MISSOURI QUALITY AWARD

CAPITAL REGION MEDICAL CENTER

University of Missouri Health Care

2006 Missouri Quality Award Application Summary

PREFACE: ORGANIZATIONAL PROFILE

P.1 Organizational Description

P.1a(1) Capital Region Medical Center (CRMC) is a not-for-profit community hospital consisting of 100 acute inpatient, 20 skilled nursing, and 14 rehabilitation beds. Eighteen clinics, with 35 physicians, make up the clinic system.

CRMC provides ambulances, home health, diabetes management, outpatient rehabilitation, therapy and fitness. Cancer treatment includes medical oncology, diagnostic services, chemotherapy, and radiation therapy. Invasive cardiac catheterization and open heart surgery are provided. CRMC has over 300 Corporate Health clients that choose from multiple service options.

CRMC serves eight counties in mid-Missouri with a population of over 200,000. Net patient revenues are over $115 million and operating and net margins are positive.

CRMC was the result of the 1994 merger of Memorial Community Hospital and Still Regional Medical Center. Memorial opened in 1959, and Still in 1951.

In 1997, CRMC affiliated with University of Missouri Health Care (UMHC) which is the University's health care system. The primary health care institution is University Hospital in Columbia. UMHC includes Columbia Regional Hospital, Rusk – Health South Rehab Hospital, Children's Hospital, Mount Vernon Rehab Hospital and Cooper County Hospital.

Capital Region Medical Foundation (CRMF) is the fund development and community support organization for CRMC. CRMF has a Board of Governors of over 350 supportive community members from the service area.

Partners is the auxiliary and volunteer organization which has over 200 volunteers and 500 members. Partners is a very active organization that provides significant services and funding.

P.1a(2) CRMC's: **Mission** is "To improve the health and promote wellness of the people and communities we serve."

Vision

To be the first choice for health care through excellent service, compassion and quality.

Pillars of Excellence

Service
Quality
Financial
People
Growth

The Pillars keep the organization focused and provide a framework and foundation for strategic plans, results, communications, evaluations, and goal prioritization.

Values are

Service	-	Excellence
Quality	-	Continuous Improvement
Financial	-	Fiscal Responsibility
People	-	Respect, Compassion and Integrity
Growth	-	Proactive and Innovative

Nine Principles

Principle 1	Commitment to excellence
Principle 2	Measure the important things
Principle 3	Build a culture of excellence
Principle 4	Create and develop leaders
Principle 5	Focus on employee satisfaction
Principle 6	Build individual accountability
Principle 7	Align behaviors with goals and values
Principle 8	Communicate at all levels
Principle 9	Recognize and reward success

The Nine Principles outline processes and activities to attain the goals and objectives of the organization.

Service Behaviors

Attitude

- Take pride in Capital Region as if you own it.
- Acknowledge an individual's presence immediately. Smile, make eye contact and initiate greeting. Introduce yourself before initiating treatment or interacting with a patient or customer.
- Always thank customers for choosing Capital Region.
- Smile and speak with fellow passengers on elevators. Hold the elevator door open for others.
- Pause before entering an elevator so you do not block anyone's exit.

Appearance

- Follow dress code and wear your name badge correctly.
- Pick up litter and dispose of it properly.

Communication

- Listen to customers. Be courteous. Be compassionate.
- Include the patient in decisions about their care and treatment.

Call Lights

- Respond to call lights promptly.
- All employees are responsible for answering patient call lights.
- Anticipate patients' needs so they will not have to use their call lights.

Teamwork

- Treat one another with courtesy, honesty and respect. Welcome newcomers.
- Cooperate with and help one another. Support group decisions. Reward, recognize and praise whenever possible.

Customer Waiting

- Offer an apology if a wait occurs and thank customers for their patience.
- Update family members periodically – at least hourly – while a customer is undergoing a procedure.
- Use stairs when going down two flights or up one flight to minimize customers wait.

Privacy

- Make sure patient information is kept confidential. Never discuss patients and their care in public areas.
- Knock before entering. Close curtains or doors during exams and procedures. Provide a robe or second gown if the patient is ambulating or in a wheelchair.

Service Behaviors define how employees act and what is expected. Job applicants agree to the Service Behaviors as part of the application process.

P.1a(4) CRMC has 16 locations in the service area. The primary locations are CRMC, which houses inpatient beds and outpatient services, and Capital Region Southwest Campus (CRSC), which houses offices and outpatient programs.

CRMC has other state-of-the-art imaging equipment. This includes a forty slice CT scanner, digital x-ray, ultrasound, nuclear medicine, c-arms, mobile PET/CT, EECP, Endoscopic Spine equipment, digital Invasive Radiology Lab, OB monitoring and digital mammography. A second cardiac cath lab opened in the 2005 and uses the latest technology.

An electronic nursing documentation process is in place and a complete electronic medical record with computerized physician order entry has been selected. The new system will go live in late 2006. These advancements will improve efficiency, patient care, and patient safety.

A cardiac center, outpatient services expansion and 44 private inpatient beds were added in fall 2005. A remodeling and expansion of the emergency department will begin in June 2006. The need for expansion is due to consistent growth in inpatient admissions, outpatient visits, and emergency department patients. The master facility plan provides long-range facility upgrades.

P.1a(5) Health care is a highly regulated field with an emphasis on compliance with government requirements including Missouri's state statutes for licensed hospitals, Occupational Safety and Health Administration (OSHA) for worker safety, Food and Drug Administration (FDA) for drug and product use and research, Bureau of Narcotic and Dangerous Drugs (BNDD) for use and distribution of narcotics, Office of Inspector General (OIG) for compliance with physician relations, and the Center for Medicare and Medicaid Services (CMS) for billing compliance. Public reporting of clinical results is a new area of CMS regulations that requires the publication of results for several clinical areas. Health Insurance Portability and Accountability Act (HIPAA) requires confidentiality of patient records. While this list is not inclusive, it contains the priority items.

CRMC is accredited by the following:

JCAHO
Healthcare Facilities Accreditation Program
American College of Radiology
American College of Surgeons
College of American Pathologists
Commission on Accreditation of Rehabilitation Facilities
Intersocietal Commission for the Accreditation of Echocardiography Laboratories
Mammography Quality Standards Act

P.1b(1) The UMHC affiliation is significant and long term. The agreement provides for services to CRMC, and it gives UMHC specified reserve powers. UMHC has approval rights for borrowing, hiring and firing the President, the addition of new services, the final budget and strategic plan.

The CRMC Board consists of 12 members including three appointed by UMHC. The other members are nominated by the CRMC Board and approved by UMHC. Board members are selected based on their community standing and expertise in areas such as law, medicine, business, and banking.

The President reports to the CRMC Board, and reports to officers of UMHC with regard to coordination of hospital activities as they relate to health system operations. Vice-Presidents of Quality-Clinical, Patient Care, Finance, Human Resources, and Physician Relations report to the President.

P.1b(2) CRMC focuses on patients and their families as the primary customer group, figure P.1-1.

CUSTOMER GROUPS	KEY REQUIREMENTS
PATIENTS/FAMILIES: Acute Extended Care Outpatient Outreach	Safe, efficient, effective, timely, private, compassionate care in a comfortable environment. Timely and adequate information.

Figure P.1-1 Customer Groups and Key Requirements

Families have essentially the same key requirements as patients, but for the patient rather than themselves. Families expect timely information and a comfortable environment.

In addition to patients and patient's families, primary stakeholders are employees, corporate clients, physicians and allied health practitioners (AHP), payors/insurance companies and the community.

Expectations and requirements for employees are security, meaningful work and the opportunity to make a difference; corporate clients want responsible, timely, safe and affordable care; physicians and AHPs want safe, efficient processes, and quality care; payors/insurance companies want affordable services; and the community wants the availability of emergency services and safe care.

P.1b(3) Physicians are CRMC's primary partners. Suppliers play an important role in organizational innovation by bringing information and benchmark data on new products, supplies, equipment, processes, methods of use, ideas for standardizing use, technology, equipment enhancements and upgrades, operational effectiveness and safety. Partners also bring new information and ideas to the organization.

P.1b(4) Key suppliers are Novation and The Burrows Company for medical and surgical supplies and equipment.

Key partners are the physicians of the medical staff, Team Health for emergency department, Capital Region Radiology for radiologists, Anesthesia and Perioperative Physicians, and Boyce and Bynum for pathologists. Medical staff, department, and individual meetings are held with physicians to facilitate communications. Physicians are linked with IT systems, participate on improvement teams, the strategic planning process and the development of new services.

Besides physicians, key partners are UMHC and ARAMARK. UMHC is a significant collaborator and partner for managed care, physician services, purchasing, and management assistance. The relationship with UMHC is expected to expand in some areas such as cancer services.

P.2 Organizational Challenges

P.2a(1) CRMC has seen significant growth the last few years. There was been an increase in inpatient visits of 5% in 2004 and 2003. In 2005 acute inpatient admissions have increased and CRMC has had a significant increase in market share. Because of this growth, the inpatient acute occupancy rate exceeds 80%, even though length-of-stay has decreased.

P.2a(2) Success depends on attainment of the goals under the Pillars of Excellence, a commitment to the Nine Principles and adherence to the Values and Service Behaviors. Increasing patient and physician loyalty and becoming the preferred place to work are important success factors. Patient, employee, and physician satisfaction are measures of success and responses to individual questions show where there are opportunities for improvement.

P.2a(3) Healthcare Industry Data Institute (HIDI) provides considerable comparative data on industry statistics for hospitals. Aggregate and hospital specific data are available. Missouri Profiles is another source of hospital specific data.

Comparative competitor data are limited and is generally several months old. Financial and productivity data are available from Solucient, a national company that has hundreds of hospital clients in their database. Solucient's quarterly report has extensive aggregate and benchmarking information. A recent publication of quality of care comparisons on Missouri hospitals is available through the American Hospital Association's Voluntary Quality Initiative.

Salary and benefits data are available from within the industry, and outside health care, both locally and regionally. ARAMARK and the key suppliers are sources of data, including data outside the industry.

P.2b Improving physician relationships, and physician and staff recruitment and retention are strategic challenges. Recruitment and retention are especially important due to growth in volume, aging of the workforce, and expansion of facilities. These factors will require additional staff such as RNs, radiology techs, and certain physician specialists. The continued increase in market share is a strategic challenge to maintain, given the number of competitors in the market, capacity constraints, and the affordability of new technology.

Organizational sustainability is ensured by addressing the strategic challenges in P.2b. Key challenges to address to ensure organizational sustainability are staffing and continuing to increase market share.

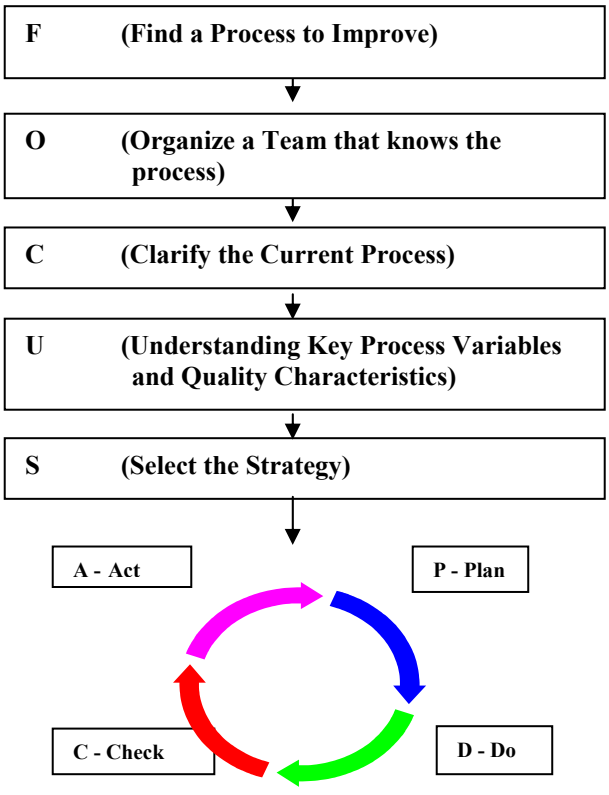
P.2c CRMC's Mission, Vision, Values, and Service Behaviors set the tone for continuous quality improvement throughout the organization. Evaluation of patient needs, satisfaction, and clinical outcomes are each department's responsibility. Goals are set and measurements are included in the strategic plan, departmental goals, and employee evaluations.

Leadership Training and Development Retreats are held quarterly to provide education and direction for managers, supervisors and coordinators. The retreats are an important opportunity for organizational learning.

The Missouri Quality Award (MQA) activities have been an organizational learning opportunity. In 2002, the steering team used the MQA Self Assessment tool for organizational learning and did an in-depth assessment in preparation for the application. In 2003 an MQA application was submitted which provided considerable organizational learning. In 2004 and 2005 the MQA application process and site visit provided additional organizational learning.

When processes for improvement are identified, the FOCUS-PDCA methodology (Figure P.1-2) is used.

Organizational learning and knowledge sharing occurs through best practice sharing at quarterly Roundtables. Unit leaders and staff from service areas attend the Roundtables and share their findings and present best practices that were successful in achieving improvement.



CATEGORY 1- LEADERSHIP

1.1 Senior Leadership

1.1a(1) Mission, Vision, and Values were created by leaders of the Board, Medical Staff, and management with input from employees and community members. The Mission, Vision, Values and Service Behaviors are shown in P.1a(2).

The key partner UMHC actively participates in the review, development and deployment of the vision and values. UMHC attends Board and committee meetings. As a key partner, physicians are integral to CRMC's success. Senior leaders engage physicians in the development and maintenance of the vision, values and strategic plan.

Partners and key suppliers are included in the communication process; and the strategic plan, Mission, Vision, and Values are shared with them. They receive information regarding the Pillars and dashboard to facilitate alignment with values, directions and expectations.

1.1a(2) CRMC's Values, Service Behaviors and Nine Principles provide a framework that fosters legal and ethical behavior. Senior leaders established an ethics policy, an ethics committee, a compliance committee, and policies and procedures that foster legal and ethical behavior along with multiple reinforcement mechanisms as detailed in 1.2b to aid in integrating ethics into the culture.

1.1a(3) Sustainability of the organization is incumbent on meeting the challenges addressed in P.2 b and through efforts of senior leaders to stay abreast of health care changes and trends which ensures the organization is focused on the future. Outside education, including attendance at Advisory Board Company, American College of Healthcare Executives, Studer Group, and Press Ganey conferences provide opportunities to stay current.

Organizational sustainability is enhanced through extensive reviews of operations. Based on the reviews, organizational improvement priorities are established and gaps in the five key areas of Cardiology, Obstetrics, Oncology, Surgery and Emergency Department are addressed and resources allocated.

Board sustainability is accomplished by several means including a Succession and Nominating Committee. The committee accepts nominees and creates a profile on each candidate. The organization's needs and the qualifications of the candidate are considered.

Innovation is enhanced through senior leaders having an open door and an open mind. Staff bring new ideas through various mechanisms, or they can develop and complete a business plan. Senior leaders round with managers and staff which perpetuates an environment for innovation and new ideas.

Another way of creating an environment for innovation, performance improvement, organizational agility, organizational and staff learning, and the accomplishment of strategic objectives is the quarterly leadership training and development retreats.

Senior leaders participate in succession planning through the AC's efforts to select future leaders; and to develop and update the succession plan. Senior leaders guide the development of those identified in the succession plan to build capabilities of future leaders. Leadership training and development retreats are frequently planned and taught by senior leaders.

A mentoring program for recently hired and new managers was created to develop managers and improve the orientation process. This links new managers with experienced managers.

1.1b(1) Communication with all staff is accomplished through multiple mechanisms including quarterly strategic plan

updates to the Board, Medical Executive Committee (MEC), Managers and staff. Updates are provided to community representatives through the Board of Governors. Senior leaders hold several open forums each quarter, open to all staff, to provide two-way communication on topics such as the strategic plan, values, directions, performance expectations, results and issues staff wish to discuss.

A Staff Advisory Council, consisting of ten staff members, meets with the President and Human Resources (HR) Director to discuss issues. This helps create an environment of innovation and two-way communication.

A written update from the President is sent to employees, physicians, and Board Members. There is also a general information publication that is distributed to stakeholders, and a newsletter for physicians.

The Medical Staff meets quarterly and senior leaders present information, and answers questions regarding organizational values, direction, and expectations to ensure two-way communication. Senior leaders attend Medical Staff department and committee meetings which fosters two-way communication. The VP Physician Relations and Clinics meets with physicians from various clinics, and a Clinic Executive Council to receive input and provide information. A physician's breakfast, held twice monthly, is an opportunity for physicians to visit with management regarding issues.

A suggestion box in the physicians lounge and a Message Line to the President provides physicians a means to provide input. Senior leaders interview the medical staff leaders and top admitters to facilitate communication.

The Medical Executive Committee (MEC) and other physicians representing the medical staff are provided the capital and operating budgets so they can provide input.

Quarterly a meeting is held with physician office staff to provide information and receive input on processes that can improve efficiencies for the office staff and physicians. The sessions also seek ways to improve communication and to enhance patient care and convenience.

Managers meet with employees after 30 and 90 days of employment to determine their level of satisfaction and to receive input on what is done right, what needs improvement and what they have seen at previous employers that could improve CRMC. This two-way communication provides valuable information for improvement and refinement.

Quarterly and annual employee surveys provide information regarding employee satisfaction and opportunities for improvement.

Senior leaders and managers round in their areas, and areas they serve, to visit staff, physicians, patients and families to ensure two-way communication. Senior leader rounding is an opportunity to clearly identify expectations and to recognize staff. It also is a means to identify opportunities for improvement and barriers that should be eliminated.

Issues identified in leader rounding are logged and tracked. Responses are provided or processes improved as necessary.

Motivation occurs for staff through frequent celebrations and awards. Star, Super Star, Leader and Team awards are given frequently. Departments have celebrations to recognize wins and accomplishments.

A significant event is the Annual Employee Banquet where senior leaders and Board members make presentations and celebrate accomplishments of the staff.

The reward and recognition process focuses on celebrating achievements in meeting goals in the areas of patient and customer satisfaction. However, celebrations are held for wins under each of the five pillars where goals are exceeded.

1.1b(2) The dashboard Figure 4.1 is published monthly and available for staff, partners, patients and visitors to review. A Strategic Planning Committee reviews findings and develops revisions to the strategic plan, and opportunities for improvement and innovation.

Annual performance reviews are an opportunity to align organizational and individual goals. Goals are consistent and aligned with the organization's strategic plan. Performance reviews set goals for individual and department performance improvement, and innovation.

The Pillars, dashboard and the strategic planning process, which uses the pillars, provides a means for senior leaders to balance the needs of customers and stakeholders. By developing plans and reviewing results in the areas of service, quality, financial, people, and growth there is a balance between the needs and desires of various stakeholders.

1.2 Governance and Social Responsibilities

1.2a(1) The organization addresses governance issues such as accountability for management's actions through the President's annual evaluation, a quarterly strategic plan status report, dashboard review, accreditation and regulatory survey results, patient and employee survey results, reports on legal issues, physician surveys, and patient concerns of care which are given to the Board.

The Board Finance Committee, which consists of external Directors only, receives a monthly financial report, and annually the outside auditor presents their report directly to the Board committee.

1.2a(2) Annual evaluations of senior leaders, Board members and the MEC reviews performance. Senior leader evaluations are based on goals and targets from the dashboard. The President evaluates senior leaders, and the Board and UMHC CEO evaluates the President. Board members evaluate the Board and they perform a self evaluation. The Board evaluation is reviewed and addressed by the Board Executive Committee.

Peer, or 360 degree, reviews are used to evaluate senior leader performance. Employee satisfaction survey results are part of the annual evaluation for senior leaders and managers. Goals and individual development action items are created for senior leaders based on their annual evaluation. Goals for the next year's performance evaluation are adjusted to encourage higher levels of performance.

Legal and safety risks are monitored through an annual review by the insurance carrier, and assessment of safety risks by the patient safety committee. Ongoing risk management activities include event reporting, worker injury investigation, compliance with national patient safety goals, and follow-up on patient grievances. For patient safety a multi-disciplinary team coordinates improvement initiatives. Root cause analysis is performed on events with potential for serious harm. A disaster response plan, regular unannounced disaster drills, and participation in the local and state Emergency Management Association address risk.

Compliance Area	Key Process	Goal	Measure
Accreditation	JCAHO, AOA, CAP, COLA, etc.	Continuous accreditation	Triennial or bi-annual surveys, Periodic performance reporting on standards compliance
Licensure	State	Continuous licensure, no citations	Periodic surveys with annual reporting
Financial	CMS, Managed Care,	Accurate accounting and billing	Hot line calls, CMS sanctions, of charges incurred	managed care complaints.
Risk/Safety	HSG Review, NPSG	Process of care review	NPSG compliance, annual HSG review

Figure 1.2-1 Examples of Compliance Activity

1.2b(2) Ethical behavior in stakeholder transactions is ensured through appropriate policies and education. Outside auditors present their findings and report directly to the Board. The attorney reviews contracts for relationship issues including ethical concerns

Board members sign an annual conflict of interest statement and managers sign a confidentiality statement. Annual performance evaluations and Board Member self evaluations address ethical issues.

Breaches of ethical behavior are investigated immediately and appropriate action taken to educate or discipline as needed

1.2c CRMC operates a family practice resident clinic which bases the charge on the individual's ability to pay, which in many cases is free.

The clinic system consists of 18 clinics in Jefferson City and the seven surrounding counties. The clinics assist greatly with the health of the communities served.

Corporate and Community Health conducts screenings for free or a nominal charge. Free blood pressure screenings and considerable health care information are available.

Key communities are identified in the strategic planning process based on the referral patterns of physicians, patient origin studies, and discussions with stakeholders.

CATEGORY 2 - STRATEGIC PLANNING

2.1 Strategy Development

2.1a(1) CRMC uses a strategic planning process called "PIE"- Plan, Initiate, and Evaluate, which is described in Figure 2.1. The "PIE" process creates short and long-term goals. The strategic plan, based on the five Pillars of Excellence, has goals under each pillar and actions are established for each goal.

The long-term horizon stays within three years. The PIE method allows for adjustments on a quarterly basis. AC designates one meeting per quarter to focus solely on strategic planning..

Strategic Planning Process: Plan, Initiate, Evaluate (PIE)

	Action	Timeline	Stakeholders	Approved by	#
Plan	Assemble data and develop assumptions to guide process. Perform environmental analysis: identify key communities / areas of involvement.	Nov/Dec	Assembled and developed by: Senior leaders, Marketing, Involved: Strategic Planning Committee, Physician leadership	Strategic Planning Committee	1
	Strategic Planning Directions and Goals established. Dashboard Targets set.	Jan-March	Senior Leaders, Physician Leadership, Board, Strategic Planning Committee	Board	2
	Budget Cycle Begins (Capital, IT, Salary and Operating)	March	Finance, Senior Leaders and Department Managers	Senior Leaders	3
	Analysis of short and long-term strategic direction. Short-term: one year Long-term: two-five years. Annual Retreat	March/ April	Senior Leaders, Physician Leadership, Board	Strategic Planning Committee, Board, UMHC	4
Initiate	Complete operating plan (Capital, IT, salary, and operating budgets & targets).	May	Senior Leaders, Finance Committee	Board and UMHC	5
	Develop department operational plans and emp. evaluation Parts A and B.	May/June	Senior Leaders, Managers	Senior Leaders	6
	Fiscal Year Begins	July 1	**********	**********	*****
	Develop/update business plans.	Ongoing	Senior Leaders, Managers	Senior Leaders	7
Evaluate	Employee performance evaluations complete.	July-Sept	Senior Leaders, Managers, Supervisors	Senior Leaders, VP HR	8
	-Quarterly review operating plan. -Quarterly cost accounting evaluation. Revise plans as necessary.	Oct, Jan, April, June	Senior Leaders, Strategic Planning Committee	Revisions: Strategic Planning Committee	9
	Mid-year review of strategic plan direction and goals. Revise as necessary.	Dec./Jan.	Senior Leaders, Strategic Planning Committee	Revisions: Strategic Planning Committee, Board	10
	-Review last years data, surveys (HIDI, market share, financial, Solucient, pt sat, emp sat, turnover, focus groups, etc.). Revise plans as necessary. -Review & refine PIE plan.	Jan./Feb.	Marketing, Senior Leaders, Strategic Planning Committee, Board		11

Figure 2.1-1 PIE Plan

2.1a(2) The combination of the PIE Plan and five Pillars keeps the focus on key customers and allows flexibility to adjust quickly to areas of high priority. The annual environmental assessment provides a check and balance to the planning process.
In 2006, the service-line meeting model was redesigned to improve communication and planning between the service line leadership and physicians. The major adjustments made to this model were moving from annual to quarterly meetings, physician participation in each meeting and adjustment of the agenda. The safety committee reports to the AC and the hospital participates in numerous drill scenarios to prepare for rapid execution and long-term sustainability

2.1b(1) Key objectives or goals are organized within the pillars to ensure the focus is on key customers and stakeholders.

	Long-term Goals	2009	2008	2007 Goals	Actions/*Status*	Leaders
Service	*Service Excellence* Benchmarks: 95th Percentile: Inpatient: 87.4 Ambulatory: 94.1 ED: 89.2 Clinics: 93.1 (percentile rank)	87.7 (95%)	86.9 (91%)	*Inpt. Sat. mean: 86.1 (81%)	• Implementation of Process council model for key health care processes • Improvement of clinical information exchange; including EMR process • Reduce patient transfers- improve allocation of beds and resources • Expand pharmacy hours • Hospital wide training focus- AIDET (Acknowledge, Introduce, Duration, Explanation and Thank You)	
		91.8 (60%)	91.3 (50%)	*Amb. Surgery sat. mean: 90.9 (40%)		
		87.8 (90%)	86.4 (80%)	*ED sat. mean: 85.2 (70%)		
		92.3 (90%)	91.4 (80%)	*Clinics sat. mean: 90.6 (70%)		
Quality	*Clinical Excellence* Benchmarks: Core Measures: 100 Pain Scores: 95th percentile Inpatient: 88.9 Ambulatory: 94.9 ED: 84.8	4.2	4.25	*LOS: < 4.40 on Acute Medicare patients	• Develop Hospitalist service by 12/31/06 • Continued focus on top medical unit admits by case management	
		AMI: 100 CAP: 100 CHF: 100 SIP:	AMI: .98 CAP: .98 CHF: .98 SIP:	*Core Measures: AMI: .95 CAP: .95 CHF: .86 SIP: .85	• Additional FOCUS-PDCA training for patient care team • Physician education; best practice expectations • Implementation of additional measures for mentor hospital criteria	
		Inpt.: 88.9 (95%) Amb.: 93 (70%) ED: 81.3 (80%)	Inpt.: 88.3 (90%) Amb.: 92.5 (60%) ED: 80.6 (75%)	*Pain Scores: Inpt.: 87.4 (75%) Amb.: 92 (50%) ED: 80 (70%)		
		Re-apply for MQA	Win MQA award	Site visit from MQA	• Submit 2006 MQA application with goal of receiving site visit • Increase staff involvement in MQA examiner process	

Figure 2.1-2 Key Strategic Goals for FY 2007 (Partial Version)

2.1b(2) Key strategic goals address the challenges in the organizational profile (P.2). The five pillars and the goals ensure a focus on patients and families and a balance with the needs of employees and physicians on both a short and long-term basis. Three year targets are in place for each of the goals in the plan and the long-term goals are set against industry benchmarks to guide CRMC towards becoming the first choice for health care in its market. The strategic goals are shared with staff, key suppliers and partners to ensure each of these groups realize the expectations placed on them to assist in reaching the short and long-term goals.

2.2 Strategy Deployment

2a (1) Actions are developed in the "Plan" phase of the PIE process through the environmental assessment, data analysis and annual planning retreats. After the goals are determined for each pillar, action steps or tactics are set to achieve those goals. Examples of action steps are explained in Figure 2.1-2. From the strategic plan, department operational plans (Figure 2.2-1) are developed to ensure every department sets goals that contribute to, and are aligned with, the organizational goals.

Departments review operational plans quarterly to determine the status of each goal and to adjust accordingly. The strategic goals of the organization and the department goals in the operational plans are included in staff performance evaluations. At the department level, actions are developed to help meet both the department and

organization goals, and each employee is evaluated on the degree of success in meeting those goals.

2.2a(2) The strategic plan is formally reviewed and updated quarterly by AC and the Board's Strategic Planning Committee to allow for adjustments or additions. Each department reviews their operational plans on a quarterly basis and adjusts or modifies the action plans and/or targets if circumstances require. Sudden or unexpected changes in the health care delivery model can trigger the development of a business plan at the service line level to address the situation.

ORGANIZATIONAL GOAL: Increase I/P, Amb. Surg., ED and Clinic Patient Satisfaction and IT Vendor Selected and Implementation Initiated

DEPARTMENT GOAL	ACTION	RESPONSIBILITY	MNG UP LVL	TIME LINE	STATUS
Increase patient satisfaction.	Round with at least one department that we serve to determine what we are doing right and what can be improved.				
"Patient Friendly" Statements.	Select software program that provides custom patient statements.				
Schedule diagnostic tests on timely basis.	Schedule 90% of tests within one week from receipt of request or order.				
Obtain necessary pre-certs/authorizations on a timely basis.	Use Voicert, telephone or websites to obtain accurate pre-cert information within 24-48 hours of admission.				
Increase customer satisfaction.	Distribute insurance payer updates/in timely manner.				

Reviewed by:

_____

Supervisor Date

Manage Up Level: (1) = Full Speed Ahead; (2) = Full Speed Ahead, but let me know before you launch; (3) = Approval needed before proceeding

Figure 2.2-1 CRMC Department Operational Plan

2.2a(3) The strategic plan drives decisions for the organization. It also explains the key short and long-term actions that will lead the organization to achieving the goals discussed in 2.1b(1). The goals and the key action steps in the 2007 strategic plan are listed in Figure 2.1-2. The annual environmental assessment assists in making sure the organization stays focused on the issues most relevant to the communities served and that the population mix of those communities is regularly evaluated.

2.2a(4) From a personnel standpoint, the key objective is recruitment and retention of the right people. Developing standards for employment and development of staff and physicians is critical to the growth of the organization. In 2002, CRMC implemented a training and development program for all management and supervisory staff. Once a quarter, staff is taken off site to participate in a leadership development retreat. The retreat focuses on providing leaders with practical training and skills to create better managers and create the best work environmental possible for the physicians and staff.

CRMC has developed a human resource plan that supports the strategic direction of the hospital. This plan includes a formalized compensation plan for all areas of the hospital and plans for increasing the retirement benefit. In addition to supporting the strategic direction of the hospital, this plan also addresses key findings or results from the latest employee satisfaction survey. The hardwiring of key recruitment/ retention process such as peer interviewing, 30 and 90 day new employee interviews and exit interviews for all voluntary departures is also key to supporting the key goals of the organization.

2.2a(5) The Dashboard, Figure 1.1-3, allows key partners to understand where the organization stands on both a year-to-date and monthly basis. The department operational plans are also used to evaluate the actions taken for department goals and the status of those projects. Evaluations and salary increases are tied to success of the organization.

2.2b The strategic plan, Figure 2.1-2 provides both short and long-term targets for key measures. These targets are set based on past performance and future market considerations. The benchmarks for these key measures are taken for industry sources such as Solucient, Missouri Hospital Association, Press Ganey, Jackson Organization and JCAHO. For example, CRMC is at the 87th percentile on overall employee satisfaction. The long-term goal is the 95th percentile.

As the strategic plan shows, Capital Region continues to focus resources with the cardiology service line on growth in the areas of cardiac catheterization and vascular programs. This is an example of the organization using the information from its internal data, physician input and market trends to keep the service line as competitive as possible within the market.

CATEGORY 3 –FOCUS ON PATIENTS, OTHER CUSTOMERS AND MARKETS

3.1 Patient/Other Customer and Health Care Market Knowledge

3.1a(1) Patients and other customers are identified in the strategic planning process outlined in Category 2. One key patient/customer group; patients and their families was identified. Subgroups are based on resources used, care setting, and service delivery time frames. (See Figure P.1-1)

Market share, competitors, reimbursement trends, technology, physician volume, interest, and expertise, corporate client feedback, patients and demographic information from state agencies and the annual environmental assessment are used to determine which market segments to pursue. Market data from HIDI includes all providers so customers of competitors are also evaluated. Information includes inpatient and outpatient data on disease, procedure, and treatments as well as demographic data by county. CRMC evaluates the changing mix of patient care encounters, such as the rising number of non-emergent ED visits and the ED as an access point for admission to acute care.

State health profile information is reviewed and indicates a growing number of Missourians with heart disease, obesity, diabetes and increasing numbers of newly diagnosed cancers. Cancer and other service line meetings are held with department managers, physicians and senior leaders to analyze market trends, emerging technologies and to brainstorm about future growth opportunities.

There are three additional methods used to evaluate the health care market. The Board of Governors serves in a customer relationship building role to gather insight into the health care needs and issues of citizens. Meetings occur where CRMC has ambulatory clinics that provide face-to-face meetings with community members and physicians. Input is solicited from Medical Staff members on new service opportunities. Regular meetings with AC members provides physicians the opportunity to voice their concerns as well as learn about new services, and changes. These opportunities are often the first step in a QI cycle. (F=Find) Throughout this document note references to FOCUS-PDCA (See Figure P.1-2).

Focus groups and phone surveys are used on a rotational basis. Focus groups include patients and consumers, family members, and customers of competitors (potential CRMC customers). The most recent phone survey focused on the three county area of highest importance. It evaluated how health care choices were made and name recognition of specific services.

3.1a(2) There are multiple opportunities to gain insight into the needs of patients and the community as listed in Figure 3.2.1. The table shows the listening and learning methods, frequency of input, and implementation approach to the utilization of this feedback. Feedback identifies opportunities for current and future health care services and is a part of the Evaluate stage of Strategic Planning outlined in 2.1. Several were described more fully in 3.1a(1).

Inpatients, emergency, outpatient surgery, outpatient mental health, home-health and clinic patients are surveyed about their satisfaction. A mail survey is used with questions tailored to the type of service. This provides a consistent evaluation and statistical process and comparison figures and access to best practice ideas from the vendor's other participants. The survey provides prioritization of issues identified. Each survey includes custom questions which are modified on feedback from the surveys and rounding. Some questions are specific to the patient while others are of the family's needs.

Reports of inconveniences, complaints and grievances are tracked. Data are collected on each issue, and trends in the type of issue as well as location provide opportunities for improvement (F-Find).

Process Councils address the key requirements of the four key health care processes (admission, diagnosis, treatment, and discharge/follow up). The councils consist of managers, representing the areas integral to the delivery of that process. (See Figure 6.1-1) The councils meet regularly to assess and improve operational coordination and consistency across the organization.

The organization sets goals in each of the service, quality and market share areas. The achievement of those goals represents twenty-five percent of each employee's yearly merit. To sustain focus on the need for improved service, quality of care and market share, yearly goals are part of the department's

operational plan. Twenty-five percent of each employee's merit is based on achievement of the department's goals.

3.1a(3) CRMC uses industry and non-health care sectors for listening and learning method development and modification. Advances in data collection tools, ease of use, timeliness and access to competitor data allow for such modification. Examples of recent adjustments to these methods are listed in Figure 3.2-2.

3.2 Pt/Other Customer Relationships and Satisfaction

3.2a(1) A multi-dimensional communication process builds and sustains relationships with patients and their families. The process extends from pre-service communication through post discharge. The example contacts outlined in Figure 3.2-1 are designed to clarify expectations for the patient and the care-giver, develop confidence in the care process, demonstrate and share knowledge, increase patient participation in care decisions, solicit feedback**,** and review aggregate information.

3.2a(2) Key access mechanisms include service specific marketing, physician appointments, walk-in or self-care; emergency services and response, corporate and community programs, website, and fitness center participation. Process councils made up of representatives from across the organization determine key contact requirements for each of the key health care processes (See Figure 6.1-1). Each service site and program is staffed with employees trained in service behaviors and service recovery based on customer expectations. Key contact behaviors include efficiency, communication, timeliness, accuracy and courtesy. These attributes are shared at new employee orientation and at education, evaluation and coaching sessions. There is a service recovery program to provide consistency of response on the resolution and tracking of complaints and grievances. (See 3.2a(3)). Feedback from staff and patients is used to modify this program.

3.2a(3) There is a policy for resolution of patient complaints and grievances. Employees receive training on the Service Recovery ACTion Process. Tracking issues is monthly and quarterly and to ensure consistency; a senior leader reviews complaints and data is shared with AC, managers and the QA&I Committee. Breakouts of the higher categories of complaints identify improvement opportunities. (F-Find the opportunity, C-Clarify) As a result, this year's focus has been on delay in assignment of room (Facility Issues).

The patient representative works with department leaders to mediate complaints, serves as a "listening post" and identifies options for families. The Medical Executive Committee (MEC) is a partner in addressing complaints about physicians. (O=Organize a team) The MEC participates in education and addresses disruptive physician behavior through the Disruptive Physician Policy.

3.2a(4) Evaluation of clinical service utilization and service experiences provides insight into areas where services may be refined. (C=Check) In addition to readings from the Advisory Board and educational offerings, the goal is to provide manager training on customer service. Senior leaders attended a program on customer service. CRMC instituted internally developed annual employee and quarterly leadership training. The training focuses on customer service, policy development, health care trends, management skill building and strategic direction.

The Patient and Staff Satisfaction Steering Team (PSSST) provides direction in addressing employee and patient satisfaction issues and rolls out tools for leadership and employees.

3.2b(1) Patient satisfaction is determined though multiple listening and learning mechanisms. A patient satisfaction survey, developed in collaboration with PG, evaluates the satisfaction of customers of inpatient areas, ED, ambulatory surgery, clinics, and mental health. Additional methods to obtain feedback include: leader rounding, waiting room rounding, corporate client feedback, discharge phone calls, community focus groups, contacts with the Board of Governors, market share analysis, and opportunities for service recovery.

	Preadmission	Admission	Post encounter and ongoing
Patient/ Family Loyalty	OB-tours and pre-registration. Outpatient Center, Diag. Testing and Cardiac Stress Lab-pre-encounter instructions. Surgery-Pre-admission registration, testing and assessment. OB/Peds-Boot Camp for Dads.	Leader rounding. Case Mgt. rounding. Patient Rep. visits. Waiting room rounding. Service Recovery as needed.	Follow-up phone calls. Schedule follow-up appointments. Mail survey. Focus Group participation. Resource center Community/ Corporate events. Fitness Center.

Figure 3.2-3 Examples of Relationship Development

3.2b(2) CRMC follows up with patients and customers regarding health care services in a prompt manner. Patient care leaders round daily to receive immediate feedback. This "leader rounding" identifies what has gone well (captures wins), opportunities for improvement, and provides answers to

concerns. Issues are addressed by the manager or sent to the appropriate individual for timely resolution. Discharge phone calls provide prompt feedback and response to concerns and questions.

In orientation and department meetings, employees are trained, and encouraged, to provide service recovery. The goal of service recovery is to acknowledge, respond to, and resolve patient complaints the day received. In addition, a senior leader is on call 24 hours a day to respond to staff, patient, or family issues.

3.2b(3) Information is obtained through phone surveys and focus groups of CRMC's and competitor's customers and those who use both organizations. Interviews are conducted with physicians who practice at both hospitals in Jefferson City. Patient interviews are a source of information about other health care experiences that were pleasing or efficient. Aggregate data from discharge phone calls gives insight into key health care process improvements. The PG survey provides a benchmark with over 875+ hospitals. The patient satisfaction survey provides feedback on actionable items through a priority list. Database users share best practice and improvement strategies through web based interactive forum groups.

3.2b(4) Publications and participation at professional conferences identifies methods of information gathering. (F=Find the opportunity) See 3.1a(2). In addition, consultants in marketing, customer service, training, and facility design provide a comparison to other organizations, including best practice leaders outside the industry (C=Clarify). Self-evaluation tools provide objective criteria against which processes and outcomes can be measured (U=Understand). Three examples include: JCAHO's National Patient Safety Goals**,** Periodic Performance Review and the Core Measures process. The last two keep the organization appraised of patient care standards.

CRMC reviews the Missouri Quality Improvement Organization's (Primaris) evaluation of health care services provided to Medicare clients. Patients accessing this site see the expectations of care and results by provider.

CATEGORY 4 – MEASUREMENT, ANALYSIS, AND KNOWLEDGE MANAGEMENT

4.1a(1) The Performance Improvement (PI) process provides the structure to determine what data is collected, analyzed, and used. PI begins with acceptance and re-affirmation of the Mission, Vision and Values. Development of the strategic plan incorporates goals with quantitative and qualitative metrics. Operationally, those goals are further defined into yearly and quarterly goals based on customer feedback, regulatory requirements, or market share data. These goals set opportunities for improvement (F=Find an opportunity stage of FOCUS-PDCA) by the groups identified in the operational PI process.

Strategic goals and objectives cascade to departments and individuals through departmental operating plans and individual goals and objectives. They cascade to key suppliers through plans, expectations and goals set with the department they most closely associate with. Managers work with staff, in collaboration with stakeholders, such as physicians and suppliers, in the development of department operating plans and goals. The plans outline yearly goals with associated action steps. Action steps have measurable indicators used in determining the goal's status. The plan is updated quarterly and adjusted based on performance.

An organizational dashboard with performance metrics is updated monthly and shared with leaders and staff. The performance metrics, grouped under the pillars reflect internal stretch goals and are revised annually. As performance improves, targets are raised to ensure they are stretch goals. Patient census metrics are updated by the hospital information system and are automatically sent each morning to managers. These online reports are available on demand for managers.

4.1a(2) The selection of which information is tracked is prioritized by the processes identified in the strategic plan goals, operational needs, and mandates from regulatory and accrediting agencies. Leadership continuously evaluates each metric for relevancy to goals. Metrics at the organization and departmental level are developed using industry standards and comparative data from sources such as Maryland Hospital Association, Moody's for financial performance, Jackson Organization for employee satisfaction.. The selection of a comparative data source is determined by availability of comparative data, organization type, reliability, timeliness, and cost. The indicator's numerator and denominator must be replicable by CRMC, recognized as an industry standard or best practice and be a recent time period or on a concurrent update schedule.

4.1a(3) The organization has identified a large number of performance metrics that are reviewed and a reporting schedule is a part of the PI Plan. The metrics reflect the strategic, clinical and accreditation goals. To ensure performance measures are sensitive to changes in industry/ regulatory metrics, internal metrics are adjusted when new comparative metrics are available. Teams are requested through AC by a manager when an unexpected change in regulation or an opportunity for an enhancement in a process occurs. AC meets weekly, creating the opportunity for teams to be approved timely. On approval by AC, a team leader and facilitator are established. The team utilizes Focus PDCA and information is reported to AC within established time frames.

4.1b(1) The strategic plan identifies long-term and fiscal year goals allowing for assessment of organization success and progress on each goal. Long-term goals are set to achieve best practice levels (of comparison available) using fiscal year goals to track progress.

The dashboard serves as a communication tool on progress of FY strategic goals and is posted on communication boards for staff, physician partners, and customers to review, Senior leaders review the dashboard with the Board, managers and physicians. Managers review the dashboard with staff monthly. The focus on dashboard results motivates staff to meet objectives, and continuously improve results.

The PI plan provides an organized structure for the review of performance. The responsible parties for the collection and analysis of the data and the committees/teams that receive and act upon this information are listed. Senior leaders participate on many of these teams and committees by keeping them abreast of regulatory changes. Reports utilize tables, run/control charts and summary discussion on findings.

Performance values at all levels of the organization are analyzed over time using tools such as line graphs, bar charts and control charts. Other analysis tools, such as a priority index, Info-edge drill down, case mix indexing and leverage analyses provide insight into the data. For instance, the priority index is an analysis of the poorest performance metrics relevant to the highest importance as rated by customers on the customer feedback surveys.

Results are used to prioritize the need for adjustments in actions plans. Many of the indicators used to evaluate success in the pillars are assessed monthly, with others quarterly or yearly. Monthly evaluation provides rapid identification with the exception of the daily operational measures described in 4.1a.

4.1b(2) Evaluation of monitoring results and comparison to goals with best practice or industry standards occurs at many levels. For example, the dashboard is presented to hospital leadership, Board, and other executive level committees monthly. This provides a summary of the performance of strategically important organizational areas including patient and employee satisfaction, clinical outcomes, and financial performance. Senior leadership utilizes a 12-month analysis of the metrics to evaluate progress and set new goals for strategic indicators. A quarterly update on operational performance, related to the strategic plan goals, including additional narrative explanations is shared with the Board and the strategic planning committee. When indicators do not meet goals an action is assigned, resources reallocated and priorities adjusted as needed.

4.2 Information and Knowledge Management

4.2a(1) Information is shared with staff, patients, physicians, suppliers and customers in a variety of ways. Quarterly, a patient satisfaction summary report is shared with physician leadership. Individual physician/patient satisfaction results are available for selected inpatient, outpatient areas, and clinics. Annually, clinical profiles are shared with individual physician partners. These clinical profiles contain key measurements of physician performance under each of the five pillars of excellence. Biennially, a physician information profile is prepared and shared with the individual physician and the credentialing committee for re-credentialing purposes. Material Management reviews supplier performance on timeliness of deliveries and accuracy of orders. Meetings with suppliers discuss product-stocking levels thus reducing inventory stock outs and overnight delivery costs.

The information required for daily operations of the hospital and clinics is provided by a variety of automated and manual systems. Physicians and contract service providers receive patient information such as procedure and test results, and billing information via auto faxing. On-line patient information is available to the appropriate staff, physicians, and contract providers via iMed Access, Siemens Magicweb, and Realvision in house and remotely over secure Internet connections. These systems provide the ability to communicate clinical reports, data, and images between providers, schedule resources, capture operational information such as charges, and patient-related demographics and financial information on a continual basis.

Other methods of providing information to internal and external customers include email, and the www.crmc.org website. The website provides a wide range of general information to the public and portals for use by employees for completing mandatory competency requirements utilizing the Carelearning program which is continually updated to reflect new training requirements. Recently, several organizational Policy and Procedure manuals have been deployed on the Intranet site support.crmc.org for increased accessibility and maintainability. Information like the dashboard, needing wide dissemination to the staff, is posted on communication boards, as well as discussed during monthly meetings of managers and supervisors. Managers pass information from this meeting of the monthly department meetings.

Patients are provided information regarding their rights, including access to their individual medical information, at admission. Information related to diagnosis, self-care, discharge information, and financial matters, if applicable, are provided during their stay.

4.2a(2) The hardware and software has been selected specifically for reliability and user-friendliness. Hardware performance and capacity is monitored on an ongoing basis. Continuous review and application of new hardware and

software fixes and updates ensure the associated systems are functioning optimally. Controlling access to resources ensures security of the systems. Systems are located in physically secure areas, and user access to information is governed by policies based on the premise of giving the minimum access needed to perform the job. This determination is made at the department level based on job requirements of each position. Access is removed at termination and is re-evaluated if an employee transfers to another area within the hospital.
4.2a(3) Up-to-date hardware, uninterruptible power supplies, and emergency power provide continuous availability of data. On large systems, Redundant Array of Independent Disks (RAID) are utilized to prevent system shutdown in disk failure. Daily tape backups provide coverage for the majority of server-based files.

A firewall device provides physical security on the network, which along with a VPN concentrator provides secure, encrypted tunnels over which external users including clinics and physician offices can securely access protected information. Independent auditors verify network integrity annually during the financial audit. Virus protection is provided on all network-attached PCs and servers.

4.2a(4) While CRMC primarily derives its information needs from the strategic plan, it continually evaluates data requirements by keeping current on new regulations, and trends in health care, and through user, physician, and customer input. Monthly Information Management and Application User meetings provide staff the opportunity to discuss information needs, application updates and problems. A variety of regularly scheduled meetings involving the medical staff provide a forum for physicians to discuss their requirements.

CRMC works with primary vendors to ensure software provides the functionality and usability required. Staff are involved with vendor user groups to drive product development and enhancement, and if an immediate need arises, vendors modify applications to meet specific needs.

In 2003, CRMC contracted with First Consulting Group to develop a long-term IT strategic plan. Utilizing staff and leadership surveys, industry benchmarks, and the Strategic Plan, the IT strategic plan was developed consisting of a series of prioritized tactical plans to complete over the next 3-5 years (FOCUS). In 2004, the plan to move forward with the procurement of a new HIS that will provide an electronic health record was approved. A multi-disciplinary team evaluated the hardware/software from various vendors to ensure it met functionality and cost requirements.

An annual IT budget is developed from department meetings to review current and future IT requirements not directly related to tactical plans. Through this process, equipment such as dual flat-panel monitors for Medical Records coding staff to enhance productivity are approved.

4.2b Staff knowledge is transferred through a variety of means. It is the organization's commitment to its employees to provide what they need before they need it, and to include everyone. All employees attend a New Employee Orientation on hire and complete re-orientation annually. Additionally, new hires are given 30-day and 90-day evaluations to address any issues or concerns they have, and make changes accordingly. The employee competency assessment process begins on hire and repeats annually. Based on an employee's job classification and department, knowledge is shared by either an expert in the area, a train-the-trainer technique, or a preceptor.

Management meets with employees during re-recruitment sessions every 90 days as well as an annual evaluation during which the employees are asked what needs they have in such areas as new technology, information, and patient care. Based on this information individual and group training sessions are developed.

The transfer of relevant knowledge to and from patients and other customers, suppliers, and partners is accomplished with their involvement. The involvement of patients is encouraged through survey tools, such as the written survey, focus groups, discharge phone calls, and face-to-face rounding with patients. Programs such as "Speak Up" encourages patients to participate in every aspect of their care. Physician partners transfer knowledge daily by sharing information with patients and staff on new technology and standards of care. Process Councils provide an avenue for sharing best practice on key processes.

Suppliers, such as contracted manufacturing representatives round in the organization to share knowledge with staff. As new concepts of care are developed, rounding by the supplier is an important tool. Exposure to front-line staff is crucial.

Best practice information is gathered utilizing processes such as survey visits, MQA participation, and research of external resources such as the Internet, journals, and meetings, and disseminates this information throughout the organization. Internal best practices are recognized and shared. When an internal best practice is identified, the goal is to duplicate the process in applicable departments. Best practice information is shared at physician staff meetings, department meetings, roundtables, management meetings, and leadership retreats. When a staff member attends external meetings or conferences, they are expected to present this information reinforcing the process of train-the-trainer. After reviewing best practice information, implementation of the best practice

processes becomes a top priority. Often, focus teams assist in process improvement and ensure the appropriate PDCA stage is completed.

4.2c Data accuracy and integrity is paramount to remain operationally effective. Software has been selected that utilizes industry standard coding sets for procedures and diagnosis, and supports industry standard transactions to ensure common data definitions regardless of the software vendor. Also, consistency is improved by enforcing the use of an approved list of abbreviations that is available both electronically and on paper for staff.

Data are verified for completeness, accuracy, and appropriateness. Independent auditors, HMI, and CMS conduct financial and clinical audits. Staff conducts a monthly review of patient charts for accuracy and clinical pertinence, which is a multi-disciplinary review of the clinical record against a specific set of criteria that meets accreditation and licensure requirements. The review allows verification of compliance with a specific set of internal documentation standards. The results of this review are shared with the Patient Care Management Team quarterly, and the clinical managers and staff during staff meetings. The findings from these two audits/reviews direct education for staff and physicians and/or modify document tools.

Much of the performance improvement data is derived from information abstracted by the medical records coding staff as coders are accountable for maintaining accuracy. Although the software provides for rules based data verification of individual charts the coders work is audited on a regular basis by internal and external sources. Internal audits are conducted every pay period and external audits are conducted quarterly. Results are reviewed with staff and used to determine educational needs. Data accuracy, validity and reliability for hospital-wide measurements benchmarked through the Maryland Hospital Association are achieved through the completion of periodic conformance assessment surveys. To ensure data accuracy, validity and reliability of core measure collection, also benchmarked through the Maryland Hospital Association, quality staff reviews a sampling of each other's data collection quarterly. Daily and monthly reports from HIS to departments allow verification of charges against actual work completed, assisting in the accuracy and validity of the billing process**.**
The confidentiality and security of patient information is of primary importance. Primarily, the Medical Records Department controls non-electronic patient information, and release of information is evaluated on a case-by-case basis to maintain maximum patient confidentiality. Release of information is in accordance with regulatory guidelines. The administration policy, coupled with the Health Insurance Portability and Accountability Act (HIPAA) provisions, clearly defines the responsibility for staff to protect patient clinical and demographic information. Through Notification of Privacy Practices and Business Partner Agreements, patients and vendors are aware how health information is protected and transmitted. When a break in procedure is identified, or a patient requests an audit of his/her medical record, a multi-disciplinary team collects auditable information and submits it to the HIPAA Privacy officer for review and action.

The HIPAA security process involved an initial risk assessment (F=Focus), followed by ongoing security policy and procedure development (S=Select) and remediation activities identified by the risk assessment (P=Plan).

Current systematic security processes:

- Bi-weekly review of terminated employees for deactivation from network and system access.
- Monthly audit of AS/400 user accounts with special authority.
- Utilize Observer, a network monitoring tool for excessive traffic or other malicious activity.
- Websense for internet content management, and log all requests to open restricted sites.

The implementation in late 2006 of the Meditech suite of applications will provide a detailed means of auditing protected health information, and provide disk/tape based data protection for enhanced disaster recovery**.**

Information security is controlled by physically placing sensitive information in protected areas accessed only by authorized personnel, and electronically protecting information by limiting access to the extent necessary to do their jobs. This electronic security is provided by the network operating system, application platforms, and applications themselves and is established and maintained primarily by IT personnel. A firewall appliance provides additional protection from unauthorized network use.
Data backup of critical information is done daily and tapes are stored at alternate sites to ensure recoverability of information. The data being backed up is periodically evaluated to ensure the information is protected.

Timeliness of data is critical for decision-making. A concerted effort is made to install network infrastructure and equipment required for rapid data access. Software allows availability of data throughout the hospital and remotely at physician offices as soon as it is entered into the system.

If on-line access to information or standardized reports does not meet information requirements of a user, resources are available from the IT Department and other areas to create custom reports on demand.

CATEGORY 5 – STAFF FOCUS

5.1 Work Systems

CRMCs' work systems are aligned with the organization's mission, vision, and values. Work design is driven by the needs of customers and the strategic planning process. Management provides staff with the tools and equipment to do their jobs, and empowers them in making decisions regarding their daily work

5.1a(1) To promote cooperation, initiative, empowerment, and innovation, work systems and processes are organized both in specific departments and depending on the medical needs of the patient, and the type of health care service delivered, work is also organized across departments. Working together cooperatively, on a day-to-day basis, is critical in order to achieve organizational goals and high performance in all service areas. CRMC has identified key operational goals and action plans that are aligned with the strategic plan and are measured and reported on the Dashboard monthly. All departments have goals and action plans that align with the strategic plan, key organizational goals, and the five pillars of excellence. CRMC empowers employees by including them in the development of part B of the employee evaluation. Four Process Councils have been established to improve work performance in each of the key health care service processes. (See Figure 6.1-1.) It is the responsibility of these councils to organize, manage, and evaluate the effectiveness and performance of work systems involved in each of the four key service processes.

In order to provide current customer service needs, staffing needs, desired skill levels and competency are constantly assessed. Job descriptions exist for all positions and are created around work processes needed to deliver identified healthcare services. Job descriptions define the purpose of each position, the principle accountabilities, performance standards, and the education and experience necessary for success. Job descriptions and competencies are reviewed annually and revised as needed to remain current with health care service needs and achieve department action plans. Clinical staffing levels are determined based on the needs of patients as measured by daily patient acuity and census. All departments have productivity workload units, measures that have been established and supported by industry benchmarks and/or by budget.

5.1a(2) The diverse needs of customers are reviewed by means of various listening and learning methods and appropriate competencies of staff are identified in order to meet these needs. Input from staff is also obtained through the Staff Advisory Council, Employee Forum, Leadership and Development Team, Safety Committee, Reward and Recognition Team, Focus groups, Patient Safety Committee, and Leader Rounding. In some instances, where a need for performance improvement or change is identified a FOCUS-PDCA team is formed.

5.1a(3) To develop and maintain efficient work systems CRMC's philosophy is to maintain two-way communication within and across departments. This is done through input from annual Employee Opinion Surveys, Speak Up sessions, thirty and ninety-day employee interviews, and exit interviews. Interdepartmental communications are shared through management meetings, department meetings, newsletters, Update, emails, Connections, roundtables, CRMC website, and other written communications to staff. Management meetings and department communication is enhanced through the sharing of organization and department "Wins". A Staff Advisory Council provides a mechanism for staff to discuss issues and concerns with members of Administration. A Patient Satisfaction Roundtable provides an opportunity for a multi-disciplinary team to review results of patient satisfaction surveys. Leader rounding provides an opportunity to discover the needs of their internal customers and to find out what processes are successful.

5.1b CRMC utilizes a systematic performance management system beginning with a pre-hire assessment where skills and competencies are identified. Applicants identified as potential hires participate in a peer interview where skills, competencies, and desired service behaviors are further assessed. After hire, staff performance is assessed by management at 30 and 90 days to determine satisfaction with work, discuss areas for improvement of work processes and completion of competencies required for the job. Managers round with staff quarterly to discuss accomplishments, modification of goals, problems and/or issues in an attempt to re-recruit employees on a regular basis.

During the annual performance evaluation process goal statements are reviewed, and action plans established, that are aligned with organizational goals in the strategic plan. The non-management Staff Performance Evaluation is made of four parts. Part A includes organizational performance measures directly related to the strategic plan. Results are posted monthly on the CRMC Dashboard. Part B includes department goals that align with the organizational goals as identified in Part A. The department then puts together an action plan designed to meet the goals identified in Part B. These plans are updated every ninety days as part of the staff re-recruitment process. Part C includes criteria that relate to individual staff behavioral and service attributes focusing on staff satisfaction, customer satisfaction, and high performance health care service delivery. Part D includes the principal accountabilities and competencies of the job. Each section is weighted for an overall evaluation score that determines the individual's level of performance.

The Management Performance Evaluation is also made up of four-parts and includes the same Part A and Part B and C as non-management staff. However, Part D includes statements relating to behavioral and service attributes considered "must have" management behaviors and accountabilities. Senior management believes these behaviors are critical to increasing customer and staff satisfaction.

Salary scales are reviewed annually, and more frequently for some positions, depending on difficulties in recruitment. Salary scales are compared with local and regional sources, and statewide through the Missouri Hospital Association (MHA). National benchmark salary information is available and utilized for the difficult to recruit positions. Senior leaders participate in a management incentive compensation program based on meeting operational and individual goals.

The Star Award program is a program that recognizes staff members who demonstrate extraordinary customer service to patients, visitors, co-workers, or physicians. Nominations can be made by any person including visitors or patients. A team of managers select five non-management staff members that are spotlighted each month as Stars of the Month for providing excellent customer service. The individual demonstrating the most outstanding example of customer service is called the Super Star of the Month. The other four are called Shining Stars of the Month. Recipients receive Star lapel pins, cash awards and letters of recognition. A Team Award is presented to staff members who demonstrate exceptional customer service initiatives or activities by working as a team. Team award recipients receive a certificate of recognition and a pizza or sandwich lunch to celebrate. A management recognition program called the Leading Star program exists for leaders who demonstrate extraordinary examples of service or achievement. Nominations are received from staff or customers. The recipient is selected by Administrative Council. A Super Star of the Year and a Leading Star of the Year are selected from the awardees. Staff birthdays are recognized with a birthday card and a meal ticket. Senior leaders and managers recognize staff and physician successes with Thank You cards. The Board sends Thank You cards to staff physicians monthly to recognize them for their service.
CRMC recognizes years of service with a lapel pin, and an annual Employee Recognition Banquet. An annual physician recognition award titled "Employee Choice Physician of the Year" award is given to a physician selected by staff.

5.1c(1) CRMC has a written job description for each position available in the organization. To obtain the appropriate characteristics and skills needed for the job a number of factors are utilized in developing the job description. These factors include desired employee attributes, principal duties, competencies required for high performance work, legal and regulatory requirements, level of expertise, and educational requirements. In addition to the job description requirements, peer interviewing is utilized by the department managers to screen candidates. Peers are included in the process to help select individuals that fit best in the work group. Behavioral questions are utilized to evaluate attributes such as work ethic, values, and personality of applicants.

5.1c(2) At CRMC the hiring process begins with the posting of open and/or new positions that have been approved through Budget and Productivity Committee as mentioned in 5.1a(2). Positions are posted internally, in area newspapers, on the CRMC website, in professional publications, and at employment fairs**.** Employees are encouraged to let their family and friends know of opportunities and if they are instrumental in recruiting an applicant, the employee receives a recruitment referral bonus up to $500.

HR maintains a staff of recruiters who perform an initial review of applications for required skills and qualifications. Applications that meet the requirements are sent to the appropriate manager for further review. The manager completes an initial interview to identify applicants that meet the criteria for peer interviewing. Criteria may include the ability to meet the essential skills of the job, appropriate service behaviors and ability to fit into the work group. Recruiters work with department managers and assist in identifying applicants who best represent the diverse ideas, culture and thinking of the organization and work group. A comparative selection process and standardized scoring matrix is used to make the peer review process consistent and successful in selecting the best applicant.

A continuous recruitment process occurs as a result of CRMC's participation in clinical affiliations established with local colleges, universities and vocational schools.

The retention process begins prior to employment with managers and HR recruiters providing applicants with information about the position and the organization. All new staff are required to attend a comprehensive orientation process including a first-day New Employee Orientation and a thorough department orientation process. A specialized professional nursing orientation program provides licensed nursing staff with a thorough classroom and clinical orientation that extends over a two to three month period. Additionally, a comprehensive nursing assistant orientation program is in place.

Other activities to assist in staff retention include a tuition assistance program, scholarships, staff recognition programs, sign-on bonuses, the use of 30-day and 90-day interviews for

new employees, 90 day re-recruitment, and feedback from staff satisfaction surveys.

The Jefferson City area is experiencing an increase in the number of immigrants from foreign countries. The largest growth is in the Hispanic population. Therefore, bilingual skills are important in communicating with patients and job applicants from this segment of the population. A relationship has been developed with the Hispanic community, resulting in the employment of several staff that are fluent in both languages.

5.1c(3) CRMC has a business philosophy to encourage career development and progression for all staff within the organization. CRMC strives to promote staff into leadership roles when they demonstrate the necessary skills, interest and abilities for leadership. Supervisors, Managers and Directors are mentored and nurtured by management to develop critical thinking skills and employee management skills needed to take on greater levels of responsibility. The tuition assistance program has been developed to support potential leaders seeking educational opportunities outside the organization, such as advanced degrees, that will enhance their eligibility for upper level leadership positions.

The Leadership Training and Development program is presented at quarterly retreats to supervisory and management staff. This training includes employee relations, budgeting, wage and hour laws, strategic planning, performance improvement, employee and patient satisfaction. Leaders utilize the Management Succession Planning process to identify those with leadership potential for replacement of key leadership positions. Career progression for staff may occur by utilizing tuition reimbursement for those seeking healthcare related degrees, opportunities to attend courses and seminars for certification or continuing education credits, and in-house education offerings which promote advancement or cross-training. CRMC also provides job shadowing and internship experiences to promote healthcare careers and also serves as a mechanism for recruitment for difficult to fill positions.

5.2 Staff Learning and Motivation

5.2a Staff education and training is designed to assist in the accomplishment of organizational and department goals identified in the strategic planning process and carried out through department action plans. CRMC uses a FOCUS-PDCA education planning process shown in Figure 5.2-1. Program development is guided by the requirements for licensure and accreditation requirements (priority items), the strategic plan goals, technological advances, clinical care best practice modeling, and customer service issues identified in survey responses. Needs may also be identified through performance improvement teams, root cause analysis, educational assessments, or professional evaluation.

Educational opportunities are provided utilizing adult learning principles and an environment that encourages individuals to develop their knowledge and skills to enhance patient care, patient satisfaction, and employee satisfaction. CRMC supports on-going learning and career progression through programs such as nurse extenders, tuition reimbursement, student nurse interns and on-site education programs. CRMC is associated with a number of health care related teaching institutions which provide opportunities for CRMC employee career progression.

5.2a (2) All new staff, are required to attend New Employee Orientation, which is designed to address key organizational needs. This orientation includes: Mission, Vision and Values, Service Behaviors, the Five Pillars of Excellence, FOCUS-PDCA, Patient Rights, Age Specific Care, Cultural Diversity, Environment of Care Competencies, key Human Resource Policies, Corporate Compliance, Customer Satisfaction and Service Recovery. All employees receive a basic overview of FOCUS-PDCA during orientation. Team leaders, team members and administrative staff receive more intense training regarding the FOCUS-PDCA process and team activities. When new teams are put together the first meeting is dedicated to FOCUS-PDCA training for all team members.

5.2a(3) Input for education and training needs is obtained in a number of ways including: leadership advice regarding accreditation, licensure, and regulations, the strategic planning process, individual and department education needs assessments. Input may also come from performance improvement teams, standing committees, and from advances in technology and equipment.

CRMC considers the Education Department staff members, clinical educators and other knowledgeable staff as knowledge assets when educational instructors are needed.

Learning is also obtained by sharing best practices through roundtables, newsletters and staff meetings. Education may be provided through the use of consultants, agencies, vendors, organizations, or area colleges and vocational technical schools. Identification of best practice is accomplished by networking and benchmarking with other hospitals, through professional journals, and through participation at conferences.

5.2 a(4) Education and training is delivered through formal and informal training methods. Formal methods include classroom programs with lecture, discussion; video, interactive scenarios, case studies, FOCUS-PDCA process activities, and root cause analysis. Informal training activities include sharing of information and best practices at leadership, staff and committee meetings. Department educational

materials such as flyers, poster boards, dashboards, communication books, self-study modules, and newsletters are also distributed. Additional education program methods include train-the-trainer, precepting for clinical staff, mentoring, and CareLearning competency-based learning via the internet.

Training occurs in classes, meetings, in-services, safety programs, computer classes, and skill review sessions at times that meet learner needs and accommodates hospital staffing. Additional resources are available for certification renewals, instructor courses, advanced training programs, professional organizations, and attendance at seminars. Leadership training is developed and coordinated by the Leadership, Training and Development Team, a sub-committee of the PSSST. Program topics are aligned with key organizational goals under each of the Pillars as identified in the strategic plan.

5.2a(5) Reinforcement of knowledge and skills is continuous and is part of the annual competency validation and evaluation process. Criteria are used to assess the knowledge, interpersonal, technical and critical thinking skills required for satisfactory job performance. This process is used upon hire to determine existing performance, during orientation to observe performance and during continued employment to maintain performance. The critical criteria of each skill are reinforced and re-mediated through preceptor programs, one-on-one or group training with educators, in skill review sessions, and in-services. Reinforcement of status of performance occurs for employees at 30 and 90 days after hire and as a part of annual performance evaluations for all employees. When training and education needs are identified, programs are developed and implemented. Exit interviews provide information regarding learning needs and areas needing improvement ensuring the transfer of knowledge from departing employees.

5.2 a(6) Education offerings are evaluated for effectiveness asking participants to provide feedback on the effectiveness of training at the end of each program. The participant completes a written evaluation soliciting feedback on content, relevance of training to their job, and suggestions for additional training needs.

All nursing departments complete an education assessment to assist in development of the annual program calendar with the Education Department and training programs offered to staff. This assessment is used to evaluate the effectiveness of education and training, to plan for improvements in education delivery and knowledge transfer.

Effectiveness of skill knowledge and performance is assessed for all staff through CRMC's competency validation process and work performance. Completion of required organizational and department specific competencies are monitored on an ongoing basis and tracked as part of the annual staff performance review process. Exit interviews provide feedback regarding education needs and effectiveness.

5.2b Motivation and Career Development

5.2b Staff is encouraged to take advantage of educational offerings as they occur. Managers work with staff to adjust schedules to facilitate attendance at classes, in-services, and updates when possible. During performance evaluations, managers and staff have an opportunity to develop individual learning plans by identifying training needs and learning goals. Individuals who have identified training needs that they are unable to complete inside the organization may attend outside programs. The hospital provides a variety of development programs, which enable critical staff to receive upgrades of pay upon completion. Departments have an education budget established to assist in the educational process.

5.3 Staff Well-Being and Satisfaction

5.3a(1) Because work place health, safety, and ergonomics is a priority, CRMC commits 2.0 FTE's for the Employee Health Nurse and Infection Control Nurse positions. In addition, there is a designated safety officer. Efforts to ensure staff well being and to improve staff satisfaction begins as soon as a job offer is accepted. New employees undergo a health screen by the Employee Health Nurse prior to beginning work. Depending on the work environment and job duties, screening may include a review of required immunizations, back screening, fitness for duty screening, color vision screening, latex allergy screening, medical surveillance and TB skin tests. During this same time the OSHA blood-borne pathogen training is completed, along with personal protective equipment training, staff exposure prevention training, staff injury prevention training, fire extinguisher training, and respirator fit testing/training. More training continues during new employee orientation and department orientation.

On the anniversary of hire date, staff is required to have a follow up health assessment including immunization updates and TB skin testing. Staff members also have the opportunity to discuss with the employee health nurse any health or safety concerns regarding their work or environment at this time.

CRMC has a proactive workers' compensation program to prevent injuries from occurring. If a work place injury occurs, staff must report the incident immediately to the Employee Health Office and complete an event report. In addition to the report, the manager is responsible to outline in a supervisor's investigative report steps that will be implemented to ensure this type of injury will be minimized or eliminated.

If staff report that a work site is contributing to an injury, is uncomfortable due to design, or potential risk issues have been

identified, an ergonomic work-station review is performed by the physical therapy department. This ergonomic review is also conducted for all new construction.

Security officers are available on a 24-hour basis Panic buttons which are linked to the Jefferson City Police Department have been installed in the Emergency Department, Admissions, Psychology, cashier's office, and in some clinics. In situations requiring security, or requiring specially trained employees to intercede and assist in a hostile situation, an internal code system, called Code 10 is used. Trained staff assigned to the Code10 Team are responsible to immediately respond to the area. Their duty during this code is to protect the safety of staff, patients, and visitors, and to defuse the situation.

Hospital access is controlled by utilizing an access control structure, which includes an automatic door locking system. CRMC's safety committee membership is multidisciplinary and consists of managers and front line staff. Staff concerns can be directed to any member of the Safety Committee or the safety officer. The committee reviews performance improvement activities, staff injuries, safety risk assessments, and completes a safety survey annually.

The Staff Advisory Council provides senior leaders information about staff concerns with workplace safety. Staff is involved in improving safety by performing quarterly hazard surveillance rounds in their departments.

5.3a(2) Polices and Procedures are in place to sustain operations during any type of disaster. Drills are held each year to test the plan. Following each event leadership, staff involved in the drill, and the Safety Officer meet to discuss and make improvements. The Safety Officer participates in Jefferson City's Emergency Planning Committee, in the Cole County Community Assessment & Planning Committee and the Missouri Highway Patrol, Region F, Health & Medical Emergency Preparedness Coalition to help plan for emergency responses within central Missouri.

5.3b(1) CRMC utilizes a number of methods to determine the key factors that affect staff well-being, satisfaction, and motivation. These include: Staff Advisory Council, annual Jackson Employee Satisfaction Survey, safety survey, Employee Update sessions, hazardous surveillance, exit interviews, information technology and education assessments, department meetings, performance improvement teams, CARE Team, STAR and TEAM Award programs, and 30 and 90 day employment interviews.

5.3b(2) Benefits are designed to meet the needs of all staff while operating within budget limitations. As part of the annual Jackson Employee Satisfaction Survey, satisfaction with benefits are assessed. In response to the survey results, a Benefits performance improvement FOCUS team has been established. A number of Human Resource policies exist to support and guide the diverse employee population.
In the Patient Care department, various activities are in place to meet the needs of staff such as self-scheduling work shift assignments, preceptors for new staff, and extensive new employee orientation for both licensed as well as non-licensed staff. CRMC also provides an Employee Assistance Program for staff to meet with a counselor to resolve personal or work related issues.

5.3b(3) There are a number of methods to assess staff well being and satisfaction: (1)The Jackson Employee Satisfaction Survey, administered annually, has been used to measure staff opinions in six key categories that include: customer service, community orientation, communication, management, compensation and benefits, and productivity. Post-survey action planning and feedback sessions with each department provides managers input into how to increase staff satisfaction, morale, and motivation. (2) Quarterly, approximately one-fourth of the employees are surveyed by HR. The quarterly survey consists of the lowest ranked questions from the annual survey. (3) Each new employee participates in an interview with their manager following 30-days and 90-days of employment to review indicators of well-being, satisfaction, and opportunities for improvement. (4) Each month HR calculates the voluntary turnover ratio and number of vacancies. (5) The feedback received from employees during department meetings, employee update meetings, and Staff Advisory Council meetings provides information on employee satisfaction levels.

5.3b(4) To identify priorities for improving the work environment and staff support climate CRMC uses a combination of information identified through the Safety Committee, performance improvement teams, Staff Advisory Council, Human Resources, and safety surveys.

CATEGORY 6 – PROCESS MANAGEMENT

6.1 Health Care Processes

6.1a(1) Key health care services and service delivery processes are determined through a process design model which utilizes FOCUS-PDCA. The patient and their family are key customers. Key health care processes identified which affect the delivery of services for each patient and their family are: Admission/Access, Diagnosis, Treatment, and Discharge/Referral. The partners; physicians and suppliers and support processes play an integral role in the delivery of key health care processes in order to achieve desired outcomes. Process councils evaluate, improve and monitor the key health care processes. By addressing the key process requirements,

health care outcomes are improved enabling the customer to move efficiently through the continuum of care.

6.1a(2)
Key health care process requirements are determined by utilizing various listening and learning methods. Examples are customer focus groups, satisfaction surveys, leader rounding, waiting room rounding, partner feedback, discharge phone calls, and benchmarking for best practice.

6.1a(3) Incorporated in the design of key healthcare processes are customer needs, new technology, evidence based practice, accreditation/regulatory requirements, patient safety, and risk avoidance. In-process measures are used to monitor efficiency and effectiveness of outcomes.

6.1a(4) Patient and family expectations are identified, assessed, and modified from admission to discharge. Education is individualized to assist patients and families in setting realistic expectations/outcomes to make decisions regarding their care.

6.1a(5) The process councils and leadership evaluate key health care process activity and use in-process measures to ensure key process requirements are met. In-process measure data are collected in clinical and support departments to ensure compliance with key requirement drivers. Key outcome measures are utilized to implement changes in delivery of health care services.

The proactive use of risk avoidance tools, event reports and Failure Mode Effects Analysis (FMEA) is practiced and used in early detection of adverse trends and prevents problems from reoccurring. Suppliers regularly provide technical support and advice to maximize use of technology and avoid re-work. All employees are educated in Service Recovery to address patient/family concerns and inconveniences. Quarterly analysis of complaint/grievance data provides information for process redesign.

Leadership rounding is conducted regularly with patients/ families, physicians, and staff to gain input and resolve issues. Patient Care managers round with patients and staff on a daily basis to ensure health care delivery is managed appropriately and patient/family needs and preferences are met. Patient Care Administration meets daily to determine best placement of patients and to implement changes if needed. Case Management staff collaborates with physicians and staff to coordinate patient care in conjunction with patient needs and payer requirements. Post-Acute Care needs are evaluated and appropriate referrals are initiated.

Patient safety compliance is monitored as required by the JCAHO National Patient Safety Goals. Patient safety efforts are focused on medication reconciliation, medication error prevention, fall prevention, wound prevention, abbreviation usage, critical values pre-procedure, time-outs, restraints, verbal order read back, and pain management. Input from patients, suppliers, and physicians is utilized in patient safety efforts.
Partner feedback and input is utilized to identify areas for improvement of health care processes.

6.1a(6) To minimize overall costs and to prevent errors and rework, departments develop procedures and follow identified quality control standards to decrease variability. Examples of additional methods to ensure quality and reduce errors include chart audits, daily equipment checks, and double checks of high risk medications. Patient satisfaction roundtable is held quarterly to learn from best practice and for collaborative development and sharing of processes to decrease potential for duplication and re-work. Quality information is communicated to the MEC, Board, and leadership on a regular basis as outlined in the organizational performance improvement plan.

An example of process design improvement to reduce re-work and improve patient satisfaction is the expansion project to add additional patient rooms and easier access to outpatient services. Problems identified prior to the expansion were dissatisfaction with timely bed assignments, need for additional PCU beds, customer satisfaction related to the desire for private rooms, crowded rooms, care of the bariatric patient, multiple transfers due to bed shortages, accessibility to outpatient services, and parking. These problems were considered in the design of the new area. As a result of the re-design, the expansion project resulted in the following:

- Improved accessibility to outpatient services
- Improved bed assignment
- Decreased transfers during stay
- Private rooms for all patients in acute care
- Efficient design of room
- Ergonomic lifts and rooms to accommodate bariatric patients
- Improved parking.
- Increased number of PCU beds from 17 to 34

The expansion allowed for more effective and efficient delivery of health care services. Successful design ideas are being incorporated into existing areas of the facility.

6.1a(7) Opportunities for improvement are identified through performance data obtained from customers, staff and physicians. Additional opportunities for process improvement are identified through published clinical best practice literature, the accreditation and licensure process. Process re-design leads to improved delivery of health care services, achievement of better performance and reduced variability.

Improvement efforts are aligned with the Mission, Vision, Values, and strategic plan. These efforts are directed at keeping current with health care service delivery needs and changes.

An example of an opportunity for improvement was identified by the Oncology Service Line. Mammography is utilized for prevention and diagnosis of breast cancer. A business plan was prepared and approved to purchase a digital mammography machine. The advanced technology provides improved image quality and shorter test time. As a result the number of mammography visits has grown. Patient satisfaction has been enhanced by timeliness of scheduling, better access, and improved diagnosis. The vendor, GE, came on site to train staff/physicians and comes back periodically to review protocols and techniques to ensure proper use of equipment. Marketing focused on educating consumers through newspaper articles, on-hold phone message system, and through health fairs.

When processes for improvement are identified, the team, committee, or task force driving the improvement effort utilizes FOCUS-PDCA. Performance improvement teams and committees solicit input from participants of a service including patients and physicians. As needed, outside experts, education sessions, and surveys of other health care providers are utilized to identify opportunities for improvement and as sources of benchmarking data. Outcomes on performance are shared with appropriate committees, teams and staff to focus discussions and training on best practice. Payer, accreditation, and licensure requirements are shared with managers to facilitate decision making. Surveys and voluntary accreditation visits help validate compliance with regulations. When processes are changed, policies are changed and communicated through meetings, in-services, storyboards, bulletin boards, newsletters, and competency evaluations. Quarterly results from monitoring activities are posted on a shared electronic folder, allowing access to all managers. Monthly results are depicted graphically and posted on communication boards.

Educational programs are planned and implemented when learning needs are identified. When new processes are developed and implemented, staff and physicians are educated on the process, purpose, and desired outcomes.

6.2 Support Processes

6.2a(1) Key business support processes are determined by analyzing strategic goals, the market, meeting customer needs, and utilizing input from partners and suppliers. Mandates from accrediting and regulatory agencies play a role in effective service delivery processes. CRMC is committed to exceptional delivery of patient health care services and is dependent upon the alignment of the processes linking clinical and support services. The goal is to deliver exceptional quality care in a cost-effective, price competitive health delivery system. The key support processes are identified as Information Management, Revenue Collection and Enhancement, Human Resources and Facilities Management.

6.2a(2) Key support process requirements are determined by consultations with departmental leadership and the process councils**,** review of legal compliance guidelines, accreditation, licensure requirements, and end user needs. Additional input for these requirements comes from surveys, regulatory updates, market analysis, suppliers and partners.

6.2a(3) Support processes meet key requirements by using the process design model. Solvency, need, and quality of services are continually evaluated. The need for expansion, discontinuation, or adoption of new technology is also considered. Prior to acquisition of new technology, consideration is given to capabilities, efficiency, and benefits. Internal operational standards, quality checks, inspections, and other in-process measures are coordinated and integrated in the design to ensure efficiency, effectiveness, safety, and agility of the process. Continual preparation for multiple regulatory surveys and annual employee competency testing also ensure key performance requirements are met. Best practice is shared internally and outside supplier and partner input is utilized to reduce variances.

Recently, a FOCUS-PDCA team was formed to review the OB revenue cycle with a goal of improving the profitability of the service line. Women's health is a major focus in the strategic plan and vaginal deliveries and normal newborns are consistently in the top ten DRG's. However, the average reimbursement received on those DRG's does not cover the cost of providing the care. As a result of the team's work, cost accounting data was updated and sick baby census beds, sick baby guidelines based on InterQual and sick baby accommodation codes were created to assist with accurately capturing and reporting the level of care. This data will be used in rate negotiations with managed care payers to obtain appropriate reimbursement.

The design of support processes is also considered in the planning and building of plant and facility projects. Materiel Management recently had the opportunity to significantly improve cycle time, productivity, and efficiency by moving into a newly designed warehouse relocated on the hospital campus. Previously, supplies were warehoused two miles from the hospital and handled numerous times by staff prior to delivery to the end user. With the relocation and enlargement of the warehouse, fewer vendor deliveries are required, all supplies are stored in a central location eliminating

duplication, and new items have been added to the list of stock inventory.

6.2a(4) Objectives and performance standards are determined and monitored through regular/daily operational in-process evaluations. Services are validated against key operational requirements. Customer, supplier and partner input are used in monitoring these processes. Leadership ensures performance requirements are met and appropriate changes are made.

Nutrition Services recently worked with facilities management and the architect to redesign several processes to meet inventory demands, ensure product safety and improve efficiency and patient satisfaction. The manager of Environmental Services attends daily "bed huddles", an in-process communication tool, so staff resources can be allocated appropriately to meet bed turnaround times.

Due to the need for expanded capabilities and efficiency, leadership and staff recognized a need for an integrated computer system which would enhance key support process requirements of speed and accuracy. An intra-disciplinary team was organized and the process design model was used to assist with the search and evaluation. Consultants assisted with a thorough needs assessment. Industry leaders were chosen to demonstrate their products' ability to meet our needs. An IT vendor has been selected and is in the implementation (Do) phase of this FOCUS-PDCA process.

6.2a(5) Early identification of potential variations in processes through routine evaluations, regular maintenance checks, and continuous customer feedback minimizes the overall cost associated with inspections and process performance audits. Examples include Medical Record Delinquency, Pre-certification Deficiency Dollars Lost, Soiled Linen Processing, and Accuracy of Patient Meals. Education and training play a major role in the readiness for inspections and make audits and surveys easier and less time consuming. The goal is to develop and implement a clear comprehensive process, which leaves little room for error, and lessens rework and revision.

6.2a(6) Support processes achieve better performance in a variety of ways. With the creation of key health care process councils, support staff is able to provide input and learn how their process designs impact the delivery of care across the health care continuum. Other methods of performance improvement include intra-departmental rounding, support services quarterly evaluation surveys, performance improvement teams, newsletters and benchmarking with suppliers, vendors, and partners. Should concerns and issues arise, processes are evaluated and changed as needed. Best practice is shared internally and with suppliers and partners to reduce variances and identify uniqueness of the organization.

6.2b(1) An annual budget is developed based on current and future needs. Actual results are compared to the budget on a monthly basis with significant variances investigated and corrective action taken, if necessary. The budgeting process includes capital equipment, information technology, construction and operating revenue and expenditures. Key fiscal performance measurements are reviewed regularly to ascertain financial viability. Reports used by management include: responsibility summaries, MRS reposts, labor distribution and service reports. These reports reflect volumes, expenses, productivity, and staffing patterns. Business plans are used to evaluate new programs or equipment requests. Financial risk factors considered for new projects are: costs, rate of return on investment, potential revenue growth, operating margin, market share growth, reimbursement trends, advancements in technology, staffing needs, physical plant and equipment needs. The Financial Strength Index (FSI) is a composite financial measurement that assesses the financial viability of the organization and is monitored monthly. The FSI measures are liquidity, profitability, capital structure and physical plant age.

6.2b(2) To prepare for the potential interruption of services and to sustain operations due to emergency conditions, whether natural, man-made, internal or external, a hospital-wide emergency plan is contained in the Disaster Plan Manual. As part of the emergency plan, financial and operational records are stored via electronic media offsite. The Hospital Emergency Incident Command System (HEICS) is used to manage patient care operations in emergency situations. Regular staff training for emergency conditions is conducted and unannounced emergency drills test the state of preparedness. Critiques of drills provide opportunities to learn and improve emergency processes. Feedback is given to staff regarding results of drills with areas for improvement. In the event of a disaster or disruption of services, provisions are in place for supply procurement, utility management, patient triage, and security of patient health information. Staff and physicians are notified by an established disaster call list. Patient care departments have plans for down time due to IT disruption to ensure seamless services.