

## LEADERSHIP

### Senior Leadership

SSMHC is committed to providing exceptional health care to every patient served at home. Developed in 1986 with the formation of the health care system, SSM's Mission and Values were reevaluated and refined in 1999 through a process involving over 3,000 employees at all levels in the essence of what SSMHC strives for each day; to reveal the healing presence of God by providing exceptional health care services at home. The Mission is at the center of AC accountability shown through the Values and EXCEPTIONALS.

The Mission, Values and EXCEPTIONALS are the foundation for all work. AC systematically deploys the Mission and Values to the workforce, key suppliers, partners, patients, and stakeholders through the SSMHC Leadership System and day to day work. Using the Mission and Values as a framework, AC determines short and long term strategic goals and performance expectations as part of the annual Strategic Financial and Human Resource Planning (SFHRP) Process. The five-year SFHRP Process is organized into categories (EXCEPTIONALS) forming the strategic objectives from which the one year operational plan is developed.



### SSMHC's Leadership System

SSMHC sets goals for each EXCEPTIONAL. Key goals are monitored on Department Posters and are reviewed by AC to ensure alignment. Posters are publicly displayed to reflect accountability and show visual progress towards goals. AC's commitment to the Mission and Values, as well as the EXCEPTIONALS, is reflected through their day to day actions. For example, all informational content in reports, on graphs, and in communications points back to key goals and the EXCEPTIONALS by highlighting these foundational elements portrayed in Figures.

Bimonthly AC meetings and monthly operation (OPS) meetings rely on a standardized agenda incorporating the EXCEPTIONALS into the review process. Quarterly Town Hall meetings, monthly manager meetings, and a monthly newsletter supports the tenets of the EXCEPTIONALS through communication of initiatives, goals and results to all employees. Patients are provided information about SSMHC's

commitment to the Mission, Values, EXCEPTIONALS, and ethical practice at the start of patient care and during visits when care providers discuss patient rights and care planning. SSMHC's metrics, initiatives, and best practices are shared across the system with affiliated groups and partners, including physicians, and through participation with CQIplus and collaborative teams. Suppliers, contracted service providers, nursing homes and educational institutions are given information regarding our mission and the importance of ethical behavior through the contracting process. The Mission and EXCEPTIONALS are included on marketing materials to inform organizations of SSMHC's ethics and values.

SSMHC's Mission Awareness Team (MAT) is commissioned by AC to maintain employee awareness of the Mission through projects designed to assist with community needs. AC personally demonstrates their commitment to the culture of giving by way of annual donations to the UW campaign, participation in MAT programs and involvement in SSMHC's Foundation activities, designed to assist patients with non covered care needs.

	EMPLOYEES	PHYSICIANS	SUPPLIERS	Volunteers	Collaborator	Patients/ Community
Job/Service. Description	X	X		X		
Orientation/Onboarding	X	X		X		
Code of Conduct	X	X	X	X		
Mission Exceptional Posters	X	X	X	X	X	X
Passports	X	X		X		
PIR (the EXCEPTIONALS)	X	X				
Exceptional Service Standards	X	X				
Leadership Competencies	X	X				
Reward & Recognition (Gratitude Notes)	X	X		X		
AC Rounding	X					
Leadership Development Process	X	X				
Town Hall Meetings	X	X		X		
Leadership Conference	X	X				
Home Care Conference	X	X				
Business Review	X	X				
Facility Displays	X	X	X	X	X	X
Brochures	X	X	X	X	X	X
Web Site	X	X	X	X	X	X
Mission Retreat Days	X	X		X		

### Deploying the SSMHC Mission

AC is evaluated on meeting the EXCEPTIONALS through a value based performance system. AC participates in a 360-degree evaluation process based on the Leadership

Competency Model. The system program for Achieving Exceptional Patient Care (AEPC) supports the Mission and Values by defining expected service standards. AEPC is introduced to all employees during the hiring process and at orientation, and is utilized in the annual performance review process.



### Leadership Competency Model

The system program for AEPC supports the Mission and Values by defining expected service standards. AEPC is introduced to all employees during the hiring process and at orientation, and is utilized in the annual performance review process.

AC personally promotes an organizational environment which fosters, requires and results in legal and ethical behavior through a system wide effort called the CRP. CRP is overseen by a system Vice President and creates an open, direct, and non-punitive approach called Just Culture, for addressing legal and ethical issues. The SSMHC CRP contact person is a member of AC ensuring alignment and continuity of policy administration, and oversees and participates on the SSMHC ethics committee to assist with consults. Employees, physicians, and key suppliers are empowered to use the CRP through the availability of a confidential 24-hour hotline. CRP issues are addressed within 7 to 21 days based on issue urgency. The CRP hotline number is posted in all offices and on the Intranet. The CRP contact reviews issues, ensures resolution, and reports to AC quarterly. Annual ethical behavior and compliance training is mandatory for AC and employees.

The Catholic Healthcare Audit Network (CHAN) performs focus audits to assess CRP effectiveness and compliance in priority areas identified by the Corporate CRP steering committee. Scores of less than 80% are reassessed annually; otherwise, reviews are conducted every three years. SSMHC conducts annual self-assessments and addresses any identified gaps.

The Standards of Ethical Conduct (SEC) are available on site (AOS) and distributed routinely to vendors and contractors. Conflict of Interest (COI) statements are reviewed and signed annually by employees with authority to initiate transactions or influence purchasing decisions, as well as by board members. Policies cover gifts and solicitation of donations and are reviewed annually. AC models compliance by adhering to the SEC and declining gifts.

SSMHC's contract review process ensures that ethical, legal, and regulatory practices are followed in stakeholder transactions 100% of the time. High risk contracts are reviewed by SSMHC's law firm, Greensfelder. Remaining contracts with managed care, human resources, or low risk areas are reviewed by employees specializing in those areas. SSMHC audits and monitors compliance of contract terms annually.

AC creates a sustainable organization through its commitment to achieving exceptional health care services at home. This is reflected in the SFHRP Process, which ensures SSMHC's alignment to the Mission, Vision, Values, and strategic objectives and also monitors organizational work performance and results. When variation occurs between budgeted and actual performance, a corrective action process is implemented. Corrective action plans include problem solving methods directed towards identifying the root cause of the problem. The action plan includes detailed implementation strategies, responsibilities, and timeframes. Immediate feedback and lessons learned from gap analyses are used to make real time changes.

An additional assurance of organizational sustainability is the commitment to CQI. Describing success as "exceptional" requires comparison to industry competitors, continual improvement efforts, and regular evaluation of progress in measureable terms to quantify results. SSMHC's forward thinking AC team has created an environment of organizational improvement that empowers all employees to be innovative and seek needed knowledge to anticipate and manage changes in the industry.

AC organizationally embraces the implementation of the CQIplus model which utilizes DMAIC, Six Sigma and Lean methodology. The CQI director is accountable for overseeing projects, mentoring Project Team Leaders (PTLs) and ensuring the CQIplus process is consistently used as projects are developed and results are obtained. By monitoring the CQIplus process, the CQI director ensures project sustainability. AC determines project alignment with strategic direction and approves projects for placement in the CQIplus project pipeline. CQIplus project goals and results are communicated to employees on a regular basis.

The emphasis on CQI supports, and is supported by technology to sustain an agile organization. SSMHC incorporates state and national quality award feedback, industry comparative data, and self assessments as a methodology for systematic performance improvement. To create a workforce culture that fosters engagement, the Shared Accountability model was implemented and provides all employees a voice in decision making about operations and concerns. All employees have opportunities to be involved in work councils and teams, such as the Employee Council (EC), Safety Committee and Clinical Practice Councils to resolve questions on standards of practice and to recommend improvements. For example, the Clinical Practice Councils,

led by clinicians, perform literature searches and, research and focus on evidence based practice. Employees are introduced to CQIplus and Shared Accountability during orientation and are encouraged to participate on councils.

In order to create an exceptional patient experience, AC recognized the need to change our behavior as a health care provider. SSMHC implemented a progressive approach to patient care by incorporating the home based Integrated Chronic Care Model (ICCM) into care providers clinical practice. The ICCM program functions as a platform for partnership between the patient and medical community and emphasizes full participation by patients in their care. The patient centered approach can be accomplished only within the context of the patient developing a personal, trusting relationship with the care provider over time. Care providers have been educated on the principles of ICCM and health care communication techniques. The program creates a positive overall home care experience for patients.

SSMHC creates an environment for organizational and workforce learning through participation in annual system wide events designed to share best practices, such as Showcase for Sharing and the Leadership Conference. Other venues to share best clinical practices include system collaborative learning sessions and the annual Home Care Conference. Communication about best practice is deployed through a variety of media, including a monthly webinar, the "CQIplus Steal Shamelessly Speaker Series," and the internal publication OptimiSSM, a system wide newsletter.

AC participates in activities to assess and develop themselves and future leaders. This is done through participation in an annual 360-degree evaluation process based on the Leadership Competency Model with input from peers regarding their behavior and leadership skills. Personal development plans are created incorporating the system's wide range of training modules, competency programs and a formal mentoring program to support leader development. Leadership development is available through the Coralelli Meyers and Caliper testing, development assessments, professional/community organizations, mentoring, leadership conferences and SSMU.

To promote organizational learning, succession planning, and to develop future leaders, employees are encouraged to participate in online classes accessible through the Learning Management System (LMS). SSMHC's tuition reimbursement and collaborative relationship with Fontbonne University encourages employees to pursue higher education. In addition, SSMU provides educational programs designed to enhance job related and interpersonal skills. Employees from executives to entry level are afforded the opportunity to utilize SSMU to further develop their leadership skills. AC actively supports career advancement for qualified internal employees to move into key positions.

SSMU has implemented two programs to accelerate leadership growth, motivate and cultivate an employee talent pool as a retention method, and meet business strategies. The Leadership Pathway, a two year program, is used to identify and develop potential managers/directors who display strong leadership traits. The Leadership Pathway participant's feedback was paramount to the creation of another program, Emerging Leaders. This program is designed for employees interested in becoming leaders. Both programs focus on personal development, organizational leadership, process improvement, team building and leading change. Succession planning is also supported by the SFHRP Process.

To support a culture of patient safety, AC holds employees accountable for providing a safe environment through regular monitoring and reinforcement of systematic safety practices. Safety goals were added to SSMHC's strategic and operational plans, and safety was made a regular agenda topic for AC and OPS meetings. Safety goals are established at the system, network, entity and department levels. SSMHC aspires to be "Always Safe, Every Day, Every Way" with the ultimate goal of doing "Zero Harm." AC is committed to promoting a culture of safety by dedicating time and resources to safety initiatives and measurement. Initiatives, such as the Always Safe, Just Culture and Team STEPPS are mandated for all employees. Leadership supports occurrence/event reporting and the use of the CQIplus process to identify and address safety risks.

AC communicates with and engages the workforce through a variety of means as illustrated in Figure. A systematic approach to promote two way communications is used to ensure stakeholders consistently receive communication about key decisions. Communication plans identify key messages, audiences, leader spokespersons, methods of deployment and timeliness. The flow of internal communication progresses as follows: from SSM system leadership to > the SSMHC President to > AC to > Managers/Supervisors to > SSMHC clinical staff. SSMHC relies on technology to bridge the geographic distribution of employees through three states. SSMHC's Professional Advisory Board (PABs) and Medical Director Meetings provide venues for communicating with our medical directors (Home Health and Hospice) and community participants. Marketing employees and Intake Coordinators serve as community liaisons through their involvement with SSM partner hospitals. Service standards are evident in their work and through direct communication with physicians, hospital employees, and patients. SSM physicians receive quarterly newsletters updating them on home care initiatives and regulatory changes. Care providers and supervisors manage day to day communication with suppliers, SSM Select Rehab and nursing homes. Partners and suppliers are notified of opportunities for improvement as they arise using the Opportunity for Improvement process. AC maintains affiliations with the community through national and state association memberships.

AC also takes an active role in reward and recognition initiatives. Individual employee recognition is initiated through programs such as service awards, employee of the quarter, care provider scorecards, newsletters, and The Exceptional Recognition program.

When	How	Who	Purpose
Annually	Leadership Conference	Employees, AC's, Phys, Partners	Recognition, BP sharing
	Showcase for Sharing	Employees, AC's, Phys, Partners	Recognition, BP sharing
	Emp. Partnership Survey	Employees	Determine workforce satisfaction/ engagement
	Phys. Satisfaction Survey	Physicians	Determine physician satisfaction
	Innsbrook Meeting*	AC's, Physicians, Partners	Strategic planning direction
	Leadership Development	AC's	Performance update/reward and recognition
Quarterly or Monthly	Supplier/Partner Review*	Suppliers, Partners	Performance update, BP sharing, SD communication
	Employee Forums (EC Town Hall Meetings)	Employees	Performance update, BP sharing, recognition, SD communication
	Innsbrook*	AC's and Partners	Performance assessment and direction, SD communication
	SSM OptimiSSM	Employees, Physicians	Recognition, system developments
	Department Meetings*	Employees	Performance update, BP sharing, recognition, SD communication
	Med. Director Meetings*	Physicians	Performance update, clinical & operational issues
	Board Meetings*	Board Members	Business of system, performance update, SD communication
	CQIC Team Meetings*	Employees, Physicians	Performance update, BP sharing
	Breakfast with the President	Employees	Recognition, communication with entity President
Routinely	HomeNotes/Quality Star/HomeFront Newsletters	Employees, Physicians	News, recognition, event/class info, policies, SD communication
	SSM Link	Employees	News, recognition, system calendar
	Gratitude Notes	Employees	Appreciation, recognition
	Intranet	Employees, Physicians	Updated information and resources/news/policies
	Rounding*	Employees, Patients	Round at branches to connect w/patients and staff

#### SSMHC Leadership Team Communication/Engagement Methods

\*two-way communication (BP = best practice, SD = strategic direction)

AC generates a focus on action to accomplish organizational objectives and improve performance with concentration on the EXCEPTIONALS in the PIR report. The PIR contains key clinical, safety, satisfaction operational, financial, and work system indicators as the primary tool for evaluating SSMHC performance. The PIR provides a clear, consistent view of expectations relating to department plans and passport goals, and maintains focus on key metrics, producing a sense of urgency and clarity in pursuit of the vision. All actions and strategies are connected to measurable goals using comparative data, when available to help SSMHC set stretch goals to fulfill the Mission. Actions requiring improvement are identified through variance reporting and by determining the rate of progress required to remain competitive in changing markets. SSMHC's quality improvement, patient safety, infection control and environment of care information are reported quarterly to the system Board.

SSMHC creates and balances value for patients and stakeholders through review of organizational performance of both short and long-term goals that relate to the achievement of the EXCEPTIONALS. Stakeholders are engaged during strategy development.

#### Governance and Societal Responsibilities

SSMHC's governance structure, designed to assure accountability for management actions and effective use of resources, allows SSMHC to achieve the Mission. AC assesses overall performance by examining financial and operational performance in monthly leadership and OPS meetings using the PIR metrics. Branch Managers use department level reports to understand their employees' performance in relation to the PIR and EXCEPTIONALS.

Organizational transparency is achieved through the public reporting of CMS Home Health Compare quality and process measures, ACHC accreditation results and state reports. To ensure fiscal responsibility and transparency in operations in terms of compliance with the EXCEPTIONAL Financial Performance/Growth, SSMHC's President and VP of Finance attest to the accuracy and disclosure of financial statements on a quarterly basis. The BOD monitors operations, financial reports, CRP, quality, and safety progress on a quarterly basis.

Fiscal accountability is monitored through internal audits by the CHAN. Deloitte & Touche are employed for external financial audits, providing independent assurance that business risks and opportunities are identified and managed. SSMHC has voluntarily adopted most Sarbanes-Oxley compliance requirements, although not required for non-profit organizations, as a way to further protect stakeholder interests.

AC is evaluated on their ability to achieve exceptional results in clinical, operational and financial performance, as well as to ensure patient, employee and physician satisfaction. The Leadership Development Process is based on established performance expectations that provide a standard for accountability and form the basis for learning. Results are used for personal development and discussed and agreed upon during annual performance evaluations. The Leadership Competency Model provides a standard for accountability. As mandated by SSM's bylaws, the BOD conducts an annual board evaluation in which it holds itself accountable to the code of conduct of the Carver Model. Clinical, operational and financial results are utilized to further develop and improve leadership effectiveness.

In recent years, the health care industry has been placing a greater focus on the safety of medical care and the reduction of errors that could potentially harm patients. At SSMHC,

nothing takes a higher priority than patient safety; however preventable adverse effects of care can occur despite best intentions. To address this, SSMHC acknowledges public concerns that medical errors, deviations in the standard of care, or service failures will impact society.

SSMHC proactively anticipates and responds to concerns by participating in the SSM Corporate Risk and CRP programs. SSMHC's Ethics Committee and the System Policy Institute also provide resources and models for identifying risk. The Policy Institute keeps abreast of changing trends/implications and advocates for quality healthcare in SSMHC communities. Potential legal, ethical, policy and environmental concerns such as EPA and OSHA regulations, are monitored to reduce adverse impact on society and/or the environment. For example, in 2009 upon discovery of the effect of drug disposal in sanitary systems, SSMHC changed its policy regarding disposal of pharmaceuticals, even in patient homes, despite the fact that such action exceeds regulatory requirements.

SSM's Mission and Values focus SSMHC on social responsibility and ethical accountability. SSMHC's geographic diversity allows for the conservation of resources, proactive ability to address community concerns, and utilize effective supply chain management. Responsible resource utilization is supported by Medline and other suppliers, and collaboration with industry contacts ensures effective supply chain processes. SSMHC utilizes its position within the System to continually meet the Mission. For example, the SSM system created a multidisciplinary team of experts to address the threat of H1N1 and ensure pandemic readiness. As a result of network integration, SSMHC was ready for the influx of patients to be managed in their communities and was prepared to quickly shift resources where necessary.

SSMHC monitors compliance through performance measures such as the annual CRP Effectiveness self audit, state licensure and accreditation for all services, CMS Home Health Compare Reports and sentinel event status reports.

Key compliance responsibilities and processes are designated to AC for action management. Potential emergencies and disasters are risks which affects health care providers' ability to deliver patient care. In response, SSMHC joined a community disaster preparedness organization called the St. Louis Area Regional Response System (STARRS), area regional response systems, and the Government Emergency Telecommunications Service (GETS). The multidisciplinary Safety Committee, Building Safety Officers and Patient Safety Coaches at each location serve as communicators between AC, managers, employees and patients to identify and mitigate safety risks and concerns at all levels.

SSMHC's Values, heritage and CRP Process promote and ensure an ethical environment. All employees are required to participate in standardized education that addresses ethics, risk, HIPAA and CRP at new employee orientation and each year thereafter and sign conflict of interest statements annually. Additionally, the Board of Directors receives annual CRP training and completes COI statements. AC promotes and ensures an ethical environment by maintaining focus on the Mission and Values using AEPC and CRP. Ethical and legal concerns are reported by all employees via occurrence or CRP reporting. Internal audits are performed periodically by CHAN. Annual CRP risk assessment and effectiveness surveys are completed by the CRP contact. Patients and families are advised of ethical policies and business practices at the start of care. Suppliers, vendors and contracted service providers are advised of ethical standards at the time of contracting. The contract review process ensures that ethical, legal, and regulatory practices are adhered to in partner and supplier transactions. Ethical breaches are reviewed by the ad hoc ethics committee and corrective action is initiated. For HIPAA privacy, SSMHC proactively monitors access to HER. All other CRP or code of conduct violations are handled through investigations, RCAs and corrective action plan implementation.

Societal well-being and benefit is important in the daily operations of SSMHC. It is taken into account during the annual SFHRP Process by reviewing the customer needs assessment and environmental scanning as part of the MDS review. In keeping with the Mission, Vision and Values, anyone who comes to SSMHC receives care regardless of ability to pay. Under SSMHC's charity care formula, a sliding scale is used to determine discounts for service. AC supports hospice education and grief support groups, in addition to financial support of unreimbursed care. Employees are not forgotten when evaluating community need, and are assisted through SSMHC's Compassionate Circle of Care.

SSMHC understands that an unhealthy environment adversely affects every aspect of community health. Therefore, SSMHC engages in environmental protection activities consistent with the value of stewardship. AC fosters a Preservation of the Earth (POE) committee whose activities promote a healthy environment. Environmentally responsible business decisions have been cost effective. For example, SSMHC has gone paperless (EHR), and is pragmatic with finding ways to reuse/recycle materials to reduce costs. Another significant environmentally responsible decision was made by SSM's Board Chairperson, Sister Mary Jean Ryan, when she mandated a form of resource stewardship through the elimination of bottled water in System facilities. AC ensures SSMHC is attuned to societal environmental concerns and manages these undertakings as a part of their leadership responsibilities. Other specific examples of SSMHC's efforts to promote societal well being include discouraging the use of certain businesses with poor environmental or human rights behaviors, and prohibition of language that may foster a tone of violence, prejudice, or insensitivity toward any form of life, or the environment. SSMHC is a smoke free organization and continues the transformation to becoming more environmentally focused as it evaluates projects and business practices.

Improving the health of the community has been a System imperative since 1872 when the Sisters of St. Mary first went into the neighborhoods of St. Louis giving aid to any sick person they encountered. SSMHC continues the sisters' community health work by providing care with the goal of improving the health of patients in their homes. The traditional users of Home Health and Hospice care are elderly, chronically ill and terminal patients. INF services are provided to chronically and seriously ill patients, including children, and In Home to impoverished adult and elderly patients. SSMHC is committed to meeting the needs of patients in the communities where the System has hospitals. Hospice outreach in support groups and community education are additional avenues by which the organization and AC actively support and strengthen our key communities.

SSMHC identifies key communities in the environmental scanning portion of the SFHRP Process. SSMHC collaborates directly with the System on key community projects they identify. AC works to extend resources through community efforts such as the SSMHC Foundation and MAT activities, and the UW campaign. SSMHC also partners with the System on an initiative called Healthy Communities. This program is designed to bring measurable improvements in health and well being to those served. AC is directly involved with Healthy Communities projects through direct participation and partnering with the SSM Network and affiliates.

## STRATEGIC PLANNING

### Strategy Development

SSMHC's SFHRP Process involves AC and all departments in a five year (long term) plan, with one-year annual updates (short term). These horizons are set based on the optimal time to implement and realize improvements. The SFHRP Process combines strategic, financial and human resource planning, including vision, strategies and metrics. Operational plans focus on one-year goals to support the strategic plan, department plans and budget.

AC drives the strategic process by integrating input from key stakeholders, including employees, partners, collaborators and suppliers through retreats, meetings, and other forums. AC and key operational stakeholders together conduct a diverse and holistic review of current and proposed strategic direction in order to set and deploy the strategic plan. Potential blind spots are identified through a Strengths, Weaknesses, Opportunities and Threats analysis (SWOT) and assessment of the current and emerging business environment through an annual review of the Minimum Data Set (MDS). The MDS information is gathered from performance development plans, surveys, regulatory data and performance improvement reports (PIRS). The MDS is a robust tool used to identify potential risks, new technology, competition, stakeholder feedback and internal/external factors impacting performance and strategies.

		STRATEGIC PLANS (Five years, long-term positioning)				
		2012	2013	2014	2015	2016
OPERATIONAL PLANS (Annual, short-term/ Optimize Performance)	Characteristics of Exceptional Health Care		<b>Strategic Plans</b> • Focus on Long Term (5 Years) • Market Differentiation/Strategic Advantage • Capital Needs for Long Term • Viability			
	Other Entity/Service Line Goals		<b>Operational Plans</b> • Focus on Short Term (1 Year) • Quality of Product or Service • Customer Satisfaction • Operational Excellence • Dept. Posters/Emp. Passports			
	Department Plans and Budget					

### Strategic and Operational Planning

Throughout the SFHRP Process, AC determines and validates SSMHC's core competencies, challenges and advantages by reflecting on current versus future needs, analyzing industry trends, and identifying/prioritizing key business challenges. Goals and plans at all levels align with the SSM Mission and EXCEPTIONALS. The changing health care industry compels an annual study of the SFHRP to validate long-term priorities and develop short-term operational plans.

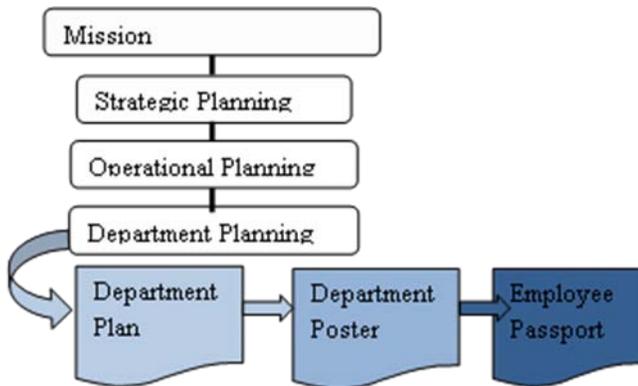
The use of a standardized planning process, including templates and the MDS, ensures a systematic approach to plan development. AC conducts biannual planning retreats to perform SWOT analyses to systematically identify potential risks and shifts that signal needed change in current and future strategies. To stay abreast of industry trends, and identify early indications of shifts in technology and the economy of health care markets, AC and Planning annually revalidate MDS

information. AC serves on boards and meets with key partners, suppliers, and other collaborators (McKesson Technology, Healthcare Financial Management Association, MAHC, LINC, System committees) to identify emerging trends potentially affecting safety, delivery of care, competition, outcomes and reimbursement. For example, AC regularly meets with IHT to discuss industry technology trends and assure alignment between the corporate IHT and SSMHC technology roadmaps. These discussions facilitate the planning process and help with market specific utilization projections as a result of changing technology. Customer preference is obtained through contracted vendors who provide patient satisfaction and employee engagement trends. SSMHC collaborates with LINC and others to analyze and benchmark health and technology trends. SSMHC President is the board chairperson for HHU and collaborates monthly on key strategic and operational initiatives.

The SFHRP Process ensures long term sustainability through its rigorous and systematic planning process. Core competencies are validated as part of current and future state assessments. The SFHRP Process includes data reviews and assessment of emerging trends. Projected operational performance is set at levels to generate adequate revenue to meet long-term requirements and reach progressively improved performance towards exceptional levels. Systematic performance measurement ensures key requirements are being met, or real time adjustments are made, to bring performance back to plan. To further enhance monitoring, action plans are implemented to shorten cycle times between review sessions and improve SSMHC's agility in making modifications. SFHRP supports sustainability and agility by involving key stakeholders and systematic, ongoing measurement, using CQIplus, to address gaps and make mid-course corrections.

SSMHC's ability to implement the strategic plan is through the use of standardized System templates, involvement of key stakeholders in the planning process, and ongoing monitoring at all levels. Rooted in the Mission, the SFHRP Process focuses on achieving Exceptional Health Care Services at home. The EXCEPTIONALS align the Mission to the strategic plan and deploy it consistently thought out the organization.

SSMHC's strategic objectives are the EXCEPTIONALS. The EXCEPTIONALS provide the framework as to how SSMHC leads, manages and operates. SSMHC sets goals and timetables using predefined methodologies for each key strategic objective to progressively improve toward exceptional performance. AC reviews a high level project matrix monthly using a holistic approach to maintain a balance of all strategic initiatives. This matrix includes an action plan sector that identifies champions, resources and timelines to address variances.



### Strategic Alignment

SSMHC strives for exceptional performance. The EXCEPTIONALS are designed to meet strategic challenges, while yearly goals enable SSMHC to monitor progress. The EXCEPTIONALS are embedded in SSMHC's culture creating a desire for continuous improvement. Innovation comes from the application of the CQI principles throughout the SFHRP Process and pursuit of best practice. Throughout the process, knowledge sharing and innovation is identified formally through meetings such as Showcase for Sharing, CQIplus Steal Shamelessly Speakers Series, the Leadership Conference and performance improvement communication sessions, such as CQIplus tollgate reviews. Through its long history of quality improvement using CQI, SSMHC knows how to deliver high quality care to achieve its goals. SSMHC utilizes clinical data/information, technology, along with operation and satisfaction data from vendors to identify those top level performers which provide opportunities to replicate improvement processes in unique ways. By engaging internal and external stakeholders in creating ways to improve processes, SSMHC derives ideas for innovation and clinical integration. For example, SSMHC's participation in the System's Value Based Purchasing initiative (VBP), allows SSMHC to gain an innovative perspective in the creation and implementation of strategies to ensure long term business viability

SSMHC's quest to provide exceptional health care services at home is the basis for current and future core competencies. SSMHC leverages the Systems financial and quality improvement teams as the foundation of the CQI process. SSMHC customizes system processes to the specific needs of the home care market.

Each year, key strategic objectives are examined to ensure the balance between short and long term challenges and opportunities. Strategic objectives balance the needs of patients and key stakeholders through emphasis on the EXCEPTIONALS. SSMHC assesses overall workforce capability and capacity when developing strategic, operational

and department plans. Performance measures are identified during the SFHRP Process, and results are reported monthly on SSMHC's PIR.

To ensure adaptability due to shifts in market conditions, AC focuses on stakeholder needs to achieve clinical, safety, satisfaction and financial performance goals during the SFHRP Process. Stakeholder involvement at all levels ensures requirements are balanced through SWOT analysis and ongoing contingency planning. Throughout the year, input from stakeholders ensures a timely approach to identify and address evolving challenges. Clinical improvement protocols help improve outcomes, strengthen physician relationships and improve financial performance.

### Strategy Implementation

Action plans are developed from improvements identified through MDS review such as state/national quality feedback reports, regulatory assessment and the SFHRP gap analysis. SSMHC develops action plans with key measures to support its goal using standardized planning templates. To facilitate knowledge sharing, all plans follow the same format, and include defined strategies aligned with the EXCEPTIONALS, actions, designated champions, results, measures, timetables and capital requirements.

Key planned changes include integration into the System's VBP initiative, which provides coordinated care across the health care continuum. SSMHC implemented the ICCM into the provision of home care services to improve care for patients. To further support exceptional care at home, SSMHC is expanding its disease management programs and the use of technology, such as telehealth. Program expansion will provide home care additional opportunities to support and collaborate with key partners to better meet the needs of the community and stakeholders.

Action plans are developed by each department, reviewed with AC at monthly OPS review and aligned with the EXCEPTIONALS to include actions, champions, resources, measures and timetables. SSMHCs President provides on-going communication about the SFHRP Process to leaders, partners, suppliers, and physicians through a variety of communication vehicles illustrated in Figure. Key suppliers collaborate with SSMHC by participating in CQIplus projects and workouts, huddles or communicating directly in person or electronically. Specific improvement goals from the department planning process are displayed in the department on Department Posters. Department Posters provide a visual line of sight connecting the SSM Mission to department goals and display priorities that are aligned with goals. Department goals tie directly to key department in process and outcome indicators. Mission Accomplished posters are utilized to highlight department goal achievement. Posters are displayed

publicly to allow employees, suppliers, physicians and visitors to view attainment of goals. SSMHC uses employee Passports to deploy strategic and action plan goals to all employees and to align System, network, entity, department and individual plans with overall organizational strategy. The employee Passport links the employee's work to the goals of SSMHC, the network and System. Action plans are sustained through regular review of performance, evaluation, and communication of results. Real time modifications of actions to achieve goals allows for improved performance and recognition of results. SSMHC uses *CQIplus* teams to keep employees focused on department goals and shorten cycle times between review sessions. During the SFHRP Process, AC identifies priorities for the following year and uses a standardized template to provide a framework to ensure that needed capital (including strategic, equipment, technology, etc.); financial and human resources are linked to the annual budget process. This framework allows for review of the capital allocation cycle to ensure alignment and integration. Contingency planning ensures changes can be made to minimize risk. Budgets are developed annually to support strategies and actions identified in the operational and department plans. Financial budgets include detailed assumptions for volume, revenue and expenses, reflecting historical trends to assess risks and anticipated changes. Staffing plans are reflective of volume and expected productivity changes based upon strategic and operational plan strategies. These are validated based on industry comparisons. Non-financial performance (satisfaction, quality, safety, etc.) is also budgeted to ensure appropriate progress toward goals in the EXCEPTIONALS. Budgets are linked to the PIR for ease of monitoring.

Although SSMHC capital needs are minimal, a SSM Capital Allocation Process deploys capital based on prior year performance. This process ensures the organization does not spend more than it has the capacity to generate which minimizes the risk of over allocation and ensures financial viability. To support this process, if an entity capital request exceeds the capacity, a defined process is used to determine capital priorities to meet current obligations and ensure long-term sustainability. SSM Corporate Finance consolidates the plans into a single financial plan for the System. The BOD reviews and approves SSMHC's financial plan and strategies annually. As part of this process, SSMHC finalizes goals, operation plans and budgets with each department.

SSMHC's human resources plans establish goals and strategies to address: recruitment, selection, performance development and retention. Human resource (HR) planning is driven by the Mission and EXCEPTIONALS and is an important part of the SFHRP process. HR needs and financial impact are tied to each action plan to ensure sufficient resources are allocated to support strategies. To address workforce capability, minimum standards regarding required skills and competencies are identified for each job description. Training and skill competency needs are also identified through employee development plans, physician partnership surveys, educator's learning, and leadership feedback. SSMHC utilizes data related to productivity and volume when determining types and capacity of staff needed for the planning process. The plan for recruitment and on boarding of new positions is identified in the SFHRP Process.

Key performance indicators for tracking the achievement and effectiveness of the EXCEPTIONALS are set by the System with input from all entities. Each SFHRP Process strategy is assigned a champion for action planning, measurement and accountability. Organizational alignment is assured through linkage to the EXCEPTIONALS. For example, SSMHC Department Posters and Passports establish direct reminders of individual, departmental and entity goals, with in-process measures tied directly to organizational goals. SSMHC updates Department Posters with performance results monthly. Results are published on an internal reporting tool called the "Hallway Graph," which is distributed to AC, managers and supervisors to review with their staff. This information is also provided to Medical Directors at their meetings and updates. Quarterly, SSMHC and Select Rehab managers and supervisors, as well as all care providers, receive a clinical scorecard reporting quality performance. Measurement systems are deployed to key stakeholders through various channels. Physicians are updated quarterly through a physician newsletter. Key suppliers gain access to performance results through their participation in meetings and on process improvement teams, which are in place to address areas needing improvement based on established metrics. SSMHC evaluates our key measures of effectiveness and action plans several times a year using entity scorecards and the PIR. Goals are continuously monitored at all levels throughout the organization.

Daily, monthly, and quarterly review of actual and projected performance allows SSMHC to make real-time course correction as shifts in plans are needed. The SFHRP Process includes the capability for rapid modification of the strategic plan through corrective action plans for unfavorable variances. Corrective action plans include a root cause analysis (RCA), detailed implementation plan, description of needed support, timelines and a project champion. If an unforeseen, immediate strategic challenge or opportunity is identified requiring investments, emergency capital is available each year in a

designated fund to afford the financial agility to respond accordingly. SSMHC utilizes *CQIplus* to redesign processes that are not meeting performance expectations.

Key indicators and goals reflect performance projections for SSMHC based on comparison to other high performing organizations. The comparative data guidebook (SFHRP assumption guidelines) allows SSMHC to compare its performance with similar health care providers within national, regional and local databases. To further support benchmark projections, SSMHC does extensive benchmarking with LINC through biannual meetings, conference calls, email inquires and information sharing allowing SSMHC to compare its performance with similar providers within national and regional settings. State level home care groups and HFMA provide additional benchmarking information. Current performance is compared to desired levels of performance and analyses are conducted based on comparative data and information.

The System developed "Minimum Goal Thresholds" for 2010-2013 organizational goals. Thresholds take into account historical performance, comparative data, and performance goals, which launched a consistent approach for establishing achievable goals across the planning horizon.

To ensure progress towards goals, improvements occur at all levels of the organization both formally (full *CQIplus* projects) and informally (workouts and simple DMAIC processes) to address performance variances. Gaps are identified and real-time course corrections are made through monthly operational reviews with AC. Progress on addressing gaps is displayed on Department Posters, which include goals and graphic charts to depict overall progress.

## CUSTOMER FOCUS

### Voice of the Customer

SSMHC employs a variety of listening and learning methods to obtain actionable information and feedback on its health care services across various stages of the patient relationship, patient and stakeholder groups and market segments. The types of listening tools vary to ensure that the collected information reflects what is most important to current, former, and prospective patients and customers. The factors contributing to patient loyalty are based on this information and these indicators are monitored on the PIR.

SSMHC uses an assortment of patient satisfaction surveys based on regulatory or service line requirements. The patient satisfaction surveys are structured to gather actionable information from each of the service lines and correlate patient information with SSMHC performance. AC, managers and supervisors analyze results monthly to determine actions to improve the patient's experience.

At the System level, stakeholders at every stage of engagement are encouraged to utilize web based technologies and social medias such as internal/external blogs, Facebook, and Twitter to communicate among patients and stakeholders on a regular basis. Social media is an emerging source of feedback for SSMHC.

Patients and stakeholders have numerous opportunities to provide feedback, obtain services, seek assistance, or voice a complaint. Concerns are handled through patient and caregiver interactions with the utilization of the OFI complaint process. AC and managers are responsible for ensuring all complaints are addressed and resolved effectively. Data is aggregated and analyzed to determine systematic problems and process improvements are initiated.

When service needs or failures are identified, employees take immediate action to satisfy the customer. Service recovery is used as needed and timeliness of response is tracked and trended by the Quality department. After patients are discharged, SSMHC solicits feedback through satisfaction surveys. Compliments are shared with staff during team meetings, department meetings, huddles, and with written communications. At the beginning of care, patients are asked to participate in identifying their goals while receiving home care services. Care providers act as health coaches to engage patients in self-management of their health conditions. Supervisors, managers, and AC participate in home visits with care providers to hear patients' opinions regarding the care they are receiving, and employees' opinions on how their needs are being met by the organization. Employees are encouraged to use the "U Have a Voice" program, a tangible communication tool, to facilitate interactive dialogue regarding issues. U Have a Voice was designed by an employee as a tool to enhance employees' engagement by providing a direct connection to management in order to

achieve resolution to issues. The tool visually reminds employees of the solutions reached. Responses are posted on department bulletin boards specifically designed for this two way communication. AC reviews, tracks, and trends issue resolutions quarterly in order to monitor progress. Learning what patient and employee issues need to be addressed is critical to obtaining valuable and actionable information. CQI projects analyze VOC data prior to process modifications.

SSMHC builds a patient and stakeholder focused culture through its commitment to listening, learning and continually improving. The key to great communication is listening, which is the method SSMHC uses to learn specifically about the needs and preferences of former, potential, and competitors' customers, patients and stakeholders. Feedback is scrutinized from patient and physician surveys, employee feedback, literature searches and industry colleagues. This information is analyzed to obtain actionable feedback on services and to identify future customers to pursue. Soon, CMS HHCAHPS data will be publically reported to allow us to compare our patient satisfaction to that of competitors on a national level.

SSMHC and its competitors' home care service performance and satisfaction data is reviewed by prospective patients who use the CMS website, Home Health Compare. SSMHC monitors this survey data as part of their internal and external reporting. These performance results are also incorporated into the SFHRP Process. Since LINC members and HHU are not direct market competitors, networking with them allows industry information to be shared freely at biannual meetings.

Physicians and other stakeholders provide feedback through a variety of methods. Physicians complete an annual survey that accesses their perception of SSMHC performance relative to reputation, quality of care, service and administration. Physicians receive personal visits to elicit qualitative information as to what competitors' services provide to garner their loyalty. Other stakeholder feedback approaches include service huddles, face to face meetings, and use of the OFI program. Physicians' and stakeholders' input related to competitors' services, provide an opportunity for insight into the types and scope of services offered by SSMHC.

Patients (Past/Present/Future)				Stakeholders			Listening/Learning Methods	Frequency
HH	HOS	INF	IH	Mgr	Phy.	Emp.		
x	x	x		x		x	Physician Satisfaction Survey	Annually
x	x	x	x		x	x	Focus Groups	PRN
x	x	x	x		x	x	Employee Engagement Surveys	Annually
				x	x	x	Complaint Management Process (OFI)	Continuous
						x	Rounding: staff, patients, MDs & customers	Continuous
x	x	x					Face to face Interactions	Continuous
	x						Bereavement Support Groups	Continuous
x	x	x	x				HHCAHPS/Patient Satisfaction Surveys	Continuous
+	+	+			x		Medical Director Meetings	Monthly
					x	x	Newsletters	at least Qtrly
					x	x	Email & Phone Calls	Continuous
					x	x	Team Meetings & Department Huddles	Cont./PRN
					x	x	AHRQ Safety Survey	Annually
					x	x	Shared Governance Councils	Continuous
					x	x	Exit Interviews	Continuous
				x			Social Network Media	Continuous

**Listening and Learning Methods + = Emp., Phy. in this area/service line**

Methods to determine patient and stakeholder satisfaction and engagement can be found through the VOC process, which consists of satisfaction monitoring, complaints, and service recovery. The primary approach to determining patient satisfaction and engagement is by analyzing the responses from satisfaction surveys. HHCAHPS surveys are mailed to selected HH patients at various points in the course of care. HOS patients’ families are surveyed following the death of their loved one during the bereavement phase of services. MAHC sends IH patients surveys during or after care. INF patients are sent surveys from SSMHC. Patient engagement is also gauged by observing rapport between patients and employees on home visits. Physician engagement is measured annually through written survey comments, and more frequently by marketing and Intake employees who visit physician offices to ask how SSMHC is doing in taking care of their patients. Supervisors, managers and AC focus on goals and expectations of service when seeking actionable feedback. Patients and physicians call to offer suggestions, complaints, and compliments, providing an indication of engagement. SSMHC analyzes survey data monthly to compare the importance of key clinical outcomes.

The SFHRP Process incorporates study of the PIR, a balanced scorecard which encompasses all performance data including patient and stakeholder satisfaction surveys and various engagement processes. Actionable information to exceed patients’ and stakeholder expectations and secure future engagement is derived from evaluating trended survey results compared with trends from the listening and learning methods. Survey questions are written in a way to yield actionable responses and SSMHC uses this feedback to

identify areas needing improvement, prioritizing feedback issues and initiating *CQIplus*, workouts, and DMAIC. Other actionable practices include researching literature for best practices and implementing measureable goals geared toward creating an exceptional patient experience based on VOC data.

To learn specifically about customer satisfaction relative to competitors and other health care organizations, SSMHC reviews consumer information and competitor analysis within the MD during the SFHRP Process. This information is evaluated to identify areas needing improvement, and to develop goals and actions plans.

Dissatisfaction and service failure information is sought through contact with patients by phone, mail, and home visits made by supervisors, managers and AC with employees. VOC data is used as the basis for department satisfaction improvements. Actionable information to meet patient and stakeholder requirements and exceed their expectations is derived from looking at trends within survey results compared to trends from listening and learning methods. SSMHC turns OFI and SHP feedback into actionable information by assessing trends which provide effective ways to address improvements and develop innovative services. To determine patient and stakeholder dissatisfaction, the systematic OFI process is the primary tool, although information originated from any source may be directed into the OFI system. In the “Analysis” phase of the *CQIplus* model, information to secure future interactions and positive referrals is derived from looking at trends from survey results compared with trends from rounding, physician data, and OFI complaint data. Managers and supervisors investigate

negative survey comments and initiate action. The SFHRP Process requires departments to have at least one goal geared towards patient satisfaction. Referral data from physicians, nursing homes and case management/discharge planners, and other stakeholders is analyzed monthly as an indication of their satisfaction. When the marketing staff notices trends in declining referrals, the information is shared among leaders and action plans are implemented.

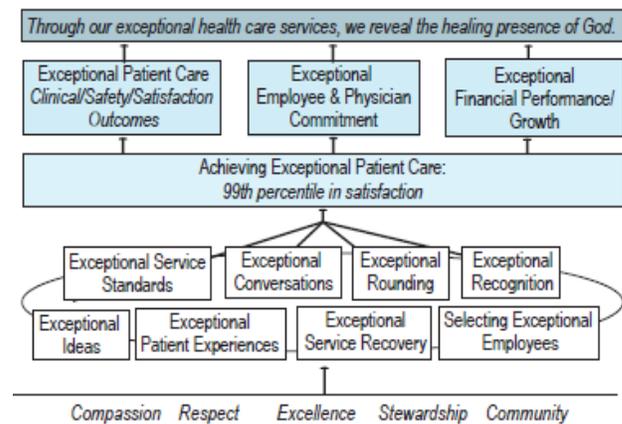
### Customer Engagement

To determine service offerings, SSMHC identifies patient and stakeholder expectations and market requirements as a way to improve and innovate services. Patient and stakeholder requirements, expectations and preferences are determined through surveys, OFIs, rounding, and listening and learning input. By listening to our partners, physicians and affiliated hospitals, as well as reviewing referrals not opened (RNO), potential new markets and service lines are identified. Data gathered is validated and analyzed using key metrics such as patient survey results, referral and admission volumes, and various customer feedback sources. Methods of improvement are determined to maintain patient and stakeholder use of services. Data is analyzed to determine how well their requirements are met. When satisfaction scores are less than optimal, CQIplus teams or methods are activated to improve care process delivery. To keep approaches for identifying and innovating service offerings current with changing health care needs and directions, SSMHC evaluates information from patient surveys and other data sources such as the listening and learning methods.

AC analyzes service line data to understand variances and uses these analyses to fully understand patients' expectations, verify needed improvements and develop innovative solutions to resolve issues. Using this information, health care services are revised or services are created to attract new patients and provide opportunities to expand relations with existing patients and stakeholders.

Key methods enabling patients and stakeholders to seek information and support, obtain home services, and provide feedback regarding services and support are identified during the SFHRP Process. Patient feedback is provided through the variety of listening and learning tools. This allows for diverse feedback methods to obtain information about how well SSMHC is meeting patient and stakeholder needs. During the course of care, patients are provided information which contains phone numbers allowing patients to reach the local office 24 hours per day, 7 days per week to feel supported and deliver feedback to care providers. Care providers explain and evaluate eligibility criteria for admission, inviting questions and patient participation in planning care services. The varied listening and learning communication methods ensure that information collected reflects both current and former patient/stakeholder views.

SSMHC analyzes the VOC data and other market intelligence to improve marketing, build a more focused culture, and identify opportunities for innovation in the following areas: technology in the community, improved access to care and existing services. Market data is used to identify gaps in home care access. SSMHC utilizes AEPC initiatives and Mission and Values to create a culture that ensures a positive patient and stakeholder experience. AEPC is based on evidence from high performing organizations and its' tools are used to create a culture of engagement. It is SSMHC's systematic process and strategy for building a more patient and stakeholder focused culture. AEPC consists of eight components, each proven effective in contributing to customer engagement as illustrated in Figure 3.2-1.



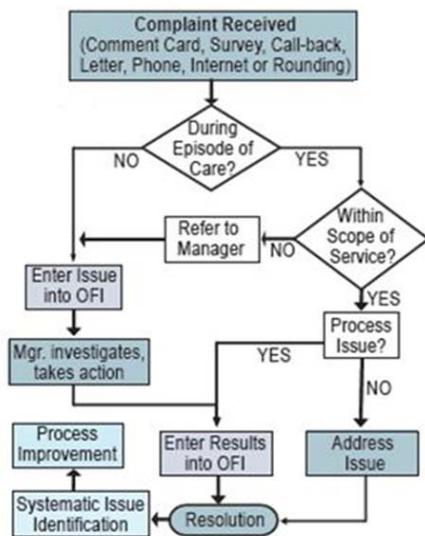
### Achieving Exceptional Patient Care

AEPC is introduced during the hiring and orientation process and its' standards are expected to be used in interactions with stakeholders including patients, families, physicians, co-workers, suppliers and other vendors. Employees are evaluated on the AEPC standards in their annual evaluations.

To build and manage relations with patients and stakeholders, SSMHC uses listening and learning data sources. This data is used to drive improvements to the work system to benefit existing patients and develop methods to acquire new patients. Data collection is also tailored to the unique needs of patients across each stage of their relationship with SSMHC; therefore, enabling SSMHC to build market share through future referrals. Patient, physician and employee engagement is well established as a key element of Exceptional Health Care Services. To increase engagement, employees identify individualized passport goals to align with department goals to ensure all employees are focused on providing exceptional health care services at home.

SSM has a systematic, integrated complaint management process called the OFI Process. Information originated from any source may be funneled into the OFI system to identify risk issues. Risk management reports are scrutinized for

evidence of service failures. A root cause analysis (RCA) is performed on any issue of dissatisfaction that has elements of risk. RCAs can be used as a tool in the DMAIC process to analyze problematic processes. The OFI system allows employees to follow up and respond immediately to complaints. Leaders and employees are responsible for making certain complaints are addressed effectively and resolutions are tracked. OFI data is aggregated, segmented and used for improvement. AC analyzes complaint reports at least quarterly to identify systemic issues and recommend actions. These reports display trends by type of complaint and average resolution time. Drill down by service line AOS.



\*Source: CMS Interpretive Guidelines 482.13(a)(2)

### OFI Complaint Management Process

## MEASUREMENT, ANALYSIS AND KNOWLEDGE MANAGEMENT

### Measurement, Analysis and Improvement of Organizational Performance

SSMHC utilizes a systematic standardized performance measurement system to select, collect, align and integrate data and information to measure daily operations and monitor overall organizational performance relative to strategic objectives and action plans. Inclusion of strategic objectives, action plans, and organizational performance measures are important to this process. At the department level, SMART goals (specific, measurable, aligned, realistic, and time specific) are developed and align with SSMHC's and system goals.

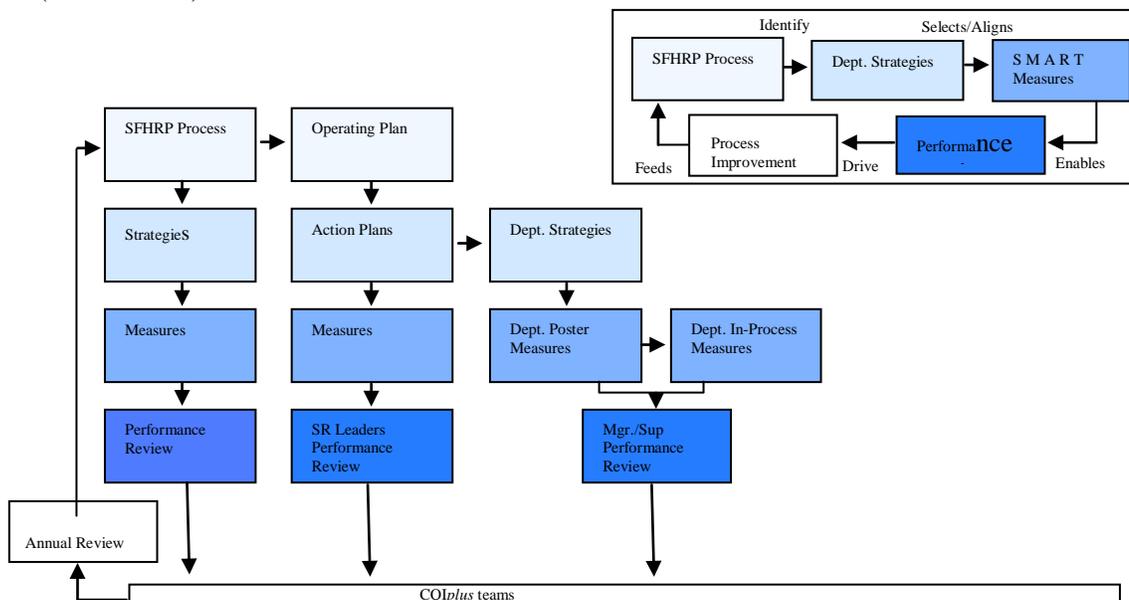
The performance measurement cycle balances clinical/safety, customer/stakeholder satisfaction and engagement, workforce commitment and financial/growth indicators. SSMHC's key and supporting performance measures are selected based on alignment with the EXCEPTIONALS and used to understand variations in performance. AC uses reports to monitor strategic and operational performance, highlight best practice and identify and manage areas performing below expectations.

One of the primary reports reviewed monthly by AC is the Summarized PIR. Based on this review, AC validates that measures accurately reflect progress towards the elements that are most crucial to achieving SSMHC's goals (the EXCEPTIONALS) and institutes changes when appropriate (full PIR AOS).

CQIplus model. To help identify innovation opportunities, employees are involved in development of corrective action plans to address variances. Hotline numbers are set up so employees can voice ideas and concerns during CQIplus initiatives. Employees' innovative ideas are shared in meetings, rounding, and use of U Have a Voice and in day to day contact. Ideas are moved through the performance improvement process to make work system improvements sustainable. Transparency of information and ideas for variance correction are common. Multidisciplinary teams, diverse by design, promote a fresh perspective to finding innovative solutions to common problems and ensure that decisions about process changes are made by the employees closest to the problem being solved.

To promote the replication of innovative ideas, an improvement was made as to how presentations were to be presented at the annual Showcase for Sharing conference. A standard format, which aligned with the DMAIC model, was used by presenters therefore allowing participants the ability to retrieve crucial information quickly for easier replication.

Key comparative data and information is selected as part of the SFHRP Process. Performance goals are established based on SSMHC's comparative and benchmark data guidelines for each of the EXCEPTIONALS.



### Performance Measurement Cycle

Other measures are chosen for specific SFHRP Process initiatives and improvement opportunities, and are identified in the Define and Measure phases of DMAIC under the

Benchmarking is taught to CQIplus team leaders for use when identifying improvement and setting goals and is emphasized as part of the department planning process. Specific performance levels are based upon benchmarks for goals that are used consistently across the organization.

SSMHC uses evidenced based literature to support innovation in clinical practice. Literature reviews are initiated and information is used as the basis of decision making by the Clinical Councils. Other research used to drive innovation includes research related to AEPC.

VOC data and information is selected based on needs determined from the listening/learning tools. The combination of these techniques provides a variety of customer feedback and comparative data.

SSMHC's performance measurement system is kept current on health care changes and directions through an annual review of metrics as part of the SFHRP Process. Evaluation and improvement of performance monitoring and linkage to emerging strategies is conducted annually to ensure alignment to the System. The System conducts an annual Performance Management review to validate indicators and ensure connectivity to strategic direction. Leaders from all System entities participate to understand impact in functional areas of operations, finance, planning, human resources, risk, and quality throughout the System. Measures are modified as indicated and systematically deployed to all entities. SSMHC modifies the System's metrics as needed to accommodate to the uniqueness of its service lines. SSMHC relies on industry sources using a

similar annual review process which involves key stakeholders and uses home care industry source measurements that are sensitive to rapid external changes. To identify and rapidly adjust to changes in customer needs, operational reviews are performed monthly in one-on-one update meetings between department managers and AC to review current performance, results of corrective action plans and improvement teams.

SSMHC reviews organizational performance and capabilities through reports. AC, CQIC, managers and supervisors uses these performance reviews and variance reports to monitor and manage operational performance on a monthly, quarterly and annual basis identifying areas performing below expectations. When a gap is identified through comparative data, failure to meet benchmarks or resource shortfalls, a plan of correction is implemented by the responsible manager with AC input. If multiple gaps or urgent needs for improvement are identified, the issues are prioritized to determine the best use of time and talent to improve short-term versus long-term goals. Once priority areas have been established, CQIplus tools are used to structure improvement teams to make and sustain results. The magnitude of the gap, and the ability to resolve the gap, determines whether the team should be entity wide, cross functional or departmental.

Report	Frequency	Reviewer	Use
PIR	Monthly	Senior Leaders	Strategic Measures
Board Report	Monthly	BOC, Senior Leaders	Clinical, Safety, Patient/Employee/Sat
Financial Variance	Monthly	All leaders	Key financial, clinical and satisfaction
Hallway Graphs	Monthly	Managers, Supervisors	Clinical, Satisfaction measures
Productivity	Monthly	Mangers, Supervisors	Field staff productivity
Daily Admissions	Daily	Senior Leaders , Mgrs	Home Health and Hospice admissions
Daily Revenue	Daily	Senior Leaders , Mgrs	Tracks home health revenue
Daily Case mix	Daily	Senior Leaders , Mgrs	Tracks Home Health case mix
Agency Comparison	Monthly	Senior Leaders , Mgrs	Compares HH branches
Education	As needed	Managers, Supervisors	Tracks staff education
Patient Satisfaction	Monthly	Managers, Supervisors	Gauge patient satisfaction
Employee Sat.	Annually	All leaders	Gauge employee partnership
Physician Sat.	Annually	All leaders	Gauge physician satisfaction
Clinician/Supervisor Scorecards	Quarterly	Mgr/Supv, Clinicians	Tracks clinical outcomes and LOR by clinician
Ad Hoc reports	Ad Hoc	Various employees	Special Needs

**Organizational Performance Reports**

A master schedule of all projects and their assigned method of CQI is kept yearly and reviewed within tollgate reviews with AC. As a regular part of the SFHRP Process, evaluation and improvement of performance monitoring and its linkage to emerging strategies is conducted annually to ensure alignment. For every identified strategic goal, SSMHC ensures that there is a defined effectiveness measure.

The data elements reported by CMS are derived from nursing and therapy assessments performed at the start of HH care using the CMS OASIS Assessment tool. Clinical event and outcome information is routinely segmented by measure, branch location and clinician. Due to a six month delay from the start of care until the publication of CMS Home Health Compare results, feedback is not timely and data does not reflect current improvements.

When problem-solving strategies are determined, based on the complexity of the project and with input from *CQIplus*, various tools are used during the Analyze phase of the DMAIC process, including root cause analysis (RCA), process mapping, and failure mode and effects analysis (FMEA) to quickly identify causes of under performance. As AC and teams move toward solutions, the *CQIplus* process focuses on systematic analysis, metrics, and goals, in the context of Mission, EXCEPTIONALS, and dedication to education, technology and improvement. Analysis is conducted to convert data to actionable information relative to SSMHC operational initiatives. Comparative data is used to analyze trends and assess related performance in financial, clinical, safety and satisfaction areas. Goals are set based on benchmark/competitor performances. For many measures, SSMHC results and corresponding comparative data are reviewed at least monthly. Because of this regular short review cycle, SSMHC is able to respond rapidly initiating timely interventions.

Performance review results are used to share lessons learned and best practices. SSMHC's high performers are consistently identified in performance reviews and are requested to share information in regular forums to promote replication of processes that lead to top results. There are various forums for sharing lessons learned, best practices and innovations. SSMHC also recognizes employees through service lines or departments who achieve significant improvement or sustained top performance results. Clinician Scorecards are used in HH. Not only does this provide recognition to high levels of performance but it also provides an internal resource for lower performing branch locations, departments and employees to contact for replication purposes.

SSMHC uses organizational performance review findings to develop priorities for continuous improvement and advance opportunities for innovation. This is done utilizing comparative information with benchmarks, financial, and service line prioritization tools as well as performance data to assess strategic and operational priorities. In an environment

with limited resources, SSMHC utilizes these prioritization tools to evaluate various criteria including effect on the EXCEPTIONAL measures, extent of variances, cost/resources needed and time restrictions. SSMHC's goal is to achieve top performance relative to competitors and national benchmarks. The SFHRP Process is used to deploy priorities for improvement to service lines, departments and employees through communication methods. Department Posters and Employee Passports align with goals. Department plans provide a framework on how each department contributes toward achieving SSMHC's goals, which all tie to the EXCEPTIONALS. This is the basis for department performance improvement plans, and forms the core content of Department Posters. Priorities for performance improvement and innovation are deployed to performance improvement teams through goal setting.

Suppliers, partners, and collaborators receive communication related to SSMHC's priorities as conducted through their participation on multidisciplinary performance improvement teams. Medical Directors and system physicians collaborate with improvement teams regarding key clinical performance indicators. Key suppliers participate on value analysis, process improvement or revenue cycle improvement teams. Partners receive updates through one on one care provider meetings, joint team and department meetings, written communications, and email. All contracts with suppliers contain performance requirements aligned with SSMHC's Mission and organizational goals.

### **Management of Information, Knowledge, and Information Technology**

SSMHC ensures the quality and availability of data, information, software and hardware through its affiliation with the System and reliance on IHT division. Working with partners and suppliers, SSMHC staff addresses accuracy, integrity, reliability, timeliness, security and confidentiality. Accuracy is verified using a variety of reports from the software system ("canned" or designed by SSMHC) to monitor key financial and clinical data. Scheduled record audits verify regulatory and accreditation standards. CHAN performs audits every three years of information systems and processes to ensure integrity. CHAN's experience with other systems provides a source of best practice information. Deloitte & Touche, Inc. also reviews information systems as part of their annual audit. Integrity and reliability are assured through SSMHC and IHT policies and routine processes, including daily backup of the integrated financial/clinical software system.

All employees receive HIPAA training as part of new hire orientation and through ongoing refresher training. SSMHC's primary application has role-based security that enables the administrator to grant or deny access to specific aspects of the application. A Homeland Security Action Plan was implemented to increase security and to safeguard information and knowledge assets in the event of a terrorist threat.

SSMHC works with the System's HIPAA security team to ensure privacy and confidentiality regulations and standards are met. The System's Compliance Administration and Security department manages SSMHC's HIPAA security access processes including a formal request process to provide access, delete access for terminated employees and user accounts that has no activity in 90 days. A key process measure of reliability is WAN availability, which has an availability rate exceeding 99.5% since 1999.

The System also contracts with and participates in external industry research and educational groups including Gartner Inc., Washington University's Center for Application Information Technology program (CAIT), Advisory Board Company and Health Information Management Systems Society (HIMSS). IHT employees' affiliated with SSMHC attend relevant vendor user group meetings and industry conferences annually to remain current with technology as well as health care products and services.

Data and information are made available to employees through standard information system platforms. Employees working in the core service lines have access to patients' clinical records and key information on their laptop computers. Key clinical, financial, operational, customer, and market performance data are provided in automated systems for enhanced reporting capability. Data is available through electronic applications accessed from desktop computers, inter-office mail, e-mail, internet/intranet, committee and team meetings, fax machines, and hard copy records. SSMHC computer networks are connected to the system wide area network (WAN), allowing employees access to almost any standard application, regardless of location.

SSMHC has a technology management function that monitors information systems to ensure high availability and reliable access to data, information, and knowledge through assistance from clinical application specialists and PC LAN specialists on site as well as a dedicated IHT P.1b(3) Manager. The specialists train and assist employees to make certain computers and equipment are reliable, secure, and user friendly. Specialists utilize System performance monitoring tools to ensure file servers are monitored continuously for disk and CPU utilization and availability. This data is used for forecasting and planning server upgrades. Network performance is monitored to verify efficient access to the application systems. The System has implemented redundancy for business critical systems and an infrastructure to provide for high reliability.

## WORKFORCE FOCUS

### Workforce Environment

SSMHC's continual assessment of workforce capacity and capability needs begins during the SFHRP Process, utilizing the five HR strategic focus areas: Recruit, Select, Perform, Develop and Retain. HR plans including staffing, training needs, and staff skill mix, are determined based on the distinctive needs of each service line to carry out key strategies, and are factored into the budgeting process using position management. Sample factors include workload, productivity, quality/safety requirements, types and numbers of needed positions, and required skills. SSMHC applies predetermined staffing models based on regional and local benchmarks to manage staffing. Staffing levels are continually monitored by management and scheduling employees using reports linked to customer and employee satisfaction, admission volumes, referral cycle times, revenue, expenses, and productivity to determine staffing efficiency and effectiveness.

The competencies and skills needed for a job are determined as part of the SFHRP Process and are outlined in each job description. Capability needs are also addressed through the competency assessment portion of the performance development process. Every employee is evaluated on whether they exceed, meet, or do not meet job requirements according to specific expectations. Employees not meeting expectations are provided actionable assistance in the form of a performance improvement plan (PIP). For those employees meeting or exceeding expectations, coaching is used to further development. Positive reinforcement occurs through several recognition programs. SSMHC's education program provides regular clinical competency training and assessment to optimize capabilities and ensure employees perform and produce the desired results. SSMU provides an extensive selection of training programs. A standardized approach is used to incorporate volunteer participation into the workforce through volunteer processes.

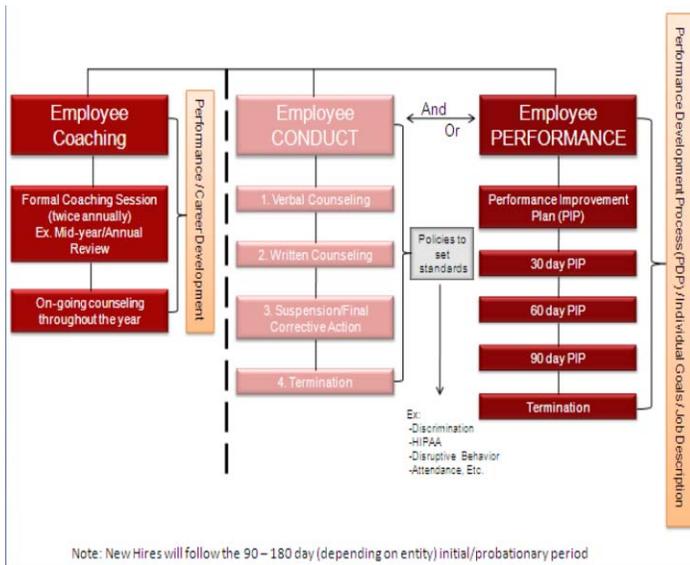


### SSMHC's Workforce Management

SSMHC's on boarding process was developed to assist new hires acclimation to their new culture/environment and includes a new employee and department orientation. SSMHC also has long term employees assist with the orientation process by working as mentors to share organizational information. SSMHC maintains a competitive compensation and benefit structure, growth and development opportunities, and informal/formal recognition, all of which work towards the ability to retain employees. To proactively address a national health care workforce shortage and ensure workforce sustainability, the System commissioned a system-wide team called Workforce 20/20 to evaluate the health care worker shortage, challenges of workforce sustainability, and initiate actionable management plans.

This diverse team included members from SSMHC who developed and deployed several new policies and procedures, including the Employee Coaching and Counseling process, coordination of a tracking system, enhancement to the employment opportunities website, and Talent Management System and the development of leadership training programs to strengthen workforce growth and succession planning. 23

SSMHC's culture includes an organizational commitment to workforce gender and ethnic diversity in order to mirror the communities served and as a method to adapt organizational services to a diverse population as well as adapt work processes based upon input from employees. This commitment is reflected in diversity goals that are integrated into the SFHRP Process to increase diversity in management ranks and meet the needs of four distinctive groups: patient and customers, community, workplace/employee, and minority business partners. The data on the Diversity Scorecard is reported annually to AC. SSMHC also supports alliances with organizations whose missions call for rigorous pursuit of fairness and equality for all people, and maintains business partnerships such as Minority Business Enterprises (MBEs), an organization of minority and women suppliers. A diversity sub-team within the Employee Council and other forums provide feedback to certain policy changes, engagement data, and other information to ensure that diverse perspectives have been gathered. Use of multidisciplinary teams fosters diversity of perspective to challenge assumption. Benchmarking enables SSMHC to identify and emulate best practice to continually improve. HR uses the annual Affirmative Action Plan to assess diversity of the workforce and maintain diversity recruitment statistics on qualified applicants, number hired and number promoted while striving to mirror the population served.



### SSMHC Coaching and Counseling Development Guide

SSMHC’s workforce is organized by branch locations and/or, offices, departments, *CQIplus* teams, and councils within the identified work systems and key processes designed to leverage SSMHC’s core competencies. Branch locations and/or offices and departments within each service line organize their respective work around patient needs and the location of System hospitals. The structure is designed to be adaptable and responsive to patient needs, physicians and the workforce. SSMHC has transformed itself into a team driven organization seeking to continuously improve care for the benefit of those served. Working in teams creates a sense of participation and addresses key employee requirements for employee engagement, while also affording SSMHC the flexibility to pull together individuals with special expertise to quickly address changing patient, operational, and home care service requirements.

From an operational perspective, managers, supervisors and team leads direct employees using performance measurement systems, such as scorecards and performance development processes to evaluate progress toward goals. Core competencies are leveraged with special focus during the planning process and ensuring measures are balanced during the SFHRP Process with ongoing review of performance metrics. SSMHC capitalizes on the core competency of knowing how to improve through the implementation of *CQIplus* teams to ensure a formalized process for improvement. Maintaining a *CQIplus* project pipeline and regular tollgate reviews of in-progress projects, as well as selecting diverse team members, capitalizes on key competencies to accomplish work while focusing on the EXCEPTIONALS.

To reinforce a patient centered focused culture and to develop a supportive workforce, SSMHC uses the AEPC tools. AEPC tools were created to attend to employee concerns as well as

improve the home care experience. Tools to support the workforce include peer interviews and rounding by AC. Employee engagement and satisfaction begins at the time of hire when the employee reviews the SSM Mission and Values on the application form and are also included as part of the interview process thereby setting workforce expectations.

Work systems, employee development, and performance assessments also align with the Mission, Vision and Values. Action plans address strategic challenges and prioritize business needs identified during the SFHRP process.

SSMHC prepares the workforce to respond to changing industry requirements by evaluating employee capability to meet those new demands. This is accomplished through on going educational programs to meet organizational needs and growth. Development of employee capabilities includes cross training, ongoing clinical competency assessments, and incorporation of specialty programs to enhance care providers skill and knowledge.

SSMHC capacity needs are accommodated through the use of flexible scheduling and supplemental staffing. Employees within SSMHC are employed full time, part time, occasional, and by contract, meeting both the employee’s needs and SSMHC’s need for staffing flexibility based on patient volumes. Managing staffing levels involves planning and participation of operational and AC leaders. Staffing levels and capacity requirements are determined during the SFHRP Process and are continually monitored. Annually, FTE budgets are built based on staffing statistics, prior year trends, projected market changes, and new business opportunities identified through the SFHRP process. AC listens to requests and concerns of employees through the EC, partnership survey and other regular purposeful listening opportunities.

SSMHC’s workplace health and wellbeing, environment of care, safety and security are monitored and improved through the SSMHC Safety Committee. SSMHC has created a safe and healthy work environment which promotes wellness, provides employee support, improves employee satisfaction, and evaluates programs to identify opportunities for improvement. Risk evaluations and safety plans are coordinated for the following categories: Safety, Security, Hazardous Materials, Emergency Management, Fire Prevention and Disaster Readiness. Employees are oriented to SSMHC safety, office/ department, and job specific plans. Their knowledge is validated by participating in periodic planned and unplanned safety drills (fire, tornado, etc.). Debriefing is done after a drill to help identify opportunities for improvement and training needs. SSMHC’s office and department plans are reviewed annually and adjustments are made to ensure continued safety for employees and patients. Every office has a safety goal listed on its Department Poster.

The cornerstone of SSMHC staff focus is the understanding that employee wellbeing and satisfaction are directly

correlated to patient and physician satisfaction. Workplace health, safety, and security are monitored and improved through the Safety Committee, and includes clinical and non-clinical employees from all branch locations/offices. The EH/IP is a member of the SSMHC Safety team and serves as chair of the Employee Safety sub-team. The Director of Quality, Risk and Safety participates on the System's Achieving Exceptional Safety (AES) collaborative work team and adapts safety information and best practices to the home setting. OSHA reporting and worker injury management, aggregate data on injuries, exposures and infection information is presented to the Safety Committee and AC for review and trending. The work injury reporting process includes investigation of the incident and manager follow up on the injury. The EH/IP nurse, Safety Committee and branch locations or office/department safety officers regularly monitor work place health and safety. These metrics are aggregated and monitored on the Safety Report and the Risk Self Assessment. Employee safety is reviewed in the annual Agency Evaluation and on the (BOD) reports.

At new employee orientation and annually, employees are trained in how to report unsafe conditions and events, how to maintain proper body mechanics, and see a sample safety plan. Safety training is also supported through the LMS. Safety courses are assigned to employees annually. The EH/IP nurse monitors all injuries and infections, follows up with injured employees, determines if a refresher course in safety is needed, and ensures the employee is prepared and able to perform the essential functions of their position. The Quarterly Safety Monitor Report is utilized to determine goals, areas of improvement and benchmarking within the System. An outside vendor is employed to assess ergonomic impacts of employee work stations. The EH/IP nurse conducts "just in time" ergonomic assessments as needed. Employees who use the telephone as a primary tool in conducting their daily work (i.e. billers, authorization coordinators, receptionists) are requested to wear telephone headsets to reduce ergonomic issues.

SSMHC became a tobacco-free organization in 2004, thus prohibiting tobacco use in and on any property owned or leased by SSMHC. In 2011, the System initiated a policy that requires SSM entities to no longer hire candidates who smoke. In response to Missouri legislation regarding the right to carry a concealed weapon, SSMHC adopted a corporate policy banning concealed weapons in the workplace. Employees' feelings regarding the overall work environment are incorporated into employee partnership surveys and responses are a primary source of measurable feedback to address employee concerns. SSMHC's Emergency preparedness plan is supplemented by office and department specific actions. IH staff is educated on rural safety issues such as detecting signs of meth labs and strict guidelines on work duties they cannot perform that would present an employee risk of injury. On call nurses often make visits after dark so policies and practices have been

developed specifically for their protection, guiding areas which generally should not be entered alone during certain hours. Security service is available when needed. Employees are instructed that if they come upon a situation that makes them feel uncomfortable or unsafe, they are to simply drive past and report the concern to their supervisor. Employees sometime notify the local police department regarding their home care visit if they feel uncomfortable or unsafe in an area. To provide a secure environment for employees, visitors, and patients, SSMHC employees are required to wear identification badges.

SSMHC's employee benefits are tailored to the diverse workforce and designed to provide flexibility of annual benefit selection that most closely meets individual and family needs. All staff receive a choice of health insurance plans including prescription drug coverage, dental insurance, vision care, short-term disability, life insurance, and dependent life, accidental death and dismemberment, legally domiciled adult coverage, long term care insurance, long-term disability, and health and dependent care pre-tax spending accounts.

### **Workforce Engagement**

AC determines key elements that influence workforce engagement and satisfaction through the review and evaluation of a variety of listening and learning approaches including: the annual Employee Partnership survey process, annual Physician Satisfaction survey, exit partnership surveys (ongoing), initial employment period reviews (90 days), the employee development process (annual), grievance process (ongoing), CRP process (ongoing), Rounding (ongoing), EC feedback (ongoing), and Shared Accountability councils (ongoing).

Annually, SSMHC utilizes Press Ganey's employee partnership survey as the primary source to measure key factors affecting employee engagement and satisfaction. Employees are encouraged to participate in the survey. Press Ganey analyzes and correlates areas needing improvement based on employee feedback. These correlations help SSMHC determine key factors affecting both employee satisfaction and employee engagement, which in combination equals employee partnership. Satisfaction reveals how pleased employees are with what they get from SSMHC, while engagement assesses how passionately employees are willing to give to SSMHC.

Employees participate in the EPS each year to allow ongoing tracking and comparison. Results are segmented by branch/department, service line, job category and other criteria (AOS). Each team/department leader validates results with employees through a group feedback process. Team/department leaders engage employees in developing action plans in response to the EPS Opportunity Index and commit to improvement goals which are displayed on their

Department Posters. Volunteers are currently participating in the Press Ganey Employee Partnership Survey using the same criteria as employees. Workforce data is reviewed and incorporated into the SFHRP Process to facilitate action planning and key statistics are trended on the Human Resources PIR (HRPIR).

SSMHC physician partners are surveyed using the same Press Ganey survey instrument as the rest of the workforce. Physician partners are segmented as medical directors. Other SSMHC non employed physician partners are surveyed informally through the listening and learning process and are surveyed formally on an annual basis by an independent outside firm. The findings help SSMHC determine improvement priorities and are important as related to home care performance. To date, physician satisfaction comparative data is not available in the home care industry.

To understand how satisfaction varies by work groups, annual EPS data is segmented into SSMHC job categories: nursing, other clinical, support services, fiscal and administrative services. Survey results can be further segmented by age, gender, job status, department, and length of service, supervisor or ethnicity as needed to understand variation and create improvement plans (AOS).

Satisfaction Factors	
Leadership & Systems	Satisfaction with the communication of major developments, compensation, recognition, and opportunities to influence policies and decisions.
Resources	Satisfaction with equipment, work environment, and staffing.
Teamwork	Satisfaction with respect to other team members and group coordination.
Direct Management	Satisfaction with trust, communication, coaching, openness to suggestions, and recognition
Engagement Factors	
Job	Fulfillment with the work performed, use of skills, and feeling of accomplishment from doing that job.
Work	The workgroup shares attentiveness to quality and customer needs, sense of connection, and lack of distraction at work.
Organizational	Intentions to recommend and stay working at this organization, alignment with values, and pride in the organization.

### Employee Satisfaction/Engagement Factors

SSMHC fosters a culture characterized by open communication, high performance work and an engaged workforce through a variety of systematic approaches designed to share information, solicit input, make improvements, provide feedback and ultimately engage its workforce. For example: managers and supervisors have regularly scheduled department meetings and team huddles with employees to discuss goals, objectives and action plan progress as well as to seek ideas for improvement or changes to daily work processes. Town Halls, employee forums, rounding, *CQIplus*, and Shared Accountability Councils provide opportunities for employees to have direct two way communication with the President, AC, managers and supervisors.

Employees work with their manager to develop individual goals for their Passports to support department goals during the SFHRP Process. *CQI plus* provides the foundation for a high performing team oriented culture that encourages performance excellence, continual employee development, adaptability to varying customer needs, and responsiveness to operational changes. At SSMHC, *CQIplus* has become a cultural mainstay which promotes diversity of ideas, cultures, and thinking in terms of team composition, (gender, job type, racial diversity). The multi-disciplinary nature of *CQIplus* teams provides the opportunity to drive improvements and directly influence service delivery which contributes significantly to the employees' level of engagement since the ability to influence work is a key engagement factor.

In order to benefit from diverse ideas and thinking, *CQIplus* teams are assigned on a short or long term basis to accomplish specific initiatives or design/redesign work processes, thereby providing SSMHC the flexibility to quickly place employees and stakeholders together with their varied expertise to address changing customer, operational, and service requirements.

SSMHC's Performance Management System's purpose is to support work performance and workforce engagement through the annual Employee Development Process (EDP). EDP is the foundation of the Employee Coaching and Counseling Process. The EDP promotes and evaluates employee performance on an annual basis to assess employees' job skill abilities, patient/customer focus, employee conduct including teamwork, demonstration of Values, and utilizes coaching and development as a mechanism for improving employee success and professional involvement. Key performance goals are linked to the Employee Passport. Employees who provide direct patient care complete clinical competency assessments annually. Competency requirements are determined by clinical outcomes, measurements/goals, changes to patient services, clinical protocols, technology, equipment, and regulations.

In keeping with SSMHC's Mission, Values and the strategic goal of competitive compensation, SSMHC policies are designed to be fair and equitable for all employees. Annual salary surveys are conducted in the five markets and pay ranges are adjusted accordingly. In the SSMHC culture, employees are believed to have an intrinsic desire to perform well in their work.

To reinforce patient, stakeholder, health care service focus and achievement, employees receive annual reviews to provide feedback on their performance and to set goals for the coming year. Annual reviews are a conversation between employee supervisors and the employee in which both sides offer feedback. Reviews are not only important for keeping employees on track, but also improve employee satisfaction and engagement in that reviews help employees feel respected and valued as an important part of the SSMHC community. Employees are reviewed on their ability to achieve results (behaviors, outcomes, progress toward goals), ability to reflect Values (Exceptional Service Standards) and technical competencies. If they do not meet acceptable standards, support to improve is offered through the PIP which identifies steps to help employees meet expectations within defined time frames. Formal coaching is provided regularly at SSMHC and includes support and recognition of high performance work, as well as counseling for low performance to improve or exit SSMHC.

SSMHC utilizes Press Ganey's comprehensive EPS and an exit interview survey process to formally measure key factors affecting employee engagement and satisfaction annually. Results are analyzed and compared to best in class performance using Press Ganey's database. Follow up feedback sessions are held with employees to clarify and validate survey data in order to develop action plans. To informally assess engagement and satisfaction, employees participate in coaching sessions and focus groups. HR metrics include segmented turnover/retention, employee PIPs, minority promotions, vacancy rates, time to fill, training hours and employee development. The hiring process is designed for success using an AEPC approach. HR metrics are reviewed as part of AC's monthly leadership meetings. Corrective actions are initiated on negative trends and results are compared with internal and external benchmarks to generate ideas for continual improvement. SSMHC's PIR is reviewed monthly by the President with the system Senior Vice President Strategic Development.

SSMHC strives each day to realize the primary objective of the Mission. This is done through an engaged and committed workforce. To assess workforce commitment, AC monitors the key indicators of employee engagement, satisfaction, well being and other key organization performance indicators monthly through the PIR and quarterly through the Employee Safety Monitor Report. Opportunities for improvements are identified and implemented using tools such as correlation analysis, root cause analysis, literature reviews, LINC

discussions, and *CQIplus*. When all of this is accomplished, SSMHC will provide strong financial performance to allow for capital reinvestment, growth and sustainability in order to accomplish our Mission.

SSMHC's learning and development is organized around the SSM Leadership Competency Model (LCM) which is part of the PDP and initiated through SSMU. The model was developed to support the core leadership curriculum of middle management. It serves as the platform for leadership education and development of AC while ensuring the development of requisite skills and attributes. AC and managers are expected to demonstrate excellent performance in the five leadership competencies highlighted in the LCM: Mission and Value-based leadership, engaging an exceptional workforce, process improvement, planning, and financial stewardship. Performance behaviors listed under each AC competency are aligned to current and future core competencies to help leaders become exceptional at managing strategic challenges and delivering results. AC and managers are required to complete 60 hours of leadership development coursework annually. SSMHC uses the EXCEPTIONALS as the basis of all goals and short and long term action plans by fostering employee engagement through listening and recognition. This is done with an emphasis on expectations of excellence to ensure performance is consistently measured, continually improved and spread throughout the organization. Employees' educational instruction and development is taught by instructor led and on line programs and facilitated through resources such as new employee orientation, specific employee and leadership development programs, safety training, and *CQIplus* training.

SSMHC employees are introduced to continuous organizational performance improvement and innovation through education, participation with *CQIplus* and when setting their individual goals as part of the PDP. Through Employee Passports and Department Posters, employees are able to see how their improvement goals align with high level improvement goals (Department, Strategic) and the EXCEPTIONALS. The learning and development system addresses core competencies and strategic challenges by focusing on the EXCEPTIONALS and utilization of *CQIplus*.

Ethical behavior is addressed through the System's CRP. Employees and Medical Directors receive mandatory annual ethical and compliance training, monitored through LMS and reported system wide. SSMHC has a CRP contact who reports to AC ensuring alignment and continuity of decision making with the System CRP. In order to maintain an ethical culture, SSMHC utilizes its ethics committee in evaluation and decision making of home care issues. The committee is dedicated to ensuring the delivery of ethical healthcare and business practices to all patients and stakeholders, and readily utilizes the services of the System's Ethicist and CRP VP.

The tools of AEPC are designed to reinforce a patient and stakeholder focused culture.

succession planning effort. Employees are selected by AC for nomination to the program.

Learning and development needs are fundamental to supporting professional growth. The System created SSMU as the venue to facilitate learning for all employees which supports education and training programs to develop a skilled, knowledgeable workforce to accelerate employee contributions to SSMHC. The PDP is the venue by which two-way communication between employees and managers/supervisors identifies learning and development needs. Employees discuss self-identified learning needs with their manager or supervisor during orientation, throughout the first 90 days of employment, and at annual reviews. All mutually agreed upon findings and determinations are incorporated into the employee's learning plan. Employee learning needs include evaluation of skills to meet competency requirements, leadership development, regulatory and organizational training (*CQIplus*, CRP etc.), or career/job-related needs.

The effectiveness and efficiency of SSMHC's learning and development systems are continually evaluated and improved through multiple feedback mechanisms. Courses for strategic initiatives are evaluated through course evaluations, pre/post tests to measure user learning, on-the-job assessments, and job performance. Additional evaluation measures include: adoption of new practices, program alignment with business objectives, individual and organizational attainment of goals.

Career progression is accomplished through ongoing coaching, cross-training, feedback and development. SSMHC employees have opportunities to enhance and develop skills to move to higher-level positions or lateral transfers to broaden skills. The internal job posting process encourages movement to higher-skilled positions.

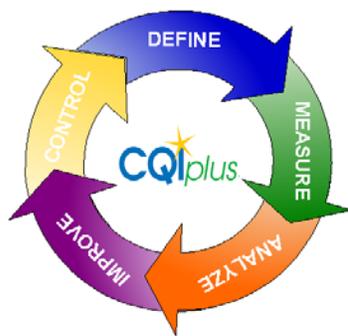
The SSM Talent Management Process (TMP) was established to address current and future organizational needs and is coordinated through the System's HR. The TMP includes four components: the Career Interest Inventory (CII) for executives/ managers and employees, assessments of executives based on high medium and low potential, identifying key/critical positions, and succession planning.

Leadership opportunities are provided through delegation and assignment to ad hoc, functional and organizational teams. Additionally, in order to enhance the scope of developmental opportunities and prepare leaders, SSMU created specific leadership development curriculum and offers a variety of instructor led and on line programs such as Emerging Leaders, Leadership Pathways, *CQIplus*, Always Safe Training and communication courses to name a few. Leadership Pathways prepares identified managers from SSMHC for senior leadership roles through the corporate

## OPERATIONS FOCUS

### Work Systems

Guided by our Values and EXCEPTIONALS, SSMHC utilizes the SFHRP process to design and innovate its overall work systems. Through the SFHRP process and by leveraging our core competencies, the vision is transformed into long and short term goals. The CQIplus methodology is used to design and improve work processes that support SSMHC's work systems in achieving these goals. Based on five quality principles, the CQIplus model was revitalized in 2007 to strengthen the improvement process. The revitalized CQIplus model incorporates Lean, Six Sigma's DMAIC Approach, Team Facilitation, and Change Management Methodologies. AC prioritizes and charters project teams based on strategic goals and improvement opportunities. In addition, suggestions for improvement projects are submitted by stakeholders, reviewed by AC for alignment with strategic goals, and placement in the project pipeline. Potential projects are reviewed and prioritized.



### DMAIC Model for Improvement

The CQI Director facilitates AC's focus on factual information to determine the complexity of potential projects and implements plans.

Project Complexity	Implementation Strategy
Simple	Department leader uses basic DMAIC process for structured problem-solving, with PTL or CQI Director mentoring
Intermediate	PTL uses DMAIC facilitating workout with CQI Director mentoring
Complex	PTL (with CQI mentor) or CQI Director leads team in a full CQIplus project

### SSMHC Improvement Approach

Whereas, a simple opportunity may be addressed by a department leader using the DMAIC process, intermediate problems need facilitation through a brief "workout," and complex problems require a full CQIplus project facilitated

by the CQIplus Director or certified Project Team Leader (PTL). A team is composed of key stakeholders in the System. The CQI Director, PTL and team members develop a project charter. The President follows by sending all employees a charter support letter to announce AC's support of the project. The team studies relevant data in the "Define" and "Measure" phases, while the "Analyze" phase allows for innovative changes through brainstorming and benchmarking. During the "Control" phase, continuous cycles of improvement occur in system and process designs as results are evaluated and measured. An example of a system design that has undergone multiple cycles of improvement to increase operational sustainability is automated scheduling. As scheduling was implemented at each office, the team incorporated information learned from previous project implementations to improve employee education and support. The CQIplus process allows SSMHC to capitalize on core competencies by optimizing performance through our knowledge of process improvement, decision making based on organizational values, and leveraging resources.

AC decides which processes within its overall work systems will be internally or externally provided by evaluating the following criteria: whether it is critical to the EXCEPTIONALS, represents a current competitive advantage, or provides a unique competency/capability with superior quality, satisfaction, or efficiency performance than SSMHC could accomplish on its own. If a decision is made to outsource, AC requests vendor proposals and performs a cost-benefit analysis. The proposed contract is reviewed via the contract review process.

SSM's Mission, Vision and Values provide direction to determine work system requirements. The process begins with the SFHRP Process validation of the EXCEPTIONALS. The Voice of the Customer/Stakeholder is obtained to determine key work system requirements. These requirements are evaluated during planning sessions based on MDS findings.

SSMHC's work systems are: Referral/Intake, Start of Services, Patient Care, and Support Services. The performance measurement system is used to manage performance relative to goals identified during the SFHRP process. For example, AC reviews operational scorecard results monthly. If a performance indicator reveals an unfavorable variance or trend outside defined parameters, corrective action plans are developed by the manager on initiatives to improve performance and bring the indicator back to plan. Unfavorable performance can serve as a feeder to CQIplus project pipeline. Improvement feedback on key work systems and processes assures patient and stakeholder value as well as sustained organizational success.

Control and management of overall cost of work systems begins during the SFHRP process when the budget requests are reconciled with proposed strategies. Industry benchmarks are also used to compare process efficiencies and to identify opportunities to improve work system costs. AC reviews control values of key financial indicators and risk data monthly. Key financial indicators include case mix, admissions, census, productivity, revenue, expenses, payer mix, and LUPA rates. Financial analysis is ongoing as variances and trends are reviewed thereby adjusting behavior to meet current conditions. SSMHC minimizes costs associated with inspections, tests and audits by developing in process measures to monitor, prevent, or detect errors, therefore minimizing rework. These in process measures are tracked in standardized order sets and protocols. SSMHC performs regular internal audits and mock surveys to identify opportunities for improvement and promote survey readiness. Errors and rework are also prevented through the use of standardization across service lines by using, templates, checklists, and enforcing policies and procedures.

In health care, errors can be costly and devastating to both patients and stakeholders. From a clinical and safety standpoint, SSMHC participates in the Achieving Exceptional Safety (AES) collaborative which focuses on implementing evidence based practices to reduce medical errors and improve patient safety.

SSMHC deploys a comprehensive near miss reporting system to proactively address process breakdowns that could potentially result in medical errors. The SSMHC safety team reviews data, oversees investigation and puts process changes into action to avoid future risk or occurrences. CHAN is contracted to perform internal audits to ensure regulatory compliance, minimize risk, and prevent errors and rework. CHAN assesses compliance using a CRP effectiveness audit tool. Action plans are completed on all results not meeting compliance requirements. In addition, as part of the *CQIplus* process, improvement teams frequently develop tools during their brainstorming sessions that help avoid errors and the need for rework within the process. A proactive risk assessment, Failure Mode and Effect Analysis (FMEA) is also utilized to evaluate new or existing processes and prevent or minimize possible failures. SSMHC performs a FMEA on at least one process per year to identify ways a process can fail to meet critical and customer requirements, and to prioritize actions to improve and control the process.

To ensure preparedness for disasters, SSMHC has a Safety Committee composed of members at each office location to address workplace preparedness for local/regional disaster or emergencies. Emergency and disaster preparedness is based on a hazard vulnerability analysis to identify potential hazards in the community, and assesses the likelihood, severity and frequency of potential disasters. Analysis leads to risk identification and proactive prevention, as well as contingency plans that focus on the most likely threat to

operations. Plan changes and reminders are shared with employees through newsletters, email, meetings, and annual competency training. To prepare for management of a disaster in the community, employee and patient response plans are developed in collaboration with community resources and routinely distributed to patients at start of care. The Safety Committee manages and monitors the following environment of care plans: safety risks, physical and personal security of patients and employees, hazardous materials and waste procedures, emergency management, fire safety, medical equipment and utilities. SSMHC's emergency plans undergo frequent and regular cycles of improvement since internal and external drills are performed biannually and include post drill debrief and critiques.

### **Work Processes**

Guided by the EXCEPTIONALS, SSMHC utilizes the *CQIplus* approach process for designing, innovating and improving processes to meet key customer/patient requirements. This approach is based on SSMHC's five quality principles. The *CQIplus* approach utilizes DMAIC methodology as a systematic approach to innovation and improvement. *CQIplus* teams determine key patient, customer, and stakeholder requirements by collecting VOC data. Data is obtained from patient satisfaction surveys, OFIs, rounding results, focus groups, performance management results, performance measures such as clinical and financial outcomes and comparative data. The team's organizational knowledge is leveraged in both the design and improvement of processes. Design and improvement requirements may also be identified during the SFHRP process or through regulatory, accreditation, and operation/financial requirements.

*CQIplus* methodology includes determining performance metrics by analyzing VOC data, informational flow and process mapping, using SIPOC to identify key process variables, researching best practices and evidence based medicine, and assessing benchmarking parameters. A new process is designed by challenging assumptions, applying creativity and innovative tools, brainstorming, idea mapping, and change principles all generating a synergistic effect toward process sustainment which will ultimately create health service excellence. When possible, the *CQIplus* team performs a pilot testing of the improved process for a specific period of time to optimize performance before full implementation. To incorporate the need for agility into the process design, rapid improvement events such as Kaizen accelerate meaningful improvement. The systematic and data driven approach of the *CQIplus* methodology ensures health care outcomes, cycle times, productivity, cost controls and other efficiency and effective measures are used for improvement of work processes. All data is used to guide goals setting to determine appropriate health care outcomes. *CQIplus* provides a framework to foster innovation by involving those closest to the work, as well as a variety of internal and external functional experts. Once the pilot

process is documented and approved, the team deploys the process to related areas of SSMHC and includes a roll out plan, if applicable. SSMHC's goal is to design processes to match customer needs, and maintain alignment with strategic and operational goals.

SSMHC's key work processes requirements are determined based on VOC, stakeholder, regulatory or accreditation requirements and operational/financial requirements. Value is delivered to patients through processes designed on their feedback and methodology's that are evidenced based.

Key work processes are designed to create value for the work systems by meeting patient and other key customer requirements while providing high quality cost effective care through an engaged workforce to improve outcomes and provide satisfaction. Key performance measures in the SSMHC system are demonstrated through the metrics within the EXCEPTIONALS. Key work processes are shared by all service lines.

AC and managers utilize the SIPOC tool within *CQIplus* to provide a patient centered focus. This tool allows them to view a breakdown of their processes from beginning to end, and to manage and better understand the relationships among inputs to be controlled, outcomes to be monitored as well as patient and supplier feedback to meet key requirements. Regular monitoring of key system process measures, as they relate to goals or benchmarks, allows SSMHC to identify opportunities for improvement. AC is responsible for prioritizing improvements and for chartering new *CQIplus* teams or engaging current teams to focus on performance opportunities. Benchmarks and best practices are used to keep current with the direction of the home care industry as goals are developed for performance improvement teams. SSMHC gains valuable comparative and benchmarking information to improve performance by continually evaluating, comparing, and measuring patient/customers and partners work process requirements.

SSMHC utilizes a variety of listening and learning methods to concentrate on patients' expectations and preferences, include them in decision making and explain anticipated outcomes. Care providers complete ongoing assessments with patients and family involvement to determine patient preference, clinical needs such as pain management, medication education, as well as other aspects of care. Patients are encouraged to participate in their plan of care, learning and questioning clinicians about disease processes, medications and procedures. Throughout the course of care the patient is asked by care providers if services are meeting their expectations and to identify improvement opportunities. SSMHC works collaboratively with physicians and SSM hospital employees to facilitate timely delivery of services. At the conclusion of services, patients are sent a satisfaction survey as an opportunity to comment on services. All comments are reviewed and patients are contacted if they

have provided a name. Results are trended and benchmarked.

SSMHC utilizes a combination of the centralized contracting and a decentralized supply chain operation function to manage purchasing, contracting and supply costs. Centralized contracting includes leveraging major supply contracts across the entire System to deliver the high quality service in the most cost effective method. The decentralized operation function includes local contracting, regional purchasing, local level logistics and inventory management. SSMHC uses forecasting, analysis of anticipated industry changes, internal and external benchmarks and relationships with key stakeholders to maintain supply costs. The combination of local and corporate supply chain management allows for flexibility and customization while still leveraging the value of the System.

*CQIplus* methodology is used to improve work processes to achieve better performance, reduce variability and improve outcomes. AC routinely studies performance data to identify opportunities for process improvement. Identified project opportunities are moved to the *CQIplus* pipeline. Projects in the pipeline are continually reviewed and prioritized as internal and external conditions change and new information is obtained. As each project is completed, the pipeline is consulted for another opportunity. *CQIplus* is an agile methodology which, when used consistently will systematically reduce variability and improve health care outcomes.

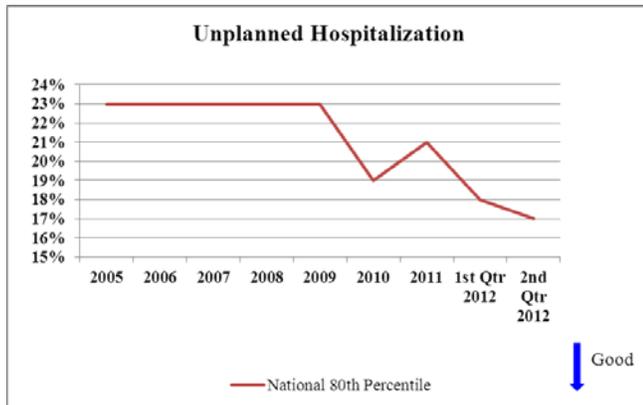
## RESULTS

### Health Care and Process Outcomes

SSMHC's work continuously strives to meet the Mission's call to provide "Exceptional Health Care Service" to home care and hospice patients. Therefore, improvement is paramount to meeting the Mission's goal. Current levels and trends in key health care outcomes demonstrate exceptional health care services at home. The four service lines achieve exceptional results in key measures defined by regulations, accreditation, industry standards and VOC data. SSMHC data is routinely segmented by service line, measure, year, branch, payer and employees (AOS).

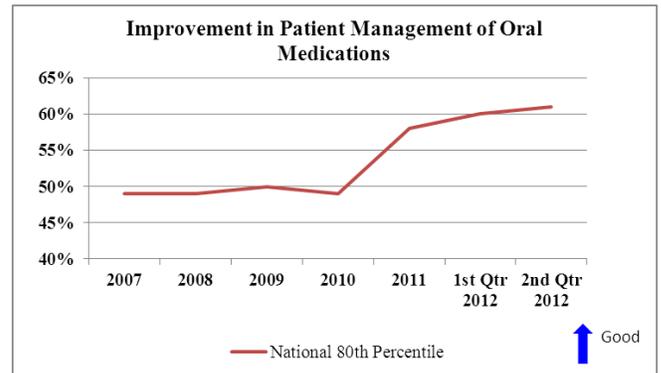
CMS has identified measures that are used to compare clinical care processes and quality outcomes for patients receiving home care services nationwide. SSMHC uses CMS scores, which are comprised of multiple outcome and process measures, as its key quality indicators. In the HH service line, 23 clinical outcome and process measures are tracked monthly. SSMHC focuses on four key patient measures which are tracked monthly on performance indicator reports. Those measures are Reduction in Unplanned Hospitalizations, Improvement in Patient Self-Management of Oral Medications, Improvement in Surgical Wounds, and Improvement with Ambulation.

The first measure, *Reduction in Unplanned Hospitalizations* demonstrates exceptional care at home through SSMHC performance based on CMS's measure. CMS chose this measure to gauge quality and it is important to patients, partnering hospitals and physicians.



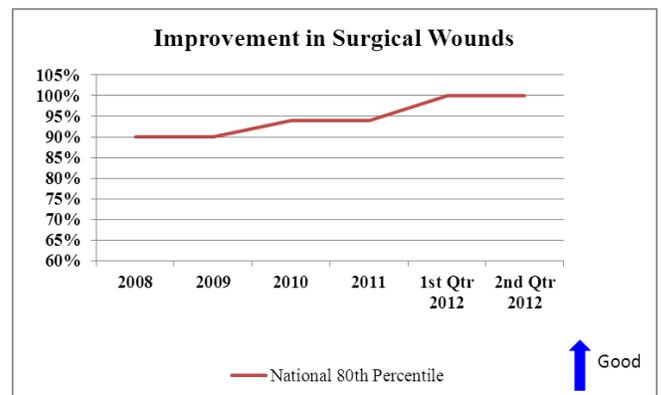
**Unplanned Hospitalizations - HH**

*Improvement in Management of Oral Meds* is the second key clinical outcome measure, also very important to patients, partnering hospitals, and physicians because home medication mismanagement is a validated cause of hospital readmission and patient complications.



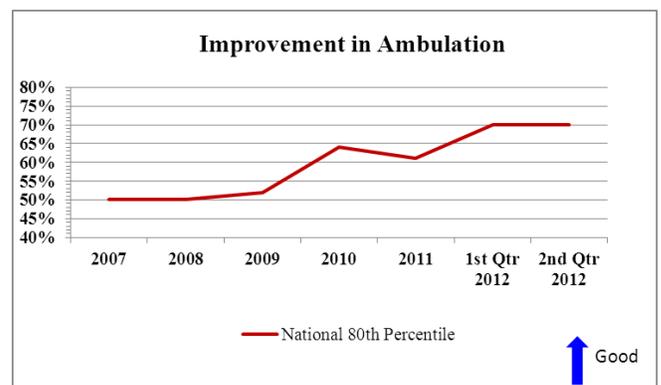
**Improvement in Patient Management of Oral Medications - HH**

The third key clinical outcome measure, *Improvement in Surgical Wounds* is a concern as this measure is particularly difficult to improve.



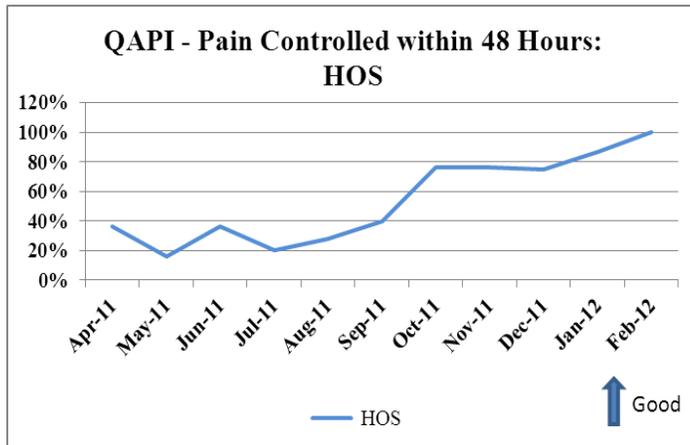
**Improvement in Surgical Wounds - HH**

*Improvement in Ambulation* (walking), the fourth key clinical outcome measure, is a primary concern for patients enduring long periods of time in bed and after surgery. Improvement in ambulation is an important functional and safety measure.



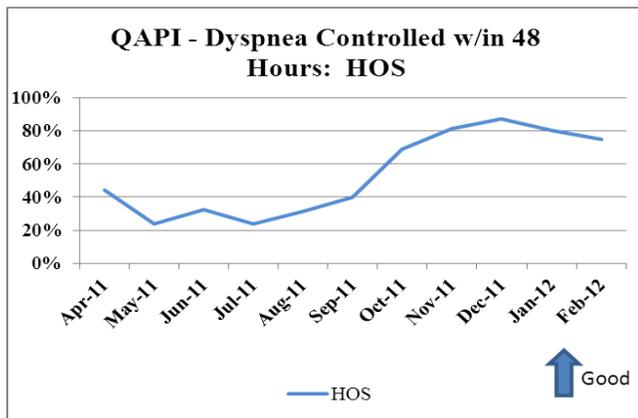
**Improvement in Ambulation - HH**

For HOS, two key patient requirements are pain and dyspnea relief. Pain control is a key health care measure that is a nationally recognized measure of HOS quality.



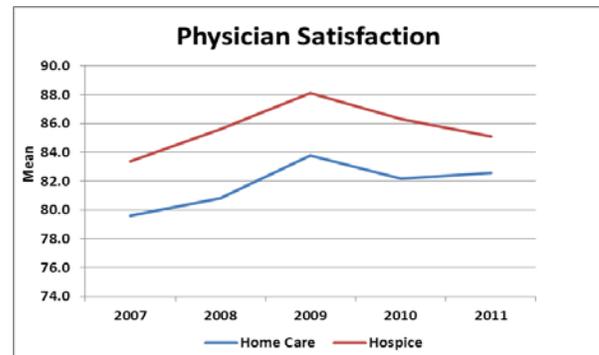
**QAPI – Pain Controlled within 48 Hours-HOS**

A second quality indicator for HOS is relief from dyspnea or breathing difficulty. Similar to the QAPI Pain measure, CMS adopted this measure in 2011 with a focus on relief within forty-eight hours.



**QAPI – Dyspnea Controlled w/in 48 Hours: HOS**

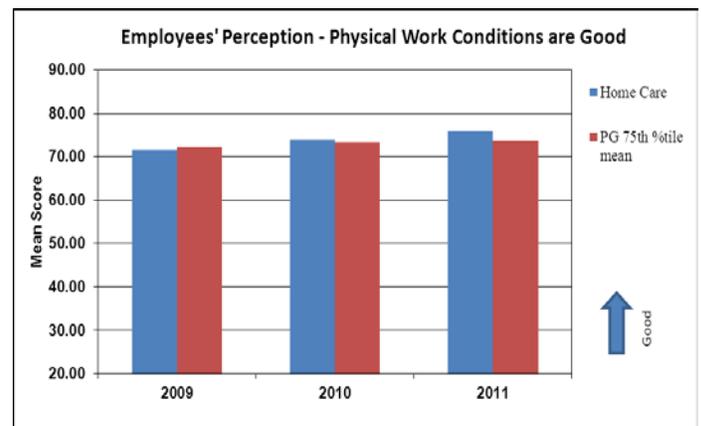
Physician partners are both important customers and key stakeholders. One of the listening and learning methods to measure physician satisfaction is the physician survey process. Since 2007, physician satisfaction has consistently improved reflecting the success of efforts to engage and partner with physicians.



**Physician Satisfaction**

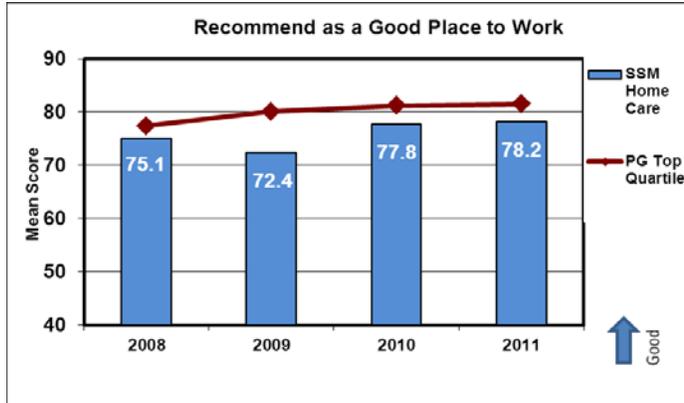
**Workforce/Focused Outcomes**

SSMHC monitors employees' perception that the physical conditions at work are good. Based on Press Ganey results, SSMHC has moved from the 69<sup>th</sup> percentile to the 81<sup>st</sup> percentile since 2009, moving the mean score from 71.9 to 75.9.



**Employees' Perception - Physical Work Conditions are Good**

Over the last four years, SSMHC has improved employees' perception of SSMHC being a "Good Place to Work".



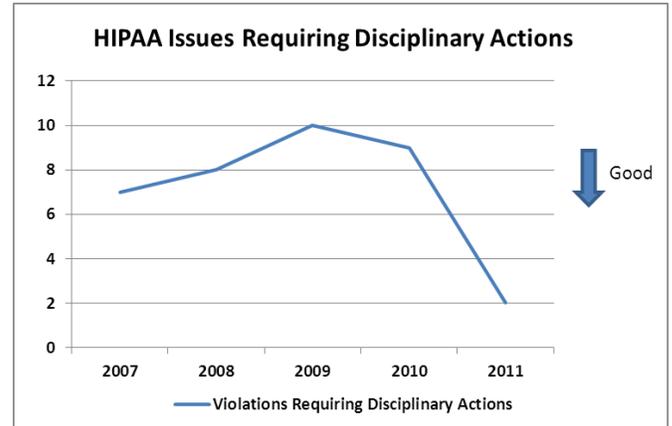
**Recommend as a Good Place to Work**

SSMHC measures completion of mandatory training quarterly. All education is tracked through LMS and updates on the status of employee completion are distributed to managers monthly so managers can monitor compliance with learning requirements.



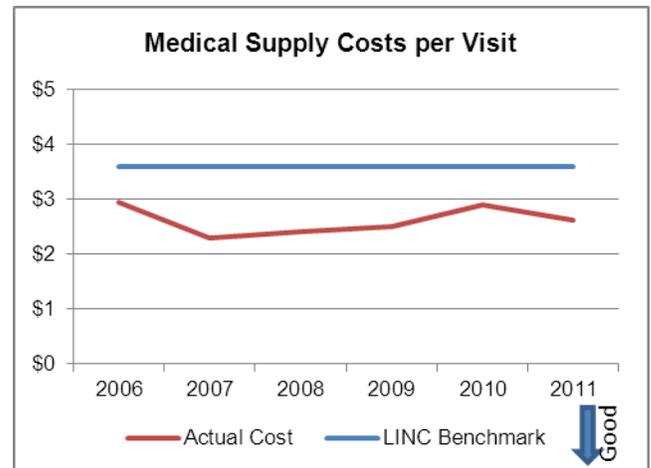
**Total Training Hours Per Employee**

SSMHC's HIPAA results are integrated into the System's overall reported results. SSMHC had done extensive training in HIPAA and seen a significant decline in violations requiring disciplinary action.



**HIPAA Issues Requiring Disciplinary Actions**

SSMHC leveraged their affiliation with LINC and contracted with a new medical supply vendor, Medline, in 2010. This helped SSMHC drive down medical supply cost maintaining a favorable position compared to the LINC benchmark.



**Medical Supply Costs per Visit**