Research
PSYCHIATRIC CENTER
HCA Midwest HEALTH SYSTEM®

# 2012 Missouri Quality Award

*Research Psychiatric Center*

*2323 E. 63rd St*

*Kansas City, Missouri 64130*

*May 2, 2012*

*This is an Application for the Missouri Quality Award*

## Table of Contents

# Abbreviations

**A**

| | |
|---|---|
| ADC | Average Daily Census |
| Adol | Adolescent |
| AD&D | Accidental Death and Dismemberment |
| Adj | Adjustments |
| ADLT | Adults |
| Admin | Administrative |
| AHA | American Hospital Association |
| AHCA | American Health Care Association |
| AIDET | Acknowledge, Introduce, Duration, Explain, Thank You |
| AP | Accounts Payable |
| APIC | Association for Professionals in Infection Control |
| AMC | American Multi Cinema |
| Anes | Anesthesia |
| Appt | Appointment |
| AR | Accounts Receivable |
| Avg | Average |

**B**

| | |
|---|---|
| BDP | Best Demonstrated Practices |
| BHC | Behavioral Health Care |
| BHS | Behavioral Health Services |
| BNDD | Bureau of Narcotics and Drug Diversion |
| BO | Business Operations |
| BSC | Balanced Scorecard |

**C**

| | |
|---|---|
| C | Collaborators |
| CARE Behaviors | Organizational Values and Patient Contact Requirements: Compassion, Attitude, Respect and Excellence |
| Cass | Senior Unit at Cass Regional Medical Center |
| CD | Chemical Dependency |
| CE | Continuing Education |
| CEU | Continuing Education Unit |
| Chgs | Changes |
| CIA | Corporate Integrity Agreement |
| CIT | Crisis Intervention Team |
| Clin | Clinical |
| CC | Clinical Consultant |
| CMS | Center for Medicare/Medicaid Services |
| Comp | Competencies |
| Comp # | Competitor |
| ComPAS | Community Psychiatric Assessment Service |
| Conseq | Consequential |
| CQI | Continuous Quality Improvement |
| COPC | Code of Professional Conduct |
| COPS | Conditions of Participation |
| CPH | Coliseum Psychiatric Hospital |
| CPS | Collaborating Problem Solving |
| CRA | Conclusions, Recommendations, Actions |

**D**

| | |
|---|---|
| D | Diagnostics, Medical |
| DC | Discharge |
| DEA | Drug Enforcement Agency |
| Develpmt | Development |
| DHSS | Department of Health and Senior Services |
| DISO | Division Information Security Officer |
| DMAIC | Design-Measure-Assess-Improve-Control |
| DOJ | Department of Justice |
| DOT | Department of Transportation |

**E**

| | |
|---|---|
| EAP | Employee Assistance Program |
| EB | Evidence-based |
| EBP | Evidence-based Practice |
| EBDITA | Earnings Before Depreciation, Interest, Taxes, Amortization |
| ECG | Electrocardiography |
| ECP | Ethics & Compliance Program |
| ECT | Electroconvulsive Therapy |
| ED | Emergency Department |
| EDU | Eating Disorders Unit |
| Educ | Education |
| EHAF | Employee Health Assistance Fund |
| EIB | Extended Illness Bank |
| EJC | Eastern Jackson County |
| EKG | Electrocardiogram |
| EMTALA | Emergency Medical Treatment and Labor Act |
| Emp | Employee |
| EMAR | Electronic Medical Administration Record |
| EMR | Electronic Medical Record |
| Engmt | Engagement |
| EPA | Environmental Protection Agency |
| EPOB | Employees Per Occupied Bed |
| Exp | Expense |
| Exec | Executive |

**F**

| | |
|---|---|
| F | Female |
| FA | Family Therapy |
| FDA | Federal Drug Administration |
| FMEA | Failure Mode Effect Analysis |
| FSA | Flexible Spending Account |
| FT | Full-Time |
| FTE | Full Time Employee |
| FY | Fiscal Year |

**G**

| | |
|---|---|
| GOH | Green Oaks Hospital |
| G | Group Therapy |

# Abbreviations (Cont.)

**H**

| | |
|---|---|
| HBIPS | Hospital-based Inpatient Psychiatric Services |
| HC | Healthcare |
| HCA | Hospital Corporation of America (parent corporation, Nashville, TN) |
| HCAHPS | Hospital Consumer Assessment of Healthcare Providers and Systems |
| HDIS | Hospital Division Information Security |
| HEICS | Hospital Emergency Incident Command System |
| HIPAA | Health Insurance Portability and Accountability Act |
| HITECH | Health Information Technology for Economic & Clinical Health Act |
| HRA | Healthcare Reimbursement Account |
| H.S. | High School |
| HWI | Healthy Work Index |
| H2U | Health to You |

**I**

| | |
|---|---|
| IC | Infection Control |
| ID | Identify |
| I.D. | Identification |
| Incl | Included |
| Indep | Independence |
| Info | Information |
| IOP | Intensive Outpatient |
| IP | Inpatient |
| IRB | Institutional Review Board/Investigational Review Board |
| IRS | Internal Revenue Service |
| IT&S | Information Technology & Services |

**J**

| | |
|---|---|
| JD | Job Description |

**K**

| | |
|---|---|
| K | Thousand (financial) |
| KC | Kansas City |
| KCIM | KC Internal Medicine |
| KS | Kansas |

**L**

| | |
|---|---|
| Lab | Laboratory |
| LCI | Leadership Capability Indicator |
| LOS | Length of Stay |
| LPN | Licensed Practical Nurse |
| LS | Leadership Staff |

**M**

| | |
|---|---|
| M | Male |
| MBA | Masters Business Administration |
| MBNQA | Malcolm Baldrige National Quality Award |
| MC | Millcreek |
| MD | Medical Doctor/Physician (Partner) |
| MDR | Monthly Department Review |

**M (Cont.)**

| | |
|---|---|
| MEC | Medical Executive Committee |
| Med | Medication |
| Metro | Metropolitan Area |
| MEWS | Modified Emergency Warning System |
| Mgmt | Management |
| MHA | Missouri Hospital Association |
| MHT | Mental Health Technician |
| Mkt | Market |
| MO | Missouri |
| MOR | Monthly Operating Review |
| MR | Medical Records |
| MQA | Missouri Quality Award |
| MS | Medical Staff |
| Mtgs | Meetings |
| Mthly | Monthly |
| MVV | Mission, Vision, Values |

**N**

| | |
|---|---|
| NAMI | National Alliance on Mental Illness |
| NAPHS | National Association of Psychiatric Healthcare Services |
| NS | Nursing Staff |

**O**

| | |
|---|---|
| O | One on One Therapy |
| Occur | Occurrences |
| OFI | Opportunities for Improvement |
| OIG | Office of Inspector General |
| OOC | Out of Compliance |
| OP | Outpatient |
| Oper | Operating |
| OPK | Overland Park, Kansas |
| Ops | Operations |
| OSHA | Occupational Safety and Health Administration |

**P**

| | |
|---|---|
| P | Psychological Testing |
| PBS | Professional Behavioral Standards |
| PE | Psycho-educational |
| PG | Press Ganey |
| PI | Performance Improvement |
| PIC/RM | Performance Improvement/Risk Management Committee |
| Pr | Partners |
| Prof | Professional |
| PR | Peer Review |
| Pre-AA | Pre-Anesthesia Assessment |
| Pt | Patient |
| P/C/S/S/P/C | Pt/Customer/Stakeholder/Supplier/ Partner/Collaborator |
| PT | Part-time |
| PTO | Paid Time Off |
| PM | Performance Measures |

X

# Abbreviations (Cont.)

**P (Cont.)**

| | |
|---|---|
| PMIS | Project Management Initiative Scoreboard |
| PMM | Performance Measures Monitored |
| PMP | Performance Management Plan |
| PRN | As needed |
| Prof | Professional |
| Proj | Project |
| Prv | Prevent |
| P & Ps | Policies and Procedures |

**Q**

| | |
|---|---|
| Qtr | Quarter |
| Qtrly | Quarterly |

**R**

| | |
|---|---|
| RBH | Research Belton Hospital |
| RCA | Root Cause Analysis |
| RVP | Regional Vice President, Behavioral Health Services |
| RCON | Research College of Nursing |
| Ret | Retention |
| Rev | Revised |
| RFI | Requirement for Improvement |
| RM | Risk Management |
| RMC | Research Medical Center |
| RX | Pharmacy/Prescription |
| RXT | Psychopharmacologic Treatment |

**S**

| | |
|---|---|
| S & S | Safety and Security |
| Satisf | Satisfaction |
| SBP | Strategic Business Planning |
| SC | Survey Compliant |
| Sharepoint | RPC Inside Edition |
| SL | Senior Leader |
| SO | Strategic Objective |
| SOX | Sarbanes-Oxley; Federal Financial/Ethics Regulations |
| SP | Strategic Plan |
| SRA | Senior Adults |
| SPP | Strategic Planning Process |
| SPR | Strategic Plan Review |
| Srvcs | Services |
| S/R | Seclusion/Restraint |
| St | Stakeholders |
| Std | Standard |
| Stfg | Staffing |
| Su | Suppliers |
| SWOT | Strengths Weaknesses Opportunities Threats |

**T**

| | |
|---|---|
| TAT | Turn-around-time |
| TJC | The Joint Commission |

**T (Cont.)**

| | |
|---|---|
| T/O | Turnover |
| Trng | Training |
| Tx | Treatment |

**U**

| | |
|---|---|
| UMKC | University of Missouri – Kansas City |
| UM | University of Missouri - Columbia |
| Upd | Update |

**V**

| | |
|---|---|
| VS | Vital Signs |
| VPH | Valley Psychiatric Hospital |
| Vs. | Versus |
| Vol | Voluntary |

**W**

| | |
|---|---|
| W/ | With |
| WF | Workforce |
| WFP | Workforce Plan |
| WFMP | Workforce Management Plan |
| Wkly | Weekly |
| WP | Work Processes |
| WS | Work Systems |

**X**

| | |
|---|---|
| XR | Radiology |

**Y**

| | |
|---|---|
| YTD | Year to Date |

**Other**

| | |
|---|---|
| 3-D Mapping | Electrophysiology |
| 7W | Research Medical Center 7 West |
| % | Percent |
| %tile | Percentile |
| & | And |
| $ | Dollars |
| # | Number |
| @ | At |
| \ | Per |

# Organizational Titles

| | |
|---|---|
| **A** | |
| AHP | Allied Health Practitioner |
| APRN | Advance Nurse Practioner RN |
| **B** | |
| BDD | Business Development Director |
| **C** | |
| CEO | Chief Executive Officer |
| CFO | Chief Financial Officer |
| CNO | Chief Nursing Officer |
| **D** | |
| DBD | Director of Business Development, Marketing Director |
| DCC | Director of ComPAS Call Center |
| DM | Department Manager |
| DTS | Director Therapeutic Services |
| **E** | |
| ECO | Ethics & Compliance Officer |
| **F** | |
| FISO | Facility Information Officer |
| **H** | |
| HRD | Human Resources Director |
| HS | House Supervisor |
| **M** | |
| MEDR | Medical Director |
| **N** | |
| ND | Nurse Director |
| **P** | |
| Phys | Physician |
| PBHC | President of Behavioral Health Care |
| **R** | |
| RVP | Regional VP, Behavioral Health Services |
| RM | Risk Management, Risk Manager |
| RN | Registered Nurse |
| RN-BC | Registered Nurse - Board Certified |
| **S** | |
| SW | Social Worker |
| **V** | |
| VPBHS | Vice President of Behavioral Health Services |
| VP | Vice President |
| VPO | Vice President, Operations |
| VPO | Vice President of Operations |

# Team Names

| | |
|---|---|
| **A** | |
| AU | Adolescent Unit |
| **B** | |
| BD | Business Development |
| BOT | Board of Trustees |
| ***C*** | |
| CC | Credentials Committee |
| CM/DCP | Case Management Discharge Planning |
| **D** | |
| DD | Department Directors |
| **E** | |
| EAG | Employee Advisory Group |
| EVS | Environmental Services |
| **F** | |
| FANS | Food and Nutritional Services |
| FECC | Facility Ethics and Compliance Committee |
| FSC | Facility Security Committee |
| **H** | |
| HR | Human Resources |
| **I** | |
| ITU | Intensive Therapy Unit |
| **L** | |
| LS | Leadership |
| **M** | |
| MAC | Medical Advisory Committee |
| MEC | Medical Executive Committee |
| MS | Medical Staff |
| MSCC | Medical staff Credential Committee |
| MSPR | Medical Staff Peer Review Committee |
| **O** | |
| OT/RT | Occupational Therapy/Recreational Therapy |
| **P** | |
| PHP | Partial Hospitalization Program |
| PIC | Performance Improvement Committee |
| P&T | Pharmacy & Therapeutics Committee |
| **S** | |
| SIC | Safety Infection Control Committee |
| SLT | Senior Leadership Team |
| SMAT | Supply Management Action Team |

## ORGANIZATIONAL PROFILE

### P.1 Organizational Description. Organizational Environment

**P.1a(1)** Research Psychiatric Center (*RPC) is a 100-bed, stand alone, acute care hospital located in Kansas City (KC), Missouri (MO)*. RPC was initiated in 1985 as a joint venture between Health Midwest and (&) Columbia Hospital Corporation of America (HCA) and in 2002 was purchased by HCA. RPC is now one of 18 hospitals in the new HCA Mid America Division which was formed in November, 2011 when the Midwest and Delta Divisions were merged. *RPC's main healthcare service offering* is behavioral health care (BHC). RPC is the only stand alone BHC hospital in its division. *The relative importance of BHC to RPC* is that it is its only book of business. *The delivery mechanisms used to provide care at RPC include inpatient (IP) and outpatient (OP) services (Srvcs).* The IP services include adolescent (Adol) psychiatry, adult (Adlt) and senior adult (SRA) psychiatry, intensive psychiatric care (for adults), Electroconvulsive Therapy (ECT), and addiction treatment (Tx). OP services include emergency and urgent care provided through a hospital-based OP Partial Hospitalization Program (PHP), as well as through intensive outpatient therapy (IOP) at two clinics in Overland Park, Kansas (OPK) and Independence (Indep), MO, and psychiatric medication management (Mgmt) in the OP, KS site.

**P.1a(2)** *The distinctive characteristics of RPC's culture are a continuous journey towards performance excellence, collaboration, and a patient safety focus.* These characteristics are embodied in the Hospital's Mission, Vision, and Values (MVV). RPC's MVV represent the drivers for RPC's unwavering quest to address the improvement of individual and community health and provision of the best and safe care to its consumers (Figure P.1-1).

**Figure P.1-1 Purpose, Mission, Vision, and Values**

**Purpose** –Psychiatric service across the continuum of patient needs
**Mission** - To Provide Excellence in Psychiatric Care
**Vision** - Together, we will be the provider and employer of choice in the communities we serve. We will accomplish this through:

- Provision of statistically superior care
- Achievement of high satisfaction levels
- Greater market share presence in the communities we serve
- Sound financial performance

**Values** – Compassion, Attitude, Respect, Excellence

RPC's **Continuous Journey Towards Performance Excellence** is evidenced in its integrated systematic approach for designing and capturing key performance metrics, measuring their results, assessing, improving and controlling for outcomes (DMAIC); through RPC's deployment of lessons learned to others; and through its use of the feedback received from patients/stakeholders (see Category 4).

**Collaboration** is reflected in RPC's proactive approach of involving its stakeholders in the decision-making process for new services, system changes (Chgs), and performance initiatives. These stakeholders can include staff, physicians, patients, other hospitals, insurance providers, community mental health advocates and others, as needed.

RPC's **Patient Safety** focus is demonstrated in its fully deployed performance measurement system that is used to review key safety and risk indicators through its DMAIC process for resolution. *RPC's Core Competencies (Comp) and their relationship to its Mission are as follows* (Figure P.1-2):

**Figure P.102 RPC's Core Competencies and Their Relationship to its Mission**

The ***Call Center/Intake Assessment Department*** is the receiving area for RPC. Besides local HCA facilities, RPC's Call Center services other area non-HCA hospitals by assisting them in aligning their patients seeking treatment, with the most appropriate level of BHC. The Call Center fields calls on an ongoing basis from four area states to assist in the proper placement of patients. Daily monitoring occurs on all patients received, to ensure that they have been placed at the appropriate level of care to meet their needs and condition. Patients who return for service within 30 days have their cases reviewed to ensure that all care needs and decisions were appropriately addressed and to identify (ID) any opportunities for improvement (OFI) and incorporate any lessons learned. Because of its sustained successful outcomes, the Call Center/Intake Assessment area has served as a model for multiple other HCA markets to structure their own community's BHC.

***Intensive Psychiatric Treatment .*** RPC is regarded as a tertiary level of care facility. Patients are sent to RPC from other psychiatric facilities when they have been unsuccessful in their previous treatment. RPC conducts ongoing performance measurement activities for its services in order to monitor for evidence of continuous improvement in the provision of care for patients with intensive psychiatric needs. RPC's level of excellence in psychiatric care is evidenced in that it is often used as a template for other HCA BHC facilities to model their practices from. RPC now manages three acute care BHC units for two other HCA hospitals.

***Evidence-based practice (EBP)*** . Evidenced-based practice is the use of specific recommendations for care that are rooted in research evidence and that, in doing so, reflect the best clinical decisions. Two examples of EBP in practice at RPC are as follows:

The ***Adolescent Unit*** utilizes an EBP model known as "collaborative problem-solving (CPS)." This model is a cognitive, behavioral program that focuses on how adults interact with children to manage their behavior. The basic premise of CPS is that "kids do well if they can." The job of RPC staff is to observe and identify the deficient skills and pathways the adolescent demonstrates and to begin to teach them skills necessary for success in society. CPS describes the decision making that an adult uses to determine the best approach to use of three systematic plans. As a result of implementing the CPS model, the rate of seclusion and restraint episodes decreased by 98% from 2009 to 2010. To date, the Adolescent unit has sustained its elimination of restraint.

***ECT*** is a treatment for some patients who are unresponsive to psychotropic medications. RPC is one of the few facilities in the area that provides ECT services. Patients are referred to RPC from physicians and a number (#) of other area facilities, for ECT care. EBP methodologies from Duke University are used as a part of ECT. Because of the resulting volume of patients treated, the level of success in outcomes and extremely low complication rate, RPC is considered an expert leader in this service, as compared to other facilities. RPC closely monitors its ECT services for evidence of compliance with all performance objectives.

***Patient Safety***. Patients are admitted to IP BHC when they are regarded as a possible danger to self or others. Patient safety is an essential component of care at RPC. RPC monitors all patients at least every 15 minutes or more often as needed. Performance data shows a progressive improvement in results of key patient safety-related indicators. Should a patient have a safety-related occurrence while at RPC, a root cause analysis (RCA) is conducted to identify any root causes, identify opportunities for improvement and devise lessons learned to be shared with others. Category 4 describes these processes further.

| Figure P.102 RPC's Core Competencies and Their Relationship to its Mission |
|---|
| ***Community Outreach and Education.*** RPC has held a leading role in the initiation of community outreach activities to address the stigma of BHC. It has linked with constituents including the National Institute on Mental Health (NAMI) to assist in improving the attitudes towards and services for patients with BHC issues. RPC holds monthly (Mthly) community educational sessions to assist other non-BHC as well as BHC colleagues, in aligning their own practices to embody those of RPC's MVVs. As a result, RPC is regarded as the area expert in the provision of community outreach and educational activities. |

**P.1a(3)** *RPC employs 290 people*. The staff reflects the diversity found in RPC's patient population. While the majority of employees are nurses, RPC also employs professional (Prof) and technical staff, as well as administrative and support staff. The range of education levels at RPC extends from high school graduate through graduate level and medical degrees. RPC has no unionized employee groups. RPC employs 97.3% of its workforce (WF) and contracts with a per diem staffing (Stfg) agency, "Parallon Workforce Management Solutions," a HCA-based entity, to supplement its nursing workforce. Figure P.1-3 delineates RPC's workforce profile, staff *groups, segments*, *and educational levels*:

| Figure P.1-3 Years of Service | |
|---|---|
| 20+ years = 2.8% | 5-9 years = 12.9% |
| 15-19 years = 1.4% | 1-4 years = 40.8% |
| 10-14 years = 5.6% | Less than 1 year = 36.5% |

**Work Status:** 61.7% FT, 8.7% PT, and 29.6% PRN.
**Skill Mix Classification/Educational Level Requirements:**
*Direct Patient Care RNs = 34.8%, Clinicians = 19.6%*
*Support = 36.9%, Management = 8.7%*

There are 68 physicians (MD) and allied health practitioners (AHP) on RPC's medical staff (MS). RPC MS is credentialed and their performance is monitored, through the MS process. *Key elements that motivate staff to engage in accomplishing RPC's Mission and Vision are as follows*: RPC's hospital's mission for the provision of excellence in psychiatric care is deployed in a variety of formats to RPC's staff during its routine recognition of staff as well as teams who demonstrate the behaviors that support its MVV. Recognition reinforces the positive aspects derived from these behaviors, and motivates RPC's staff to align with its MVV

RPC's benefit package is reflective of the expressed needs of RPC's employees. Its key workforce benefits including salary and benefit package is identical to that of other larger HCA facilities. Key workforce benefits are addressed in Item 5.1b(2) while key health and safety requirements are described in Item 5.1b(1).

**P.1a(4)** RPC's services encompass one-on-one individual therapy (O), group therapy (G), psycho-educational therapy (PE), family therapy (FA), psycho-pharmacologic treatment (RXT) and ECT. Diagnostic medical testing including laboratory (lab) radiology (XR), and electrocardiography (EKG) testing are provided for IPs through a contractual relationship with RMC and with an OP mobile radiology company. Psychological (P) testing is provided by allied health staff when a diagnosis of a patient is not clear. Because of the nature of its business, RPC's technology is less than that encountered in a medical surgical hospital. The equipment used at RPC includes monitoring devices for patient vital signs (VS) through its Vitals Now (VN) and modified emergency warning systems (MEWs); an electronic medical record (EMR); an electronic medication administration record (EMAR); minor diagnostic equipment including an EKG machine (to monitor heart rhythms); Pyxis or Accudose (Accud) equipment for medication supply and administration; and the ECT machine for those patients receiving ECT services. Figure P.1-6 delineates *RPC's facilities, technologies and equipment:*

| Facilities | RPC | EJC | Mill | Mill | RMC | Sage |
|---|---|---|---|---|---|---|
| ***RMC 7W and Sage are managed by, but not under RPC's license** | | | **Creek OPK** | **Creek-KC** | **7W** | |
| Service Description | IP/ OP | OP | OP | OP | IP Adlts | IP SRA Adlts |
| Services provided | O, G, D, PE, Fa, Rxt, ECT, P | O, G, PE, F | O, G, PE, F, Rxt, P | O, G, PE, F, Rxt | O, G, PE, Fa, Rxt, D, P | O, G, PE, Fa, Rxt, D, P |
| Bed count | 100 | None | None | None | 30 | 10 |
| Technologies | ECT MEWS EMR EMAR | EMR | EMR | EMR | EMR EMAR | EMR EMAR |
| Equipment | EKG, VS ECT Pyxis | None | VS - med clinic | VS | EKG VS Accu | EKG VS Pyxis |

**P.1a(5)** *Psychiatry is one of the most heavily regulated areas of healthcare due to those patients who might be deemed unable to speak for themselves.* RPC operates subject to a number of laws and regulations, and maintains a compliance program to assure adherence (see Figure P.1-7).

| Figure P.1-7 Applicable Regulations/Requirements for RPC | |
|---|---|
| **Agency** | **Regulations/Requirements *= Patient Health & Safety Focus** |
| Joint Commission (TJC) | *Accreditation standards |
| Center for Medicare & Medicaid Services (CMS) | *Conditions of Participation for Medicare and Medicaid services |
| Department of Health & Senior Services (DHSS) | *Division of Regulation & Licensure for Hospitals |
| Office of Civil Rights | *Health Insurance Portability & Accountability Act (HIPAA); Health Information Technology for Economic & Clinical Health (HITECH) |
| Department of Transportation | Code of Federal Regulations specific to transport of wastes |
| Occupational Safety & Health Administration | Code of Federal Regulations governing Employee safety |
| Drug Enforcement Agency | *Title 21 Code of Federal Regulations |
| Federal Drug Administration | *Title 21 Code of Federal Regulations, Food and Drugs |
| Bureau of Narcotics & Drug Diversion | *MO Board of Pharmacy, Code of State Regulations |
| Internal Revenue Service | Federal tax laws |
| Sarbanes-Oxley | United States Federal law that sets enhanced standards for all U.S. public company boards, management and public accounting firms |
| Environmental Protection Agency | *Miscellaneous federal environmental laws |

| Figure P.1-7 Applicable Regulations/Requirements for RPC | |
|---|---|
| State Licensure Boards | *Practice acts for the disciplines |

RPC's approach for compliance is to remain in a state of continual survey readiness for any onsite survey activity and remains compliant with regulatory requirements on an ongoing basis (see Category 4, Area 4.1b).

**b. Organizational Relationships**

**P.1b(1)** *Organizational Structure. RPC's* parent company, the Hospital Corporation of America (HCA), is the largest private health care operator in the United States and worldwide. HCA has 173 hospitals and 107 freestanding surgery centers located in 20 states and London, England. RPC is part of the Mid America Division described in P.1(a)1. Besides being part of the Mid America Division, RPC is one of HCA's BHC hospitals and, as such, falls under the BHC service line in HCA. RPC's Chief Executive Officer (CEO) is accountable not only to the RPC Board of Trustees (BOT) and Mid America Division President but also to the President of BHC (PBHC). RPC has a seven-member Board of Trustees (BOT) who provide governance for the hospital including its quality of patient care and physician credentialing. The BOT mirrors the racial and ethnic diversity of the community served by RPC. Membership includes the CEO, the President of the MS, at least three other MS members of the hospital, the President of the Company or his/her designee, and two representatives of the community served by the Hospital. The Medical Director (MD) and the CNO are non-voting members of the BOT and attend all Mtgs. Board members are appointed in accordance with RPC Bylaws and serve for a period of three years, with a limit of two terms. The following Committees and functions are accountable to the BOT, at their quarterly (Qtrly) Mtgs: Medical Executive Committee (MEC), Credentials Committee (CC) (for the appointment and re-appointment of MS), Peer Review (PR), Performance Improvement & Risk Management Committee (PIC/RM), Pharmacy & Therapeutics (P&T), Safety/Infection Control (SIC), Facility Ethics & Compliance Committee (FECC), and the Patient Advocacy Program. The CEO is selected by the BOT. The BOT participates in monitoring the performance of the CEO, and collaborates with the Division President and the PBHC, in providing input into the CEO's performance evaluation. The CEO heads RPC's Senior Leadership Team (SLT). Additional members and direct reports within RPC to the CEO include the Vice President of Operations (VPO), the CNO, the Business Development Director (BDD), the MD, and the Controller. In addition to his role in the oversight of RPC, the CEO serves as the Regional Vice President of Behavioral Health Services for the Mid America Division. In this capacity, the CEO oversees the management of 10 BHC units within HCA. Other members of RPC's Senior Leadership Team (SLT) and Leadership (LS) Team serve in either a managerial or consultative capacity. In doing so, RPC is able to deploy its best practices to other HCA BHC units.

**P.1b(2)** *RPC's key HC market segments include* seven (7) Northwest MO counties and five (5) adjacent KS counties. *RPC's key patient and stakeholder groups* are: IPs and OPs and their families, physicians, referring facilities and entities, and Managed Care 3rd party payors. See Figure P.1-8 for *key stakeholder requirements and expectations and their differences*:

| Figure P.1-8 Stakeholder Information for RPC | |
|---|---|
| **Patient and Stakeholder Groups** | **Key Requirements and Expectations** |
| IPs at RPC, 7 West and Sage | Relief of symptoms, Knowledge about their diagnosis & Mgmt of symptoms, Timeliness of admission process, Maintenance of personal safety, Helpfulness of therapies provided, Attentiveness of all care/providers, Satisfaction with the facility |
| OPs at PHP, Mill Creek and Care Net Clinics | Relief and understanding of symptoms, Patient satisfaction with services |
| Physicians | Satisfaction with the staff's timeliness and quality of care, competence, MD's ease in caring for patients |
| Referring Facilities/ Entities | Timeliness of receipt of the Pt (ED), Satisf w/patient outcomes and, Pt's relief of symptoms (OP providers), Communication of course of care (OP providers), Education on BHC (community groups) |
| Managed Care Organizations/ Third Party Payors | Readmission rate, Appointment (Appt) timeliness post DC of IPs, Quality of patient care, Patient satisfaction |

The key requirements and expectations for RPC's HC Srvcs, Pt and stakeholder support Srvcs and operations are identified via the segmentation methods and through direct feedback. RPC communicates with Pts via written satisfaction surveys, post-DC phone calls, consumer advocacy communications, patient rounding, aftercare groups, and the aftercare advice and Call center as discussed in 3.2a (1).

**P.1b(3)** *RPC's Key Types of Suppliers, Partners, and Collaborators are:* ***Suppliers*** *- medical suppliers, pharmaceutical vendors, and contract service providers*. **Partners –** HCA Mid America hospitals, RPC MS, and area nursing schools. **Collaborators –** MS, patients, managed care providers, the (NAMI), and the KC Free Health Clinic. *These suppliers, partners, and collaborators play an important role with RPC*, due not only to the products and services which they supply, but also due to their impact on the quality, safety and effectiveness of care provided within the hospital. Contract service providers are available to augment nursing care, anesthesia (Anes) care (for ECT Pts), and diagnostic testing. All contract Srvcs are monitored for compliance with contractual requirements through the PI monitoring and evaluation system. RPC considers its fellow HCA hospitals as essential partners. Regardless of the facility where the patient presents, their BHC needs are attended to and treated by RPC staff in an expeditious manner, and in accordance with all standards of care. The MS is a key partner in the delivery of services at RPC. MS members work closely with RPC staff in the assessment, Tx and care of patients in both the IP and OP environments. RPC relies on the feedback of MS as well as their participation in committee Mtgs, focused groups, and BOT Mtgs, to provide ongoing communication on how RPC can best achieve its mission. RPC maintains close ties with nursing schools .These schools assist in the replacement of staff vacancies and, in doing so, assist in RPC's sustainability. *RPC communicates and manages relationships with partners, suppliers and collaborators* through its proactive and systematic processes for ongoing communication which include regular conferences, electronic and digital methods. *Suppliers, partners, and collaborators are a viable source of innovation* at RPC. As part of its SP process, RPC utilizes them through focus groups and think tanks to inform RPC of up to date Info on new supplies, drugs, drug availability and innovations that will ultimately enhance and improve the quality of patient care provided. These organizations are involved in PI efforts and participate in the collection of data and receipt of feedback from the findings of PI efforts. *RPC's key supply chain requirements* include timeliness of availability of product, accessibility, user friendly ordering mechanisms, sufficient quality and durability of product to meet the needs of staff and compliance with RPC's PM. Routine on–site Mtgs are scheduled to review supply needs

and supply chain requirements, new contracts, and/or standardization opportunities.

**P.2 Organizational Situation – Competitive Environment**

**P.2a(1) Competitive Position** *RPC is the only free standing psychiatric hospital in the HCA Mid America Division, and is one of only two remaining free-standing psychiatric hospitals in the greater KC area.* Total annual IP admissions exceed 3,800 and annual OP visits for 2011 were 7855. *RPC currently has a strong competitive position* in the IP treatment of psychiatric disorders and has grown (and maintained) market share consistently since the mid-to-late 2000s. *Total market share and competitor comparisons including number and type are found in Item 7.5a(2*). RPC has developed relationships in communities and with providers throughout the KC Metro area. Over 1,000 psychiatric beds have closed in the KC area the last 15 years. RPC's primary competitor averages 48 in-patients per day, while RPC averages 74 in-patients per day. RPC averages an additional ADC of 30 patients for the three BHC units that it manages.

*Key Collaborators for RPC include* the MS, patients, managed care providers, the National Alliance on Mental Illness (NAMI), and the Kansas City Free Health Clinic. RPC is uniquely positioned to collaboratively use Info about its patients and customer population to provide efficient care, effective outcomes, community education programs and community health improvements. RPC has formed strong relationships with its physician groups, which are licensed independent practitioners. The hospital has strategically executed its business plan in order to build an outstanding product and to attract the best psychiatrists. Managed care providers assist RPC in maintaining its competitive advantage over the other BHC facility through the ongoing benchmarking and comparative results that are shared. NAMI and Kansas City Free Health Clinic have been instrumental in helping RPC achieve its MVV as described, in Category 3.2, Area a(1).

**P.2a(2)** ***Key Changes*** *taking place that affect RPC's competitive situation are as follows:* 1) The increasing number of patients seeking care in EDs and the subsequent need for prompt disposition, 2)The increasing needs of the adult Medicaid population that is unable to be served by free-standing psychiatric hospitals, 3) The growing population of patients with no source of funding coupled with their increasing level of acuity, 4) The continued implementation of provisions within the Mental Health Parity Act, 5) The Affordable Healthcare Act and the anticipated increase in eligible persons for services, 6) The increasing difficulty in finding and retaining BHC staff and MS. The opportunities for innovation and collaboration that exist pursuant to these challenges include the continued expansion of RPC assessors into the EDs of local hospitals to assist in the assessment and care of patients; additional opportunities for building and managing hospital-based BHC units at area HCA Mid America Division as well as non-HCA facilities, as these entities can serve Medicaid-funded patients; and the collaboration with organizations such as the Kansas City Free Health Clinic to assist in meeting the OP needs of BHC patients. RPC has taken a proactive approach towards these opportunities by systematically incorporating them into its SP.

**P.2a(3)** Key available sources of comparative and competitive data within and outside of Healthcare (HC) are shown in Figure P.2-1:

**Figure P.2-1 Key Sources for Collaborative and Competitive Data**

| Data Sources within HC | Type | Content |
|---|---|---|
| Missouri Hospital Association (MHA) | Intra-hospital within all MO hospitals - local scope | Size, bed count, services, trends, innovations |
| National Association of Mental Health (NAMI) | Intra-hospital across all BHS services - national scope | Size, bed count, services, customer feedback, trends, innovations |
| HCA, National Office and Mid America Division Offices | Intercompany for all HCA hospitals: Medical Surgical and BHC - national scope | Comparative performance indicators including financial, quality, patient, MD, Staff, trends, innovations, BDPs, key risk areas and litigation |
| The Joint Commission (TJC) | Intra-hospital -national scope | Comparative performance indicators related to Hospital-based Inpatient Psychiatric Services (HBIPS) |
| Missouri (MO) DHSS | Intra-hospital; all BHC hospitals in MO | Size, bed count, services, funding |
| MO Quality and Malcolm Baldrige Award Recipients | Non-HC industry award recipients | BDPs, innovations |
| Kansas City Business Journal | All industries within the KC region | Industrial results, services, innovations |
| Gallup | All types of industries using their services | Physician satisfaction |
| Occupational Safety and Health Association (OSHA) | Intercompany across all industries | Safety-related results |
| Sarbanes-Oxley (SOX) | Intercompany | Compliance with financial reporting requirements |

*Limitations on RPC's ability to obtain comparative and competitive data are*: 1) Competitors are often unwilling to share data concerning their services and performance results; 2) Many hospital-wide sources of comparative data do not differentiate between BHC and medical-surgical facilities, making comparisons between large entities and small organizations such as RPC difficult; 3) Because of litigation risk, most hospitals are unwilling to share the key performance results and risk points; 4) Differences in demographics between the BHC facilities, and 5) Differences in defining key comparative quality metrics (i.e., falls, medication errors) and the subsequent disparity in comparative results. In response, RPC has taken the lead in devising systems for sharing data as well as confidentiality agreements with BHC facilities internal and external to HCA.

P.2(b). *Figure P.2b delineates RPC's key health care services, operational, social responsibility and human resource strategic challenges and advantages:*

**Figure P.2b RPC's Key Strategic Challenges and Advantages**

| Challenges | Advantages |
|---|---|
| **Healthcare Services**<br>ED wait times for BHC Pts Availability of psychiatric beds in KC area | • RPC's Call Center/Intake Services uniquely serves as a model to other BHC facilities within and outside of HCA. RPC's Call Center/Intake Services link with area EDs to assist them in securing IP beds.<br>• RPC Mobile Assessment staff is being utilized in more area hospital EDs to move the patient out as expeditiously as possible. |

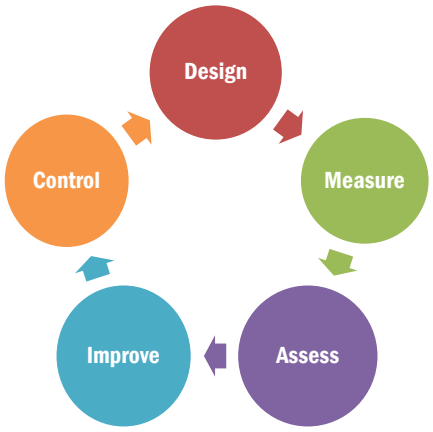
| | |
|---|---|
| **Operational**<br>The growing need for beds for Adlt patients and an increasing acuity of Pts presenting for services, More unfunded Pts continue to seek Services at RPC | • Pursuant to this challenge, RPC expanded the number of beds on its Intensive Treatment Unit by 75% to better accommodate the more acute adult patient that is now being seen.<br>• Because of its best demonstrated practices (BDP), RPC was asked to develop and manage additional beds at two other HCA facilities which have increased RPC's own bed capacity. A third site for additional IP and OP care is under consideration for development (Develpmt). |
| **Societal Responsibility**<br>There remains significant stigma in society against Pts with mental health issues, Provisions within the Healthcare Parity Act and Affordable Healthcare Act will call for the need for additional HC services to an underserved customer base. | • RPC works closely with NAMI and leads a taskforce to reduce stigma towards patients with psychiatric issues. In doing so, RPC is promoting its services and ability to serve to others.<br>• RPC's community education and outreach activities have grown to the extent that this area is now regarded as one of RPC's core competencies.<br>• RPC employs two Advance Practice RNs (APRN) and will add additional ones to assist in the need for additional BHC services. |
| **Human Resources (HR)**<br>As RPC continues to grow, the need for additional BHC staff will increase. | • RPC has devised strategies to enhance its workforce through training (Trng) programs for psychiatric technicians, re-entry programs for nurses who wish to return to nursing and training for nurses new to mental health care. |

**P.2c** *The key elements of RPC's Performance Improvement (PI) system are reflective of its MVV. RPC utilizes the DMAIC model for its performance improvement system as presented in Category 4, Area 1a(1). Figure P.2-2 illustrates this process.* Based on the process [Design] (De), data is collected that is reflective of RPC's patients/ stakeholders; and may be required by HCA's corporate processes.

*RPC's evaluation, organizational learning and innovation processes are as follows:* Data is systematically *collected* [Measured] through multiple means including: Meditech (RPC's clinical software program), HOST (financial software), Pyxis (automatic medication dispensing cabinet), Lawson (Human Resources), Kronos (employee time keeping/reporting), PLUS (departmental productivity), HealthStream (employee education), Facility Scheduler, Patient Satisfaction survey, MD Satisfaction, Employee Satisfaction, input from RPC's suppliers and vendors, and more. Each department monitors and assesses indicators that reflect patient quality, safety and customer satisfaction. The results are recorded in RPCs Balanced Scorecard (BSC) that is described in Category 4, Area 4.1a(1). Conclusions, Recommendations, Actions (C/R/A) to be taken [Improve] are deployed by the Department Directors to their respective workforce team members during staff meetings, through posted results, and through the display of the Balanced Score Card (BSC) results on RPC Inside Edition (SharePoint) – RPC's electronic media communication tool for staff. By sharing the results, the team members not only learn, but contribute key ideas to be integrated in the resolution of identified opportunities for improvement (OFIs) that are then forwarded to the PIC, the MEC and the BOT for their further evaluation [Assessment] of the results.

This evaluation is not only done to determine the performance results and to plan for improvement but serves as an opportunity for learning and *innovation* at all levels of review. The learning gained from the evaluation process builds as it is shared from the departmental level to the PIC, the MEC and the BOT. Ideas are often generated and incorporated that were not previously identified. RPC employs a "lessons learned" process whereby when key events occur, either externally or internally at RPC, the Info is deployed to other areas through in-services and memoranda regarding the system failure. Any actions taken are integrated into processes to [Control] prevent (Prv) future similar occurrences. [See Category 4, Area 4.1c(1)] As the **"DMAIC"** process repeats, cycles of learning occur and care is subsequently improved. The results are *controlled* to ensure improved results do not drift but are sustained.

**Figure P.2-2 DMAIC PI Model for RPC**



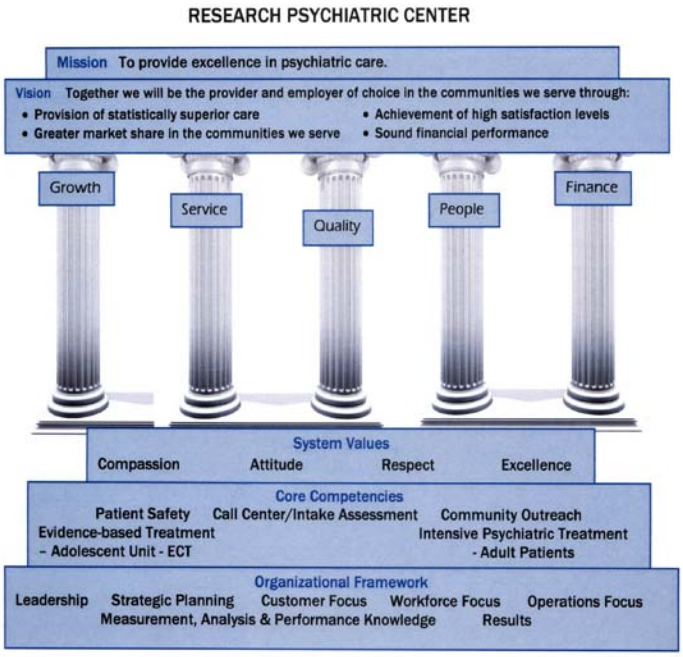
## CATEGORY 1 - LEADERSHIP

### 1.1 Senior Leadership: How do your Senior Leaders Lead?

#### a. Vision, Values, and Mission

**1.1a(1)** *The Senior Leadership Team (SLT) at RPC consists of the* CEO, the CNO, the MD, the Vice President of Operations (VPO), the Chief Financial Officer (CFO), the Director of Human Resources (HRD), the Director of Compass/Call Center (DCC), the Director of Therapeutic Services (DTS), and the Director of Business Development (DBD). The Leadership Group of Department Directors (DD) is comprised of Nurse Directors (ND), Department Managers, and House Supervisors (HS). All work collaboratively with the SLT to systematically deploy RPC's objectives by engaging the workforce in goal setting, performance improvement, measuring achievement, and reviewing action plans. *The SLT sets RPC's vision and values* by working collaboratively with the BOT, MS, and DDs throughout the Strategic Planning (SP) process. As a first step within its SP process, RPC holds a retreat comprised of the SLT, BOT, MS, and DDs to establish and, as necessary, refine RPC's MVV statement to ensure that it is still relevant and creates a synergizing purpose throughout the workforce; to ensure the integration of RPC's mission into its practices; to receive and incorporate feedback from key suppliers, partners, patients and other stakeholders; and, based on such, to establish priorities, objectives and goals within RPC (see Section 2.1a[1]).

**Figure 1.1-1 RPC's Deployment Processes of its MVV**




Since early 2007, RPC's focus has been on deploying and reinforcing its MVV with its entire work force, patients/families, physicians, suppliers and partners. Through a cycle of learning from feedback during its 2011 MQA survey, RPC has increased the deployment of its MVV to patients/families not only during their admission but throughout their hospital stay as shown in the methods in Figure 1.1-2. *The MVV is now felt to be fully integrated by the SLT into RPC's leadership system as expectations within the workforce, key suppliers and partners, and patients and other stakeholders through the systematic processes described in Figure 1.1-2.* These processes include multiple verbal and written media that are communicated to staff, physicians, suppliers, and partners to ensure that that all of these constituents: (a) understand the MVV and align their actions to support them; (b) understand strategic goals and their respective roles in supporting these goals; (c) understand current prioritized organizational goals and performance expectations; and (d) have a means to effectively communicate with the SLT. *RPC SLT deploys its MVV through its LS system in the processes that are delineated below.*

| **Figure 1.1-2 RPC's Deployment Processes of its MVV** |
|---|
| **To Workforce**: Annual Comp - CARE Values - Department Mtgs - DD rounding - Code of Conduct - Ethics and Compliance Training - Employee Assistance Group Mtgs - Employee Forums - New Workforce Orientation -Newsletter – Non Violent Crisis Info (NVCI) - RPC website – RPC Social Media - SLT rounding with staff, SLT and DD Mtgs - Visual postings of MVV in all areas |
| **To Suppliers & Partners**: Regular Mtgs with suppliers and partners – Newsletter - Participation of suppliers and partners in the MVV development and recognition of staff displaying MVV |
| **To Patients/Families**: Use of Collaborative Problem Solving (CPS) Model - Daily groups - Written Care Values Info - Demonstration of MVV in action through work performance - Family education on BHC – Use of Non Violent Crisis Intervention (NVCI) to reduce restraint - Orientation video - RPC website - RPC Social Media - Patient Satisfaction evaluation - Post DC phone calls- SLT and DD rounding |
| **Other Stakeholders**: BOT Mtgs, MS Mtgs, MEC Mtgs – Newsletter - RPC website - RPC Social Media - Community forums |

To maintain the focus on MVV, the SLT meets weekly (Wkly) to assess operations using RPC's five pillars of strategic focus (Service, Quality, People, Finance, and Growth) to ensure SBP action plans are aligned with goals, and to devise action plans for areas out of compliance. SBP goals are tracked by HCA's SLT Project Management Initiative Scorecard (PMIS) software. Monthly Mtgs are held with the DD to evaluate progress on the accomplishment of goals set in the SBP, to monitor the effectiveness of any actions taken and to make changes as is appropriate. Progress reports and action plans are communicated to all staff in department Mtgs, as well as by posting the Info in the BSC on SharePoint, in employee areas of the hospital and the newsletter. Info related to the MVV is shared and discussed with physicians and with the BOT, at the bi-annual SPRs, at monthly department Mtgs, as well as MEC and BOT Mtgs. Components of RPC's progress on its MVV are also posted on its website and on Facebook. *The SLT demonstrate a personal commitment to the organization's values* through their integration of the MVV as demonstrated in the following ways: First, the SLT actively participates with the BOT, the MS, and the DD at the bi-annual SPR, in order to critically assess whether or not RPC is meeting its MVV and to identify and initiate any OFIs. Second, the SLT and the DD deploy the MVV, by rounding for outcomes with patients and rounding for purpose, with all staff in all areas of RPC and its entities as shown in Section 7.2 Area, A.1. Similarly, the SLT's actions reflect a commitment to the organization's MVV, as evidenced by them rounding with Physicians on the units and with patients during post-discharge follow-up phone calls, to ensure that RPC is meeting its MVV. Fourth, the SLT is personally involved with systematically deploying the MVV during a one-hour training on expectations related to the demonstration of Compassion, Attitude, Respect, and Excellence (CARE behaviors) for all new employees as well as through cards provided to every employee with the Professional Behavior Standards (PBS) and the MVV on their employee I.D. badge. Fifth, RPC's SLT reflect a commitment to the organization's values through the myriad of community outreach activities that RPC has initiated with consumer groups with the objective of assisting all—competitor or not-- to provide better care for patients with BHC illnesses. Last, RPC's SLT demonstrates a commitment to RPC's mission of excellence in psychiatric care through its pursuit of its Malcolm Baldrige journey.

**1.1a(2)** *RPC's SLT demonstrate their commitment to legal and ethical behavior* through the systematic approaches that are listed in Figure 1.1-3. RPC SLT requires an Ethics and Compliance Program (ECP) that is fully deployed and supported by the BOT, SLT, and DD and integrated into RPC's practices. An Ethics and Compliance Officer (ECO) enforces the Code of Conduct, with HR, SLT and DD support.

| Figure 1.1-3 Approaches for SLT Ethical/Legal Behavior | |
|---|---|
| Ethics & Compliance Program (ECP) | Mid America Division IRB |
| Ethics & Compliance Officer (ECO) | RPC's Investigational Review Board (IRB) |
| Evaluation of CARE Behaviors | Code of Conduct |
| Facility Ethics Compliance Committee (FECC) | 24 Hour Ethics Line |
| SLT Rounding with purpose | RPC's Facility Security Committee (FSC) |
| Internal audits | External audits |

The facility FECC, which includes SLT and workforce members at multiple levels, monitors the required Code of Conduct training, which focuses on ethical and legal behavior in all RPC actions and transactions. Internal and external audits, which monitor compliance with healthcare regulatory standards, are conducted in multiple areas. The Code of Conduct training is required to maintain employment. Access to the ECO or the 24-hour Ethics Line is available to all of RPC's workforce, physicians, patients and family members. Each call is investigated and reported for feedback to the person initiating the concern or call, within prescribed timeframes. Besides providing the described approaches for maintaining and monitoring ethical behavior, *RPC promotes an organizational environment that requires legal and ethical behavior, as follows:* First, all employees must sign a Code of Conduct on hire that delineates the expected legal and ethical processes to be followed. Second, adherence to legal and ethical behavior is contained in the job descriptions (JD) of all employees and compliance with such, including compliance with CARE behaviors, is reviewed as part of the annual competency evaluation that is discussed in Category 5. Third, RPC SLT holds the philosophy that it must operate in a transparent manner. Self-reports of any Sentinel Events are made to regulatory and accreditation bodies so that RPC can assist others in the lessons learned. Additionally, the MS immediately discloses errors to Pts and families. Last, the SLT and MS participate in Root Cause Analysis Mtgs on any "never" events as described in Category 4, Area 4.1c (1).

**1.1a(3)** *The SLT creates a sustainable organization using the mature and integrated approaches, in Figure 1.1-4. The SBP is accomplished, with input from physicians, department directors and other stakeholders to establish annual goals that align with the hospital's Strategic and Operational Plan. This process enables RPC to focus on performance improvement (PI) and strategic goals, while encouraging agility and innovation.*

| Figure 1.1-4 Creating a Sustainable Organization | |
|---|---|
| Ongoing PI culture | CARE behaviors |
| Leader/workforce development | Physician partnerships |
| Patient Safety | Succession planning |
| Ongoing SBP | Core competencies |
| BSC & performance metrics | Innovations |

*Environment for organizational PI, the accomplishment of its Mission and SO, innovation, performance leadership, and organizational agility are created* by the SLT *through the ongoing involvement of all constituents in the performance improvement process*: This process is discussed in Category 4, Area 4.1a(1). RPC SLT members introduce the concept of DMAIC to new employees during their orientation. All RPC departments are charged by the SLT with using the DMAIC model (Figure P.2-2) to identify, develop, and achieve performance improvement initiatives that align with RPC's SBP and Performance Management Plan (PMP) goals. Info for potential initiatives is collected from staff, physicians, suppliers, patients, families, regulatory bodies, and internal and external comparative data. The PIC meets monthly and is led by the SLT. During this meeting of RPC's performance leadership, NDs, DDs, Managers and physicians actively participate in discussions, monitor improvement on actions taken, and devise additional performance improvement initiatives, as appropriate. During the analysis and feedback processes, all groups that review the performance improvement results -- from staff and physicians to the BOT-- assist in the identification, of innovations that can address OFIs. *The SLT creates organizational agility*, through the inclusion of a section in the PI Plan that addresses criteria and methodology for prioritizing and reprioritizing its activities [see Category 4, Area 4.1a(4)].

*RPC creates a workforce that delivers a consistently positive experience for patients and stakeholders and fosters their engagement* through a number of strategies that are discussed in Category 3. Category 7, Area 7.2 delineates these results. *RPC actively creates an environment for organizational and workforce learning as follows:* Organizational workforce learning resources are fully deployed and are available online for all staff at all times. HCA's HealthStream system contains a multitude of classes that are available at any time for staff to take, free of charge. HCA's "Atlas" site contains a repository of accessible Info on BDPs and current health care related Info. References are available on the intranet including the New England Journal of Medicine and the Lippincott Manual of Nursing Practice. The internet is accessible for staff's use. Learning resources are also available through hospital educators and via outside experts. On an annual basis, a Learning Needs Assessment is accomplished for RPC's staff and leaders. Based on these results, a calendar of learning opportunities is devised and associated learning opportunities are conducted. Departments may, additionally express their own learning needs and request in-service activities, accordingly. These in-services are conducted by in-house experts, including physicians or external resources, as appropriate. All members of the workforce are offered opportunities to further their education and receive financial assistance and liberal schedules to do so. Several workforce members have subsequently completed additional degrees and received promotions within RPC and/or its affiliate hospitals.

*Senior Leaders develop and enhance their own personal leadership skills* in the following ways: The CEO encourages the SLT to take courses and attend external seminars to enhance their own leadership skills and development. As a result, one SL has completed an Advance Nurse Practitioner degree and has started a Doctoral Program. Another has obtained their Black Belt in Six Sigma. Still another has been accepted into a local MBA program. SLT and DD members regularly attend external seminars to enhance their knowledge base and effectiveness. Additionally, programs are regularly held at HCA's corporate sites locally and in Nashville, to develop leaders. In illustration of some of the training and education that is conducted, in 2011, SLTs and DDs attended sessions to learn advanced strategies, for working with employees by attending "Crucial Conversations" and "Crucial Confrontations" and in 2012, SLT and DD members are attending a series of educational sessions conducted by the Missouri Hospital Association (MHA). Programs attended and knowledge gained is shared with SLT colleagues, during their weekly meeting and deployed to the entire LS team as content covered during the DD Mtgs. Category 5, Area 2.c (1) contains more Info on this topic.

*RPC SLT participates in organizational learning, succession planning, and the development of future organizational leaders, as follows*: RPC

executes a systematic process to identify and develop future leaders. This expectation is deployed to all SLT and DDs who must have an ongoing successor identified. The potential successor is included in structured activities to develop their ability to assume the SLT or DD role, as might be required. These future organizational leaders are developed through their active participation in an ongoing Leadership Development Institute conducted at RPC. The content of offerings is devised annually, based on the Learning Needs Assessments prepared by SLT and DDs. These sessions are coordinated and conducted internally by the respective SLT expert, or external consult obtained to assist in this process.

Patients come to IP psychiatry when they cannot otherwise be kept safe. As a result, the culture of safety is vital, to RPC. This expectation is initiated by the SLT or DD member at the time of the job interview, continues in orientation of the new employee and is fully integrated within the organization. *The culture of Pt safety is created and promoted at RPC in the following ways*: First, all staff receives initial and ongoing training on safety. Staff is required to report (Rpt) "near misses" and actual safety occurrences, through RPC's automated incident reporting system. The expectation deployed throughout RPC is that even if the Pt, staff, or other person was not injured, if the situation had a propensity for such to occur, a Rpt is required. RPC has a "no blame" culture for incidents and, as such, receives ongoing feedback on potential or actual safety issues from staff and stakeholders. The Risk Manager (RM) is responsible for reporting data and issues to the CEO, PIC and SIC, for addressing performance gaps, OFIs, and for improving performance using DMAIC (Figure P.2-2). Second, all staff are required to complete an annual safety review and demonstrate competency on topics including disaster preparedness, fire safety, non-violent crisis intervention (NVCI) for aggressive Pts, workplace violence prevention, fall prevention, hazardous materials, general safety, body mechanics and infection control. Third, staff is asked to give feedback through a survey, on their perceptions on safety including unsafe areas, OFIs, and their willingness to report safety-related incidents. Fourth, Rounding for Outcomes is completed by SLT members systematically, on both weekdays and weekends to represent all stakeholder needs and to proactively identify any safety-related OFIs. During these rounds, one of the standard questions asked by the SLT relates to whether there are currently any unsafe situations in their work area of concern. Fourth, RPC's "Just Culture" initiative, promoted by the SLT, purports a non-punitive approach to Pt safety and creates an environment to openly identify and address issues relating to Pt care, CARE behaviors and ethics. Last, the results of actions taken on identified safety issues are communicated by the SLT to staff, physicians, and the BOT through staff Mtgs, forums, the MEC and the BOT Mtgs.

**1.1b(1)** *The SLT systematically communicates with and engages the entire RPC WF using the processes outlined, in Figure 1.1-5. Over the years, it is only through use of these established multiple media that organizational performance has been able to be effectively conveyed.* In doing so, the entire WF is able to be actively engaged, in the pursuit of RPC's MVV. *Strategies used by the SLT to accomplish frank, two-way communication with staff, communicate (Com) key decisions and to achieve an active role in the reward and recognition programs, at RPC, to reinforce high performance, as well as a Pt and HC focus are discussed in Category 5, Areas a(2) and a(3).*

**Figure 1.1-5 SLT Modes for Communicating Organizational Performance and Key Decisions to the Workforce**

| Approach | Frequency | Group Encompassed |
|---|---|---|
| SLT Rounding for Outcomes | On-going | Workforce, physicians, patients, family |
| SLT Mtgs | Weekly | SLT |
| LS Team Mtgs | Bimonthly | SLT, DD |
| Bulletin Boards; SharePoint; e-Mail | On-going | Workforce |
| RPC/CNO Newsletters | Monthly | Workforce |
| MEC | Monthly | SLT, MS leadership |
| Employee Advis. Grp. | Monthly | SLT, DD, workforces |
| MS Mtgs | Bi-annually | SLT, Physicians |
| HCA Operations Review | Quarterly | HCA LS, CEO, CNO |
| Employee Forums | Monthly | SLT, DD, workforce |

**1.1b(2)** *The SLT creates a focus on action to accomplish the organization's objectives, improve performance and attain its vision in the following way:* The results and level of achievement of RPC's performance goals and strategic objectives and action plans are presented and reviewed during the MDR and PMP, during the bi-monthly LS team Mtgs where all SLT and DD attend, at PIC, MEC and BOT Mtgs, during employee forums and by posting the level of achievement of these goals on the BSC through Sharepoint for all of the workforce to review. In doing so, this Info is kept in the forefront of the minds of the RPC workforce. *The SLT identifies needed action* through a review of performance results against pre-established standards, timelines, and standard review questions as described in Category 4, Area 4.1a(a). *The SLT includes a focus on creating and balancing value for patients as well as stakeholders in their organizational performance expectations in the following way:* During the process of formal development of performance measures, key questions must be addressed by the SLT member preparing the performance measure including the following (Figure 1.1-6):

**Figure 1.1-6 Key Information Included in the development of performance measures for the Balanced Score Card**

| |
|---|
| Does the proposed performance measure align with RPC's SP? |
| What are the internal and external standards to be used for assessment of performance? |
| Who is impacted by the performance (or lack thereof) of this indicator? The patient, the organization, the physician, stakeholders |
| What is the rationale for monitoring: High risk, Problem prone, History of Problem? |

During the selection of these PMs by the SLT and the PIC, a balance of performance measures that impact the patient and the stakeholder is sought and required.

**1.2 Governance and Societal Responsibilities:**
**a. Organizational Governance**

**1.2a(1)** The RPC BOT is comprised of MS, community leaders, and affiliated providers. Their participation allows for communication to RPC's stakeholder community of financial and clinical performance and plans, and the board members communicate provider and community perceptions and suggestions. RPC holds the philosophy that the BOT should never open its newspaper and be surprised to learn something about the Hospital. To prevent such an occurrence, the CEO is accountable for his actions to the BOT and, as such, keeps them proactively fully informed of all operational matters concerning the hospital, *including management's actions,* through quarterly Mtgs whereby RPC's performance measures that are contained in its BSC are shared with the BOT with a focus on legal, regulatory, ethical, and customer results.

RPC is a wholly-owned subsidiary of HCA Healthcare. *It reviews and achieves fiscal accountability as follows:* As a hospital within HCA, RPC is part of a publically traded company and so must comply with all associated security exchange commission (SEC) requirements. *In*

*doing so, RPC maintains transparency in its operations*. RPC monitors for adherence to the Sarbanes-Oxley Act and Section 404 requirement of internal controls. Quarterly audits of compliance are conducted within RPC and are reported to the HCA Mid America Division. Prior to their assumption of their roles, all BOT members must disclose any potential conflicts of interest. RPC received an internal audit conducted by the parent Corporation in 2011, as well as by HCA's Mid America Division on all subordinate entity financials. Additionally, *an external audit was conducted by Ernst & Young in 2012. RPC was found* to be in material compliance with all controls and financials tested during all audits. Independence in internal and external audit results is achieved through the submission of a direct report from the auditor on findings to the BOT versus through the CEO or the CFO.

RPC is consistently in material compliance with all metrics. RPC establishes an annual budget. HCA Mid America Division performs a weekly review of performance, to budget, using HCA standard forecasting and productivity management tools. At each month end, if RPC is materially out of compliance with budget expectations, a correction plan is established and presented to the division during a formal meeting. *Through this reporting of operations to HCA, stakeholder and stockholder interests are protected* as RPC is required to meet all associated requirements on an ongoing basis and is closely monitored for compliance. If not meeting all requirements, RPC is charged by HCA with taking the appropriate actions to bring itself into proper alignment.

1.2a(2) RPC's *process for the evaluation of the performance of its SLT, including the CEO is as follows:* RPC uses a PMP process for management accountability of the senior leaders whereby the SLT, including the MD, is evaluated on an ongoing basis against pre-established objectives. On an annual basis, the President of HCA's Mid America Division is given performance targets by HCA's Board of Directors. These targets are entered into an on-line tool. Direct reports view these targets and work with the President to align their performance targets with those of their superior. This process is duplicated down to the facility CEO level. RPC's CEO aligns his goals with those of his superior, while incorporating strategic objectives (SO) specific to RPC. Within RPC, the SLT and DD are included in this PMP process. Each person, in turn, develops their own measureable goals in alignment with their superior's organizational goals including SO to be achieved. At the end of each year, the CEO, SLT and DD complete a self-evaluation of their achievement. When the self-evaluation is completed, the system notifies their superior to review and perform their evaluation of the person's accomplishments. This provides a basis of comparison, for each leader in relation to how others see them. *The performance evaluation is used in determining executive compensation as follows*: In concert with the PMP process, each senior leader and specific DDs are included in an incentive compensation plan. The incentive plan is designed to align the goals and motivations of all facility leaders, and to provide rewards for exceeding expectations. In the spirit of collaboration, a team approach is used whereby all leaders have the same incentive goals, so that all departments rise or fall together. *The CEO is evaluated by the BOT, in conjunction with the Division President*. The results from this process are incorporated into the CEO's personal improvement plan for the upcoming year and are monitored through the PMP to track improvement. *Using pre-established criteria, BOT members complete an annual evaluation of their own individual effectiveness in carrying out their oversight role. The BOT discusses the findings from the evaluation of its membership. The findings are used to identify system improvements, prioritize education needs for the BOT, and to identify any leadership development opportunities.* The BOT tracks progress of any recommendations (full scope BOT and individually) at subsequent BOT Committee Mtgs.

**b. Legal and Ethical Behavior**

1.2b(1) *RPC addresses adverse impacts on society of its services and operations as follows*: The stigma of BHC causes people to delay care and to mask any care required. While all hospitals must comply with regulatory privacy standards, RPC is expected to exceed these standards. Many consumers of BHC do not want any of their acquaintances and even sometimes family members to know of their treatment. This same stigma makes communities wary of having a psychiatric treatment facility, in their neighborhood. Therefore psychiatric hospitals are usually non-descript buildings, with minimal signage and visual barriers to obstruct views from the street. In 2007, RPC installed an ornamental fence around RPC's perimeter. While this was installed in response to property crimes in the parking lot, it has had many other unintended benefits. From the outside it visually isolates the property further, while from the inside it reinforces a feeling of safety and security, for patients and staff. *RPC continues to systematically work with stakeholders and consumers to reduce the stigma associated with psychiatric care through community education and outreach groups. In doing so, it is felt that the hospital can proactively anticipate and address public concerns with its operations and any concerns or fears about patients with psychiatric illnesses*.

As a psychiatric facility, RPC does not generate the same hazardous wastes produced, in a comparable medical facility. The hospital generates bio-waste, in the form of body fluids and mercury, in fluorescent lighting. RPC's disposal process includes storage, removal, and off-site destruction of this waste including documenting proof of incineration in accordance with all regulations. Due to recent growth and financial success, RPC has begun the replacement of decades old HVAC and other systems, with more economical current generation technologies. Various environmentally-friendly initiatives are in place including a Green Team task force, a formal recycling program, and energy conservation efforts. RPC has patient safety and green features integrated into its systems including water efficient plumbing fixtures and eco-friendly supplies (See Category 7, Figure 7.4a-4). Accreditation requirements and clinical regulatory compliance fall under the purview, of the facility CNO/Risk Manager. As risk factors are identified, and the processes and policies revised (Rev), success is measured through PI Committee reporting. Continual review and diligence has allowed RPC to operate successfully, for many years, under full accreditation and licensing at all times.

*RPC's key compliance processes and measures, and goals for achieving and surpassing regulatory, legal and accreditation requirements include*: ongoing compliance with all pre-established standards for RPC's key performance indicators as delineated in Category 4, Area 4.1a(1); continual survey readiness; the ongoing inclusion of the SLT, DD, and staff in activities which address regulatory compliance; ongoing monitoring and evaluation of high risk, high volume, problem prone processes; and annual review of all RPC services against hospital regulations to identify areas of potential vulnerability. *RPC has a structured Risk Management Program, which it uses as a key process, to reduce the risk* to its financial and physical resources. All incoming employees are oriented to the associated Risk Management specifications and are charged with alerting the Risk Manager to any unsafe situations that, if not attended to, could impact the patient's safety and impact risk. On an annual basis, the Risk Management Program is reviewed as a part of the PI Program and measureable goals are established specific to risk reduction. At the end of the year, the results are reviewed to identify whether or not the goals were met and recommendations are made for goals and

activities, for the upcoming year. Risk events that occur at RPC including "near miss" occurrences are thoroughly reviewed through RPC's PIC and a Root Cause Analysis (RCA) accomplished, to better understand the risk event and prevent similar future episodes.

1.2b(2) *RPC promotes and ensures ethical behavior in all its interactions as follows*: RPC is has a facility-level ECO. In concert with HCA's expectations, RPC has an integrated culture of compliance. All contractual relationships with physicians require a Division-level review and approval with sign-off by legal counsel. All employed physician relations are conducted, at arm's-length through a separate legal entity, which houses physician practices and services. All physician payments require matching each payment to contract terms and the facility CEO must sign-off on the payment before it will be processed. RPC's accounts receivable, accounts payable, purchasing, and payroll functions are centralized off-site. This third-party treatment of transactions allows an unbiased secondary review of all business transactions, for appropriateness. The centralizing of service also allows for consistent application of policies and allows for internal experts to handle those functions that are outside of the hospital's core Comp. Expectations for ethical behavior are, additionally, promoted through their deployment at RPC as follows: All staff are trained on RPC's Code of Conduct during initial orientation, and again each year through a mandatory refresher course. The facility's Code of Professional Conduct is formalized into document form and posted throughout the facility alongside the MVV statements and the defined goals and core Comp. During the Code of Conduct training sessions, facility ethical standards are communicated and all staff is informed about the policies and procedures (P & Ps) for reporting any suspected non-compliance with these standards. A bi-monthly FECC meeting is held at RPC *which serves as a key process for monitoring ethical behavior*. The agenda is structured in accordance with HCA requirements and, *using HCA-driven indicators for monitoring ethical behavior, the FECC assesses the level of RPC's compliance with a number of pre-established requirements*. RPC's level of compliance, with ethical requirements in its interactions with patients, partners, suppliers and other stakeholders is reported on and evaluated during the FECC meeting. A summary of the findings and actions is submitted, on a quarterly basis, to HCA's Ethics and Compliance Department and to the BOT on a scheduled basis. Regular checks through HCA Corporate audits are further used to monitor RPC's own compliance with all indicators within its Ethics Plan.

*Any breaches of ethical behavior fall under the algorithm of* www.justculture.org. When an ethical breach occurs, RPC considers the following questions before responding to the event: Was the breach inadvertent or intentional? If inadvertent, did the offender know the requirements? If it is not an education issue, was this a systematic failure? Do others suffer from similar breaches? Based on the responses, the "Just Culture" template delineates the appropriate steps to take.

**1.2c Societal Responsibilities and Support of Key Communities**

1.2c(1) *RPC considers societal well-being and benefit as part of its strategy and daily operations as follows*: *RPC's purpose is the provision of psychiatric service across the continuum of patient needs. Serving the needs of patients with BHC issues, during time of acute crisis, is RPC's primary purpose.* Ensuring the safety of patients, with BHC issues, is staff members' primary charge. As criteria for admission, IPs are considered either a danger to themselves, or others. RPC's first charge upon meeting each patient is to assess the level of suicidality of the patient and to protect the patient from self-harm.

*By returning the patient back to a functioning part of society, RPC is contributing to the well-being of the environment, as well as social and economic systems*. Patients with situational triggers are infrequent visitors to an IP setting and get the majority of their care through OP providers. Those patients, however with chronic mental health issues and needing IP care will eventually run out of resources and family support. As a peripheral function of treatment, family education and long-term financial planning is necessary. *RPC installed an ornamental fence around RPC's perimeter.* While this was installed in response to property crimes in the parking lot, it has had many other unintended benefits. From the outside it visually isolates the property further, while from the inside it reinforces a feeling of safety and security, for patients and staff. *RPC continues to systematically work with stakeholders and consumers to reduce the stigma associated with psychiatric care through community education and outreach groups*. *In doing so, it is felt that the hospital can proactively anticipate and address public concerns with its operations and any concerns or fears about patients with psychiatric illnesses*.

1.2c(2) *RPC has actively supported and strengthened its key communities as follows*: *First, for the past several years, the hospital CEO has participated on an AHA mental health taskforce that has advocated for the needs of mental health stakeholders*. Second for several years, the facility has hosted training Mtgs for the Crisis Intervention Team Officers of most KC metro area departments so that they learn to more effectively respond to situations involving persons with BHC issues. Third, RPC has coordinated community activities focused on stigma reduction and educated numerous community groups on BHC topics. Similarly, the hospital's position of expertise within RPC's HCA sister facilities, has required RPC to educate their hospital and MS personnel, about psychiatric issues, and assist with appropriate settings of patients that arrive, in their emergency rooms. Last, within HCA as a whole, RPC has been asked to assist other company owned psychiatric facilities, to reach their full potential.

Through partnership with the NAMI, RPC has performed education to medical hospital staff in the identification and handling of acute psychiatric situations. *RPC identifies the communities and determines areas for organizational involvement, including areas related to its core Comp,* during its SP process when it completes an analysis of its strengths, weaknesses, opportunities and threats (SWOTs) and, as a part of such, identifies/reiterates its strengths and formulates its action plans [see Category 2, Areas 2.1a.(1) and (2), for details]. *RPC's SLT, in concert with its workforce, contribute to improving these communities and building community health,* by listening to the voice of its stakeholder groups and establishing systems and programs that meet their needs, as described in Category 3, Area 3.1 a(1).

**Item 2.1 Strategy Development**

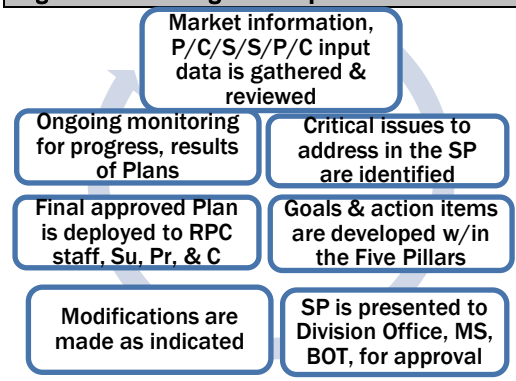
**2.1a(1) Strategy Development Process**

*RPC conducts its comprehensive strategic planning (SP) process as follows:* During an annual cycle, RPC considers and documents the following Info for all of its services, within each component within its Strategic Plan (SP) document: volume, quality, service, people, and financial performance. RPC researches and develops content for the following areas:

- Pt./Customer/Stakeholder/Supplier/Partner/Collaborator (P/C/S/S/P/C) input
- SP key accomplishments for the year
- Forecasted business risk assessment
- Proposed SO, including timeline and responsible persons
- Capital plan to support specific SO

In completing the preparation of this comprehensive document, RPC considers and addresses its core Comp, key risks based on external and internal influences on the organization, challenges and other factors that may affect its direction, future opportunities, and success. RPC designs and innovates its work systems accordingly [Category 6, Area 6.1a(1)]. Figure 2.1-1 summarizes the *cyclical flow of key process steps that are followed in the SP development process*:

**Figure 2.1-1 Strategic Development Process**




RPC's SP development utilizes the DMAIC approach that is fully deployed throughout RPC and is discussed in Category 4, Area 4.1a(1). Accordingly, the Design component is addressed through the development of the SP. RPC follows the Measure, Assess, Improve, and Control components of its performance model through monthly SP Mtgs that are held during which indicators of performance are reviewed to track for the evidence of progress and to make changes as needed. The SP requirements for content and the planning process itself are evaluated quarterly by HCA Corporate SP group as well as at RPC's level, for any OFIs and are adjusted, as indicated. *Key participants* of the SPP (SPP) are the SLT, DDs, MS, St and Su, and BOT. By including these participants, RPC is able to enhance organizational integration and coordination of its SP.

*RPC's SPP identifies potential blind spots as follows:* First, the SP process incorporates key activities including: data mining, internal and external assessments, a technology assessment, a consideration of market drivers/operating environment, and a SWOTs analysis. Second, RPC includes not only its SLT and DDs in this discussion and formulation of SP components, but also its key Su, Pr and Cs [See Category 3, Area 3.2a(1)]. Third, as a part of an overall corporation, RPC must dialogue with HCA's Mid America Team of President, CFO, Business Strategist, VP of Public Relations, VP of Development and more. In doing so, any blind spots not otherwise evident to RPC are communicated and RPC's SP is modified accordingly. In illustration, in 2011, RPC was asked to include the addition of Adlt psychiatric beds in its SP and was tasked with managing these beds in a neighboring hospital. This direction was based on market Info that HCA, alone, was privy to on the decision that had been made to not expand Adult psychiatric beds at another hospital and which gave RPC an opportunity to do so.

*Core Comp, strategic challenges and advantages are determined* by the SLT in concert with the DD, MS and BOT. The determinations are based on the feedback from Pts and St, a review of performance results, an examination of the external environment, and, based on a cycle of learning from its 2011 MQA site visit, a systematic business risk assessment that encompasses RPCs five pillars of strategic focus (Service, Quality, People, Finance, and Growth) [Category 6, Area 6.1a(2)]. The Info derived from this approach is used to develop an analysis of RPC's SWOTs and to generate the direction of the SP.

*RPC's short and longer term planning time horizons are as follows*: Short Term Planning occurs over a one year calendar period, while longer term planning occurs up to a five year period. These horizons are set based on HCA's common definitions coupled with industry standards that are derived from regulatory, financial, and tax reporting requirements. RPC's SP process addresses these time horizons by utilizing the timeframes for its plans but while identifying those plans that must extend over a longer period of time. Accordingly, as part of RPC's approach, SP initiatives are categorized as either short or longer term.

While the current SP process is fully deployed organization-wide and has proven to be an effective tool, through cycles of improvement using RPC's DMAIC model, RPC's SP process is currently moving to a higher level system by going through a significant evaluation and improvement cycle in 2012, resulting in a Baldrige based strategic plan. In doing so, RPC can more precisely align its SP steps with all required elements of the Malcolm Baldrige criteria, resulting in an optimum level of alignment between the strategic planning development and deployment process and the workforce, customer, organizational performance measurement and operational processes.

**2.1a(2) Strategy Considerations** *RPC ensures that strategic planning addresses the following key elements*: *RPC's organizational strengths, SWOTs*: A SWOTs analysis is one of the most essential parts of the SP process and is hardwired into the documents that must be submitted to the HCA corporate office. By completing the SWOTs analysis, RPC is able to reiterate (or revise) its core Comp, strategic challenges and its strategic advantages. RPC's SWOTs analysis incorporates data on customer requirements, health care market Info, benchmarks (internal and external), Su's and Pr's products, associated costs and availability, RPC's own current environment, competitor Info, trends external to HC, and Pt/St feedback. *Early indications of major shifts in technology, markets, HC Srvcs, Pt and St preferences, competition, the economy and the regulatory environment:* Similarly to the above discussion, RPC hardwires into its SP, a systematic business risk assessment that incorporates these considerations into each of its five pillars of strategic focus: Growth, Quality, Service, People and Finance. *Long-term organizational sustainability, including needed core Comp and projections or RPC's future performance and its competitors' or comparable organizations' future performance:* As part of its standardized SP document, RPC prepares different risk analysis models to consider and prioritize its risks against and to identify the core Comp needed for sustainability. Further, as part of its SP, RPC must consider and document Info specific to competitor Info and comparable organizations as well as its own projected future performance in key areas.

*RPCs ability to execute its strategic plan:* RPC has several approval levels for its SP. In doing so, blind spots including the lack of realization that a plan cannot be actualized are considered by the SLT,

the BOT, the MEC, and Corporate leadership. Further, once developed, RPC does not just "shelve" its SP until the following year but, on a monthly basis, RPC SLT meet to measure and review RPC's accomplishment of the objectives. The status results are input into its BSC and are also presented, at quarterly Mtgs with HCA Corporate leadership. Further discussion on considerations for SP is contained in the Organizational Profile, Area P.1a(2).

RPC compiles data and Info, from a number of sources to prepare content in its five pillars of People, Service, Quality, Growth, and Finances, within its Strategic Plan. Figure 2.1-2 delineates the external and internal sources that RPC uses to collect relevant data and Info to analyze these factors:

1) *RPC's Strengths, Weaknesses, Opportunities and Threats*
2) Risk assessment of early indications of major shifts in technology, markets, services, patient and stakeholder preferences, competition, the economy, and the regulatory environment.
3) *Long-term organizational sustainability, including needed core Comp and projections of RPC's future performance and the projected future performance of its competitors and comparable organizations.*
4) *RPCs ability to execute its Strategic Plan*.

RPC collects and analyzes data and Info pertaining to these factors as part of its SP process through the efforts of the members of the SLT, including the DBD and the Controller. Both are responsible for compiling data specific to internal and external factors that may influence the success of RPC's SP, previous results, areas of innovation, potential growth opportunities, PM, and any required HCA Mid America Division parameters. This Info is aggregated and analyzed by the SLT, with input from suppliers and stakeholders, as indicated (see Organizational Profile, Figure P.2-1).

**Figure 2.1-2 Data Sources Used to Collect Relevant Data and Information for Strategic Planning**

| Factors | 5 Pillars | External | Internal |
|---|---|---|---|
| 1, 2, 3, 4 | People | **Human Resources:** Technical/clinical trends | **Human Resources:** Productivity, Turnover rates, Workforce engagement scores, WFP |
| 1, 2,3, 4 | Service | **Customer Information:** Pt Satisf scores, Supplier/Stakeholder Satisfaction scores, DC phone calls, Competitor Info | **Medical Workforce:** Physician satisfaction scores |
| 1, 2, 4 | Quality | **Public Safety/Accreditation:** Corporate compliance changes, Regulatory changes from TJC, CMS, and DHHS, National & State Hospital Association, Benchmark data from other organizations | **Clinical Quality Analysis:** Quality indicator results, HBIPs results, Risk management metrics, Patient/Stakeholder feedback |
| 1, 2, 3, 4 | Growth | **Demographic/Socioeconomic/Markets:** Market demographics, Market demand forecasts, Predicted service utilization, Market share data (including competition) | **Product Line/Competitor Analysis:** Trended financial data, Trended volumes, by service line, Emerging product lines |
| 1, 2, 3, 4 | Finances | **Payor Analysis:** MHA – Hospital industry data institute market (HIDI)/payor analysis, Technologies/Trends/Growth, New technology Info, from suppliers and vendors | **Financial Analysis:** Financial trend performance data, HCA Financial benchmarks, Physical Plant/ Technology, Facility plans: construction/ renovation, 3-year IT & S Plan |

RPC ensures that its SP addresses key factors including its SWOTs, early indicators of risks or major shifts in HC markets, long-term organizational sustainability, core Comp, and its ability to execute the SP through a standardized approach that encompasses these questions in a template. The SP is prepared and presented at a number of levels, including to DDs, MEC, the HCA Mid America Team, and the BOT.

**2.1b(1) Strategic Objectives** *RPC's key SO are delineated below in Fig. 2.1-3*. These objectives are aligned and integrated with HC services, operational and HR challenges, advantages and overall sustainability. Timetables to achieve strategic goals are decided upon by the SLT, in concert with HCA Corporate's review cycle. Consideration is given to multiple priorities. Decisions are further made regarding the timetable using the criteria that are delineated in Category 4, Area 4.1a(4). *The associated goals for these SO are contained in Figure 2.2-1*.

**Figure 2.1-3 2012 Key Strategic Objectives for RPC & Timetable for Their Accomplishment**

| RPC Pillar | Key Strategic Objectives | Item | Goals * = Core Competency Area | S or L Term | Time-table |
|---|---|---|---|---|---|
| Growth | Grow market share in Inpatient and outpatient services | 1. | Increase volume of Adult Intensive Treatment Unit | S | 3/12 |
| | | 2. | Provide telepsychiatry to critical access facilities in outreach areas* | S | 6/12 |
| | | 3. | Increase volume for OP therapy | L | 2/12 |
| | | 4. | Sustain improvements in through-put system for patient admission with 2-hour or less timeframe from the hospital's front door to the pt's room.* | S | 6/12 |
| Quality | Best in class Patient Safety and Clinical Outcomes | 5. | Attain hospital based IP service (HBIPS) score measure results at 99% or above | S | 6/12 |
| | | 6. | Implement 100% HCA –recommended risk reduction opportunities | S | 10/12 |
| | | 7. | Improve metrics by 50% for all risk related components including fall, contraband, S/R, sentinel events and elopements. Continue reduced rates of lawsuits, suicides, medication errors, self-inflicted injuries nosocomial infections, and readmissions.* | S | 12/11 |
| | | 8. | Continue Malcolm Baldrige journey | L | 11/12 |
| | | 9. | Maintain TJC accreditation status | S | 12/12 |
| Service | Customer/ stakeholder satisfaction and engagement | 10. | Increase physician satisfaction scores | S | 10/12 |
| | | 11. | Increase patient satisfaction scores within segments | S | 12/12 |
| | | 12. | Retain "very satisfied" level of satisfaction, with managed care, advocacy and referral sources | S | 12/12 |
| | | 13. | Conduct bi-weekly community outreach events that promote MVV and align with stakeholder's preferred topic areas * | S | 12/12 |

| Figure 2.1-3 2012 Key Strategic Objectives for RPC & Timetable for Their Accomplishment | | | | | |
|---|---|---|---|---|---|
| RPC Pillar | Key Strategic Objectives | Item | Goals * = Core Competency Area | S or L Term | Time-table |
| | | 14. | Increase social media contacts by 25% year over year* | S | 12/12 |
| | | 15. | Utilize feedback report from September 2011 site visit to improve delivery of systems and prepare application for 2012. | S | 9/12 |
| People | Employee engagement | 16. | Increase employee engagement scores | L | 5/13 |
| | | 17. | Reduce voluntary employee turnover to less than 13% | S | 12/12 |
| | | 18. | Recruit for and fill 100% core vacancies. | S | 5/12 |
| | | 19. | Implement pay for performance evaluation plan throughout RPC | S | 6/12 |
| Finance | Margin management | 20. | EPOB under budget | S | 12/12 |
| | | 21. | Meet or exceed budgeted EBDITA/ ADC | S | 12/12 |

*RPC's most important goals are encompassed in the following SO:* 1, 3,4,5,6, 7, 9,10, 11,13, 14, 15,16, 17,18, 19, 20, and 21. The rationale for this response is that these goals most impact RPC's sustainability. The goals identified as most important encompass ones from categories within Growth, Quality, Service, and People. Each of the goals is interdependent upon one another. Through the Info provided via voice of the customer mechanisms, RPC creates Srvcs in alignment with customer requirements and the SO. RPC leverages the core Comp identified in the SPP and the Malcom Baldrige principles to ensure the continuation of a sustainable competitive advantage over competitors and the identification of capabilities considered essential to fulfilling the MVV. Moreover, if RPC does not listen to the voice of its customer, it cannot create Srvcs that are needed and that will stimulate their participation and desire to seek care, at its hospital (Category 3). If RPC does not capitalize on its core Comp and does not optimize the Malcolm Baldrige principles, it may not retain a sustainable competitive advantage over its competitors and it may lose sight of those capabilities that are essential to its ability to fulfill its MVV (Org. Profile). If employees are not present and engaged, the quality of Srvcs will suffer (Category 5). If quality is not maintained or increased, the stakeholders will not wish to utilize its Srvcs and business will decline (Category 4). Further, if quality is not addressed on an ongoing basis, lawsuits will increase and financial performance will be impacted by the needed shift of dollars ($) towards legal defense. If there are no dollars to support future growth, RPC will lose its market share and begin to decline (Organizational Profile). If properly executed, the remaining SO specific to finance can be easily accomplished. While the above SP process is currently occurring, through cycles of learning to improve its SP process, these SO and goals are presently being systematically refined to link even better with RPC's strategic challenges and advantages, core Comp and performance projections. Six goal areas have been identified for RPC which include Pts, WF, technology, WS/business processes, and stakeholders. Goal teams for each of these areas have been established and will be responsible for identifying tactical strategies to be completed during the first year of the revised SP as well as the measures for each of the objectives and strategies. Using the SP template, goal teams will identify the actions needed to complete the work. The level of effort will also be identified (see Category 5, Area a [1]).

**2.1b(2) Strategic Objective Considerations.**

*The following describes the approach that is used by RPC in its SO development to achieve the following: Address Strategic Challenges and Strategic Advantages* - RPC's SP and its associated SO are prepared only after a research, consideration and documentation of the advantages versus the challenges that it faces internally and externally. Additionally, RPC's SP is prepared only after completing a SWOTs analysis, an identification and reiteration of its Core Comp, a consideration of the health of its current operations, and a risk assessment of its Five Pillars against the current health care climate. Through the deployment of this approach, RPC has developed a strong competitive position in the management of intensively ill BHC Pts, as well as in the use of ECT, and has sustained market share and is now growing over the years, as demonstrated in Category 7, Area 7.5a(2). RPC has developed relationships in communities and with providers, stakeholders and other key collaborators throughout the KC Metro area. Currently, the greater KC area has just over 2,000,000 residents. In the last 15 years, over 1,000 acute care psychiatric beds have closed in the KC area leaving fewer than 700 total acute care beds available. The area also has an additional 300-350 long-term or residential beds. Given the size of the KC area, these numbers reflect a severe shortage of acute care IP beds. RPC is one of two remaining free standing psychiatric hospitals in the area and is the market share leader. Both remaining free-standing facilities maintain 100 or more beds, making them the largest acute care mental health facilities in the region. All other BHC facilities in the greater KC area are either attached to medical surgical hospitals (nine facilities), or are part of larger facilities that have a number of dedicated residential mental health beds (four facilities). None of these mental health facilities maintain more than 70 BHC acute care beds, and many have fewer than 30 beds. None have an intensive treatment unit for its highly acute Pts. As a result of the knowledge of this Info and the current state of affairs within area BHC, RPC's strategic challenges and advantages have centered around its growth of IP Adult and ITU beds and the expansion of ECT Srvcs, while recognizing that the market is reflective of the very challenging BHC arena.

*The Strategic Business Plan systematically addresses opportunities for innovation within healthcare services, operations and RPC's business model as follows:* In 2011, RPC's SO were specific to the implementation of the Collaborative Problem Solving (CPS) model, on the Adolescent Unit. This innovative model was implemented and RPC has now presented its associated results on the CPS model at MHA's BHC Symposium, as well as during local community education. This year, RPC has SO pertaining to the implementation of the CPS model on the Adlt Unit, the identification and implementation of an EBP model on the SRA Unit, and opening and Mgmt of BHC Srvcs at a facility in Lee's Summit, MO. The new IP Srvcs will incorporate innovations and lessons learned from RPC to increase Pt safety on the new BHC unit. *RPC's Core Comp are embedded within a number of objectives including items 1, 3, 6, 9, 10, 16, 17, and 18.* The Core Comp were identified during RPC's SP process and are considered to be key drivers in the establishment of its goals, objectives and strategies. As customer needs change, RPC realizes that it has to continue to redefine itself. As a part of its SP process, as well as its operations approach, RPC considers its strengths and challenges against its opportunities and advantages, capitalizes on its core Comp, and identifies the need for any new Comp accordingly (See Category 6, Area 6.1a). *RPC's approach for ensuring that it's SO balance short- and longer-term challenges and opportunities is as follows*: Using its DMAIC model [see Category 4, Area 4.1a(1)], RPC

develops a timetable that takes into consideration the need for the prioritization of its SO in concert with concurrent activities. The RPC SLT meet and determine how much time will need to be allocated towards short-term versus long-term projects and opportunities. An overall timetable is established and is monitored for compliance. Each month, the SLT reviews the work accomplished on both short and long-term issues. Progress is logged. Consideration is given to whether or not the proper time and attention is being made to short-term objectives, as well as whether all SO are aligned to maximize the achievement of the SP and to prevent inefficiency, through the distraction of any conflicting activities. If a balance is not found to be in accordance with the priorities within the short and long-term objectives, or if competing priorities are found to be interfering, the SLT and DD are required to readjust their focus appropriately and the current priorities are reiterated. *RPC ensures that it's SO consider and balance the needs of all stakeholders* by involving key stakeholders in the SP process. As a part of its SP process, the feedback from appropriate stakeholders is routinely sought to assist with the develpmt of the specific SO. In review of RPC's current SP against the voice of the customer, it is noted that all SO have been developed in accordance with the provision of input from its customers. *RPC's strategic objectives enhance its ability to adapt to sudden shifts in its market conditions* as follows: First, the SO are prepared with a realistic consideration of the Hospital's ability to execute these objectives. Second, RPC's SP approach incorporates the documentation of a risk assessment to assist the organization in detecting competitive threats and calls for the identification of projected strategies to address these potential threats. In doing so, RPC can shorten its reaction time to such changes in market conditions. Last, the SO are designed in accordance with RPC's prioritization and reprioritization processes that are delineated in Category 4.

**2.2a(1)** *RPC systematically develops its action plans* as part of its SP process by using its DMAIC model that is addressed, in Category 4. The action plans are developed by the SLT members by defining what needs to be done and by breaking down the SO into achievable, measureable steps. Each action plan has a number of sub-steps and associated target dates for completion. These action plans are tracked, electronically, through an HCA project management tool. Steps accomplished are highlighted in green, while approaching deadlines are marked in yellow. Should a deadline be missed, it is highlighted in red. RPC takes these deadlines seriously and SLT and DD members are held accountable for accomplishing the action plans within the delineated timeframes. All layers of HCA corporate are able to view RPC's progress through this electronic tool and can potentially give feedback, if deadlines are not being met. During its cycle of learning specific to the SP process, RPC is currently addressing the following action plans while developing its new SP process and outcomes as delineated in Figure 2.2-1.

*The key short and longer term action plans for RPC and their relationship to the Hospital's strategic objectives as well as the revised goals and action plans pursuant to RPC's current cycle of learning* are delineated in Figure 2.2-1 below:

**Figure 2.2-1 RPC Action Plans and Associated Strategic Objectives for 2012**

| Key Strategic Objective | Goals/Current Action Plans S=Short L=Long Term | Core Comp Current (C) Needed (N) | Rev Goals pursuant to cycles of learning from 2011 MQA Site Visit Corresponding revised action plans in process of Develpmt |
|---|---|---|---|
| Grow market share in IP & OP Srvcs | Increase volume of Adlt Intensive Tx Unit - S | C | Patients |
| | Provide telepsychiatry to five critical access facilities in outreach areas* - S | N | |
| | Expand IOP Srvcs to Deliver Medication Mgmt in OP clinics –S | N | |
| | Increase volume for OP therapy | | |
| | Sustain improvements in through-put system for Pt admission with 2-hour or less timeframe from the hospital's front door to the Pt's room.* | C | |
| Become best in class in Pt safety & clinical outcomes | Attain hospital based inpatient service (HBIPS) score–S | N | Work Systems/Business Processes |
| | Implement 100% HCA –recommended risk reduction opportunities – S | | |
| | Improve metrics by 50% for all risk-related indicators including fall, contraband, S/R, sentinel events, and elopements. Continue reduced rates of lawsuits, suicides, medication errors, self-inflicted injuries, nosocomial infections, and readmissions.-S | C | |
| | Continue Malcolm Baldrige Journey – L | C | Technology |
| | Maintain TJC accreditation status - S | N | |
| | Increase MS satisfaction scores -S | | |
| Customer/ stakeholder satisfaction & engagement | Increase Pt Satisf scores within segments– S | N | Stakeholders |
| | Retain "very satisfied" level of satisfaction with managed care, advocacy, and referrals - S | N | |
| | Conduct bi-weekly community outreach events that promote MVV and align with stakeholder's preferred topic areas-S. | N | |
| | Increase social media contacts by 25% year over year - S | C | |
| | Utilize feedback report from September 2011 site visit to improve delivery of systems and prepare application for 2012-S | C | |
| | Increase employee engagement scores– L | C | |
| | Reduce voluntary employee turnover to < 13% - S | N | |
| Employee engagement | Recruit for and fill 100% core vacancies – S | N | Workforce |
| | Implement pay for performance evaluation plan throughout RPC - S | N | |
| | EPOB under budget – S | N | |

| Figure 2.2-1 RPC Action Plans and Associated Strategic Objectives for 2012 | | | |
|---|---|---|---|
| **Key Strategic Objective** | **Goals/Current Action Plans S=Short L=Long Term** | **Core Comp Current (C) Needed (N)** | **Rev Goals pursuant to cycles of learning from 2011 MQA Site Visit Corresponding revised action plans in process of Develpmt** |
| | Meet or exceed budgeted EBDITA/ADC – C | N | |

**2.2a(2)** Key to the effectiveness of RPC's implementation of its action plan is the ability to link its strategies to the actions performed at the staff level. As discussed in Category 5, Area 5.2a(2), RPC staff is given Info regarding how their own work aligns with the organization's, MVV and SP during employee orientation, staff Mtgs and Employee Forums. *Info regarding strategic action plans are deployed throughout the organization to the workforce, key suppliers, partners, and collaborators, as appropriate*, as follows (Figure 2.2-3):

| Figure 2.2-3 Deployment of Strategic Action Plans | |
|---|---|
| **Recipient of Information** | **Deployment Approach** |
| Workforce | Staff Mtgs conducted by DDs, Forums, Newsletters, Posting of results in key areas, SharePoint, Annual Employee Evaluation Process |
| Physicians | Medical staff Mtgs, Posting of results in medical staff lounge. |
| Suppliers | Regular Mtgs; Electronic means; Rounding with key suppliers, as appropriate. |
| Partners and Collaborators | Community Mtgs, Rounding by Community Liaisons; BOT meeting; Social media |

*The sustainability of action plan outcomes is ensured as follows:* First, RPC strives to create only realistic, achievable goals. Second, input controls are put in place to monitor for evidence that actions taken are sustained as described in the DMAIC discussion that is contained in Category 4, Area 4.1a(1).

**2.2a(3)** *RPC ensures that financial and other resources are available to accomplish its action plans,* while meeting current obligations through its budgetary process. The capital budget is established according to RPC's specific SPs - not the reverse. *RPC allocates its resources to support the accomplishment of its plans through its* prioritization criteria that are discussed in Category 4, Area, 4.1c(3). *RPC manages the financial and other risks associated with the plans to ensure the financial viability of its organization through its following approach:* RPC continues to maintain its position as one of the Mid America Hospitals showing the strongest financial performance, as delineated in Category 7, Area 7.5a(1). By having an aggressive growth strategy and by steadily increasing its gross revenue, RPC is, subsequently better positioned to tolerate risks.

**2.2a(4)** *RPC's key workforce plans to accomplish its short-and longer-term strategic objectives and action plans are as follows*: RPC has a Workforce Management Plan (WMP) in place. The plan defines the WF processes that will enable RPC to have the right numbers and kinds of staffing to accomplish the vital work that is accomplished by this organization and the processes that will create a conducive environment that results in highly engaged employees that are focused on providing effective services that produce good outcomes.

The WFP is updated in accordance with completion of the SP. Based on the risk assessment conducted in the SP process, RPC determines if staff capability and capacity exists, allocates and prioritizes the WF needs and identifies any need for more WF members. By RPC's use of this approach, the risks associated with the SP are mitigated to better ensure organizational sustainability and financial viability.

*RPC's WFP addresses potential impact on its WF members and any potential changes to WF capability and capacity needs as follows:* Based on the defined goals and timelines within the SP and the current Full Time Equivalent (FTE) needs, the capacity planning process within the WFP establishes the number of employees that will be needed to accomplish the additional work requirements over the next three years. Based on the identified capacity needs, the capability planning process defines what skill levels will be needed to accomplish the work. The staffing plan process determines how to fill the current gaps in capability and capacity and the additional capability and capacity needs, for the future. Category 5, Area 5.1 contains a full delineation of discussion related to the assessment of the WF and capacity needs.

*RPC ensures that its overall action plan measurement system reinforces organizational alignment as follows:* First, all SLT members are made aware of the action plans of each other. Further, the results of the indicators are reviewed with all SLT, during the Mthly SP Mtgs. Resources needed, action steps, progress and difficulties encountered are discussed, as a part of these sessions. In doing so, conflict between the various initiatives is minimized as the SLT members are not working independently, in separate silos but in one overall cohesive group. RPC's process for ensuring that the measurement system covers all key deployment areas and stakeholders is as follows: During the SP process, RPC is required to identify and align its key strategic challenges, SOs, measures, goals and action steps with the corresponding key stakeholder's requirements and key areas where the plans are to be deployed.

**2.2 a(6)** *RPC establishes and implements modified action plans if circumstances require a shift in plans and rapid execution of new plans as follows:* The RPC SLT utilizes its DMAIC process to establish and implement modified action plans (see Category 4).

**2.2b Performance Projections** *RPC's key performance projections for short and long term planning time horizons are as follows* (Figure 2.2-5):

| Figure 2.2-5 Performance Projections for RPC 2009-2014 | | | | | | |
|---|---|---|---|---|---|---|
| **Performance Measure in %** | | | | **Projected** | | |
| | **09** | **10** | **11** | **12** | **13** | **14** |
| Press Ganey(Employee engagement ) | 71 | 75 | 80 | 85 | 88 | 90 |
| Physician satisfaction | 88 | 90 | 92 | 95 | 97 | 99 |
| Risk Metrics | 92 | 95 | 98 | 99 | 99 | 99 |
| Patient Satisfaction Inventories on 4.0 scale | 3.41% | 3.5% | New scale as of 2011 | | | |

*Area 7.5 captures RPC's projected performance on these measures or indicators compared, with the projected performance of its competitors or other organizations offering similar health care services. RPC's projected performance compares with key benchmarks, goals, and past performance, as discussed in Area 7.5. The performance of competitors is factored into these projections.*

*Gaps in performance against its competitors or comparable organizations are addressed as follows:* First, RPC attempts to understand the differences in performance by communicating with the comparable organization to ascertain how the Info was collected (to ensure consistency in data being presented and reported). Second, RPC explores BDP and how those are achieved. Resources include HCA's website, which contains a compendium of best demonstrated practices, as well as visits to and dialogues with organizations that have achieved superior results. In illustration, for 2012, RPC has identified the following organizations for site visits to observe their BDP and to identify what processes can be adapted for use at RPC (Figure 2.2-6):

**Figure 2.2-6 Areas Under Review for Site Visits**

| Area under Review | Site | Rationale |
|---|---|---|
| Admission Call center/Intake | Unity Village Prayer Line | Unity Village fields 4000 calls per month |
| Customer service | Rudy's Barbecue | Malcolm Baldrige winner<br>Ongoing top results in customer service |
| Patient Satisfaction | Lee's Summit Public School System | Employment of safe practices related to computer use in schools |
| Discharge Phone Calls | RMC Surgery Center | To identify EBPs that can be utilized at RPC specific to strategies to increase the volume of calls made |
| HBIPs | Centenniel Medical Center | 100% score in multiple areas of HBIPs results |
| ECT | RMC – OR<br>Duke University | Experts at turnaround time between cases<br>ECT Expertise |

Third, the SP is regularly reviewed through a systematic process by the SLT against its PMs for tracking achievement and effectiveness of action plans. Any action items not meeting the targeted completion dates are drilled down through RPC's RCA process to assess the associated reasons that the action steps are not being achieved (see Category 4, Area 4.1 [b]). Decision is made to maintain, reprioritize, or abort the plans. If the decision is made to pursue the original action plan or to pursue it with modifications, using the DMAIC method, additional procedural steps (to support the original action plan) are generated from the RCA and delivery dates are established for these additional actions.

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**3.1a(1)** *In order to identify and innovate health care service offerings that meet and exceed customer expectations RPC listens to and obtains actionable feedback and Info from its patients and stakeholders through a number of methods.* The listening methods vary by the segmented customer groups (see Figure 3.1-1) as well as for some stakeholders, specific preferences that have been expressed by the stakeholder. In illustration, starting at the beginning of the inpatient's stay, RPC listens to the patient's input during the intake and assessment process when a psychiatric, nursing, social work and recreational assessment is completed by designated professionals. Feedback and Info is obtained and used throughout this process to formulate an individualized patient care and treatment plan and to initiate the discharge plan and resources that the patient will need to properly transition, to discharge. Throughout the patient's stay, Info is continuously gathered, about the quality of care by the following systematic processes:

For Inpatients -

- 15-minute checks on patient status.
- Daily rounding and observation by Managers and staff, whereby key standardized questions are asked and comments or complaints from the patient are heard.
- Community and group Mtgs are held on each unit where patient concerns, problems, and recommendations can be expressed and actions taken to address any concerns.
- Mtgs conducted by social workers and medical staff with patients and their family members to ensure that the patient's needs have been addressed and the patient has the necessary support systems in place for success, upon discharge.
- After discharge, telephone contact is made as a wellness check on the patient's condition; to follow-up on the patient's hospital experience and to provide verbal feedback on how satisfied or dissatisfied they were with their care experience (mail contact is made for those few patients without access to a phone).

For Outpatients –

These mechanisms differ by lack of 24-hour stay. For both inpatients and outpatients, at DC, the patient is asked to complete a comprehensive evidence-based written evaluation of all services provided, including those services that did not meet their expectations or services that were not available that would have been useful.

While the method of listening to feedback to obtain actionable Info varies between patients/families and stakeholders, the majority of strategies for both groups are proactive processes and are fully deployed throughout RPC. For example, using standardized questions, Managers are trained to round with not only patients but their staff, patient families and MS to obtain key Info. Business Development staff are trained and charged with obtaining feedback through regularly scheduled one-on-one Mtgs with referring facilities, MS, and community groups. RPC provides Educational Seminars to the Mental Health Professional Community and Community education Mtgs on mental health issues when, during this time, Info is gathered regarding the needs of the community and mental health issues and concerns. SLT members are assigned the responsibility for obtaining regular feedback from stakeholders, within their various areas of specialty. RPC facilitates a community-wide initiative targeting reduction in the stigma of mental health. Area professionals and stakeholders have been invited to participate and provide Info regarding their needs and other feedback.

**Figure 3.1-1 Mechanisms for Receipt of Feedback and Follow-up with Patients/Stakeholders**

| Patient/ Stakeholder | Listening Mechanisms IP=I, OP=O, Both=B | Mechanisms for Follow-up |
|---|---|---|
| Patients/ Families<br><br>IPs = I<br>OPs = O<br>Both = B | • Intake Assessment=B<br>• 15-minute checks=I<br>• Rounding=I<br>• Community Mtgs=I<br>• Patient/family Mtgs=B<br>• Electronic media=B | (IP & OP)<br>• Grievances/Letters<br>• Community Mtgs<br>• Discharge evaluations<br>• Post DC calls |
| Physicians | • Regular calls upon MS<br>• Daily Rounding by Managers<br>• Monthly Clinical Consultant (CC) reports at MS Mtgs/MD input<br>• Annual MS Survey | • MS focus groups<br>• MS Mtgs<br>• Written communication |
| Referring Facilities and Entities | • CEO Roundtable<br>• Regular calls upon referring facilities/ entities<br>• Written evaluation tool | • CEO Roundtable<br>• Regular calls upon referring facilities<br>• Letters for specific complaints/issues |
| Managed Care Providers | • Regularly scheduled Mtgs with Managed Care Providers and RPC<br>• Written/electronic letters of inquiry | • Mtgs with Managed Care Providers and RPC<br>• Written/electronic letters of inquiry |
| Community | • Website<br>• Community education forums | • Community forum<br>• Letters for individual complaints/issues |
| Patient Advocacy Groups | • Website<br>• Community education forums<br>• Mtgs with individual groups | • Letters for individual complaints/issues<br>• Mtgs with individual groups |
| Staff | • Rounding<br>• One-on-one Mtgs<br>• Staff Mtgs<br>• Employee Forums<br>• Engagement Survey | • One-on-one Mtgs<br>• Staff Mtgs<br>• Community Forums |

RPC works proactively with stakeholders using systematic approaches to obtain feedback on its performance and how it can improve upon such. Through its business and marketing community liaisons, RPC is in constant daily contact with its referral sources. This helps RPC understand its local market and utilize the feedback received for continuous quality improvement. RPC also utilizes a referral satisfaction survey to obtain data and feedback on the quality of services provided at the hospital. For IPs and OPs, the Press Ganey survey, an evidenced-based tool, is used for obtaining patient satisfaction and departmental performance. This Info is aggregated by an independent source and is disseminated to Managers who have real-time access to the Info, for timely action versus waiting for a quarterly report. Through this methodology, RPC is able to identify and innovate its services in order to attract new stakeholders (including patients) and to provide opportunities for expanding relationships with existing patients and stakeholders, by utilizing the Info derived from the sources above (patient, physicians, other stakeholders).

*Social Media and web-based technologies are used at RPC as an approach to listen to patients and stakeholders as follows*: RPC has a website, is on Facebook and participates in ongoing blogs with the community [see Category 7, Area 7.2a(2)]. The rationale is that Facebook reportedly now reaches over 400 million worldwide users and Twitter will soon reach the benchmark of 50 million tweets per day. Facebook and Twitter both boast a triple-digit growth with social networking now accounting for 11% of all time spent online. Nearly

48% of young Americans report that they rely upon Facebook to keep updated on key Info and 57% of individuals reportedly talk to more people online than they do in real life. RPC's social media and web-based components described are reviewed Monday through Friday by the DBD for patient and other stakeholder complaints, comments and suggestions. Due to the nature of its business and federal requirements for BHC patient confidentiality, RPC cannot provide responses to hospitalization-related complaints on social media, but responds to the person by phone call or in writing. RPC does, however, listen to and provide general responses to patients and stakeholders through social media. Patient, referral source, and other stakeholder concerns are fed back to the community via Facebook and blogs thorough postings that are designed to elicit further feedback and comment. Responses to blog postings by RPC DBD often generate responses from others and streams of conversations over several days.

*RPC's method for listening to patients and stakeholders varies across the stages of relationship* ranging from no previous relationship to an active relationship. Similarly, *RPC varies its methodologies for listening to and following-up with patients and stakeholders on its quality of services, in order to receive immediate and actionable feedback (see Figure 3.1-2). RPC's approach is to monitor all sites Monday through Friday and acknowledge concerns comments, and inquiries within 24 business hours. Complaints and grievances are referred to the Customer Advocate and typically require an investigation. RPC's approach to the receipt of complaints and grievances is, after initial acknowledgement of the receipt of the complaint or grievance, a response is communicated back to the customer/prospect within 5 business days. Category 3, Area 3.2b(2) contains more Info specific to complaint management.*

**Figure 3.1-2 RPC's Approaches for Listening To, Using Information and Building Relationships with Potential/Actual Customers**

| Phase | Approaches Used for Building Relationships | Strategies for Assessing/Addressing Satisfaction/Dissatisfaction |
|---|---|---|
| None | No relationship yet with RPC<br>Ads, Phone calls to RPC Call Center<br>RPC Website, Facebook, and Blogs, Community Fairs<br>Community education, MD calls/education<br>Mtgs with Prospective Managed Care Providers<br>Mtgs with prospective vendors | Telephone calls<br>One-on-one Mtgs<br>Written correspondence from Community Liaisons, CEO or key DD<br>RPC Website, Facebook, and Blogs –general feedback |
| Active Relationship | Current Patient I=IP, O= OP, B=Both<br>15-minute checks,<br>Daily rounding by managers and staff - B<br>Community Mtgs on units - I<br>Patient/Family Mtgs - B<br>Patient complaint/advocate visits – B<br>RPC Website, Facebook, and Blogs | Telephone calls<br>One-on-one Mtgs<br>Community Mtgs<br>For grievances, written correspondence from Customer Advocate<br>RPC Website, Facebook, and Blogs – general feedback |
| | Current Stakeholder<br>Individual/Group Mtgs, as in 3.1.1, Surveys | Telephone calls, One-on one Mtgs with CEO, key DD or Community Liaisons, RPC Website, Facebook, and Blogs – general feedback |
| Post -Discharge | Discharged Patient<br>Written discharge Info, Written post discharge survey, Post discharge phone calls | Telephone calls<br>Written correspondence from Customer Advocate, CEO or key DD<br>RPC Website, Facebook, and Blogs – general feedback |
| | Post-discharge, Inactive or Former Stakeholder<br>Physician calls, Mtgs with Managed Care Providers and Vendors, Surveys | Telephone calls<br>One-on-one Mtgs with CEO or Community Liaisons to resolve issue |

**3.1a(2)** *As indicated, RPC has several key mechanisms to listen to not only current patients and stakeholders, but former patients and stakeholders, potential patients and stakeholders and competitors' patients and stakeholders, in order to obtain feedback on its services, support and transactions*. Figure 3.1-3 summarizes the mechanisms for listening to its current, former, prospective patients, as well as those of competitors:

**Figure 3.1-3 Systematic Approaches for Listening to Potential/Former/Existing Patients and Stakeholders**

| RPC Key Patient/Stakeholder Mechanisms for Listening | | Existing | | Potential Patients/Stakeholders and Those of Competitors | Former |
|---|---|---|---|---|---|
| | | IP | OP | | |
| Online | Website, Facebook, Blogs | X | X | X | X |
| Phone | DC Phone calls to patient | X | | X | X |
| | Phone calls to SLT, Customer Advocate, and DD | X | X | | X |
| Face-to-Face | Customer Advocate | X | X | | X |
| | Service Recovery Process | X | X | | X |
| | Risk Manager | X | X | | X |
| | Mtgs with staff, MDs, patients, Managed Care providers, other stakeholders | X | X | X | X |
| | Rounding for Outcomes | X | X | | |
| | Community Forums and Community Education Sessions | | | X | X |
| Written | Patient Satisfaction Surveys | | | | X |
| | Letters of inquiry/complaint | X | X | X | X |
| | Referral Source Satisfaction Survey | | | X | |

**3.1b(1)** *RPC's approach for determining Patient and Stakeholder satisfaction and engagement is verbal and written input received from patients and stakeholders through the following standardized mechanisms*. Patient satisfaction is gauged:

- For IPs and Ops, as managers round the units and talk with patients/ families. The DD and the SLT accomplish "rounding for outcomes," on a daily basis. A standardized form is used to compile feedback from patients, their families, physicians, staff and others on the care experience, opportunities for improvement, and people to recognize for the level of their service provided.
- Through the Press Ganey survey that is given to IPs and OPs, after discharge to gather data on facility-wide measures.
- For all stakeholders, through RPC's complaint process that is headed by the Customer Advocate (see Area 3.2b(2), for details).
- By providing prompt and thorough follow-up to complaints received, RPC is able to recover confidence and satisfaction thereby earning the trust and respect of its shareholders.
- For MDs, referral sources, Managed Care providers, through visits to stakeholders by RPC's Business Development Community Liaison (CL). The CL notifies the appropriate ND who follows up with the professional/entity within 24 hours of request.

*While the overall questions asked during surveys of patients and stakeholders assess satisfaction, the following specific questions asked during these surveys are delineated in Figure 3.1b(1) to assess engagement*.

**Figure 3.1b(1) Key Responses to Determine Engagement**

| Group | Questions | Approach(es) |
|---|---|---|
| Patients/ Families | • Given the need, would you return to RPC?<br>• How likely are you to refer a family/friend to RPC? | Verbal/Written/Social Media |
| MDs | • How likely are you to refer a family/friend to RPC? | Verbal/Written/Social Media |
| Referring Facilities | • How likely are you to use RPC again? | Verbal/Written |
| Managed Care Providers | • What is your preferred facility in the area for BHC?<br>• How likely are you to use RPC again? | Verbal |
| Community | • What is your preferred facility for receiving BHC?<br>• How likely are you to refer a family/friend to RPC? | Verbal/Written/Social Media |
| Patient Advocacy Groups | • What is your preferred facility for BHC? | Verbal/Written/Social Media |

The findings from patient and stakeholder satisfaction and engagement are tracked, trended, regularly aggregated, analyzed and the results forwarded to the SLT, the PIC, the MEC and the BOT at their respective Mtgs.

*Approaches to patients, stakeholder groups and market segments vary based on a number of factors, including the mechanism of communication in which the dialogue with the stakeholder is initiated and the type of stakeholder, as described [Figure 3.1b(1)]. RPC's measurements capture actionable Info for use in exceeding its patients' and stakeholders' expectations and securing their engagement, as follows*: The questions structured are assessed as key indicators for satisfaction and engagement. The data received is aggregated and reported to staff through staff Mtgs, Forums, newsletters and blogs and to the LS team Mtgs, the PIC, the MEC, and the BOT, at their respective Mtgs. The objective is for all to learn what their stakeholders are saying about them and any OFIs. RPC uses this Info to expand upon its services and to continue to provide excellence in care. Using the DMAIC method [see Category 4, Area 4.1a(1)], action plans are formulated to improve on any OFIs. Actions taken and the results of these actions are further trended by these committees and reported through the mechanisms described. Patient and stakeholder satisfaction and engagement Info is used as a guide for continuous quality improvement (CQI). The Info is used to serve as lessons learned and to learn how to exceed RPC's patients' and stakeholders' expectations.

**3.1b(2)** *RPC's approach for obtaining Info on its patients' and stakeholders' satisfaction relative to their satisfaction with its competitors as follows*: During RPC's Business Development (BD) Department's ongoing interactions in the community with a spectrum of mental health professionals, a standardized satisfaction survey of stakeholders with RPC's competitors is completed and discussed. The Info derived is reported in the daily marketing meeting with the CEO and the DBD and at DD, SLT, MEC, and BOT Mtgs [see Category 7.2 Area a(1)] . *Info is obtained on patients' and stakeholders' satisfaction relative to the satisfaction levels of Patients and Stakeholders of other organizations providing similar health care services or to industry benchmarks,* through stakeholder Mtgs, focus groups, community forums, Info provided through the MHA, and through Info provided by HCA Mid America Division. This Info is obtained to develop and implement new programming and services, improve RPC's continuum of care delivery, and to plan strategically for the future as long as the proposed programming and services align with the RPC's MVV (see Organizational Profile).

**3.1b(3)** *RPC determines patient and stakeholder dissatisfaction through the mechanisms described above in Figures 3.1-2 and 3.1-3.* Besides the proactive mechanisms described to determine patient and stakeholder dissatisfaction, an ultimate and unfortunate determination of patient dissatisfaction can occur during a complaint-driven survey that can be conducted by TJC, DHSS, or CMS. The negatively perceived event of a survey is used constructively by RPC as a "lessons learned" experience to improve on its customer service.

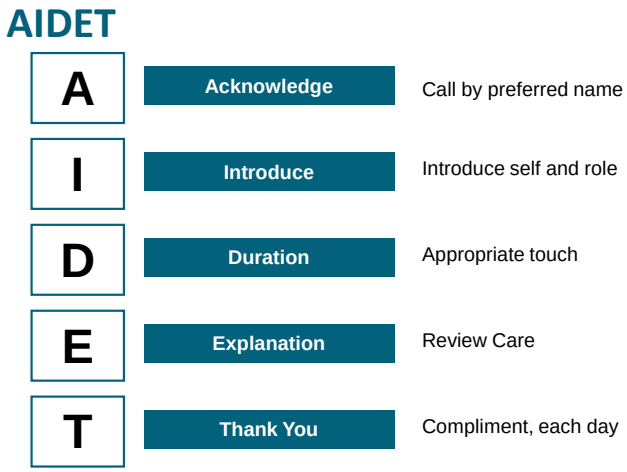
*RPC's measurements capture actionable Info for use in meeting RPC's patients' and stakeholders' requirements and exceeding their expectations in the future as follows*: The feedback from rounding, satisfaction surveys, discharge phone calls, Customer Advocate contacts (formal grievances and informal complaints), and complaint driven surveys are regularly aggregated and graphed, to evaluate results and any OFI [see Category 7 Area 7.2 a(1)]. A RCA is conducted for areas showing trends in dissatisfaction. An action plan is then formed and implemented by the group that is closest to the area of dissatisfaction/issue. The findings of results of patient/stakeholder dissatisfaction are reported and discussed in monthly staff Mtgs, forums, and newsletters and at DD, SLT, PIC, MEC and BOT Mtgs. Action items are tracked for sustained resolution.

**3.2a(1)** *RPC identifies patient, stakeholder and market requirements for health care offerings by first*, segmenting its patients and stakeholders into specific groups and then based on the best identified method per individual group for deriving this Info, obtaining the feedback from these groups through structured assessment activities. In doing so, RPC is able to better understand and design offerings to meet the differing needs of the various groups. RPC SLT and BD staff regularly network with stakeholders during one-on-one Mtgs, community networking Mtgs, and when conducting hospital-based educational presentations. During these activities, standardized questions are asked by SLT and BD staff related to

anticipated current trends and the patients'/stakeholders' own needs, in the mental health community. *RPC identifies and innovates service offerings, to meet the requirements and exceed the expectations, of its patient and stakeholder groups and market segments* by using the responses derived from the Needs Assessment Analysis to explore additional business opportunities. RPC considers various unique and common requirements of the various patient/ stakeholder groups as it seeks to identify and innovate health care offerings that will best serve its customers. *RPC identifies and innovates service offerings to enter new markets, to attract new patients and stakeholders and to provide opportunities for expanding relationships with existing patients and stakeholders as follows:* RPC continues to build and utilize a network of professionals in the mental health field to remain proactive in market trends and meeting stakeholders' changing expectations. The feedback is used to gain knowledge from stakeholders and to use this Info to address untapped needs. Identification and anticipation of how these requirements and changing expectations will differ across patients, stakeholder groups, and market segments across all stages of their relationships is achieved by looking at national trends and also in the development of relationships with national and local insurance companies and employee assistance programs. The feedback from RPC's referral sources and the compilation of patient reports of needed services is aggregated and reported in the daily marketing and during the monthly Strategic Planning Mtgs. The Info derived from each group of stakeholders is prioritized and is used to develop key product offerings that are appropriate for the patients and stakeholders. At these planning Mtgs, the DBD and the CEO confer and discuss with the SLT to decide if each service offering is commensurate with RPC's MVV. A business analysis is conducted and based on the approval processes discussed in Category 2, the offering is incorporated into the overall Hospital Strategic Plan. RPC then responds to these needs and trends in the provision of additional offerings including new services, treatment programs or education. In illustration, through the process of standardized questions to RPC's customer/stakeholder groups, RPC learned from three segments including its patients, physicians, and managed care providers that there was need for the ability to care for patients who had both mental health and concurrent substance abuse issues, on an acute IP basis. There was no like service in the community. After completion of the processes described above, a co-occurring diagnosis track was developed for Adult patients.

**3.2a(2)** *RPC enables patients and stakeholders to seek Info and support,* by making Info about RPC and its services readily available on its website, on Facebook, in the telephone directory (Yellow Pages), through brochures that are provided to various stakeholders, on written Info that is given to patients and posted on the nursing units, on its recorded telephone message to callers, and even as Info that is communicated through audiovisual means in its lobby. Efforts are underway to devise a "You tube" offering that will further provide Info about RPC and its services. In addition to the mechanisms described, prospective patients and stakeholders have 24/7 real time access to Info about RPC, its services and to seek support by contacting the Call Center and speaking with one of the licensed clinicians. *RPC enables patients and stakeholders to obtain health care services and to provide feedback on its services and support* through the provision of multiple potential entry points for care and services at RPC as follows: To obtain health care services, prospective patients and stakeholders can contact RPC by telephone to speak with a clinician and establish a time for an assessment, can "walk in" to one of its facilities and request services, can go to an area Emergency Department and request RPC's services, can go to their physician or psychologist and request its services, can be transferred to RPC as an IP from another facility, or can even contact RPC through its website. Feedback is provided to RPC through several means including: a) telephone calls to Administration, b) RPC's website and social media, rounding by the Intake Manager and HS on patients undergoing assessments and who are admitted, c) standardized survey questions that get asked of patients who are admitted to any of the levels of care of RPC's services, d) feedback to the Customer Advocate, e) post-discharge phone calls (for former inpatients), f) one-on-one sessions with stakeholders by the SLT and BD members and g) through standardized questionnaires that are distributed to patients/stakeholders. *RPC's key means of patient and stakeholder support and key communication mechanisms used for listening to various current patients and stakeholders and for determining patient and other customer requirements and priorities* are also used to determine their key support requirements, expectations, preference for preferred mechanism of communication, and priorities. *RPC ensures that patients' and stakeholders' support requirements are deployed to all people and processes involved in patient and stakeholder support by the use of the following standardized approaches*: First, all staff from the point of orientation are trained in the processes associated with supporting RPC's key patient/stakeholder groups. During orientation, all employees are required to sign a form that states that they will uphold the "CARE" values specific to RPC which include: compassion, attitude, respect, and excellence. These values delineate the expectations associated, with how they will interact with patients and stakeholders. These CARE values are delineated in Category 1, Area 1.1a(1). Additionally, RPC educates its employees on components of the evidence-based Quint Studer program, including the use of "Key Words at Key Times" and the use of "AIDET." In reference to the first tool of key words at key times, staff are taught three essential questions to ask with any encounter involving a patient/stakeholder to an inquiry or concern are as follows: "What would you like to see happen?" "Were your needs fully met?" and "Is there anything else that we can do to assist you/answer your question?" Figure 3.2a(2) delineates the "AIDET" system utilized at RPC. AIDET encompasses five fundamental steps to be followed when interacting with patients and stakeholders as follows: acknowledge the person, introduce one's role, state how long one will be interacting with the person, explain the purpose of what is to be done, and thank the person for their time. Staff's compliance with these processes specific to patient/ stakeholder support are measured during rounds with the SLT and DD and through feedback from patients/stakeholders [Category 7, Area 7.2a(1)].

**Figure 3.2a(2) AIDET**




The processes and results specific to patient/stakeholder support are reviewed at the time of annual competency and evaluation

completion. Besides preparing staff on customer expectations, DD are given feedback on the support requirements of patients/stakeholders through regularly distributed written summaries of customer satisfaction. Using DMAIC, these results are analyzed, actions are taken on any opportunities for improvement, and the effectiveness of actions taken are monitored to ensure improvement.

**3.2a(3)** *RPC's approach for using patient, stakeholder, market and health care service offering Info to identify current and anticipate future patient and stakeholder groups and market segments in order to help it better understand, design, and deliver the services that are being asked is as follows:* RPC divides its patients and stakeholders into like groups, i.e., IP, OP, MS, referring psychologist, Managed Care provider, etc. and then, after using the delineated tools for hearing their feedback and needs collates and determines any common requirements that may exist within these groups. *RPC considers and utilizes the feedback from patients and stakeholders of competitors and other potential patients, stakeholders, and markets in this segmentation* through the use of Info that is derived by its Business Development Team representatives during one-on-one sessions with stakeholders that may utilize its services, as well as that of competitors, through outcome results that are reported by Managed Care and professional associations, during group Mtgs with some of its competitors, and from the feedback provided by patients and stakeholders who have "defected" from competitors. *RPC determines its patient and stakeholder groups and market segments to pursue for current and future health care services* by examining the prospective groups against its Mission, Vision and Values and by conducting a Cost Benefits Analysis that is discussed as a part of the SP Mtgs, at HCA Mid America Mtgs and Mtgs of the SLT, DDs, MEC, and the BOT.

**3.2a(4)** *RPC uses patient, stakeholder, market, and health care service offering Info to improve marketing, build a more patient and stakeholder-focused culture and identify opportunities for innovation,* by compiling the Info and conducting a "SWOTs" analysis twice annually. During these sessions, representatives from BD, SLT, MS, and DD gather and review the feedback, prioritize the concerns, evaluate develop action plans to innovate and improve care. Category 2, Area a.(2) discusses this process.

**3.2b(1)** *RPC markets, builds, and manages relationships with patients and stakeholders through the following mechanisms as delineated in Figure 3.2b(1):*

**Figure 3.2b(1) RPC's Approaches for Building Relationships**

| Achievement | Approaches | Comment |
|---|---|---|
| Acquire patients and stakeholders; build market share | • One-on-one sessions with stakeholders<br>• Mtgs with Managed Care providers<br>• Mtgs with patient advocacy groups<br>• Community outreach Mtgs and educational sessions for the collection of key feedback<br>• Collation and decisions on priority areas, communication of findings and proposed plans to SLT, DDs, MEC, BOT, staff, and stakeholders<br>• Implementation of ideas<br>• Feedback on results, implementation as needed<br>• Improvements of results<br>• Control of improvements made | This is a cyclical process that utilizes the DMAIC methodology that is described in Category 4. |
| Retain patients/ stakeholders, meet their requirements, exceed expectations in each stage of their relationship with RPC | • One on one sessions with stakeholders<br>• Mtgs with Managed Care providers<br>• Mtgs with patient advocacy groups<br>• Community outreach Mtgs/educational sessions<br>• Collection of key feedback, decision on priority areas, communication of findings and proposed plan to SLT, DDs, MEC, Board of Trustees, staff, stakeholders. | The DMAIC methodology is used to retain Pts and stakeholders by designing or innovating a service, by measuring its effectiveness through standardized measurements and tools described in Category 4, by assessing the level of satisfaction, by making the necessary improvements, and by controlling the gains to prevent slippage in performance. |
| Increase engagement with RPC | • Collection of key feedback from patients and Stakeholders, decision on priority areas, and implementation of plans, feedback on actions through one-on-one sessions with stakeholders, Mtgs with Managed Care providers, Mtgs W/Pt advocacy groups. | Use of the DMAIC methodology to continue to increase the results and level of engagement with RPC's services. |

**3. 2b(2)** *RPC manages patient and stakeholder complaints as follows:* RPC has a designated Customer Advocate. This Customer Advocate has received training specific to the resolution of complaints. Patients and stakeholders are provided with written Info regarding the availability of services of the Customer Advocate. Complaint management skills are deployed throughout RPC to its staff. Starting in orientation, all staff is trained about basic complaint management, the role of the Customer Advocate and how the Customer Advocate can be accessed to assist patients/stakeholders when complaints cannot be resolved at the department level. As a result, a concern for patient advocacy is integrated throughout RPC.

*RPC's patient and stakeholder complaint management process ensures that complaints are resolved promptly and effectively as follows:* Complaints are typically received by telephone call or written request. Complaints may also be received in writing during one of the submitted written satisfaction surveys, from social media, or during rounds that occur on patients/stakeholders. Once received, the Customer Advocate initiates contact by telephone or in person with the patient, family member or stakeholder that is voicing the complaint within 24 hours or sooner at the stakeholder's convenience (during weekends, this step is initiated by the House Supervisor). The complaint is investigated on a thorough basis. The customer advocate will speak with any and all personnel involved in the complaint and attempt to resolve the issue immediately. This complaint is then categorized and logged in the customer advocate log. The Customer Advocate sends the patient/stakeholder a written letter encompassing the findings and any corrective actions to be taken within five business days of receipt. Pursuant to a cycle of learning from the 2011 MQA visit at RPC, it was recommended that, in its analysis of patient complaints, RPC should not only consider and capture formal patient grievances but also informal patient complaints. The Customer Advocate now differentiates but encompasses both complaints and formal grievances in the tracking, analysis and compilation of reports. In order to ensure that all trends are being seen, the findings from the complaint sources, too, are

forwarded to the Customer Advocate and incorporated into the review process. RPC ensures prompt feedback through the development of specific timeliness standards for completion of the process. Compliance with these standards are reviewed as part of the Customer Advocate's report to the PIC, MEC, and BOT Mtgs. The effectiveness of actions taken is ensured through the control component of the DMAIC process that is used at RPC [see Category 4, Area 4.1 a(1)]. The findings from all complaints are collated, recorded and reported to SLs, on a monthly basis, and on a quarterly basis to RPC staff, the LS Team, the PIC, MEC and BOT, at their respective Mtgs. During this flow of Info to the Mtgs, trends are determined and action is initiated as needed. This cycle is completed with a report at the next set of Mtgs to ensure proper follow-up and closure. *RPC's complaint management process enables it to recover the patient's and stakeholder's confidence and enhances their satisfaction and engagement in the following way:* Because RPC's approach is that complaints from patients, families and stakeholders as well as their needs and concerns are addressed promptly and thoroughly, in doing so, the patient/stakeholder is able to see that their complaint has been taken seriously and is being acted upon. As a result, RPC has experienced a progressive decline in its lawsuit activity as is demonstrated in Category 7, Area 7.2a(1).

**4.1 Measurement, Analysis and Improvement of Organizational Performance. 4.1a Performance Measurement**

**4.1a(1)** RPC's mature process of measurement, analysis and improvement is driven by its focus on achievement of SO and organizational goals and is fully deployed throughout the organization. RPC utilizes the DMAIC model for overall organizational performance including process relative to SOs and plans, as presented in Area P.2c. This approach is fully deployed throughout the organization. The components include the following: **[Design]** Data and Info is *selected* for collection and analysis based on the following criteria: high risk, high volume, problem prone processes that, if not attended to, could affect a large percentage of pts and would place pts at significant risk if not performed well, if performed when not indicated, or if not performed when indicated; processes that have been or are likely to be problem prone; and problems that denote critical violations of regulatory guidelines that, if not immediately addressed, would impact the entire service delivery system for RPC pts. The data and Info selected must also be accessible, reflective of pts/stakeholders; and may be required by HCA's corporate processes. **[Measure]** Data is systematically collected by the SLT and DD through multiple means including Meditech (the clinical software program for RPC), HOST (financial software), Pyxis (automatic medication dispensing cabinet), Lawson (Human Resources), Kronos (employee time keeping/reporting), PLUS (department/hospital productivity), Healthstream (employee education), Facility Scheduler, Pt Satisf survey, MD Satisf Survey, Employee Satisf survey, Survey input from referring facilities and entities, managed care, community advocates and more. Data is aligned and integrated for tracking daily operations and for tracking overall organizational performance, including progress toward strategic objectives and action plans in accordance with RPC's five pillars which include: Quality, Service, People, Finance, and Growth, as discussed in Category 2, Area 2.1a(2). **[Assess]** RPC utilizes a BSC system to monitor, track, align and integrate its quality, operational, clinical, financial, and strategic data at multiple levels of the organization. The BSC is a framework of scorecards that display and report key data/Info to RPC's SLT, departments, and committees. The data is assessed during the following forums and activities:

- During its review at daily operations Mtgs with financial, clinical and administrative representation
- During its review at weekly SLT Mtgs
- During monthly PIC Mtgs
- During various hospital committees of DDs and performance improvement Mtgs, when the data of concern is reviewed by specific teams and the Info is fed back into the PIC in order to ensure alignment
- During Medical Staff and Board of Trustees Mtgs
- During quarterly operations review Mtgs
- During departmental Mtgs
- During the submission and comparison to other BHC facilities internal and external to HCA.

The assessment process is used to help RPC SLT identify where additional evaluation and improvement of key processes is most needed. DDs take the Info from this process back to their appropriate workforce members at their respective staff Mtgs and relay back additional Info that may be derived from staff to assist in resolution of an issue. **[Improve]** On at least a monthly basis, DDs meet with their SLT to review and align their findings and actions to be taken with other multidisciplinary activities, within the five pillars SBP goals, as well as HCA Mid America and BHC directives and to design action plans to improve on results. During this process, actions to be taken in order to achieve improvement are prioritized against other competing initiatives. In aligning these improvements, consideration and priority is given to those associated findings that involve a high volume of pts, are of high risk to pts if not addressed and will directly impact the Hospital's MVV, scope of services provided and populations served, if not addressed in a timely fashion. **[Control]** Once improvements are made, a more challenging task is to "sustain the gain." Progress and improvement relative to SO and action plans is tracked in the weekly SLT, the biweekly Leadership Team, and the monthly SP Update (Upd) and PIC Mtgs. *RPC's key PM* are reflective of indicators that are used to measure success by its leaders. These PMs, including SP action plan measures, short-term and long-term quality and financial measures and their tracking frequency are as follows ( (Figure 4.1-1):

**Figure 4.1-1 Key Performance Measures (PMs) for RPC/Pillar**

| PMs Monitored by RPC Under its Five Pillars Short=S Long Term=L | People, Quality, Service, Growth, Financial | Tracking Frequency |
|---|---|---|
| Suicides – S | Quality | Monthly |
| Medication Error Rate - S | Quality | Monthly |
| Computer Med Error Rate - S | Quality | Monthly |
| Nosocomial Infection Rate - S | Quality | Monthly |
| S/R Minutes - S | Quality | Monthly |
| S/R Rate - S | Quality | Monthly |
| Self-inflicted injuries - S | Quality | Monthly |
| # Contraband incidents - S | Quality | Monthly |
| # Elopements - S | Quality | Monthly |
| Fall Rate - S | Quality | Monthly |
| # Sentinel Events - S | Quality | Monthly |
| # Lawsuits /claims filed - S | Quality, Service | Monthly |
| Readmits within 30 days DC – S | Quality | Quarterly |
| Code Green employee injuries – S | People | Monthly |
| Med. Record Delinquency Rate - S | Quality | Monthly |
| Pt Satisf - S | Quality, Service | Monthly |
| Employee Satisf - S | Service | Monthly |
| MD Satisf - L | Quality, Service | Monthly |
| HBIPS Results – S | Quality | Weekly |
| Compliance with budget parameters including ADC, EBDITA, Expenses - S/L | Financial, Growth | Monthly |

The long-term measures *are determined* every three years, in concert with usual and customary financial practices and in accordance with HCA requirements. These long-term measures are updated during the annual SP process. The short-term measures are determined annually, as part of RPC's review and analysis of the PM program, as well as the SBP [See Category 2, Area 2.1a(2) and b(1)]. *The performance measures cover all areas of the hospital and, through their historical trending, provide a complete picture of RPC's current as well as projected results.* RPC uses this data and Info to drive improvement, to monitor SO, and to support its organizational decision making and innovation.

**4.1a(2)** In order to identify its best practices for new, modified or key processes and to achieve optimal levels of performance within its five pillars, RPC *selects* and uses internal, HCA, and comparative data that is external to BHC and, sometimes health care. *RPC selects and ensures the effective use of key comparative data and Info to support the operational and strategic decision making and innovation as follows*: Selection is based on high volume, high risk, problem prone areas as delineated in 4.1a.(1) above. RPC selects data elements

within HCA as well as from outside BHC and outside health care that best assist RPC to benchmark its key results on not only a historical basis internally but also from an inter-company, an intra-company and best-in-class perspective. RPC ensures the effective use of data through a scrutiny of data elements selected for review. The responsible DD or SLT must provide a rationale, for the selection of the data items. These items must meet specific criteria as follows: the data must be readily retrievable, must be quantifiable, must measure what it is intended for, must reflect EBP, must reflect recognized national or clinical comparative data, and must be tied to the five pillars as well as the MVV of the organization. Immediately prior to the SP process, an annual educational presentation on the PM system is provided to the SLT and DD to review RPC's approach. Content covered includes a review of the PM process, current industrial trends and changes that will impact RPC, sources of comparative data and next steps/deadlines. Following this presentation, RPC ensures the effective use of this data through a structured reporting process that encompasses not only the submission of the data through its BSC for review on a scheduled basis but also the submission of updates of results to ensure that actions taken address problems or deficiencies identified.

**4.1a(3)** RPC recognizes the importance of the voice of the customer. *It ensures the effective use of voice of the customer data and Info, including complaints to support its operational and strategic decision making and innovation.* As captured in Category 3, multiple mechanisms are in place to collect Info from pts. and stakeholders who are encouraged to make suggestions for continuous breakthrough improvement and innovation. Workforce members make suggestions on improvements and innovations during regularly occurring staff Mtgs, during rounding for outcomes by SLT and DD, during monthly forum Mtgs, in one-on-one sessions with their DD or a SLT member, through electronic media, or, if they prefer to remain anonymous, through social media or the Employee Suggestion Box. These suggestions for improvements and innovations are incorporated into the future action plans that are developed by the DD or SLT. The feedback from RPC's staff, pts. and stakeholders is regularly collated, analyzed and presented to DD's, SLT, the MEC, the BOT and staff. It is important to the organization to not only review the feedback provided but to listen and act on any areas needing improvement. Pursuant to the customer's voice, consideration for changes or identified improvements are based on those items that best align with the hospital's MVV and strategic plans. When actions are taken pursuant to the identified need for improvement, mechanisms are in place through the SLT, DD, PIC, MEC, BOT and SBP Mtgs to review for the evidence of outcomes in these results.

**4.1a(4)** *RPC ensures that its performance measurement system is able to respond to rapid or unexpected organizational or external changes as follows*: First, RPC recognizes the need for agility in its performance measurement (PM) plan [See Category 2, Area 2.1b(1), b(2) and 2.2a(4)] and articulates such. According to its PM plan, the SLT and DD are empowered by the plan to set aside and reprioritize performance measures whenever problems or changes are identified that involve a high volume of pts., are of high risk to pts. if not addressed, or will directly impact RPC's MVV, services provided and populations served if not addressed in a timely fashion. Second, in order to remain adept at responding to rapid or unexpected internal or external changes, RPC reviews its performance measurement system on an annual basis for needed changes and updates the system accordingly. As part of its annual review of its PM Program, RPC routinely assesses whether or not there are any problems or opportunities for improvement identified on a reactive basis that had not been captured within the PM system. The findings related to such ability to rapidly shift in accordance with changes are reviewed and changes to the PM Plan are made should it be identified that RPC is not able to adapt rapidly enough to such changes. Further, on an annual basis (and more often as indicated by the changing environment identified) RPC accomplishes a review of performance measures to identify those that need to be changed, deleted, or added (Area 4,1b). Third, RPC requires its BD, as well as the HCA Mid America marketing team, to continuously review and report on any local or national factors that may affect the hospital's position, as pertains to any of the five pillars. Last, RPC's PIC monitors for the rapid implementation of changes needed in response to rapid or unexpected organizational or external changes.

**4.1b** *RPC reviews organizational performance and capabilities* at many different levels as follows: Staff, individual DD and Supervisors – during staff Mtgs, biweekly Mtgs for SP update and to assess alignment of departments within the five pillars, during the monthly PIC, during reports to the MEC and BOT and during annual performance evaluations of key objectives achieved; Senior Leadership – during weekly SLT Mtgs to assess compliance with initiatives within the five pillars, during the monthly reports to the PIC and MEC and quarterly reports to the BOT, in monthly operation reviews (MORs) with HCA, during weekly review of RPC's HBIPs results within HCA and quarterly results from HCA's comparative reports, in annual budget reviews, and during annual performance evaluations; Accrediting and Licensing agencies - on an ongoing basis to assess compliance with all associated regulations (i.e., TJC, DHSS, CMS), and, similarly with professional licensing agencies (i.e., Board of Registered Nursing, MO Board of Pharmacy, etc.). *RPC uses its key PM in these reviews* to identify the hospital's level of performance and successes as well as OFIs, to set priorities for action, to provide direction, and to support or refute decisions made. RPC uses its PM measures to assess and evaluate organizational success, competitive performance, progress relative to SO, organizational goals, PI, quality and patient safety priorities, compliance with regulatory requirements, and key work and support processes including financial health and performance. PMs from each area are analyzed by each SLT member and DD against: findings as compared to prior results and the comparative results of any benchmarks, key pt/stakeholder input and issues identified that were not being addressed through the PM process, how care was improved during the year pursuant to the PM activities, and whether objectives were met and, if not met, why? Analyses are further accomplished to identify if there is any correlation between various performance measures such as between customer feedback and results, or staff metrics such as turnover and pt outcomes. In doing so, RPC is able to better understand any critical relationships that may exist between measures and various outcomes, and, in doing so, allows it to make better business decisions. The PIC, MEC, and BOT each review the findings from this review process including the conclusions, recommendations, and actions and provide additional input, suggestions, or, even may challenge the PM results and ask for more or additional Info. It is felt that such a multi-tiered review allows for the opportunity to identify if there are different perspectives to these conclusions, recommendations and actions identified. *RPC uses these reviews to assess organizational success and performance relative to competitor performance, financial health, and progress relative to strategic objectives and action plans* by comparing its results against not only other HCA BHC facilities, but also those external to HCA, non-BHC facilities and even BDP industry standards outside of healthcare. On a quarterly basis, RPC supplies its key PMs to either the organization itself or to a quality intermediary that shares the results between RPC and the other facilities. RPC uses the results from these reviews to assess progress relative to its own

performance measures, strategic objectives and action plans as described in this section and Category 2, Area 2.2a(5). Senior leaders use this Info to identify problem areas, set priorities, and make strategic business decisions. The level of accomplishment of RPC's strategic objectives and action plans as reflected in its performance measures are shared during the MOR process with HCA and during the annual budgetary process, as well as during the PMIS process described in Sections 1, 2, and 3 above. *RPC uses these reviews to assess its ability to respond rapidly to changing organizational needs and challenges in the operating environment as follows*: During the annual review of the effectiveness of the Performance Improvement plan, consideration is given to whether or not the PMs in place were able to readily identify existing problems or if, there were existing gaps in Info sources that caused the hospital to have to react to the event or result. Based on these findings and conclusions, revisions are made to the PI plan and new or additional PMs are selected for the upcoming year.

**4.1c(1)** *RPC uses performance review findings to share lessons learned and best practices across organizational units and work processes (WP) as follows*: At a hospital level, the review findings reflective of BDPs are show-cased at Leadership and PIC Meetings. These results are then disseminated to other DDs with like responsibilities or work processes. These DDs, in turn are expected to share with their own work groups, consider and incorporate these practices into their respective work areas. The results of BDPs are cascaded down from the SLT and DDs and throughout the organization by placing them on poster boards, in the employee newsletter and in the Balanced Score Card section of SharePoint. At a corporate or HCA BHC hospital level, performance results and associated BDPs are shared in forums such as group conference calls where other DDs can learn of these BDPs and take this information back to their own organizations for implementation. At a state level, RPC has shared its lessons learned during presentations to the MHA BHC conference on how its CPS model has eliminated the use of restraints on the Adolescent Unit. RPC also employs a "lessons learned" process for sharing information on key events that may occur internally or externally. For example, whenever a sentinel event or serious adverse event occurs, RPC assembles a PI team to conduct a Root Cause Analysis in order to determine contributing factors for the system or process failure. The DMAIC approach is utilized to construct an action and monitoring plan to address the finding and to prevent a recurrence. The root cause and the actions resulting from the event are not concealed but are deployed to other work areas within RPC to prevent similar occurrences.

**4.1 c (2)** *RPC uses its performance review findings and key comparative and competitive data to project future performance as follows*: During the SLT, PIC, MEC, and BOT Mtgs, RPC reviews its historical performance against the various measures and current trend Info within its industry and against regulatory and accreditation standards to make concurrent key business decisions. For example, data derived from RPC's PMs related to customer satisfaction and adverse events was evaluated against regulatory standards and trends to assist in RPC's decision to expand the Intensive Treatment Unit by 8 beds. Also, during its regular strategic planning cycle, RPC compiles standardized historical Info related to its results, completes an assessment of its SWOTs, and delineates how it is performing as compared to other like facilities including any competitors [See Category 2, Area 2.1a(2)]. The Info is used to develop short-term and long-term strategic business plans, including the expenditure of capital resources. For example, Info from this process was used to implement planning for 30 additional Adult psychiatric beds that RPC now manages at a neighboring site. The Info from performance review findings was also used to help RPC decide to cease taking pts under the age of 12. The first business decision was based on the performance measure that reflected the steadily increasing ADC, as well as customer feedback. The second business decision was based on the results from some of its key performance measures including sentinel events and litigation activity. Both examples illustrate how the analysis of RPC's historical performance combined with assumptions about any internal or external changes can be used to serve as key planning tools that can be used concurrently or as a part of our overall strategic plan.

**4.1c(3)** *RPC uses organizational performance review findings to develop priorities for continuous improvement and opportunities for improvement as follows*: The DDs and SLT are responsible to drive the process for change through their established PMs. DDs and the SLT attend the regularly scheduled PIC Mtgs. At these Mtgs, by comparing the BSC's display of PM results against pre-established standards and benchmarks, actionable items are identified and priorities for improvement are established. As a part of the standard questions asked during this analysis of findings at the PIC, the SLT member or DD responsible person for the PM is required within their own groups to identify areas that they perceive to be priorities, associated action plans, previous efforts and their success (or not), timelines for completion, and responsible persons for making the improvement/innovation. All items needing action across the organization are identified and priorities for action established by the PIC constituents. The status of the implementation of the improvement/innovation is tracked at each successive PIC meeting. The findings, conclusions, recommendations and actions are forwarded to the MEC and BOT Mtgs, as well as to the quarterly Corporate Operations Review Mtgs. Additional input from the MEC, the BOT or the corporate level may be provided on the priority identified and/or action plan. Such input is incorporated into the revisions. Concomitant to the reporting of problems, actions and priorities through the meeting process, the performance review findings are shared by the DDs and SLTs with the workforce. *Priorities and opportunities are deployed to work group and functional level operations throughout the organization* through the DDs when the findings, conclusions, recommendations, and actions are reviewed by the PIC and are disseminated by the DD to staff during the standardized PI report that occurs at staff Mtgs, and during distribution of these results on display boards and in the employee newsletter. *The priorities are deployed to RPC's suppliers, partners, and collaborators* to ensure organizational alignment similarly to the mechanism that is described for work groups, as well as in Category 3. SLT members have specifically assigned suppliers, partners and collaborators and share relevant priorities and opportunities with them accordingly. For example, feedback from the PIC regarding the timeliness results of the portable x-ray company are shared back by the CNO to the vendor to ensure that these standards are met and PIC feedback on the completion of pre-anesthesia assessments are fed back by the CEO to the Anesthesia contractors for resolution of any identified OFI.

**4.2 Management of Information, Knowledge and Information Technology:**

**a. *Data, Information and Knowledge Management***

**4.2a(1)** *RPC manages its organizational data, Info and knowledge through specific processes, methods and technology to ensure the following properties*: **Accuracy**: Process - Data is reviewed and system checks are routinely run to verify the accuracy of Info stored. Method: Subject Matter Experts are used for Application and Clinical Support. Industry standards are employed and enforced. Technology: The software used has built-in error detection and field controls. **Integrity**

**and Reliability**: Process - Data fields are controlled by entry parameters and error management for proper recording of Info. Devices have preventive maintenance performed at regularly scheduled intervals. Method: RPC is included in a four-year replacement plan that helps ensure that hardware is kept up to date and is reflective of current technology. Tech Refresh has replaced workstation, printers, laptops and the current year's project has included Cisco network switches. Software applications are reviewed by WinTel group and in Meditech testing environments. Pilot program and roll out processes have been developed and are employed to ensure proper operations of application, before production usage. Supportability and licenses from Software Spectrum assist with requirements for active software. Technology - Microsoft SCCM server along with Symantec EndPoint verifies patches including upgrades for increased reliability and performance with changing technology and checks virus signatures and updates for malicious software detection. Maintenance re-boots and patches are installed by Microsoft SCCM application servers. Warranty service updates and BIOS updates including firmware patches are installed, as provided by vendor support. **Timeliness**: Process - RPC's Medical Advisory Committee (MAC). Method – The MAC and its user groups keep software and hardware systems current with the needs of the workforce and physicians. Technology - To ensure that it stays pace with the current needs of stakeholders, PC implemented an electronic medical record in February, 2012. **Security and Confidentiality**: Process - All new prospective users are assigned access based on job role definitions. Additional access can be assigned based on job needs, but are verified by Local Security Coordinators after approval by department heads. Starting with their initial orientation and throughout their career with HCA; staff must complete annual Comp associated with the security of Info. Besides an orientation to use of the devices, staff must sign statements that they will maintain all RPC confidentiality requirements. Staff is periodically "tested" on their adherence to these requirements through anonymous but convincing e-mails that are sent to them asking them to breach components of confidential Info and then measuring their compliance with RPC's requirements. Method - Hardware devices are scanned and verified with Security parameters and encryption definitions are updated and reviewed. User access is recorded by Microsoft Utilities and the Info stored on servers. Secure systems and standards are enforced and reviewed. Reports on security violations are communicated to the staff's/physician's manager/director and at the RPC's quarterly Facility Info Management Committee and breaches are handled through a progressive disciplinary system. Technology - Symantec EndPoint protection and Internet Explorer restrictions are used to protect systems in a real time environment. RPC's hardware and software are secured through IT & S policies and procedures that meet all HIPAA and HI-TECH federal requirements.

**4.2a(2)** *RPC makes needed data and Info available to its workforce, suppliers, partners, collaborators, pts and stakeholders as appropriate, through the following approaches*: **Workforce:** Staff are assigned computer access based on job role definitions. Once in place, based on their job roles, staff can access data and Info through RPC's computerized Meditech system, through HCA's Atlas of sites and Info, through RPC's BSC, and through the MEWs system. RPC also makes data available to all staff through the BSC, through Sharepoint, in written format at orientation, during Mtgs, through evaluations, memoranda, inservices, forum poster boards, and electronic mail; **Physicians:** Once completing an online process and clearance: through Meditech including an office interface, in written format, at Mtgs, through electronic mail, and social media including some text messages; **Suppliers:** through computer portals, through written format, one-on-one Mtgs, electronic mail, and social media. **Pts:** during Informational videos from point of entry, through the written distribution of Info at the time of admission, during the patient's stay, through DC instructions, through post-DC surveys and phone calls, and through social media. Vendors are also verified through Reptrak and access is controlled and monitored. **To other collaborators**: through Mtgs, community forums, teleconferences, RPC's website, Facebook, and various sources of written format. **To partners**: through written Info, one-on-one visits, marketing Info, RPC's website and social media, and through its PM results. Additionally, in 2012 RPC is initiating television media ads for the provision of data and Info to others.

**4.2a**(3) RPC manages organizational knowledge through the following approach: a) It identifies what knowledge is most valuable to others based on its MVV and SO; b) It determines how to best capture the knowledge; c) It decides through decision criteria what knowledge is most needed by the various workforce and customer segments ; d) It determines the process for access of the knowledge; and e) It identifies a process to track and ensure the reliability and value of the knowledge that is used. Based on such, RPC ***deploys the collection and transfer of workforce knowledge as follows***: RPC's SharePoint application is used by the workforce. Data stores and shared locations assist in the collection and transfer of knowledge including BSC results of PMs and SO, hospital updates, and announcements. HCA's Healthstream, an electronic classroom, is another mechanism of collecting and transferring knowledge to the workforce. All Active Directory - authenticated staff currently receive access on the computers throughout the hospital to a number of topics within Healthstream that can assist them in their respective job roles and job requirements, as well as topics to assist them in their professional development and growth. Most of the classes within Healthstream have built-in learning assessment tools to provide feedback for the staff person as well as their Manager on whether or not the learning objectives were achieved. Workforce knowledge is collected and transferred during the orientation process for all new employees; during an annual competency assessment, during the provision of training based on gaps in Comp identified; during the ongoing training and education of staff that is based on an annual needs assessment that is completed by the workforce on areas where additional learning is needed [see Category 5, Area 5.1c(2)], through the hospital's employee satisfaction and engagement survey (Category 5), and through RPC's website and social media. Workforce knowledge is also systematically shared by "lessons learned" of project updates, review of projects, rollouts and "Go Live" events. The transfer of relevant knowledge from and to pts and stakeholders, suppliers, partners and collaborators: Transfer of relevant knowledge from and to Pts and their families, MS, suppliers, partners, and collaborators, is achieved through surveys to assess satisfaction, engagement, and OFI's; Additionally: Pts, are provided relevant knowledge through a number of structured mechanisms including daily psycho-educational and cognitive behavioral training groups, weekly family groups, monthly educational presentations on key mental health subjects, website, Facebook and blog entries (see Figure 3.1-2). MS are transferred and transmit relevant knowledge through Meditech, during MS Mtgs, through memoranda, through RPC's website, social media, blogs, and text messages. Suppliers, partners, and collaborators are communicated Info through one-on-one Mtgs, electronic and social media, and through the provision of written materials. Collaborators and partners are also communicated Info through community forums. ***The rapid identification, sharing and implementation of best practices***: RPC LS is responsible for ensuring the identification, sharing, and implementation of BDPs across locations and groups. HCA has a Team

Room application whereby PM Directors within its hospitals, on a scheduled basis, input key performance results that are shared across HCA organizations. RPC utilizes LS team Mtgs, committee Mtgs, departmental Mtgs, Sharepoint for the deployment of BSC including SO results, electronic mail, departmental Mtgs, PI teams, poster boards, newsletters, and specially marked memoranda as approaches to rapidly deploy Info on BDPs within the organization. Additionally, announcements are posted on the computer screen that are displayed at the point of turning on the device and that have to be dismissed versus relying upon the user to go into a mail function and, perhaps inadvertently overlook key Info. All staff members are responsible for being knowledgeable about any Info that is communicated to them. ***The assembly and transfer of relevant knowledge for use in RPC's innovation and SP process:*** Division and Hospital-based Info technology positions assemble Info needed for presentations. The DBD is responsible for accessing these reports and assembling them to be used for SBP development, as discussed in Category 2, Area 2.2a(1).

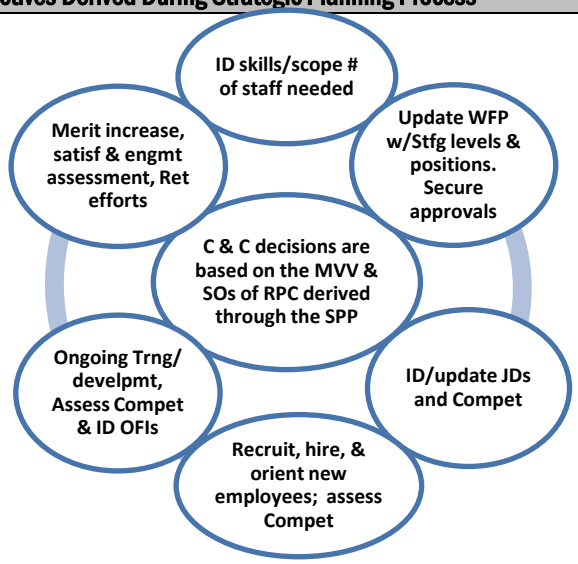
**4.2b Management of Information Resources and Technology**

**4.2b(1)** *RPC ensures that hardware and software are reliable, secure and user-friendly as follows*: **Reliable**: Devices have preventive maintenance performed, at regularly scheduled intervals. RPC has a four-year replacement plan that helps ensure that hardware is kept up to date and is reflective of current technology. **Secure**: Hardware devices are scanned and verified with Security parameters and encryption definitions. Maintenance re-boots and patches are installed by Microsoft SCCM application servers. Warranty service and firmware patches are installed. RPC's hardware and software are secured through IT & S policies and procedures that meet all HIPAA and HITECH federal requirements. **User-friendly**: Besides their initial orientation, staff must complete annual Comp associated with the security of Info. Hardware and software devices are equipped with user-friendly help screens. Ongoing training sessions are made available for the workforce and IT & S persons dedicated to the Hospital and are readily available to assist staff that may have questions related to device use. Periodically, a survey is distributed to the workforce to seek their input on whether or not the system is meeting their needs and additional data, Info, features and capabilities requested. Survey information is reviewed at all levels of management. Improvements are made by results of survey responses. Info is, similarly sought during the MAC meetings which provide a forum for medical staff members to provide input on system enhancements and to clarify Info. Close relationships with Vendors keep industry Info relevant and current and assist RPC in further identifying new technology that can better assist RPC in meeting our needs. The Info from all these stakeholders is aggregated and used to assist in the process of review, selection, and approval of additional system capabilities. In addition to the process for procuring updated software and hardware, concurrent improvements in the availability of data and Info occur through the ongoing and fully deployed process of submitting recommendations sent by workforce users to the Document Advisory Committee for their review, approval, and development of programs or systems to accommodate these requests. Supportability and license requirements for active software and patches including upgrades increase reliability and performance with changing technology.

**4.2b(2)** *In the event of an emergency, RPC ensures the continued availability of hardware and software systems and the continued availability of data and Info as follows*: Clinical Systems are backed up and redundancy configurations are employed to endure operations. In accordance with State and Federal regulations, power systems and grids are inspected and meet stated standards and codes. Backup generators are tested and facility power systems are tested monthly to ensure operations. HAM Radio and emergency weather radio system are deployed at clinical facilities and EMS voice and data system monitor and inform staff of emergencies and needed actions. Facility Security details and staff work to provide emergency coverage. HCA standards for Network data storage and backups are located off-site in another state in the event of disaster. Critical Systems are backed up in accordance with HCA protocols and system recovery will be located off-site in another state in the event of regional disaster. Disaster recovery plans and security awareness plans have been devised, approved by RPC's FSC, its MEC and the BOT, and fully deployed. This recovery plan is updated and is and reviewed annually. Disaster recovery drills are performed and tested on a scheduled basis, and through a cycle of learning from RPC's 2011 visit, now involve staff. System reliability checks and fail over circuits are tested. Weather Goose applications are used in Main Data Facilities and Intermittent Data Facilities to monitor for emergencies conditions. Solar winds Applications and What Up application monitor availability and access to critical systems. Internal system such as MPrint provide local Info and manual to paper procedures are in place to provide access to required data and Info during system failures.

**5.1 Workforce Environment**
**5.1a Workforce Capability and Capacity.**
**5.1a(1) Workforce capability and capacity are assessed through a systematic planning process as delineated in Figure 5.1-1 Workforce Planning and Development Process**

**Figure 5.1-1 Based on Mission, Vision, Values and Strategic Objectives Derived During Strategic Planning Process**




*Workforce capability and capacity needs including skills, competencies and staffing levels* are assessed during RPC's Strategic Planning process when RPC's WPF is reviewed and updated, as needed. Skills, abilities, and competencies are evaluated initially during orientation and annually to address specific needs of the department related to capability criteria. Staffing levels are established for targeted staffing grids by volume and acuity. A volume indicator is used as a reference point to adjust staffing including number of admissions, discharges, Patient days, tests per patient day, etc. Each department defines how staffing will be adjusted, as targeted activities and volumes increase and decrease. The appropriate staffing level as a whole is evaluated at least annually and modified as based on identified capability and capacity needs. The workforce, including medical staff, has a voice in how to address capability and capacity needs. Strategy Deployment involves deciding how to develop current staff and additional staff needed to handle growth capacity [Area 2.2a(4)].

**5.1a(2)** *RPC uses a systematic approach to recruit, hire, and retain its new members. Recruitment begins after a position has been approved as part of the SP.* RPC outsources its recruitment to a HCA recruiter for RPC and RMC. It does so in keeping with its systematic approach to contract out services that are outside of the hospital's own core Comp and that are available through centralized approaches within HCA. This has improved RPC's speed in hiring and placing qualified RNs and other healthcare professionals in the right roles. Internal candidates have the first chance to apply for promotional opportunities. The *hiring* process includes the use of the Predictive Index survey for external candidates. Qualified candidates are interviewed with Targeted Selection Interviewing Guides designed for the position. Peer interviewing and the use of panels is utilized to help select and *place* the right candidate. The current WF members know the job best, and have the most accurate picture of whether a candidate will fit in the work environment. *Retention* (Ret) efforts are coordinated through RPC's Retention Committee. The RPC workforce naturally represents and capitalizes on diverse ideas from patients and stakeholders. The RPC urban core location assists in sustaining a *diverse* workforce environment that is supported by the community and represents different backgrounds and cultures. In order to provide cross-culturally competent healthcare, RPC 's diversity initiatives are embedded in the Five Pillars of its strategic focus (Service, Quality, People, Finance, and Growth) as follows: RPC's Leadership Commitment has embedded Diversity and Inclusion strategies in RPC's culture and demonstrated the same through its actions. People Strategies ensure that a diverse workforce is recruited and is, individually, and in teams, able to achieve their maximum potential through an inclusive, supportive and healthy work environment. Finance - Purchasing Strategies enhance RPC's business relationships with Minority and Women Owned Businesses and in its communities. These important business partners are excellent ambassadors to help build relationships with members of emerging markets. Quality Patient Care and Experience Strategies improve patient experience, care, treatment and quality of outcomes, by exhibiting cultural and other diversity related sensitivities in every patient interaction. Service/Community Relations and Philanthropy Strategies help RPC to better align with organizations that have common objectives in their service mission or objectives that serve as avenues to culturally sensitive HC education and other outreach opportunities. Growth/Marketing Strategies are designed to assist RPC in recognizing and embracing its diverse markets through programs and practices that demonstrate and reinforce its commitment, to the unique needs of the communities RPC serves.

**5.1a(3)** RPC organizes and manages its WF to *accomplish the work of the organization as follows: As part of the SP process, RPC identifies its SOs, goals, and the corresponding action plans. Included in these plans is a description of how the work will be organized and accomplished including the WF needed to carry out the processes. At RPC's weekly SLT meeting, its* monthly Leadership team strategic planning sessions and at the biannual Leadership Team strategic planning retreat as discussed in Category 2, Area 2.1a(1), RPC reviews the results of the established action plans to ensure that the work is being properly accomplished and the *WF is organized to best accomplish the action plans.* For example, in 2011, RPC identified a specific staffing structure to accomplish the work of its 7West unit at RMC. Based on work performance that was not meeting the action plans, the staffing model that was originally designed was modified to improve on service delivery and to better reinforce a patient and health care focus. *RPC organizes and manages its WF to capitalize on its core competencies* as referenced in P.1(a)1, Organizational Profile, through its assessment of its current WF capabilities and competencies as part of its WFP, by hiring for fit, by communicating the core Comp to workforce members and performance results within each area, as well as through the ongoing assessment to ensure job requirements are being made and the provision of education to fill any performance gaps. RPC organizes and manages its WF to *reinforce a patient, stakeholder, and healthcare focus* as delineated in Category 4, Areas 4.1c(1) and 4.2a(3). To reinforce a patient, stakeholder, and healthcare focus, RPC's approaches are as follows: First, RPC systematically deploys the results of its established PMs that reflect patient, stakeholder and healthcare outcomes through the communication mechanisms described in Category 4, Areas 4.1(b) and (c). Second, RPC spotlights those members of the WF displaying an exemplary patient, stakeholder and healthcare focus through structured employee and group recognition processes as identified in Category 4, Area 5.2a(3). *To organize and manage its WF to exceed performance expectations*, RPC shares its results on key PMs including customer feedback as part of the BSC that is deployed to the workforce as well as during employee meetings, poster boards, and forums [Category 4, Area 4.2a(3)]. Additionally, in 2011, RPC established a new performance management process for its employee evaluation system. This system

requires that the workforce establish position-specific Performance Management Plans (PMPs) to identify goals/results and vital behaviors, in addition to any required knowledge and clinical competencies. Staff is rated as low, medium or high performers and their merit increases are awarded, accordingly. The Performance Management Plans are reviewed and updated annually to assist RPC in exceeding performance expectations in the workforce.

*RPC organizes and manages its workforce to address its strategic challenges and action plans* through its customer-focused service areas for IPs and OPs. RPC utilizes evidence-based tools to structure the philosophy, work requirements, and practices within each of these service areas and measures their performance through the review mechanisms described in Category 4, Area 4.1c(1) and in Category 5, Area 5.1a(3) above.

**5.1a(4)** *RPC prepares its workforce for changing capability and capacity needs* through its WFP that is developed pursuant to the SOs identified within RPC's SP. The WFP assesses future capacity and capability needs. A gap analysis that is performed as a part of the WFP determines the workforce skills that are required to fulfill these needs. In doing so, the plan can proactively anticipate changes in capacity and capability needs, prevent WF reductions, and minimize the impact of reductions if they do become necessary. In preparing for any needed staffing changes, education and open communication is ongoing regarding the short-term and long-term SPs. Staff Development is a key component of the WFP and assists staff in getting to the level needed to address any current or future capacity and capability needs. *Workforce reductions* are prevented by the ongoing monitoring of RPC's expenses through the PM that examines employees per occupied bed (EPOB) and by keeping this number at or below budget (See Category 4, Figure 4.1-1 and Category 2, Figure 2.1-2). *Growth* goals are established annually during the SPP and those goals are deployed to the WF, which is actively involved in accomplishing those goals. RPC's WFP is revised to manage these periods of *workforce growth* and positions hired to accommodate such (see Figure 5.1-1). In illustration, in the last few years, given the increased number of more acute patients, the need for additional licensed workforce members was identified during RPC's Strategic Planning process. The WFP was revised accordingly and staff have been added to help address the growing volume and acuity of atients at RPC.

### 5.1b Workforce Climate

**5.1b(1)** *WF teams and committees focus on workplace health, safety, and security areas of RPC's work environment* including Code Green Teams, Rapid Response Teams, Infection Control/Safety Committee, Employee Safety and Security Committee. RPC has a close relationship with RMC for the provision of Security Services. The Infection Control/Safety Committee looks at WF health and safety issues for trends and what the hospital needs to do to take care of any issues. RPC's Employee Safety and Security Committee addresses workforce injuries and establishes corrective action plans so WF injuries are not repeated. Hospital-wide S & S Hazard Surveillance rounds are performed monthly and action plans summarize the deficiencies identified with respect to any physical hazards or unsafe work practices. For example, convex mirrors were put up on the units, lockers have been installed in the lobby for visitors, and the WF locks all hallway doors for patient safety. In 2011, a driver safety program was implemented for WF members who drive, in the course of their employment. On hire, all workforce members are oriented to safety and security within RPC by the hospital's Safety Officer. Pt care-related staff must also complete a NVCI training course that is taught in the classroom [see Category 1, 1.1a(3)]. Leadership Staff team and workforce trainings are regularly provided on safety. Safety rounds are conducted every shift by all WF members. Environmental safety rounds are done by Plant Operations and nursing workforce members daily, and patient rounds every 15 minutes, or more often by nursing. RPC utilizes additional safety and security measures including enhanced nighttime parking lot lighting, doorbells, automatic door locks, and keypad entry/exit for workforce and Patient safety. The PIC evaluates performance measures and has specific goals for employee infection control (influenza vaccination rate), security, processes with regards to patients that may harm workforce members, employee injury rate during Code Green and employee injuries in general. [Category 4, Area 4.1(a)1]. Figure 5.1-2 delineates some of these performance measures:

**Figure 5.1-2 Performance Measures for Employee Infection Control**

| | Goal | 2012 | 2011 | 2010 | 2009 |
|---|---|---|---|---|---|
| Influenza Vaccination Rate | 90% new 2012 standard | Pending | 99% | 91% | 90% |
| Employee Injury rate Due to Code Greens | 0 | 0.11 | 0.09 | 0.19 | 0.94 |
| Employee Security Events<br>Thefts<br>Assaults | <br>0<br>0 | <br>1<br>1 | <br>1<br>2 | <br>0<br>1 | <br>1<br>5 |
| Employee Needle Sticks | 0 | 0 | 2 | 3 | 0 |

*These performance measures and goals vary by IP and OP settings. Code Green injuries are not tracked in the OP sector.* The results of these PMs are shared with all workforce members through the BSC contained in Sharepoint and through the other mechanisms described in Category 4, Area 4.2a(3). Workplace health is supported with HCA's Healthy Work Environment initiative, which assures WF members:

a) A safe place to work
b) To have the tools, equipment and training necessary to perform work duties
c) To have open and available communication with supervisors and leadership team
d) To a consistent application of workplace policies, procedures and corrective actions
e) To fair and understandable compensation and benefits

RPC addresses workforce health through its Employee Health Program. Worker illnesses are tracked and trended and employee health assistance rendered, as indicated to screen for the indication of medical care and to assist the employee in returning to work. An influenza program exists for all WF members and their families. Workforce members receive free screening for tuberculosis, hepatitis vaccines, physical examinations, diabetes screening, and annual lab work. Employees are incentivized to participate in a number of HCA-driven health wellness initiatives through the provision of additional health care spending dollars that are awarded for the completion of health surveys and preventative screenings. Employee participation rates as well as trends or patterns in employee illness are tracked within RPC. Department Pillar goals are established and aligned with department responsibilities. The performance measures and improvement goals are delineated in Category 4, Area 4.1a(1). Mill Creek and Eastern Jackson County OP clinics utilize the same WF safety features as RPC and have access to the same Safety Officer and Employee Health Nurse. Instead of access to RMC's Security force, they directly contact police and poison control for any services required.

**5.1b(2)** Human Resources develops and updates policies, services, and benefits that support the WF. Paid time off (PTO) supports a balance between the work life and personal life, Extended Illness Bank (EIB) hours are earned for personal illness, and other benefits listed in Figure 5.1-3.

**Figure 5.1-3 Benefits**

- **Benefits, including:** Medical and Dental Plans, Vision Care, Basic Life and AD & D Insurance, Supplemental Life and AD & D, Dependent Life Insurance, Short- and Long-Term Disability Insurance, Core Plus Benefits, including Voluntary Permanent Life Insurance, Legal Benefit, and Long-Term Care Insurance
- **Flexible Spending Account (FSA) Options:** Health Care FSA, Day Care FSA, and a newly added Health Reimbursement Account (HRA) where HCA provides earned wellness credits
- **Life: Live it Well Program** with Personal Health Assessment (PHA) and on-site health screening (or health screening at another Mid America Division facility or LabCorp location) to earn up to $500 in wellness credits. A physician referral notice is given to staff with at-risk lab results. Those who test positive for tobacco use can enroll in a tobacco cessation program.
- **Your Total Rewards** at hcarewards.com website
- **Adoption Assistance Program**
- **Retirement/Savings:** 100% Match on 401(k) Plan Contributions
- Increase in Minimum Wage (HCA minimum wage is 20% above the mandated federal or state minimum wage)
- 100% coverage for eligible in-patient hospital expenses when admitted to an HCA-affiliated facility
- Financial education courses (at no charge to workforce or family members) to help plan for the future Educational assistance: Tuition Reimbursement, Education Savings Programs (529 Plans), Wells Fargo Education Program, iStudySmart.com, Kaplan Test Preparation, Western Governors University
- Financial assistance for healthcare coverage through the HCA Employee Health Assistance Fund
- Active military duty supplemental pay, Staffing and Scheduling Policies, Bereavement Leave, Cafeteria Discounts (coffee and tea at no cost), Casual Dress Fridays, Child Care Centers, Direct Deposit, Discount tickets and other consumer discounts
- Employee Assistance Plan, Fitness Center discounts, Employer Assisted Home Ownership, Free parking, Credit Union
- Employee-to-Employee Program allows donation of PTO hours to assist employees experiencing serious financial difficulties.
- Leave of Absence, Jury Duty, Paid Time Off (PTO), Social Security, Worker's Compensation

These policies, services and benefits are tailored to the needs of a diverse WF and different WF groups and segments through a survey done by HCA Corporate every two years on health benefits including current value and any that are lacking. RPC participates in this process and gives feedback to HCA corporate who, based on the input of its facilities, may choose to make any adjustments accordingly.

### 5.2 Workforce Engagement

### 5.2a Workforce Performance

**5.2a(1)** Through years of research and survey activity conducted by HCA,it has identified what defines a Healthy Work Environment and, in doing *what affects WF engagement*. Based on such, RPC has determined that the *key elements that affect WF engagement and satisfaction are as follows (E=engagement, S=satisfaction)*:

a) Leadership Effectiveness=S
b) Voice/Communication=E
c) Staffing and Workload=S
d) Compensation Practices=S
e) Recognition and Culture=S

Similar to the SPP process described in category 2, The HR SPP for RPC analyzes the drivers of engagement and satisfaction annually. The LT evaluates the annual survey results with their work teams and asks what further needs to be accomplished to "strongly agree" in answering the engagement questions. The results are segmented by WF groups and can show trends or patterns by age, race, work area, length or employment, etc. These segmented results are considered and acted upon as part of the action plan developed in response to the annual employee engagement/satisfaction survey that occurs.

**5.2a(2)** *There are many ways RPC fosters an organizational culture that is characterized by open communication, high performance work, and an engaged WF including its following systematic approaches*: First, *open communication* is accomplished through RPC's monthly employee "Forums." These Mtgs are conducted for all hospital shifts and are structured to foster two-way communication. All employees are expected to attend one forum per month or to be knowledgeable of the content covered. Additionally, the RPC monthly newsletter fosters open communication. As captured in Fig. 1.1-4, other systems for open communication include: The Employee Advisory Group's (EAG) suggestion box and Mtgs, e-mails, Patient Care Services newsletter from the CNO, bulletin boards, SharePoint, computer screen savers, 90-day on-boarding/new hire Mtgs, social media including Facebook and RPC blogs, and department staff Mtgs with leaders who inform, inspire, and influence. Second, *high performance work* is fostered through RPC's deployment of the expectation that Managers ensure that their employees know their roles and where they fit in and contribute through the completion of an initial list of Comp with the employee as well as 90-day and annual evaluations. Additionally, with RPC's new PMP for its employee evaluation system [see Area 5.21 a (3) below], rather than award all employees the same annual merit increase, the new system now only awards annual increases that correspond with the employee's achievement of medium or high work performance. RPC is leading its HCA partners in this approach towards recognition of high performance work and it is felt that this system will motivate low and medium performers to attain high performance work. Third, RPC's annual Employee Satisfaction Survey, the resulting employee focus groups held after the employee survey that are used to discuss results and to identify action plans, daily rounding by the SLT and DD, and EAG Mtgs are all systematic approaches to enable employees to feel like they have had an opportunity to talk about concerns, to be heard, and to *foster employee engagement*.

As mentioned in area 5.1a(2), RPC capitalizes on a diverse WF with different backgrounds and cultures. Its LS team oversees the culture and ensures that diversity and inclusion strategies are demonstrated through the actions of the WF. *RPC ensures that its organizational culture benefits from the diverse ideas, cultures and thinking of its WF through responses to key questions obtained from employee survey results as well as from the customer feedback delineated in Category 3, Area 3.1a(1).*

**5.2a(3)** *RPC ensures that its WF Performance Management System PMS) supports high performance work and WF engagement as follows:* All WF members receive an annual performance review that encompasses compliance with behaviors reflecting RPC's MVV, goals, and position competency requirements (behavioral and technical/clinical). Pursuant to its most recent cycle of improvement from the 2011 MQA site visit, position-specific goals of all performance evaluations were developed to align with RPC's SP, drive high performance from organization goals, and engage staff in the organization's success. SP goals and action plans now cascade to all staff at the start of the year to set the tone and ensure the alignment of the individual performance plans with the SP [see Category 2, Area 2.2a(2)]. The compensation model has changed from every staff

person receiving the same annual merit increase to a pay for performance system whereby now, based on pre-established criteria that align with RPC's SP, the employee is categorized as a high, medium, or low performer. The LS team conducts annual calibration Mtgs to evaluate the performance of WF staff for evidence of demonstration of RPC's MVV, evidence of results achieved that are in alignment with the SP, and behaviors (Comp). The high and middle performers receive compensation at staggered amounts, while staff assessed as being low performers do not receive a merit increase but must complete a performance action plan. In rewarding top performers, middle performers are encouraged to model their future behaviors in order to achieve the highest merit. Through this system, the employee engagement is raised. Top performers are now motivated by their compensation and no longer disincentivized by receiving the same amount of merit increase as low performers. Low performers are incentivized to change their behaviors in order to be eligible for future increases and to be successful in their continued employment. While not a new idea, RPC's pay for performance system is an innovation within the HCA Mid America Division. RPC's WF PMP also achieves high-performance work and WF engagement through its system for staff coaching and discipline. As discussed in Category 1, Area 1.2b(2), RPC utilizes an approach referred to as "Just Culture" for documenting employee behavior and/or performance issues and for implementing constructive corrective actions directed toward improving substandard behavior and performance. The "Just Culture" process ensures fairness within the WF across the departments when corrective action is required and is fully integrated within RPC and its entities. The "Just Culture" process supports the idea that people want to be successful and allows the focus to be positive. Actions taken are guided by the "Just Culture" Algorithm, version 3.0. This assists in dealing with low performance in a consistent way. The WF knows through coaching and development conversations with their direct report (at feedback Mtgs) exactly where their performance level stands. It is the philosophy of RPC to help and encourage the WF in improving behavior or work performance by establishing expectations, providing training, monitoring improvement and providing informative, constructive and objective feedback. *Besides compensation, reward recognition and incentive practices are integrated into RPC's culture as follows:* RPC rewards, recognizes and uses the following practices to reward, recognize and incentivize the WF: Monthly celebrations (a cookout on the grill during warm weather or "thank you" meals like a pizza party, etc.) and monthly forums are held for all three shifts. Senior leaders host and serve at these events. SLT also hosts the monthly Forums, which involves communicating and recognizing Team of the Quarter, Simply the Best Employees of the Month, Awesome Awards, and major milestone service anniversaries. An annual recognition dinner is held each year to recognize major milestone service anniversaries, Teams of the Quarters, Employees of the Months, Employee of the Year, and Frist Humanitarian Award winner. The Heartbeat Committee coordinates RPC's social events, including the annual recognition dinner, the annual HCA Hope Fund and United Way fundraising campaigns, summer events, a RPC softball game to benefit NAMI, and holiday dinners and gifts. Hospital Week, Nurse's Week, Doctor's Day celebrations are also used to recognize RPC's WF. Real-time rewards are given on-the-spot using meal coupons, movie passes, thank you notes, etc. for those staff who demonstrate high performance, innovation, and patient/ stakeholder, and healthcare focus toward achievement of action plans for RPC's SOs . As a cycle of learning from MQA 2011 feedback, RPC is developing a staff-to-staff recognition tool using the same reward criteria applied by the LS group. *RPC reinforces its patient, stakeholder, and heatlhcare focus and achievement of its action plans through its alignment with its SP*, by ensuring that staff's objectives are derived from RPC's own SO as described in Category 5, Area 5.2a(3) above, and by rewarding staff's demonstrations of such.

**5.2b Assessment of Workforce Engagement**

**5.2b(1)** *RPC's approach for assessing its employee engagement* is through the use of an annual survey that is administered by the Foresight Group to all RPC employees across all segments. The responses are aggregate results and therefore not individually identifiable. The survey consists of 37questions that are factored into an overall percent (%) favorable engagement score (rankings of 4, agree, and 5, strongly agree). Most multiple choice questions use the 1-5 rating scale of: 1- Strongly Disagree, 2 – Disagree, 3 - Neither Agree nor Disagree, 4 – Agree, 5 - Strongly Agree, 0 - Not enough Info to form an opinion. Once the engagement results are received, WF Mtgs are held to present results and allow WF involvement to results. Each year, responses and comments help recognize RPC's strengths as well as define the areas where it can improve. Examples of actions taken in response to survey feedback: a) Supply Inventory Process improved, b) Online Continuing Education Units & Safety/Suicide Prevention Education, c) Team Approach to Patient Care implemented, and d) Added positions to improve staff to patient ratios. In addition to the annual engagement survey, *informal quarterly assessment s of engagement* are conducted by the Human Resources Director and PMs are recorded and reported to the PIC through the BSC. In addition to quarterly survey assessments, WF focus groups are held to identify why WF members are feeling unengaged and actions to take as a result of findings. *RPC uses turnover or retention indicators,* in addition to its annual employee survey to assess and improve its WF engagement (see 7.3a(3), Turnover Rates). Voluntary or "regrettable" turnover is analyzed and trended issues are addressed. For example, when it becomes obvious that Manager accountability is the issue, that Manager is held accountable.

**5.2b(2)** *RPC correlates low turnover, high WF engagement, and high patient satisfaction* to sound financial results. High patient satisfaction scores indicate exemplary customer service given by the WF. High patient satisfaction, WF retention, safety, and productivity are correlated with high WF engagement scores. An engaged WF is more likely to have less absenteeism and complaints because they are satisfied with the RPC work environment and the hospital be able to accommodate more patients [7.3a(3)].

**5.2c Workforce and Leader Development**

**5.2c(1)** RPC places a strong emphasis on WF and leader Develpmt in order to best achieve its SO. The WF as well as LS are surveyed annually as to their Develpmt needs against RPC's SO, core Comp (Figure P.1-2) and their various job position Comp and are collated and discussed as part of the SP process. This ensures an integration between ***the learning and development system, the core Comp, strategic challenges and the accomplishment of short and long-term action plans.*** In determining the organizational Education and Development plan for WF and leader development at RPC, ***PI results*** are reviewed and considered as, if below performance expectations and if they result in customer and/or regulatory issues, they can heavily impact the organization's ability to achieve its MVV and SO. PI findings pointing to the need for education are fed back to the Education/Infection Control Manager for incorporation of individualized or group in-service activities [Category 4, Area 4.1c(3)]. Education is accomplished in response to OFIs identified through the PM System [Category 4.1a(4)] using classroom, on-the-job, lunch & learns, preceptors/mentors, coaching, online with Healthstream educational system, and at other off-site locations.

CEUs are online and available for clinical staff. Lippincott manual is online for nursing staff (NS), clinical pharmacology online for pharmacy staff, etc. ***Innovation*** is encouraged within RPC's learning and development system starting at orientation, when incoming persons are encouraged to communicate their own ideas on OFIs they see to RPC LS and extending through RPC's formal system for awarding staff for their innovative ideas made in patient safety, operations, and environmental savings. Persons providing such innovations have been given development opportunities by being asked to present at area conferences and by showcasing their results through poster presentations at professional Mtgs. *A culture of* ***ethics and ethical business practices*** *is important to RPC. In response, the learning and Develpmt system contains mandatory ethics training* on HCA's Code of Conduct that must be completed during orientation as well as during annual Code of Conduct refresher training. The ethics module is revised each year based on lessons learned and BDPs. Employees must complete the prescribed learning module as well as an assessment of satisfactory achievement of objectives*. Because of its importance,* ***patient and stakeholder focus*** *begins at RPC prior to the hire of workforce members and extends through completion of their annual Comp.* Standardized screening questions used during the hiring process seek Info and insight into the prospective employee's customer service skills and attitude. Once hired, all employees receive initial as well as annual training specific to RPC's CARE behaviors and associated expectations [Category 1, Areas 1.1a(1) and 1.1(2)]. ***Other learning and development needs*** specific to RPC include information specific to legal and regulatory requirements, age-specific requirements, job-specific skills or knowledge such as patient assessment and medication administration, an annual safety infection control review, patient rights, and NVCI. In-house classes are held seven days per week to assist the employee in meeting their learning and development needs, as well as those identified by supervisors, managers and the SLT. RPC offers additional mechanisms for its WF to attain their own learning objectives as follows: Tuition reimbursement is a benefit offered to full-time and part-time workforce members. SLT, LT and WF members are eligible and are encouraged to attend outside conferences and training in order to enhance their WF performance. The School at Work program is open to entry-level WF members who have been with RPC at least a year and who express a desire to develop communication, math, medical terminology, and computer skills to either advance their current position or in preparation to return to school. The program begins every year, meets for two hours a week (paid time), and lasts about nine months with 34 total sessions. This is an excellent opportunity to develop and improve skills in preparation for a long-term career in healthcare. All of these factors combined ensure RPC's WF is competent and provide quality care to our patients. *Senior Leaders* identify their learning and development needs and report to their Manager for guidance and leadership growth. A Training Advisor employment law question is emailed every week to LS team members. Quint Studer's Hardwiring Excellence teaching principles are distributed weekly to update managers on topics to assist them in their roles [Category 3, Area 3.2a(2)]. RPC's SO are discussed monthly with the SLT and LS, as discussed in Category 2, Area 2.1a(1). ***RPC addresses the transfer of knowledge from departing or retiring WF members*** as follows: First, once a resignation has been received, efforts are made to rapidly fill the position so that there can be a period of overlap between the exiting employee's departure and the new employee's orientation to allow the transfer of valuable job information and knowledge. If this concurrent orientation cannot be achieved, departing Supervisors and above are asked to return for one on one time with their successor to assist in their orientation. Additionally, all employees who are voluntarily departing RPC are asked to complete a short form entitled: "Ten Things I Do as part of my Job that Others Need to Know" guide. Second, prior to their departure, departing employees are required to meet with their manager to identify knowledge gaps, to review the employee's comments on the completed "Ten Things I Do as part of my Job that Others Need to Know" form, and to develop a status report on key areas and specific job information in order to assist their successor in transitioning to the vacated role. Exit interviews are conducted with departing or retiring workers as a third approach to learn of knowledge specific to organization and department-level OFIs. ***To reinforce new knowledge and skills on the job, a thorough new hire orientation*** is always conducted. New WF members are assigned a preceptor/mentor/buddy peer. New hires have also been linked to a like-peer at another HCA hospital organization to reinforce new knowledge and skills. An evaluation of the orientation process and OFI of additional content that should have been covered is used to assist in cycles of learning that can facilitate entry into the RPC WF.

**5.2c(2)** *To ensure that learning and development systems are effective and efficient, RPC seeks evaluation feedback as follows:* The Education/Infection Control Manager as well as any presenter for RPC's orientation, in-service activities, educational sessions, and community education groups is responsible for administering a standardized evaluation of the orientation/educational offering. Evaluation content addresses the achievement of learning objectives, indicators of instructional effectiveness, effectiveness of teaching methods, appropriateness of length of program time, and ideas for future topics. The results are shared with the program presenter as well as the Education/Infection Control Manager. OFIs are incorporated into planning for future learning and development programs. On an annual basis the Education/Infection Control Manager aggregates these findings and incorporates them into the development of new programming in the Education and Development plan for the upcoming year.

**5.2c(3)** *A systematic approach to succession planning and career progression for the entire WF is identified and developed* as documented in the Performance Management System and as described in Category 1, Area 1.1a(3). The career opportunities and succession planning process enables employees to enhance their capabilities while ensuring that back-ups with the requisite expertise are available when needed and enhancing agility in staffing depending on organizational needs. A Preceptor program is in place for RNs new to psychiatric setting, new graduates, or those re-entering staff level nursing. The aim of preceptorship is to enhance the effectiveness of learning and to promote the role adjustment of the new nurse into the psychiatric clinical setting. The additional RN recognition and reward, and personal and professional growth opportunities are attractive to current high performance nurses who are eager to impact career progression for other nurses. Career progression and professional development is available through HCA's certification reimbursement policy for nationally recognized professional organizations and board certification programs and examinations, including RN-BC, Board Certified Psychiatric & Mental Health Nursing with the American Nurses Credentialing Center. RPC has leadership curriculum for a Quarterly Leadership Development Institute. Each leader must achieve a minimum of eight hours of development per calendar year. Leadership Capability Assessments perform 360-degree feedback analysis for leaders. These tools evaluate our leadership skills and focus additional learning, development, and succession planning. ***The Succession Planning*** process is defined in the WMP to develop future leaders for RPC. This process provides the development of future leaders so that vacancies or new needs can preferably be filled from within to enhance continuity in the RPC culture, minimize the ramp-up time for leaders in new positions, and prevent leadership gaps from occurring.

**6.1 Work Systems**

**a. Work System Design**

**6.1.a(1)** *RPC designs and innovates its overall work systems* by using the DMAIC model that is discussed in Category 4, Area 4.1a(1). Any development or revision of a program or service at RPC is required to encompass the procedural steps that are contained in this model. In doing so, consistency is gained and processes are in place to assess for stability. RPC's work systems are reviewed and refined by the SLT in concert with the DDs during the SPP as described in Category 2, Area 2.1 a(1). RPC's approach used for the design and innovation of overall work systems is as follows:

- Design the work system by determining the requirements of the patients and stakeholders. To assess its current work system and the need for any changes, RPC incorporates feedback from its customers, suppliers, partners, market sources, as well as assesses its internal capabilities, capacity, and past performance.
- Measure results by benchmarking against BDP and historical.
- Assess the stability of the work system through the use of pre-established performance indicators.
- Improve on results by taking any actions and by deploying the Info to the appropriate staff.
- Control the improvements made by managing the work system through the use of performance measures as part of the DMAIC process.

In following this process, the work systems are kept closely aligned with RPC's core Comp (Figure P.1-2) and strategic objectives (see Category 2, Area 2.2a(1). *RPC capitalizes on its core Comp by using these as areas of* focus for growing its strengths and minimizing resource distractions. Accordingly, RPC's work systems and SBP are built around these core competencies. Investments in these Core Comp are evident, as part of RPC's SP. Action plans are designed to strengthen RPC's results in these areas, while increasing patient and stakeholder's satisfaction (see Category 2, Figure 2.2-1). *By focusing on growth areas that support or encompass the identified core Comp* and then promoting itself accordingly to others, RPC is able to gain a competitive advantage over its competitors. For example, patients and stakeholders repeatedly state that their reason for seeking RPC's services is because of its excellence in ECT services and intensive adult treatment. *RPC decides which processes within its work systems will be internal to the organization and those that should remain as external resources as follows*: Consideration is given to the following: a) Whether or not the service is a core competency or is essential to the maintenance of a core competency and b) whether or not the hospital is an expert or should dedicate resources to become an expert in that area or if it can partner with existing external experts. In illustration, RPC has chosen to outsource dietary, housekeeping, supplies, and most business office functions. Through the use of external experts, RPC has been able to capitalize on their knowledge of cutting edge technologies, while preserving and concentrating its own resources on its core Comp. The rationale for utilizing external resources is that the use of such technology and infrastructure is not within a psychiatric hospital's expected knowledge base or expertise. Through the use of outside technology vendors and collaboration with supply vendors, RPC has greatly reduced inventory on hand while increasing the variety of materials available for use.

**6.1.a(2)** *RPC determines key work system requirements by* systematically incorporating input from patients (Pt), stakeholders (St), suppliers (Su), partners (Pr), and collaborators (C) through the use of its customer feedback mechanisms described in Category 3, Area 3.1a(1) during its SP process. During the SP process, these key work system requirements are validated, are aligned with RPC's core Comp (see Category 2, Area 2.1a [2]), and are monitored through the performance review processes that are described in Category 4, Area 4.1a(1). RPC's key work systems and their associated requirements subsequently have been through multiple cycles of refinement. *The key work systems, their processes used to derive the specific requirements from patients, customers, stakeholders, suppliers, partners and collaborators, and the requirements for these work systems are delineated in* Figure 6.1-1 (see Item 7.1 for results from Outcome Measures) as follows:

**Figure 6.1-1 RPC's Key Requirements for its Work Systems**

| Key Work Systems | Process Used to Incorporate Input From: | | | | Requirements for Key Work Systems |
|---|---|---|---|---|---|
| | Pts./ Customers/ Stakeholders | Suppliers | Partners | Collaborators | |
| **Patient Care Delivery** | Satisf. surveys<br>Outcome results<br>Pt DC phone calls<br>Social media<br>Website<br>Mtgs<br>Lawsuits<br>Grievance letters<br>Managed care provider input | One:One Mtgs.<br>Satisf. surveys | One:One Mtgs.<br>Satisf. Surveys | Community forums<br>Satisf. surveys<br>Social media | Placement of the pt. at the appropriate level of care<br>Timeliness of the admission process<br>Respect and courtesy of hospital and MS<br>Competence and accuracy of diagnosis<br>Provision of ECT services/positive outcome<br>Positive outcome from the hospital experience<br>Absence of adverse outcomes<br>Perception of a safe environment<br>Communication of pt. status to referral sources<br>Development of an effective DC plan.<br>Timeliness of communication of DC plan.<br>Authorization of pt. stays per the MC requirements |
| **Business** | Satisf. surveys<br>Regul. Surveys<br>Social media<br>Website<br>Mtgs<br>Lawsuits<br>Grievance letters<br>Managed care input | One:One Mtgs.<br>Satisf. surveys | One:One Mtgs.<br>Satisf. surveys | Community forums<br>Satisf. surveys | Patient satisfaction<br>Financial Performance metrics are met<br>Absence of adverse regulatory survey results<br>Compliance with governmental regulations<br>Provision of a safe environment<br>Assessment and development of services in accordance with the needs of the customer<br>Assessment and development of services in accordance with the needs of the community |

| Figure 6.1-1 RPC's Key Requirements for its Work Systems | | | | | |
|---|---|---|---|---|---|
| Key Work Systems | Process Used to Incorporate Input From: | | | | Requirements for Key Work Systems |
| | Pts./ Customers/ Stakeholders | Suppliers | Partners | Collaborators | |
| Support | Satisf. surveys<br>Regul. Surveys | One: One Mtgs.<br>Satisf. surveys | One: One Mtgs.<br>Satisf. surveys | Community forums<br>Satisf. surveys | Supplies and equipment are available for care<br>Food services meet dietary and customer needs<br>Medications are dispensed timely and available<br>Medications are dispensed accurately<br>Labwork is collected accurately, timely and with good employment of customer service<br>Staff is recruited and retained to meet the needs of the hospital<br>Staff are competent to deliver the required services<br>Orientation and education is adequate to support the learning needs of staff.<br>Budgetary requirements are met<br>MRs are accessible and mechanisms are in place to facilitate their completion on a timely basis.<br>IT available enhances delivery of services at RPC. |

| Figure 6.1-2 RPC's Key Work Systems, Processes, Sources, and Outcome Measures | | |
|---|---|---|
| Key Work Processes | Source of Requirements | Outcome Measures |
| Intake and Assessment | Pt, St | Pt. Satisf., MD Satisf., Sentinel Events |
| Provision of Medical Care | Pt, St | MD Satisf. |
| Provision of Nursing Care | Pt, St | Pt. Satisfaction, MD Satisfaction, Fall rate, Contraband, Elopements, Med errors, Lawsuits |
| Programming | Pt, St | Seclusion/Restraint, Sentinel Events, Pt. Satisf. |
| Safety | Pt, St | Suicides, Self-inflicted injuries, Code Green injury rate |
| Case Management/Discharge planning | Pt, St | Pt. Satisf., Readmission rate, HBIPs results |
| Leadership | Pt, St | Pt. Satisf., EPOB, Budgetary Reports,Expenses |
| Strategic Planning | Pt, St | ADC, Hospital Performance |
| Governance | Su | Sentinel Events |
| Marketing | Pt, St, Su | ADC, Pt. Satisf. |
| Voice of the Customer | Pt, St, Su, Pr, C | Pt. Satisf., Employee Satisf., MD Satisf. |
| Community Relations | St | Stakeholder Satisf. |
| Legal/regulatory Compliance | Pt, St | Sentinel Events, Lawsuits |
| Supply Chain Management | Pt, St, Su | Pt. Satisf., Employee Satisf., MD Satisf. |
| Food Services | Pt, Su | Pt. Satisf. |
| Pharmacy Services | Pt, St, Su | Med errors (computer order entry), MD Satisf. |
| Laboratory Services | Pt, St, Su | Pt. Satisf., MD Satisf., Sentinel Events |
| Human Resources | St | Employee Satisf. |
| Financial Management | Pt, St, Su, Pr, C | EPOB, EBDITA, Expenses |
| Medical Records | Pt, St | Pt. Satisf., MD Satisf., MR Delinquency, HBIPs |
| Information Technology | St, Su, Pr, C | Employee Satisf., MD Satisf. |

**6.1b Work System Management**

**6.1b(1)** *The hospital's key WS* include care delivery, business, and support (Figure 6.1-1). These WS are the drivers of Pt and stakeholder satisfaction, as well as overall organizational sustainability as they encompass the core services that RPC provides to Pts every day. Done efficiently and efficaciously, these key WS enable quality care to be delivered, generate Pt loyalty, establish a positive reputation in the community, and yield positive financial returns.

*RPC manages and improves its WS to deliver patient and stakeholder value and to achieve organizational success* and sustainability by listening to the Pt and St and responding to their requirements, as described in Category 3, Area, 3.1a. Additionally, through its PMS [as described in Items 1.1 a(3) and 4.1a (1)], RPC has established PM to review how RPC is performing in the various categories of WS as relates to their corresponding work processes (see Category 4, Figure 4.1-1). This disaggregation of the WS into smaller components allows RPC to "drill down" and look more closely at the results that are yielded from the WS and to accomplish a RCA of areas that are found to not be meeting internal and/or customer standards. At the end of each year, RPC evaluates performance within the identified areas, documents its results as well as OFIs and actions to be taken and shares these results throughout the organization. The details of this PM system are delineated in Category 4, Area 4.1a.

**6.1b(2)** *RPC controls its overall costs of its WS through the following approach that is fully integrated:*

- Budgetary planning, approval, and review of operations including core Comp.
- Establishment of financial projections and goal-setting processes and comparisons of results.
- Segmentation and analysis by practitioner, diagnoses, services, other variables to identify OFIs and implement strategies to control costs, as indicated.
- Corrective actions on discovery of near miss events.
- Regulatory and accreditation compliance.
- Focus on risk reduction strategies such as FMEAs.

In illustration, on an ongoing basis, RPC monitors the cost of care for key diagnoses by practitioner. Medication usage is evaluated to

ensure that the patient is receiving the most efficacious Tx. The care being provided is examined against internal as well as external EB criteria for continued stay to ensure that the Pt is being treated most efficiently and at the most appropriate level of care. Second, RPC utilizes several indicators that are used to monitor supply inventory, track compliance with established budget parameters, and that give concurrent Info on RPC's performance. The results are tracked through RPC's BSC as part of actions taken within its SP.

*RPC prevents rework and errors, including medical errors and unintended harm to patients* as follows*:*

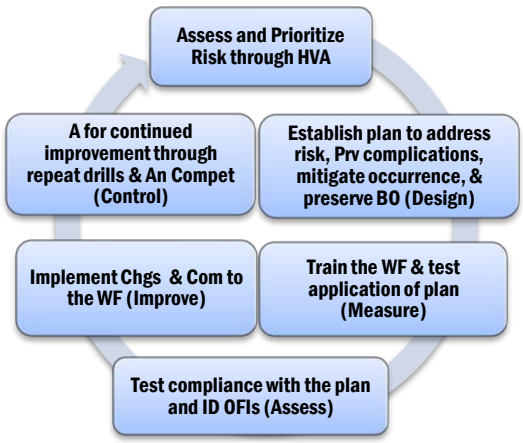
- By systematically reviewing its key WP through the procedures identified in Category 4.
- By purporting a culture of learning whereby incidents or errors serve as learning opportunities to others. This "no blame" philosophy and practice encourages staff to readily report errors and, in doing so, may reduce or prevent subsequent errors.
- By requiring employees to report not only actual errors but "near misses", the notification of such can allow the hospital to put mechanisms into place to avert consequential occurrences.
- By routinely conducting FMEA activities on its key WP within the hospital's various core Comp and implementing actions to reduce errors and unintended harm to Pts.

*The hospital minimizes the costs of inspections, tests, and process or performance audits through the following approaches by* maintaining an environment of continual survey readiness and, as such, conducting its Business Operations (BO) at a consistent level that minimizes risk to the Pt, as well as to the organization and by minimizing unacceptable outcomes through its PM system that is described in Category 4. These approaches are deployed to all staff: 1) Through ongoing environmental checks by DDs, 2) Through ongoing Info in the employee newsletter on regulatory requirements, 3) During annual employee competency fairs when the employee must demonstrate knowledge and adherence to associated P & Ps, 4) Through departmental quality control PM that are used to monitor for compliance with regulations and internal policies and 5) Through the distribution of "lessons learned" from near miss events and RCAs as well as BDP to all pertinent staff.

### 6.1c. Emergency Readiness

**6.1c(1)** Hospitals are 24-hour operations that never close. In the event of an emergency, the facility is expected to continue functioning and even rise to the external challenges. *To ensure WS and workplace preparedness for disasters or emergencies,* RPC utilizes its DMAIC approach as captured in Figure 6.1-3:

**Figure 6.1-3 Emergency Readiness Process Using DMAIC**




Prevention: RPC prevents disasters through the annual completion of an annual hazardous vulnerability analysis (HVA) of all of its areas. Those areas with the highest area of risk identified require processes to be put into place to mitigate the associated risks and to prepare staff on specific associated procedures to follow. Based on this HVA, RPC has prepared emergency plans to address the following categories of events: 1) Environmental safety, 2) Security, 3) Hazardous materials and wastes, 4) Fire safety, 5) Medical Equipment, and 6) Utility systems. These structured plans address how to operationalize staff and protect Patients/families, facility management and control, equipment, data, critical skills and elements, supply chain availability and distribution channels. *RPC's disaster and emergency management preparedness system addresses prevention, management, continuity of operations for patients and the community, evacuation and recovery through the following processes*: Management: For each of the above areas of disaster preparedness, specific sections within each plan are dedicated on: Management, and mitigation strategies to reduce the impact of a disaster. The plans delineate the roles of staff, provide Info related to emergency power and fuel storage, availability of supplies and resources, and backup communication methods. RPC tests its contingency plans in concert with all metro facilities every six months during city-wide disaster drills. Internally RPC tests itself during scheduled system and other downtimes, and during quarterly scheduled test on each shift. As part of a regional network of hospitals, RPC ensures work systems and workplace preparedness for disasters or emergencies through a highly structured process for education of staff regarding their respective roles. On their first day of employment, all staff are oriented to the specific procedures to the followed for specific disasters including evacuation. Staff is also required to complete an annual competency to ensure that they remain knowledgeable about specific procedures to follow in the event of a disaster. Hospital staff as well as physicians are required to participate in scheduled drills that enact these disasters and that assess the competency in their associated roles. patients, as well, are required to participate in emergency management drills including evacuation from their rooms, as required by the event. Each disaster drill is evaluated for effectiveness of staff in completing the requirements. Improvements identified during the evaluation process are incorporated into successive drills as well as written procedural information. The evaluation from any drills conducted and any changes that are made to the processes are communicated to all staff through staff meetings, bulletin boards, employee newsletters, and memoranda. Continuity of Operations for Patients and the Community: RPC's emergency management plans detail procedures to ensure continuity of operations. RPC has sister facilities to provide emergency support and a regional supply warehouse to provide necessary provisions. RPC is part of an international system of hospitals that has prepared and tested nationwide contingency plans. HCA also provides redundancy and backup for communications and IT & S systems through mirror sites strategically placed around the country. Evacuation and Recovery: RPC's emergency management plans have specific procedures to be followed should evacuation be necessary including who has the authority to call for evacuation and where patients and others present are to be taken in the event of an evacuation. RPC's plans, similarly have procedures to be followed specific to the determination of when business objectives can resume as well as contingency plans to be followed should the emergency require an interruption in business. Table 6.1-4 delineates the PM in drills and assessments that are monitored by RPC. Area 7.1b(2) delineates the results from these activities.

| Figure 6.1-4 Measures of Performance for RPC |
|---|
| Measures of Performance in Emergency Mgmt for RPC |
| Fire drill knowledge and compliance of staff |
| Safety and Security knowledge in the 7 Emergency Plans |
| Compliance with security requirements |

**6.2 Work Processes:**

**6.2a(1) Work Process Design** *RPC designs and innovates its WP to meet all of its key requirements as follows*: RPC relies upon the feedback obtained from listening to Pts and St about what is important to them as described in Category 2 Area 2.1a(1), Category 3, Area 3.1a(1), and Category 6, Area 6.1a. RPC translates these requirements into system innovations by utilizing the DMAIC tool as is delineated in Category 4, Area 4.1a(1). This methodology is fully deployed throughout the organization as part of the SP process and requires measurement mechanisms be established to monitor success. During the design and innovation of WP, SLT members and DDs come together to analyze what the Pt and St are asking for and select those processes that are in alignment with RPC's MVV. The actual task of implementing or innovating the WP may be assigned to a process improvement team or other group such as a PAC. These team/committee members are fully trained in the DMAIC model and in utilizing tools such as RCAs, flow charting, and fishbone diagrams and consistently apply the same procedures as they develop the assigned WP. In illustration of an innovation of one of its WPs, a major Managed Care St provided RPC with the suggestion of incorporating a new model for care delivery on the Adolescent unit. Known as "Collaborative Problem Solving", this EB tool purports to reduce the number of S/R episodes in adolescents. A team from RPC travelled to the hospital on the East coast in which the author practiced, learned the processes, and implemented the model. As a result, restraint episodes were reduced by 98% and violent Pt episodes were reduced by 62% (see Area 7.1). This impact has been sustained. *RPC incorporates new technology, organizational knowledge, evidence-based medicine, health care service excellence and the potential need for agility into these processes in the following ways:* New technology: RPC leaders including MS leadership are tasked with attending educational conferences that will strengthen the core Comp and various WPs of the Organization on an ongoing basis, in order to stay current with health care advancements. The person attending the conference is required to bring back the Info and disseminate to the organization. As a result, presentations are made on the content at pertinent Mtgs and decisions are made regarding the appropriateness of their implementation in accordance with the following criteria: a) RPC's core Comp, 2) Alignment with MVV, 3) Whether or not there is data to support if the new technology is an EBP, and 4) Feasibility. For example, the Clinical Consultant over RPC's ECT services is tasked with attending an annual conference on new ECT technology. He has brought back techniques for consideration and implementation specific to utilizing a bilateral versus a unilateral approach for electrode application on patients receiving ECT treatments. The conference findings from the use of this change in technology reported that there was a decreased LOS and less confusion post ECT when the bilateral approach was used. As a result, all MS who perform ECT were instructed and advised to perform this process in order to gain better efficacy in the procedure and to reduce variability in results. The effectiveness of ECT using the bilateral approach against pharmacotherapy is being tracked through the review of LOS data and readmission rates [Category 7, Area 7.1(a)]. Organizational Knowledge: Staff is kept informed of organizational expectations through processes described in Categories 4 and 5. Their level of knowledge is measured through their compliance with pre-established PM for the various WPs that get reported to the PIC on a quarterly basis as well as through annual Comp and incorporated into the BSC (see Area 7.1). When the findings of these PMs show an OFI, additional training is held and the effectiveness of this training is evaluated through the DMAIC process and subsequent PM reports. In doing so, the organizational knowledge gained improves the results of the various WPs. Organizational knowledge is further incorporated into the design or innovation of WPs through the distribution of "lessons learned" as discussed in section 6.1 of Category 6 above. Evidence-based Medicine: MS Mtgs including the MEC, the P&TC and PAC Mtgs are held on a scheduled basis. The committee members of MS, SLT, DDs, and staff routinely review EBP and select those practices that are in alignment with RPC's MVV through processes described in Categories 2 and 4 and, using the DMAIC model, incorporate program enhancements, accordingly. Changes in practice pursuant to EB medicine and practices are standardly approved through the MEC and reported to the BOT. Health Care Service Excellence: RPC's approach for the design or innovation of a WP is that the WP design group is required to identify the expert/leader in the subject matter and, using the selection criteria described in Category 6, Area 6.2a(1) above, identify those potential practices for implementation. As an HCA facility, RPC is able to work with like organizations on the development of practices that reflect BDPs. The HCA website contains a compendium of BDPs, by subject that the SLT and DD may fully access. BDPs resulting in health care service excellence are also obtained through the specialty organizations within BHC. The Potential need for Agility: The SLT through the PIC process prioritizes OFIs as described in Category 4, Area 4.1a(4). This reprioritization process affords the specifically assigned workgroup the agility in getting the project accomplished within a short timeframe. *RPC incorporates cycle time, productivity, cost control and other efficiency and effectiveness factors into these processes as follows*: As part of its PM that are described in Category 4, RPC utilizes performance standards and productivity tools for its key WPs. The WPs are measured for compliance with these standards through the BSC. Data from this system is accessible to all WP team members and appropriate workforce staff. Action plans required for areas not meeting projected standards or expectations.

**6.2a(2) Work Process Requirements**

*RPC determines key WP requirements* from the WS as delineated in 6.1-1. This is achieved by identifying in the first step of the DMAIC model, the key WP, the hospital department(s) that comprise the WS (WP owners) and the requirements of the process users (Pts, customers, St, partners, Su, and C) . RPC takes its key WS measures identified (see Fig. 6.1-1 and Fig.6.1-2) and determines which WPs are the most important contributors to its respective WS outcomes and that best leverage its core Comp. Every core competency is addressed by one or more key WPs in order to actualize them throughout RPC. *Figure 6.2-1 delineates RPC's key WPs and their associated key requirements:*

| Figure 6.2-1 RPC's Key Work Processes, their Requirements, and Mechanisms for Monitoring | | | | |
|---|---|---|---|---|
| **Key Work Systems** | **Key Work System Processes** | **Key Requirements for Work Processes** | **Core Competency Linkage** | **Performance Measure Used to Assess Compliance with Requirements** |
| **Patient Care Delivery** | Intake and Assessment | Placement of the Pt at the appropriate level of care<br>Timeliness of completion of the Admission process | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based Treatment<br>Patient Safety | Readmissions w/in 30 days of DC<br>Suicide Rate<br>Patient satisfaction Admission timeliness |
| | Provision of Medical Care | Respect and courtesy of MS<br>Competence and accuracy of the diagnosis and provision of medical care<br>Provision of ECT services | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based Treatment<br>Patient Safety | Patient satisfaction<br>Readmissions w/in 30 days of DC<br>Sentinel Events<br>Peer Review results<br>Litigation Rate |
| | Provision of Nursing Care | Effectiveness of care rendered by the NS<br>Sensitivity and attention by the NS<br>Maintenance of privacy | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based treatment<br>Patient Safety | Patient satisfaction<br>MD satisfaction<br>Nursing PMs and outcomes<br>Sentinel Events<br>Incident reports |
| | Programming | Effective provision of programming<br>Value of program activities | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based Treatment<br>Patient Safety | Patient satisfaction<br>Stakeholder satisfaction |
| | Safety | Perception of safe environment | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based Treatment<br>Patient Safety | Patient satisfaction<br>Stakeholder satisfaction<br>Risk management metrics<br>Incident reports re. safety<br>Sentinel events |
| | Case Management/ Discharge Planning | Communication of the patient's status to referral sources<br>Development of an effective DC plan for the Pt<br>DC completed in a timely manner<br>Authorization of Pt stays w/managed care providers per their requirements | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based Treatment<br>Patient Safety | Patient satisfaction<br>Managed care provider input<br>Readmissions w/in 30 days of DC<br>Sentinel events |
| **Business** | Leadership | Effective Mgmt of all hospital operations<br>Compliance with budgetary requirements<br>Provision of a safe environment<br>Patient, MD, St, Employee satisfaction | All | Patient satisfaction<br>Stakeholder satisfaction<br>Budgetary results<br>EPOB, ADC, EBDITA |
| | Strategic Planning | Development of a SP that encompasses RPC's core Comp and the voice of its customers. | All | Patient satisfaction<br>MD satisfaction<br>Stakeholder satisfaction<br>ADC, EBDITA |
| | Governance | Compliance with governmental regulations as relates to the provision of services. | All | Partner feedback including HCA<br>Audit results |
| | Marketing | Communication with patients, stakeholders, partners, suppliers, on RPC's services.<br>Assessment and provision of services in accordance with the needs of the community. | Community Outreach & Education | Patient satisfaction<br>MD satisfaction<br>Stakeholder satisfaction<br>ADC, EBDITA |
| | Voice of the Customer | Assessment and development of services in accordance with the needs of the customer. | All | Patient satisfaction<br>MD satisfaction<br>Stakeholder satisfaction<br>ADC, EBDITA |
| | Community Relations | Ongoing dialogue with the community on needs and how RPC can meet these needs. | Community Outreach & Education | Stakeholder satisfaction |
| | Legal/ Regulatory Compliance | Compliance with regulations for TJC, DHHS and CMS | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based Treatment<br>Patient Safety | Regulatory survey results |

| Figure 6.2-1 RPC's Key Work Processes, their Requirements, and Mechanisms for Monitoring | | | | |
|---|---|---|---|---|
| **Key Work Systems** | **Key Work System Processes** | **Key Requirements for Work Processes** | **Core Competency Linkage** | **Performance Measure Used to Assess Compliance with Requirements** |
| **Support** | Supply Chain Management | Provision and availability of supplies and equipment that enable staff to perform their jobs.<br>Provision and availability of supplies and equipment for Pts to receive the care that is required. | Intensive Psych Treatment<br>Evidence-based Treatment<br>Patient Safety | Staff satisfaction<br>MD satisfaction<br>Patient satisfaction<br>Supplier feedback |
| | Food Services | Provision of food services that are appealing, of sufficient variety and that meet the dietary needs of Pts and staff.<br>Analysis and review of the patient's intake and need for supplementation or special diets, as ordered by the physician. | Intensive Psych Treatment | Patient satisfaction<br>MD satisfaction<br>Survey results<br>Risk management metrics |
| | Pharmacy Services | Timeliness of the provision of pharmaceutical agents for patient care.<br><br>Accuracy in the dispensing of medications. | Intensive Psych Treatment | Staff satisfaction<br>MD satisfaction<br>Patient satisfaction<br>Medication errors |
| | Lab Services | Timeliness of the provision of collection of lab specimens and return of results.<br>Provision of customer service in the interaction with patients. | Intensive Psych Treatment | MD satisfaction<br>Patient satisfaction<br>Stakeholder satisfaction (managed care)<br>Incident reports |
| | Human Resources | Recruitment and retention of staff to meet the human resource needs of the hospital.<br>Provision of orientation and education to support the learning needs of staff | All | Turnover rate<br>Staff satisfaction |
| | Financial Management | Compliance with budgetary requirements.<br>Timely submission of payments to vendors. | All | EPOB, ADC, EBDITA<br>Supplier feedback |
| | Medical Records | Provision of mechanisms for the timely completion and accuracy of the Pt's medical record.<br>Accessibility and proper storage of MR. | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based Treatment | MD satisfaction<br>MR delinquency rate |
| | Information Technology | Provision of user friendly technology that facilitates the Pt care and associated documentation processes.<br>Provision of hardware and software that meet the needs of the various user groups within RPC. | Call Center/Intake Srvcs<br>Intensive Psych Treatment<br>Evidence-based Treatment<br>Patient Safety | Staff satisfaction<br>MD satisfaction<br>Partner feedback |

**6.2b Work Process Management**

**6.2b(1)** *RPC 's key work process requirements relate to its work systems as follows:* RPC designs its work processes based on the input provided by its work process owners and its work process users including patients, customers, suppliers, partners, and collaborators. During its SP cycle, RPC aligns these processes with the key work systems. In order to ensure that all key customer and stakeholder requirements are met and to ensure that the most effective processes are in place, RPC identifies corresponding measures (see Item 6.1) to use for ongoing monitoring to ensure their stability. *RPC's day to day operation of these processes ensures that they meet key process requirements* through the coordination of key work processes throughout the organization and by monitoring for the effectiveness of these processes through performance measures within the DMAIC model (Category 4, Area 4.1a). Mechanisms such as quality control charts, check lists, daily budgetary results and lists of expectations are used to measure and control the processes on a daily basis. In using a daily time interval for monitoring, PC is able to recognize and take actions to change process output performance before it impacts the customer's expectations. *RPC's key performance measures and in-process measures for the control and improvement of its work processes are captured in* Figure 6.2-1 above.

**6.2b(2)** *RPC addresses and considers each patient's expectations by* utilizing a number of standardized tools for collecting patient feedback concurrently and retrospectively as described in Category 3 and responding to the patient/customer within its standardized procedures and timeframes. *Health care service delivery processes and likely outcomes are explained to set realistic patient expectations as follows:* A videotape explaining processes and outcomes to be expected at RPC loops in the waiting area. This Info is reinforced during the admission process in writing and verbally throughout the patient's stay in group and one-on-one Mtgs. Upon admission, a meeting is held between the patient, pertinent family members and the treatment team of psychiatrist, nurse, social services staff, case managers, and other disciplines, as indicated. Together with the patient, the team develops an individualized plan of care. Consideration is given to the patient's behavioral health as well as any co-occurring medical diagnoses, functional baseline and an anticipated DC plan. The patient signs his/her treatment plan and, in doing so, signifies that he/she agrees with the proposed plan of care. *Patient decision making and patient preferences are factored into the delivery of health care services* by patients being given as much choice in their plan of care and Mgmt, as is optimal for their condition. Approximately 99% of patients admitted to RPC are voluntary.

Patients can choose if they wish to take medications or not and which medications they wish to take versus not. Pts can choose their own meal selections to be eaten, the location where they wish to do so, groups to attend versus not, and specific continuing care plan options to be pursued upon discharge. As is illustrated, RPC allows many choices for patients however must balance this patient decision making with the stakeholder demands of managed care providers, which specify that the patient must be receiving active therapy to qualify for inpatient care.

**6.2b(3)** *RPC manages its supply chain as follows:* The RPC supply chain is organized under the established HCA structure. Most vendors utilized are national vendors with contracts under HCA's Healthtrust purchasing group. A standard product catalog and pricing has been established to allow consistent quality and pricing of patient care supplies, while leveraging economies of scale. HCA has established a regional warehouse Midwest Central Supply Services (MWCSC). Many of RPC's routine purchases are pulled from existing supplies at the MWCSC and shipped to it on routine schedules. The MWCSC houses courier and mail operations with scheduled routes which make deliveries at RPC several times each day, as well as for emergent requests. HCA has developed emergency contracts with many vendors to ensure contingency plans. In illustration, in 2011, RPC was in the bulls-eye of a blizzard expected to drop nearly two feet of snow. HCA coordinated with its vendors and regional warehouses in Texas, Nashville, etc. to ensure that the MWCSC was fully stocked and that supplies would be available should the normal supply line become unavailable. For those services that require regional contracts, the HCA Mid America Division office enters into contracts for services covering all of its facilities. These market specific contracts include: medical equipment rental, copier leases, printer maintenance including toner, Environmental Services (EVS) and Food and Nutrition Services (FANS) management, linen service, recruiting, and advertising. This is done to maximize HCA's and subsequently RPC's economies of scale, while ensuring consistent quality of services received across all of the HCA facilities through specific performance criteria that are required of each of these areas. While hospitals are allowed to choose between vendors on some products, even those vendors have regional or national contracts that ensure quality, pricing, and contingency plans. Within the RPC physical facility, there are several point of service supply rooms. These areas utilize bar-code technology to track inventory and to automatically order when quantities drop below established thresholds. Hospitals including RPC are systematically surveyed by the overall HCA supply chain to determine levels of satisfaction with specific vendors.

*RPC ensures that suppliers selected are qualified and positioned to enhance its performance and patient and stakeholder satisfaction by* utilizing specific customer-driven criteria for identifying and choosing the specific vendors that are needed from the existing pool. HCA has moved some regional contracts to national levels. In the past year RPC has centralized its waste disposal with a national vendor that is required to sub-contract for local services as well as for its copiers and pharmacy distribution equipment. For vendors chosen at the facility level, HCA requires that all vendors be reviewed through various government sanction websites before utilizing the vendor. There are prescribed protocols for establishing the vendor as a payee. Standard templates are utilized. Any deviation from the standard template requires that corporate legal review and approve the change. These templates require that the obligation does not exceed one year. If the contract term exceeds one year, it cannot have an evergreen clause (auto-renewal) unless there is a much shorter term provision for termination without cause. These provisions are intended to require that the vendor continually earn the business and enables HCA to terminate contracts for those suppliers who are not meeting its performance requirements. Over the past few years RPC has continued to terminate under-performing contracts that attempted to keep the Hospital tied through auto-renewal clauses with onerous termination provisions and very small windows of allowed termination notice. RPC has successfully removed all known contracts of this type and has replaced them with better performing vendors, mutually beneficial termination provisions, and performance requirements. RPC rarely chooses a vendor that simply shows up to sell a product. Most often a need for the product or vendor has been identified from the Pt/St. Based on an identified need that is within RPC's MVV, the Hospital searches for a vendor that can best meet these needs. Frequently RPC may look to its sister-facilities for recommendations and referrals of vendors with whom they have quality relationships. Failing there, RPC looks to existing trusted vendors for recommendations.

*RPC evaluates supplier performance as follows:* Contracts with suppliers contain a clause that they are to adhere to specific performance standards that may include stipulations about product availability, timeliness, accuracy, communication of laboratory results and/or documentation requirements, as applicable. Performance of the supplier is evaluated against the pre-established methods using the DMAIC method that is discussed in Category 4 and demonstrated in Category 7, Area 7.1b(1). Feedback on results is provided to the supplier and evidence of any improvements needed are monitored, for evidence of improvement.

*RPC deals with poorly performing suppliers as follows:* If actions taken including feedback to the supplier are continually not effective in increasing performance results, the contract with the supplier is either cancelled or not renewed.

**6.2b(4)** *RPC improves its work processes to improve health care outcomes, achieve better performance, reduce variability and improve health care services by:*

- Implementing EBP within services that assist in strengthening RPC's MVV and core Comp.
- Systematically defining its WPs and, ensuring that they are continuously monitored using the DMAIC method and, as indicated improved.
- Documenting Comp for all key positions to reduce variability.
- Establishing standardization to reduce the potential for errors through decreased complexity and variation.
- Establishing daily, weekly, and monthly PMs to track performance levels, and identify OFIs in order to reduce variability and errors.
- Reviewing internal processes during the SP process and conducting RCA on WPs that are identified as not meeting performance standards.
- Deploying systems for improving WPs throughout its organization by training all SLT, DDs and process improvement team members, on techniques including the DMAIC system, how to conduct RCAs, and how to lead process improvement teams. A Six Sigma Black Belt SLT member assists these work groups in utilizing flowcharts, creating fishbone diagrams, etc., to systematically analyze results, make recommendations, and take corrective actions.

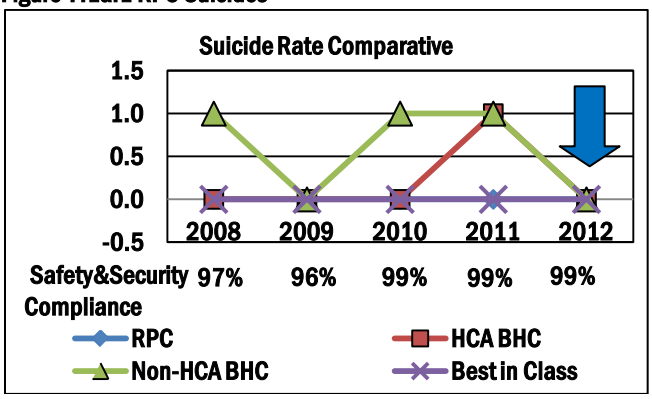
## 7.1 Healthcare and Process Outcomes

### 7.1a. Patient-Focused Health Care Results

*RPC's current levels and trends in key measures of indicators of health care outcomes and process performance are as follows: (Arrows delineated as ↑or ↓= better)*

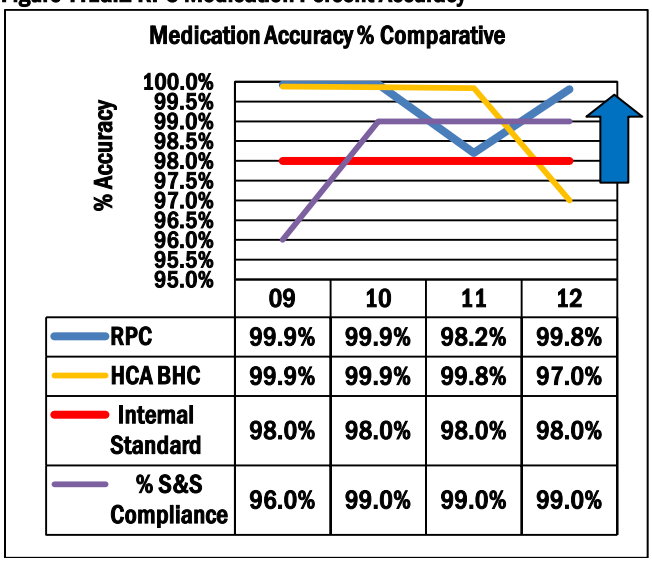
Suicide is a "never" event in healthcare. RPC remains best in class as compared to HCA and Non-HCA facilities.

**Figure 7.1a.1 RPC Suicides**




RPC has had progressive improvement in the staff's demonstration of knowledge of safety and security, which has helped maintain best in class Stds.

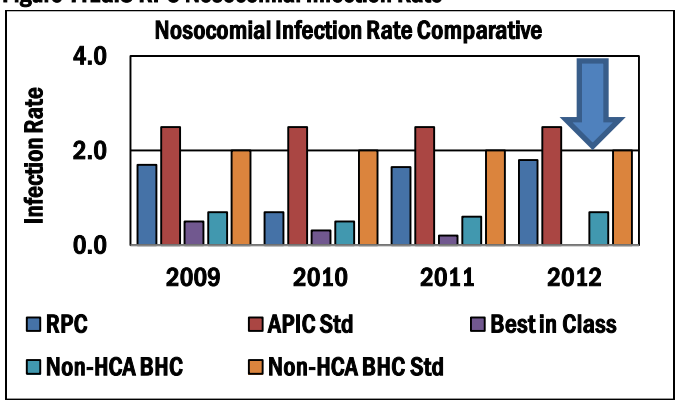
**Figure 7.1a.2 RPC Medication Percent Accuracy**




| | 09 | 10 | 11 | 12 |
|---|---|---|---|---|
| RPC | 99.9% | 99.9% | 98.2% | 99.8% |
| HCA BHC | 99.9% | 99.9% | 99.8% | 97.0% |
| Internal Standard | 98.0% | 98.0% | 98.0% | 98.0% |
| % S&S Compliance | 96.0% | 99.0% | 99.0% | 99.0% |

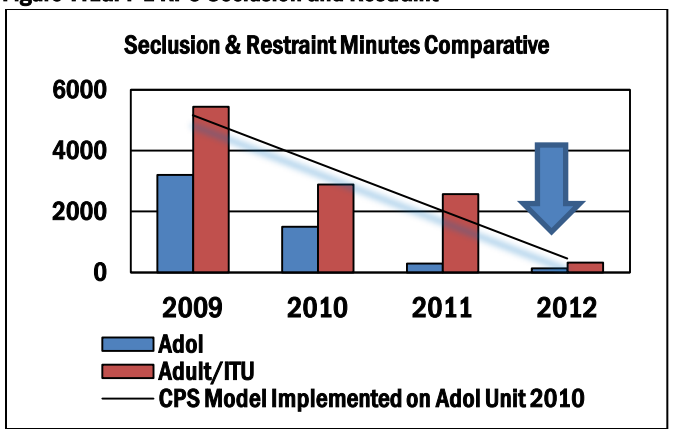
Unlike other HCA facilities, RPC incorporates "near miss" events in its data and so appears higher than comparative organizations. National Average for Hospital Medication Accuracy 99.97% - 83.10%

**Figure 7.1a.3 RPC Nosocomial Infection Rate**



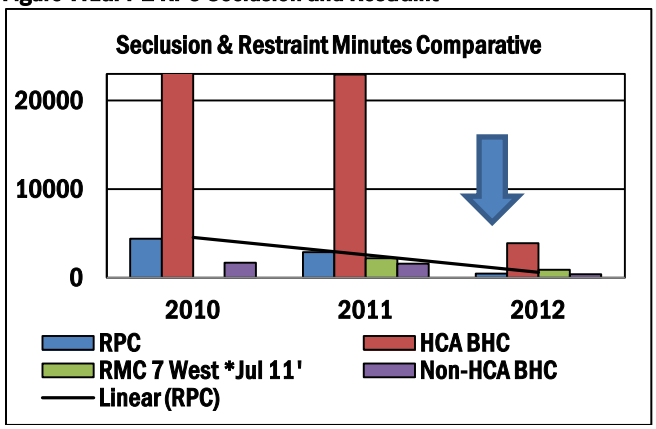

RPC's nosocomial (hospital acquired) reporting structure is more stringent than HCA BHC and Non-HCA BHC facilities as RPC reports all urinary tract infections (UTIs), respiratory tract infections, and all communicable diseases in its overall nosocomial infection rate whereas others track and report only UTIs.

**Figure 7.1a.4-1 RPC Seclusion and Restraint**



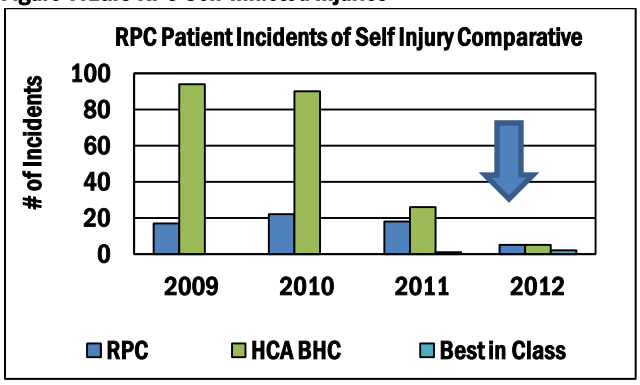

Since implementation of the CPS model on its Adol Unit, S&R minutes have progressively declined. RPC will add the CPS model to the Adult Unit for 2012.

**Figure 7.1a.4-2 RPC Seclusion and Restraint**




*Note: Because of the agreement made with all organizations that, in sharing results, RPC would maintain their anonymity if requested, they are marked as Non-HCA BHC and HCA BHC. Upon request, the specific names of the facilities can be made available on site.*

**Figure 7.1a.5 RPC Self-Inflicted Injuries**




Unlike other facilities, RPC encompasses "near misses" in its count of events related to contraband and elopements. In doing so, it is able to deploy "lessons learned" to other nursing units and facilities [see Category 4, area 4.1c(1)].

**Figure 7.1a.6 RPC Contraband Incidents**

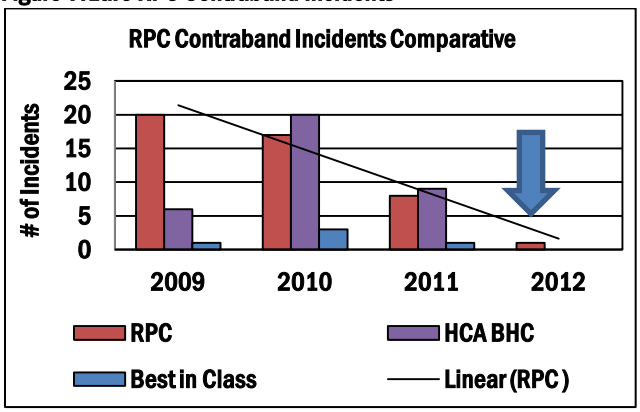
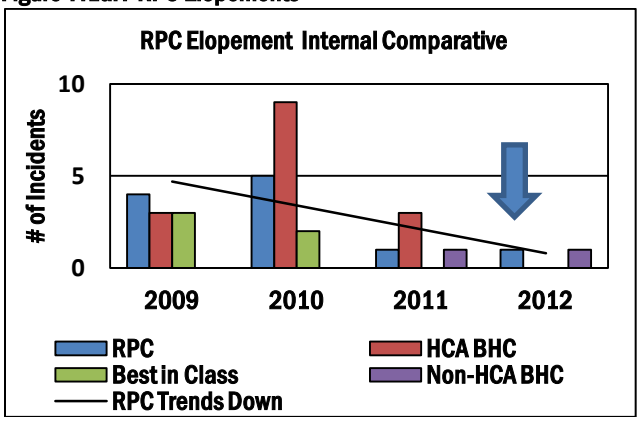
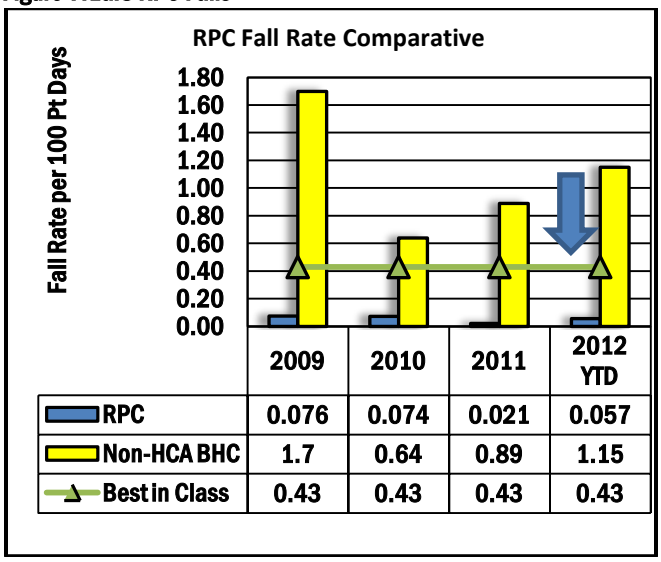



**Figure 7.1a.7 RPC Elopements**



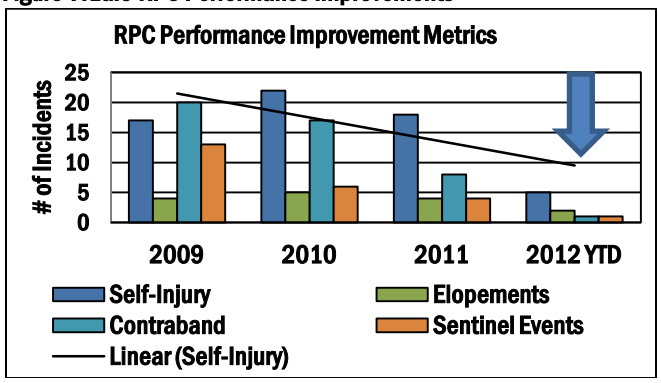

Through its TeamSTEPPS approach, RPC has actively reduced its fall rate. It has deployed its strategies to other HCA facilities to assist them in their implementation of RPC's "lessons learned".

**Figure 7.1a.8 RPC Falls**



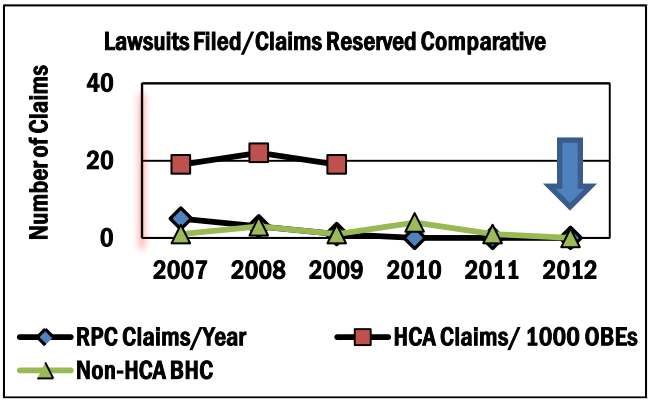

| | 2009 | 2010 | 2011 | 2012 YTD |
|---|---|---|---|---|
| RPC | 0.076 | 0.074 | 0.021 | 0.057 |
| Non-HCA BHC | 1.7 | 0.64 | 0.89 | 1.15 |
| Best in Class | 0.43 | 0.43 | 0.43 | 0.43 |

**Figure 7.1a.9 RPC Performance Improvements**




Comparative rates from sources on lawsuits tend to lag behind by two years due to the statute of limitation in MO. There has been no lawsuit activity at RPC for three consecutive years which is attributed to its correlating decrease in pt events and improvement in performance metrics.

**Figure 7.1a.10RPC Lawsuits**




*Note: Because of the agreement made with all organizations that, in sharing results, RPC would maintain their anonymity if requested, they are marked as Non-HCA BHC and HCA BHC. Upon request, the specific names of the facilities can be made available on site.*

Figure 7.1a.11 RPC Readmits within 30 Days of DC

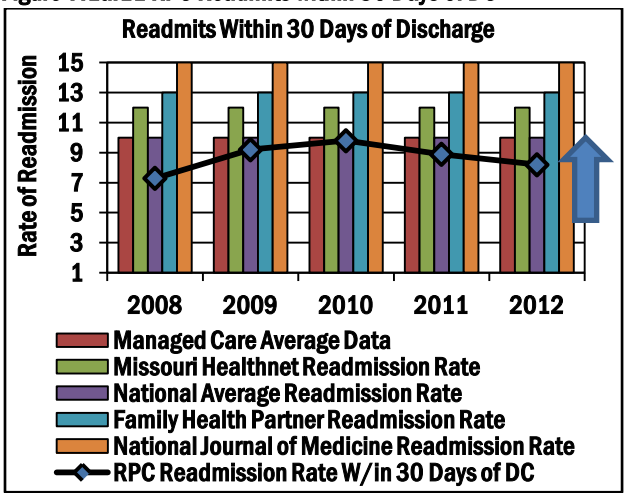



Figure 7.1a.12-1 RPC Employee Injury Rate

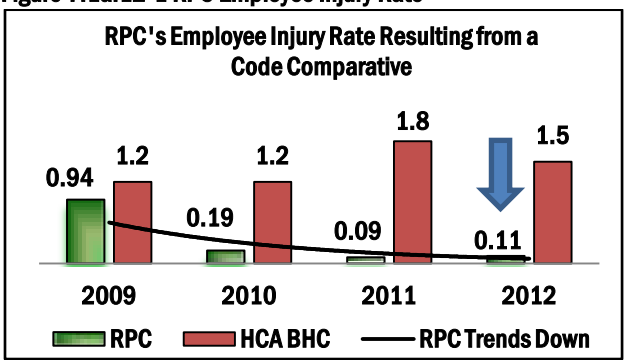



Figure 7.1a.12-2 RPC Employee Injury Rate

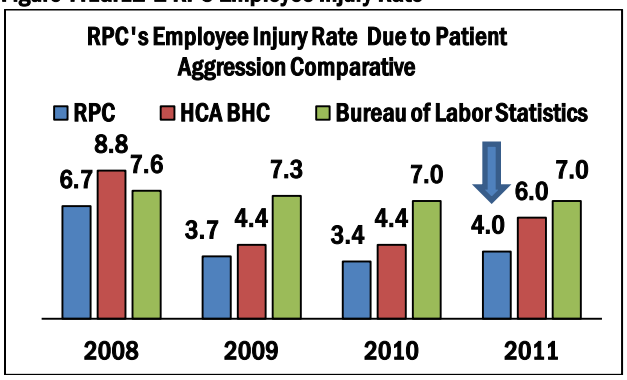



Figure 7.1a.13 RPC Inpatient Satisfaction

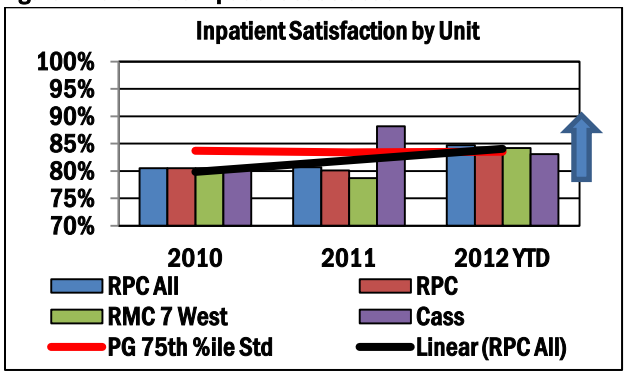
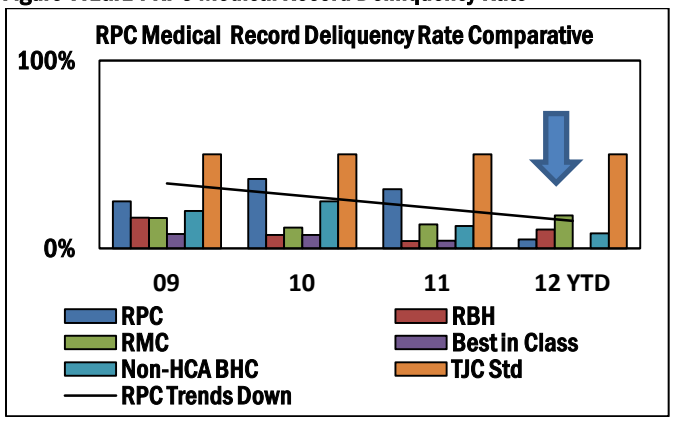



Figure 7.1a.14 RPC Medical Record Delinquency Rate




While the comparative data demonstrates RPC with a higher MR delinquency rate, RPC has always included its IP, OP partial and ECT DCs in its denominator while the other facilities have only included IP DCs. Action plan: To ensure consistent data to conclude the year of 2011, beginning January 2012, RPC is only utilizing the number of IP discharges when calculating its MR delinquency rates. Additionally, physicians are again being suspended as of October 1, 2011 for any MRs delinquent 30 days or over post DC.

Figure 7.1a.15 RPC Employee Satisfaction/Engagement

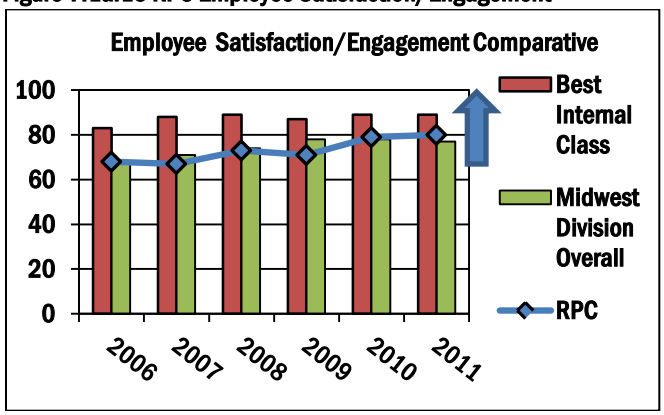



Figure 7.1a.16-1 RPC HBIPS Results

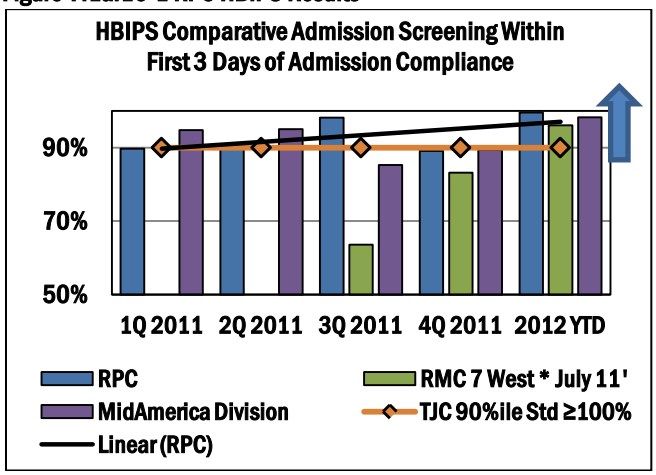



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Figure 7.1a.16-2 RPC HBIPS Results

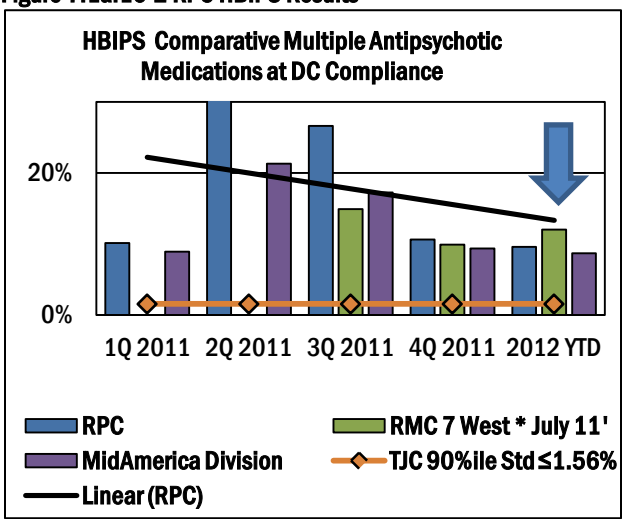



Figure 7.1a.16-3 RPC HBIPS Results

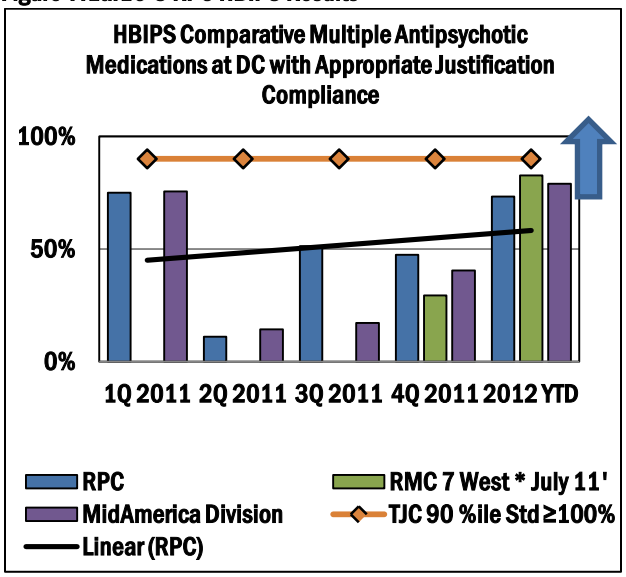



Figure 7.1a.16-4 RPC HBIPS Results

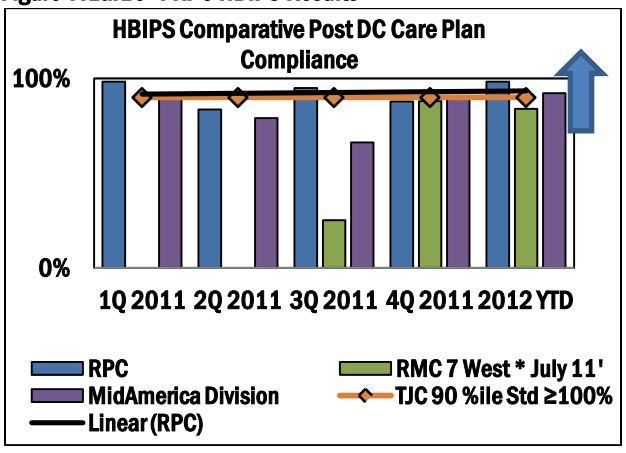



Figure 7.1a.16-5 RPC HBIPS Results

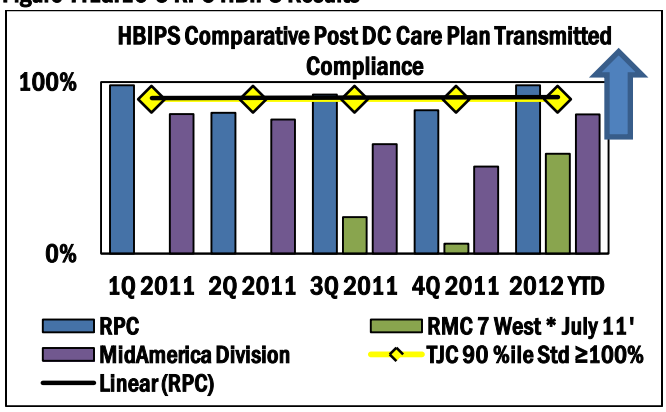
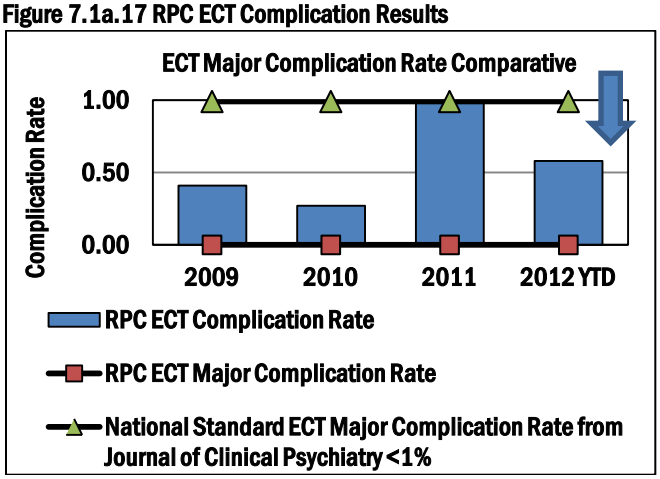



Figure 7.1a.17 RPC ECT Complication Results




RPC's definition of Anesthetic Complications includes Minor: chipped/broken teeth, cardiac arrhythmia, resolved while, major complications = aspirations, respiratory/cardiac events within 24 hours of procedure, pt recall.

**7.1b.(1) Operational Process Effectiveness Results**

Figure 7.1b.1-1 RPC ECT Readmission Rate

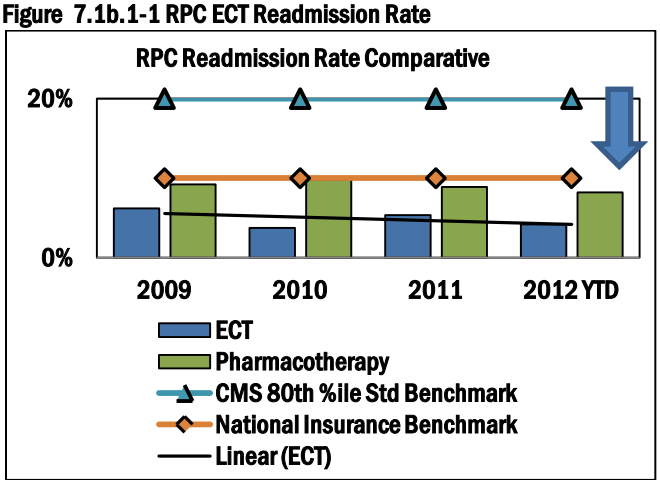



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Figure 7.1b.1-2 RPC ECT Compliance vs. Satisfaction

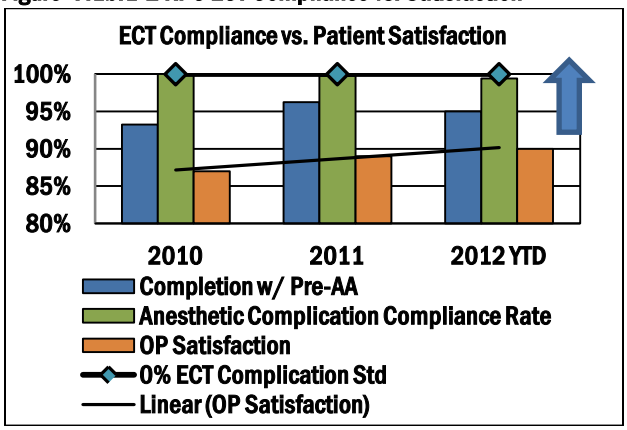
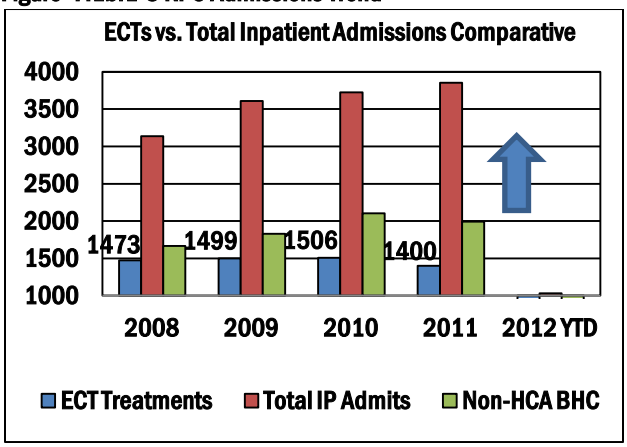



Figure 7.1b.1-3 RPC Admissions Trend




The number of pts receiving ECT as an IP has been reduced and pts are now receiving ECT in an OP setting due to the high success rate of the procedure. This change from IP to OP has had no negative impact on the increase of admissions.

Figure 7.1b.1-4 RPC Reduction in Dietary Cost

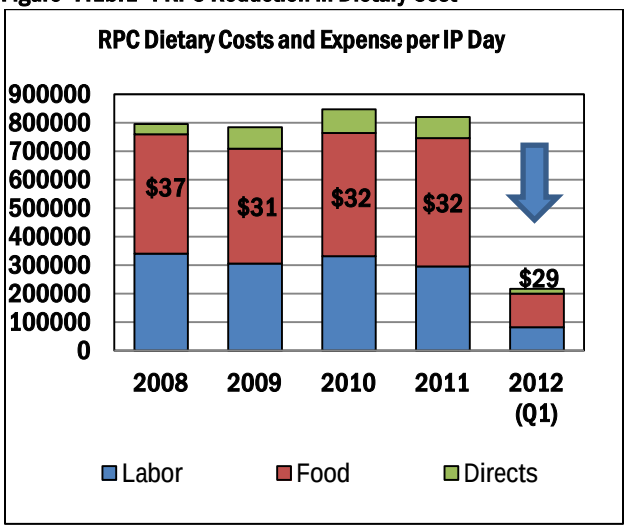
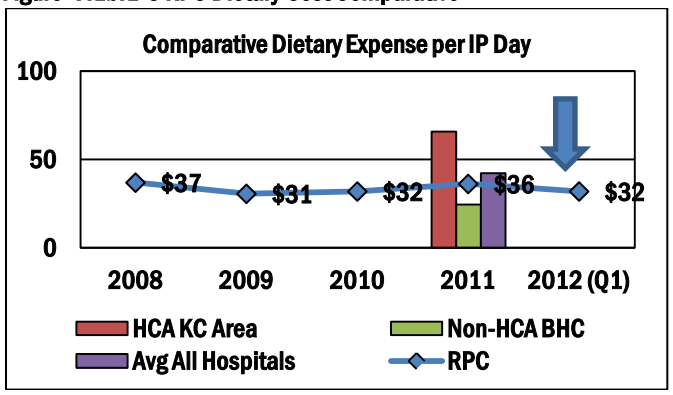



Figure 7.1b.1-5 RPC Dietary Cost Comparative




7.1b.(2) Emergency Preparedness Results

Figure 7.1b.2-1 Emergency Preparedness Compliance

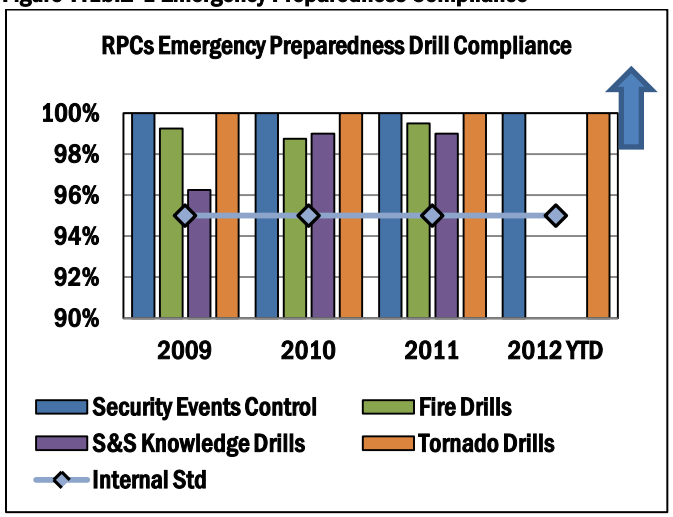
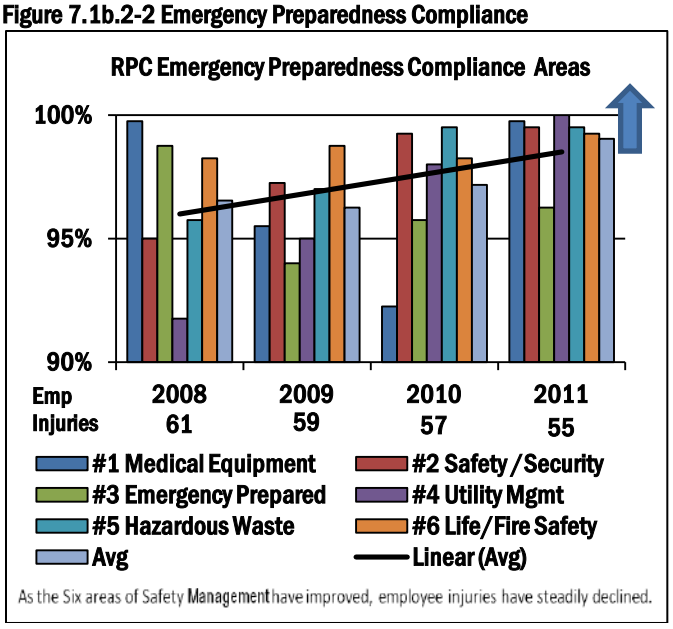



Figure 7.1b.2-2 Emergency Preparedness Compliance

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### 7.1c. Strategic Implementation Results

**Figure 7.1c.1-1 Compas Assessments and Calls**

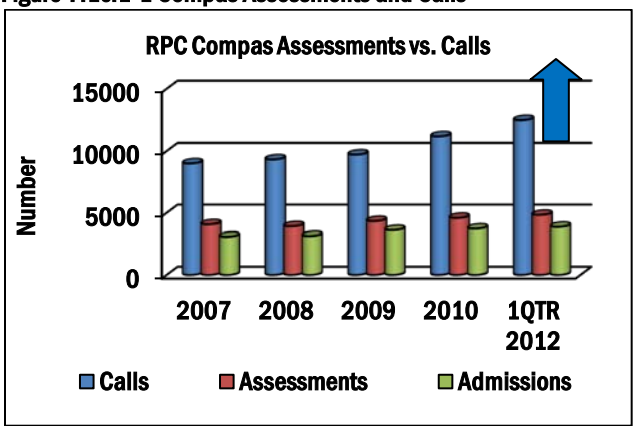


**Figure 7.1c.1-2 RPC Performance Measure Results**

| % Performance Measure | 09 | 10 | 11 | 12 | 13 | 14 |
|---|---|---|---|---|---|---|
| PG Emp Engmt | 71 | 75 | 80 | - | 85 | 90 |
| Physician Satisf | 88 | 90 | 92 | 95 | 98 | 99 |
| Risk Metrics | 92 | 95 | 98 | 99 | 99 | 99 |
| Pt Satisf | 85.3 | 87.5 | 83 | 85 | 88 | 90 |
| RPC ADC | 69 | 72 | 73 | 74 | 75 | 76 |
| Adult ADC | 35.1 | 40.7 | 44 | 59 | 61 | 63 |
| EDU ADC | 7.1 | 7.4 | 6.4 | 9 | 10 | 10 |
| OP ADC | 7 | 8 | 8 | 9 | 10 | 10 |

**Figure 7.1c.1-3 RPCs Core Competency Strengths**

| Core Competency Strengthening | |
|---|---|
| Patient Safety Outcomes | See 7.1 a1-9 |
| Intensive Treatment and Care Adult Unit | See Figure 7.1 a 9 RPC Performance Improvement Metrics |
| TeamSTEPPS (Fall Reduction Evidence Based Outcomes) Senior Unit | See Figure 7.1 a 8 RPC Fall Rate Comparative |
| Collaborative Problem Solving Model (Seclusion & Restraint Reduction Evidenced Based Outcomes) Adolescent Unit | See Figure 7.1 a 4-1 & 4-2 Seclusion and Restraint |
| ECT | See Figure 7.1 a 17 RPC ECT Complication Rate & 7.1 b.1 RPC ECT Readmission Rate Comparative |
| Community Outreach | See Figure 7.4 a 5-5 & 5-6 RPC Community Contacts & Communication |

### 7.2 Customer-Focused Outcomes

### 7.2a.(1) Patient and Stakeholder Satisfaction Results

Through a cycle of improvement from its 2011 MQA Feedback, RPC is now segmenting outpatient satisfaction by location.

**Figure 7.2 a.1-1 RPC Patient Satisfaction**

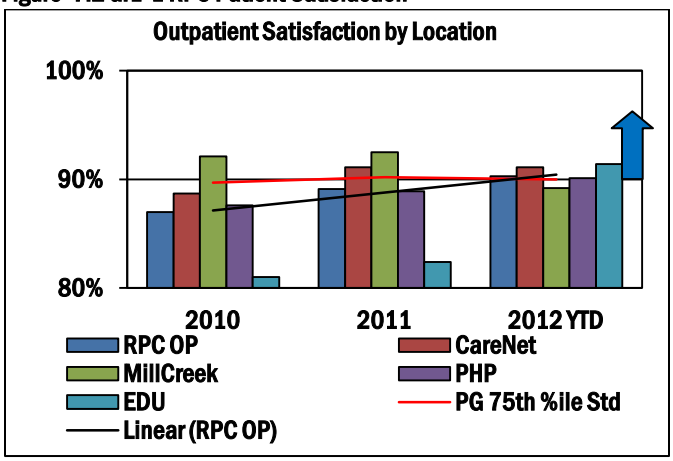


**Figure 7.2a.1-2 RPC Patient Satisfaction**

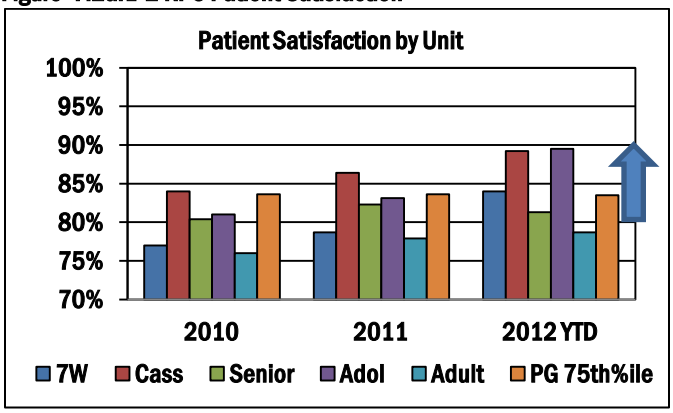


**Figure 7.2a.1-3 RPC Patient Satisfaction**

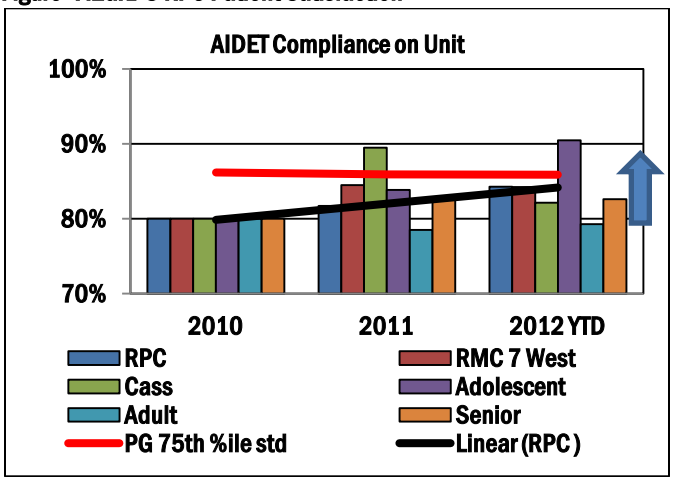


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Figure 7.2a.1-4 RPC Patient Satisfaction

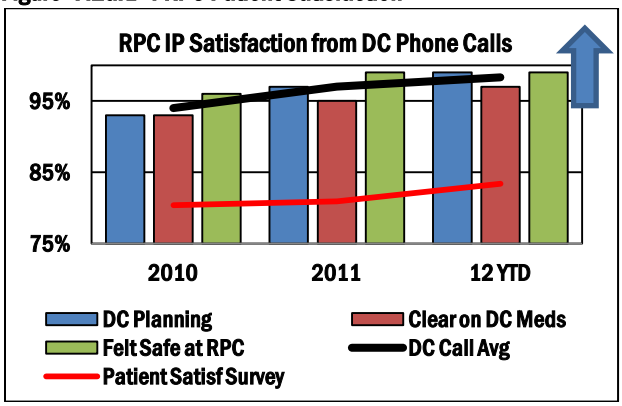



Figure 7.2a.1-5 RPC Patient Satisfaction

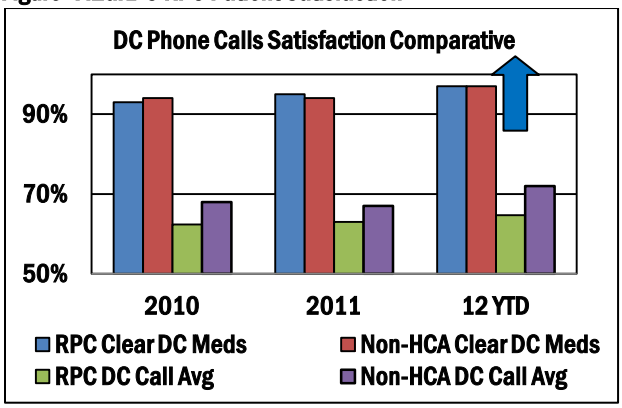
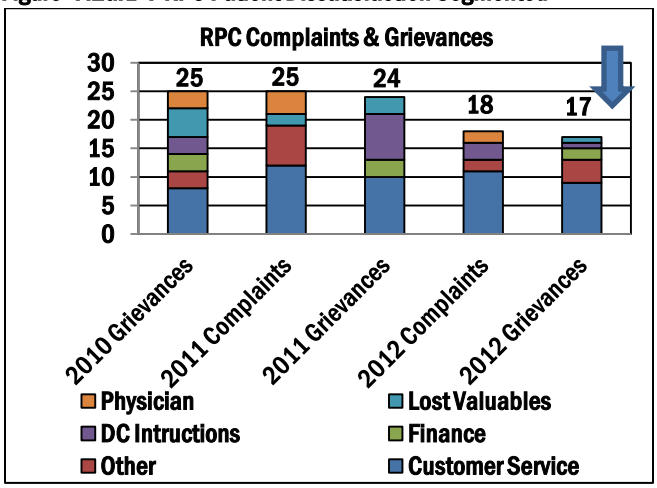



Figure 7.2a.1-6 RPC Patient Dissatisfaction

| | Complaints | Grievances |
|---|---|---|
| **2010 Total:** | **N/A** | **25** |
| Adol | N/A | 6 |
| Adults | N/A | 9 |
| ITU | N/A | 5 |
| Seniors | N/A | 5 |
| **2011 Total:** | **24** | **21** |
| Adols | 3 | 3 |
| Adults | 9 | 7 |
| ITU | 7 | 6 |
| Seniors | 5 | 5 |
| **2012 Total:** | **17** | **15** |
| Adols | 1 | 1 |
| Adults | 13 | 5 |
| ITU | 2 | 3 |
| Seniors | 1 | 6 |

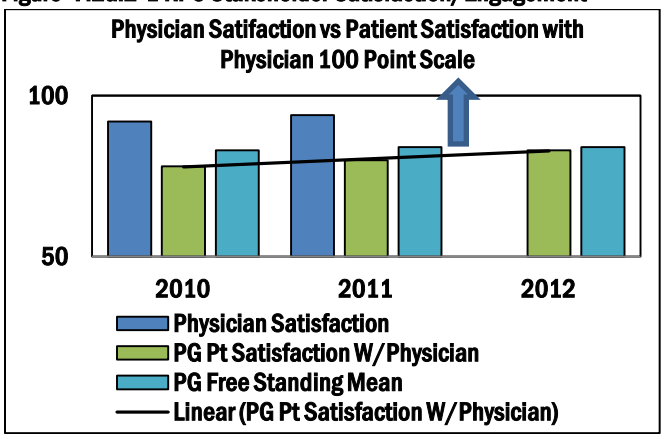
RPC has progressively increased its customer outreach through its customer advocate. Increased volume is reflective of such and not greater pt care issues. As a result of customer advocate activity, RPCs lawsuits remain at zero.

Figure 7.2a.1-7 RPC Patient Dissatisfaction Segmented




7.2a(2) Patient and Stakeholder Engagement

Figure 7.2a.2-1 RPC Stakeholder Satisfaction/Engagement




Physician Satisfaction will be taken later in 2012.

Figure 7.2a.2-2 RPC Stakeholder Satisfaction/Engagement

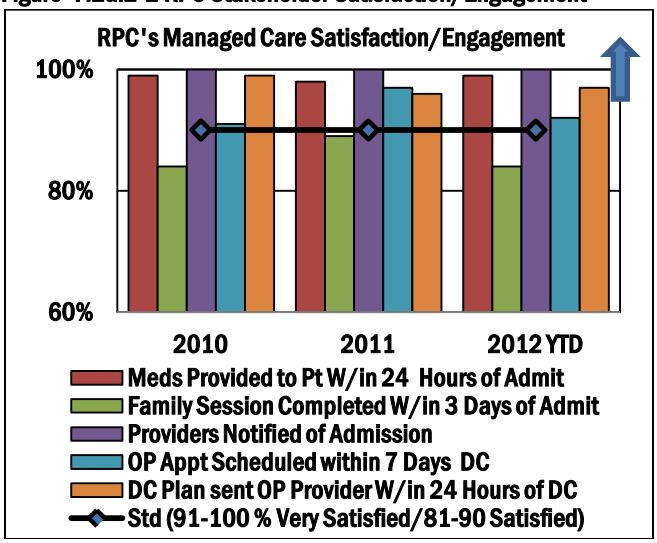



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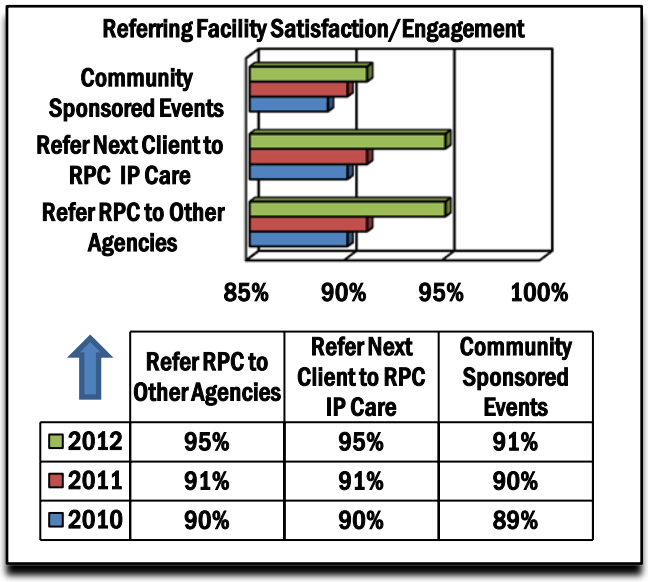
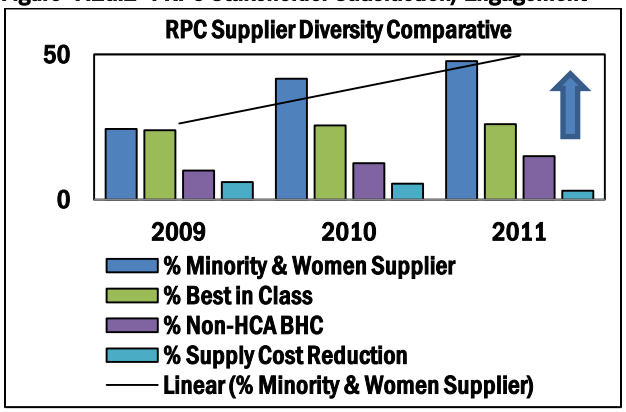
Figure 7.2a.2-3 RPC Stakeholder Satisfaction/Engagement



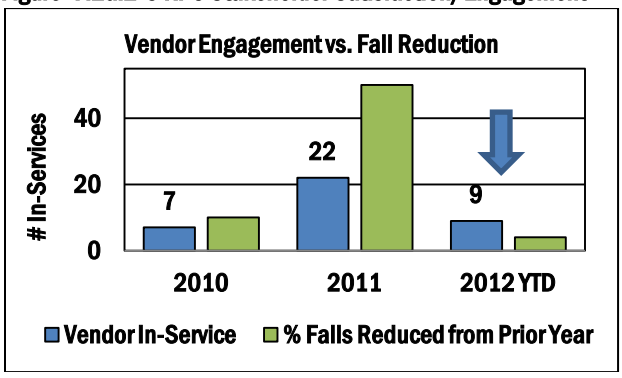

| | Refer RPC to Other Agencies | Refer Next Client to RPC IP Care | Community Sponsored Events |
|---|---|---|---|
| 2012 | 95% | 95% | 91% |
| 2011 | 91% | 91% | 90% |
| 2010 | 90% | 90% | 89% |

Figure 7.2a.2-4 RPC Stakeholder Satisfaction/Engagement




RPC has strived to increase its supply spending with Minority and Women-owned Businesses. As a result RPC has seen a reduction in the cost of supplies. DiversityInc Top has identified the "Best in Class" to show between 23-26% diversity in supply budget, while Central Ohio Healthcare System Strives to diversify their supply budget between 10-15%.

Figure 7.2a.2-5 RPC Stakeholder Satisfaction/Engagement

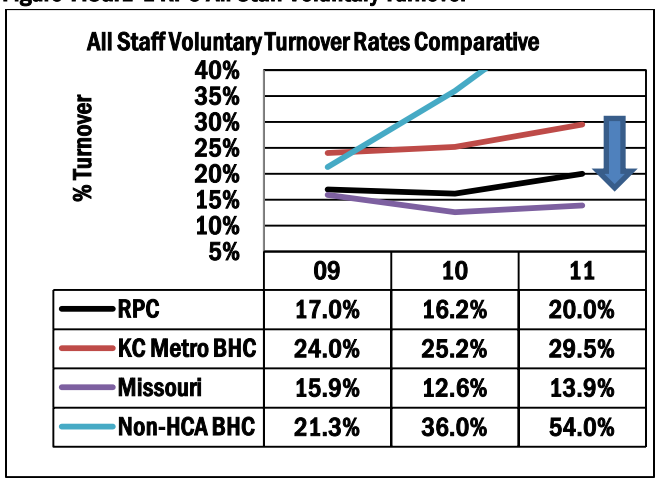



Given its core competency on pt safety, one of RPCs main initiatives has been fall reduction. RPCs Supply Chain Management has focused on engaging the vendors with hospital initiatives. RPCs more engaged Su include Medline Industries, Inc., Cardinal Health, and D.A. Burke & Associates (BedCheck). Vendor representatives from these Su have taken an active role in RPCs fall reduction initiative by coming to the facility, learning about the initiative, and helping implement products that have been effective in helping RPC achieve its fall reduction goal. As a result, RPC has seen a 50% overall reduction in falls from 2009 to 2012 YTD.

## 7.3 Workforce-focused Outcomes

### 7.3a.(1) Workforce Capability and Capacity

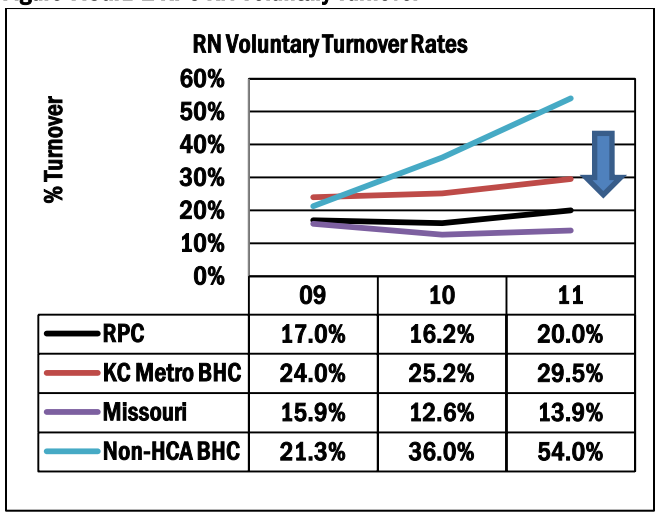
Figure 7.3a.1-1 RPC All Staff Voluntary Turnover




| | 09 | 10 | 11 |
|---|---|---|---|
| RPC | 17.0% | 16.2% | 20.0% |
| KC Metro BHC | 24.0% | 25.2% | 29.5% |
| Missouri | 15.9% | 12.6% | 13.9% |
| Non-HCA BHC | 21.3% | 36.0% | 54.0% |

RPCs Vol T/O rates for BHC are one of the best in KC in comparison to the primary local competitor and regional Avg. * Vol and Nonvoluntary T/O KCMHC Survey.

Figure 7.3a.1-2 RPC RN Voluntary Turnover




| | 09 | 10 | 11 |
|---|---|---|---|
| RPC | 17.0% | 16.2% | 20.0% |
| KC Metro BHC | 24.0% | 25.2% | 29.5% |
| Missouri | 15.9% | 12.6% | 13.9% |
| Non-HCA BHC | 21.3% | 36.0% | 54.0% |

RPCs RN Vol T/O rates for BHC are one of the best in KC and MO in comparison to the primary local competitor and regional Avg. * Vol and Nonvoluntary T/O KCMHC Survey.

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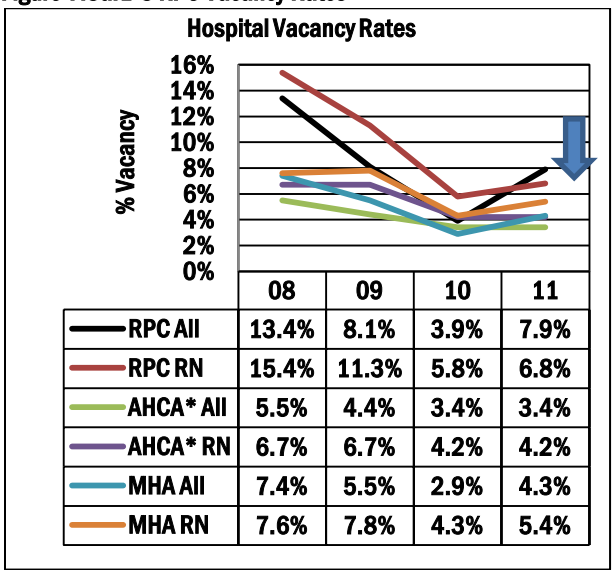
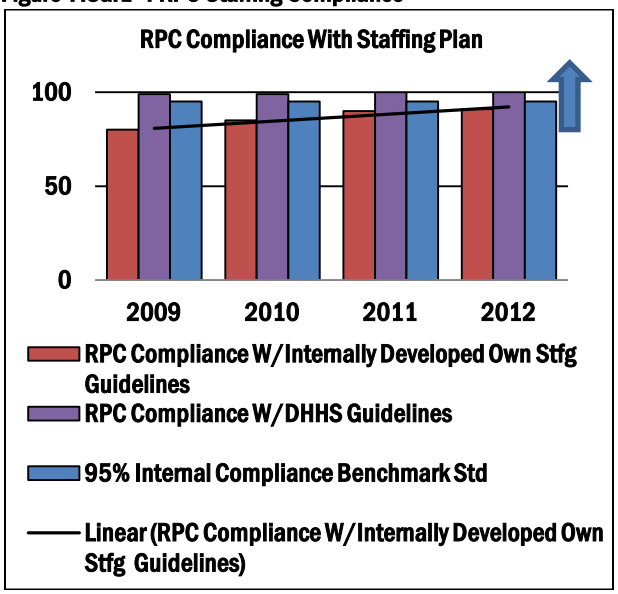
**Figure 7.3a.1-3 RPC Vacancy Rates**




| | 08 | 09 | 10 | 11 |
|---|---|---|---|---|
| RPC All | 13.4% | 8.1% | 3.9% | 7.9% |
| RPC RN | 15.4% | 11.3% | 5.8% | 6.8% |
| AHCA* All | 5.5% | 4.4% | 3.4% | 3.4% |
| AHCA* RN | 6.7% | 6.7% | 4.2% | 4.2% |
| MHA All | 7.4% | 5.5% | 2.9% | 4.3% |
| MHA RN | 7.6% | 7.8% | 4.3% | 5.4% |

RPCs vacancy rate increased in 2011 with the addition of the New Unit at 7W. The organization was trending in a favorable direction for 3 years closely resembling trends in MO*.

**Figure 7.3a.1-4 RPC Staffing Compliance**



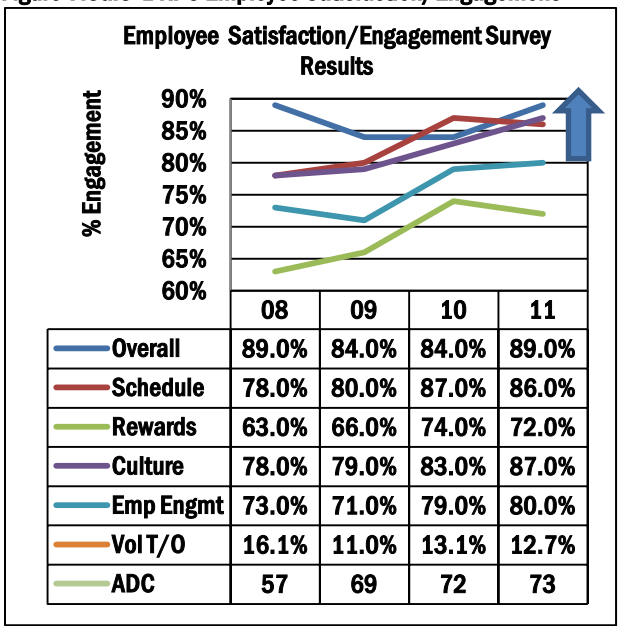

**7.3a.(2) Workforce Climate**

**Figure 7.3a.2 RPC Benefits Comparative**

| Benefits: | RPC | Non-HCA BHC |
|---|---|---|
| System Wide | yes | no |
| 401K | yes | yes |
| 401K Match | 3-9%@100% | 1-6%@50% |
| Director Incentive | yes | no |
| Tuition Support | $2500/year | no |
| Exec. Train Track | yes | no |
| School at Work Program | yes | no |
| Certification Program | yes | no |
| Scholarships | yes | no |
| Leadership Academy | yes | no |
| Child Care Center | yes | no |
| Domestic Partner | yes | no |
| FSA/HRA | yes | yes |
| Financial Prosperity | yes | yes |
| Corporate Discount | yes | no |
| EAP | yes | yes |
| Pet Insurance | yes | no |
| Legal Benefits | yes | no |
| Auto/home Insurance | yes | yes |
| Fitness Center | yes | no |
| Credit Union | yes | no |
| H2U Wellness Program | yes | no |
| Vacation Cash Payout | yes | yes |
| Adoption Assistance | yes | yes |
| "Casual Dress Fridays" | yes | yes |
| Discount AMC tickets | yes | yes |
| Offer CEUs for free | yes | no |

**7.3a.(3) Workforce Engagement**

**Figure 7.3a.3-1 RPC Employee Satisfaction/Engagement**




| | 08 | 09 | 10 | 11 |
|---|---|---|---|---|
| Overall | 89.0% | 84.0% | 84.0% | 89.0% |
| Schedule | 78.0% | 80.0% | 87.0% | 86.0% |
| Rewards | 63.0% | 66.0% | 74.0% | 72.0% |
| Culture | 78.0% | 79.0% | 83.0% | 87.0% |
| Emp Engmt | 73.0% | 71.0% | 79.0% | 80.0% |
| Vol T/O | 16.1% | 11.0% | 13.1% | 12.7% |
| ADC | 57 | 69 | 72 | 73 |

As the overall Emp Engmt scores have improved, Emp Satisf indices correlate with positive trends including a reduction in voluntary T/O. RPC implemented "Just Culture" in 2009 focusing on Emp performance classification and accountability.

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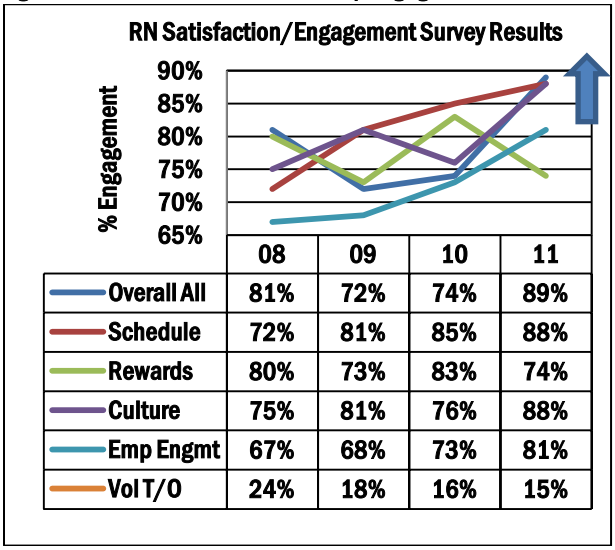
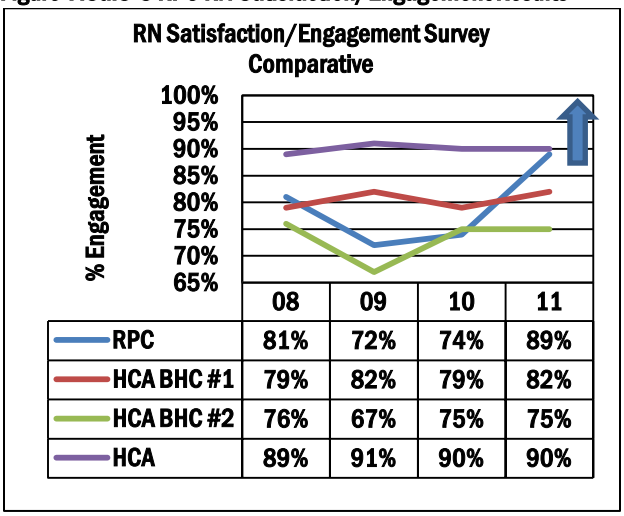
**Figure 7.3a.3-2 RPC RN Satisfaction/Engagement**




| | 08 | 09 | 10 | 11 |
|---|---|---|---|---|
| Overall All | 81% | 72% | 74% | 89% |
| Schedule | 72% | 81% | 85% | 88% |
| Rewards | 80% | 73% | 83% | 74% |
| Culture | 75% | 81% | 76% | 88% |
| Emp Engmt | 67% | 68% | 73% | 81% |
| Vol T/O | 24% | 18% | 16% | 15% |

As the overall RN Engmt scores have improved, RN Satisf indices correlate with positive trends including a reduction in Vol T/O.

**Figure 7.3a.3-3 RPC RN Satisfaction/Engagement Results**




| | 08 | 09 | 10 | 11 |
|---|---|---|---|---|
| RPC | 81% | 72% | 74% | 89% |
| HCA BHC #1 | 79% | 82% | 79% | 82% |
| HCA BHC #2 | 76% | 67% | 75% | 75% |
| HCA | 89% | 91% | 90% | 90% |

RPC Engmt scores have improved over the last 3 years surpassing HCA BHC comparisons. RPC has moved from the bottom quartile in 2008 to one point away from being in the top quartile in 2011 for HCA.

**7.3a.(4) Workforce Development**

**Figure 7.3a.4-1 HCAs HealthStream**

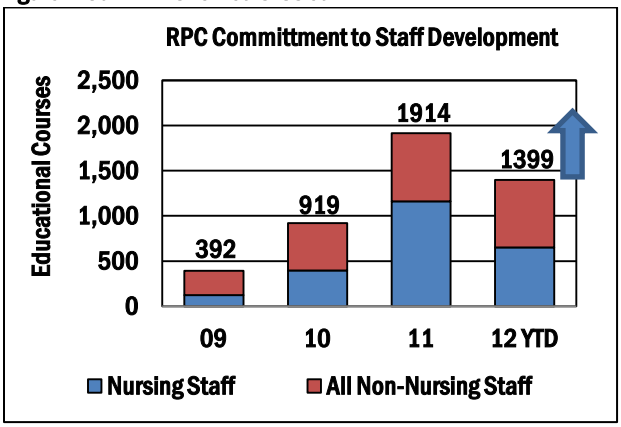
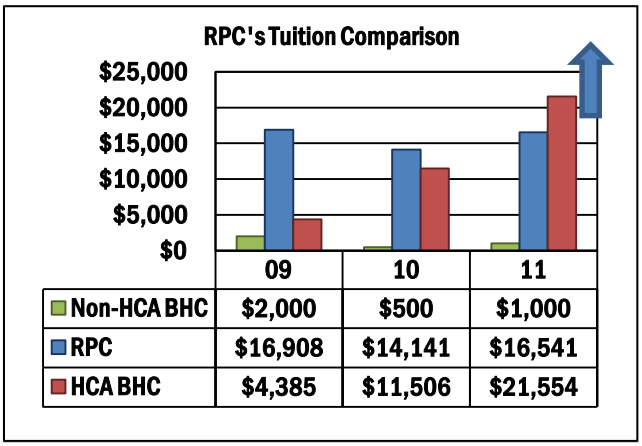



**Figure 7.3a.4-2 RPC Sum of Employee Tuition**




| | 09 | 10 | 11 |
|---|---|---|---|
| Non-HCA BHC | $2,000 | $500 | $1,000 |
| RPC | $16,908 | $14,141 | $16,541 |
| HCA BHC | $4,385 | $11,506 | $21,554 |

This is trending better for our competitor. RPC is partnering with the Full Employment Council to offer Mental Health Technician Certification with funding through the 21st Century Healthcare Training Program. This scholarship is worth $3,326 per MHT Certification, and the Certified Nurse's Assistant component can be covered as well.

**Figure 7.3a.4-3 RPCs Employee Educational Development**

| Employee Educational Development and Support | 2008 | 2009 | 2010 | 2011 | YTD 2012 |
|---|---|---|---|---|---|
| Number of Employees | 209 | 210 | 227 | 232 | 289 |
| Number of hours of Workforce and Leadership Development | 1024 | 1392 | 1419 | 1914 | 1399 |
| School at Work | 1 | 1 | 1 | 1 | 0 |
| Leadership Academy | 0 | 0 | 0 | 4 | 0 |
| Tuition Reimbursement for CNA Certificate, Bachelor's and Master's Degree programs | 1 | 2 | 4 | 8 | 2 |
| MQA/Malcolm Baldrige Examiner Training | 0 | 0 | 2 | 3 | 5 |
| Nursing Certifications | 0 | 4 | 3 | 2 | 9 |

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## 7.4 Leadership and Governance Outcomes
### 7.4a(1) Leadership

**Figure 7.4a.1-1 Leadership Communication**

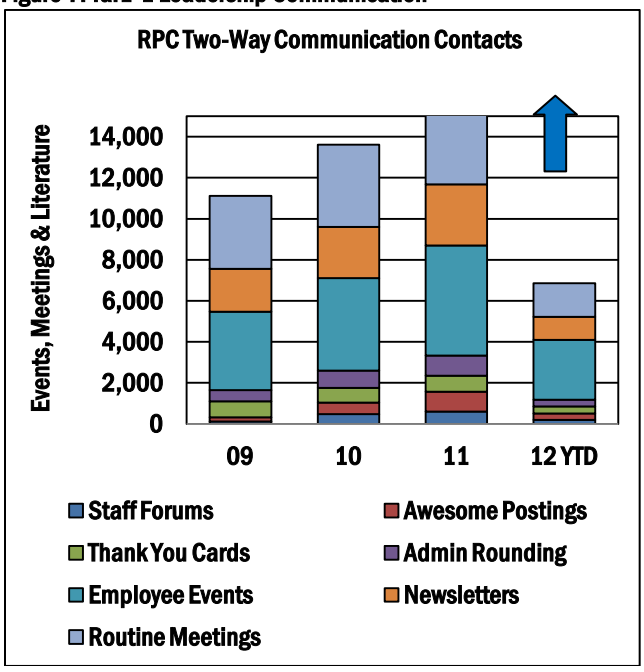
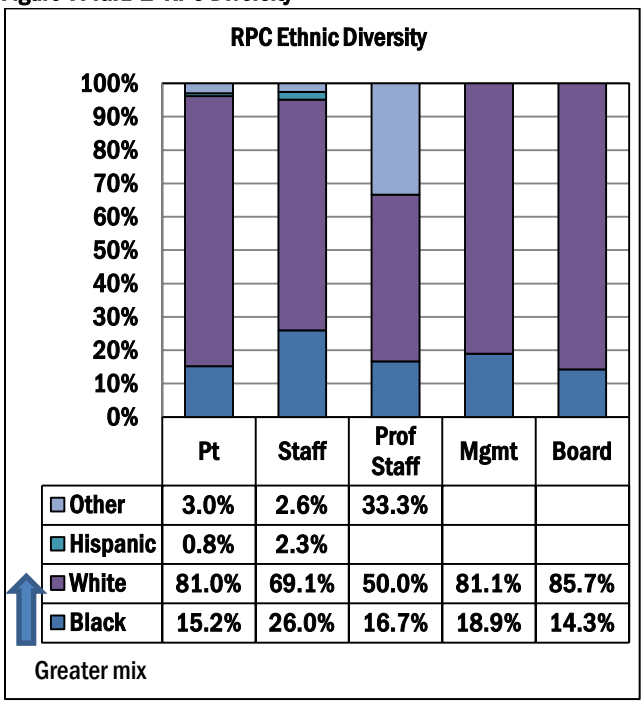
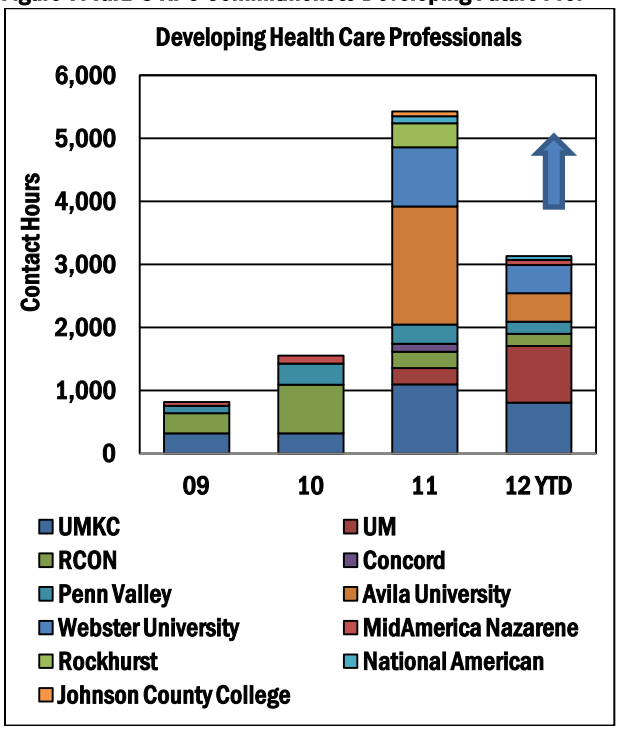



**Figure 7.4a.1-2 RPC Diversity**




| | Pt | Staff | Prof Staff | Mgmt | Board |
|---|---|---|---|---|---|
| Other | 3.0% | 2.6% | 33.3% | | |
| Hispanic | 0.8% | 2.3% | | | |
| White | 81.0% | 69.1% | 50.0% | 81.1% | 85.7% |
| Black | 15.2% | 26.0% | 16.7% | 18.9% | 14.3% |

**Figure 7.4a.1-3 RPC Commitment to Developing Future Prof**




### 7.4a(2) Governance

**Figure 7.4a.2-1 RPC Internal Audit**

| Governance Supported through Audits (Major Issues Detected) | Frequency | Scale | 2008 | 2009 | 2010 | 2011 | YTD 2012 |
|---|---|---|---|---|---|---|---|
| HCA Quality Review Survey | Triennial | 0(Best) | - | - | - | 0 | - |
| 2011-No Critical Findings, 31 Opportunities for Improvement, and 5 Areas of Strength Identified. | | | | | | | |
| HCA Internal Audit 2008 | Triennial | 0(Best) | 0 | - | - | 0 | - |
| 2008-OFIs: Charge master Maintenance, Pharmacy Segregation of Duties-prevent Asset Misappropriation | | | | | | | |
| 2011-OFIs: Security Access Review, Cash Receipts Controls | | | | | | | |
| RPC Internal Control Audit Checklist | Biannual | (Non)/Compliant | C | C | C | C | C |
| 2008-2012: No Major findings. | | | | | | | |

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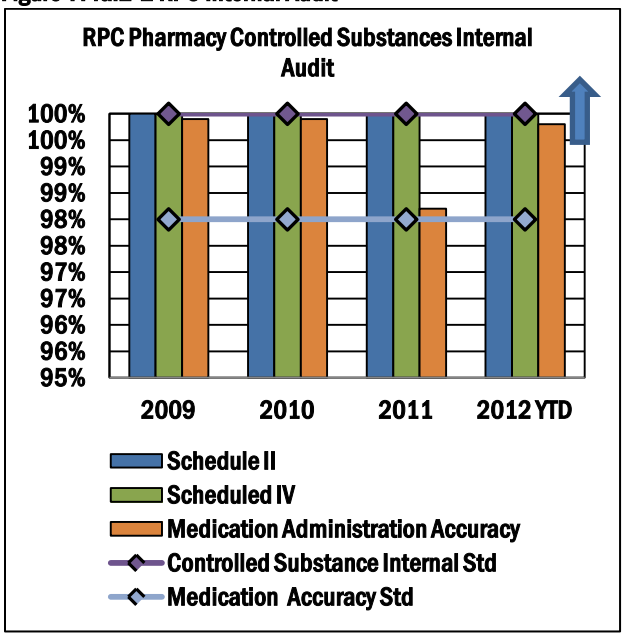
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| RPC SOX Internal Departmental Audits | Quarterly | (Non)/Compliant | C | C | C | C | C |
| 2008-2012: No Major findings. | | | | | | | |

**Figure 7.4a.2-2 RPC Internal Audit**




### 7.4a(3) Law, Regulation, and Accreditation

**Figure 7.4a.3 RPC's Regulatory Compliance**

| Key Measures of Regulatory Compliance # of Outstanding Areas | Scale | 2008 | 2009 | 2010 | 2011 | YTD 2012 |
|---|---|---|---|---|---|---|
| QRS Triennial Internal Audit Scores | 0(Best) | - | 0 | - | 0 | - |
| CMS State Surveys # of COPS OOC | 0(Best) | 0 | 0 | 0 | 0 | 0 |
| TJC Triennial Survey # Outstanding RFIs | 0(Best) | - | 0 | - | - | 0 |
| Fire & Safety Passing Surveys: 2009 New Alarm System | | 2 / 2 | 4 / 4 | 4 / 4 | 4 / 4 | 1 / 1 |
| Lawsuits/Claims Filed | | 3 | 1 | 0 | 0 | 0 |
| Food Service Inspections (Passed) | | 6 / 6 | 6 / 6 | 6 / 6 | 6 / 6 | 1 / 1 |

### 7.4a(4) Ethics

**Figure 7.4a.4 RPC's Ethical Behavior**

| Key Measures of Ethical Behavior | Scale | 2008 | 2009 | 2010 | 2011 | YTD 2012 |
|---|---|---|---|---|---|---|
| RPC Compliance Process Review Score | 1-5(Best) | 4 | 5 | 5 | 5 | 5 |
| MidAmerica Compliance Process Review Score-Comp | 1-5(Best) | 3 | 4 | 4 | 4 | 4 |
| Code of Conduct Training Compliance | 100 | 100 | 100 | 100 | 100 | 100 |
| HIPAA Breaches | | 8 | 9 | 9 | 7 | 9 |
| HiTech Breaches | | 0 | 0 | 0 | 0 | 3 |
| ECO Investigations | | 2 | 2 | 2 | 3 | 0 |
| Reportable Incidents | | 0 | 1 | 0 | 3 | 0 |
| EEOC Investigations/ Complaints Dismissed | | 0 | 1 | 2 | 1 | 0 |
| Pharmacy Diversions | | 0 | 0 | 1 | 2 | 0 |

### 7.4a(5) Society

In previous years RPC has utilized Cintas to shred and recycle paper with PHI on it; which has enabled RPC to greatly contribute to the conservation of several valuable natural resources in the U.S. Currently, RPC has teamed up with Stericycle in an effort increase our positive environmental impact and implement a "Go Green Initiative" by actively participating in a recycling program throughout the facility. This program recycles non-PHI paper including magazines and phone books, aluminum cans, plastic bottles, cardboard, and tin/steel cans. Also, RPC will initiate a new Lighting Project with Kansas City Power & Light to replace several incandescent lights with light-emitting diode (LED) lighting. The annual pollution reduction impact of the project is as follows: Carbon Dioxides 8,871 lbs., Sulfur Dioxides 30 lbs., and Nitrogen Oxides 15 lbs. The local impact of the project is equivalent to removing one car from the road and planting one acre of trees (annually).

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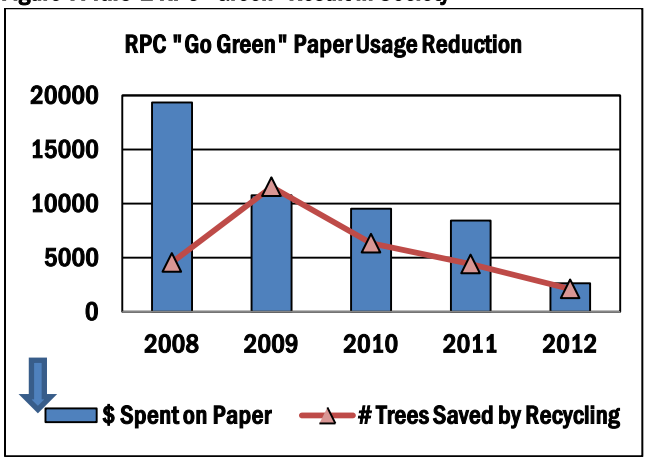
**Figure 7.4a.5-1 RPC Environment Conservation**

| RPCs Cintas Data | 2008 | 2009 | 2010 | 2011 | 2012 YTD |
|---|---|---|---|---|---|
| # of Trees | 456 | 1,156 | 634 | 442 | 212 |
| Gallons of Oil | 10K | 26K | 14K | 10K | 5K |
| Gallons of Water | 188K | 477K | 261K | 182K | 87K |
| Cubic Yards of Landfill | 80 | 204 | 112 | 78 | 37 |
| $ Spent on Paper | 20K | 11K | 10.5K | 8.5K | 2.5K |

Decreases in the data are attributed to the more efficient systems and recycling systems that have been put into place to conserve resources.

**Figure 7.4a.5-2 RPC "Green" Result in Society**

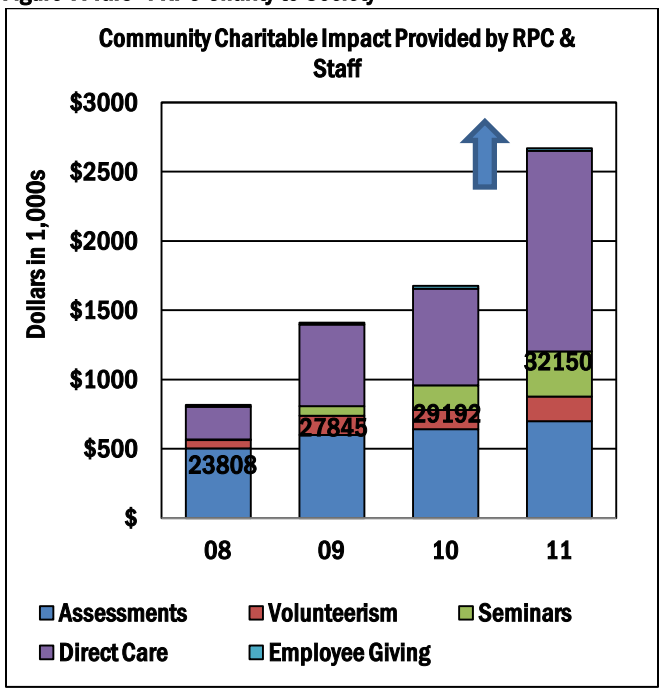



RPC has initiated a "Go Green" effort throughout the facility. The results have shown that as the facility spends fewer dollars per year on paper, the number of trees saved per year has been reduced as well.

**Figure 7.4 a. 5-3 RPC Call Center Contributions to Society compared to IP Admissions**

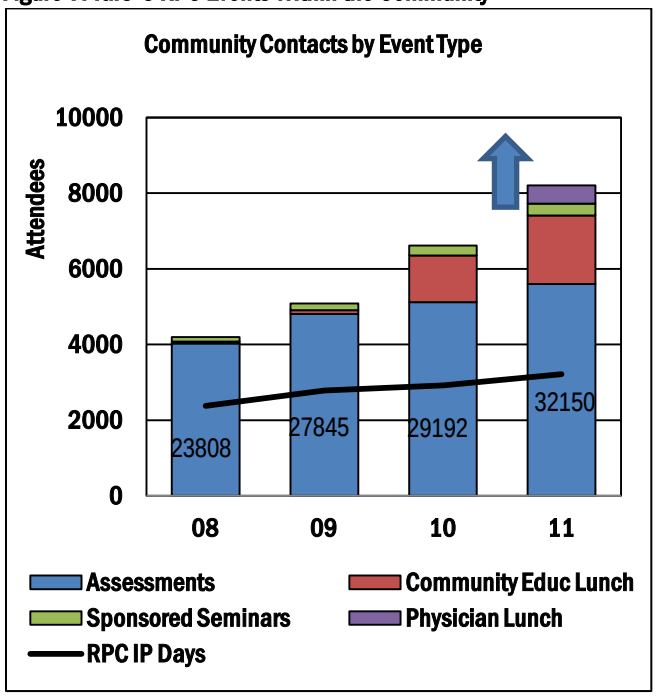
| | Calls | Intake Assessments | Non-HCA ER Assessments | Admits |
|---|---|---|---|---|
| **2007** | 9000 | 4072 | - | 3075 |
| **2008** | 9321 | 3916 | 2833 | 3137 |
| **2009** | 9716 | 4333 | 2817 | 3611 |
| **2010** | 11193 | 4589 | 3383 | 3725 |
| **2011** | 12461 | 4830 | 3791 | 3868 |
| **2012** | 3025 | 1309 | 888 | 1037 |

**Figure 7.4a.5-4 RPC Charity to Society**




As community support increases, RPC experiences organization growth and enhanced Stakeholder Satisf Data points reflect IP Volume.

**Figure 7.4a.5-5 RPC Events Within the Community**




As the number of RPC Sponsored Community Events have increased, a positive correlation has been realized with IP Days. Additionally, Stakeholder Satisf indices correlate with enhanced community exposure.

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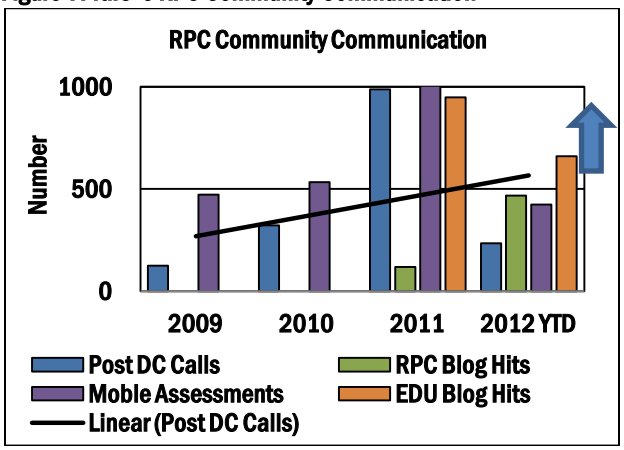
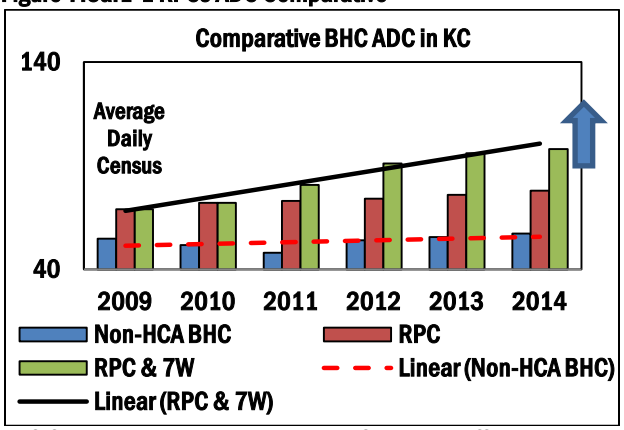
Figure 7.4a.5-6 RPC Community Communication




## 7.5 Financial & Market Outcomes

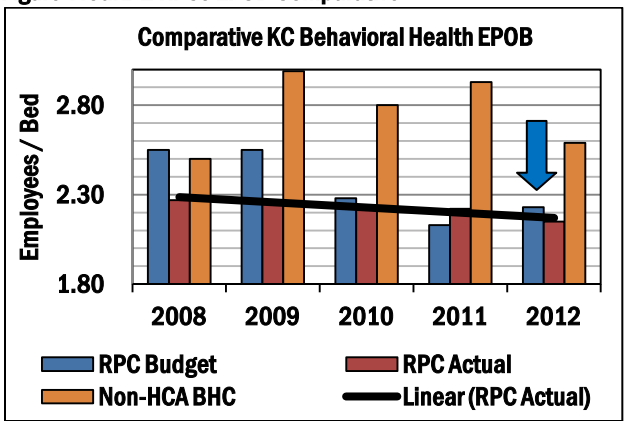
### 7.5a(1) Financial Performance

Figure 7.5a.1-1 RPCs ADC Comparative



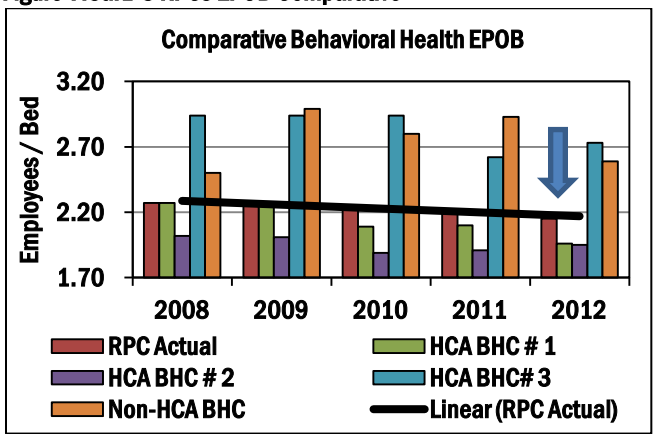

RPC Continues to sustain growth in KC despite difficult economic conditions. The major local competitor has experienced decreased volumes.

Figure 7.5a.1-2 RPCs EPOB Comparative



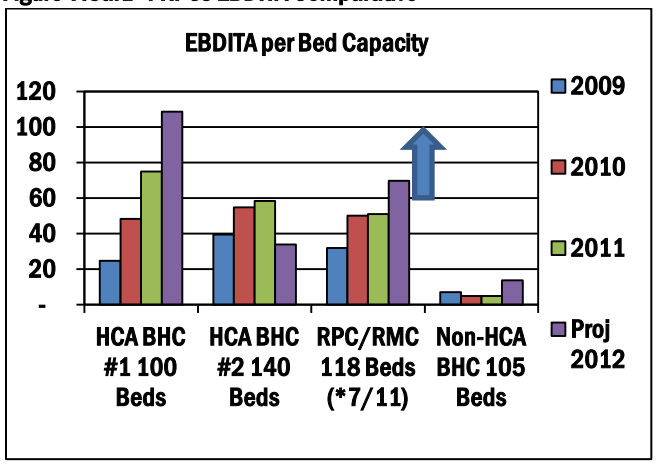

RPC Continues to sustain growth and improve staffing efficiencies in stark contrast to the major competitor in KC.

Figure 7.5a.1-3 RPCs EPOB Comparative




RPC Continues to sustain growth and improve staffing efficiencies in stark contrast to the major competitor in KC.

Figure 7.5a.1-4 RPCs EBDITA Comparative




### 7.5a.(2) Marketplace Performance

Figure 7.5a.2-1 RPCs Percent Occupancy Comparative

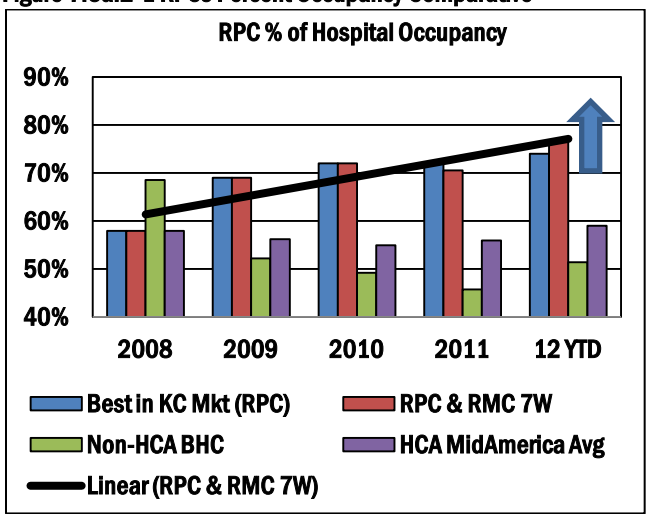



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Figure 7.5a.2-2 RPCs Market Share

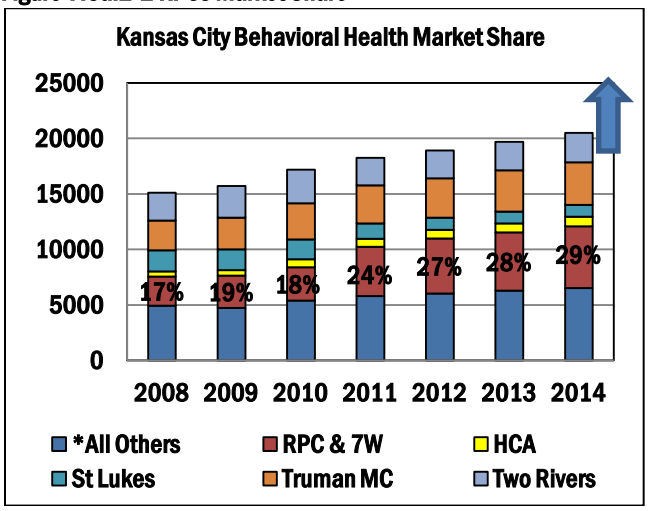
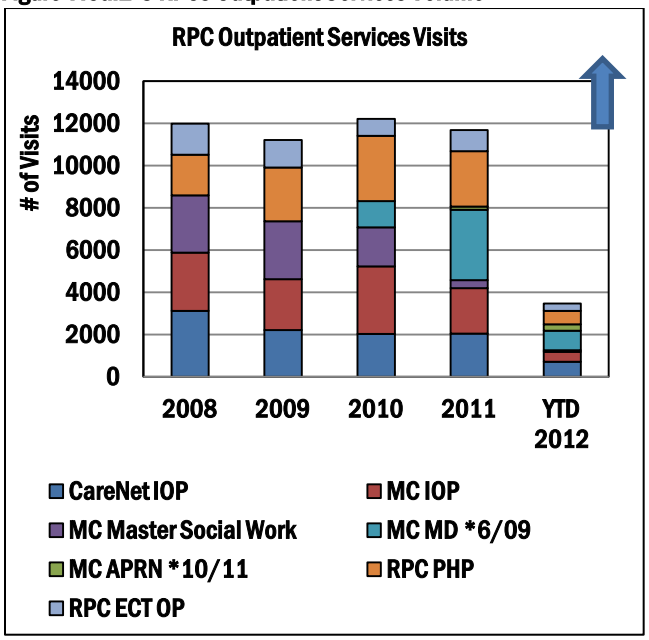



Figure 7.5a.2-3 RPCs Outpatient Services Volume

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