#

100-Day Workout - CQIplus tool all to improve part of a known process solution set within 100 days

360-Degree Performance Evaluation: tool used to conduct individual performance evaluation of senior leaders

A

AC: Administrative Council; a group consisting of the senior leaders plus representation from Organizational Effectiveness, CQI, LT, and medical staff

AD&D: Accidental death and dismemberment

AEA: Adjusted equivalent admission

AEPC: Achieving Exceptional Patient Care

AES: Achieving Exceptional Safety

AMI: Acute myocardial infarction; heart attack

APD: Adjusted patient day

ATM: Automated teller machine

B

Board; Board of Directors; BOD: SFHHS Divisional Board of Directors

BW: Business Warehouse; software application to store clinical data

C

CARE line: Patient advocate phone line

CAIT program: Industry research and educational group

Calipers: Psychometric tool

CBISA: Community Benefit Inventory for Social Accountability

CD: Compact disc

CDC: Centers for Disease Control

CEO: Chief Executive Officer

CEU: Continuing education unit

CHAN: Catholic Healthcare Audit Network

CHIME: Industry research and educational group

Clinical collaborative: System-wide quality initiative

CME: Continuing medical education

CMS: Center for Medicare/Medicaid Services

Community Solutions for Rural Health: Coalition of Nodaway County organizations and concerned citizens working together to 'fill the gaps' using assessment, public involvement, prevention efforts, communication and collaboration.

COO: Chief Operating Officer

CQI: - SSMHC's original seven-step process design/ improvement model implemented in 1999. Over the years, Plan-Do-Check-Act (PDCA) and Plan-Do-Study-Act (PDSA) cycles were integrated into the model. This model is based on the SSMHC five quality principles: Patients and other customers are our first priority; Quality is achieved through people; All work is part of a process; Decision-making by facts; and Quality requires continuous improvement.

CQI*plus*: Launched in 2007, SSMHC's refined process improvement model. Keeping the original five CQI quality principles, Lean/Six Sigma, change management and team facilitation tools and concepts were integrated into the existing CQI methodology. Five phases are included in the process: Define, Measure, Analyze, Improve and Control (DMAIC).

Criteria for Performance Excellence: Malcolm Baldrige National Quality Award and Missouri Quality Award Criteria for Performance Excellence are a framework organizations can use to improve overall performance

Critical Access: A federal designation under which hospitals receive cost-based reimbursement for Medicare Services. Hospitals must meet certain criteria, such as size, length of stay and proximity to other facilities, to be designated a Critical Access Hospital (CAH).

CRP: Corporate Responsibility Process

CT: Computerized tomography

D

DAC: SSMHC Diversity Advisory Council

DHSS: Missouri Department of Health and Senior Services

DMAIC: Define - Measure - Analyze - Improve - Control performance improvement methodology

DMS: Department Measurement System

DNU: Do not use

E

EC: Employee Council

ED: Emergency Department

EEOC: Equal Employment Opportunity Commission

ENERGY STAR®: A government-backed program helping businesses and individuals protect the environment through superior energy efficiency

EOC: Environment of Care (Safety) Committee

EPA: Environmental Protection Agency

EPSI: Enterprise Performance Systems, Inc.

Entity: an operating unit within SSM Health Care; may refer to an individual hospital, nursing home, etc.

Ethical and Religious Directives for Catholic Healthcare Services: The *Ethical and Religious Directives* provide normative guidance and ethical direction to providers of health care in a Catholic-sponsored health care setting.

F

FMLA: Family Medical Leave Act

FTE: Full time equivalent

G

Gyn: Gynecology

H

HAI: Hospital-acquired infection

HBOC: Clinical software company

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems is a standardized survey instrument and data collection methodology for measuring patients' perspectives of hospital care.

Heritage Days: Annual employee retreat organized and coordinated by the Mission Awareness Team

HF: Heart failure

HHS: U.S. Department of Health and Human Services

HIDI: Hospital Industry Data Institute; the data company of Missouri Hospital Association

HIMSS: Industry research and educational group

HIPAA: Health Insurance Portability and Accountability Act

HQID: Hospital Quality Incentive Demonstration Project

HR: Human Resources

I

ICU: Intensive care unit

IHI: National Institute for Healthcare Improvement

IMC: Information Management Council

Innsbrook Group: Organization consisting of members of SSMHC system management and SSMHC entity presidents

INSIGHT: Industry research and educational group

IP: Inpatient; acute care in a suitably equipped setting to provide services to persons who require 24-hour care (overnight) treatment or rehabilitation

IRS: Internal Revenue Service

J

JC: Joint Commission; an independent, not-for-profit national organization dedicated to improving the quality of care in organized health care settings

K

KPMG: SSMHC's auditor

L

LAN: Local Area Network

LCD: Low census day

Leadership Team; LT: SFHHS department managers and directors

LMS: Learning Management System

LOS: Length of stay

M

MAR: Medication administration record

MAT: Mission Awareness Team

MBE: Minority Business Enterprise

Medical Staff: A body that has overall responsibility for the quality of the professional services provided by individuals with clinical privileges and responsibility of accounting to the governing body. The medical staff includes fully licensed physicians and may include other licensed individuals permitted by law and by the organization to provide patient care independently (without clinical direction or supervision within the hospital). Members have delineated clinical privileges that allow them to provide care within the scope of their clinical privileges.

Med/surg: Medical/surgical nursing unit

MHA: Missouri Hospital Association

MRI: Magnetic Resonance Imaging

MSEC: Medical Staff Executive Committee

Multidisciplinary Team: A group of clinical staff members composed of representatives of a range of professions, disciplines or service areas

N

NIMS: National Incident Management System

O

OB: Obstetrics

OFI: Opportunity for Improvement; SSMHC complaint management program

OP: Outpatient; program that provides services to persons who generally do not need the level of care associated with the more structured environment of an inpatient or residential program

OPS: Outpatient surgery; commonly referred to as ambulatory surgery

OSHA: Occupational Safety and Health Administration

P

PAC: Physician advisory council

PACS: Picture Archiving and Communication System; computers or networks dedicated to the storage, retrieval, distribution and presentation of medical images

Passport: A document retained by all employees that includes the mission and values of SSMHC, entity and department goals, and other information to provide direct reminder to personal goals to organizational goals

PC: Personal computer

PCQA: Patient Care Quality Affairs Committee

PDA: Personal data assistant

PDQ: Progress, Development and Growth shared governance council

PDSA: Plan-Do-Study-Act

PIR: Performance indicator report; also referred to as "Red Light/Green Light" Report

PN: Pneumonia

Premier: the nation's largest group purchasing organization

PRC: Professional Research Consultants, Inc.

PTO: Paid time off

Q

QMAT: Component of SAP/Business Warehouse; used for quality data storage

QRC: SSMHC Quality Resource Center

R

Rehab: Rehabilitation Services including physical, occupational therapy, and speech therapy

RN: Registered Nurse

S

S&P's: Standard & Poor's

SAFE line: Phone line for patients and families to report safety concerns

SAFE-T Day: **S**t. Francis **A**nnual **F**un **E**ducation-**T**raining Day

SAP: software selected by SSMHC for its Enterprise Resource Planning (ERP) project; SAP integrates finance, materials management, and HR/payroll

information systems to provide real-time access and sharing of data across the organization

SAW: School at Work

SCIP: Surgical care improvement project

Senior leaders; senior leadership: A group of four executive leaders that include the hospital President, Vice President of Clinical Services, Finance Director and Human Resources Director

SFHHS: St. Francis Hospital & Health Services, Maryville, Missouri; a member of SSMHC

SFHR: Strategic, Financial and Human Resources

SFHRPP: Strategic, Financial and Human Resources Planning Process

SMART: Specific, measurable, achievable, realistic and time-specific

SRL: Service Response Levels

SSI: Patient claims clearinghouse

SSM Connect: Connectivity software

SSM Health Care: Corporate parent based in St. Louis

SSM Regional Health Services: Legal entity which operates SFHHS

SSMHC: SSM Health Care

SSMIHT or IHT: SSM Integrated Health Technologies

SSMRHS: SSM Regional Health Services

SSMU: SSM University

St. Francis: St. Francis Hospital & Health Services

SWOT: Strengths, weaknesses, opportunities, and threats

System or system-wide: SSMHC organization

U

UPS: Uninterruptible Power Supply

USB: Universal serial buss

W

WAN: Wide Area Network

P.1 Organizational Description

P.1a St. Francis Hospital & Health Services (SFHHS) is an 81-bed, not-for-profit, acute care hospital located in the rural Northwest Missouri town of Maryville (Nodaway County). The tradition of providing health care services to the residents of the region began in 1894 with Foundress Mother Augustine Giesen. Today, its legacy continues as a member of SSM Health Care (SSMHC) and under the sponsorship of the Franciscan Sisters of Mary.

P.1a(1) As a sole community provider, SFFHS's main health care services are delivered in inpatient, outpatient, outpatient surgery and emergency settings. Key patient health care delivery mechanisms or work systems are: medical, surgical, mental health, obstetrics, emergency, medical clinics, and rehabilitative care. These services are provided by a team of professionals that include physicians, nurses, therapists, and technicians.

Supporting these services are: laboratory, spiritual care, imaging, pharmacy, health information management, central supply, environmental services (housekeeping and linen), patient registration, and nutritional services. Additional support is provided by: building operations, business office, human resources, information services, finance, purchasing, administration, CQI, community relations/development, and organizational effectiveness.

P.1a(2) SFHHS' culture is evidenced in its vision, mission, core values, and quality principles (Figure P.1-1). The mission statement and values were developed in 1999 through a process that involved approximately 3,000 employees at all levels of the system. During recent years of change and challenge in health care, these cultural hallmarks have provided constancy of purpose for SFHHS' employees. Two of the strongest cultural threads woven throughout the organization are (1) the organization's history and tradition and (2) a long-term commitment to continuous quality improvement (CQI).

SFHHS began its quality journey in 1990. The continuous quality improvement approach designed by SSMHC was based on a Plan-Do-Study-Act (PDSA) cycle. To revitalize the improvement process and improve agility, SSMHC launched CQI*plus* in 2007. In addition to the original five CQI quality principles, Lean/Six Sigma, Change Management and Team Facilitation tools and concepts were integrated into the existing CQI methodology. The focus on CQI and assessment of progress using the Criteria for Performance Excellence has transformed St. Francis's culture into one of teamwork, continuous learning, innovation, breakthrough performance, and systems thinking.

Mission Statement
Through our exceptional health care services, we reveal the healing presence of God.

Vision Statement
Through our participation in the healing ministry of Jesus Christ, communities, especially those that are economically, physically and socially marginalized, will experience improved health in mind, body, spirit and environment within the financial limits of the system.

Core Values
• Compassion – We reach out with openness, kindness, and concern.
• Respect – We honor the wonder of the human spirit.
• Excellence – We expect the best of ourselves and one another.
• Stewardship – We use our resources responsibly.
• Community – We cultivate relationships that inspire us to serve.

Quality Principles
• Patients are our first priority.
• Quality is achieved through people.
• All work is part of a process.
• Decision making by fact.
• Quality requires continuous improvement.

Figure P.1-1 Mission, Vision, Values and Principles

The culture at St. Francis is also characterized by consensus-building and decision-making at the level of greatest impact and responsibility. SFHHS' employees responsible for work processes serve on teams to improve those processes. This promotes an understanding of the need for change and buy-in for deployment of the action plans. Each employee is held accountable for process changes and is expected to contribute to his or her fullest potential.

P.1a(3) Thirty active medical staff physician partners and 496? employees work together to provide health care services. The health care staff consists of: registered nurses and other professionals, managerial, technical, and other employees (Figure P.1-2). St. Francis takes pride in the longevity of its employees with 28 percent working over ten years.

The most recent workforce survey completed identified key employee requirements and expectations as: job participation, recognition, job security, and compensation/benefits. Physician expectations of St. Francis include: responsiveness, staff competency, and communication.

Currently, there are no organized bargaining units, and the development of such units is not anticipated.

Employee Population Profile			
Job Type		Longevity	
Management	5%	<5 years of service	50%
Professionals	28%	5–9 years	23%
Technicians	25%	10-19 years	14%
Office/Clerical	20%	20-29 years	8%
Service Workers	20%	30+ years	5%
Skilled Craftsman	1%	Ethnicity	
Gender		Caucasian	96%
Male	13%	Black	1%
Female	87%	Hispanic	1%
Age		Other	2%
<20 years old	4%	Employment Status	
21- 30	26%	Full time	79%
31-40	20%	Part time	9%
>40	50%	Occasional	12%

Figure P.1-2 Employee Profile

In addition to the varied segments of the workforce, education levels are also mixed. Staff education levels range from high school or GED for entry-level positions to physicians and allied health professionals with graduate degrees.

Special safety requirements for employees include: ergonomics, exposure control through sharps alternatives, hazardous and bio-hazardous material management, life and environmental safety, security and emergency preparedness including bioterrorism readiness. These are included in new employee orientation and annual employee safety training.

P.1a(4) Physical facilities consist of: the hospital; medical offices in Maryville, Burlington Junction and Grant City, Missouri, and Bedford, Iowa; and a child care center. The main hospital building was constructed in 1970 with additions of a north wing in 1972 and a south wing in 2004. These additions plus several expansions have resulted in the current structure of 209,881 square feet. SFHHS' commitment to meeting the growing needs and expectations of patients and staff has been particularly evidenced by major renovation projects over the past several years including construction of private rooms for medical/ surgical patients.

SFHHS' major medical equipment support diagnostic and treatment services throughout the organization. This equipment includes state-of-the-art technology, such as computerized tomography (CT), magnetic resonance imaging (MRI), ultrasound, diagnostic imaging, and automated medication dispensing system (Pyxis). Emerging information system technology includes: Picture Archiving and Communication System (PACS) which produces digital diagnostic images traditionally printed on film;

central monitoring access for OB patients, and wireless internet capability throughout the hospital along with ongoing preparation for electronic health record.

P.1a(5) SFHHS operates in a highly regulated environment (Figure P.1-3). Regulatory compliance is considered to be the minimum standard of performance. SFHHS aspires to exceed these requirements.

Organization	Requirement
State of Missouri	Hospital Licensure
CMS	Medicare & Medicaid
OSHA	Employee Safety
EPA	Environmental Issues
IRS	Not-for-Profit Corporation
HHS	Federal Regulations
DOL	Labor Regulations
Joint Commission	Accreditation
EEOC	Employee Non-Discrimination

Figure P.1-3 Regulatory Environment

Charity care and community benefits are tracked to ensure that the organization fulfills its vision and maintains its tax exempt status as a non-profit health care organization under the IRS financial regulations. The Corporate Responsibility Process (CRP) ensures that SFHHS complies with CMS conditions of participation and Medicare and Medicaid fraud and abuse requirements and regulations enforced by the Department of Health and Human Services. The SSMHC system-wide HIPAA project ensures that the organization complies with the HHS' regulations on patient confidentiality under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

P.1b(1) SFHHS is a member of the Catholic, not-for-profit SSM Health Care (SSMHC) system based in St. Louis. SSMHC is the sole member of SSM Regional Health Services (SSMRHS), the corporation that operates SFHHS. The SSMRHS Board of Directors is the governing body for St. Francis.

Through its bylaws, the SSMRHS Board of Directors has established a 12-member SFHHS Divisional Board of Directors (BOD) and has delegated the responsibility for medical staff appointments and credentialing, monitoring the quality of service delivered, and engaging in the annual Strategic, Financial and Human Resources Planning Process (SFHRPP).

St. Francis Hospital Foundation financially supports SFHHS' capital and operational needs. This organization is directed by an 11-member local board with the hospital president serving as ex-officio Executive Director.

The St. Francis Hospital Auxiliary serves as a fund-raising component of SFHHS. The Auxiliary is made up of 90 local volunteers and was recognized in 2006 by the Missouri Hospital Association as "Auxiliary of the Year" for its community service activities as an auxiliary with 60-150 members.

The President of SFHHS is an employee of the SSMHC and reports to SSMHC Executive Vice President/Chief Operating Officer. Other members of senior leadership, who report to the SFHHS President, are: Vice President of Clinical Services, Finance Director, Human Resources Director, and Vice President of Medical Affairs. The Leadership Team is composed of the department managers and directors. Each department leader reports to a member of the senior leaders. The Administrative Council includes the senior leaders, the Organizational Effectiveness Director, CQI Director, and rotating representation from LT and Medical Staff.

P.1b(2) Patients and their families are the primary customers for SFHHS. Family members acting on behalf of children or relatives unable to make decisions are regarded to have the same customer requirements as patients. SFHHS predominantly serves an adult population with the largest segment being the 65-and-older category at 38 percent.

Patients are divided into four key patient groups: inpatient, general outpatient, outpatient surgery, and emergency. In addition to safe, quality care, key customer requirements and expectations are listed in Figure P.1-4.

Patient Groups	Requirements/Expectations
Inpatient	• Response to concerns/complaints • Included on decision re: treatment • Emotional needs addressed
Outpatient	• Response to concerns/complaints • Sensitivity to needs • Concern for privacy
Outpatient Surgery	• Concern for privacy • Comfort of waiting areas • Attractiveness of center
Emergency	• Response to concerns/complaints • Physician informative • Physician concern for comfort/pain
Figure P.1-4 Key Customer Requirements	

P.1b(3) SFHHS has identified key suppliers for distribution of goods and services throughout the organization (Figure P.1-5). Key supply chain requirements include: timely availability of inventory, invoicing accuracy, and cost savings.

Supplier	Product/Service
Cardinal Health	Pharmacy and Pharmacy Automation
Allegiance, Burrows & Owens & Minor	Medical/Surgical
Alliant	Food
Fischer	Laboratory
Emergency Practice Associates	Emergency Physician Management Services
SSM Integrated Health Technologies	Data processing and Information Technology
Missouri Hospital Association (HIDI)	Healthcare Data and Resource Management

Figure P.1-5 Key Suppliers

Physicians are essential to the success of the organization through patient referrals and improved clinical outcomes. Therefore, physicians are considered SFHHS' most important partner in health care.

P.1b(4) Communication is ongoing with suppliers and partners through mail, e-mail, telephone, and one-to-one conversations. In addition, SSMHC representatives meet in person with key supplier contacts quarterly. Information from these meetings is shared by e-mail with SFHHS.

P.2 Organizational Challenges

P.2a(1) Nodaway County is SFHHS' primary service area. The population in this area, just under 22,000, has remained fairly static over the past several years. Patients are also drawn from a secondary service area of the surrounding rural counties of: Andrew, Atchison, Holt, Gentry, and Worth, Missouri, and Taylor County, Iowa. SFHHS has expanded into a wider market area with the addition of specialty physicians affecting an increase in utilization of obstetrics, mental health and orthopedic services

SFHHS' primary competitors in the market area are:
- Heartland Regional Medical Center, a tertiary care center with 461 licensed beds located in St. Joseph, Missouri, 45 miles from Maryville.
- Community Hospital Association, a critical access facility with 49 licensed beds, located in Fairfax, Missouri, 29 miles from Maryville.
- Northwest Medical Center, a critical access facility in Albany, Missouri, with 25 licensed beds, 30 miles from Maryville.

Heartland Regional Medical Center is the only full-service hospital with services within the scope of St. Francis. The Albany hospital does not provide obstetrical or mental health services, while the Fairfax hospital does not provide mental health care.

SFHHS is a sole community provider in the primary market area (Nodaway County, 878 square miles) and the only facility in the region that is a member of a large health care system. SSMHC is one of the largest Catholic health care systems in the nation and the first health care recipient of the Malcolm Baldrige National Quality Award (2002).

SFHHS' market share in Nodaway County has ranged between 51 to 54 percent over the past three years. In the surrounding counties for the same timeframe, St. Francis's market share has remained stable with minor fluctuations.

Key collaborators for SFHHS are affiliated technical schools, colleges and universities that provide staffing and assist in professional health care recruitment; the American Hospital Association and Missouri Hospital Association that assist in advocacy efforts and data re-sources; and a variety of local organizations that partner with SFHHS on projects to improve the quality of community health.

P.2a(2) As a member of SSMHC, St. Francis is strengthened by the sharing of knowledge and resources. The system-wide SFHRPP allows St. Francis to focus on the future and respond to a competitive and changing environment. Survey processes and software provide for analysis of the needs and requirements of patients and other customers. The CQI culture provides a framework for learning, innovation and teamwork. The CQI philoso-phy supports the use of Criteria for Performance Excel-lence to assess processes; the use of shared governance models to enhance medical practices; involvement in clinical collaboratives to improve clinical outcomes; and physician partnering. In addition, the CQI culture sup-ports the Catholic tradition of giving compassionate health care to all, especially those who are poor or needy.

Because of its tradition and commitment to quality, St. Francis has a history of service excellence. It was the first hospital in SSMHC as well as in the Northwest Missouri region to be awarded the Missouri Quality Award (1996), to receive the MQA a second time (2004), and the only recipi-ent of the Environmental Protection Agency's ENERGY STAR® label (2003 through 2006?) in the state of Missouri. SFHHS also provides and supports one employee per year to be an MQA examiner.

P.2a(3) St. Francis has access to a variety of data sources for comparison purposes. Data sources for Characteristics of Exceptional Health Care Services are provided in Figure P.2-1. Additional resources to obtain comparative data include: Premier Operations Advisor and Clinical Advisor, National CDC Information Repository,

Characteristics of Exceptional Health Care Services	Indicator	Comparative/ Benchmark Sources
Patient Care *(Clinical/Safety/ Satisfaction)*	AMI	CMS Premier MHA Joint Commission
	PN	
	HF	
	SCIP	
	Likelihood to Recommend	Press Ganey
Commitment *(Employee/ Physician)*	Overall Satisfied With Organization	Press Ganey
	Overall Physician Satisfaction	DMR/ Health Stream
Financial Performance/ Growth	Operating Margin	Standard & Poor's "AA"-rated organizations, Fitch and Moody's, and KPMG's Catholic Health Care Systems

Figure P.2-1 Comparative/Benchmark Data Sources

Maryland Hospital Association, Primaris, Professional Research Consultants, and Missouri Hospital Association.

Comparative data outside the healthcare industry is chal-lenging to small, rural hospital facilities; however, SFHHS continually looks for benchmarking opportuni-ties. Two examples are the restaurant-style menu for hospitality dining and patient services guide often used in the hotel industry.

P.2b Consistent with all of the health care industry, St. Francis faces many challenges to remain a viable organization. Major challenges include:
- Patient safety/quality;
- Ever-increasing customer expectations;
- Increasing financial pressures including capital investment costs and declining reimbursement;
- Workforce recruitment and retention; and
- Impact of rapidly changing technology.

St. Francis considers its strategic advantages to assure sustainability to be:
- Sole community provider;
- Workforce retention and satisfaction;
- Availability of a wide range of high-tech services, such as imaging and rehabilitation; and
- Provision of exceptional health care services.

P.2c SFFHS utilizes the Criteria for Performance Excellence as a business model and assessment tool. The application process helps St. Francis assess the

effectiveness of its approaches. After the feedback report is received, it is analyzed with opportunities for improvement prioritized based on resources and value to the organization. Leadership discusses the. Action plans are then developed and implemented through the Leadership Team.

Guided by the Characteristics of Exceptional Health Care, SFHHS utilizes the CQI*plus* approach to design or make improvements to meet key customer requirements. In 1990, St. Francis embarked on the continuous quality improvement journey using a seven-step process design/ improvement model. Over the years Plan-Do-Study-Act (PDSA) was integrated into the model. To revive the process and improve agility, CQI *plus* was launched in 2007. In addition to the original five CQI quality principles, Lean/Six Sigma, change management and team facilitation tools and concepts have been integrated into the existing CQI methodology. Senior leadership's accountability was emphasized and a financial component was added requiring that quantifiable savings be identified in each project. Five phases included in the CQI*plus* process are: Define, Measure, Analyze, Improve, and Control (DMAIC).

St. Francis Hospital & Health Services' employees and physicians are committed to the mission of: Through our exceptional health care services, we reveal the healing presence of God. We recognize that our mission requires us to constantly exceed goals, striving always to meet and then elevate standards, continually redefining exceptional health care.

1.1 Senior Leadership

1.1a(1) St. Francis Hospital & Health Services (SFHHS) is a mission- and values-driven organization committed to providing exceptional health care services to every person in need of care. The SSM Health Care (SSMHC) Board of Directors sets the organization's Mission, Vision, Values, and Quality Principles (Figure P.1-1) with annual affirmation during the Strategic, Financial and Human Resource Planning Process (SFHRPP) utilizing feedback from all entities, including SFHHS.

The annual SFHRPP is the means by which senior leaders deploy the Mission and Values through the Leadership Team (LT) to all staff, key suppliers, partners, and patients. The Planning Team through the SFHRPP sets organizational strategic (long-term) and operational (short-term) direction and performance expectations annually. Goals are developed to support the mission statement as evidenced through the Characteristics of Exceptional Health Care: Exceptional Patient Care (Clinical/Safety/Satisfaction Outcomes), Exceptional Employee and Physician Commitment, and Exceptional Financial Performance and Growth. All departments set goals for each Characteristic of Exceptional Health Care which are displayed on department posters and signed by the appropriate Administrative Council (AC) member to insure alignment (Figure 1.1-1). Each department leader meets with employees to develop personal Quality Passport goals, based on department goals. The Passport contains the Mission and Values, Characteristics of Exceptional Health Care, SFHHS' operational goals, department and individual goals. The Passport links the individual's daily work to the department's goals and to the goals of the organization.

Mission, Vision & Values Deployment

SSMHC Board sets
Mission, Vision, and Values

SFHHS reviews Mission, Vision and Values
during SFHRPP

Administrative Council (AC)

Leadership Team (LT)
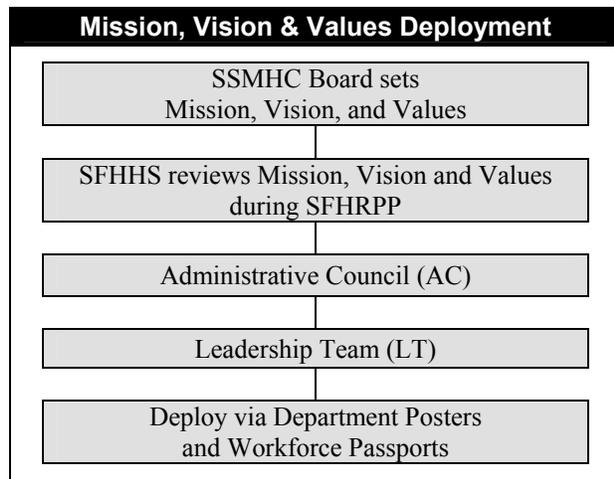
Deploy via Department Posters
and Workforce Passports

Figure 1.1-1 Mission, Vision & Values Deployment

The Mission and Values are also communicated to key physician partners and suppliers. These messages are communicated to physicians through the physician contract process, Medical Staff Executive Committee (MSEC) meetings, other medical staff meetings, Continuous Quality Improvement Plus (CQI*plus*) teams, and physician scorecards. As a faith-based organization the Medical Staff Bylaws, Rules and Regulations also provide reference to the Ethical and Religious Directives for Catholic Health Care Services. Key suppliers are made aware of the Mission and Values through the business agreement and contract process. Each new vendor receives a copy of SSMHC Standards of Ethical Conduct for Vendors. Partners and suppliers also have access to the Mission and Values through the SFHHS website.

The Mission and Values are deployed to patients and their families through: Achieving Exceptional Patient Care (AEPC) initiatives; Spiritual Care services; admission information; public posting of the Mission and Values; Guide to Our Services in patient rooms; SFHHS web site; and community programs.

Senior leaders are held accountable for their actions to reflect a commitment to the Mission, Vision, and Values. Leadership philosophy and performance expectations are published in the SSMHC Executive Leadership Handbook and guide the behavior of executive leaders (Figure 1.1-2). These expectations provide a standard of accountability and form the basis for learning through the Leadership Development Process. Senior leaders participate in a 360-degree evaluation process, receiving input regarding their behavior and management skills. Further, all senior leaders (and all employees) are evaluated on the Exceptional Services Standards, a values-based performance evaluation system.

Seven Senior Leadership Expectations

1) Superior results in clinical, operational and financial performance.
2) Fact-based decision making.
3) Involvement and shared accountability.
4) Continuous quality improvement.
5) Customer focus.
6) Information sharing.
7) Developing people.

Figure 1.1-2 Senior Leadership Behaviors & Expectations

A Mission Awareness Team (MAT) comprised of members representing all employee groups sponsor activities which result in time and monetary contributions to needy segments of the community such as sponsoring "Payday Jeans Day" with funds donated to the local food pantry. The MAT also plans and produces Heritage Days, a full day each year with pay to reconnect employees with the Mission and Values.

1.1a(2) SFHHS has several systematic processes to promote legal and ethical behavior at all levels of the organization. Senior leadership is responsible for monitoring legal compliance and performance**.** The Corporate

Responsibility Process (CRP) creates an open and direct, non-punitive culture for addressing legal and ethical issues and provides education and training. A 24-hour hotline features a confidential follow-up process to reach quick resolution of these issues. Employees, physicians and key vendors are empowered through use of the hotline to raise questions about how business is conducted.

SFHHS utilizes an Ethics Committee with active participation of senior leadership to address the difficult clinical ethical issues. Social services staff further promotes ethical behavior by working with patients to complete advance directives.

Senior leaders deploy and communicate policies to all employees about acceptable conduct through the Code of Ethical Conduct. All employees with authority to initiate transactions or influence purchasing decisions sign a conflict of interest statement annually to disclose potential conflicts. Policies extend to areas such as acceptable gifts and solicitation of donations. The Finance Director serves as the CRP contact and sends out monthly reminders regarding HIPAA. The Catholic Healthcare Audit Network (CHAN) performs focused audits to assess effectiveness and compliance in priority areas.

1.1a(3) Senior leaders create a sustainable organization through a commitment to Mission, Vision and Values, which is reflected in the SFHRPP and monitored regularly through the performance management process to achieve planned performance. The SFHRPP identifies a one-year operational plan and five-year strategic plan which outline clear expectations, outcomes and necessary steps to reach performance excellence.

The SFHR Plan is provided to senior leaders and department managers for review, input and deployment. With the integration of the SFHR Plan, departmental and employee goals helps to create a sustainable organization that is focused on the achievement of strategic objectives (Figure 2.1-5). When an unfavorable variance occurs between budgeted and actual performance, a corrective action plan is developed. Corrective action plans include detailed action steps, description of needed support, timelines and responsibilities.

Through an ongoing commitment to a culture of continuous quality improvement, senior leaders have created an environment that empowers and encourages employees to be innovative and seek needed knowledge to anticipate and manage change. CQI*plus* principles and Criteria for Performance Excellence are incorporated throughout the organization and provide a common methodology for systematic performance improvement at SFHHS. The performance management process is a balanced approach for setting clinical, satisfaction, operational, financial and regulatory indicators that are linked to the SFHRPP. This approach uses SSMHC benchmarking protocols to ensure that comparative data is driving performance excellence.

Senior leaders personally foster a climate of workforce learning and innovation through encouragement and support of educational opportunities to gain knowledge and share with staff. Other means by which senior leaders seek insight for improvement include: healthcare publications; participation in national and state associations and meetings; visits to national best practices (including IHI and Premier); SSMHC sharing conferences; participation in SSMHC collaboratives; benchmarking; and regular review of current market information.

Senior leaders create an environment of organizational and staff learning through an annual education plan including SAFE-T Day and online training, educational funding, educational management processes benchmarking with external best practices, and communication of learned information. Educational expenditures, programs and business development are approved by senior leaders to ensure that programs are aligned with organizational goals. Numerous in-house staff educational programs are provided on a regular basis throughout the year and are managed by the education specialist. Physician continuing medical education (CME) is promoted through medical staff educational funds.

Senior leaders individually participate in leadership development through the annual 360-degree evaluation process that is based on the Leadership Competency Model as a way to grow as leaders. Senior leaders also receive an extensive leadership evaluation process from an external consultant (Colarelli, Meyer and Associates) which result in development recommendations. Additional development opportunities are available through the SSM University (SSMU).

Succession planning for senior leaders is achieved through the SSMHC Executive Career Development Program. To develop future leaders, SSMU was established to help achieve its mission of Exceptional Health Care by offering a wide variety of programs designed to enhance job-related and interpersonal skills from top executives to new managers. Programs include: leadership development modules, Forging Breakthroughs, Resolving Interpersonal Issues, National Incident Management System training, and Statistical Process Control. One strategy used by senior leaders to enhance potential leadership traits is the selection of two managers to serve for one-year terms on the Administrative Council (AC).

1.1a(4) Senior leaders create a culture of patient safety by supporting Joint Commission national patient safety goals, Centers for Medicare/Medicaid Services (CMS) conditions of participation, SSMHC Achieving Exceptional Safety collaborative, and Institute for Healthcare Improvement (IHI) initiatives.

Leadership makes patient safety a priority and all employees are accountable for providing a safe environment for the patients at St. Francis as evidenced by the interventions in Figure 1.1-3. New staff members are trained during new employee orientation and all employees are required to attend annual SAFE-T Day.

One recent example of a patient safety initiative that was supported and encouraged by senior leadership is the "Banding for Patient Safety" initiative launched by the Missouri Hospital Association. Patients are evaluated on admission for falls, medication allergies, and "do not resuscitate" status and as indicated receive color-coded armbands to alert staff of these high-risk conditions.

1.1b(1) Senior leaders use a variety of methods to communicate with, empower and motivate staff throughout the organization. These methods include: LT meetings, newsletters, rounding, Heritage Days, and birthday lunch with the president. SFHHS also empowers staff through partnership and shared decision-making utilizing shared governance, CQI*plus* and working together in teams.

To consistently communicate key decisions, directions and expectations to all employees, senior leaders meet regularly with direct reports and monthly with LT. Meeting minutes from AC and LT are disseminated to all departments to be shared as appropriate at department meetings.

Senior leadership also reviews employee and physician survey results as a formal method to understand drivers of satisfaction. Senior leaders have an active role in reward and recognition through: the staff evaluation process, AEPC initiatives, personal notes, newsletters, and rounding. Senior leaders select high-performing teams and individuals to be highlighted at system-wide Leadership and Showcase for Sharing conferences.

Safety Initiatives			
Initiative	**Goal**	**Interventions**	**Responsible Organization**
Universal protocol	Prevention of wrong site, wrong procedure, wrong patient surgery.	• Pre-operative site marking • Surgical "Time Out"	Joint Commission
Do not use abbreviations	Prevention of medication errors.	• Standardized do not use (DNU) list • All DNU orders flagged by pharmacy	Joint Commission
Adverse drug events	Prevent harm from medication-related events.	• Medication reconciliation • Look alike/sound alike lists posted • Near miss reporting • Review of all near misses and occurrences • Medical record review for high-risk medication events	Joint Commission IHI
Hand-off Communication	Improve communication among care givers.	• Matrix developed to standardize appropriate type of report	Joint Commission
Read back verbal & phone orders	Improve communication among care givers.	• Verbal order use only in ED • Read-back of critical test results	Joint Commission
Hand hygiene compliance	Prevention of HAI infection.	• Hand-hygiene dispensers conveniently located • Staff education and screen-saver notices	Joint Commission IHI
Restraints	Reduce restraints usage.	• Annual training on restraint usage • Restraint-free culture encouraged	Joint Commission CMS
Falls	Reduce risk of harm from falls.	• Fall protocol initiated with reassessment every shift • Yellow bracelet to ID patients at risk • Fall alarms on beds, chairs and toilets for those at risk • 1-on-1 staffing for high-risk patients	Joint Commission
Rapid response team	Early intervention to prevent cardiac arrest.	• Rapid response team criteria established • Standardized documentation tool developed (SBAR) • SAFE line implemented	IHI
Skin care protocol	Prevention of decubiti	• Pressure ulcer risk assessment • Daily skin reassessment • Manage moisture • Optimize nutrition • Minimize pressure	IHI

Figure 1.1-3 Safety Initiatives

1.1b(2) Senior leaders create a focus on action through the SFHRPP (including the one-year operational plan), LT reporting relationships, Passport process, department goals, data-driven decision-making, and CQI. The performance indicator report (PIR) is used to measure overall progress towards the attainment of goals. PIR measures are derived from the SFHR plan, performance management system, department posters, and department update meetings. In addition to the PIR, leadership assesses quality improvement and patient safety through the quarterly Board Report. The Board report is linked to the monthly PIR, but provides additional quality, safety, risk, infection control and environment of care information. Variances requiring corrective action plans from the PIR and Board Report are assigned to the appropriate senior leader.

Senior leaders also regularly review department operational plan performance and action plans. Senior leaders and department managers collaboratively develop department goals for the posters and Passport process. Senior leaders focus on creating and balancing value for patients, workforce, partners and community through the annual SFHRPP, LT involvement, AEPC initiatives and utilizing key patient feedback provided by multiple listening and learning tools (Figure 3.1-1).

1.2 Governance and Social Responsibilities

1.2a(1) Senior leaders have established monthly and quarterly reports to assess organizational performance. Senior leaders are held accountable to the Board of Directors (BOD) and SSMHC for operational and financial performance. Written reports, action plans, meetings and conference calls are used for reporting. SFHHS addresses SFHRPP accountability through department update meetings, the monthly budget variance review process, to report department's performance as it relates to the SFHR plan and to make necessary adjustments to proactively modify performance. If an unfavorable variance occurs beyond an established performance threshold, responsible parties are required to develop and submit a corrective action plan to senior leadership and SSMHC. Corrective action plans may include: an analysis of the opportunity for improvement; detailed implementation plans; description of support needed; timelines; and responsibilities.

Fiscal accountability is addressed through the contract review process as well as regular monitoring of the financial performance of the organization by internal and external auditors. The CHAN performs internal audits and KPMG conducts external audits, providing independent assurance that business risk and opportunities are identified and managed.

In addition to financial performance, the BOD also monitors strategic plan status, CRP compliance, and quality/risk reports.

Transparency of the organization is demonstrated by the public reporting of Joint Commission results, CMS Hospital Compare measures, and MHA Focus On Hospitals reports. A stewardship letter is signed by the Finance Director and President quarterly to attest to the accuracy and disclosure of financial statements. Annual external audits are conducted to provide transparency and ensure performance within necessary checks and balances, based on accepted accounting practices.

1.2a(2) Annually, all senior leaders participate in a 360-degree evaluation, providing input regarding behavior and management skills. This evaluation includes assessment of the SSMHC's leadership behaviors and expectations (Figure 1.1-2). The results of the evaluation drive the leader's personal development plan to identify opportunities to advance leadership skills. Each senior leader can customize the survey with one or more questions designed to measure a particular area of development. Performance of senior leaders is also evaluated through a review of results related to their individual Passports.

The BOD conducts an annual board evaluation. Opportunities for improvement are identified to further develop and improve board effectiveness.

1.2b(1) SFHHS addresses the impact of health care services and operations on society by assessing community needs through the use of data and communication with the local BOD. In addition, community suggestions, regulatory compliance reviews and inspections are used to assess how services and operations impact communities served. Environmental and employee-focused issues are addressed and reported by the Employee Council and Environment of Care (EOC)/Safety Committee. Figure 1.2-1 outlines key requirements, processes, measures, and goals for legal and ethical behavior.

SFHHS addresses regulatory, legal, accreditation and ethical business requirements through participation in: The Joint Commission (JC); CRP; contract review process; and risk management. AC, MSEC, EOC Committee and LT identify new or modified regulations from OSHA, CMS, EEOC, EPA, CDC, HHS, State of Missouri, JC, etc. and share this information with senior leadership and employees when appropriate. Risk management identifies and evaluates risk events and variances for trends that could adversely affect patients, visitors and employees, and develops and implements action plans as defined in the annual Performance Improvement and Patient Safety Plan. Trended data is evaluated and reported to leadership and relevant committees.

The CRP identifies and investigates events that ethically or legally impact the organization. The CRP entity contact deploys information throughout the organization and

Requirement	Key Process	Measure	Performance	Goal
Regulatory and Legal	▪ CRP ▪ Licensure	▪ Government investigations/ settlements ▪ Licensure	▪ 3 episodes for $399 in 2007 ▪ Fully Licensed	▪ Zero ▪ Licensure
Accreditation	▪ Joint Commission survey	▪ Joint Commission accreditation scores	▪ Full accreditation	▪ Full accreditation/ continuous readiness
Risk Management	▪ Employee safety	▪ Lost time injuries	▪ Figure 7.4-13	▪ Zero
	▪ Patient safety	▪ Medication errors with harm ▪ Inpatient falls	▪ Figure 7.1-11 ▪ Figure 7.1-13	▪ Zero ▪ Zero
	▪ Disaster preparedness	▪ Staff involved in Disaster Events and Drills	▪ Figure 7.5-10	▪ 100% employee participation
Community Health	▪ Charity care ▪ CBISA	▪ Total charity care ▪ Contributions	▪ Figure 7.6-8 ▪ Figure 7.6-9	▪ Increase contribution ▪ Increase contributions

Figure 1.2-1 Process Measures and Goals for Legal and Ethical Behavior

employees complete annual training requirements based on designated job categories (Figure 7.6-3). Risk reduction strategies include safety initiatives (Figure 1.1-3) as well as supporting efforts that promote a non-punitive culture to help identify and eliminate medical errors.

The SSMHC Policy Institute assists SFHHS senior leaders in keeping current with changing trends and proactively anticipating and addressing public concerns regarding health care. The Institute researches and analyzes health and social welfare issues, proposals and project possibilities at the national and state level, and educates employees and physicians on current public policy. Senior leaders also receive national publications and, when appropriate, attend conferences and seminars related to changing health care trends and opportunities. As part of the annual SFHRPP, an external environment and market assessment is conducted including an analysis of public policy and regulatory issues. SFHHS uses both primary and secondary market research to anticipate public concerns regarding current and future services and operations within the community. Functioning as internal auditors, the CHAN performs focused audits to proactively assess compliance in priority areas identified by the CRP.

The key processes of risk management are listed in Figure 1.2-1. Results are reviewed and monitored through the Patient Care Quality Affairs (PCQA) and EOC Committees.

1.2b(2) SFHHS' values, faith-based heritage, and CRP create and ensure an ethical environment. All employees are required to participate in standardized education that addresses ethics, risk and CRP at new employee orientation and annually. SFHHS' ethics program and CRP span the entire organization and include a mechanism to address societal requirements associated with regulatory, legal and ethical compliance in providing health care services. The Ethics Committee meets as necessary to provide support and leadership for all employees, physicians, volunteers, and key vendors, and is a diverse resource for assisting in challenging ethical situations.

Specific policies reinforce ethical behavior throughout the organization. When an issue surfaces, the employee grievance process is a formal channel for the reporting of unethical behavior. Part of the CRP, the grievance process encourages expression and resolution of employee problems, questions or complaints without fear of retaliation. Ethical behavior is monitored through the CHAN audits, CRP process, and OFI system. SFHHS' contract review process in coordination with SSMHC's process and the CHAN audits ensure that ethical, legal and regulatory practices are adhered to in partner and supplier transactions and interactions. All contracts are reviewed by the contract review coordinator. SSMHC also contracts with a law firm to review high-risk contracts and litigation.

1.2c Consistent with the mission, vision, and values, SFHHS has identified improving the health of the community as an area of emphasis. SFHHS identifies key community projects in its area based on the following criteria through the SSMHC Healthy Communities initiative.
- Identification of community health indicator that needs to be improved based on local data.
- Presence of collaborating agency or organization with which to partner.
- An indicator to measure the effectiveness of intervention beyond the activity measure.

Community events sponsored, supported or participated in include: heart walks, cancer walks, cystic fibrosis walk, wellness screenings and health fairs, smoke-free city ordinance, and diabetes support group.

SFHHS has a rich tradition of providing benefit to the community. A wide-ranging array of community programs are supported by SFHHS, demonstrating the hospital's value and benefit to the communities served (Figure 1.2-2).

Charities and Organizations Supported		
Habitat for Humanity	Shenandoah Healthcare Foundation	Maryville Community Center
Ministry Center	Northwest Foundation	Nodaway County Economic
United Way	Nodaway County Fair	Development
Big Brothers/Big Sisters	Rotary, Lions, Elks, and Optimists	Overeaters Anonymous
Health Emergency Lifeline	Wesley Foundation	Widowed Persons Support Group
St. Gregory's Barbarigo Church	Youth Symphony of Kansas City	National Republican Women's
Schools (after prom, band boosters,	Youth baseball, softball, football and	Association
athletic trainers, etc.)	soccer programs	Local 4-H Clubs
Juvenile Diabetes Research Fund	Conception Abbey and Seminary	Emergency Planning Committee
D.A.R.E.	College	Cystic Fibrosis Foundation
National Fire Safety Council	Daughters of the American Revolution	Newman Catholic Center
American Cancer Society	Children and Family Center	Girl Scouts and Boy Scouts
Maryville BPW	SSM Hospice of Northwest Missouri	Community Hospital Association
Worth County Progress Organization	National Multiple Sclerosis Society	American Red Cross
Northwest Missouri State University	Bedford Volunteer Ambulance District	Nodaway County Historical Society
Athletics Department	Northwest Medical Center	Maryville Country Club Women's Golf
Franciscan Sisters of Mary	Catholic Charities	Association

Figure 1.2-2 Charities and Organizations Supported

2.1 Strategy Development

2.1a(1) SFHHS's strategic planning process was developed by SSMHC. SSMHC's Strategic, Financial and Human Resources Planning Process (SFHRPP) combines direction setting, strategy development, human resources and financial planning. The SFHRPP involves a five-year (long-term) planning horizon, with annual up-dates (short-term). Departments are more heavily involved with the one-year planning cycle, while provid-ing input on the five-year plan. The SFHRPP ensures that goals are clearly oriented toward performance improvement.

Annual SFHR plans are designed using SSMHC's quality principles (Figure P.1-1) and stresses planning as a way of learning more about customers, responding to their needs and expectations, as well as identifying new market opportunities. The SFHRPP ensures that SFHHS sets strategic goals clearly focused on achieving the mission and vision. Figure 2.1-1 depicts the SFHRPP steps.

SSMHC has determined that five years provide optimal time to implement, fully deploy, and realize the results of its initiatives across the system while one-year operation plans align with the annual budgeting process. Because of the rapidly changing health care industry, each year the SFHRPP participants study and validate the organiza-tion's focus on patients, other customers and markets; measurement, analysis; and knowledge management; workforce focus; and process management.

The SFHRPP begins in December with review of the vision statement, as set by SSMHC's Board of Directors. The vision and mission statements serve as the founda-tion for the planning process. In February, the Innsbrook Group, consisting of SSMHC entity presidents and
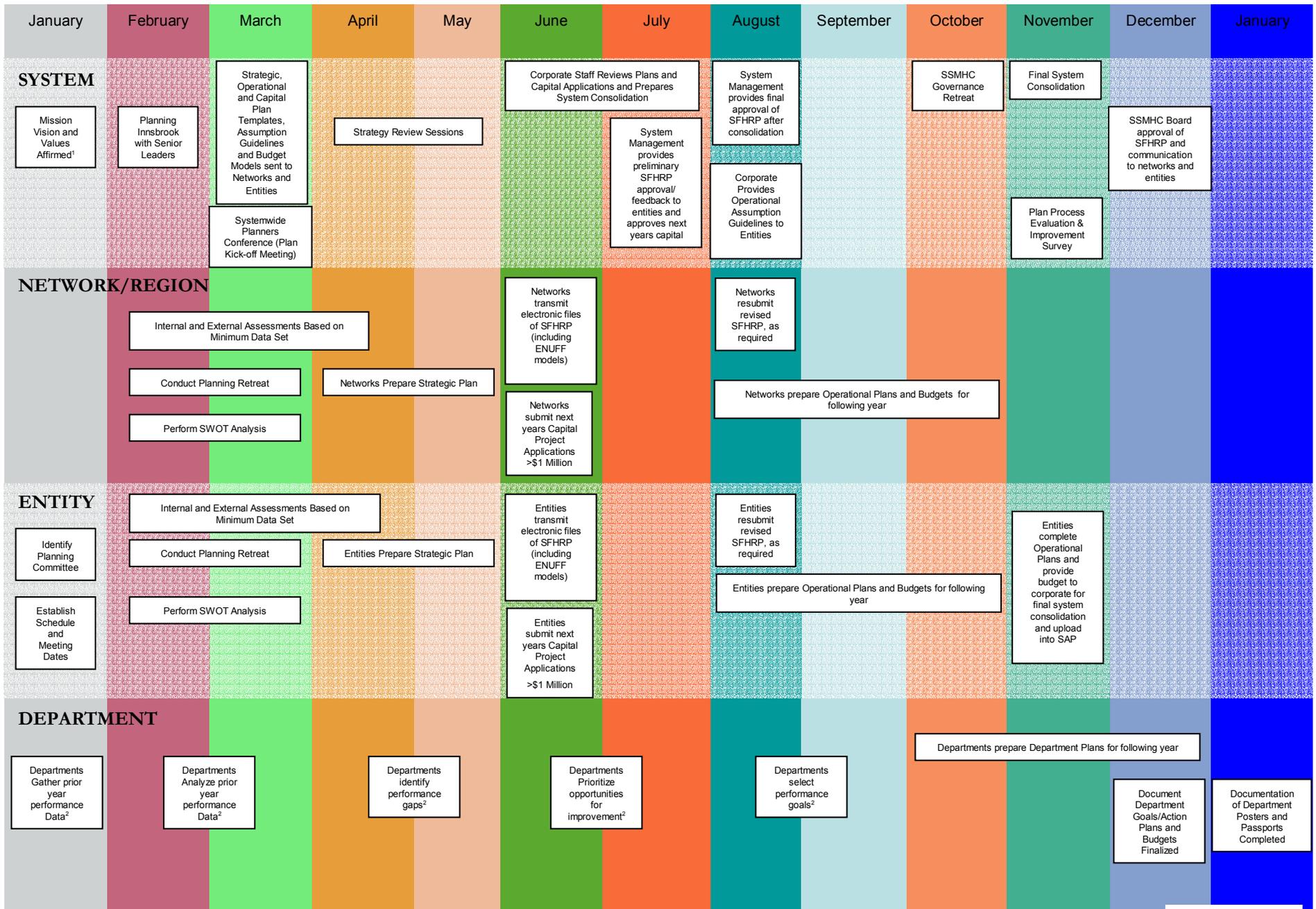
System Management, assesses key challenges and reviews comparative data. Long-term (five-year) System goals are set, or validated/updated depending on the year in the planning cycle. From February through April, SFHHS conducts internal and external assessments based on minimum standard data set requirements (Figure 2.1-2). These assessments are refreshed every five years and are updated and validated annually.

SSMHC system management also distributes Plan Assumption Guidelines to the entities to ensure the methodical use of financial, economic and benchmark assumptions by entity staff preparing strategic and operational plans.

At SFHHS, the Planning Team consists of the AC, plus the planning coordinator, Information Services Director, Building Operations Director, and representation from the medical staff and LT. Between March and May, the Planning Team meets to analyze the minimum standard data set findings to determine the organization's advan-tages and challenges through a SWOT (strengths, weak-nesses, opportunities and threats) analysis and to identify blind spots between current and desired performance levels. The Team then sets measurable, five-year strategic goals to achieve the system goals related to exceptional health care and other areas of strategic focus.

In 2007, SSMHC Board of Directors asked entities to provide more focus on profitable growth. As part of the SFHRPP, entities were to critically assess their markets and services currently offered. In order to identify areas of profitable growth, entities were asked to complete a portfolio analysis to identify the services that should be emphasized or eliminated and to complete a physician engagement plan. The physician engagement plan

SSMHC Strategic, Financial & Human Resource Planning Process (SFHRP)

	January	February	March	April	May	June	July	August	September	October	November	December	January

SYSTEM

- Mission Vision and Values Affirmed[1] (January)
- Planning Innsbrook with Senior Leaders (February)
- Strategic, Operational and Capital Plan Templates, Assumption Guidelines and Budget Models sent to Networks and Entities (March)
- Systemwide Planners Conference (Plan Kick-off Meeting) (March)
- Strategy Review Sessions (April)
- Corporate Staff Reviews Plans and Capital Applications and Prepares System Consolidation (June)
- System Management provides preliminary SFHRP approval/feedback to entities and approves next years capital (July)
- System Management provides final approval of SFHRP after consolidation (August)
- Corporate Provides Operational Assumption Guidelines to Entities (August)
- SSMHC Governance Retreat (October)
- Final System Consolidation (November)
- Plan Process Evaluation & Improvement Survey (November)
- SSMHC Board approval of SFHRP and communication to networks and entities (December)

NETWORK/REGION

- Internal and External Assessments Based on Minimum Data Set (February–March)
- Conduct Planning Retreat (February)
- Perform SWOT Analysis (February)
- Networks Prepare Strategic Plan (April)
- Networks transmit electronic files of SFHRP (including ENUFF models) (June)
- Networks submit next years Capital Project Applications >$1 Million (June)
- Networks resubmit revised SFHRP, as required (August)
- Networks prepare Operational Plans and Budgets for following year (August–October)

ENTITY

- Identify Planning Committee (January)
- Establish Schedule and Meeting Dates (January)
- Internal and External Assessments Based on Minimum Data Set (February–March)
- Conduct Planning Retreat (February)
- Perform SWOT Analysis (February)
- Entities Prepare Strategic Plan (April)
- Entities transmit electronic files of SFHRP (including ENUFF models) (June)
- Entities submit next years Capital Project Applications >$1 Million (June)
- Entities resubmit revised SFHRP, as required (August)
- Entities prepare Operational Plans and Budgets for following year (August–October)
- Entities complete Operational Plans and provide budget to corporate for final system consolidation and upload into SAP (November)

DEPARTMENT

- Departments Gather prior year performance Data[2] (January)
- Departments Analyze prior year performance Data[2] (February)
- Departments identify performance gaps[2] (April)
- Departments Prioritize opportunities for improvement[2] (June)
- Departments select performance goals[2] (August)
- Departments prepare Department Plans for following year (October–November)
- Document Department Goals/Action Plans and Budgets Finalized (December)
- Documentation of Department Posters and Passports Completed (January)

[1] Validated During December Board Meeting
[2] Steps may occur throughout the year

- 7 -

Figure 2.1-1 SFHRPP

SFHRPP Minimum Standard Data Set	
(Examples of Data Collected and Analyzed to Develop SFHR Plan)	
Customer Information Patient satisfaction survey results; market share by product line; community survey results; market research	**Physician** Statistics on visits, discharges, and referrals; age of specialists; medical staff satisfaction survey results
Demographic/Socioeconomic Population trends; population use rates; discharge data by ZIP codes	**Product Line** Portfolio analysis; volume by product line; consumer perception by product line as available
Competitor Inventory of competitors; market share trends; marketing/competitive position	**Public Policy/Legislative/Accreditation** Federal and state legislative agendas; reimbursement changes; Joint Commission and other regulatory standards
Emerging Technologies/Trends/Growth Opportunities Literature review; networking with colleagues within SSMHC and other markets;	**Physical Plant/Technology** Physical plant assessment; major equipment inventory and assessment; disaster preparedness/emergency plan
Supplier/Partner/Payor Inventory of suppliers; supply costs per equivalent patient day trend; inventory of payors, payment rates and other payor issues	**Financial** Net revenue, expense and operating margin trends and projections; fixed and variable costs by product line
Workforce Employee satisfaction trends; compensation and benefits compared to market; turnover rates; average age of employees; diversity rates; training needs	**Quality Position** Feedback from quality award and Joint Commission; review of all publicly reported data bases; clinical collaborative results; departmental performance improvement plans

Figure 2.1-2 SFHRPP Minimum Standard Data Set

encompasses the medical staff development plan as well as how physicians will be engaged to align their interests with the strategic direction of the entity.

Figure 2.1-3 illustrates the connection between long-term and short-term planning. Strategic plans include the strategic vision, strategic goals or strategies and measures of success for the next five years. Operational plans include current year goals required to support the strategic plan, characteristics of exceptional health care services, other goals, department plans, and budget.

Figure 2.1-3 Strategic and Operational Planning

2.1a(2) Information from the minimum standard data set is collected, organized and presented to the Planning Team during the planning cycle. Following review and discussion of data provided, the SWOT analysis is utilized to formulate fact-based objectives.

Through a SSMHC contract, the Advisory Board Company provides health care and technology trends for the SFHRPP and throughout the year. This information helps with market-specific utilization projections as a result of changing technology. Press Ganey and Health-Stream Research provide patient, employee and physician satisfaction trend information.

In terms of competitor performance, Missouri Hospital Association's Hospital Industry Data Institute (HIDI) provides access to patient-related demographic, charge and diagnostic-related group data. This data is used to produce outmigration and competitor position analysis within the market area. Data for competitor analysis is also secured from state and national sources (Census Bureau, Missouri Department of Health and Senior Services, competitor websites, etc). In addition, senior leadership stay abreast of changes in local health care and regional markets using a variety of listening posts (Figure 2.1-4).

Through strategic listening posts, SFHHS gathers information about unforeseen changes (blind spots) in the market place, consumer preferences, employee concerns and issues, and unanticipated opportunities. This information is routinely shared at AC meetings and Depart-

Sources of Strategic Input	
Group	**Listening Post**
Patients	Comment cards, surveys, patient advocate visits
Employees	Employee Council
	Department meetings
	Governance Councils
Managers	LT meetings
	Regular updates with senior leaders
	Department Update Meetings
Community/ Businesses	Breakfast with Business
	Community health fairs
	Market research and perception studies
Physicians	Medical Staff Executive Committee meetings
	Physician Advisory Council
	Physician retreats

Figure 2.1-4 Sources of Strategic Input

ment Update Meetings to determine whether or not the unforeseen issue or opportunity will potentially contribute to or detract from the organization's ability to achieve its strategic plan.

Ongoing collaboration and correspondence with CHAN auditors, CMS, the Joint Commission, OSHA, and other regulators provide updates on regulatory opportunities and modifications.

The systematic execution and deployment of strategic and operational plans provides a structure to mobilize necessary resources and knowledge. Monitoring of both internal and relative external performance ensures that projected requirements are being met or real-time adjust-

ment can be made to bring performance back to plan. Successful implementation of the strategic plan is assured through involvement of all key stakeholders in the planning process and systematic ongoing monitoring. Ninety-day action planning has been initiated to improve organizational agility through early identification of focus areas to assure alignment with strategies.

2.1b (1) SFHHS' key strategic challenges, objectives, indicators and goal projections are presented in Figure 2.1-5. SSMHC has established three characteristics of exceptional health care as the basis for its strategic and operational objectives. By defining exceptional health care services, SSMHC is able to tie planning more closely to the mission statement, which results in more balanced goals. Clinical and safety outcomes and patient, employee and physician satisfaction are equally important as financial results. By assessing key characteristics of exceptional health care and environmental assessment findings, long-term (strategic) challenges are identified. Short-term (operational) goals are established to address these strategic challenges. Department operational plans focus on alignment to entity goals and prioritization for improvement during the year.

2.1b (2) Figure 2.1-5 reflects the alignment of strategic challenges to strategic objectives. Annual review of current challenges is reflected in one- and five-year plans as part of the SFHRPP.

SFHHS' strategic advantage is the provision of Exceptional Health Care Services which are designed to meet strategic challenges. Through yearly progressive goals, the organization can monitor progress towards achieving exceptional performance. With a culture of

Strategic Objectives	Strategic Challenges	Key Measures	2007 Actual	2008 Goals	2009 Goals	2010 Goals	2011 Goals	Benchmarks
Exceptional Patient Care *Satisfaction Safety Clinical Outcomes*	Growing Expectation	Inpatient Satisfaction Scores	91.8	93	95.2	95.2	95.2	Press Ganey 99th %ile, SSMHC Best
	Patient Safety/Quality	AMI	100	97.5	99.0	99.0	99.0	CMS, Premier, JC Top Decile, State of Missouri Mean, SSMHC Best
		HF	96.55	97.5	99.0	99.0	99.0	
	Transparency of Public Reporting	Pneumonia	97.5	97.5	99.0	99.0	99.0	
		SCIP	96.23	97.5	99.0	99.0	99.0	
Exceptional Commitment *Physician Employee*	Physician Competition	Physician Satisfaction Scores	3.15	3.20	3.48	3.6	3.7	HealthStream Research Top Decile, SSMHC Best
	Recruitment and Retention	Employee Satisfaction	78.4	81.9	84.0	88.8	88.8	Press Ganey Top Decile, SSMHC Best
Exceptional Financial Performance/ Growth	Increasing Financial Pressures Impact of Rapidly Changing Technology	Operating Margin %	10.8%	4.1%	6.0%	5.0%	5.0%	AA Bond Rating Margin

Figure 2.1-5

continuous improvement, St. Francis' workforce is encouraged to push beyond comfort zones to strive toward achieving exceptional health care for all persons. By providing exceptional health care services, SFHHS is at a competitive advantage and has distinguished itself in the industry.

The focus on 'exceptional' is ingrained into the organization, creating a sustained desire for improvement from current state to best-in-class. Through CQI*plus* principles, innovation is encouraged. Tools and methods used in CQI*plus* including 100-Day workouts, performance improvement teams and the inclusion of stakeholders in decision-making in the improvement process help reach best performance levels. Evidence of knowledge-sharing occurs through meetings such as Showcase for Sharing and Leadership Conference, as well as through system peer group meetings which provides entity-to-entity learning as part of the goal setting process in developing performance projections as part of the SFHRPP.

Key Characteristics of Exceptional Health Care are intended to address key stakeholder needs. Multiple internal/external stakeholders (planning, finance, human resources, suppliers, collaborators, etc.) ensure a thorough approach to identifying and addressing stakeholder needs. Each year, key objectives are examined to ensure effective and appropriate measures.

While safety has always been of critical importance, it was integrated as a core Characteristic of Exceptional Health Care Services in 2007 in order to more systematically monitor concerns around areas such as serious and sentinel events related to hospital-acquired infections, falls and adverse drug events, as well as to keep safety as a top-of-mind priority for all employees. An example of how safety is addressed proactively is the Lessons Learned process that was recently implemented. When serious or sentinel events occur through SSMHC hospitals, details of the event and action taken are shared throughout all entities so that steps can be taken to assure that a similar does not happen elsewhere. These incidents and the processes in place at SFHHS to prevent events is shared with leadership and the medical staff.

2.2 Strategy Deployment
2.2a (1) Following the establishment of strategic goals and objectives, SFHHS' Planning Team begins delineating action steps, with key measures, to support its five-year goals. Electronic copies of the SFHR plan (in June) and operational plan (in November) are submitted to SSMHC, where they are reviewed for consistency with system goals and are assessed using a SMART (specific, measurable, aligned, realistic, and time specific) methodology.

In October, each department is required to develop preliminary goals and action plans, as well as budgets, to support the entity's overall goals and objectives. Through an electronic submission, these departmental plans are forwarded to senior leaders for approval of goals and measures. The departmental plans incorporate identified champions, completion dates, expected results, and financial projections, human resource needs and capital requirements. Posters are created listing department Exceptional goals and displayed in a public area providing a visual line of sight connection from the mission to department goals.

The Passport program is used to deploy strategic and operational goals to all employees and to align entity, department, and individual plans with overall organizational strategy. The Passport links the employee's day-to-day work to entity goals (Figure 2.2-1).
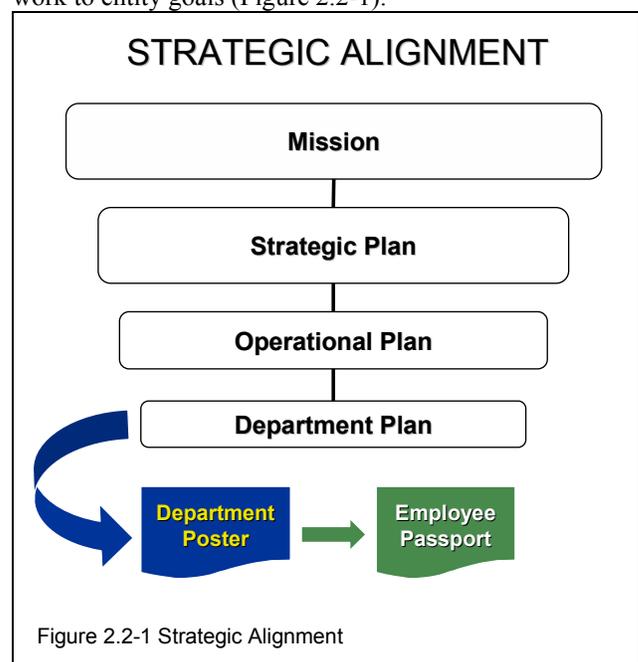
Figure 2.2-1 Strategic Alignment

Following approval of the SFHR plan, operational and department plans are initiated and monitored. Senior leaders and department managers track action steps using in-process measures, enabling early identification of performance gaps. Ninety-day action plans are used to improve performance.

SFHHS' president initiates ongoing communication about specific strategic goals to AC, department managers and medical staff leaders. To reach all levels of the organization, a variety of communication vehicles are used, including memos, newsletters, department meeting agenda items, and presentations.

Standardized reports such as the PIR, Quality Board Report, department update reports, etc., ensure that action plans can be sustained. CQI*plus* tools reaffirm that improvements can be sustained.

2.2.a(2) Adequate financial and other resources are identified through the strategic and operational planning processes. Use of SSMHC's strategic plan template leads senior leadership to consider all necessary resources, including capital needs. Financial impact and support resources are also addressed when developing organizational operational and department plans. The capital allocation and SFHR plan approval processes assure that plans generate sufficient resources to cover financial needs.

The SSMHC Capital Allocation Process represents a systematic approach to capital allocation. Two pools of capital are evaluated through this process: maintenance capital (items under $1,000,000) and strategic capital (items in excess of $1,000,000). The SSMHC Operations Council determines the maximum amount of available resources that may be spent on capital expenditures below $1,000,000 (maintenance).

Strategic capital (projects over $1,000,000) is accessed through application to the SSMHC Capital Allocation Council. Each application is completed by senior leadership and defines the rationale and value potential of each project using the Business Case Template. Potential risks are identified as part of the application process. A Business Plan is also expected at the time of application. The Capital Allocation Council prioritizes projects based on decision criteria that are linked to the Key Characteristics of Exceptional Health Care. Approved projects are communicated by approval letter to the entities, who adjust their baseline projections as needed.

Unanticipated changes in the market and unforeseen opportunities sometimes present themselves and require redeployment of resources. Senior leaders continuously monitor information from various sources including listening posts. Item 2.1a(2) discusses the process for addressing blind spots, unforeseen issues or opportunities.

2.2.a(3) The SFHRPP allows for rapid modification to the strategic plan as needed. Corrective action plans are developed when an unfavorable variance between actual and plan performance occurs. The variances are predefined in accordance with SSMHC system-wide policy. Corrective action plans may include a root cause analysis, detailed implementation plans, description of support needed, timelines, and responsibilities. This type of early intervention is helpful in preventing further erosion in performance. In addition, to facilitate rapid execution of new plans, each strategic goal requires consideration of market positioning and differentiation; strategic challenges and risks; and contingency planning before implementation.

2.2a(4) The SFHRPP guides champions of long- and short-term goals to consider action steps to achieve desired performance. Indicators, and needed resources are also identified for each strategic objective in the plan and are tracked by identified champions. Action plans for operational goals include measurements, needed resources, champions, and due dates. Annual evaluation of goals and action plans set through the SFHRP ensures alignment and provides overview of strategies, revealing successes and areas for focus. A copy of the SFHR plan is available on site.

The process for implementing the Electronic Health Record (Project Beacon) represents key changes to creating a fully functional electronic medical record. The first step for SFHHS is the initiation of Picture Archiving and Communication Systems (PACS), which allows for the digital filing and retrieval of patient diagnostic images for both cardiology and radiology.

A potential service identified in the community was providing occupational medicine to local industries. Meetings with HR executives from various factories led SFHHS to consider structuring an occupational medicine program and initiate steps to recruit a physician.

2.2.a(5) Human resource planning is integral to the SFHRPP. SFHHS human resources provide data for the planning process as part of the minimum standard data set and the Human Resources Director actively participates in strategic planning sessions. SSMHC system management provides human resource guidelines as part of the Plan Assumption Guidelines. Workforce needs and financial impact are tied to action planning during the SFHRPP as part of both the strategic and operational plan templates to ensure adequate resources are allocated to support strategies. New or adjustments to workforce capacity and capabilities are documented in action plans which lead champions to ensure proper budgetary, recruitment, education and/or training processes are followed.

2.2a(6) Key performance indicators are set by SSMHC system management with input from all entities (Figure 2.1-5). Each SFHR plan strategy is assigned to a champion for action planning and measurement. Organizational alignment is assured through linkage to key exceptional characteristics (clinical/safety/service outcomes; patient satisfaction; employee satisfaction; physician satisfaction; and financial performance/growth). Departmental posters and Passports establish direct reminders for employees of individual, departmental and entity goals. The PIR process disseminates key measure results through all levels of the organization.

2.2.b By linking goals to key exceptional characteristics, performance projections are established for SFHHS' key indicators with benchmarks set for comparison purposes (Figure 2.1-5). On a monthly basis, the AC reviews the PIR that compares SFHHS' actual performance to plan

both for the month and year-to-date. Gaps are addressed as part of the corrective action process. On a quarterly basis, SFHHS' results are ranked among all SSMHC entities. To ensure progress towards goals, the CQI*plus* process and performance improvement plans guide entities to address performance gaps. Gaps are addressed as part of the corrective action process.

Through the SFHRPP, SFHHS growth, satisfaction, and quality indicators are compared to competitors annually through the internal and external assessments using the minimum standard data set. Leadership stays alert to competitor activities in order to proactively respond as needed.

3.1 Patient, Other Customer and Health Care Market Knowledge

3.1a(1) SFHHS has defined patients and their families as its key customers. This group is further segmented into categories based upon site of care: inpatient (IP), out-patient (OP), outpatient surgery (OPS), and emergency department (ED) and further segmented by service lines.

SFHHS utilizes the SSMHC Strategic, Financial, and Human Resources Planning Process (SFHRPP) using environmental scanning to identify patients and other customers, customers of competitors and future markets. The minimum data set is used for the scan: market research; market share by service line; population trends by age and ethnic origin; discharges by ZIP codes; inventory of competitors; market share trends; competi-tive position, and consumer perception survey results. The data is used to help identify which patients and other customer groups to pursue for future healthcare services. An additional source of information is the informal feed-back from physicians, nursing homes, and competitors' customers. For example, when it became evident that the number of general surgery and obstetrical cases leaving Nodaway County (SFHHS' primary service area) were increasing, the hospital actively recruited two additional surgeons and a third obstetrics/gynecology physician.

To gain knowledge about customers of competitors and other potential customers, the community perception sur-vey, physician contacts, media articles, literature searches, publicly reported data, and market research are monitored and assessed on an ongoing basis. In recent publicly reported patient satisfaction data (HCAHPS sur-vey) which is indicative of the patient's perception of their hospital experience, comparative information regarding St. Francis was reviewed and analyzed for competitive viewpoint (see Figure 7.2-7).

3.1a(2) Listening and learning tools (Figure 3.1-1) have been developed to determine, define, and distinguish former, current, and potential customers, and stake-holders as well as their requirements, expectations, and preferences. Multiple modes of listening and learning are available to allow all customers and stakeholders to choose the type of communication they prefer. This information is collected and utilized annually in the SFHRPP to update strategies. Feedback from the voice-of-the-customer posts is aggregated and evaluated by the

Rolling Stones team with action plans developed and implemented as necessary.

The primary voice-of-the-customer tool utilized is the patient satisfaction survey process. In 2005, Press Ganey was chosen as the survey vendor to provide more timely reporting of results, ease of reports, ability to identify benchmark performance, and to provide peer group com-parisons. With user-friendly, real-time access, daily, weekly or monthly segmentation of data can be obtained and analyzed, which may further cascade to the individ-ual staff level. Press Ganey also provides timely correla-tion of top priorities for improvement (Priority Index). Customized surveys are used for each specific customer group to include inpatient, outpatient, outpatient surgery, and ED. Quality improvement teams use this information on an ongoing basis to make improvements in services

Customer	Listening & Learning Tools (Frequency)
Former & Current Patients & Families	• Satisfaction surveys: inpatients, ED, outpatient surgery, outpatients (lab, radiology, cardiopulmonary rehab and other), mental health, clinic, outpatient rehab (continuous) • Community perception survey (as needed) • Comment cards (continuous) • Complaint management system & service recover (continuous) • Informal feedback (continuous) • Selected patient follow-up calls (continuous) • Web-page response system (continuous) • Patient rounding (continuous) • Support groups (continuous)
Potential Patients & Stakeholders	• Survey and market research (as needed) • Published studies (annual & as needed) • Professional associations, courses, journals, and e-mail newsletter subscriptions & news abstract services (continuous) • Industry HR Executives (as needed) • Breakfast with Business (quarterly) • Dialog through e-mail, one-on-one conversations, meetings (continuous)

Figure 3.1-1 Customer Listening and Learning Tools

offered to customers. Regular review of patient satisfaction results allows SFHHS to remain patient-focused and positioned to better meet customer needs. The factors contributing to patient loyalty have been determined with indicators monitored as part of the performance management system.

Community perception survey results from May, 2006, provide another vehicle to analyze customer needs and expectations. This in-depth study of consumers in the service area of SFHHS was an important instrument used to understand consumer behavior as it relates to health care services, and illustrates that St. Francis has many opportunities upon which it can capitalize to enhance its presence in the area. For example, consumers were asked to identify the hospital they felt was best for six specific services or capabilities. SFHHS earned top mention in four of the six categories: easiest to reach from home, the friendliness and caring of employees, nursing care, and overall quality of care. Although SFHHS was identified as the institution that is easiest to reach from their homes, it was found that St. Francis did not meet this level in top-of-mind recall. The Community Relations/ Development department implemented a community newsletter and "St. Francis Has It" awareness campaign in the local papers as efforts to enhance its presence in the service area.

The voice-of-the-customer data is the most significant influence when planning for the future. Gaining a better understanding of what the customer wants or expects is the top priority in strategy development.

3.1a(3) Two of the three "Exceptional" goals set each year encompass patient, physician and employee satisfaction (Exceptional Commitment of Employees and Physicians and Exceptional Patient Care, which includes patient satisfaction as well as clinical outcomes and safety). Every department displays these goals on its poster in a public area. Individual employees set Passport goals related to the department goals that focus on providing "Exceptional Patient Care". Department goals are monitored monthly and at least annually with employees.

Voice-of-the-customer feedback is instrumental in identifying patient needs and desires. One incident of using informal feedback affected changes to the exterior doors and parking accommodations. Rehab patients indicated the need for handicapped accessible doors and reserved parking.

St. Francis' values are revealed with AEPC initiatives through workforce actions. Based on the SSMHC program, the Rolling Stones team adapted AEPC initiatives to meet SFHHS' needs. For example, when the AEPC Service Recovery initiative was launched, the Rolling Stones team developed a tool kit using gift cards from

hospital and local merchants to compensate customers for any unmet expectation.

3.1a(4) Listening and learning tools (Figure 3.1-1) are managed by entity leaders who continually evaluate these processes to meet changing health care needs and marketplace directions. This approach drives additions and expansions of these tools.

SFHHS participates with SSMHC Corporate Planning staff to evaluate and disseminate system-wide patient satisfaction survey information. The staff provides input into this process on an ongoing basis through the Vice President of Clinical Services including the opportunity to customize entity-specific questions.

Other listening and learning tools are systematically evaluated using:
- Regulatory guidelines (continuous)
- Input from Leadership Team (continuous)
- Input from patients and other customers through the entity website (as needed)
- Attendance at national conferences, such as IHI and Press Ganey, to learn best practices (annual)

3.2 Patient and Other Customer Relationships and Satisfaction

3.2a(1) SFHHS strives to meet and exceed patient expectations by implementing strategies identified in the SFHRPP that increase patient loyalty, improve community satisfaction and gain positive referrals. SFHHS has determined that physician referrals and the ED are primary sources of patient customers.

As key partners, physicians play a crucial role in patient referrals and achieving exceptional clinical outcomes. Physician satisfaction is assessed annually through utilization of the HealthStream Research satisfaction survey tool. Opportunities for improvement identified through the survey results become areas of focus to enhance physician commitment and loyalty. To build and maintain a positive referral base, SFHHS has defined a physician engagement plan as part of the SFHRPP. The physician engagement plan focuses on three key areas: operational effectiveness, economic alignment, and organizational trust/culture. Physician representatives serve on the AC and BOD.

ED contracted physicians work closely with employed physicians, the ED nurse manager, and ED medical group to establish a collaborative relationship that builds a positive referral process.

To maintain a positive referral base, clinic patients are surveyed to evaluate their satisfaction with employed physicians. Feedback results are shared with individual physicians and senior leadership to identify areas of improvement (Figure 7.2-9).

SFHHS realizes the important capacity of employees in patient referrals, retention, and loyalty. AEPC initiatives are a primary strategy used to improve patient satisfaction: Exceptional Service Standards, Exceptional Conversations (scripting), Exceptional Rounding, Exceptional Recognition, Exceptional Service Recovery, Selecting Exceptional Employees, and Exceptional Patient Experience. Utilization of these tools builds relationships with current patients and secure future referrals through positive word-of-mouth by meeting and/or exceeding their expectations. Employee Passports play a key role in aligning organizational strategies with department goals. Individual goals are established to increase customer satisfaction and loyalty.

Other customer referrals are gained through a variety of community sources. A sample of these include: nursing homes, community health programs (health fairs, community events, and health screenings), condition-specific support groups (diabetes), and leadership involvement in civic organizations.

3.2a(2) SFHHS provides a number of key access mechanisms (Figure 3.2-1) to seek information, obtain services, and make complaints. Key customer contact requirements are embedded in the core values of the organization. The five values of respect, compassion, stewardship, excellence and community serve as a basis for hiring and evaluating all employees. The Rolling Stones team implemented Exceptional Service Standards as a component of AEPC to improve patient satisfaction. Exceptional Services Standards is a systematic process to ensure that

patients receive the care they expect and that the mission and values are deployed in every interaction with patients and coworkers. Employees are trained on AEPC initiatives in orientation and annually at SAFE-T Day. Employees who fail to meet the Exceptional Services Standards are placed on performance improvement plans that identify steps to help employees meet expectations.

3.2 a(3) SFHHS has a systematic, integrated complaint management process, Opportunities for Improvement (OFI), which focuses on follow-up, resolution, and tracking of patient or family complaints in a timely manner (Figure 3.2-2). Patients and their families are provided information about the complaint management process through the Patient Rights and Responsibilities brochure and the Guide to Our Services located in patient rooms. Employees receive customer service training annually and are empowered and encouraged to intervene at the time the complaint is voiced or refer the complaint to the appropriate person.

Key Access Mechanisms	
Seek Information	Direct contact with staff and physicians SFHHS patient's rights brochure and Guide to Services Patient education channel Phone inquiries Health pamphlets in hospital and clinics Internet web sites Community health education presentations, health fairs and support groups
Obtain Services	Hospital Physician clinics Hospitality Dining Community health fairs and screenings Outreach clinics and programs Outreach athletic trainer program for area schools Internet web site
Make Complaints	Direct contact with staff and physicians OFI complaint processes CRP Helpline Patient satisfaction surveys Patient Advocate Care Line Web-based response system Access to DHSS and Joint Commission Comment cards

Figure 3.2-1 Key Access Mechanisms

Figure 3.2-2 Complaint Management Process

SFHHS uses the LEAD approach to address complaints:
- **L**isten and show concern.
- **E**mpathize and take ownership of the problem.
- **A**pologize regardless of the situation or who is at fault.
- **D**eal with it now to ensure that it does not happen again.

To provide immediate service recovery on the spot, the AEPC tool kit is utilized by all employees. Tool kits contain gift certificates and other tokens with a log sheet to document service recovery events. Data obtained from the log sheets are reviewed and evaluated through the Rolling Stones team.

OFIs are communicated through a variety of venues including: employees, comment cards, correspondence, web site, e-mail, patient surveys, patient advocate rounding, and the CARE line. Time frames have been established as a standard for timely resolution of concerns. A grievance requires a written response to include the hospital contact person and the steps taken to investigate the issue, the findings and/or results, and the date of resolution. SFHHS' goals for resolution times are:
- Complaints during episodes of care are to be resolved on the spot or as soon as possible.
- Grievances are to be resolved as soon as possible but no longer than five days (stretch goal; requirement is seven days).

A computerized system is used for managing and tracking OFIs. All staff have access to the internet-based program. Once a complaint is logged, the Organizational Effectiveness Director directs the OFI to the appropriate department manager who becomes responsible for resolution. Aggregated complaint management data is shared with Leadership Team quarterly. Themes for improvement are identified and addressed at the department level. Through prompt resolution, customer satisfaction is maximized.

3.2a(4) SFHHS review patient relationships and access mechanisms associated with changing health care services needs and directions through the SFHRPP on an annual basis. The AC addresses patient satisfaction results and processes on a monthly basis, which helps to identify new issues or trends. Internet research, literature searches, Breakfast with Business, participation with SSMHC Sharing Conference of internal best practices, participation in IHI, and SSMHC clinical collaboratives help to keep SFHHS abreast of health care's ever-changing environment. Through the SFHRPP, non-customer data is also reviewed using the community perception survey and community needs assessment regarding access, needs and services.

3.2b(1) Methods to determine patient and customer satisfaction and dissatisfaction can be found through the SSMHC Voice of the Customer model, which consists of satisfaction monitoring, complaints, compliments, suggestions, rounding and service recovery. The principal method to determine patient satisfaction is a standardized printed survey tool that is currently coordinated by Press Ganey. Surveys are customized for key patient groups to include inpatient, outpatient (lab, imaging, and cardio-pulmonary rehabilitation), outpatient rehabilitation, outpatient surgery, and ED. As surveys are received, data is available through Press Ganey's eCompass tool which is available 24/7 for all staff working on satisfaction improvement efforts and allows users unlimited drill-down capabilities. Aggregated results from patient satisfaction, rounding and OFI are evaluated by the Rolling Stones team to identify actionable initiatives to secure future interaction and to gain positive referrals.

Individual physicians receive inpatient satisfaction results from their specific patients through the physician scorecard process. This information includes survey results and OFI comments, which aids physicians in identifying opportunities of improvement.

3.2b(2) During the course of their stay, patients have numerous methods to communicate information on the quality of health care services provided to include rounding, OFI, staff interaction at the bedside, all which allow staff to follow-up and respond immediately.

The Opportunities for Improvement process is available to all patient groups. The process for addressing issues and complaints is given to all patients upon registration or admission to SFHHS' services. Employees receive OFI training upon hire and annually. Each employee is charged with the responsibility for actively eliciting information regarding opportunities for improvement and initiating actions for resolutions. If the issue is not able to be resolved by the employee, the department manager is contacted for investigation, follow-up and closure. Timeliness of the feedback report is monitored and trended.

Daily interactions with patients, follow-up phone calls, and surveys are other informal methods utilized to obtain satisfaction data. The patient advocate program provides an advocate visit and 24-hour CARE Line to all inpatients. This serves as an additional avenue for patients or their families to voice unresolved concerns.

3.2b(3) SFHHS uses the SFHRPP to gather information on customer satisfaction relative to competitors and other health care organizations. A recent report of publicly reported HCAHPS data allowed benchmarking with other healthcare organizations including competitors (Figure 7.2-7).

The most recent PRC Consumer Perception Study was completed to evaluate consumer satisfaction with health care services within the region. This survey allowed segmentation by patient group and competitor.

Press Ganey provides SFHHS with national, peer group and SSMHC comparative and benchmarking information. The Press Ganey database includes more than 7,000 health care facilities nationwide. This survey tool provides segmented information by patient types (inpatient, outpatient, outpatient surgery, outpatient rehabilitaiton and ED) and by specialty (medical/surgical, OB, etc.).

Robust (stretch) goals are established through the SFHRPP for the entire organization to stimulate faster improvement. When gaps are identified in current performance or goals, senior leadership further investigates data to determine root causes. The monthly PIR process allows evaluation of current performance. If performance does not meet or exceed the predetermined goals of designated measures, a corrective action plan is required. The CQI*plus* model utilizes teams to design or improve processes when indicated.

3.2b(4) Through the annual SFHRPP, approaches to determine customer satisfaction are evaluated and improved as appropriate. SFHHS keeps current with health care services needs through internet research and literature reviews, and networking with research vendors. Press Ganey reports are available on the intranet and posted immediately. The data is reported to staff through monthly Leadership Team and department meetings. Strategies for improvement are identified and implemented at the department level.

4.1 Measurement, Analysis and Improvement of Organizational Performance

4.1a(1) SFHHS follows the SSMHC Performance Management Process (Figure 4.1-1) for selection, collection, aligning, and integrating data for tracking daily operations and overall organizational performance. This approach is supported by SSM Integrated Health Technologies (SSMIHT) through a robust selection of information systems, based on common platforms that have been systematically deployed across the organization.
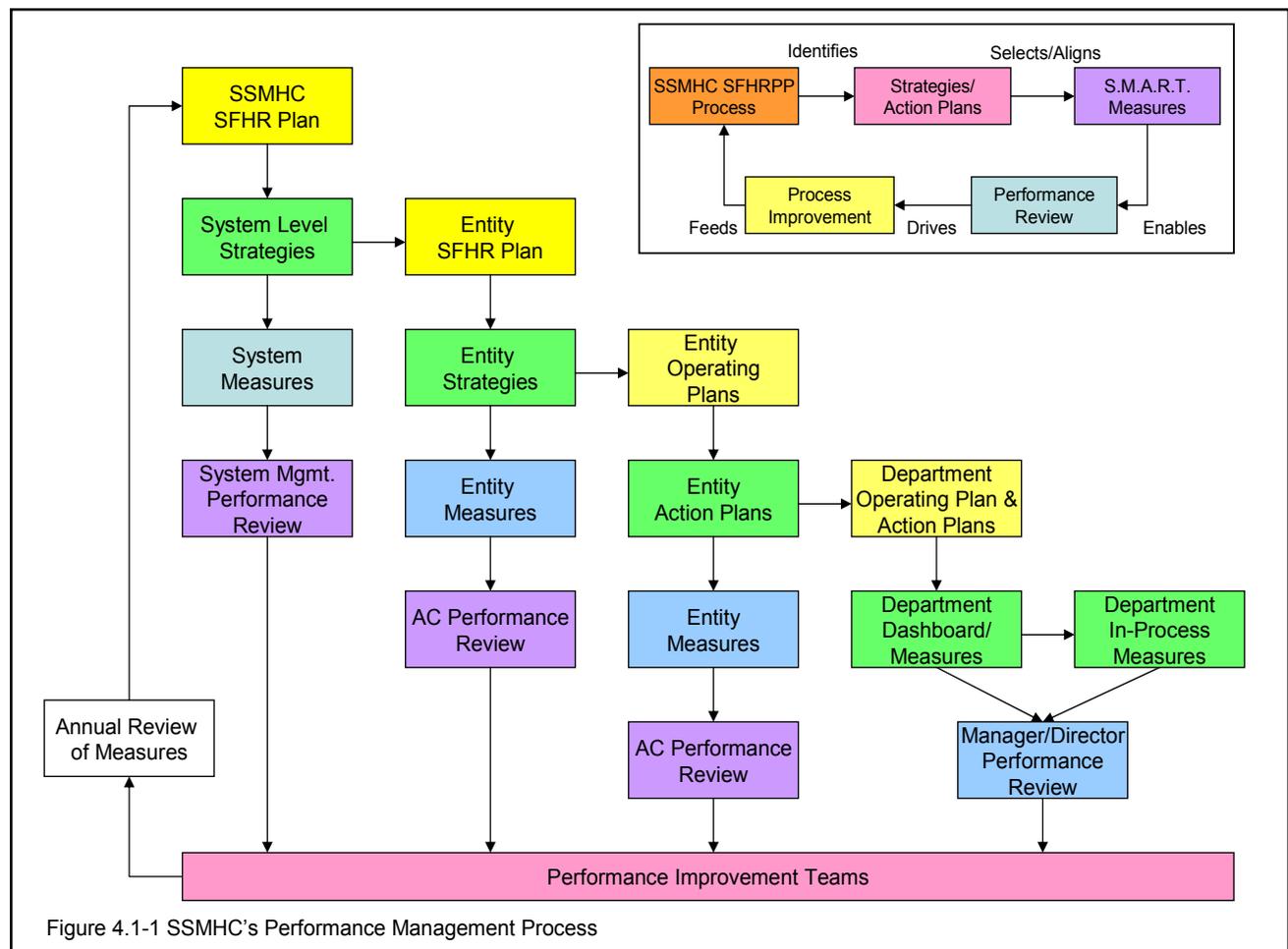
Figure 4.1-1 SSMHC's Performance Management Process

Organizational performance is monitored through regular review of the reports listed in Figure 4.1-2. Leaders use these reports to monitor and manage operational performance and identify areas performing below expectations. One of the core reports is the Performance Indicator Report (PIR) that is reviewed monthly. Key measures (see Figure 2.1-5) contained in the PIR are based on the characteristics of exceptional health care services, which provide a structure for operational goals (A full copy of the PIR is available on site). Contained within the PIR is "Red Light/Green Light" information that is color coded green, yellow, red and white to quickly identify significant favorable and unfavorable variances as well as those not applicable. If SFHHS has a significant unfavorable variance in any key indicator, the President is required to submit and implement a corrective action plan for the purpose of bringing the results back to plan. Key indicators are assessed for appropriateness annually as part of the SFHRPP and revised as necessary.

Every SFHHS' strategic and operational goal has a defined effectiveness measure. Departmental goals are then selected by department management and senior leadership to align with entity goals which align with SSMHC's goals. Departments use SMART (specific, measurable, aligned, realistic and timely) methodology to create goals. Pursuit of these goals can lead to innovation within a department, between departments, or across the entire organization.

Deployments of department and organizational goals are facilitated by department posters and employee Passports.

The departmental posters list SFHHS' mission, characteristics for exceptional health care, and the department's goals for the current year. The employee Passports contain the same information as the department poster with the addition of the employee's personal goals.

As one of the three strategic objectives, Exceptional Financial Performance and Growth is monitored through various indicators on the PIR. The key financial measure is the operating margin. Other reimbursement, productivity/expense, and liquidity indicators are also tracked on the PIR. For example, Net Days in Accounts Receivable (listed on the PIR as Operating Indicator) are impacted by payor denials. The CQI*plus* Prior Authorization Process team is working to streamline the prior authorization process to decrease payor denials.

Departments use a variety of systems to gather data to support decision-making. Some systems, such as HBOC, SAP General Financials and SAP Material Management, provide on-line, real-time access to data. Patient satisfaction data is also available real-time through the Press Ganey web site, while employee and physician satisfaction data is provided annually. Primary sources for clinical quality data include "Focus On Hospital" through the Missouri Hospital Association, Department of Health and Human Services' Hospital Compare, Hospital Quality Improvement Demonstration Project (CMS/ Premier), the Joint Commission Quality Report, and Maryland Hospital Association. Other department-specific systems and processes may be used to gather data needed to track and drive department indicators.

Report	Source	Frequency	Reviews	Use
PIR	SAP/BW	Monthly	AC	Entity Strategic Measures
Quality Board Report	QRC	Monthly	AC and BOD	Patient Satisfaction/Safety, Clinical Data, Employee Satisfaction/Safety
Financial/ Operational Reports	SAP, Manual	Monthly	AC, LT	Key Financial, HR and Other Operational Measures
Operations Report	SAP, Manual	Daily/ Weekly	AC, LT	Daily/Weekly Operations
Operations Advisor	Premier	Quarterly	AC, LT	Comparative Financial Outcomes
Clinical Advisor	Premier	As Needed	AC, LT	Comparative Clinical Outcome
Core Measures	QMAT	Quarterly	Organizational Effectiveness Director	CMS Measures
HR/Payroll Reports	SAP, Kronos	Various	HR, LT	Key Human Resources Measures
Employee Satisfaction	Press Ganey	Annually	AC, LT	Gauge Employee Commitment
Patient Satisfaction	Press Ganey	Monthly	AC, LT	Gauge Patient Satisfaction
Physician Satisfaction	HealthStream Research	Annually	AC, LT	Gauge Physician Commitment
Departmental Measures	SAP	Monthly	LT	Key Department Operations Measures
Summary Exception Report	LMS, Sum Total	As Needed	LT	Review Training Compliance
Community Benefit Report	Lyon Software	Annual	AC, LT	Review Community Investment

Figure 4.1-2 Performance Reviews

To help identify innovation opportunities, variance identification and improvement feed the performance management process to make permanent work system improvements. Idea sharing is fostered through system-wide events designed to share best practices. Two examples are the annual Showcase for Sharing Conference and annual Leadership Conference. For example, the SBAR communication tool was patterned from information gleaned at the 2007 Leadership Conference.

4.1a(2) Selection of key indicators, comparative data and the sources for that data is accomplished through the annual SFHRPP. Both competitive and benchmark sources are used to gather information for goal-setting and assess performance relative to other organizations. Consistent use of challenging comparisons positively impacts SFHHS' ability to assess whether its rate of improvement is adequate to achieve its mission of providing exceptional health care services. When choosing a metric for financial, operational, clinical or strategic performance, SFHHS strives to identify a measure where there is a comparative data base that can identify relative performance. Performance goals are established according to the SSMHC comparative data guidelines:

- A minimum expectation for performance is the top 25th percentile of the identified comparative standard on each of the three Characteristics of Exceptional Health Care Services.
- Once the top 25th percentile performance of the comparative standard is achieved, the next level of comparative performance is the top decile (10%).
- Once the top decile of comparative performance is achieved, a best-in-class benchmark should be identified as a new goal. This benchmark can be either an in-industry benchmark or an out-of-industry benchmark, as appropriate

Effective use of comparative data is ensured through the deployment of various standardized information systems across SSMHC. Each system has a Network Group (also referred to as a Functional Quality Team) and an SSMIHT contact person to provide a forum for the product's users to ask questions and receive support. Most network groups meet face-to-face once or twice a year and hold teleconferences at various intervals throughout the remainder of the year. Contact lists are maintained for each group so that any member of the group can contact his or her peer in another entity. Network groups provide a valuable source of benchmarking and are a forum for identifying best practices within SSMHC.

Premier's data systems provide comparative data for hospitals both inside and outside the SSMHC system. Data obtained from MHA's HIDI is also available for SFHHS' use. Press Ganey's database for patient satisfaction data contains comparative ranking information enabling SFHHS to benchmark against small hospitals, system hospitals, and the entire database comparison.

One example of clinical innovation through comparative data research is the clinical collaboratives where best practices and successes are shared. Another example of use of comparative data to foster innovation is the EPA's Energy Star program, resulting in significant utility costs savings for St. Francis.

4.1a(3) SFHHS' performance measurement systems are kept current through the system-wide SFHRPP. During this process, SSMHC leaders assess health care service needs and, if necessary, modify the performance indicators in the PIR. Through this rigorous annual assessment, SSMHC has the opportunity to improve its measurement system which will then be deployed to the entities.

Annually, SFHHS develops an entity operational plan. Each department develops a departmental plan and indicators are selected. However, if the need arises, the annual plans and indicators can be reassessed throughout the year in order to ensure that they remain meaningful and sensitive to the ever-changing health care environment. The Department Update Meetings between senior leaders and department managers are an opportunity for routine review of current performance to ensure goals are aligned with needs and challenges of the environment and plans of corrective action are implemented as needed. Daily, weekly or monthly reports from various levels of the operation are reviewed to identify and adjust to customer needs.

4.1b(1) A list of the reports containing the most critical decision-making information that hospital leaders review can be found in Figure 4.1-2. These reports are used to monitor and manage operational performance and to identify areas performing below expectations. The PIR contains the key critical measures identified for achieving overall strategies. Additional drill-down information is available by service line for review. For example, SFHHS measures inpatient loyalty as a key indicator of Exceptional Patient Care. The Press Ganey priority index is used to identify opportunities for improvement from patient satisfaction surveys. Through this statistical tool, areas with the lowest satisfaction and highest importance to the patient are correlated to identify areas of greatest impact. The eCompass tool is also used by managers to obtain real-time results to further study key drivers.

Some examples of analyses used to support performance reviews include:
- SWOT analysis and gap correlation are conducted during the annual SFHRPP using the information compiled through the minimum data set to determine market gains or losses or changes to expectations and requirements as well as potential areas of focus.
- The Priority Matrix provides a vehicle for managers to utilize market, financial, patient delivery system, community impact, and workforce data to act as a catalyst to drive change and help make hard decisions that will have a long-term impact.

SFHHS and each of its departments has the ability to respond rapidly to changing organizational needs and challenges by reviewing key indicators on a daily, weekly or monthly basis to ensure alignment and responsiveness to a changing operating environment.

4.1b(2) SFHHS utilizes comparative data and benchmark information and strives to achieve top performance relative to competitors. SFHHS has been successful as top performer with the comparative hospital clinical quality results through the Premier Hospital Quality Improvement Project, MHA's "Focus On Hospital," CMS Hospital Compare data, and the Joint Commission Quality Report.

Senior leaders review organizational performance and capabilities through AC meetings, utilizing performance reports. Actual performance for the month being reviewed and year-to-date performance is compared to the current year goal and prior year performance. Variance to goal and prior year performances are displayed by actual amount and percentage difference, allowing senior leaders to quickly determine the level of performance and if a corrective action plan is needed. The AC looks at constraints on resources, time and magnitude of gap in current performance to prioritize what is to be worked on in the short and long term.

The PIR's key data sets are aligned with organizational goals, reflecting progress towards strategic objectives. Responsible senior leaders review progress on action plans at the department level. CQI*plus*/PDSA/DMAIC performance improvement methodologies are utilized to drive performance and improve accountability and performance monitoring at all levels.

SFHHS' physicians collaborate with clinical improvement teams to determine key clinical performance indicators (AMI, HF, pneumonia and SCIP). The physicians are given information regarding clinical quality data at MSEC on overall performance. The physicians also receive scorecards quarterly of their individual performance in specific quality indicators. This allows the physicians to identify priorities for improvement that are in alignment with entity goals.

Supplier relationship and sharing of performance results is a system-level process through SSMHC. Input from SFHHS is solicited and considered. Performance review findings are shared with community collaborators through the quarterly Breakfast with Business. Attendees receive information on quality, financial and satisfaction indicators then are asked to share opinions and ideas for improvement.

4.1b(3) Results of analyses performed are shared directly with the work group or team that requires the information. Senior leaders, AC, medical staff, LT, departments, and CQI*plus* teams receive the findings and determine what would be the best use of time and talent to improve.

As a regular part of the SFHRPP, evaluation and improvement of performance monitoring and its linkage to emerging strategies is conducted annually to ensure alignment.

4.2 Management of Information, Information Technology, and Knowledge

4.2a(1) SFHHS' local area network (LAN) and SSMHC's wide area network (WAN) provide access to on-line data and information where and when it is needed. Data may reside on local computer servers, servers based at the SSMIHT or servers that can be accessed via the internet. The actual location of the data is transparent to the user. Each server's data is backed up on a regular schedule to insure that no data is lost, should a hardware failure occur.

A wide array of applications can be used by the staff to access data. Available applications include (but are not limited to): Microsoft Office, HBOC Star, HBOC Trendstar, SAP, and EPSI Budget Manager. Many new applications are browser- (Internet Explorer) based which allows for rapid deployment of applications throughout SFHHS. Data is made available through electronic applications accessed through desktop computers, automatic report distribution network printers, electronic data exchange, hard copy reports through interoffice mail, e-mail, internet, and intranet, committee and team meetings, PDAs, pagers, fax machines, and hard-copy records. Examples of clinical information resources are PACS (Picture Archiving and Communication System) and the central monitoring system in the obstetrics department. Both allow real-time data for physician access to view radiology exams and monitor strips for labor patients.

Examples of data and information access include: the admitting department and business office check eligibility and claim status electronically with Medifax and the internet. Claims are submitted electronically to a clearinghouse (SSI) that is used throughout SSMHC. This allows rapid submission of claims to Medicare, Blue Cross, and other payors.

Medical staff and caregivers that are not on the hospital network can receive the data they need to provide care through SSMIHT's SSM Connect application. This provides automatic faxing of admission face sheets, test results, and transcribed reports to the provider's office. Providers can also access patient data via the physician portal or the nurse portal. The portals provide on-line, real-time access to data from any PC or workstation in the hospital and can also be accessed via a secure internet connection. In addition to electronic data, physicians and appropriate caregivers have access to the medical record documentation upon request. Records are stored in the hospital's health information management department which is a controlled-access area.

SFHHS' suppliers and partners may receive needed information and data via SAP's automated purchase order faxing or from secure electronic file transfer. Business reviews are conducted with primary Premier vendors by SSMHC. Representatives from major suppliers communicate via e-mail and internet with users of their products to share information and address issues.

Patients and other customers can access the SFHHS web page to obtain information about the hospital, physicians, employment opportunities or about specific medical conditions. In addition to the internet, patients and customers receive information in their admission packets and again during discharge as found in Figure 3.2-1. Departments display their goals poster in a public area so that patients, families, employees, and physicians can see what departments are working on and how each department is performing.

4.2a(2) Software reliability is ensured for the primary clinical systems through comprehensive testing of new or upgraded applications by both the SSMIHT and by SFHHS department coordinators. Since the HBOC applications are standard throughout SSMHC entities, information is shared through network groups on possible problems or desired enhancements. Any software deployed throughout SSMHC is first tested at the SSMIHT and then piloted by a volunteer entity. This highlights any problems that may occur so that the implementation process is improved with each successive entity. Software selection is done through teams with members selected from throughout the system. An example is the SSMIHT process used in implementing Epic's electronic health records software; the SSMIHT team includes representative(s) from SFHHS and other hospitals throughout the SSMHC structure in the design, build and validate process. User friendliness, reliability and security are evaluated for each proposed application.

SFHHS purchases computer equipment and network components with the assistance and approval of the SSMIHT. Standard configurations are provided by the SSMIHT to insure that system components are compatible across the network. Should the need arise to purchase non-standard hardware, SFFHS submits a technical assessment to the SSMIHT project office. A technical team reviews this document to identify any potential problems and works with the vendor for clarification and resolution.

The SSMHC high-integrity desktop has been developed to insure that software is deployed in a consistent manner and all data is stored on the network. The desktop does not allow users to install software or alter system settings. This gives users a standard look and feel across the organization and eliminates faulty computer settings by the user. Most software deployment is automated and controlled by the Information Services department. This

prevents the installation of unauthorized software and allows PCs configuration to be rapidly recreated should a component failure occur. Security patches and new virus definitions are distributed automatically to all PCs. PC users are granted right to USB ports and CD drives only if a business need is identified.

Redundant hardware is another way SFHHS promotes high availability of its computer applications. Mission critical in-house servers are outfitted with disk arrays, dual power supplies, and dual processors to ensure the highest uptime possible. Redundant WAN links to the SSMIHT in St. Louis are also in place. Each link takes a different path to the SSMIHT so that if one cable is cut, the other will survive.

SFHHS has adopted the standard SSMHC security policies and procedures. These policies apply to all SFHHS employees and are included in the Administrative Policies and Procedures, available on the Intranet or on a shared network drive that can be accessed by all workstations. The policies address every user's (employee, physician, payor, contractor, and other) responsibilities relating to privacy and security such as unique log-ons, periodically changing passwords and not sharing passwords with others. The policies also provide direction to the Information Services department regarding safeguarding of information, automatic aging of passwords and data backup. Routine audits are completed by the Health Information Management Director to validate that appropriate access to patient information and records is maintained.

All new employees sign a statement of confidentiality to acknowledge that access to patient information is on a need-to-know basis. To further ensure data and information security and confidentiality, the SSMIHT has established a department for compliance administration and security, which is responsible for ensuring appropriate authorized access to its computer systems. This is done through the Computer Authorization Form. This form must be completed and approved by the appropriate persons before access is granted to on-line systems.

Representatives from SFHHS participate on system-wide teams to review and prioritize functionality and enhancements to system applications. Through the process of system development and vendor selection, input from staff utilizing applications in daily operations assure that systems are more fully optimized and user friendly. During implementation phase, frontline staff affected by the new system ensures that applications are designed for ease of use and provide appropriate functionality.

4.2a(3) A variety of approaches ensure that the hardware needed for data and information access is available when needed. The computer rooms at SFHHS and at SSMIHT are equipped with an uninterruptible power supply (UPS)

and generator power to provide power that is constant and free from fluctuations. The LAN hardware, located throughout the organization also has its own UPS and is on emergency generator power. The SSMIHT also provides a backup data center. Located on a St. Louis hospital campus, this data center duplicates the hardware, software and communication links for selected mission-critical applications. Critical hardware and software are monitored 24 hours a day, seven days a week by the operations staff at the SSMIHT. Should a failure occur, they notify the appropriate on-site staff to resolve the problem. Performance metrics are collected at the SSMIHT to provide a means to avoid problems before they occur. These metrics track disk space availability, processor utilization, network utilization, and system up-times. This also allows the hospital's Information Services department to make the necessary adjustments to avoid a failure. It also provides valuable information used for forecasting and planning server, LAN, and WAN upgrades.

4.2a(4) SFHHS keeps its data and information availability mechanisms current with health care service needs and directions through the SSMHC Information Management Council (IMC), SSMIHT application specialists, application network groups, entity leadership, and the entity information services department. Through the SFHRPP, technology needs are assessed and aligned with direction from SSMHC. Emerging technologies are analyzed by the SSMIHT to determine their appropriateness in the SSMHC environment. Application specialists and network groups identify applications that may need improvement or replacement. Entity leadership can identify challenges specific to that entity that may require a local solution. The Information Services department keeps local hardware, software, and infrastructure updated to meet the identified current and future needs. In addition, SSMHC sponsors an education day that details health care technology trends, new applications and the future direction of technology in health care. The SSMIHT also utilizes external industry research and educational groups, such as the Gartner Group, Washington University's CAIT program, HIMSS, CHIME, and INSIGHT (HBOC's user group) as a way of keeping current with health care service needs and directions. A major software and hardware initiative currently being implemented is Project Beacon; this system-wide project has brought PACS and progress is being made for future implementation of EHR (electronic health record) applications at SFHHS.

4.2b(1) The accuracy, integrity, timeliness and reliability of data, information, and organizational knowledge begin with system deployment and user training. As new applications are deployed across SSMHC, standardized policies and procedures are put in place to ensure that the software is used in the proper manner at each entity. Daily reports are automatically generated during off-hours for revenue-producing departments detailing the previous day's activities. Data is verified by each department to ensure accuracy. Weekly, monthly, or on-demand reports are produced to validate data.

User training is essential to data management efforts. The Information Services department has a dedicated training room that can be used for new employee training, upgrade training, or various on-line training courses. Super-users are identified for many systems in order to provide timely one-on-one training and application assistance. Super-users assist users to understand the data and the most appropriate way to extract and interpret that data.

Security and confidentiality issues have come to the fore-front since the implementation of the HIPAA regulations. While security and confidentiality have always been a concern in health care, efforts have intensified to ensure that a patient's health information is protected. Any patient information accessed in HBOC is logged on the STAR audit server. Audits are done monthly to insure that patient information is accessed only by those with a legitimate need.

All SFHHS' employees sign confidentiality statements upon employment. Security and confidentiality issues are addressed at new employee orientation, annual SAFE-T Day training sessions, hospital newsletters, and periodic e-mail reminders.

4.2b(2) SFHHS has access to a vast amount of data, information, and organizational knowledge. This knowledge is shared via a wide variety of communication methods (see Figure 4.2-1).

Rapid identification, sharing and implementation of best practices occur in various forms: SSMHC Leadership Conference, Showcase for Sharing, clinical collaboratives, Best Practices website on the Intranet, newsletters, and e-mail notices from industry leaders such as Press Ganey and Studer Group. Internal and external performance comparisons are used to identify best practices.

Method	Frequency	Audience
Divisional Board of Directors	Bimonthly	Board, Senior Leaders, Physicians
Administrative Council	Twice Monthly	Senior Leaders, Department Managers, Physicians
Department Meetings	Monthly	Employees
Medical Staff Meetings	Monthly	Physicians
Leadership Team Meetings	Monthly	Department Managers, Senior Leaders
Inservices & CEU Presentations	As Needed	Employees, Physicians
SSMHC Clinical Collaboratives	Bimonthly/Monthly	Employees, Department Managers, Physicians
Mission Awareness Team	Bimonthly	Employees
SAFE-T Training	Monthly	Employees
Newsletters	Monthly	Employees, Physicians, Community
Retreats	Annually	Physicians, Board, Employees
Shared Governance Councils	Monthly	Nursing Staff
Physician Advisory Council	Twice Monthly	Employed Physicians
CQI Teams	As Needed	Employees, Physicians
Birthday Lunch	Bimonthly	Employees
Employee Council	Bimonthly	Employees
Breakfast with Business	Quarterly	Community Leaders
Rounding	Ongoing	Patients, Employees, Customers
Department Update Meetings	Monthly	Department Managers, Senior Leaders
360-Degree Performance Evaluations	Annually	Senior Leaders, Employees
Employee Performance Evaluations	Annually	Department Managers, Employees
Thank You Notes	Continuous	Department Managers, Employees
Site Visits by SSMHC President and System Management	Annually	Senior Leaders, Department Managers, Employees, Physicians
Foundation Board	Quarterly	Community Leaders
PC Screensavers	Continuous	Employees, Physicians

Figure 4.2-1 Communication & Knowledge Sharing

5.1 Workforce Engagement

5.1a(1) Key factors that affect workforce engagement are determined primarily through an employee perspective survey process. To assure diverse representation, survey results define employee participation by job status, work shift, length of service, work group, supervisor or department head, job category, age, gender, and ethnicity. The survey process has been revised to stimulate participation and provide expanded reporting capabilities. The comprehensive survey focuses on the following dimensions of workforce perspective: participation, recognition, supervisor, teamwork/coworkers, staffing, and work environment. A comprehensive perspective survey is conducted bi-annually with a pulse survey the alternate year.

The employee survey process also includes training for leadership on interpretation of the results. Feedback sessions are provided for employees on the survey outcomes to further define opportunities for improvement. Senior leaders are responsible for action plans to address organization-wide improvements and "quick fix" opportunities. The comprehensive survey tools include an online action planning module to provide structure to the process as well as document progress, allowing the AC to consistently monitor work group activity. The pulse survey provides for responses to questions focused on the opportunities or key factors employees identified in the comprehensive survey. Department managers lead the development of departmental and individual goals to support the strategic and operational plans, in the Department Measurement and Passport process. Employee perspective survey opportunities for improvement are integrated as a link to the core value measure of employee satisfaction. Action items and plans for improvement are monitored through the monthly/quarterly operations updates.

Through the AEPC initiatives, employees have participated on teams at the system and entity level to define values-based exceptional service standards and exceptional team member standards. Coworkers, managers and other customers assess the achievement of these standards and provide input for improvement goals during the performance evaluation process. Another AEPC initiative was developed to define a process for "Selecting Exceptional Employees" in order to hire the best candidate and improve retention. To sustain a high performance and customer-oriented culture, this process provides for a peer interview team utilizing a standardized assessment tool to better evaluate the values match and motivation of the employment candidate. Human Resources has developed a monitoring tool to assess the effectiveness of this process.

5.1a(2) A mix of people with varying backgrounds and experiences contribute to SFHHS' health care delivery process. SFHHS' commitment to CQI principles provides the framework for workforce participation in all aspects of organization improvement. The CQI*plus* team experience, beginning with new employee orientation, engages employees in the sharing of diverse ideas influenced by cultural, generational and experiential differences. Managers, staff and physicians are educated on the CQI*plus* model, providing them with common language and tools enabling them to work effectively on teams, share information, and gain knowledge about methodologies for improvement.

In addition to formal CQI*plus* teams, informal work groups are also utilized to integrate values into work, problem solve, meet changing needs of patients and other customers, meet regulatory compliance requirements, and initiate new technology. When an opportunity for improvement is identified, CQI*plus* team membership is evaluated based on disciplines and skill sets needed, as well as team dynamics to ensure cooperation, innovation and individual initiative. Senior leaders serve as champions and are available as a resource while other staff or managers may participate ad hoc. The CQI*plus* model incorporates a DMAIC process which engages those closest to the work in ongoing monitoring and reassessment of process effectiveness. Participative management contributes to the agility of the organization to address challenges and achieve timely and innovative action plans. This model contributes to development of leadership skills through training for team participation, which includes data collection and analysis tools as well as the knowledge sharing and familiarity with decision making and priority setting through collaboration on multidisciplinary projects, problem solving, and resolution development.

Employees are engaged in SFHRPP annually through the Passport process which aligns department and personal goals with entity goals. The Passport process empowers employees to participate in the identification of key factors from the employee perspective survey or other sources for inclusion in annual department action plans and goals, and in the development of the manager's and employee's personal goals. Staff and managers report measured personal Passport goal attainment results during the annual performance evaluation. Managers report action plan and goal progress at monthly and/or quarterly operations reviews with the AC. Managers report on department measurement goals linked to organization goals at Leadership Team meetings throughout the year. The senior leader for each department reviews the goals and measurements with the manager during annual Passport planning.

The Employee Council (EC) is a multidisciplinary team missioned by the AC with the ultimate goal of transition to an organization-wide shared governance council. The EC provides employee input into decisions affecting the organization, improves employee participation and satisfaction, and enhances communication throughout the organization. The EC is a resource for senior leadership in further analyzing employee satisfaction results, as a sounding board for new human resource policies, and in establishing meaningful celebrations and recognition programs. The EC developed bylaws and a process for membership rotation on and off the council in a way that preserves the continuity of projects and knowledge transfer, allowing more employees to participate as representation changes. The EC has participated in the formulation of new policies for PTO benefit sharing, Recognition of Professional Development milestones, recruitment referral bonus program, wellness benefit, revision of the Dress Code, and enforcement of the tobacco-free and parking policies. The Council has designed an employee suggestion process which aids in the identification of opportunities for clarification of policy, practice and procedures related to the workforce. Participation on the EC provides individuals with an opportunity for development and is a forum for knowledge sharing and improved employee relations through communication by Council members to their work groups. Activities of the EC are published in the Heartbeat, posted on a dedicated bulletin board and minutes are available online. Council members frequently utilize e-mail to query the workforce or make announcements.

In January 2008, the EC transitioned to a shared governance council facilitating their meetings, defining focus areas of need and assigning sub-teams with team leaders to develop action plans.

Two additional groups utilizing shared governance are the nursing staff and physicians. The shared governance nursing practice model fosters a sense of ownership, placing accountability and empowerment at the level where work is performed. PAC, the physician advisory (shared governance) council, was developed to seek input and direction for operational and clinical improvement for employed physicians. Building on the CQI*plus* culture, shared governance provides a listening/learning environment that stimulates knowledge sharing, innovation and creative thinking; improves communication within and across departments; encourages continuing education and personal development.

Opportunities to share patient, physician and employee satisfaction results, quality outcomes and initiatives, operations and strategic information is provided through interactive meetings, councils, training sessions and other events involving the workforce and partners. These opportunities ensure an effective information flow to and from the workforce, and allow formal and informal feedback assessment (Figure 5.1-2).

OPPORTUNITY/FORUM	PARTICIPANTS
Department staff meetings	Department managers, employees
Leadership Team meetings	Department managers, senior leaders
Administrative Council	Senior leaders, department managers, physician
Employee Shared Governance Council (Healthy Living Initiative & Diversity Scorecard)	President, staff, DAC representative
Nursing Shared Governance	Nursing staff, department managers
Physician Advisory Council	Physicians, president
Mission Awareness (Preservation of the Earth)	Staff, department managers, senior leader
AEPC Team	Staff, department managers, senior leader
Department Update Meetings	Department managers, senior leaders
Employee Birthday Luncheon	Staff, department managers, president
SAFE-T Day Training Sessions	Staff, department managers, president
Retreats (Heritage Days)	Staff, department managers, senior leaders, physicians, other partners and customers
AEPC Rounding Process	Senior leaders, department managers, staff, patients, other partners and customers
Board of Directors Meeting	SSMHC CEO, COO, Board of Directors, senior leaders, physicians
New Employee Survey Process	Human resources (HR) staff, new hires
Manager Connect/New Staff	Department manager, new hire
Environment of Care Committee	Senior leaders, department managers, physicians, staff
Auxiliary/Volunteer Training/Meetings	Volunteers, senior leader
Student/Job Shadow/Intern Orientation	Department manager, supervisor, HR, preceptor
SSMHC & SFHHS Intranet	All workforce
SSMHC CEO Site Visit	CEO, All workforce
In-service and other training sessions	All workforce

Figure 5.1-2 Feedback Sharing Opportunities

Diversity of ideas, cultures and thinking is important to fostering high performance. The multidisciplinary nature of CQI*plus* and daily work teams promotes a diverse team composition (gender, job type, age, ethnic diversity).

5.1a(3) SFHHS' primary workforce performance management system has evolved over the past several years and continues to be monitored and reevaluated for effectiveness and consistency. AEPC initiatives have influenced changes in the job description/evaluation tool, revision of the coworker evaluation tool, and development of an Exceptional Service Standards tool. The process is utilized for 90-day review of new employees and for annual performance evaluation of both staff and management. Evaluation processes and tools are designed to incorporate coaching and development, assessment of job skills, demonstration of values, customer service and teamwork. The Exceptional Service Standards are based on five values: compassion, respect, excellence, stewardship, and community. The team member feedback is based on efficiency, teamwork, and attitude. The overall evaluation tool includes: work attendance, career growth and development, organizational improvement, equipment/safety and principal duties/competencies. Approximately 90 percent of SFHHS' employees meet or exceed expectations on an annual basis. Employees who fail to meet standards are placed on performance improvement plans, which clearly identify steps to help employees meet expectations. Employees being evaluated complete a self-evaluation, a safety assessment exam, and a career growth and professional development inventory before the evaluation interview with the manager. Annual compensation increases are related directly to overall performance evaluation scores. Direct patient care staff complete clinical competency assessments annually which are job, patient type and age specific. Competency requirements are determined by clinical outcomes, measurements and goals, advances in technology and equipment, changes to patient service lines and protocols.

Based on the core values, SFHHS believes that employees' primary motivation comes from a fundamental desire to perform well. Research has confirmed that rewards that motivate the most are not monetary. As such, managers motivate employees primarily through two non-monetary approaches: coaching and recognition. Recognition includes:

- Monthly, quarterly and annual Mission Exceptional recognition (drawings for gifts at each interval)
- Service awards (service pin, gift, certificate, and celebration)
- 20+ Club (cafeteria discounts, added paid time off, and annual celebration)
- 30+ service (gift, SSMHC drawing for $3,000)
- Birthday recognition (card and gift options)

- Team achievement (SSMHC Sharing Conference and Leadership Conference attendance)
- Achievement of personal career growth and professional development (gift and celebration)

Employees complete personal preference inventories defining what they value as recognition. Managers, Human Resources, and the EC use these preferences to make decisions about rewards and celebrations such as appreciation meals and treats. Individual and team achievement is highlighted in the monthly <u>Heartbeat</u> newsletter, the system Network newsletter, as well as local news publications. Formal coaching is built into the employee development process and informal coaching is an ongoing process at all levels. All employees are coached to achieve their highest potential on their chosen career path.

Employed physicians are evaluated through the credentialing process based on medical staff standards of performance and contractual requirements. Independent practitioners or their employer provide evidence of competency assessment and credentials.

Students and internships are evaluated by the department manager or preceptor based on curriculum plans and performance goals in collaboration with program instructors and in accordance with the school agreement. SFHHS works collaboratively with many area educational institutions.

SFHHS maintains fair and equitable compensation policies for all employees. A compensation audit, submitted annually for corporate review, requires an action plan if average wage falls below specific benchmark with market studies. A flat-rate base wage adjustment for the cost-of-living increase has been applied to all job classes in January the past three years in response to employee survey comments. These increases are applied to the minimum and maximum of the pay grades to avoid compression and support the annual performance wage increase which is a percentage of base pay. Annual market studies are conducted and pay ranges are adjusted as necessary to ensure competitive compensation. Incentives for shift, weekend, holiday, call pay and call-back pay are built into the compensation plan and are evaluated annually. Department managers may recommend, with senior leader approval, wage increases for staff that complete certification or add skill levels based on department or patient needs or development of new product lines. Because internal equity is very important, new hire compensation determination ensures that an external applicant is not offered more than a current employee performing the same job with similar experience.

5.1b(1) SFHHS' commitment to staff development aligns with the SFHR plan and the values of the organization. The continuous improvement culture engenders a need for continuous education and training to meet the changing technology, health care trends, regulatory compliance and market influence. Education and training for staff and management employees is offered within departments for specific disciplines, within the hospital for all employees and through off-site seminars, conferences, and network meetings. Departments also provide opportunities for specific certification programs to meet the needs of the patients or customers served.

SFHHS supports employees who seek to continue formal education at colleges, universities and accredited vocational/technical schools. A tuition reimbursement program is offered to all employees and a professional student loan program has been effective in avoiding a nursing shortage. Managers cooperate with these efforts by providing flexible scheduling to assist the employee engaged in continuing formal education. Cross-training opportunities are available between departments. Cross training within support and service departments is not only encouraged, it is imperative to daily operations management and customer service. Managers collaborate to share staff between departments which promotes the enhancement of skills and competencies for the individual as well as gaining an understanding of other department functionality. Employees participating on multidisciplinary and departmental CQI*plus* teams benefit from the membership training and knowledge sharing as projects, data and processes are analyzed and action plans are defined.

The annual SFHR plan and Passport processes generate learning needs through department operational plans and goals, quality measurements and trends, and individual employee goals. Action plans requiring capital equipment acquisition or new technology present training opportunities to be met at the job-specific or department level. Training needs assessment and opportunities for additional education are identified through:
- Leadership development plans
- Performance evaluation and competency assessment
- Peer evaluation of service standards and team member standards
- Performance improvement plans
- Regulatory compliance
- Updated equipment and technology
- Employee feedback from training and education programs
- Employee satisfaction surveys
- System-wide training programs
- Career growth and development programs
- Basic skills assessments

All employees receive initial training and education through organization-wide general orientation, department and job-specific orientation, and competency assessment. Orientation objectives include mission and

values, AEPC, ethics, diversity, safety, infection control and human resource policies. Similar content is covered in SAFE-T Day annually. A training needs assessment was conducted to identify further educational needs for all staff. Additional classes will be tailored to results of the assessment.

A School at Work (SAW) program has been implemented, which provides entry-level employees the opportunity to advance basic skills onsite and "on the clock" to complete the course of study. SAW is just one element of SSM University (SSMU) which espouses the philosophy that every employee is a leader and provides development opportunities to realize their potential.

Another factor considered in the design, delivery and course content is that staff education levels vary from professionals with graduate degrees to others with only a high school diploma. Managers, preceptors, and peers reinforce job skills and knowledge through day-to-day observation and demonstration. Demonstration of skills and competencies ensure that skills are transferred to the work environment. Evaluations by training program participants on the importance and effectiveness are summarized and used to modify the content of programs (Figure 7.4-7).

Internal and external education programs meet the need for licensure, certification and recertification. Expiration of licensure and certification is monitored by Human Resources. Employees who attend off-site seminars and training are encouraged to share learning with coworkers through in-service and department meetings.

During the orientation process, new employees are assigned a preceptor or mentor for the duration of the department and job-specific orientation who are often the observer or evaluator of competencies. New employees are surveyed at 30 days about the orientation process. This affords the new employee the opportunity to define any concerns or issues they have encountered and have them addressed during the orientation period. The new employee performance review at 90 days is designed to determine any learning shortfalls, education or coaching needs. In accordance with AEPC initiatives, the manager is required to meet with new employees during the first 60 days of employment to ensure the success of the orientation process.

Long- and short-term education and training goals are addressed at various levels of the organization with a variety of methods and collaborations. Educators from across the health care system meet through periodic phone conferences and an annual meeting to share best practices and innovations in education, and to plan education programs to meet workforce needs. A learning management system (LMS) provides on-line programs to accomplish corporate and regulatory compliance initia-

tives and annual competency testing. The LMS system software has been updated to support the planned transition to 360-degree performance development process for all employees. The system allows department managers to monitor employee completion of assigned on-line training. Assignments are reviewed and entered annually to provide a systematic way to maintain competencies and meet compliance goals. The LMS system also supports off-site education and other seminars, webinars, and learning documentation such as training on equipment or procedures during department meetings. Job-specific learning profiles are defined annually allowing employees to access their assigned education requirements on the LMS. Instructor-led education programs and other training participation are added to complete the training plan.

The SAFE-T Day annual training sessions are organized to allow half-day instructor-led training and half-day computer training to focus on completion of individual learning assignments. During a performance evaluation, the manager will access the employee's transcript to determine if the plan was completed as assigned, including CRP, HIPAA and safety training.

Super-user training programs develop specialists in various software and participation in user groups provides an ongoing shared learning experience. Participation in user groups also provides a shared learning experience. Participation in data collection and results measurements for department and individual goals and initiatives emphasizes the effect of outcomes on operational and strategic action plans and provides experiential learning.

Replacement of retiring employees is planned to allow for timely transfer of knowledge. SFHHS' phased retirement benefit plan allows vested employees to reduce hours prior to retirement without negatively affecting their benefit. Employees at age 62 may elect retirement benefits and continue to work at full or part time. These benefit provisions allow for a longer duration of the separation process in many cases and a more manageable transition.

SFHHS maintains workforce turnover below national and SSMHC Best Practice benchmarks. A two-week notice is requested of voluntary staff resignation; managers and professionals are required to give four weeks. While two and four weeks are not always sufficient for recruitment and replacement, it allows for interim staffing plans and transfer of information to current staff. Departing employees complete an exit interview or assessment and make recommendations for improvement in job-specific functions, department processes or organization and management effectiveness.

Collaboration with area schools and colleges provide opportunities for nurses and other clinical staff to precept

students. Job shadow experience offered to students interested in health care careers provides a development opportunity for the student and the employee mentor. The workforce is encouraged to develop through formal learning objectives and informally through mentoring by managers and coworkers.

5.1b(2) Through SSMU, personal leadership attributes were used as the basis for developing the Leadership Competency Model. This model includes five leadership competencies (mission and values based leadership, human resources, process improvement, planning, and financial stewardship). The modules are designed to improve specific behaviors for each competency. By the end of 2008, courses in Just Culture, Leadership Competency, and the five leadership development modules will have been completed.

Manager leadership education and development has been enhanced by SSMU, utilizing web-based programs that are interactive, testing for effectiveness, and following up with a discussion group to validate learning. In addition, instructor-based, phone, and web conferences are provided to enhance leadership development. Managers are informally surveyed to determine priorities for education needs. The opportunity to serve on the extended AC provides experiential education for managers on policy development, capital acquisition, decision making related to operational and strategic challenges, and other topics. During the SFHRPP, managers participate in the prioritization of requests for capital equipment and projects. In these discussions, consideration is given to the correlation of core competencies to decision making on short- and long-term action plans.

All employees are mandated to complete online training on the CRP consistent with their job class. Based on the diversity of skills and jobs, training and education programs are varied in content and methods of delivery. Interactive group learning activities, classroom-style lectures, discussion, testing, skill demonstration, and individual instruction are provided.

Managers are evaluated on Exceptional Service Standards, team member standards, clinical and financial outcomes, as well as supervisory/management effectiveness, department measurements, and productivity. The evaluation process at the senior leadership level utilizes a 360-degree leadership development tool which reviews demonstration of values through behaviors or outcomes related to the development and mentoring of those employees within their scope of responsibility. Internal customer evaluation of these senior leader behaviors is a vital component of the annual review in addition to effective accomplishment of exceptional results in clinical, operational and financial performance goals and initiatives. In 2008, department managers will be trained in the updated 360-degree leadership development tool and

will begin utilizing the process in January 2009. The updated version of the tool includes a process to cascade goal setting and action planning to supervisors and staff employees in support of goals established at the organization level. The long-range plan is to implement the process for all employees by the end of 2010.

5.1b(3) Effectiveness of workforce and leader development and learning system is continuously evaluated through multiple feedback mechanisms. Entity-wide training is evaluated through participant feedback surveys and pre- and post tests. Other methods utilized to determine effectiveness include on-the-job assessment, actual job performance, individual and organizational performance, employee feedback and attainment of key goals.

5.1b(4) Succession planning for senior leadership level employees is accomplished through the Executive Career Development Program which begins with executive orientation at the corporate office for new employees or employees promoted to executive positions. The program includes a leadership behavior assessment in the form of the Calipers psychometric tool, CQI*plus* training designed for leadership, CRP training, and a personal development plan. The personal development plan is a continual process with an annual 360-degree evaluation and update. Periodically executives are surveyed for career interest by Corporate Human Resources and annual events are provided for senior leadership to assess team effectiveness and opportunities for improvement through a Colarelli survey tool that defines the strengths and weaknesses of the team based on individual leadership attributes. This information is then utilized in team and individual development goals for the following year.

New employees or employees promoted for management roles complete the Calipers tool to aid in the selection process and provide feedback for personal development plans. The manager is mentored and coached by a member of senior leadership who also assists in the planning for personal development. High potential/high performing employees are informally identified in advance of the need to fill a management position, allowing time for mentoring by the manager, the senior leader and other professionals.

A career enhancement program is being developed to formalize and systematically direct an informal process that has been in place at SFHHS for years. A formal policy and procedure to support succession planning for department management level positions is currently in the approval process. The policy defines those activities in which candidates will be required to participate. The policy also defines the standards required for selection to participate in the process and the skills, competencies and experience.

Examples of the informal practice that has been in place at SFHHS are: the current Nurse Manager for the Medical/Surgical Unit and the Imaging department manager. Candidates in this process must participate in the selection process for recruitment when the position becomes available. Seventy-six percent of SFHHS of senior leaders and department managers were promoted from within.

St. Francis human resource position control, hiring and selection practices require posting of available positions with specific information about qualifications, experience, job requirements, and schedules to elicit appropriate internal and external applicants. Internal candidates who meet the qualifications and education requirements of a position are given preference over external candidates. When employees with the qualifications and experience are available internally, positions are frequently posted as internal only.

Managers may also post within departments to allow employees the opportunity to change shifts, add hours or change specific jobs before posting the position outside the department. Individuals employed at other SSMHC entity locations are also considered internal applicants. Employees with six months or more of employment are eligible to transfer from one department to another. SSMHC entities including St Francis, post employment opportunities on the internet and intranet.

5.1c(1) Results from the biannual comprehensive employee survey determine the factors affecting employee satisfaction, motivation and well-being. Survey data is segmented according to job categories and reporting relationships. Feedback sessions with staff provide further clarity of survey data for action planning. Human resources metrics used to monitor trends and make process improvements are:
- Turnover rates
- Timely and effective orientation
- Timely performance evaluation
- 30-day new hire survey responses
- Exit interviews
- Grievances

Methods of determining workforce engagement involve human resource interviews with dissatisfied staff or management, group discussions for conflict management, and OFI referrals. The information from these metrics is shared as indicated with the appropriate manager, and senior leaders. Human Resources provides a summary report of performance, competency and other HR metrics to the local Board of Directors, AC and LT with action plans.

5.1c(2) Based on a belief that satisfaction of patients, physicians and employees is related one to the other and that key health care and business results are impacted by

all three, AEPC initiatives were instituted. In addition to the AEPC initiatives, job-specific customer service training programs are being developed. Each department is responsible to monitor the patient satisfaction results impacted by their performance and productivity.

5.2 Workforce Environment
5.2a(1) To meet SFHHS' need for flexibility due to changing patient volumes, staff is employed full time, part time, occasional and by contract. Some approaches used to enhance the work environment include: flexible hours (64 hours biweekly is considered full time with full-time benefits), one-day annual retreats, Healthy Living initiatives, an environment of respect and development, and job postings for internal recruitment. A variety of schedules is offered to provide for customer needs and life balance for employees.

SFHHS determines staff needs for services, benefits and policies during the SFHRPP and data analyzed through the human resource reporting process. Sources of input include the employee survey, market study data, employee suggestion, and feedback from employee shared governance councils.

Due to low turnover rates and low nursing vacancies, utilizing cross-training of staff and continuing to experience a high level of employee satisfaction, SFHHS is able to maintain a constant, non-unionized workforce.

During low patient volumes a flexible staffing plan is initiated to reduce staff on a shift-by-shift, day-to-day basis. Employees take turns utilizing LCD (low census days) which if taken without pay are counted with worked hours for benefits accruals. Employees may elect to use PTO benefits for an LCD. In physician clinics and surgery, employees are encouraged to use PTO time when the physicians are away.

5.2a(2) Job descriptions define the skills and clinical competencies, experience, qualifications and education needed to fill a position. Potential candidates for positions are given a copy of the job description that illustrate the performance standards centered on customer service, teamwork, attendance, safety, learning and development, and mission and values as well as the principle duties of the job. Every applicant receives a statement of commitment to achieving exceptional patient care. Trained interview teams participate in the selection process.

Employees are drawn from communities in an area within 45 minutes of the campus. When an appropriate number of qualified applicants have been sourced, the assessment process begins with screening, background checks, credentialing, license and education verification, skills and competency assessment. Recruitment agencies are utilized to recruit high-priority, hard-to-recruit professionals. Advertising for some positions is nationwide. Recruit-

ment may include relocation expense, student loan assistance and hiring incentives for some positions. The AEPC Selecting Exceptional Employees process is aligned with the mission and values, and provides the framework for good fit of employee to organization.

5.2a(3) The CQI management paradigm paired with core competencies and AEPC initiatives, assure progress toward exceptional goals of attaining the 99th percentile for patient, physician and employee satisfaction. The SFHRPP includes consideration of staffing patterns, FTE, and skills required for implementation. Senior leadership meets weekly to review manager requests for staff replacements or new positions. Review elements include alternatives, alignment with strategic and operations plan, changes in product lines or customer needs.

5.2a(4) Ongoing flexible scheduling, cross-training, accommodation of flexible schedules, and use of occasional staff keeps SFHHS' workforce ready and able to adapt to the needs of the organization. The longevity of staff contributes to the sense of loyalty to the work and the organization (Figure 7.4-1).

5.2b(1) Workplace health, safety, and security are monitored and improvements made through the Environment of Care (EOC) Committee and other teams that focus on aspects of workforce health and well-being. Through OSHA reporting and worker injury management, aggregate data on injury, exposure and infection is presented to the EOC team for review. The worker injury reporting process includes manager follow-up investigation of the incident with a more in-depth investigation of patient care-related injuries. An occupational therapist certified in ergonomics provides functional job descriptions, functional capacity evaluations and assesses ergonomics of work space as needed. At new employee orientation and in annual training, the workforce is trained in reporting unsafe conditions, occurrence reporting, proper body mechanics, and all aspects of the overall safety plan.

Employees are trained to access material safety data sheets on-line for quick response to incidents. The employee self-evaluation portion of the annual performance evaluation process includes a safety assessment and applies to the employee's overall score. A quarterly Safety First newsletter includes information on practice improvements, measures of current safety monitors, new safety policies and procedures, and strategies for minimizing risk to patients and workforce. A transitional duty policy provides for "early return to work" for the worker with function restrictions following injury or illness.

Emergency preparedness is monitored by the EOC Committee. The workforce is oriented to campus plans, department and job-specific plans, and validate their knowledge by participating in periodic planned and un-planned drills. Debriefing after a drill helps identify opportunities for improvement and training needs. Department plans are reviewed annually and adjustments made to the campus plan as indicated to ensure continued safety for staff and patients.

Campus security is maintained through the building operations department. Security staffing has been improved to provide 24/7 coverage. A proximity lock access control security system has been implemented.

5.2b(2) SFHHS supports for the workforce by offering pre-tax flexible benefits. Through the Flex Care benefits program, employees select benefits from multiple options (medical, dental, vision, life, AD&D, dependent life, long-term disability, health care and dependent care spending accounts) and levels of coverage.

Extended medical time-off and generous paid time-off (PTO) benefits are accrued biweekly for employees on full- or part-time status. An employee assistance plan provides confidential counseling for the employee and immediate family at no cost to the employee.

SFHHS participates in system-wide benefit policies which include:
- Direct deposit
- ePayroll (employee online access to payroll check/voucher and W-2)
- Employee service discounts
- Credit union with onsite ATM
- FLMA or non-FMLA leave of absence
- Adoption reimbursement
- Cafeteria discounts
- Benefit-defined retirement plan with early election of benefits at age 55 (phased retirement benefit)
- 403(b) tax deferred annuity with 401(a) match savings plan (plus 457 availability)
- Short-term disability insurance
- Long-term care insurance
- Supplemental life insurance plans including annuities for employee and dependents

Flex Care benefits are offered at multiple levels and types of coverage and options. All medical options include a prescription plan. Employees may cover full-time students to age 23 and coverage can also be extended to a legally-domiciled adult. The overall benefit plan is designed to address changing life cycles and benefit needs, providing options and resources to serve a diverse workforce.

6.1 Work Systems Design

6.1a The mission statement serves as the foundation for determination of core competencies and development of work systems and processes. During recent years of tumultuous change and challenge in health care, these cultural touchstones have provided constancy of purpose for SFHHS' employees.

6.1.a (1) SFHHS has identified core competencies to be:
- Exceptional Patient Care (exceptional clinical/safety/ satisfaction outcomes)
- Exceptional Commitment (physician and employee)
- Exceptional Financial Performance/Growth

These exceptional competencies are derived from the SFHRPP and drive performance management and monitoring activities. The characteristics of Exceptional Health Care Services are validated annually by hospital presidents and System Management.

Using the mission statement as its foundation, SSMHC established the characteristics of exceptional care as core attributes of strategic importance. These were developed through a process initiated in 2001 when the Innsbrook Group completed a survey on what defines exceptional health care. The findings were honed, taking into account industry challenges and patient, partner, supplier, and collaborator expectations. By first defining exceptional health care services and then developing goals and performance measures, SFHHS is able to align daily work to the mission each and every day. A cycle of refinement in 2008 redefined the characteristics of exceptional health care into three categories.

Patient and employee satisfaction results are measured through Press Ganey, the health care industry's leading independent vendor of satisfaction measurement and improvement services. Surveys are sent to all inpatients and outpatient surgery patients and to a random sample of emergency and outpatients. SSMHC's goal is to be in the 99th percentile for inpatient loyalty (Figure 7.2-1).

Employee surveys are conducted every two years on all employees with a pulse survey during the interim year (Figure 7.4-1). SFHHS' results have consistently shown top performance levels compared to all SSMHC entities. With the current high demand for qualified health care professionals, these high employee satisfaction results help to attract, recruit and retain valuable employees.

SFHHS is unique in that 95 percent of its active medical staff is employed by the organization, an arrangement that encourages a non-competitive, collaborative environment. This positive work culture contributes to high quality patient outcomes as well as high physician satisfaction.

Clinical outcomes based on evidence-based practices focus on four primary diagnoses: acute myocardial infarction (heart attack), congestive heart failure, pneumonia and surgical care improvement project (Figures 7.1-1 through 7.1-5). Regulatory agencies have established quality indicators for caring for patients with these diagnoses. Comparative clinical results are publicly reported. Access to this information allows patients to make an informed decision on where to receive their health care.

Financial performance is an important component of any organization. Through diligent attention to expenses and being ever mindful of its responsibility to keep health care affordable, SFHHS has been able to consistently maintain a stable financial position (Figure 7.3-1).

During annual strategic planning sessions, entity goals are established for each of the core competencies by the Planning Team. Each department manager is then responsible for identifying department-specific goals that relate to each of the entity goals for core competency. Action plans are established and corrective action plans are developed when monthly goals are not met. Staff-level deployment is accomplished when employees identifying one or two personal goals to support departmental goals and ultimately impact core competency outcomes. Ongoing monitoring and evaluations of these quality measurements occurs through the annual review of department poster and Passport as part of the SFHRPP and employee development process.

6.1a(2) SFHHS utilizes the CQI*plus* approach to design or make improvements to processes to meet key customer requirements. In 1990, SFHHS began its Continuous Quality Improvement journey using a seven-step process design/improvement model. Over the years, the Plan-Do-Study-Act (PDSA) cycle was built into the model. CQI is used to design processes to meet all key stakeholder requirements. This model is based on the SSMHC five quality principles: Patients and other customers are our first priority; Quality is achieved through people; All work is part of a process; Decision-making by facts; and Quality requires continuous improvement. Although the principles remain a part of the organizational culture, over time it was found that the CQI methodology and tools were not being used effectively. The length of time to go through each step of the formal CQI model hindered the ability to react timely to the rapid changes occurring in the health care environment. To revive the improvement process and improve agility, SSMHC launched CQI*plus* in 2007. Keeping the original five CQI quality principles, Lean/Six Sigma, change management and team facilitation tools and concepts were integrated into the existing CQI methodology. In addition to the

Plan			Do	Study	Act	Plan
Define	Measure	Analyze	Improve			Control

- •Customer needs slated
- •Identify process to be improved
- •Why process chosen
- •How linked to SFHR Plan
- •Performance Standards identified

- •Understand process and validate metrics
- •Determine baseline and process capability
- •Finalize performance objectives

- •Use data to identify key process inputs
- •Understand root sources of variation
- •Determine how the impact of problems on customers can be reduced

- •Implement new process
- •Rapid cycle tests of change
- •Eliminate defects and reduce variation

- •Confirm initial results meet or exceed customer needs
- •Results demonstrate new process' ability to meet or exceed customer needs

- •Methods to be used to make new process permanent
- •How can team's work be shared with others

- •Redefine process capabilities
- •Implement process control
- •What other changes could improve process

Figure 6.1-1 PDSA/CQI and DMAIC/CQI*plus* Process Improvement Models

methodology changes, senior leadership accountability was increased, a financial component was added requiring that quantifiable savings be identified in each project. Timelines for completion (usually 100 days) are incorporated into project charters. Depending on the problem or opportunity that is identified, teams use the appropriate mix of tools to achieve project objectives. Five phases are included in the process: Define, Measure, Analyze, Improve and Control (DMAIC) (Figure 6.1-1).

When a new service or improvement opportunity is recognized, a team is chartered by the AC to design work systems or processes to meet key requirements and drive core competencies. Team members may include representatives from the workforce, medical staff, suppliers and other collaborators involved in the work system. The team's charter includes the theme statement identifying the service to be initiated or improved, team members, expected outcomes and anticipated measures of success.

Data used to evaluate and/or develop work systems comes from many sources. This includes information regarding market share, demographics, potential changes in the local economy, types and acuity of patients served, availability of resources and technology, regulatory requirements, and data from patient and employee surveys. To remain competitive, innovative ways to provide services are pursued and investigated. For example, SFHHS was the first hospital in the surrounding area and within the SSMHC system to offer hospitality dining which allows patients to order what they want from a menu and when they want it.

The SFHRPP process is used to determine whether the work systems are internal to the organization or outsourced dependent on: whether it is critical to core competencies, represents a current competitive advantage, can be accomplished with equal or higher quality and satisfaction by an external entity, and is cost neutral or cost

favorable. Examples of external contracts that have proven to be beneficial include laundry services through Faultless Linen and biohazardous removal by Stericycle.

6.1b(1) All hospital services and processes are driven by mission, vision, values, SFHR plan, and regulatory requirements. On an annual basis through the SFHRPP, key health care services and delivery processes are reviewed and evaluated as necessary. This annual review is important in respect to changing customer needs, environment and governing statutes. The need for services is also based upon customer-focused studies, partner and collaborator input, and community assessment data.

Patients' medical needs may be diverse and require various services (medical, surgical, rehabilitative, nutritional, spiritual, or psychiatric); nevertheless, the processes in the health care delivery model within those services or work systems encompass four key activities: admit/register, assess/diagnose, treat/educate, and discharge (Figure 6.1-2).

Health Care Delivery Processes

Continuum of Care

Admit/Register → Assess/Diagnose → Treat/Educate → Discharge

Figure 6.1-2
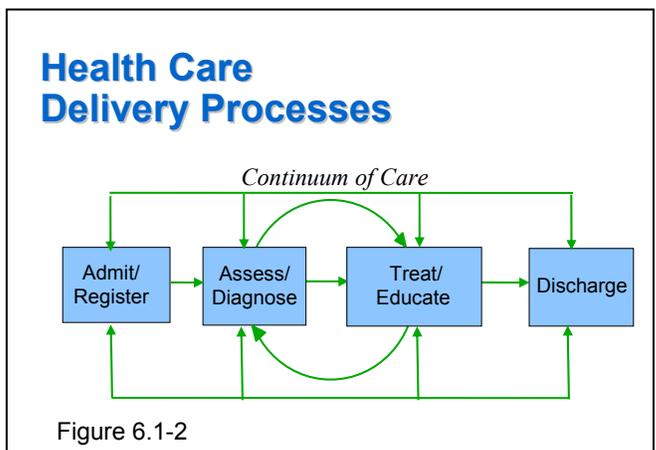
Health Care Process	Measure	Patient Care (Clinical/Safety/ Satisfaction)	Commitment (Employee/ Physician)	Financial/Growth
Admit/Register	Improve speed of admission (Figure 7.5-1)	✓		
	Patient name and date of birth will be confirmed and documented prior to specimen collection (Figure 7.5-12)	✓	✓	
	Total admissions and registrations (Figure 7.3-2)			✓
	Helpfulness of first person on arrival in ED (Figure 7.5-2)	✓		
Assess/Diagnose	Clinic assessment and immunization rate (Figure 7.1-16)	✓	✓	
	Posting clinical information (Figure 7.5-3)	✓	✓	✓
	Inpatient wait times for tests or treatments (Figure 7.5-4)	✓	✓	
Treat/Educate	Labor and delivery nurse response to call light (Figure 7.5-5)	✓	✓	
	Improve heart failure patient education (Figure 7.5-7)	✓	✓	
	Inpatient nurse sensitive/responsiveness to pain (Figure 7.5-6)	✓	✓	
	Core quality measures (Figures 7.1-1 through 7.1-5)	✓	✓	✓
Discharge	Outpatient surgery discharge instructions for care at home (Figure 7.2-11)	✓	✓	
	Medical staff's satisfaction with coordination of care at discharge (Figure 7.5-8)	✓	✓	
	Length of stay (Figure 7.5-9)	✓		✓
	Hospital patient loyalty (Figures 7.2-1 through 7.2-5)	✓	✓	✓

Figure 6.1-3 Health Care Processes and Core Competencies

During the annual SFHRPP, departmental key work processes are selected as areas of focus for department goals which support and drive the success of the core competencies. Figure 6.1-3 presents samples of the key work processes as they relate to core competencies.

Processes are designed from patient feedback and are clinically proven to be effective resulting in value to the patient. High performance can be sustained over time as SFHHS continues to focus on improvements at the process level.

6.1b(2) Key processes apply to all of the identified patient segments. These processes contribute to improved health care service outcomes by organizing workflow that encourages a standardized, scientific approach to patient care. As a result, the patients routinely recover from an acute episode, learn about their illness/injury and are prepared for discharge and follow-up. Although there is structure, the human, material and educational resources of the organization have the agility to accommodate the special needs of patients. These processes also have measures to ensure improvement of health care service outcomes.

Key health care process requirements are determined during the SFHRPP from a variety of sources including but not limited to: patient (key customer) feedback, community perception studies, regulations, accreditation standards, professional guidelines, medical literature and reimbursement mandates from insurers. Systematic feedback from patients and their families is obtained through a variety of listening and learning tools as described in Figure 3.1-1.

With the advent of new technology and constantly changing health care delivery systems, work process requirements continue to focus on safety and quality. The publication To Err is Human has generated a renewed awareness of patient safety. The Joint Commission core measures initiatives focus on quality on evidence-based practices to improve outcomes.

Physician partner input is obtained through the annual physician satisfaction survey, medical staff meetings, employed physician meetings, and open door communication. At a medical staff meeting, the inconsistent reporting of patient information from nurses to physicians was identified as an area for needed improvement. A nursing governance council initiated the use of SBAR, adapted from a presentation at Showcase for Sharing.

Suppliers continually provide new technology and pharmaceutical provisions that in turn necessitate revisions in service delivery methods and monitoring. Input with vendors and other suppliers regarding work process changes or enhancements are solicited through e-mail, one-on-one conversations, demonstrations, and informational materials.

Feedback received from collaborators such as nursing homes provide valuable insight into work process requirements. During quarterly nursing home meetings, issues related to work processes are discussed, evaluated and resolved.

6.1b(3) CQI*plus* tools and methodology are used to design and enhance work processes to meet key requirements. The model incorporates standardized substeps or questions that serve as checkpoints to ensure process designers consider, at a minimum, requirements such as customer expectations, best practices, potential design problems, measurement systems, etc. During the "Measure" and "Analyze" phases of the CQI*plus* model, health care outcomes, cycle time, productivity, cost control and other efficiency and effectiveness data are used for the design of work processes.

New technology and organizational knowledge drive changes in current processes and creation of new service delivery models. Both physicians and staff are regularly updated about new treatments and devices as a result of membership in professional associations, medical publications, vendor contacts, conferences and best practice site visits. SFHHS is part of a dynamic and competitive health care environment and, therefore, also receives information from a variety of sources about competitors' technology. SFHHS also benefits from experience of other SSMHC hospitals through active participation in collaboratives and telephone/in-person conferences. SFHHS participates in the nation-wide "100,000 Lives" and "5 Million Lives" campaigns sponsored by the Institute for Healthcare Improvement (IHI) which began early in 2005.

SFHHS remains agile through 100-day workouts, 90-day action plans, and through multiple sources of knowledge-sharing which provides the basis for quick decision making when the marketplace demands it and to provide opportunities for improving effectiveness, efficiency and cycle time. Rapid deployment of organizational learning allows for agility in the improvement and design of existing work processes.

6.1c SFHHS' EOC (safety) committee is responsible for preparing for the possibility of disasters both locally and regionally. The safety committee establishes, manages and monitors seven specific safety plans including: life safety, security, hazardous materials and waste, emergency preparedness, fire safety, equipment, and utilities.

Continuous readiness in an emergency situation is critical for all health care facilities. In 2005, SFHHS collaborated with state and county agencies to conduct a county-wide bioterrorism drill. This drill was the only one in the state that utilized a drive-through approach for triaging and dispensing of emergency medications. As a result of the drill, two primary action steps were implemented. The

first step was to revise the SFHHS disaster plan to more clearly outline the roles each key process or service area would play for specific internal and external disasters. For example, the emergency call lists were restructured to assure that the right type and numbers of staff are available for the specific needs of the emergent event. The second action step was to design a process for decontamination. A special decontamination area was built and specific staff members were trained on the donning and doffing of decontamination apparel. This new process was tested in a city-wide drill conducted in May, 2006. In December 2007, Northwest Missouri experienced a severe ice storm which required the initiation of disaster preparedness protocols. Residents with special health care needs were brought from the community shelter to St. Francis to assure that necessary medical care was provided. Through the evaluation process, area health care providers and emergency personnel met to coordinate services in the event of a future disaster. The team organized task forces to work on identified gaps. One example requiring additional focus was the need to establish a designated shelter for those with special health care conditions. The Vice President of Clinical Services is a member of this task force.

Mandatory emergency readiness training was initiated in 2007 to assure that workforce throughout the organization is prepared according to the level of involvement in a disaster situation. In addition to hospital-specific information, this training includes information from the National Incident Management System (NIMS). NIMS is a program created and managed by the Department of Homeland Security to help hospitals respond to and recover from disasters and emergencies. NIMS standardized response procedures for all participants, and hospital administration that would have responsibilities in the incident command center are required to have additional training. All new employees are required to complete NIMS training.

Continual workforce learning on emergency preparedness is incorporated into the annual SAFE-T Day. Drills and other prevention exercises for emergency preparedness are conducted on an ongoing basis. All results from drills are presented and discussed at the EOC committee with action plans developed to address opportunities for improvement.

6.2 Work Process Management and Improvement
6.2a(1) Key processes are designed and improved to meet requirements by means of multidisciplinary teams using the CQI*plus* model. Process design begins with the recruitment of appropriate process owners, specifically employees, physicians and vendors, as appropriate. Input from collaborators and partners is included in design teams as appropriate. Practices used in the design and implementation of new processes include: incorporation of new technology, organizational knowledge, improved

cycle time, productivity, cost control, and other efficiency and effectiveness factors. New technology is introduced into the processes through vendors bringing new technology and site visits to best practices.

Patient safety, coordination and continuity of care, and regulatory and payor requirements drive the implementation and improvement of work processes. These design requirements are integrated into the specific departmental goals which are monitored and reported monthly. Frontline staff is involved in the development and implementation of day-to-day care delivery processes. The individual employee's Passport goals guide what they do on a daily basis to meet the key requirements and contribute to the success of the organization. Key performance measures are then monitored through the Department Measurement System.

SFHHS uses an array of daily reports that includes volume, staffing, and revenue indicators to track daily operations. Daily hospital and ED capacity information is distributed to specified department leaders to better manage health care processes. This information helps managers identify opportunities to correct staffing inefficiencies on "real-time" basis. Since SFHHS' bed capacity fluctuates on a daily basis, census status is communicated at several intervals throughout the day allowing nursing managers to respond quickly to changes.

Inclusion of material management suppliers is critical to SFHHS' mission. SSMHC is an owner and participating member of Premier, Inc., one of the two largest health care group purchasing organizations in the nation. SSMHC derives significant economic benefit from this relationship with a 6 to 15 percent savings over prevailing market prices. SFHHS' supply chain management process is designed to achieve economies of scale and reduce prices by consolidating purchasing and contracting with preferred suppliers. This supplier partnership enables SSMHC, SFHHS and suppliers to align strategic goals. Formal contracts and quarterly SSMHC business reviews define supplier requirements.

SSMHC materials management sets goals to support SSMHC's strategic initiatives via an annual planning process. System-wide user groups have been formed to provide customer input on supply needs, consensus on preferred products and clinical acceptability. The supply chain management process is managed through a multi-level materials management division that coordinates SSMHC system-wide purchasing and maintains effective ongoing communication with internal customers as well as suppliers.

Performance measures include both outcome and in-process measures that are used by process owners to manage day-to-day performance and to assess results. Performance measures are used to determine if key proc-

esses meet the work process requirements. Process owners use internal customer feedback from daily interactions as well as the annual employee and physician satisfaction survey results to evaluate and improve work processes. Patient care services, strategic initiatives, mission, quality improvement activities, customer satisfaction, benchmarking data and employee suggestions are all used to guide performance improvement efforts in services. Leaders share these results with staff at department meetings and use them to guide improvement efforts.

One example of in-process activity is the daily concurrent review of all medical records that are TJC-core-measure diagnoses. Through this open record review, unmet indicators are identified and interventions initiated. In addition, real-time on-line occurrence reporting is utilized by managers to identify and resolve safety issues.

6.2a(2) In the delivery of health care, a variety of listening and learning tools and methods are used to address patients' expectations and preferences, involve them in decision making, and explain anticipated outcomes. These include, but not limited to:
- Patient is informed of likely risks and outcomes by the physician through one-on-one conversations and an informed consent process.
- Hourly comfort rounds by nursing.
- Patient and family have input into the treatment plan and setting of goals.
- Initial and ongoing patient assessment determines patient preferences regarding spiritual needs, education, nutrition, and pain management, as well as needs relating to other aspects of care.
- Clinical guidelines and standardized orders sets provide a "pathway" for the plan of care, based on practice standards for specific diagnoses, procedures or patient types.
- Pain management pamphlet is provided to help set realistic patient expectations on how their pain will be managed.
- A standardized set of patient's rights and responsibilities is made available to each patient as well as published in the Guide to Our Services in each patient room.
- Case management staff coordinates patient care across the continuum of care to facilitate timely delivery of appropriate services.
- Patient advocate visits including explanation of OFI process and the CARE line.
- Availability of SAFE line which provides an avenue for families to report safety concerns
- Follow-up phone calls.
- Patient satisfaction surveys.

Customer requirement expectations and priorities are integral to both the design and provision of services. Customer needs and expectations are identified and

addressed to ensure that requirements are incorporated into the new or modified service. An example of responding to St. Francis Family Health Care customer satisfaction expectations was the formation of a CQI*plus* team to address appointment needs by being able to schedule patients with better process flow through the clinic (Figure 7.5-16).

6.2a(3) As one of the core values, SFHHS has a commitment to stewardship – to use resources responsibly – and to keep health care cost affordable. Examples of initiatives undertaken to minimize costs associated with required inspections and audits which prevent rework and errors include:

- Purchasing equipment and certifying in-house staff to perform required fire alarms system testing. Previously this function was outsourced. This change in process resulted in an annual savings of over $7500.
- Daily audit of surgery charges to ensure patient bills are accurate the first time submitted, preventing rework.
- Near-miss reporting to proactively address process breakdowns that have the potential to result in a medical error.
- Participation in group purchasing keep supply costs down; therefore, keeping patient charges in check.

SFHHS minimizes costs associated with inspections, tests and audits by designing key measurement indicators into the process itself and by using standardized order sets, protocols and pathways, and electronic data management. Errors and re-work are prevented through the use of templates, checklists, standardized order sets and pathways. Policies and procedures are also utilized to reduce errors and costs of inspections, tests and audits. These are stored electronically and can easily be accessed on-line.

SFHHS is part of the SSMHC Achieving Exceptional Safety (AES) clinical collaborative, which focuses on implementing evidence-based processes to reduce medical errors and improve patient safety. Examples of existing patient safety prevention-based processes or mechanisms include:

- A pharmaceutical computerized process flags duplicate medication therapies, medication allergies, drug interaction and high risk drug alerts to minimize diverse drug reactions.
- The Pyxis medication distribution system is interfaced with the Medication Administration Record (MAR) to prevent nurses from removing an incorrect drug, thereby preventing a medication error, the highest risk error to patients.
- Computerized laboratory systems utilize a data checking system to flag widely varying lab results and potential errors.
- Quality control testing in the laboratory and in radiology detects potential problems prior to reporting results.

- Individualized patient assessment for falls and implementation of fall prevention practices for the fall-prone patient decreases the likelihood of patient injury.
- The availability of a rapid response team offers early intervention for patients with deteriorating conditions.

SFHHS employs comprehensive near-miss reporting system to proactively address process breakdowns that have a potential to result in a medical error. Based on the belief that 'errors occur primarily because of a breakdown in processes', a "just culture" philosophy encourages employees to report and address process breakdowns in a collaborative fashion. The PCQA Committee reviews data and implements process changes to avoid future occurrences.

To further prevent errors and rework, SFHHS contracts with the CHAN to perform the internal audit function, ensuring that the organization has effective processes in place for regulatory compliance and to minimize risk. Action plans are developed to address audit deficiencies.

6.2b The CQI*plus* process is used to enhance work processes to achieve better performance, reduce variability and improve outcomes. Tracking of key measures relative to goals or benchmarks allows SFHHS to identify opportunities for improvement. The AC is responsible for approving the team charter for new performance improvement teams or engaging current teams to address these opportunities. Utilizing benchmarks and best practices allows SFHHS to keep current with health service directions. By continuously comparing and measuring work processes, St. Francis gains valuable comparative and benchmarking information to improve performance. A list of key health care service comparative data sources utilized is recorded in Figure P.2-1.

SFHHS keeps the performance measurement system current with the health care service needs and directions through the SFHRPP, AC structure and data-driven decision making with frequent reporting of PIR results. Continuous customer listening and learning strategies (Figure 3.1-1) also allow SFHHS' performance management processes to adjust with changing customer needs. Other resources utilized to ensure SFHHS' sensitivity to unexpected organizational or external changes include the SSMHC Policy Institute and system-wide functional teams. During the SFHRPP, health care service needs and directions are reassessed, evaluated and prioritized. If, through this assessment, any modifications to the directions or needs of St. Francis are identified, the performance measurement system is updated. Health care processes are modified to achieve better performance and adjust to changing needs or directions.

Meeting minutes, project reports, e-mails, department bulletin boards, public bulletin boards, monthly leadership meetings and staff meetings have been the most common approaches for transfer of learning. Data and information are made available to staff, partners, suppliers and patients through on-line applications accessed from desktop computers, automatic report distribution to network printers, hard-copy reports delivered via inter-

office mail, committee and team meetings, pagers, fax machines and hard copy records. The annual SSMHC Sharing Conference and Leadership Conference provide sharing of lessons learned and innovation across the system. Outside the health care environment, leadership meets with students from Northwest Missouri State University annually to share steps taken and lessons learned during SFHHS' quality journey.

7.1 Health Care Outcomes

7.1a Exceptional patient care is exhibited through key measures and indicators of health care outcomes. Four primary diagnoses are: AMI (acute myocardial infarction), HF (heart failure), PN (pneumonia), and SCIP (surgical care improvement project). Each diagnosis is compared to national data publicly reported on the CMS Hospital Compare, MHA Focus on Hospitals, and Joint Commission Quality Report websites. Benchmarks have been established through the CMS Hospital Quality Incentive Demonstration (HQID) Project. Figures 7.1-1 through 7.1-4 reflect SFHHS' top decile performance in all areas of focus. A recent report by HealthInsight names St. Francis in the 99th percentile nationally for performance outcomes in these four core indicators (Figure 7.1-5).
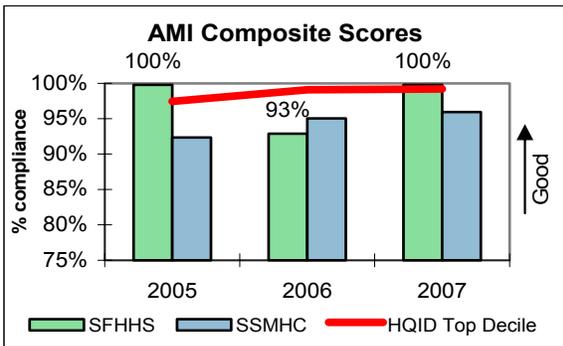
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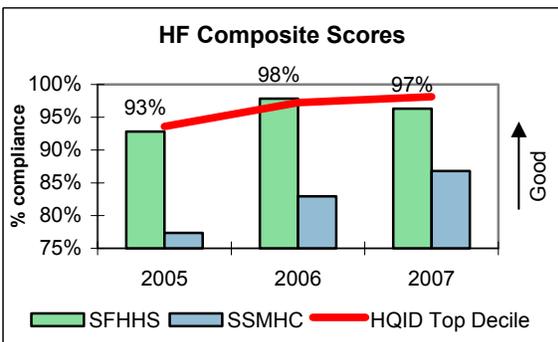
Figure 7.1-2

Figure 7.1-3

Figure 7.1-4

National Rankings for Hospitals
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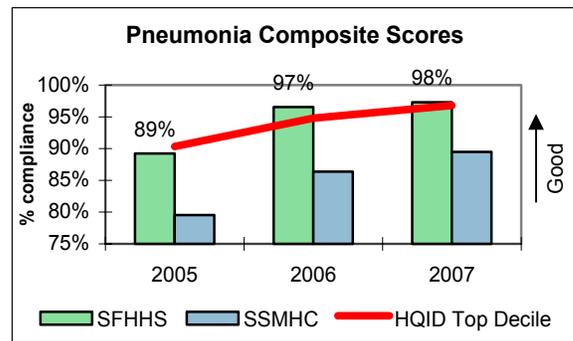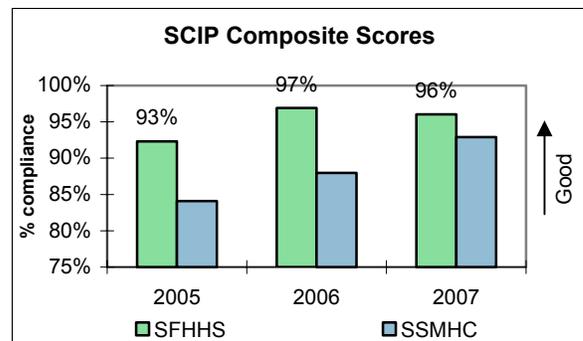
Hospital	National Ranking (percentile)	AMI	Heart Failure	Pneumonia	SCIP
ST FRANCIS HOSPITAL	99	94%	99%	97%	96%
HEARTLAND REG. MEDICAL CENTER	86	97%	90%	92%	92%
CLARINDA REGIONAL HEALTH CENTER	75	100%	73%	94%	*
NORTHWEST MEDICAL CENTER	74	74%	89%	92%	*
COMMUNITY HOSPITAL ASSOCIATION, INC	12	*	51%	76%	*

*Hospital either did not report any cases or had no cases to report.
Reporting period: 2nd quarter 2006 through 1st quarter 2007

Figure 7.1-5

Safe care is a key requirement for SFHHS' patients. The SSMHC Achieving Exceptional Patient Safety collaborative is a system-wide initiative to enhance the focus on patient safety. SFHHS participates and has demonstrated many positive results. One area of improvement has been the use of "Do Not Use" abbreviations. These DNU abbreviations have been implicated in serious medication errors according to the Joint Commission. SFHHS has drastically reduced the use of these abbreviations and continues to follow up on each episode of use with prescribers (Figure 7.1-6).

Do Not Use Abbreviations
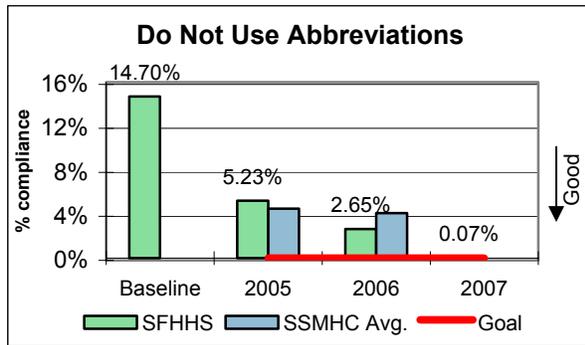
Figure 7.1-6

Good hand-washing is a simple yet effective means of reducing hospital-acquired infections. Members of a Shared Governance Council monitor hand hygiene on an ongoing basis with a minimum of 50 observations per quarter. If a staff member is observed not practicing good hand hygiene, a letter is sent to the employee as a reminder of the important role he or she plays in preventing infection. Conversely, when staff members are observed practicing good hand hygiene, a letter of recognition is received. Figure 7.1-7 shows improvements made in hand hygiene compliance and the positive effect on lowering the incidence of hospital-acquired infections.

Hand Hygiene Compliance/ Hospital-Acquired Infection Rate
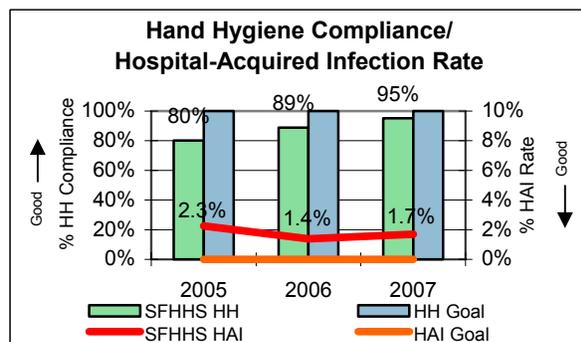
Figure 7.1-7

Ensuring that the correct surgery is being performed on the proper patient is another important safety initiative. In 2003, a standardized process was launched for the marking of surgical sites and conducting a surgical "time out". The site of the procedure is physically marked by a designated member of the surgical team (Figure 7.1-8). The surgical "time out" is held prior to the start of any surgery

or procedure. During this time, the entire surgery team involved in the procedure, including the surgeon, pauses to verify that it is the right patient, the right site and the right procedure (Figure 7.1-9).

Surgical Site Marking Compliance

Figure 7.1-8

Surgical Time Out Compliance
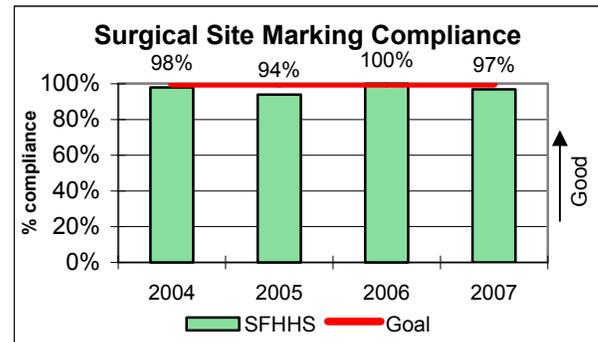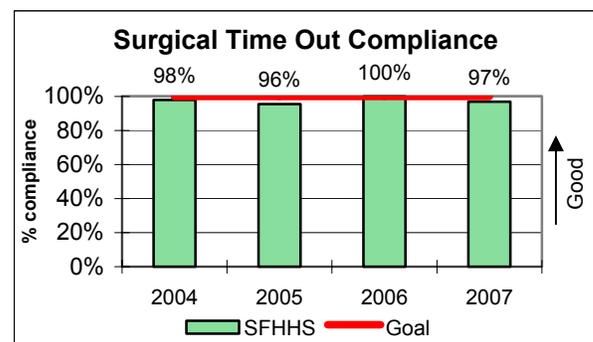
Figure 7.1-9

Many staff members are involved in a patient's treatment throughout that patient's hospitalization. To enhance continuity of care and provide safety, good communication between all caregivers is critical. In 2006, the PDQ Shared Governance Council developed a hand-off communication tool to be used by all clinical staff. This tool defines the minimum amount of information that must be shared depending on the situation and provides a tracking mechanism to document that proper communication is occurring (Figure 7.1-10). This process was recognized by the Joint Commission and SSMHC. The shared governance council presented this process at Showcase for Sharing as a best practice.

Hand Off Communication
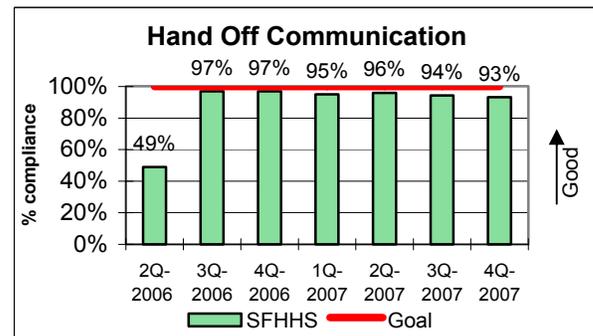
Figure 7.1-10

Medication administration is an important function in treating patients. The number of medication events (errors) and near misses per 1,000 doses dispensed is tracked and reported monthly (Figure 7.1-11). Each event or near miss is reviewed by a sub-team of the Patient Care Quality Affairs Committee to identify trends and opportunities for process improvement.

Medication Errors with Harm
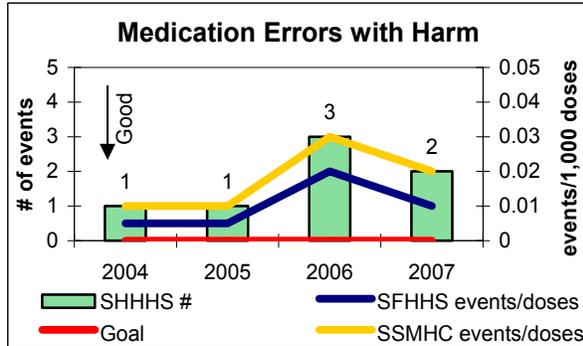
Figure 7.1-11

Additional safety indicators monitored by SFHHS are use of physical restraints and patient falls. Although St. Francis encourages a restraint-free environment, there are times when use of patient restraints is necessary to protect patients from harming themselves or others. The development of protocols and staff education has resulted in a decrease in acute restraint utilization (Figure 7.1-12).

Restraint Usage
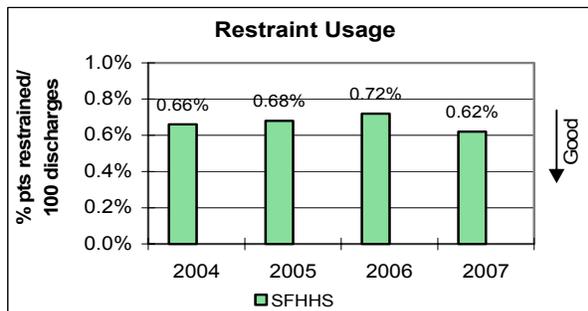
Figure 7.1-12

Studies show that falls among hospital inpatients are common and generally range from 2.3 to 7 falls per 1,000 patient days. With the implementation of a fall risk assessment and prevention program, there has been a significant decline in patient falls (Figures 7.1-13 -- 14).

Inpatient Falls

Figure 7.1-13

Inpatient Falls per 1,000 Adjusted Pt. Days
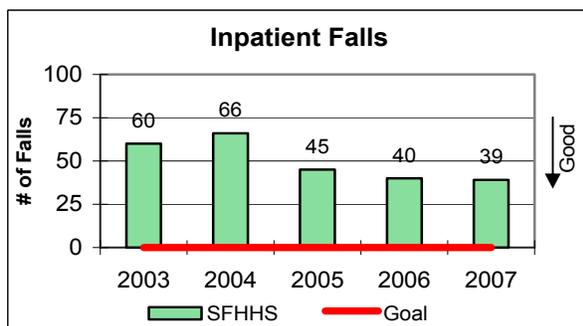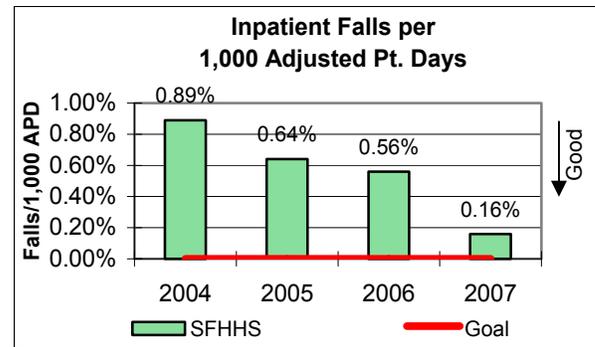
Figure 7.1-14

The Agency for Healthcare Research and Quality survey was designed to evaluate the patient safety culture of an entire hospital. The survey provides an important mechanism to track changes in patient safety over time, particularly when evaluating the impact of desired interventions. SFHHS's results for 2007 are provided in Figure 7.1-15.

AHRQ Patient Safety Culture 2007 Survey
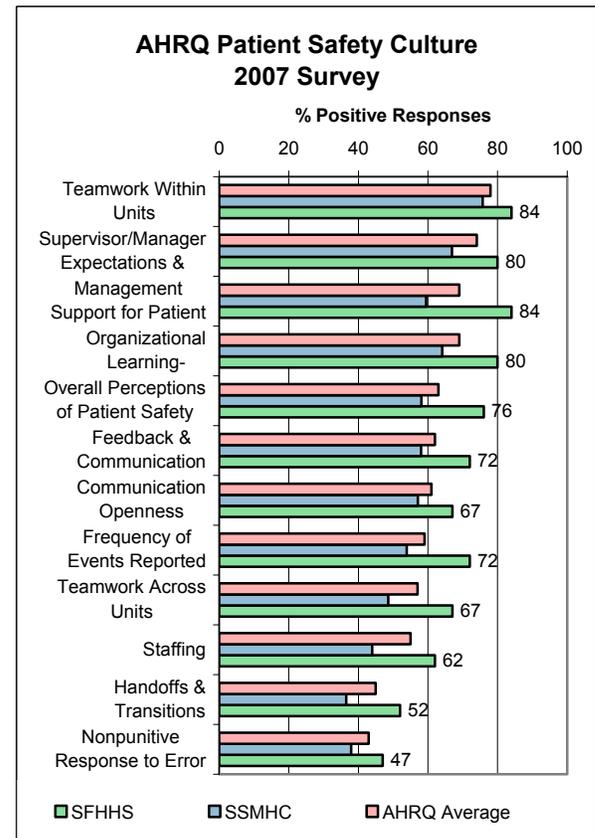
Figure 7.1-15

The physician clinics are involved in preventative health efforts to include improving immunization rates for influenza, pneumonia, and tetanus. The national average for persons receiving these immunizations is 46.5 percent. Figure 7.1-16 shows immunization rates for the clinics.

**Assessment & Vaccination Rates
(Pneumonia, Influenza, & Tetanus*)
St. Francis Family Health Care**

*Tetnus was added to immunization program in 2005
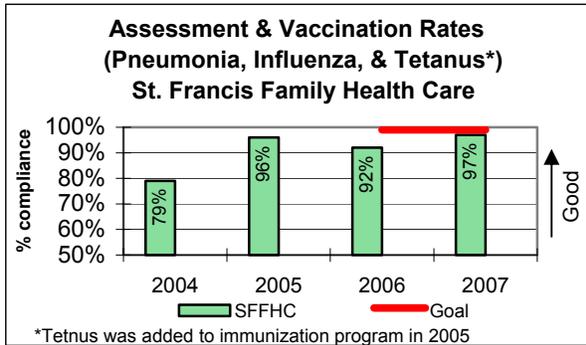
Figure 7.1-16

Patient-centered care is achieved and a high quality of care is ensured through consistency in the delivery of care based upon defined protocols, well-trained staff, and a culture of open communication. Figure 7.1-17 verifies the physicians' perception of high quality care across all shifts and floors.

The Hospital's Efforts to Maintain High Quality Care Consistent Across All Shifts/Floors
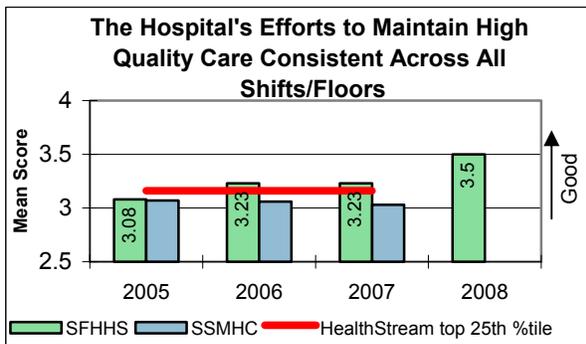
Figure 7.1-17

7. 2 Patient & Other Customer-Focused Results

Patient satisfaction is continually measured at SFHHS through a structured Press Ganey survey process. Patient segments include: Inpatient (med/surg, ICU, and OB), Emergency, Outpatient Surgery, Outpatient (Lab, X-ray, Cardiopulmonary Rehabilitation and Other), and Outpatient Rehabilitation. Loyalty is measured through "likelihood to recommend"; loyalty is a higher level indication of the patient's willingness to recommend versus just being satisfied with their care (Figures 7.2-1 through 7.2-5).

**Inpatient Loyalty
(Lidelihood to Recommend)**

Figure 7.2-1

**Emergency Department Loyalty
(Likelihood to Recommend)**

Figure 7.2-2

**Outpatient Surgery Loyalty
(Likelihood to Recommend)**

Figure 7.2-3

**OP (Lab, X-Ray, CardioPul. Rehab) Loyalty
(Likelihood to Recommend)**

Figure 7.2-4

**OP Rehab Loyalty
(Likelihood to Recommend)**
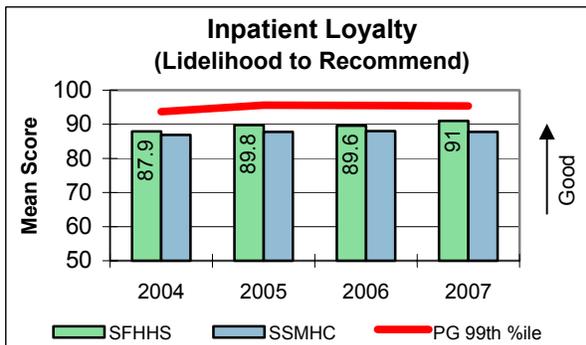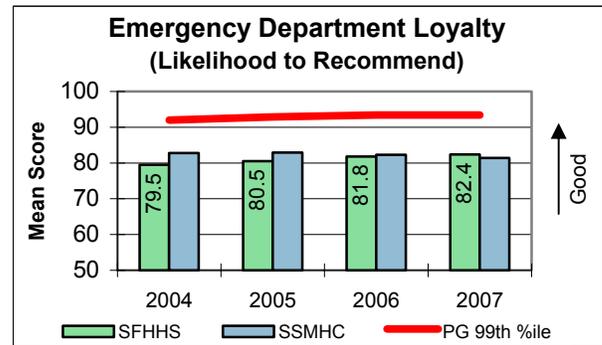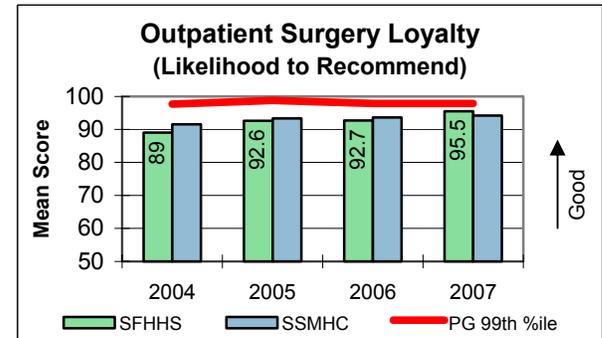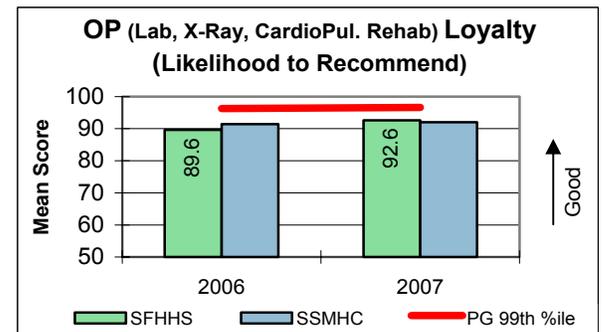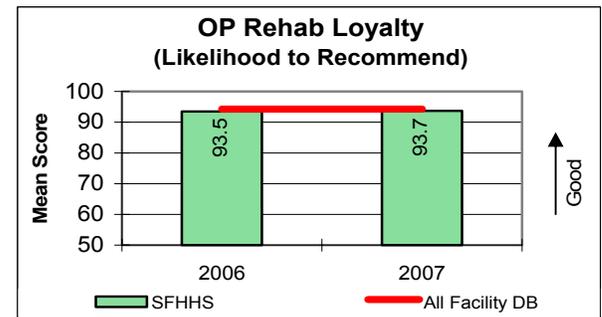
Figure 7.2-5

HCAHPS is the first national, standardized, publicly reported survey of patients' perspectives of hospital care. The survey is designed to produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to

consumers. Figures 7.2-6 and 7.2-7 highlight SFHHS' results compared to national and state averages as well as to competitors in the region.
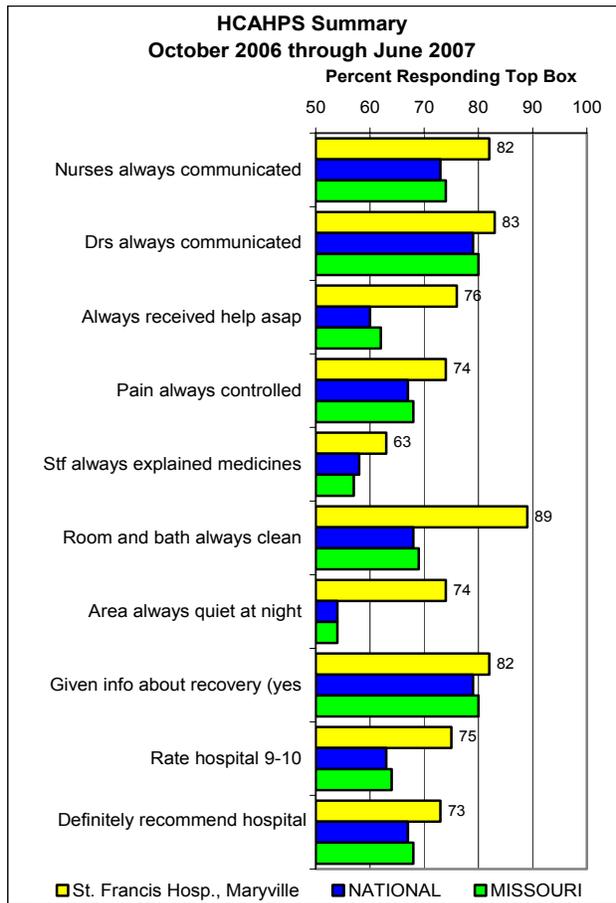
Figure 7.2-6
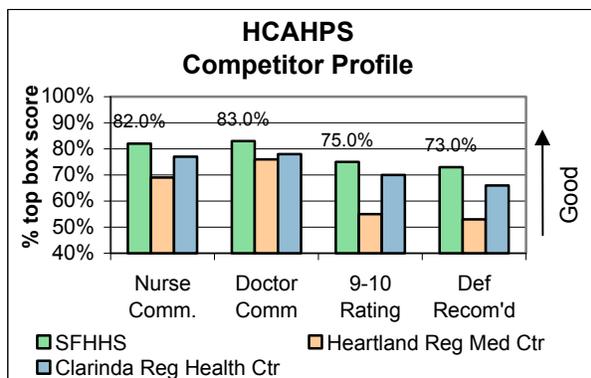
Figure 7.2-7

Mental health and physician clinic patients are surveyed using entity-developed tools. Mental Health Services initiated a scorecard assessment in 2007 (Figure 7.2-8). St. Francis Family Health Care results are evaluated by the organization as a whole and by individual physicians (Figure 7.2-9). Future plans are to utilize Press Ganey for these patient populations as well.
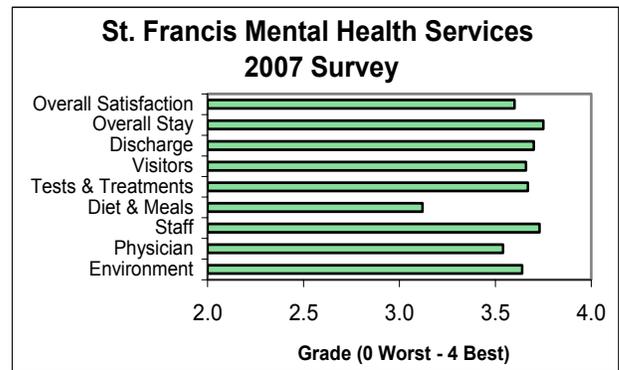
Figure 7.2-8
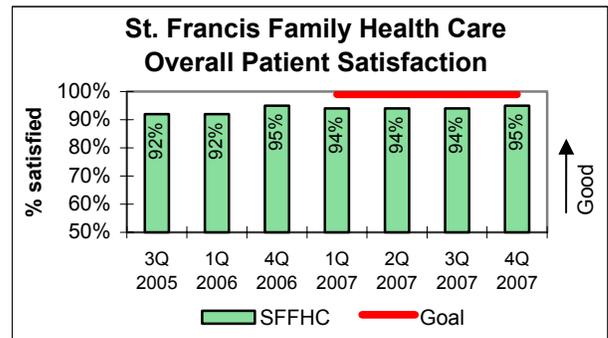
Figure 7.2-9

Staff responsiveness to concerns and complaints was identified as an area of focus using the PG Priority Index for the past ten quarters (Figure 7.2-10). In order to improve, scripting, advocate visits, and care rounds have been utilized foster an exceptional patient experience.
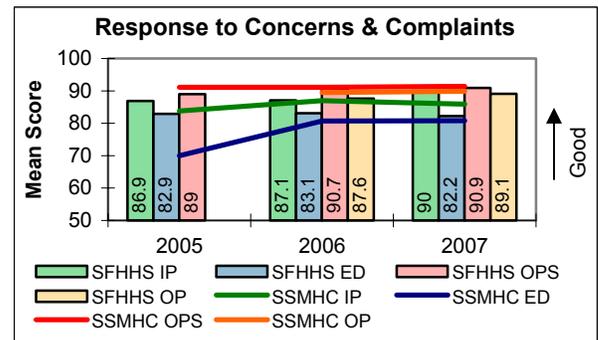
Figure 7.2-10

Through use of the Priority Index, it was identified that education at discharge was not meeting patient expectations (Figure 7.2-11). Post-op discharge phone calls are completed to assure instructions are understood and are being followed.

Discharge Instructions for Care at Home -- OP Surgery
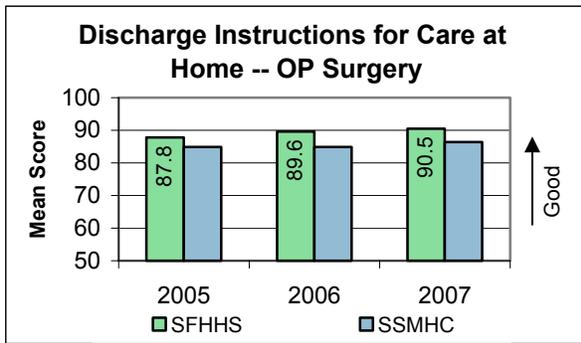
Figure 7.2-11

SFHHS strives to provide an exceptional experience to all customers; however, there may be times when a patient's expectations are not met. The OFI process helps identify those opportunities and provides a structure for address-ing and resolution of concerns. SFHHS' goal is to resolve all issues within five days (Figure 7.2-12).

Opportunity for Improvement Average Turnaround Time
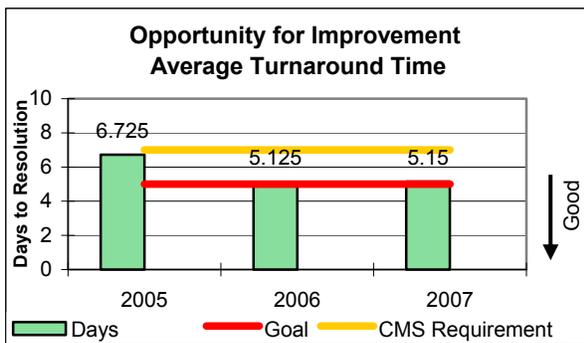
Figure 7.2-12

7.3 Financial and Market Outcomes

The health care industry has been confronted with major financial challenges, including declining reimbursement and increased costs of providing health care services. Unlike many rural hospitals, SFHHS has been able to weather these challenges and minimize their effects (Figure 7.3-1). A composite "AA" rating is based S&P's benchmarks on the performance of the "AA"-rated hospitals.

Operating Margin
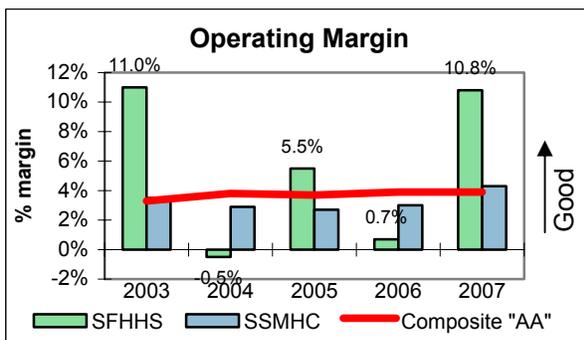
Figure 7.3-1

Primary among the many factors affecting volume and operational performance at SFHHS is physician recruitment. Financial and statistical trends directly reflect successful recruitment of primary and specialty physicians (Figure 7.3-2) to include:

- 2004 – Two obstetrics/gynecology physicians, one internal medicine physician, and two anesthesiologists
- 2005 – One psychiatrist and one anesthesiologist
- 2006 – One internal medicine physician, one general surgeon, and one orthopedic surgeon
- 2007 – One pediatrician , a third Ob/Gyn, a third general surgeon and an internal medicine physician

Utilization Statistics				
	2004	**2005**	**2006**	**2007**
Admissions	2,407	2,245	2,320	2,008
ED Visits	7,862	7,946	7,836	7,949
OP Visits	102,400	97,561	96,092	103,089
Clinic Visits	51,066	56,396	58,506	62,561

Figure 7.3-2

Net patient revenue is a key growth indicator for SFHHS. Figure 7.3-3 indicates increasing performance at or above plan.

Net Patient Revenue/APD
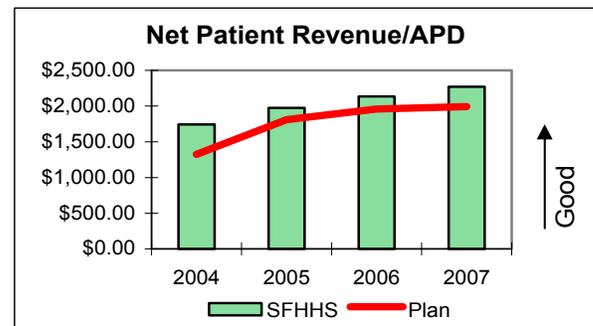
Figure 7.3-3

Operating margin is achieved through revenue enhancement and expense management. Figure 7.3-4 demonstrates St. Francis' ability to continue to grow revenue and control expenses. Labor and supplies are the top expenses. Collaboration with Premier allows costs savings and the ability to retain staff and pay competitive compensation allows SFHHS to continue to demonstrate strong operational performance.

Operating Revenue and Expense Per AEA
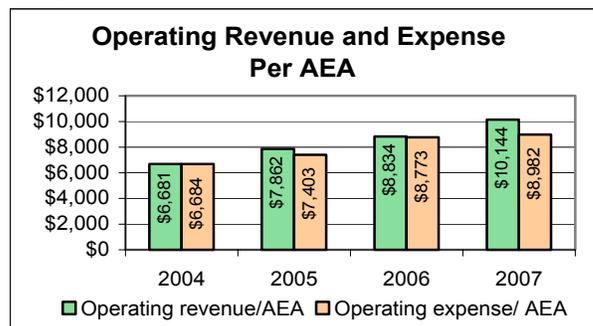
Figure 7.3-4

St. Francis' strong financial position, competent management and ability to achieve the results necessary for significant capital investment has allowed SFHHS to make over $13 million in improvement over the past four years.

Capital Investment
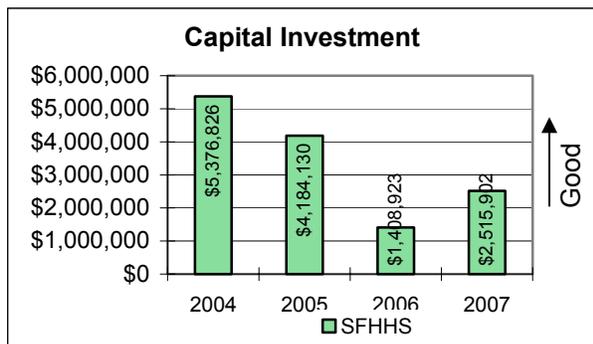
Figure 7.3-5

The ability to service debt is a key indicator of stability (Figure 7.3-6).

Debt Service Coverage
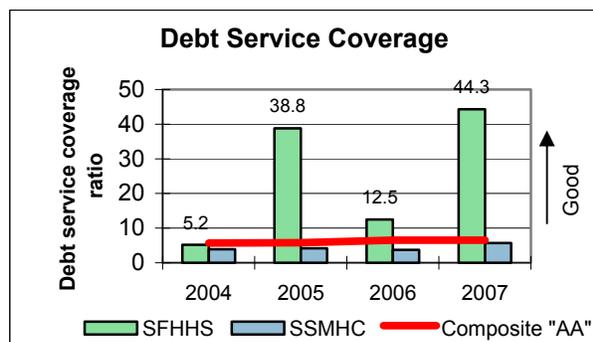
Figure 7.3-6

The declining debt to capitalization ratio indicates SFHHS' negligible debt and its potential capacity to borrow in the future should the need arise (Figure 7.3-7).

Debt to Capitalization Ratios
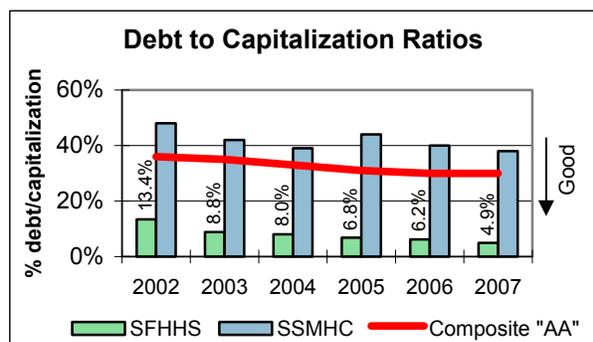
Figure 7.3-7

Prior to 2005, inpatient market share for SFHHS had been slightly decreasing in the primary service area (Figure 7.3-8 and 7.3-9). During the SFHRPP, analysis of the data determined that the outmigration of patients was due primarily to lack of access to specialty physician services. This realization was instrumental in generation of the medical staff development (recruitment) plan.

Inpatient Market Share Primary Service Area

Figure 7.3-8

SFHHS Inpatient Market Share Primary Service Area
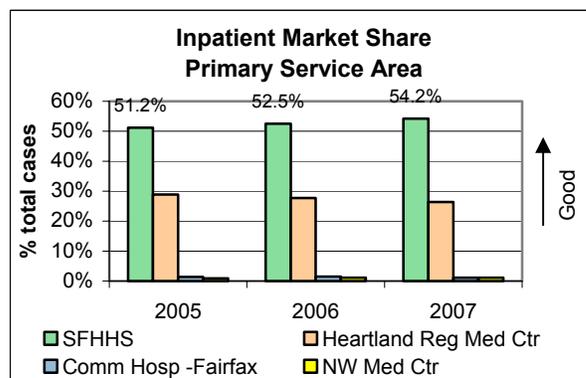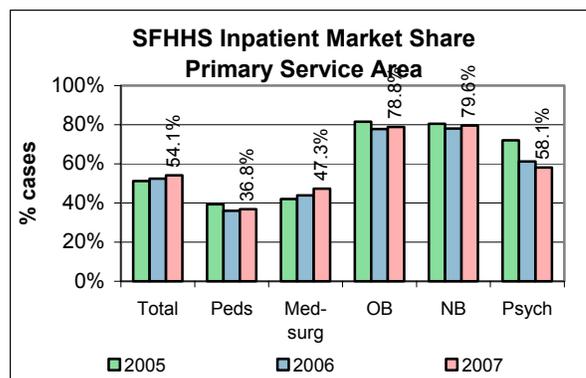
Figure 7.3-9

7.4 Workforce-Focused Outcomes

The employee survey process provides key measures of workforce satisfaction, trending of issues of greatest concern or interest, and identifies opportunities for improvement. In 2006, a new Press Ganey survey tool was implemented with a comprehensive survey followed by a pulse survey in 2007. A decrease in overall score is anticipated when comparing pulse survey scores to comprehensive data. In 2008, a comprehensive survey for direct comparison to the 2006 results will be conducted. Results of key indicators are presented in Figures 7.4-1 through 7.4-3. Previous surveys ranked SFHHS at the top of SSMHC entity scores, and above national normative data.

Employee Satisfaction - Overall I Am Satisfied With The Organization

Figure 7.4-1

Employee Satisfaction - Recommend as a Good Place to Work

Figure 7.4-2

Employee Satisfaction - My Supervisor Communicates Effectively

Figure 7.4-3

Employee engagement is evidenced in Figure 7.4-4. By responding positively to customer needs encouragement and plans to remain employed in a year, employees indicate their commitment to the organization.
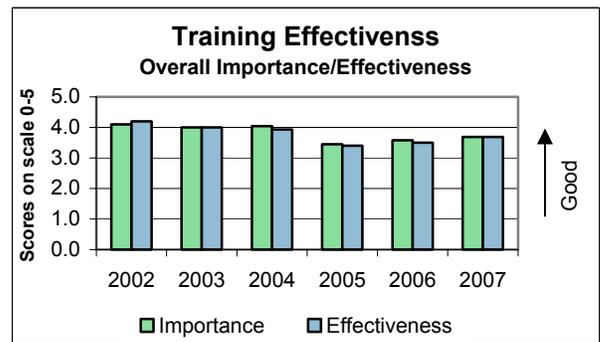
Employee Engagement

Figure 7.4-4

As key members of the workforce, SFHHS relies on the medical staff satisfaction process to help determine areas to improve physician engagement. Satisfaction has remained at or near the HealthStream top twenty-fifth percentile (Figure 7.4-5).

Medical Staff Survey Overall Satisfaction

Figure 7.4-5

Other key workforce measures are new employee orientation to the organization, training effectiveness/ importance assessment, and timely performance evaluation (Figures 7.4-6, 7.4-7, and 7.4-8).

New Employee Orientation Completion Rate

Figure 7.4-6

Training Effectivenss
Overall Importance/Effectiveness

Figure 7.4-7

Timely Performance Evaluations

Figure 7.4-8

With the challenge of the workforce shortages in the health care industry and recruiting difficulties for some positions, SFHHS must be able to retain its employees. Turnover rates have remained below national best practice data (Figure 7.4-9).

Employee Turnover Rate

[Bar chart showing % turnover for FT/PT 2002–2007 with Nat'l Best Practice line, arrow indicating "Good" downward]
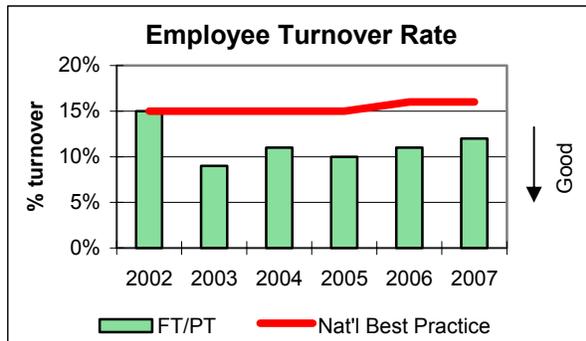
Figure 7.4-9

SFHHS has not experienced an RN shortage, due to student loan sponsorship, tuition reimbursement and, in part, to a level of loyalty to the organization and coworkers, the work itself and an appreciation for life in a rural community (Figure 7.4-10). A nursing shared governance model has also contributed to nurse satisfaction and retention.

RN Vacancy Rate

[Bar chart showing % of vacancies for Actual 2002–2007 with Goal line, State, NWMO markers, arrow indicating "Good" downward]
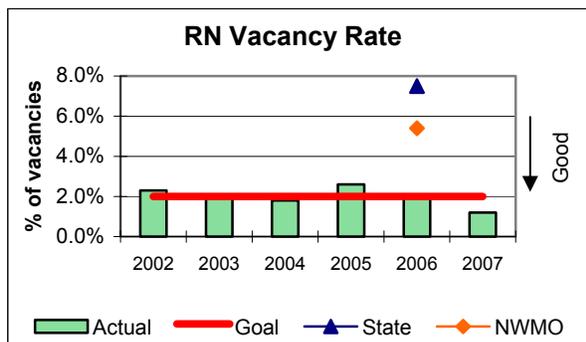
Figure 7.4-10

Performance evaluation is a key measure of workforce capability. A performance/competency analysis, including the percentage rates for evaluations meeting and exceeding the standard for the job, is completed annually and reported to the Board of Directors. Figure 7.4-12 shows a reduction in the percentage of evaluations that 'meets standard'. Over the past two years, a CQI team has revised the evaluation tools raising the standard for scoring in each category of the evaluation. AEPC initiatives introduced the mission exceptional standards which are now weighted in the overall score. While those who 'exceeds standard' had increased since 2003, the percentage of those who 'meets standard' has decreased. Based on the belief that achieving exceptional patient care will require a high standard of individual performance, these percentages are positive indicators.

Performance/Competency Analysis
Evaluations Completed Which "Meets" &/or "Exceeds" Standard

[Bar chart showing % of evaluations for Meets Standard and Exceeds Standard, 2003–2007, arrow indicating "Good" upward]
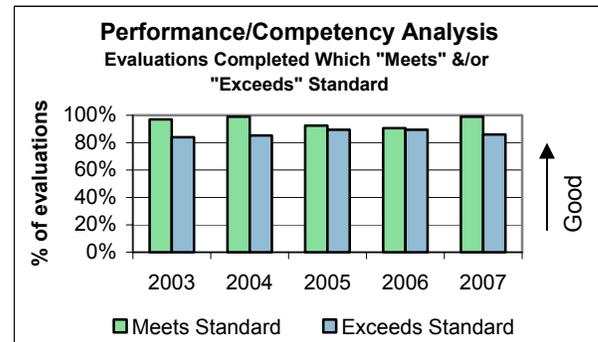
Figure 7.4-12

In addition to satisfaction survey data that address workforce climate (safety, security, workforce recognition, benefits and compensation), other measures include: work-related injuries, OSHA-recordable exposure and injury, and loss-of-time days due to work-related injury (Figure 7.4-13).
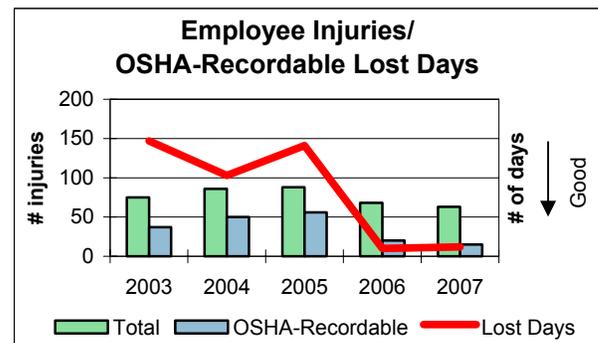
Employee Injuries/ OSHA-Recordable Lost Days

[Bar chart showing # injuries for Total and OSHA-Recordable, with Lost Days line, 2003–2007, arrow indicating "Good" downward]

Figure 7.4-13

7.5 Process Effectiveness Outcomes

As a values-based organization, the first impression in the admission process is of great significance in setting the tone for providing exceptional care. Figure 7.5-1 and 7.5-2 represent performance in meeting patient expectations.
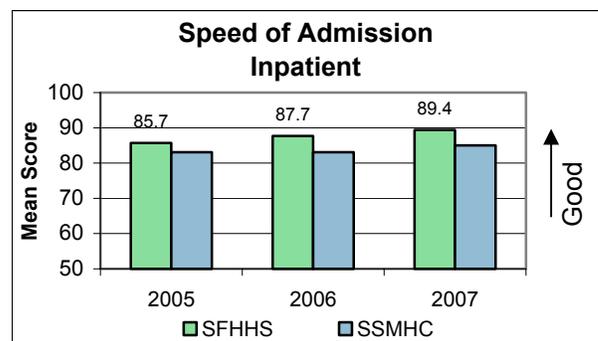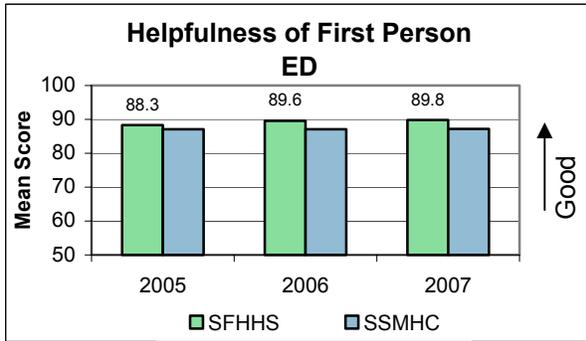
Speed of Admission Inpatient

[Bar chart showing Mean Score for SFHHS (85.7, 87.7, 89.4) and SSMHC, 2005–2007, arrow indicating "Good" upward]

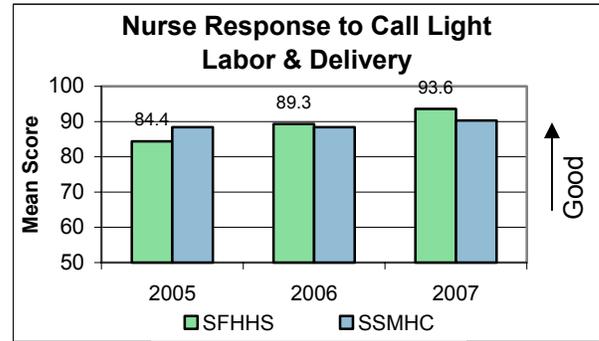Figure 7.5-1

Helpfulness of First Person ED

Figure 7.5-2

Diagnostic testing is an important component of the assessment process. Figure 7.5-3 reflects the medical staff's satisfaction with how quickly lab, x-ray, consults and reports get into the chart to aid in patient diagnosis. According to survey data, inpatient satisfaction with wait times for tests or treatments has shown improvement (Figure 7.5-4).
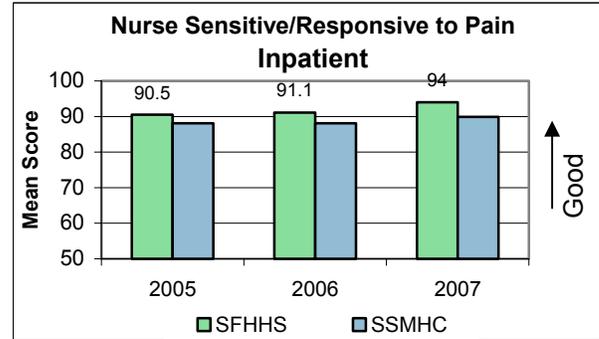
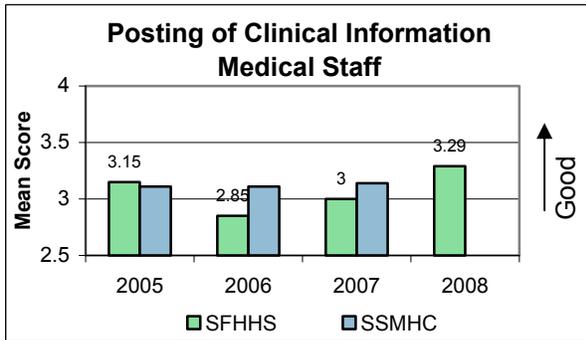**Posting of Clinical Information Medical Staff**

Figure 7.5-3

Wait Times for Test or Treatments Inpatient

Figure 7.5-4

Two indicators that reflect treatment process efficiencies are displayed in Figures 7.5-5 and 7.5-6. Patients expect prompt intervention to address their needs. These two examples demonstrate the Labor and Delivery nurse response to call lights and Med/Surg staff's responsiveness to pain.

Nurse Response to Call Light Labor & Delivery

Figure 7.5-5

Nurse Sensitive/Responsive to Pain Inpatient

Figure 7.5-6

As a key element of the discharge process, the education provided to patients allows for consistency in patients' ability to continue their care once they leave the hospital. Heart failure patients, for example, receive education on medications, diet, exercise, smoking, and when to return to the emergency department (Figure 7.5-7).

HF Education Discharge Instruction

Figure 7.5-7

Another important aspect of discharge is the coordination of care after leaving the hospital. Health care services and instructions for follow-up care are reviewed with the patient and family as appropriate. Figure 7.5-8 exhibits the medical staff's perspective of SFHHS' efforts in coordinating care.
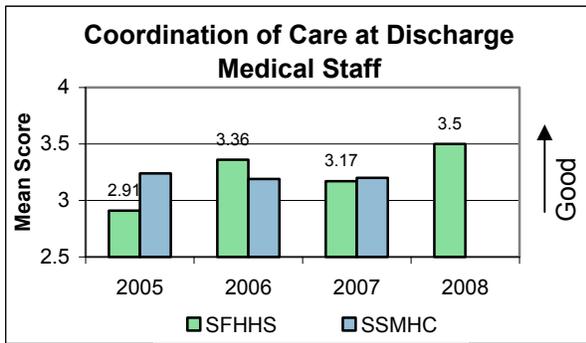
Coordination of Care at Discharge Medical Staff

Figure 7.5-8

SFHHS' ability to maintain a low acute average length of stay has been instrumental in affecting financial performance as well as improving patient satisfaction (Figure 7.5-9).
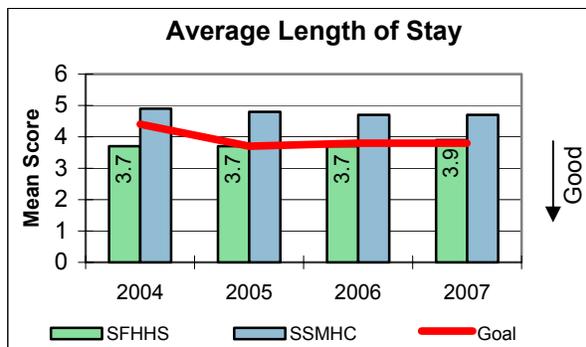
Average Length of Stay

Figure 7.5-9

Facilities management, a component of operational performance, plays a key role in the delivery of health care. Capitalizing on the EPA's ENERGY STAR® Program, SFHHS' innovative efforts coordinating internal work process and external resources have produced award-winning results in waste, cost reductions and efficiency (Figure 7.5-10). The ENERGY STAR® label is recognition of superior performance in energy management. SFHHS received the ENERGY STAR® label in 2003 and 2006, is the only hospital in the SSMHC system to be labeled, and was the first and only hospital in the State of Missouri to receive this recognition.

Facility Management Energy Savings
Total Cost Avoided
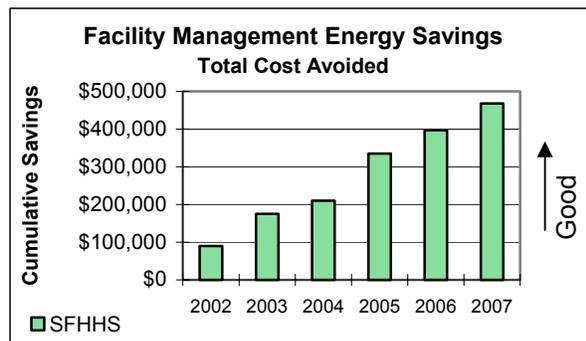
Figure 7.5-10

Disaster preparedness is not a new concept for the health care industry. Protocols have been in existence and updated as needed for disasters such as tornado, fire, child abduction, hazardous material incidents, radiation disasters, multi-victim accidents, bomb threat, and other emergencies. Increased public awareness of bioterrorism and pandemic threats has bolstered community, state and federal focus, and has provided an opportunity for health care to take a leadership role in this effort. Due to this increased emphasis, SFFHS has seen an increase in disaster drill participation (Figure 7.5-11).

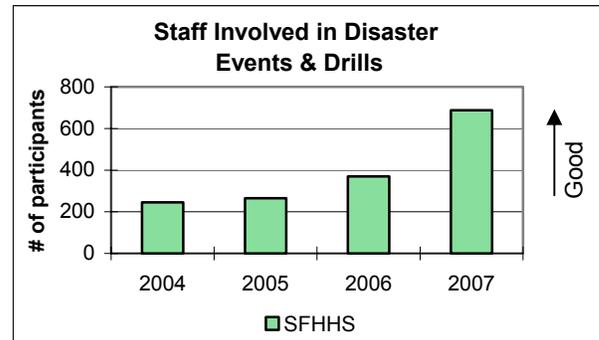**Staff Involved in Disaster Events & Drills**

Figure 7.5-11

Department measures are chosen by management with employee involvement based on areas of greatest impact to affect organizational performance. Examples of departmental indicators for key work processes are presented in Figures 7.5-12 through 7.5-14.
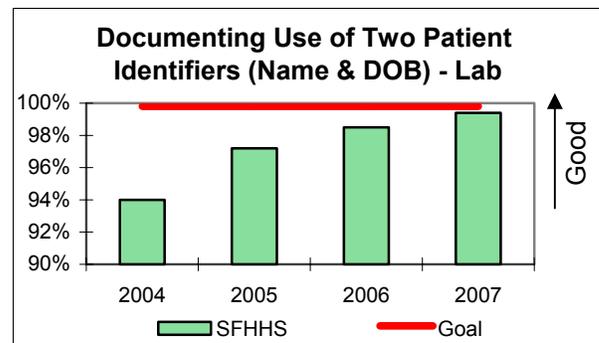
Documenting Use of Two Patient Identifiers (Name & DOB) - Lab

Figure 7.5-12

Room Cleanliness Housekeeping

Figure 7.5-13

- 46 -

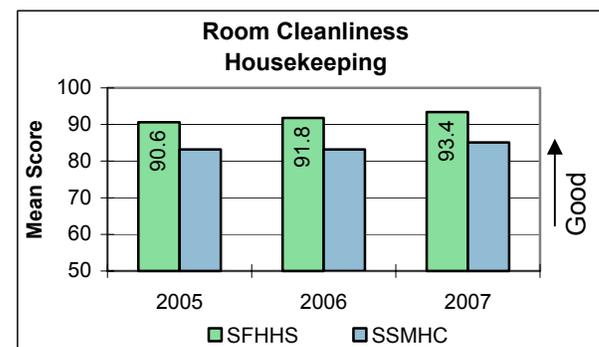**Efforts to Continuously Improve Quality**
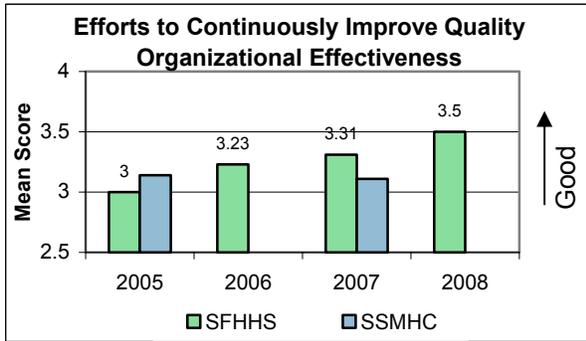**Organizational Effectiveness**

Figure 7.5-14

The SSMIHT has established service response levels (SRLs). These levels measure how quickly an issue in a respective category will be resolved. Department SRL goals are established, monitored and communicated monthly through Facilities Management PIR (Figure 7.5-15).
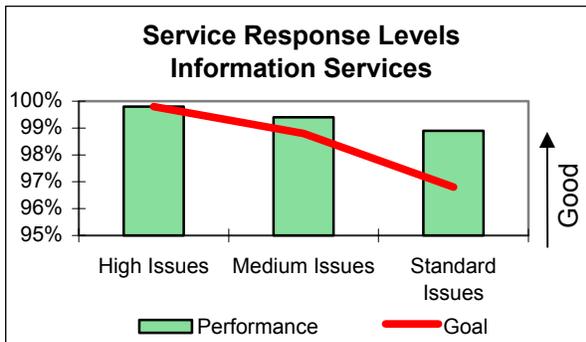
Service Response Levels
Information Services

Figure 7.5-15

Results of a recent CQI*plus* team project are shown in Figure 7.5-16. Through community feedback, it became apparent that patients were having difficulty and were dissatisfied with appointment availability and wait times at St. Francis Family Health Care clinic. Through this team, improved process flow has been seen in the clinic.
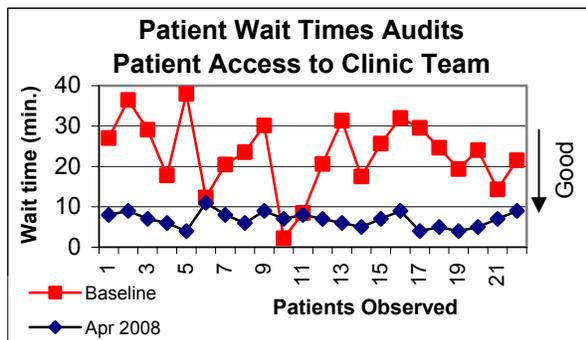
Patient Wait Times Audits
Patient Access to Clinic Team

Figure 7.5-16

7.6 Leadership Outcomes

Key measures of organizational performance are the core competencies or Characteristics of Exceptional Health Care. Reported monthly in the PIR, cumulative results indicate progress toward goals. Through department operational plans, steps are identified to accomplish the deployment of strategic initiatives (Figure 7.6-1).

Departmental Plans Samples of Departmental Goals & 2007 Results		
Department	**Goal**	**2007**
Exceptional Patient Care		
Imaging	Maintain screening forms for MRI and CT contrast studies completion prior to exam at 100%	100%
Respiratory Therapy	Increase documentation of patient education regarding use of respiratory medications and equipment from 84% in 2006 to 90% in 1007	96%
Obstetrics	Improve the overall rating of care given from 36th percentile in 2006 to the 90th percentile in 2007	95th %ile
Exceptional Commitment		
Nutritional Services	Improve quality of food on physician survey from 2.92 in 2006 to 3.0 in 2007	3.08
Accounting	Payroll processing in SAP will be completed by end of the workday Tuesday 80% of the time	92.3%
Exceptional Financial Performance/Growth		
Health Information Management	Maintain or exceed worked hours per registration at 0.64 hours in 2007	0.57
Purchasing/ Central Supply	Increase MBE vendors from 10% in 2006 to 13% in 2007	29%

Figure 7.6-1

The department poster (DMS) process identifies and illustrates key work system indicators. Figure 7.6-2 reflects the accomplishment of goals. Departments are encouraged to establish aggressive goals to promote faster improvement.

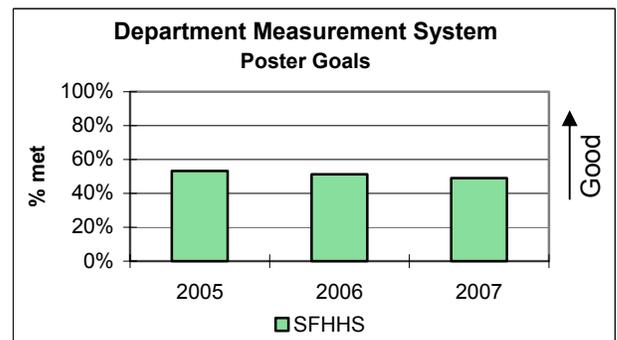**Department Measurement System**
Poster Goals

Figure 7.6-2

SFHHS workforce is required to complete organization-wide, departmental and job-specific elements of the on-line CRP training program. This was an annual requirement until 2006 when the standard changed allowing full compliance to be spread over two years. By the end of 2006, 80% of the workforce has completed the requirement (Figure 7.6-3). The annual training day was adjusted to allow four hours for the completion of on-line education. Over the past three years, additional computer access has also impacted completion of requirements by the workforce.

Corporate Responsibility Program Training Compliance
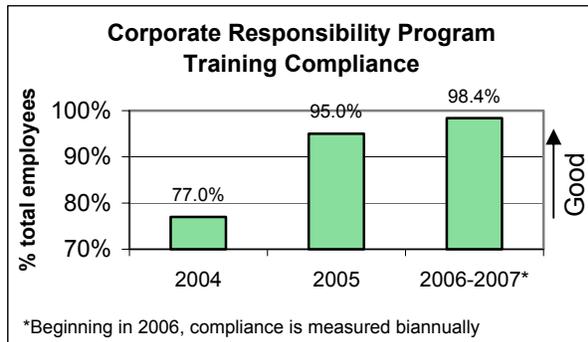
Figure 7.6-3

SFHHS strives to meet or exceed all requirements set by accrediting and regulatory organizations. Figure 7.6-4 addresses the major regulatory agencies and results.

Agency	2007 Outcome
State of Missouri	No sanctions
CMS	No sanctions
OSHA	No violations
EPA	No violations
IRS	No investigations
Joint Commission	Full accreditation
DHHS (HIPAA)	No violations

Figure 7.6-4

In 2004, an SSMHC Diversity Advisory Council (DAC) was formed. Membership includes a representative of SFHHS who serves as a "diversity ambassador and

leader", attending meetings and functions, serving as a liaison to senior leadership and AC for information regarding diversity issues. In 2005, the DAC developed and implemented an entity "Diversity Scorecard" which measures enhancements to the organizations ability to meet the needs of diverse patients and customers (Figure 7.6-5).

SFHHS is committed to delivering health care services to those in need, especially the economically, physically and socially marginalized. The Community Benefit Inventory for Social Accountability (CBISA) program is a planned, managed and measured approach to meeting identified community health needs. Community benefit activities are accomplished in collaboration with other community partners to serve the poor, minorities and underserved groups. These measures are summarized in benefit expenditures and persons served in the following categories: community health improvement services, health professions education, financial and in-kind contributions, community building activities, community benefit operations, and traditional charity care. With implementation of Lyon software in 2005, SFHHS has placed additional focus on data collection, resulting in increases of reportable activities (Figure 7.6-6 to 7.6-9). In 2007, the CBISA team has initiated additional data collection measures to improve reporting of persons affected by community benefit.
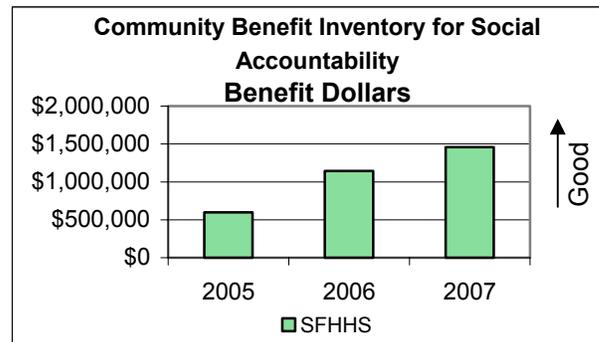

Community Benefit Inventory for Social Accountability Benefit Dollars

Figure 7.6-6

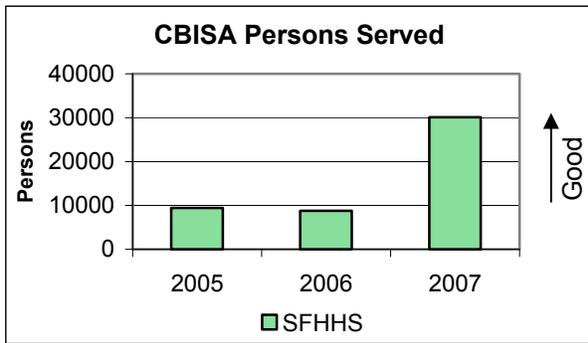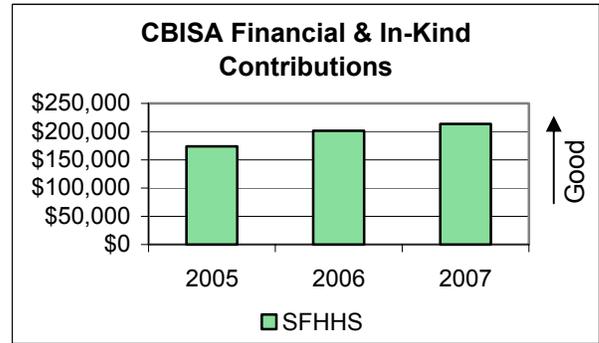| Diversity Scorecard				
Category	Definitions	2005	2006	2007
Patients/ Customers	Satisfaction (focus groups), physical environment (sign-age, ethnic and religious foods, facility accessibility), amenities, (ethnic reading materials, TV/radio, art, gift shop items), equipment (hearing impaired), Administration (diverse forms, instructions, charity care), Medical outcomes (address or eliminate disparities)	22.5	25.7	24.6
Work Environment/ Cultures	Retention, Diversity or Employee Council, Recruitment, Diversity Training	27.3	17.3	20.5
Organizations	Support organizations whose missions promote equality, inclusion and diversity	17.8	20	20
Suppliers	Minority Business Enterprises (MBE), minority and women suppliers	7.0	14.0	15.0

Figure 7.6-5

CBISA Persons Served

Persons

	2005	2006	2007

SFHHS

Good ↑

Figure 7.6-7

CBISA Financial & In-Kind Contributions

	2005	2006	2007

SFHHS

Good ↑

Figure 7.6-9

CBISA Traditional Charity Care

	2005	2006	2007

SFHHS

Good ↑

Figure 7.6-8