



Creating and Sustaining Performance Excellence - Our Good to Great Journey

Hospital Engagement Network

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David Fox, President
Advocate Good Samaritan Hospital



American Hospital
Association®





At Its Heart - What is Advocate Good Samaritan Hospital?





Welcome All to this Place of Healing



Speaking for Jack





Speaking for Jack Transcript

Dear nurse who performed CPR and did not give up on Jack:
Thank you for saving our son.

Dear nurse who answered our questions over and over without ever showing frustration: Thank you for easing our fears.

Dear nurse who encouraged us to hold Jack, change his diapers, and give him a bath: Thank you for getting us involved.

Thank you for providing exemplary medical care,
but more importantly for the tenderness you give each tiny life.

Although Jack's time in the NICU is done,
part of our family forever you've become.



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; 1,900 births



Creating Sustainable Excellence at GSAM

(partial list of awards)

- 100 Top Hospital for Overall Excellence by Thomson Reuters (2009, 2011, 2012)
- HealthGrades Distinguished Hospital Award for Clinical Excellence (2006, 2007, 2008, 2009, 2010, 2011, 2012) -Top 5% nationally
- Becker's Hospital Review magazine's list of 100 Great Hospitals (2012)
- Advocate Healthcare named Top 10 Health System by Thomson Reuters out of 285 health systems (2009-2011)



BUT IT WASN'T ALWAYS THAT WAY



Good Samaritan – True to Its Name – A “GOOD” Hospital (2004)

- **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
- **Associate satisfaction** that was pretty good, but not exceptional
- A **PHO** that was struggling financially



Why Companies Don't Become Great

Good is the enemy of great. And that is one of the key reasons why we have so little that becomes great. We don't have great schools, principally because we have good schools. We don't have great government, principally because we have good government. Few people attain great lives, in large part because it is just too easy to settle for a good life. The vast majority of companies never become great, precisely because the vast majority become quite good – and that is their main problem.

-- Jim Collins (from Good to Great)



Rationales for Organizational Transformation

Mission Rationale

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

Operational Rationale

- To create a framework for inspiring and integrating our efforts to build loyal relationships and provide great care

Strategic Rationale

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



OUR TRANSFORMATION MOVING FROM GOOD TO GREAT (G2G)

Creating a Different Future for Good Samaritan Hospital



Key Steps in Creating & Sustaining Excellence

1. Create a context for excellence



Establishing An Inspiring Vision

To provide an exceptional patient experience marked by superior health outcomes, service and value



Creating a Strategic Intention To Be The Best

To be the best place
for physicians to practice,
associates to work
and patients to receive care



CONTEXT IS DECISIVE

**OUR COMMITMENT TO EXCELLENCE
CREATED THE CONTEXT FOR OUR
G2G JOURNEY**



Fulfilling a Vision to Be the Best Requires a Transformation

CHANGE versus TRANSFORMATION

- CHANGE is about *doing or having* something better, different, or more with what is already possible or already exists.
- TRANSFORMATION is about doing what isn't currently possible, unless or until, you change how you are BEING.



Key Steps in Creating & Sustaining Excellence

1. Create a context for excellence
2. **Enroll others (starting with leaders) in the vision for excellence**



Leaders Must Go First

- Leaders must first enroll themselves in the vision before others will follow
- “What you are passionate about foretells your future.” (Kaiser)
- “Leaders get the behavior they exhibit and tolerate” (Jim Collins)



The Action of Leadership Is Communication

- We lead others through *communication*.
- The Leader must routinely enroll others in the **WHY** of the strategy – context is decisive.
- The leader’s job is to inspire others to voluntarily and passionately do what the leader is asking them to do. Achieving compliance is not enough.
- “Changing behavior is less a matter of giving people an analysis to influence their thoughts than helping them to see a truth to *influence their feelings*...The heart of change is in the emotions.” (John Kotter)



Key Steps in Creating & Sustaining Excellence

1. Create a context for excellence
2. Enroll others (starting with leaders) in the vision for excellence
3. **Create alignment, ownership and transparency to drive improvement focus**



The Need for Alignment

“Even small institutions are complex, barely manageable places...large healthcare institutions may be the most complex organizations in human history.”

- Peter Drucker

OUR NEED FOR ALIGNMENT AND INTEGRATION

Patient Falls **Design of New Surgery Facilities**
Core Measure Clinical Best Practices **New Med/Surg Care Model**
Care Connection **Patient Satisfaction** **Solucient Benchmarking**
Employee Turnover **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 **Service Teams** **Employee Satisfaction**
National Patient Safety Goals **Family Care Unit Remodeling**
Opening of Cancer Center Expansion **Risk Management**
Financial Targets **Physician Relations**

H.E.N_081312 **ONE OF THE JOBS OF LEADERS IS TO MAKE AN ALIGNED AND INTEGRATED PICTURE THAT CAN BE UNDERSTOOD AND EMBRACED**



Alignment Creates Possibility For Success

“The most successful companies, across all industries, have a cohesiveness of purpose, unity of effort, and clarity of direction that are created and driven by their leadership.”

-- Stephen Beeson, M.D.



A BALANCED COMMITMENT TO EXCELLENCE

Organization's goals are developed across six Key Result Areas. Cascaded from executives to directors and then to managers. All goals are weighted.



Core Measures
 ICU Vent Days
 Post Op DVT/PE
 Falls
 CLABSI
 SSI-CABG
 ED Sepsis Mortality
 Readmissions
 LOS Index

35%



HCAHPS
 OP Satisfaction
 ED Satisfaction

20%



Physician Satisfaction

5%



Associate Satisfaction

5%



Net Revenue Growth

5%



YTD Income
 Operating Margin
 CPAD
 FTEs/AOB
 Philanthropy

30%

Create Alignment through Cascading of Goals



Achievement & Sustainability Require Alignment





Sample Cascading of Goals with Weights

Executive Team

Med/Surg Nursing Director

Nurse Manager

Core Measure Bundles
(AMI/PN/CHF/SCIP)

PN Bundle
(8 CMS Measures)

Pneumococcal Vaccination
(1 Measure)

Weight
7.5%

Weight
10.0%

Weight
10.0%

Creating Alignment, Ownership & Transparency

Drives Improvement Efforts

Organizational Report Card		June 2012		
Weighting	Goal (Stretch)	Result	Score	Item Score
HEALTH OUTCOMES - Process of Care Measures				
2%	Core Measures Bundle - 100 (150)	129	4.16	0.083
1%	Elective Inductions (between 37-39 wks) Rate - 5% (3%)	3.3%	4.70	0.047
2%	ICU Ventilator Days Index - 1.0 (0.80)	1.25	1.00	0.02
1%	STS Composite Star Rating - 2 star (3 star)	2.5 star	4.00	0.04
1%	Meaningful Use Compliance - Yes/ No	yes*	4.00	0.04
HEALTH OUTCOMES - Experience of Care Measures				
1%	AHRQ PSI Composite - Meets (Statistically Better)	Meets	3.00	0.03
2%	Unassisted Falls Rate per 1,000 pt days - 1.14 (0.46)	1.11	3.17	0.063
1%	Hosp Acq Conditions (HAC) Bundle Rate - 0.13 (0.0)	0.46	2.62	0.026
1%	C.diff Infections Rate per 10,000 pt days - 5.0 (4.4)	3.8	5.00	0.05
2%	ICU CLABSI Rate per 1,000 device days - 0.5 (0.0)	0.7	2.50	0.05
2%	SSI - CABG Rate per 100 cases - 0.75 (0.0)	1.34	2.53	0.051
1%	Culture of Safety Survey Percentile - 75 (90)	80th*	3.60	0.036
1%	ACC - Mortality Rate - 1.06% (0.79)	0.82	4.79	0.048
1%	NICU Mortality Index - As Expected (> expected)	As Expected	3.00	0.03
HEALTH OUTCOMES - Value of Care Measures				
5%	LOS Days (med/surg) - 4.26 (3.87)	3.70	5.00	0.25
3%	Readmissions Rate - 10.12% (8.96)	9.9%	3.40	0.102
2%	Clinical Integration (CI) PHO Score - 84.00 (88.00)	88.28*	5.00	0.10
ADVOCATECARE BCBS RESULTS				
1.2%	ER Visits per 1,000 - 175.1 (162.5)	167.9	4.14	0.05
1.2%	Admits per 1,000 - 59.3 (55)	68.6	1.00	0.012
1.2%	LOS for ADVOCATECARE Pts. - 3.62 (3.22)	3.60	3.10	0.037
1.2%	ADVOCATECARE Readmissions - 5.92% (5.42%)	5.4%	5.00	0.06
1.2%	% of Days In-Network 62.5 (65.5)	54.9	1.00	0.012
0%	PPO Attributable Cost Trend ≥ 5% favorable to market	4.6%		
HEALTH OUTCOMES INDEX RESULT (Target ≥ 83)		110		
ASSOCIATE ENGAGEMENT				
5%	Associate Satisfaction - 80th (90th)	91st	5.00	0.25
PATIENT SATISFACTION				
10%	Inpatient HCAHPS - 75th (90th)	52nd	2.08	0.208
5%	Outpatient Satisfaction - 75th (90th)	93rd	5.00	0.25
5%	Emergency Dept Satisfaction - 75th (90th)	96th	5.00	0.25
PHYSICIAN ENGAGEMENT				
5%	Physician Satisfaction 75th (85th) (Composite = 92nd)	96th*	5.00	0.25
GROWTH				
5%	Revenue Budget = 100% (+2.27%)	98.2%	1.80	0.09
FUNDING OUR FUTURE				
18%	YTD Income \$22.1M (A)** vs. \$18.4M YTD (B) YTD Operating Margin Goal 9.1% (9.95%) Annual Target = 9.3% (10.15%) & \$38M income	11.11%	5.00	0.90
8%	Cost Per Adjusted Discharge - \$7,708 (\$7,457)	\$7,648	3.23	0.26
2%	FTEs per Adjusted Occupied Bed - 5.78 (5.66)	5.64	5.00	0.10
2%	Philanthropy - \$1.6M (\$1.8M) (YTD Goal = \$550K)	\$389,178	1.00	0.02
Overall Performance Score (on a 5-point scale):				3.815

Advocate Health Care
Health Outcomes Site Detail - June 2012

Health Outcomes Score	BMC	CMC	COND	ECH	GSAM	GSHP	IMMC	LGH	SSH	TRIN	AMG	DREY	ACL	HH	SYSTEM
		64	79	101	132	110	91	104	101	117	78	103	63	56	108
2Q Target	≥ 84	≥ 78	≥ 75	≥ 99	≥ 83	≥ 93	≥ 91	≥ 84	≥ 93	≥ 78	≥ 100	≥ 100	≥ 70	≥ 75	≥ 74

	Outcome Indices		Value of Care						Process of Care													
	Complication Index	Mortality Index	LOS Days (med/surg)		Readmissions Rate		CI PHO Score		HQA Composite	Elective Inductions Rate	ICU Ventilator Days Index	STS Composite	Meaningful Use									
	May11-Apr12	May11-Apr12	Dec11-May12	Target	Nov11-Apr12	Target	1Q2012	Target	Dec11-May12	Jun11-May12	4Q11-1Q12	Jul10-Dec11	2012									
BMC	0.64	9	1.07	9	3.37	5	≤ 3.78	10.8%	6	≤ 10.1%	32%	9	≥ 36%	76	9	7.3%	9	2 stars	BMC			
CMC	0.51	5	0.74	2	3.07	8	≤ 4.47	12.2%	7	≤ 11.1%	37%	7	≥ 35%	88	8	2.7%	3	1.37	7	3 stars	Non Compliant	CMC
COND	0.61	7	0.81	6	3.78	7	≤ 4.18	12.4%	9	≤ 10.1%	43%	1	≥ 33%	122	2	3.0%	5	0.96	1	3 stars	Non Compliant	COND
GSAM	0.44	2	0.65	1	3.70	4	≤ 4.18	9.9%	4	≤ 10.1%	42%	5	≥ 39%	129	1	3.3%	6	1.25	6	2.5 stars	Non Compliant	GSAM
GSHP	0.61	7	0.78	3	3.54	1	≤ 4.25	10.3%	5	≤ 10.1%	45%	4	≥ 37%	107	3	4.0%	7	1.18	5	2 stars	Non Compliant	GSHP
IMMC	0.45	3	0.78	3	3.38	2	≤ 3.99	10.6%	3	≤ 11.1%	37%	8	≥ 37%	103	5	2.7%	3	1.00	3	2 stars	Non Compliant	IMMC
LGH	0.50	4	0.91	8	3.08	9	≤ 4.36	9.6%	2	≤ 11.1%	42%	5	≥ 39%	104	4	4.0%	7	1.05	4	2 stars	Non Compliant	LGH
SSH	0.35	1	0.82	7	3.73	3	≤ 4.25	8.7%	1	≤ 10.1%	46%	2	≥ 37%	101	7	0.7%	1	0.99	2		Non Compliant	SSH
TRIN	0.57	6	0.79	5	3.73	6	≤ 4.14	11.4%	8	≤ 10.1%	41%	3	≥ 33%	103	5	1.5%	2	1.76	8		Non Compliant	TRIN
System	0.51		0.80		3.82		≤ 4.26	10.9%		≤ 10.6%	42%		≥ 36%	59		3.4%				2 stars	Non Compliant	System
Target	≤ 0.73		≤ 0.85											≥ 100		≤ 5.0%		≤ 1.00		2 stars	Compliant	Target

	Experience of Care Measures																					
	AHRO PSI Composite		HAC Bundle Rate	C. diff Infections		ICU CLABSI Rate		SSI - CABG	Unassisted Falls Rate		Culture of Safety Survey		ACC - Mortality Rate	NICU Mortality Index								
	Composite	Measures at least no different	Jun11-May12	Jun11-May12	Target	Jun11-May12	Months without infection	Target	Jun11-May12	Dec11-May12	Target	2011	Target	1Q11-4Q11	2010							
BMC	As Expected	8	1.45	9	7.0	8	≤ 4.8	0.0	1	68	≤ 0.5	9.09	7	3.15	9	≤ 1.27	59	5	≥ 67	1.01*	2	
CMC	As Expected	8	1.40	8	10.2	7	≤ 7.1	0.7	4	0	≤ 0.8	3.80	6	1.98	6	≤ 1.41	65	3	≥ 70	1.62	6	As Expected
COND	As Expected	8	0.81	5	3.6	2	≤ 4.8	0.4	3	10	≤ 0.5	0.00	1	2.60	7	≤ 1.42	14	9	≥ 45	1.40	5	
GSAM	As Expected	8	0.46	1	3.8	3	≤ 5.0	0.7	6	6	≤ 0.5	1.34	3	1.11	4	≤ 1.21	80	2	≥ 75	0.82	1	As Expected
GSHP	As Expected	8	0.66	3	7.3	9	≤ 4.8	1.3	8	1	≤ 0.5	3.52	5	1.46	3	≤ 1.60	51	8	≥ 63	1.25	4	
IMMC	As Expected	7	0.59	2	3.2	1	≤ 4.8	1.6	7	0	≤ 0.8	3.28	4	1.30	1	≤ 1.51	83	1	≥ 75	2.09	8	As Expected
LGH	As Expected	7	0.79	4	5.3	4	≤ 4.8	1.1	5	1	≤ 0.8	1.22	2	1.60	5	≤ 1.62	56	7	≥ 66	1.88	7	As Expected
SSH	Better than Expected	7	0.90	6	7.5	6	≤ 6.4	0.0	1	17	≤ 0.5			1.17	2	≤ 1.30	65	3	≥ 70	1.20	3	
TRIN	As Expected	7	1.01	7	5.5	5	≤ 4.8	1.3	8	3	≤ 0.5			2.49	8	≤ 1.35	58	6	≥ 67	In process		
System	Better than Expected	8	0.94		6.5		≤ 4.8	0.8		0	≤ 0.6	2.83		1.82		≤ 1.44	60		≥ 68	1.49		As Expected
Target	As Expected	8	≤ 0.13									≤ 0.75								≤ 1.11		As Expected

	Critical Access						
	Complication Index	Mortality Index*	LOS Days (med/surg)	Readmissions Rate	AMI - Time to Transfer	AMI - Time to EKG	Culture of Safety Survey
	May11-Apr12	May11-Apr12	Jun11-May12	May11-Apr12	Jun11-May12	Jun11-May12	2011
ECH	0.00	1.19	2.81	3.8%	48	2	83
Target	≤ 0.73	≤ 0.85	≤ 4.07	≤ 5.4%	≤ 50	≤ 5	≥ 75

	Home Health				
	Ambulation	Dyspnea	Oral Medications	Hospitalization	Medication Education
	Nov11-Apr12	Nov11-Apr12	Nov11-Apr12	Nov11-Apr12	Nov11-Apr12
Home Health	70%	97%	70%	22%	90%
Target	≥ 61%	≥ 73%	≥ 55%	≤ 21%	≥ 98%

	Medical Groups					
	Clinical Integration		Culture of Safety Survey			
	1Q2012	Target	2011	Target		
AMG	38%	1	≥ 37%	58	1	≥ 68
DREY	55%	2	≥ 57%	56	2	≥ 67
System	42%		≥ 41%	60		≥ 68

	Laboratory	
	Lab Identification Errors	Corrected Results
	Dec11-May12	Dec11-May12
ACL	33	307
Target	≤ 34	≤ 135

*Mortality index excludes patients with a hospital service of "Hospice" (except BMC and ECH)
 *BroMenn ACC data reflects 3 quarters of data: 1Q11, 2Q11 and 4Q11

Results meet or exceed Target Maximum (90th percentile or above, where comparative available)
 Results meet or exceed Target
 Baseline data will be used in calculation of Health Outcomes score, pending data refresh

H.E.N_081312
 Every Measure

System Alignment and Accountability
Monthly Health Outcome Details by Site



	Outcome Indices			
	Complication Index		Mortality Index	
	May11-Apr12		May11-Apr12	
BMC	0.64	9	1.07	9
CMC	0.51	5	0.74	2
COND	0.61	7	0.81	6
GSAM	0.44	2	0.65	1
GSHP	0.61	7	0.78	3
IMMC	0.45	3	0.78	3
LGH	0.50	4	0.91	8
SSH	0.35	1	0.82	7
TRIN	0.57	6	0.79	5
System	0.51		0.80	
Target	≤ 0.73		≤ 0.85	

Creating Alignment, Ownership & Transparency – Visual Management of Performance



METRIC	DESCRIPTION	BENCHMARK	JAN 2012	FEB 2012	MAR 2012	APR 2012
HQA COMPOSITE		50 th PERCENTILE	7/11-12/11	8/11-1/12	9/11-1/12	10/11-3/12
AMI	ASPIRIN PRESCRIBED AT DISCHARGE	100%				
AMI	PCI w/ 90 MIN OF ARRIVAL	100%				
AMI	STATIN PRESCRIBED AT DISCHARGE	100%				
HF	ALL DISCHARGE INSTRUCTIONS	96.92%				
HF	LVF ASSESSMENT	100%				
HF	ACEI FOR LVSD	100%				
PN	BLOOD CX 24 HRS PRIOR TO/ AFTER ARRIVAL-ICU	100%				
PN	BLOOD CX IN ED PRIOR TO ANTIBIOTIC	98.57%				
PN	ANTIBIOTIC SELECTION FOR ICU PATIENTS	100%				
PN	ANTIBIOTIC SELECTION FOR NON-ICU PYS	100%				
SCIP	ANTIBIOTIC w/ 1 HR OF INCISION-OVERALL	98.95%				
	SELECTION - OVERALL	99.07%				
	OVERALL	98.28%				
	OVERALL	91.17%				



Key Steps in Creating & Sustaining Excellence

1. Create a context for excellence
2. Enroll others (starting with leaders) in the vision for excellence
3. Create alignment, ownership and transparency to drive improvement focus
4. **Establish a systematic Leadership System – clarify expectations of leaders**

Leadership System

Set Direction
Establish Goals

Role Model &
Build Commitment

Organize,
Plan & Align

Understand
Stakeholder Requirements

Mission
Values
Philosophy

Physicians
Volunteers
Associates
Families

Patient

Community
Suppliers
Partners

Integrity
Passion
Caring

Communicate,
Engage & Empower

Perform to
Plan

Accountability
for Results

Develop, Reward
& Recognize

Learn, Improve
& Innovate

Inspire &
"Raise the Bar"

Motivate &
Acknowledge



Key Steps in Creating & Sustaining Excellence

1. Create a context for excellence
2. Enroll others (starting with leaders) in the vision for excellence
3. Create alignment, ownership and transparency to drive improvement focus
4. Establish a systematic Leadership System – clarify expectations of leaders
5. **Foster a process honoring culture**



The Power of a Process-Honoring Culture

- Creating *systematic repeatable processes* is a *key* to making excellence *sustainable*, and *making* an organization less ‘person-dependent.’
- An organization can’t achieve repeatable excellence without integrating processes deeply into the culture

Fully Deploying Systematic, Repeatable Approaches

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

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

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

**Behaviors of Excellence
Peer Interviewing
High / Solid / Low Conversations (HSL)**

Fully Deploying Systematic, Repeatable Approaches

Area	Key Systematic Approach
Leadership	▪ Leadership System
	▪ Governance System
	▪ Legal Compliance & Ethical System
	▪ Support To Key Communities System
Planning	▪ Strategy Development System
	▪ Strategy Deployment System
Customer	▪ Customer Communication & Response System
	▪ Customer Relationship System
	▪ Voice of Customer (VOC) System
	▪ Complaint Management System
	▪ Customer Satisfaction Determination System
Measurement, Analysis, Knowledge Management	▪ Performance Measurement System
	▪ Performance Measurement Selection System
	▪ Comparative Data Selection & Use System
	▪ Data Analysis & Use System
	▪ Data Availability System
	▪ Organizational Knowledge System
	▪ Data, Information & Knowledge Quality System

Fully Deploying Systematic, Repeatable Approaches

Area	Key Systematic Approach
Workforce	▪ Workforce Enrichment & Engagement System
	▪ Workforce Performance Management System
	▪ Workforce & Leadership Development System
	▪ Workforce Engagement Assessment System
	▪ Workforce Capability & Capacity System
	▪ Hiring & Career Progression System
	▪ Workforce Work Environment System
	▪ Workforce Benefit System
Operations/Process	▪ Performance Improvement System
	▪ Work System & Work Process Design System
	▪ Work Process Management System
	▪ Work Process Improvement System

GSAM's Performance Improvement Approach: PDSA – A3

