region 14, as director of a regional grant office.

Darcy lives in Kildeer, Illinois, with her husband, Ray Morin.
Tim Ols is the president of Sarah Bush Lincoln Health System in Mattoon Illinois. An integrated health system serving seven counties. During his career, Tim has worked in many different markets from a rural critical access hospital to a Level I trauma center. Throughout his career he has partnered with physicians and the community to develop successful clinical services.

Tim has served on many community boards and organizations including United Way, YMCA, Illinois Performance Excellence, Boys and Girls Club, Chamber of Commerce, Boy Scouts of America, several church councils. Kiwanis and Rotary. Time also gives back to his profession and has served on the Board of Governors for the American College of Healthcare Executives. He is married to Cathy and they have son Mark, who is a junior in College.
Christian Ray is the System Manager for Process Improvement & Innovation at SSM Health Care based out of St. Louis Missouri. Christian’s work experience was primarily in the manufacturing industry including automotive, foundry, machining, and assembly, and biotech, before coming to SSM Healthcare in 2011.

He received a B.S. & MBA in Operations & Supply Chain Management from the University of Wisconsin Whitewater and is currently working towards a M.S. Industrial Engineering for Health Systems at the University of Wisconsin.

Christian leads the CQI plus program (Continuous Quality Improvement) for SSM Healthcare which focuses on improving outcomes utilizing the DMAIC methodology along with change management, team facilitation, six sigma, lean, and creativity & innovation tools. Christian was part of the Wisconsin Forward Award Team that achieved the level of Excellence for SSM of Wisconsin in 2013.
Julia Swanson, MHSA
Vice President, Performance Improvement & Analytics
Henry Ford Health System

Julia Swanson, Vice President, Performance Analytics and Improvement, is leading a team to ensure consistent and effective organizational performance measurement, review, and project execution is occurring at all levels through the implementation of comprehensive electronic medical record reporting and electronic data warehouse solutions and an enterprise wide project management office. She has 19 years of experience in improving integrated health care operations with expertise in strategy deployment, measurement, organizational performance review, disciplined execution and operational interdependencies to bridge silos and levels in organizations to increase efficiency and effectiveness.

She was last the Administrator for Innovation and Quality at Henry Ford West Bloomfield Hospital where she was responsible for the performance of the hospital's quality oversight system including risk prevention, infection control, regulatory readiness, monitoring and measuring performance, strategic planning, and the coordination of hospital-wide innovation and improvement efforts. In her time at the hospital, she was very proud of the accomplishments of opening a new hospital on time and on budget and achieving successful accreditation three days after opening. Julia led the team at Henry Ford West Bloomfield Hospital to ISO Certification within one year of opening the hospital.

Prior to this position, Julia worked throughout Henry Ford Health System as a project manager with a focus on process improvement and new initiative implementations. She has a Bachelors of Industrial Engineering from the University of Michigan and a Masters of Health Services Administration from the University of Michigan.

Julia serves as a Senior Examiner for the Malcolm Baldrige National Quality Award and on the Easter Seals of Michigan Board of Directors.
Key Motivations To Begin The Baldrige Journey
All Aboard!

100,000 Community Members
200+ Employers
1,900 Employees
46 Board Members
2,000 Donors
115 Employed Providers
10 Key Legislators
25 Independent Physicians
Competitors
8 Administrators
52 Managers and Departments
Suppliers
Schools
200+ Volunteers
100+ Insurers
Regulators

Central Illinois
Chapter of
ACHE
5 Forces

Narrow Networks

Suppliers

New Entrants

Substitute Products

There’s an app for that

Competitive Rivalry

HSHS - St. A’s Carle Bella

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The Result
Steps Toward Mature Processes
An Aid for Assessing and Scoring Process Items

(1) Reacting to Problems (0–25%)  
Operations are characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems. Goals are poorly defined.

(2) Early Systematic Approaches (30–45%)  
The organization is at the beginning stages of conducting operations by processes with repeatability, evaluation and improvement, and some early coordination among organizational units. Strategy and quantitative goals are being defined.

(3) Aligned Approaches (50–65%)  
Operations are characterized by processes that are repeatable and regularly evaluated for improvement, with learnings shared and with coordination among organizational units. Processes address key strategies and goals of the organization.

(4) Integrated Approaches (70–100%)  
Operations are characterized by processes that are repeatable and regularly evaluated for change and improvement in collaboration with other affected units. Efficiencies across units are sought and achieved through analysis, innovation, and the sharing of information and knowledge. Processes and measures track progress on key strategic and operational goals.
An Analogy for Learning: From Fighting Fires to Innovation

Learning is an essential attribute of high-performing organizations and, therefore, a critical concept in performance excellence. It is a key term used throughout the Criteria booklet and is one of the four scoring factors used to assess the maturity of an organization’s processes (pages 67 and 68, scoring system and scoring guidelines).

Effective, well-deployed organizational learning can help an organization improve from the early stages of reacting to problems (0–5% in the scoring guidelines) to the highest levels of organization-wide improvement, refinement, and innovation (70–100%). The firefighting analogy illustrated here depicts a progression through the levels of maturity for this scoring dimension.

Reacting to the problem:
Run with the hose and put out the fire, (0–5%)
2. **General improvement orientation:**
   Install more fire hoses to get to the fires quickly and reduce their impact.
   (10–25%)

3. **Systematic evaluation and improvement:**
   Evaluate which locations are most susceptible to fire. Install heat sensors and sprinklers in those locations.
   (30–45%)
Learning and strategic improvement:
Install systemwide heat sensors and a sprinkler system that is activated by the heat preceding fires,
(50–65%)

Organizational analysis and innovation:
Use fireproof and fire-retardant materials.
Replace combustible liquids with water-based liquids.
Sensors and sprinklers become the secondary line of protection, with prevention as the primary approach for protection,
(70–100%)

From putting out fires...... to .......zero fire risk
The Story of Sarah Bush Lincoln

Organizational Profile: Environment, Relationships, and Strategic Situation

1. Leadership
2. Strategic Planning
3. Customer Focus
4. Measurement, Analysis, and Knowledge Management
5. Workforce Focus
6. Operations Focus
7. Results
LESSONS LEARNED
The Story of Sarah Bush Lincoln

Imagine for a second

“Let's keep score...

...let's play for keeps”

The Defining Moment and its implications!
SBL’s Improvement Journey

ILPEx Gold - 2011

Our Sentinel Moment
“Dare to be Great!”

Lincoln Silver - 2008
Excellence a Way of Life

Lincoln Silver - 2007

Lincoln Silver - 2005

Central Illinois
Chapter of
ACHE
SBL’s Game Plan

• Highly engaged Board and Medical Staff
• Deployment of Mission, Vision and Values and communicating to the workforce
  • Sarah’s House
  • Senior Leader Rounding
  • Town Hall Meetings
  • Communication Boards
  • Employee Orientation
  • SBLHS Website
  • Numerous publications

mission
To provide exceptional health care for all and create healthy communities.

vision
To be the leading community health system in the nation.

values
Integrity • Respect • Compassion • Excellence • Leadership • Stewardship • Innovation • Partnership
SBL’s Game Plan

• Creating a Sustainable organization
  • Top Down – Bottom Up approach to planning
    • EWOL: Leadership, Workforce Engagement, Patient Experience, Measurement
  • Standards of Performance
  • Reward and Recognition
  • Leadership Development

• Focus on Action
  • Starts with the Strategic Plan
  • Department Hierarchy of Goals
  • Action Plans
  • Employee Passports
  • Dashboards
SBL’s Game Plan = Alignment

CNO Hospital Strategic Objectives

Patient Satisfaction 92% for LTR
Measured by Health Streams National Database

Manager Nursing Unit Goal

% Unit Specific Patient Sat

RN Goal

Pain Rounds

NA Goal

Call Lights
CATEGORY 7..... RESULTS
95th percentile in Employee Engagement

A+ Bond Rating
Strong Financial Organization

ILPEX
Illinois Performance/Excellence
Gold Award for Achievement of Excellence

BEST REGIONAL HOSPITALS
U.S. News
Sarah Bush Lincoln 2011

HealthStream
As compared to healthcare workers nationally.

HealthStream
Adult care unit as compared to hospitals nationwide.

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COME AND GET IT
Service
Overall Rating of Care
19 points max

Quality
Comprehensive Quality Objectives 106/120
Deploy Performance Excellence
• 40 departments
• $1,755,000

People
Employee Culture
• Top Quartile – Goal
• Top Decile - Max

Growth
Outpatient Revenue 2%

Healthy Communities
Lower BMI for workforce

Finance
Net Operating Margin Goal = 4.41%

Outcomes
Lessons Learned

1. Like Any Construction Project: Messy; Slow; Costly; Wonderful
2. Alignment = Performance
3. Feedback is hard
4. Short is hard
5. Takes concentration
6. No Trophy without a champions
7. It is about the feedback
8. Better you become the more you need to improve
9. You don’t have to apply
10. It is worth it
Applying For The Award Compared To Using The Framework Solely For Organizational Improvement

“In our earliest musings about Baldrige, we didn’t see the award as part of our dream.”

- Sister Mary Jean Ryan
Applying For The Award Compared To Using The Framework Solely For Organizational Improvement

What did SSM mean by “exceptional”?
If “exceptional” was not defined, how could it be measured?
Why was SSM content to compare itself against the average?
Applying For The Award Compared To Using The Framework Solely For Organizational Improvement
Applying For The Award Compared To Using The Framework Solely For Organizational Improvement

- “Patients and other customers are our first priority”
  - Compassion - Requires us to reach out with openness, kindness and concern.
- “Quality is achieved through people”
  - Respect - Requires that we honor the wonder of the human spirit.
  - Community - We cultivate relationships that inspire us to serve.
- “All work is part of a process.”
  - Excellence - Requires us to expect the best of ourselves and one another.
- “Decision making by facts.”
  - Stewardship - Requires that we use our resources responsibly.
- “Quality requires continuous improvement”
  - We never stop living up to our values because excellence is a never ending journey
Applying For The Award Compared To Using The Framework Solely For Organizational Improvement

Central Illinois Chapter of ACHE

2002

2013
Applying For The Award Compared To Using The Framework Solely For Organizational Improvement

SSM Health Care
Malcolm Baldrige National Quality Award (2002)

**MISSOURI QUALITY AWARD**
SSM Home Care - 2012
SSM Health Care - 2011
SSM Integrated Health Technologies - 2011
SSM Health Care - St. Louis - 2010
St. Mary's Health, Jefferson City, Mo. 2009
SSM Health Information Technologies - 2008
St. Francis Hospital & Health Services - 2008
SSM DePaul Health Center - 2006
SSM St. Joseph Health, St. Charles, Mo. - 2005
SSM St. Joseph West, Saint Louis, Mo. 2005
SSM St. Joseph Medical, St. Charles, Mo. - 2005
SSM Integrated Health Technologies - 2005
St. Francis Hospital & Health Services - 2004
SSM Cardinal Glennon Children's - 2004
SSM Integrated Health Technologies - 2002
SSM Health Care - 1999
St. Francis Hospital & Health Services - 1996

**ILLINOIS PERFORMANCE EXCELLENCE AWARD**
(formerly the Lincoln Award)
St. Mary's Good Samaritan Inc. (gold level) - 2011
St. Mary's Good Samaritan Inc. (silver level) - 2010
St. Mary's Good Samaritan Inc. (silver level) - 2008
St. Mary's Good Samaritan Inc. (gold) - 2003
St. Mary's Good Samaritan Inc. (silver) - 1999
St. Mary's Good Samaritan Inc. (bronze level) - 1997

**OKLAHOMA QUALITY AWARD**
SSM Health Care of Oklahoma (excellence) - 2010
Healthfirst Physician Management Services
(achievement level) - 2006
Healthfirst Physician Management
Services (achievement level) - 2005
Bone and Joint & St. Anthony (excellence) - 2004
St. Anthony Hospital (excellence) - 1998
Bone and Joint at St. Anthony (excellence) - 1996

**WISCONSIN FORWARD AWARD**
SSM Health Care of Wisconsin (excellence) - 2013
SSM Health Care of Wisconsin (mastery) - 2011
St. Clare Hospital, St. Clare Meadows Care Center;
St. Mary's Hospital, Madison, (mastery) - 2009
St. Mary's Care Center, Madison(excellence) - 2008
St. Mary's Hospital (mastery) - 2008
St. Clare Hospital, St. Clare Meadows, St. Mary's Hospital, St. Mary's Care Center (mastery) - 2007
St. Clare Hospital, St. Clare Meadows Care Center,
St. Mary's Care Center (mastery) - 2006
St. Mary's & St. Mary's Care Center (mastery) - 2005
St. Clare Meadows (proficiency level) - 2005
St. Mary's Care Center (mastery) - 2004
St. Clare Meadows (proficiency level) - 2004
St. Clare Hospital, Baraboo, Wis. (excellence) - 2000
St. Mary's Hospital, Madison (excellence) - 1999
St. Clare Hospital (mastery) - 1999
The Critical Role Of Organizational Champions

- CEO
- Executive Champions
- CQIplus Champions
- Category Champions
- Application Champions
- Site Coordination Champions
- Feedback Deployment Champions
The Critical Role Of Organizational Champions

Pathway to 2013 Wisconsin Forward Award

The “Catalyst”
- Standardized approach for communicating to employees at all entities
- Talking points for Town Hall Meetings & Department Meetings

Regional Operations Council
- Support improved sharing of best practices
- Implement actions across the region
- Focus on operational efficiency & Standardization
- Operational efficiency dashboards

Regional Approach to Service Line Development

Standardized Rounding – Real Time Results on Leading Measures
- Patients
- Employees
- Physicians
The Critical Role Of Organizational Champions

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Rounding Compliance for Last 24 Hours: 98.9%

Central Illinois Chapter of ACHE
The Critical Role Of Organizational Champions
The Critical Role Of Organizational Champions

“..every employee at every level of the organization is a unique person capable of greatness.”

- Sister Mary Jean Ryan

Central Illinois Chapter of ACHE
The Critical Role Of Organizational Champions

“With 40 pages of feedback I don’t think we are going to be bored… This is not an end point, this is a milestone.”

- Sister Mary Jean Ryan
Henry Ford Health System (HFHS)

Core Services:
- Four acute med/surg and two behavioral health hospitals
- Henry Ford Medical Group
  - 30 Medical Centers
  - 1,100 physicians & scientists
- Health Alliance Plan

Post-acute services:
- Home Health Care
- Outpatient Dialysis
- Retail Pharmacies
- Vision Centers

Other Statistics:
- 24,000 employees
- Over 200 care delivery sites
- 102,000 annual admissions
- 2200 licensed beds
- 418,000 annual ED visits
Malcolm Baldrige Performance Excellence Program: Award or Strategy?

• Award
  • Presented by the U.S. President or Vice President
  • National Recognition – role model
  • Heightens Brand Recognition

• Strategy
  • Application writing process – self assessment and feedback about Strengths and Opportunities for Improvement (OFIs)
  • Drives integration and improvement across the organization

*If you find yourself riding a dead horse, the best strategy is to dismount.*

Dakota Indian Saying
8+ Years of Focused Learning

- Jun 2003: Nancy Schlichting Named CEO
- Oct 2004: CEO Decision to Adopt Baldrige
- 2004 - 2007: Self-Assessment
- Oct 2011: National Site Visit; Award Announced Nov 22
- Dec 2007: Received Michigan Quality Council Leadership Award
- Jun 2010: Launched PC with New Charter, Tools, and Accountabilities
- Jun 2006: Introduced “the Pillars”

...and the Journey continues!
Reasons To Use The Baldrige Criteria For Organizational Improvement

The HFHS Leadership System

VISION
Transforming lives and communities through health and wellness – one person at a time.

ACT
Reward & Recognize
Redesign
Spread

PLAN
Develop Strategy

INNOVATION

CARE COORDINATION

COLLABORATION / PARTNERING

CHECK
Organizational Performance Review (OPR)

DO
Deploy Strategy & Develop People

PATIENTS

COMMUNITY

PURCHASERS

Central Illinois Chapter of ACHE

COMES AND GET IT
“The Henry Ford Experience”: 7 Pillars of Performance

**Mission**
To improve people’s lives through excellence in the science and art of health care and healing.

**Vision**
Transforming lives and communities through health and wellness – one person at a time.

**System Values**
- Respect for people
- High Performance
- Learning & Continuous Improvement
- Social Conscience
- Each Patient First

**Core Competencies**
- Innovation
- Care Coordination
- Collaboration

**Organizational Framework**
- Leadership
- Strategic Planning
- Patient/Customer Focus
- Performance & Knowledge Management
- Staff Focus
- Safe & Reliable Process Focus
- Accountability for Results

Central Illinois Chapter of ACHE
Strategic Alignment

Mission/Vision/Values; Environmental Assessment/Key Market Assumptions; SWOT

Strategic Advantages, Challenges; Core Competencies

Strategic Objectives & Initiatives

Performance Measures & Targets

Action Plans – Pillars/ Business Units

Communication & Integration

Organization Performance Review
Cascading Goals Across The Organization
How To Use The Framework And Maintain Improvement In The Long Term

Organizational Performance Review

- System-level dashboard and monthly review of measures at Performance Council (PC)
- Continuous search for best measures and comparators / databases
- Regular review of all pillars and business units at PC

Central Illinois Chapter of ACHE
## HFHS Enterprise: Top Level View

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Measure</th>
<th>Period</th>
<th>Actual</th>
<th>Tgt</th>
<th>Tgt Ind</th>
<th>PY</th>
</tr>
</thead>
<tbody>
<tr>
<td>People</td>
<td>Turnover Rate</td>
<td>Dec/2013</td>
<td>0.96%</td>
<td>0.85% R</td>
<td>1.07%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emp. Eng. (Gallup)</td>
<td>2012</td>
<td>4.11</td>
<td>4.07 G</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emp. Eng. (Pulse)</td>
<td>2013</td>
<td>3.89</td>
<td>4.17 R</td>
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<tr>
<td>Service</td>
<td>Likelihood to Recommend</td>
<td>Mar/2014</td>
<td>77.96%</td>
<td>76.35% G</td>
<td>75.32%</td>
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<tr>
<td></td>
<td>Likelihood to Recommend 3MO</td>
<td>Mar/2014</td>
<td>76.67%</td>
<td>76.16% G</td>
<td>75.77%</td>
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</tr>
<tr>
<td></td>
<td>HCAHPS Value Based Purchasing Points Achieved</td>
<td>2014Q1</td>
<td>24.25</td>
<td>40.00 R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality and Safety</td>
<td>Harm /1000 Pt. Days</td>
<td>Feb/2014</td>
<td>39.1</td>
<td>38.1 Y</td>
<td>40.6</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Harm /1000 Pt. Days 3MO</td>
<td>Feb/2014</td>
<td>36.8</td>
<td>38.4 G</td>
<td>41.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Readmissions</td>
<td>Feb/2014</td>
<td>12.62%</td>
<td>13.02% S</td>
<td>13.65%</td>
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<tr>
<td></td>
<td>Readmissions 3MO</td>
<td>Feb/2014</td>
<td>12.79%</td>
<td>13.06% S</td>
<td>12.69%</td>
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<tr>
<td></td>
<td>Active MyChart Accounts</td>
<td>Mar/2014</td>
<td>100.896</td>
<td>133,754 R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Growth</td>
<td>Inpatient Discharges</td>
<td>Mar/2014</td>
<td>7.435</td>
<td>7.994 R</td>
<td>7.645</td>
<td></td>
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<tr>
<td></td>
<td>OR Cases</td>
<td>Mar/2014</td>
<td>3.995</td>
<td>4.090 Y</td>
<td>4.121</td>
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<tr>
<td></td>
<td>Total HAP Membership</td>
<td>Mar/2014</td>
<td>670.411</td>
<td>659,547 G</td>
<td>671,101</td>
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<tr>
<td></td>
<td>Other Covered Lives - non HAP</td>
<td>Mar/2014</td>
<td>75,141</td>
<td>71,000 G</td>
<td></td>
<td></td>
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<tr>
<td>Finance</td>
<td>Net Op Income - Before Epic (Thousands)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net Op Income (Thousands)</td>
<td></td>
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<tr>
<td></td>
<td>HFHS Cost Per Unit</td>
<td></td>
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## HFHS Enterprise: Top Level YTD

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Measure</th>
<th>YTD as at</th>
<th>Actual</th>
<th>Tgt</th>
<th>Tgt Ind</th>
<th>PY</th>
</tr>
</thead>
<tbody>
<tr>
<td>People</td>
<td>Turnover Rate (YTD)</td>
<td>Dec/2013</td>
<td>12.42%</td>
<td>10.14% R</td>
<td>12.57%</td>
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<tr>
<td>Growth</td>
<td>ER Visits</td>
<td>Mar/2014</td>
<td>60,863</td>
<td>64,471 R</td>
<td>66,138</td>
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<tr>
<td></td>
<td>Inpatient Discharges</td>
<td>Mar/2014</td>
<td>22,005</td>
<td>23,088 Y</td>
<td>22,780</td>
<td></td>
</tr>
<tr>
<td></td>
<td>OR Cases</td>
<td>Mar/2014</td>
<td>11,662</td>
<td>11,980 Y</td>
<td>12,106</td>
<td></td>
</tr>
<tr>
<td>Finance</td>
<td>HFHS Cost Per Unit (YTD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net Op Income (Thousands)</td>
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CHARTS COME AND GET IT
## HFWBH OPR: Quality and Safety

<table>
<thead>
<tr>
<th>INITIATIVES</th>
<th>ACTION(S)</th>
<th>Overall (R,Y,G)</th>
<th>LOOKING FORWARD: 2012</th>
<th>PERFORMANCE COUNCIL SUPPORT NEEDED?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Improvement Project</td>
<td>• Launched significant improvement project around care team communication to the patient&lt;br&gt;• Developed Blended Communication Press Ganey score as part of strategic goals.</td>
<td>YELLOW</td>
<td>• Focused teams tackling root causes and “baby A3s” including multi-disciplinary rounds, creation of a unified care plan, identification of care team members and consult process improvement&lt;br&gt;• Implement proposal for Clinical System Improvement Team with dedicated time to advance this effort and develop the front-line expertise to problem solve&lt;br&gt;• 2012 HFWBH Quality Expo (3/29/12) will feature presenters from HFWBH sharing communication improvement progress to date.</td>
<td>• Support and possible participation from key medical group physicians</td>
</tr>
<tr>
<td>No Harm Campaign</td>
<td>• Achieved overall targeted reduction in 2011.&lt;br&gt;• Achieved a 20% reduction in employee harm between 2010 and 2011 largely due active Safety Champions.</td>
<td>GREEN</td>
<td>• Continued focus on Med. Harm, Procedural Harm, Employee Harm, Communication Failures, Specimen Labeling and CAUTI.&lt;br&gt;• Host HFWBH Quality Expo featuring improvement efforts from all departments</td>
<td></td>
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</tbody>
</table>

### YTD Performance

<table>
<thead>
<tr>
<th>No Harm</th>
<th>41.4 Nov 11</th>
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<tbody>
<tr>
<td>Readmissions</td>
<td>9.58% Nov 11</td>
</tr>
</tbody>
</table>

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[Logo Image]
How Do We Design & Improve?
HFHS Model for Improvement (MFI)

$d = \text{Debrief and evaluate effectiveness of improvement methods and tools}$
Model for Improvement Use

Used broadly in our leadership system . . . .

From designing new work systems
- HF West Bloomfield Hospital
- Patient-Centered Medical Home

To kaizen events . . .

To front-line daily improvement
References


  http://www.nist.gov/baldrige/publications/hc_criteria.cfm