

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

Thursday June 12, 2014

5:00PM – 7:30 PM Central Standard Time

**Central Illinois  
Chapter of  
ACHE**

An Independent Chapter of



American College of  
Healthcare Executives  
*for leaders who care®*

CHAPTERS

**COME AND GET IT**

Leadership  
Education  
Advancement  
Networking



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# ACHE Central Illinois Chapter

An Independent Chapter of



## Upcoming Programs

Earn 1.5 Face-To-Face Education Credits

### Malcolm Baldrige Journey

#### Speakers

#### Date

#### Description

#### Registration:

<http://malcolmbaldrige.eventbrite.com>

#### Program Location:



1401 E. State St.  
Rockford, IL 61104  
(815) 968 - 4400

#### For More Information Contact:

Greg Wahlstrom, MBA / HCM  
Central IL ACHE Edu Chair

Tel : (424) 256-3556

Email : [GregWahlstrom@hotmail.com](mailto:GregWahlstrom@hotmail.com)

## 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 Central Standard Time (CST)**

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.



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<http://centralilache.blogspot.com>

# Program Description

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.

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# Program Description (cont)

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.

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 verity 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.

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# 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
- Lessons learned from the self-assessment and implementation of change
- How to use the framework and maintain improvement in the long term



**Darcy Davidsmeyer**  
President & CEO  
Illinois Performance Excellence

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, FACHE, MBA

President & CEO

Sarah Bush Lincoln Health System

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.

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## Christian Ray, MBA, MS

System Manager, Process Improvement & Innovation  
SSM Healthcare

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.

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## Key Motivations To Begin The Baldrige Journey

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# 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**

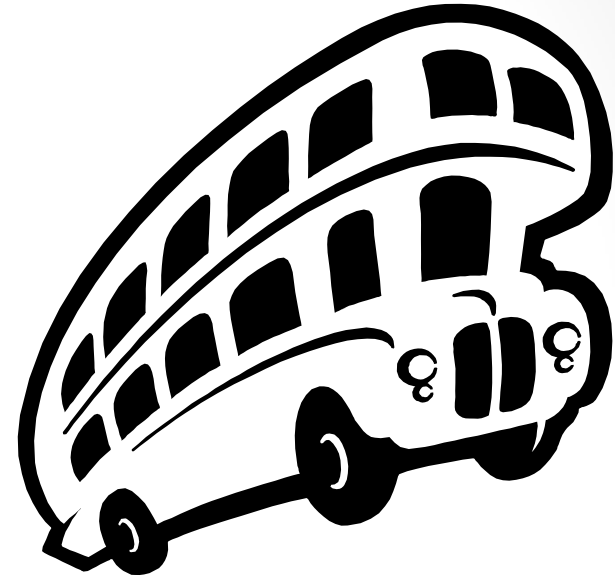
**Schools**

**200+ Volunteers**

**Suppliers**

**100+ Insurers**

**Regulators**



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# 5 Forces

22<sup>nd</sup> Annual  
**Medicaid Managed Care**  
CONGRESS



medical  
**Tourism**



PHILIPS  
sense and simplicity

New Entrants

**HEALTH CARE NAVIGATOR**

Substitute Products

There's an app for that



Competitive Rivalry

HSHS - St. A's  
Carle Bella



Consumers



CHRISTIE CLINIC

Suppliers



Narrow  
Networks

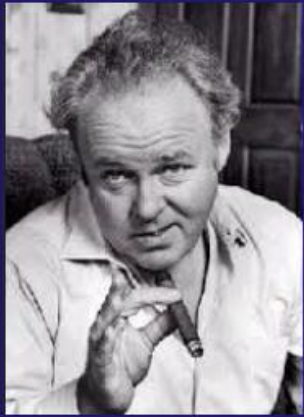


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# The Result



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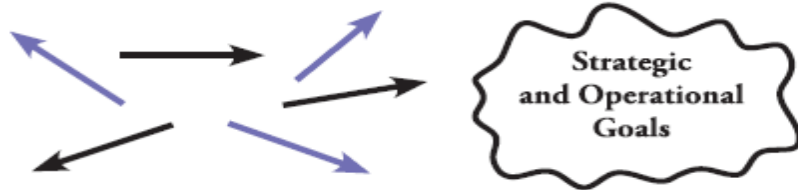
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## Steps Toward Mature Processes

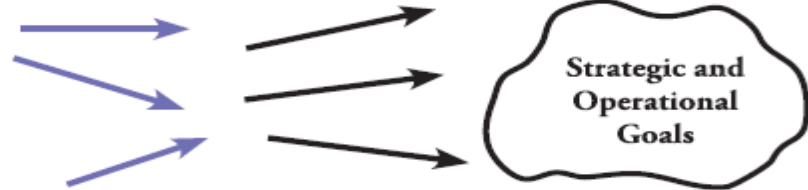
### An Aid for Assessing and Scoring Process Items

#### (1) Reacting to Problems (0–25%)



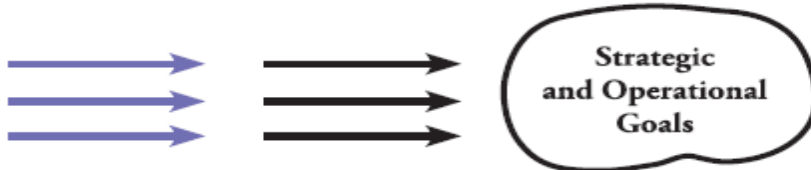
Operations are characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems. Goals are poorly defined.

#### (2) Early Systematic Approaches (30–45%)



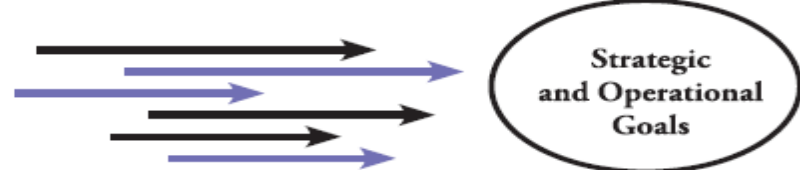
The organization is at the beginning stages of conducting operations by processes with repeatability, evaluation and improvement, and some early coordination among organizational units. Strategy and quantitative goals are being defined.

#### (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

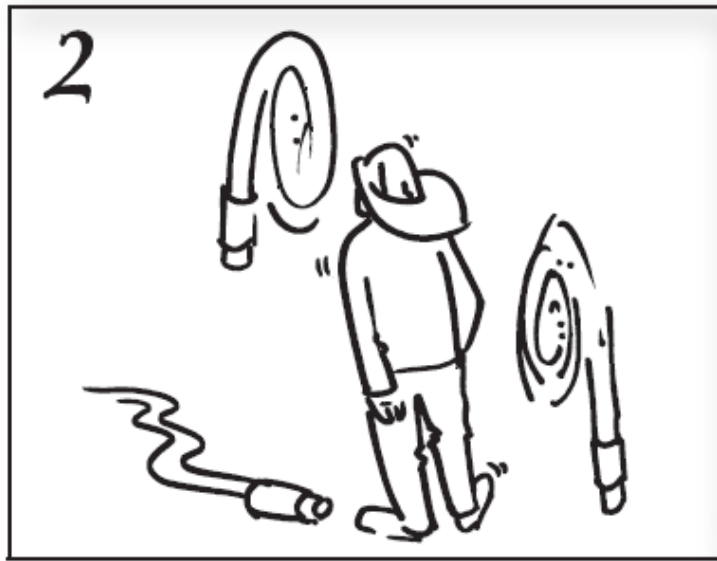
Learning is an essential attribute of high-performing organizations and, therefore, a critical concept in performance excellence. It is a key term used throughout the Criteria booklet and is one of the four scoring factors used to assess the maturity of an organization's processes (pages 67 and 68, scoring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

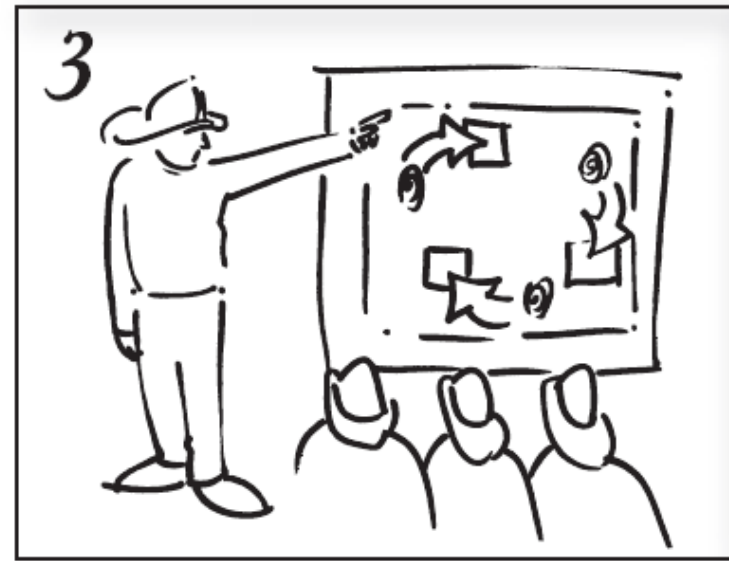


## **Reacting to the problem:**

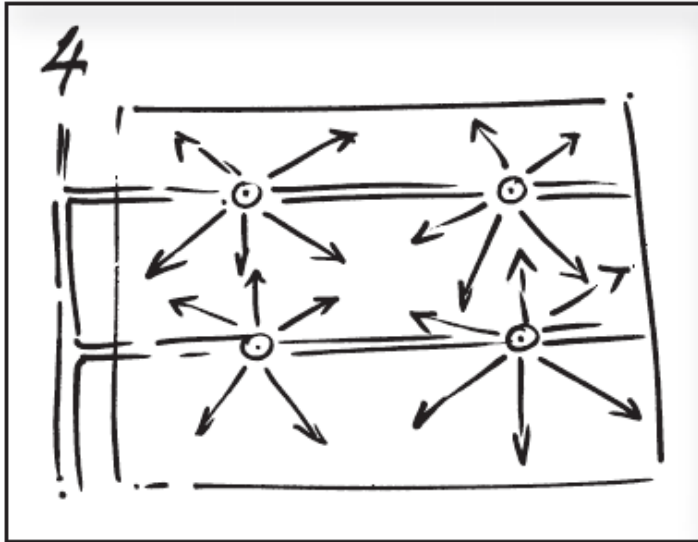
Run with the hose and put out the fire.  
(0–5%)



**General improvement orientation:**  
Install more fire hoses to get to the fires quickly  
and reduce their impact.  
(10–25%)

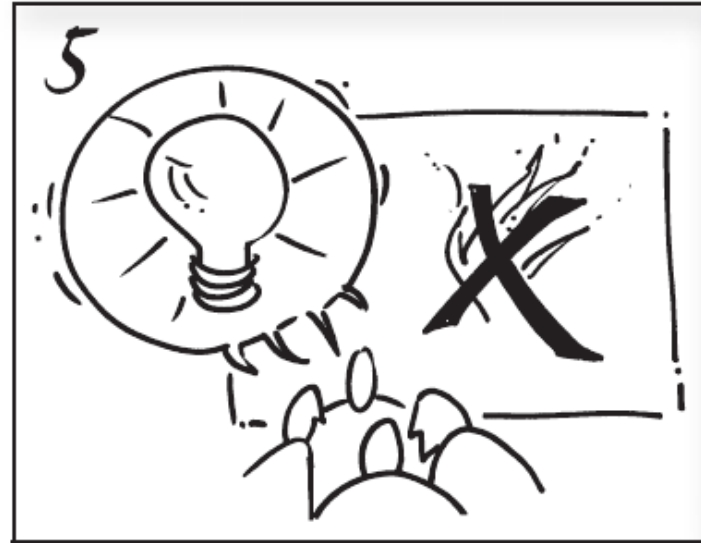


**Systematic evaluation and improvement:**  
Evaluate which locations are most susceptible to fire.  
Install heat sensors and sprinklers in those locations.  
(30–45%)



#### **Learning and strategic improvement:**

Install systemwide heat sensors and a sprinkler system that is activated by the heat preceding fires.  
(50–65%)



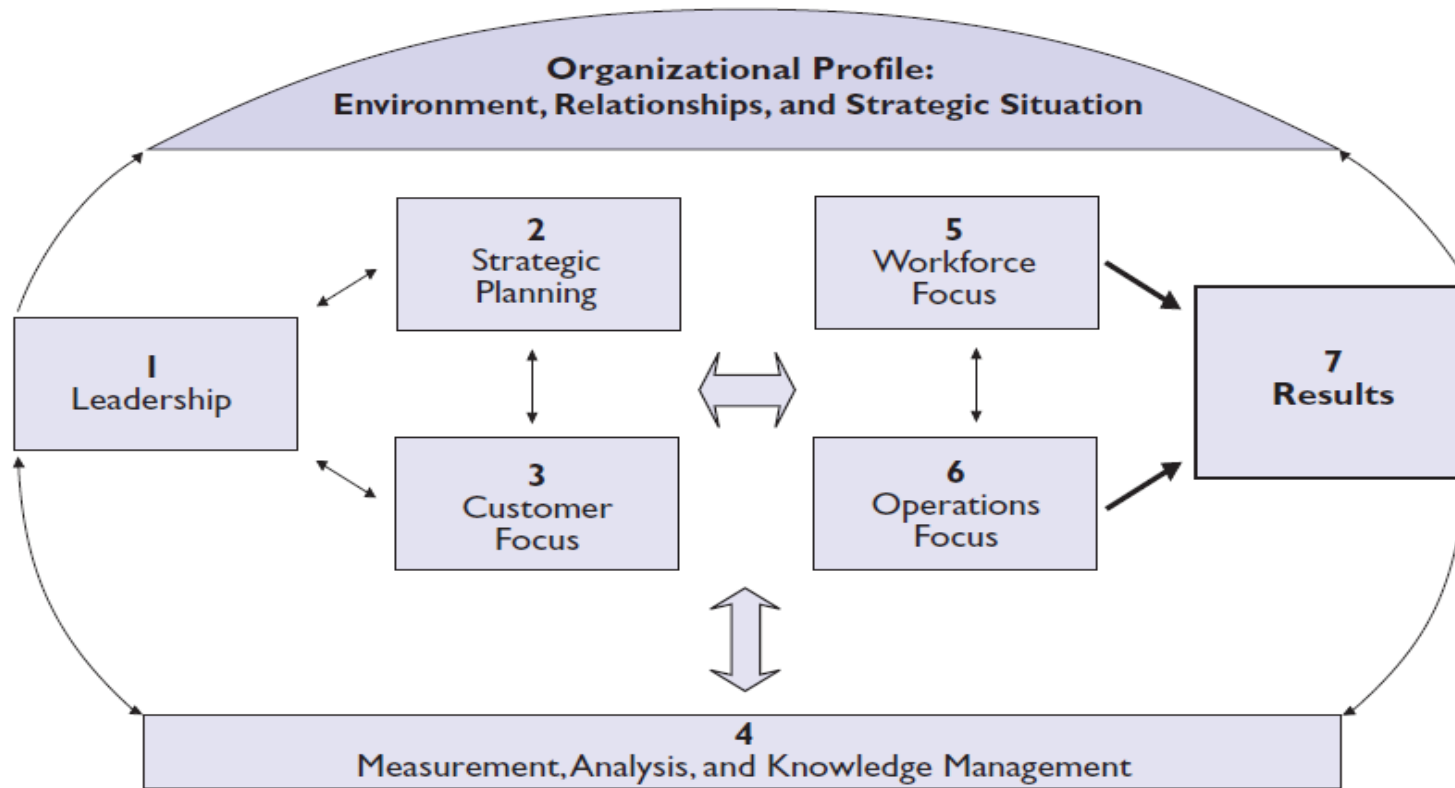
#### **Organizational analysis and innovation:**

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





# LESSONS LEARNED

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# The Story of Sarah Bush Lincoln

Imagine for a second

“Lets keep score...  
...lets play for keeps”



**The Defining Moment and its implications!**

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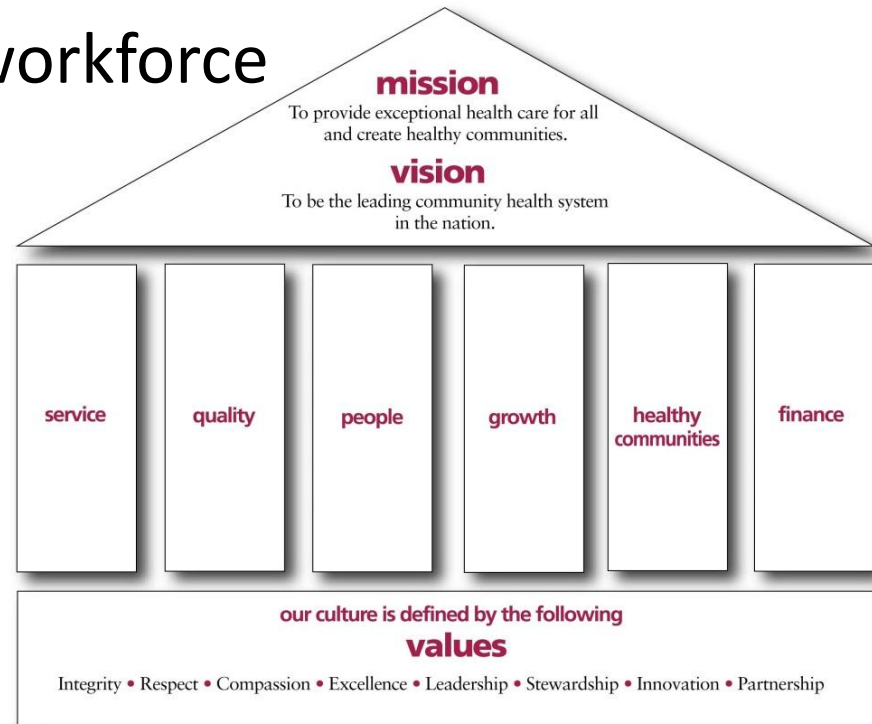


# SBL's Improvement Journey



# 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

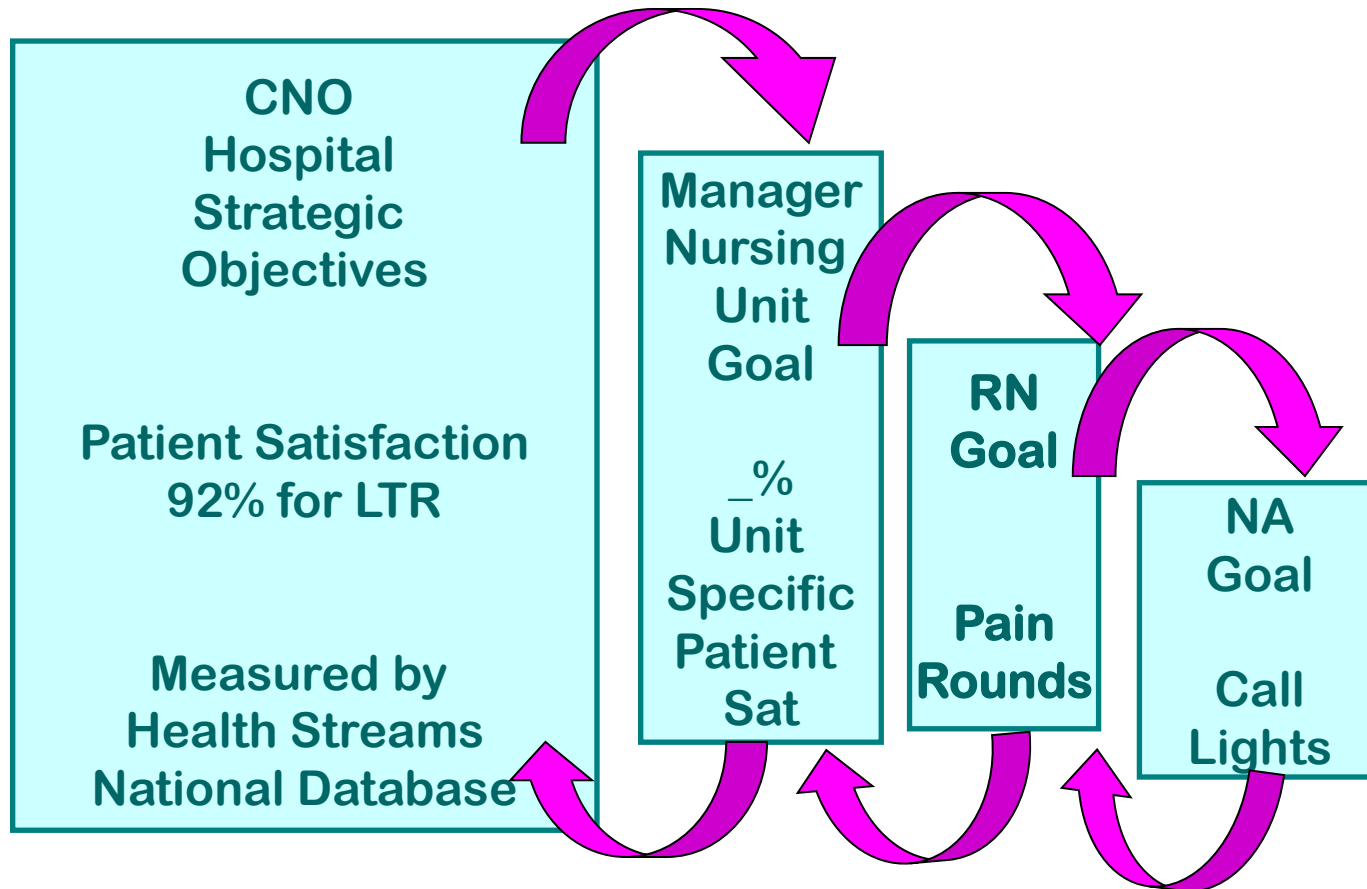


# SBL's Game Plan

- 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





# CATEGORY 7..... RESULTS

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**95<sup>th</sup> percentile**  
in Employee  
Engagement



**HealthStream®**

As compared to healthcare workers nationally.

**A+**  
**Bond Rating**  
Strong Financial Organization

**STANDARD  
& POOR'S**

**ILPEX**   
Illinois Performance Excellence  
**2011**  
Gold Award for  
Achievement of Excellence



Above  
**90<sup>th</sup> percentile**  
in Inpatient Satisfaction



**HealthStream®**

Adult care unit as compared  
to hospitals nationwide.

**Year in Review**

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## Service

Overall Rating of Care  
19 points max

## Quality

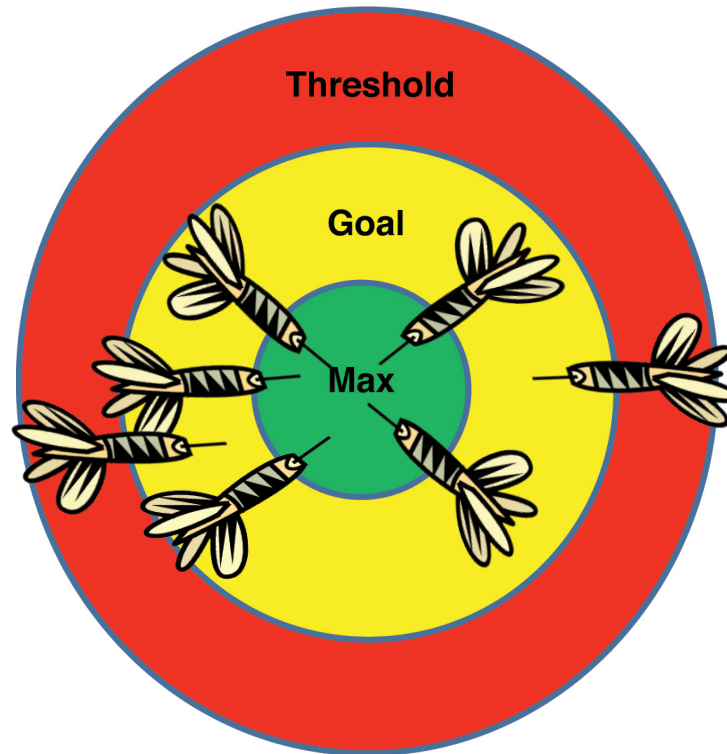
Comprehensive Quality  
Objectives 106/120

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%

# 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



2002



2013

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# 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
- CQI*plus* 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

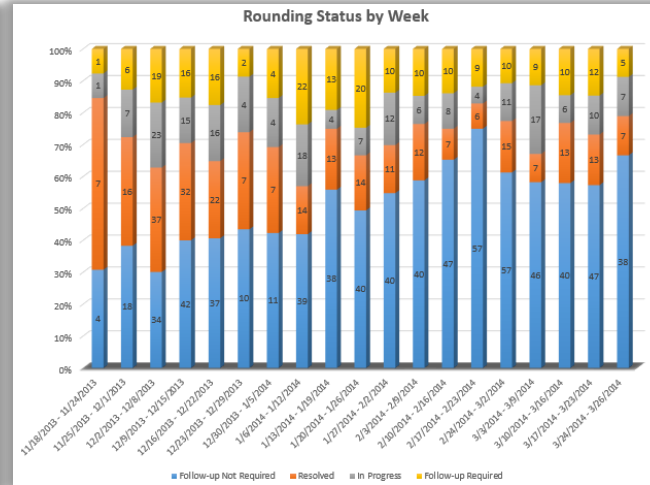
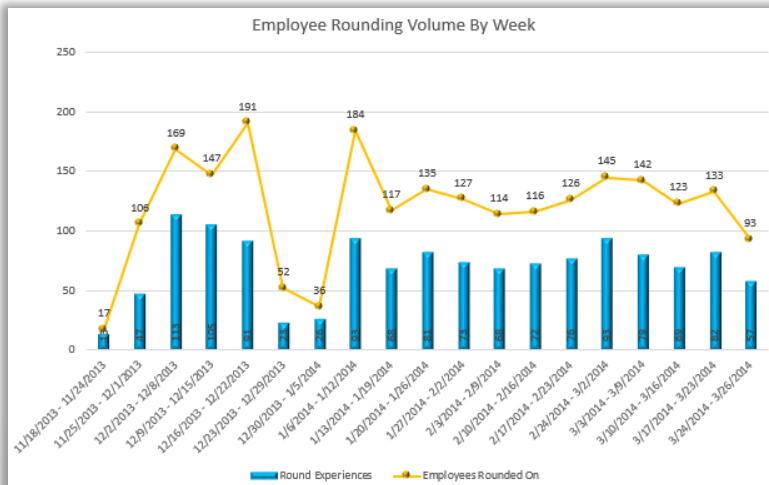
- Patients
- Employees
- Physicians



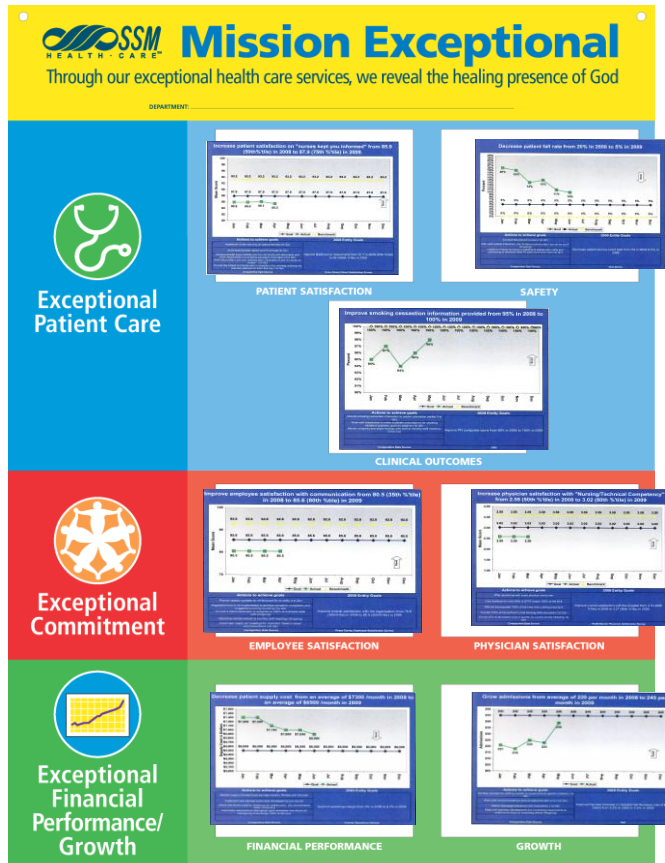
# The Critical Role Of Organizational Champions

Room	Time	Patient	Nurse	Contact	NA	Contact	Physician	Contact	Fall Risk	LOS	Comments	Rounding Rate
323	00:43:47	Tracey	jenna	7640	shannon	7090	Dr. Joy		No	17:32		100 %
324	00:00:00											
325	00:18:41	Paul	jenna	7640	Shannon	7090	Dr. Aziz		No	17:30		100 %
326	00:06:24	Shirley	jenna	7640	Shannon	7090	Dr. Shrestha		Yes	17:29		100 %
327	00:00:00											
328	00:03:20	Sharon	jenna	7640	shannon	7090	Dr. Suresh		No	17:27		100 %
329	00:00:00											
330	00:00:00											
331	00:25:32	lawrence	dawn	7641	cyndi	7091	aziz		No	02:32		100 %
332	00:00:00											
333	00:46:49	Kris	dawn	7641	cyndi	7091	Dr. Varanasi		Yes	17:21		100 %
334	00:50:02	Cheryl	dawn	7641	cyndi	7091	Dr. Aziz		No	17:20		100 %
335	00:30:10	Louise	dawn	7641	cyndi	7091	Dr. Shroff		Yes	17:17		100 %
336	00:00:00											
337	00:02:35	Elsie	becky	7642	katie	7092	Dr. Shroff		No	17:14		100 %
338	00:03:03	Dorothy	becky	7642	katie	7092	Dr. Aziz		Yes	17:13		100 %
339	00:16:30	Danny	becky	7642	katie	7092	Dr. Aziz		No	17:12		94.12 %
340	00:15:09	Chris	becky	7642	katie	7092	Zahoor/Bortecen		No	10:33		90 %

Rounding Compliance for Last 24 Hours: 98.9%



# The Critical Role Of Organizational Champions



**Our Mission**  
Through our exceptional health care services, we reveal the healing presence of God

**Our Values**  
Compassion  
Respect  
Excellence  
Stewardship  
Community

**Characteristics of Exceptional Health Care**  
Exceptional Patient Care  
Exceptional Commitment  
Exceptional Financial Performance/Growth

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**SSM HEALTH CARE**  
**Passport**

NAME \_\_\_\_\_

Goals for 20\_\_\_\_

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# 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

<b>Our Mission</b> Through our exceptional health care services, we reveal the healing presence of God	<div style="display: flex; justify-content: space-around;"> </div> <div style="display: flex; justify-content: space-around; align-items: center;"> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> <small>© 2008 SSM Health Care All Rights Reserved</small> </div> <div style="text-align: right;">           NAME _____            Goals for 20____         </div> </div>	
<b>Our Values</b> Compassion Respect Excellence Stewardship Community		
<b>Characteristics of Exceptional Health Care</b> Exceptional Patient Care Exceptional Commitment Exceptional Financial Performance/Growth		

Entity Goals	Department Goals	Individual Goals
	What we're doing to make our service exceptional:  Exceptional Patient Care   Exceptional Commitment   Exceptional Financial Performance/Growth	What I'm doing every day to make our department exceptional:          <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>DATE _____</div> <div>EMPLOYEE SIGNATURE _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>DATE _____</div> <div>SUPERVISOR'S SIGNATURE _____</div> </div>

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# 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 mile stone.”*

- 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

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HEALTH CARE

SWEDISHAMERICAN  
HEALTH SYSTEM







# Malcolm Baldrige Performance Excellence Program: Award or Strategy?

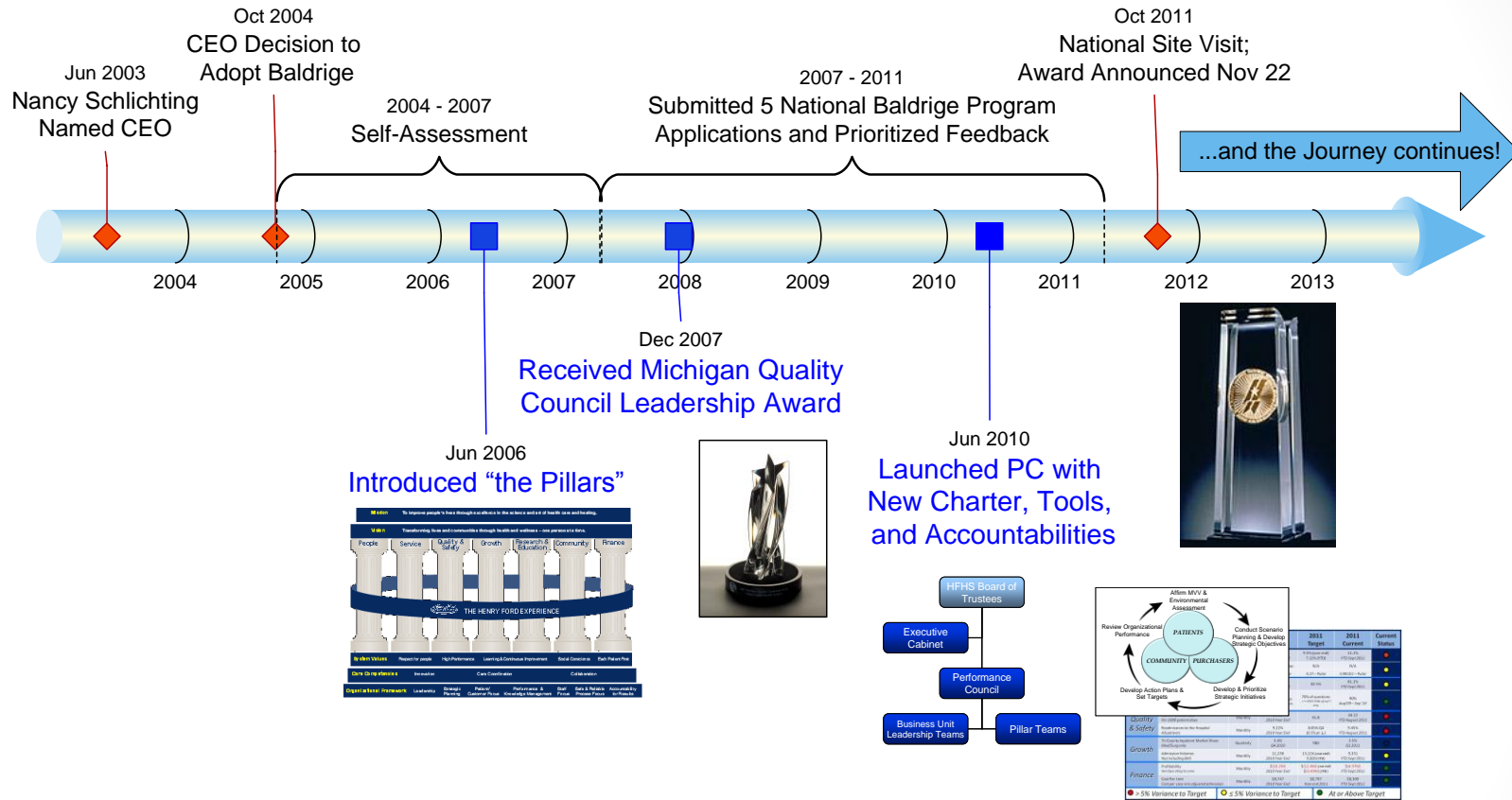
- Award
  - Presented by the U.S. President or Vice President
  - National Recognition – role model
  - Heightens Brand Recognition
- Strategy
  - Application writing process – self assessment and feedback about Strengths and Opportunities for Improvement (OFIs)
  - Drives integration and improvement 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

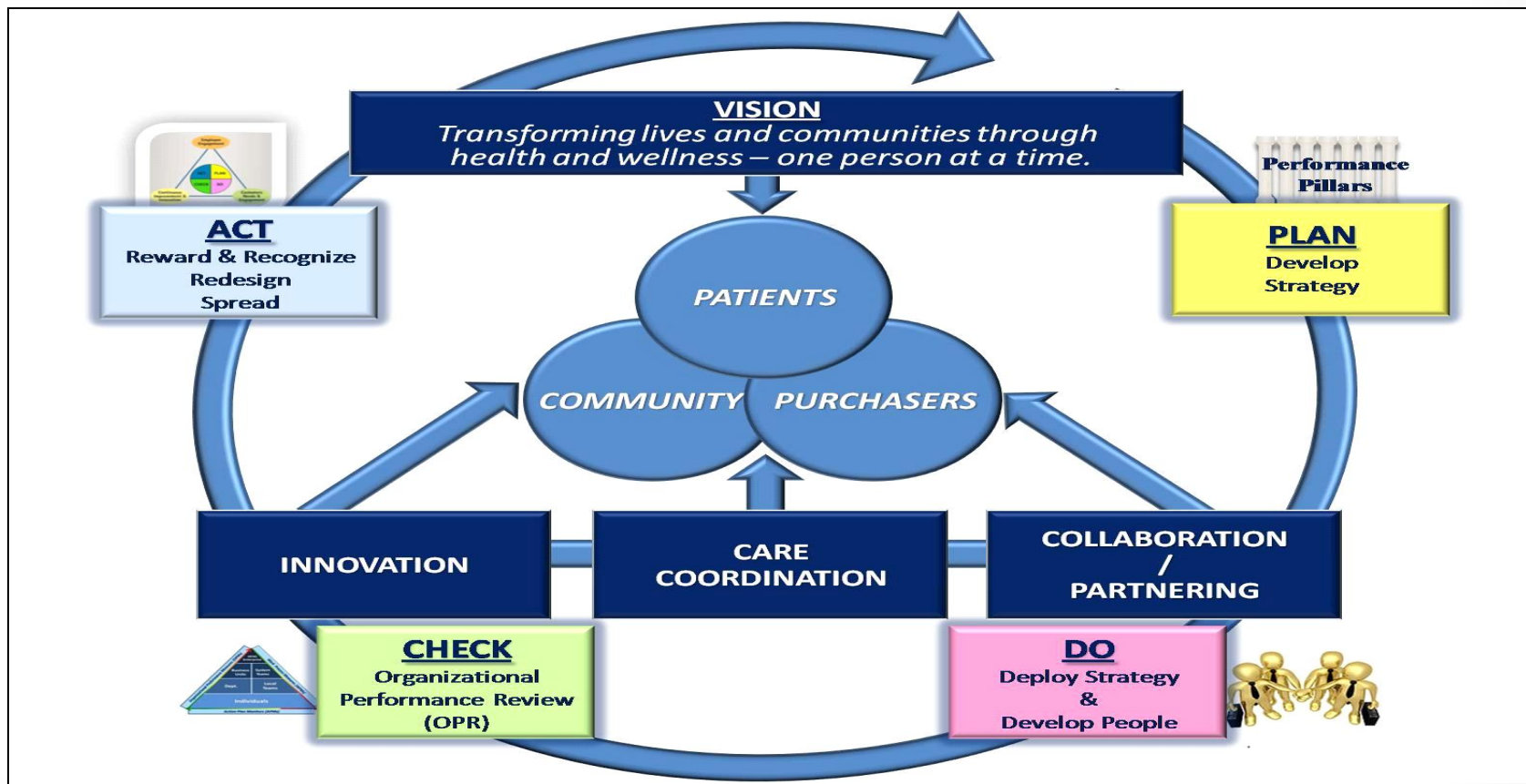


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# Reasons To Use The Baldrige Criteria For Organizational Improvement

## The HFHS Leadership System



# “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.

People

Service

Quality &  
Safety

Growth

Research &  
Education

Community

Finance



THE HENRY FORD EXPERIENCE

## 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

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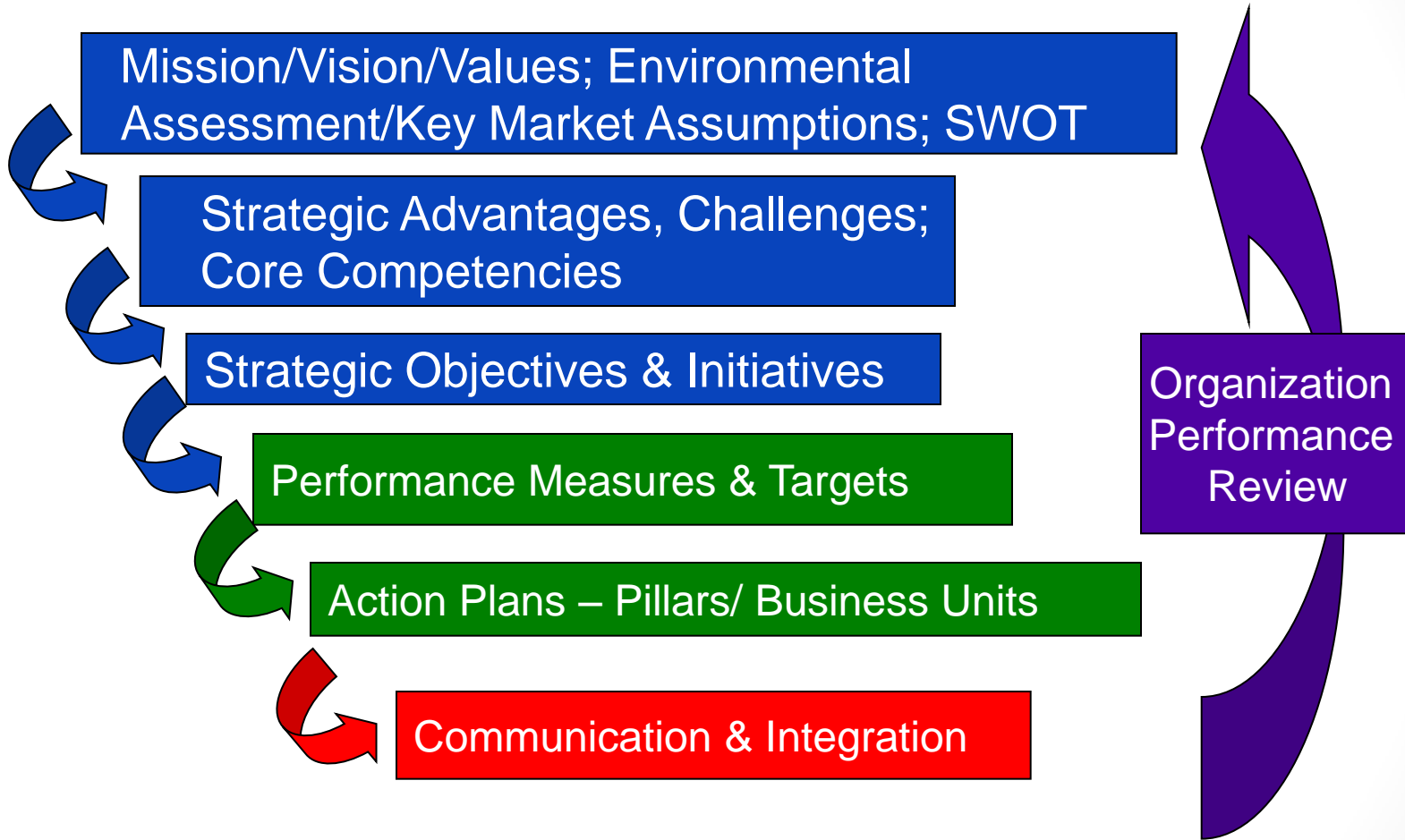
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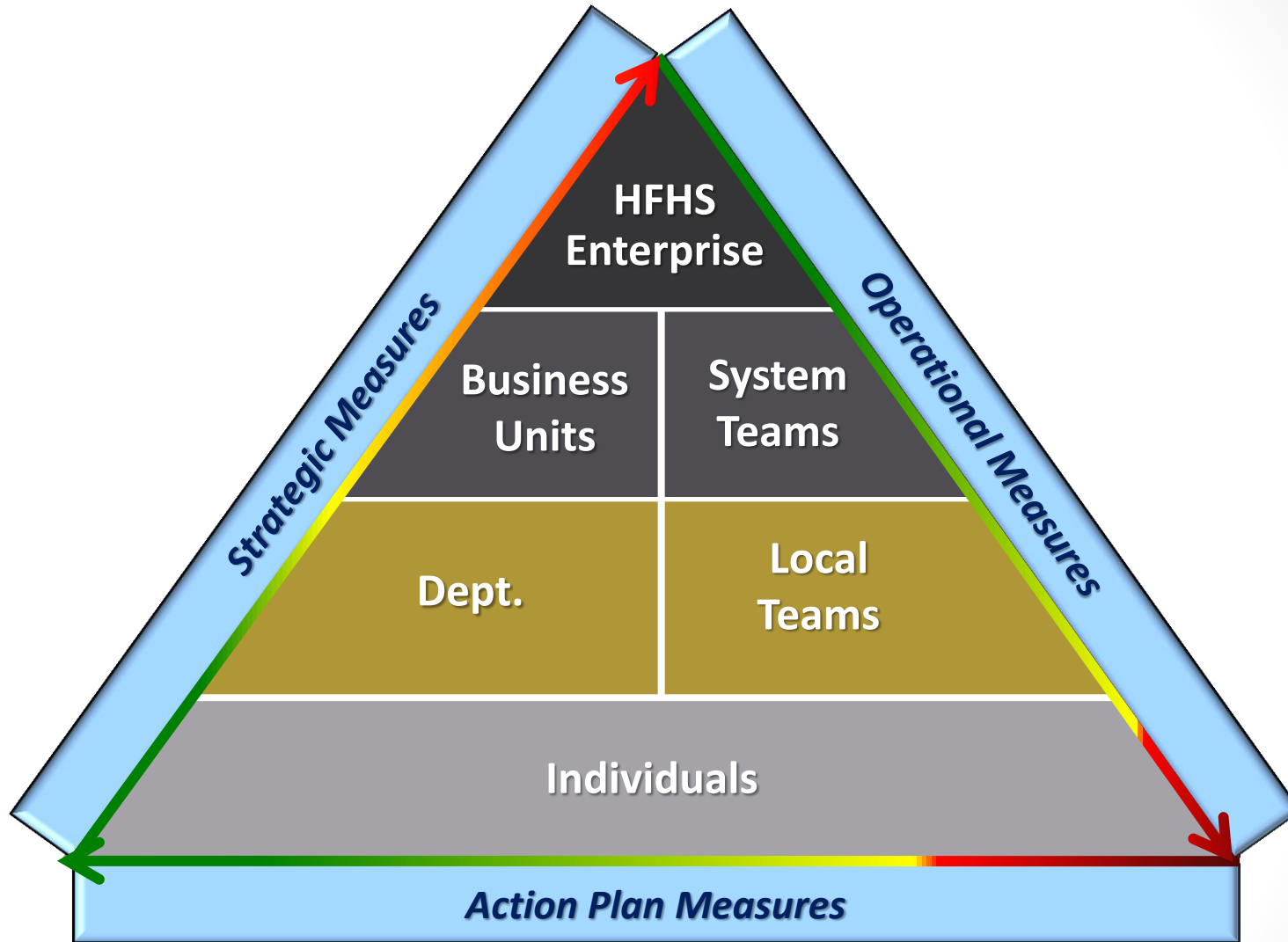
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# Strategic Alignment

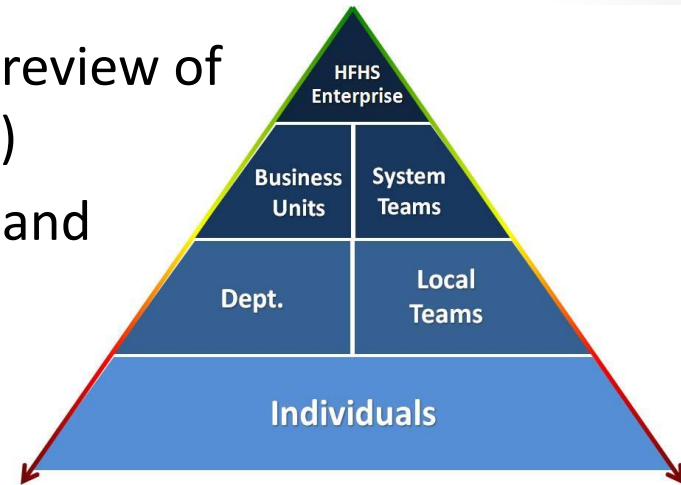


# Cascading Goals Across The Organization



# 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



## System Dashboard







# System Strategic Dashboard

Today Analytics Author Manage

Card: HFHS Strategic Scorecard

## HFHS Enterprise: Top Level View

Pillar	Measure	Period	Actual	Tgt	Tgt Ind	PY
People	Turnover Rate	Dec/2013	0.96%	0.85%	R	1.07%
	Emp.Eng. (Gallup)	2012	4.11	4.07	G	
	Emp.Eng. (Pulse)	2013	3.89	4.17	R	
Service	Likelihood to Recommend	Mar/2014	77.95%	76.35%	G	75.32%
	Likelihood to Recommend 3MO	Mar/2014	76.67%	76.16%	G	75.77%
	HCAHPS Value Based Purchasing Points Achieved	2014Q1	24.25	40.00	R	
Quality and Safety	Harm /1000 Pt. Days	Feb/2014	39.1	38.1	Y	40.6
	Harm /1000 Pt. Days 3MO	Feb/2014	36.8	38.4	G	41.3
	Readmissions	Feb/2014	12.62%	13.02%	G	13.65%
	Readmissions 3MO	Feb/2014	12.79%	13.06%	G	12.69%
	Active MyChart Accounts	Mar/2014	100,896	133,754	R	
Growth	Inpatient Discharges	Mar/2014	7,435	7,994	R	7,645
	ER Visits	Mar/2014	21,765	22,316	Y	21,941
	OR Cases	Mar/2014	3,995	4,090	Y	4,121
	Total HAP Membership	Mar/2014	670,411	659,547	G	671,101
	Other Covered Lives - non HAP	Mar/2014	75,141	71,000	G	
Finance	Net Op Income - Before Epic (Thousands)					
	Net Op Income (Thousands)					
	HFHS Cost Per Unit					

## HFHS Enterprise: Top Level YTD

Pillar	Measure	YTD as at	Actual	Tgt	Tgt Ind	PY
People	Turnover Rate (YTD)	Dec/2013	12.42%	10.14%	R	12.67%
Growth	ER Visits	Mar/2014	60,863	64,471	R	66,138
	Inpatient Discharges	Mar/2014	22,005	23,088	Y	22,780
	OR Cases	Mar/2014	11,662	11,980	Y	12,106
Finance	HFHS Cost Per Unit (YTD)					
	Net Op Income (Thousands)					

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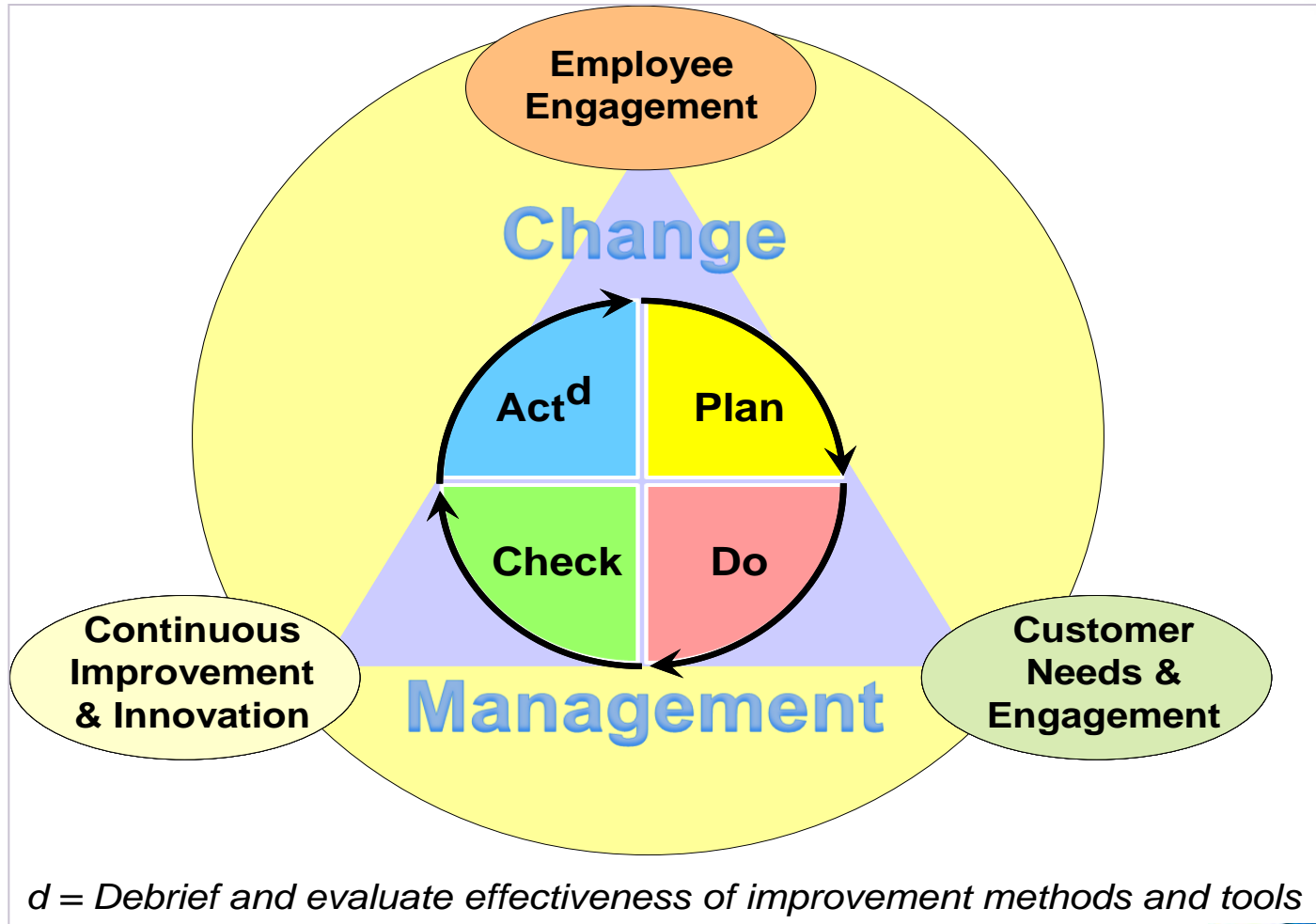
# HFVBH OPR: Quality and Safety

YTD Performance	
No Harm	41.4 Nov 11
Readmissions	9.58% Nov 11

INITIATIVES	ACTION(S)	Overall (R,Y,G)	LOOKING FORWARD: 2012	PERFORMANCE COUNCIL SUPPORT NEEDED?
Communication Improvement Project	<ul style="list-style-type: none"> <li>Launched significant improvement project around care team communication to the patient</li> <li>Developed Blended Communication Press Ganey score as part of strategic goals.</li> </ul>	YELLOW	<ul style="list-style-type: none"> <li>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</li> <li>Implement proposal for Clinical System Improvement Team with dedicated time to advance this effort and develop the front-line expertise to problem solve</li> <li>2012 HFVBH Quality Expo (3/29/12) will feature presenters from HFVBH sharing communication improvement progress to date.</li> </ul>	<ul style="list-style-type: none"> <li>Support and possible participation from key medical group physicians</li> </ul>
No Harm Campaign	<ul style="list-style-type: none"> <li>Achieved overall targeted reduction in 2011.</li> <li>Achieved a 20% reduction in employee harm between 2010 and 2011 largely due to active Safety Champions .</li> </ul>	GREEN	<ul style="list-style-type: none"> <li>Continued focus on Med. Harm, Procedural Harm, Employee Harm, Communication Failures, Specimen Labeling and CAUTI.</li> <li>Host HFVBH Quality Expo featuring improvement efforts from all departments</li> </ul>	

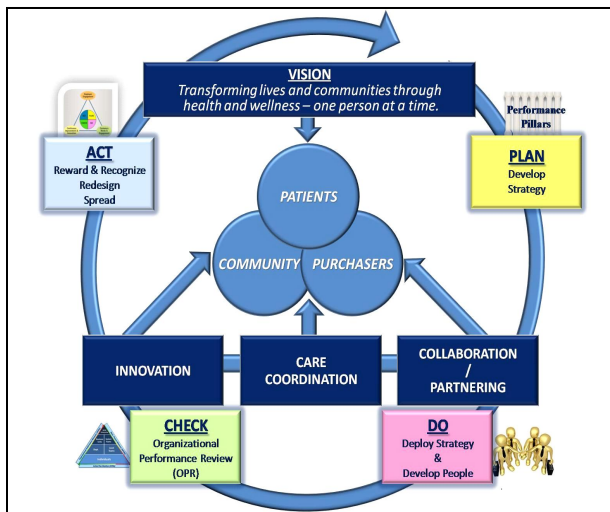
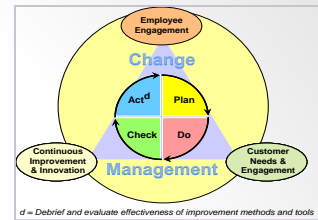
# How Do We Design & Improve?

## HFHS Model for Improvement (MFI)



# Model for Improvement Use

Used broadly in our leadership system . . . .



From designing new work systems

- HF West Bloomfield Hospital
- Patient-Centered Medical Home



To front-line daily improvement

To kaizen events . . .



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# THANK YOU

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# Questions



# Comments



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**Julia Swanson**  
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