2013 Missouri Quality Award Application

LAKE REGIONAL® HEALTH SYSTEM

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ORGANIZATIONAL PROFILE

P1. Organizational Description

P.1a Organizational Environment

P.1a(1) Lake Regional Health System (LRHS) opened in 1978 as Lake of the Ozarks General Hospital. Over time, LRHS has changed from a hospital-only provider to a health system consisting of seven free standing rural health certified clinics, four satellite locations providing physical therapy and cardiac rehabilitation, an urgent care clinic, 18 specialty physician clinics, and three for-profit retail pharmacies. The hospital is licensed for 116 beds and is classified as a Sole Community Provider. LRHS offers comprehensive diagnostic medical and surgical care, oncology, intensive care, obstetric and newborn care, rehabilitation, cardiac care, skilled care, home care, outpatient services, urgent care and emergency care through a Level III trauma center. Primary care clinics offer services to patients provided by generalists, internists, and pediatricians. The specialty clinics offer services such as orthopedics, general surgery, and cardiology.

The health system is a not-for-profit 501(c)3 entity with a wholly-owned subsidiary, Lake Regional Medical Group (LRMG), operating the clinics and pharmacies as a for-profit entity. The health care service offerings constitute the cornerstone for accomplishing our mission. The primary and specialty clinics provide access to health care as well as contribute to the health system through the use of hospital diagnostic and ancillary services.

Health care delivery is provided by employed staff and contract staff. In addition, a highly involved volunteer organization provides support for customer service and fundraising. Medical care is provided by both employed and self-employed physicians.

P.1a(2) LRHS has an evolving Mission, Vision and Values statement (MVV), which is presented in Figure P.1-1.*

The core competencies (CC) of LRHS are quality care, customer service, and information management, all of which are inherent in our Mission.*

Our Statement of Mission
LRHS will provide comprehensive healthcare services to the residents and visitors of the lake region with emphasis on quality outcomes and service satisfaction while operating in a sound fiscal manner.
Vision
Our shared vision is for the LRHS to be recognized as the first choice for patients, physicians and workforce.
Values
Patient Centered • Integrity • Continuous Improvement Service Quality • Teamwork • Safety

Figure P.1-1 LRHS Mission, Vision, Values

P.1a(3) LRHS has approximately 1,200 employees. The educational requirements of staff vary from a high school diploma or equivalency to a graduate degree.

A total of 95 active staff physicians are credentialed to provide care, 42 of whom are employed. Physicians are contracted for the Radiology, Pathology, Emergency and Anesthesia Departments. Physicians are screened as part of the stringent credentialing process, and all are required to be board certified within five years of appointment to staff. Inpatient dialysis is provided as an outside contract service and in-house contract staff provide physical and occupational therapy. LRHS volunteers are considered part of the workforce with designated duties.

Employees include a 2.7% minority faction which is higher than the 1% minority in the market area. There has been no health care union activity in the area. Figure P.1-2 reflects the LRHS employee profile and Figure P.1-3 notes the workforce groups and their key requirements.

Senior Leadership	8	<5 Years Service	33%
Department Heads	54	5 – 9	30%
RN	304	10 - 19	28%
Other professional staff	287	20 - 29	6%
Support staff	482	30+	3%
Service staff	147		
<20 years old	1%	Full-time	68%
21 – 30	16%	Part-time	2%
31 – 40	19%	PLUS	18%
>40	64%	PRN	12%
Male	237	Female	1045

Figure P.1-2 Employee Profile

Workforce Segments	Key Requirements	Results
LRHS employees	• Recognition for good performance • Input into decisions • Feedback/coaching	7.3-16
Physicians	• Ease of practice • Effective communication	7.3-17
Volunteers	• Communication • Training/retraining	7.3-19
Nursing students	• Learning environment	7.3-18

Figure P.1-3 Workforce Groups and Requirements

The key factors that engage employees in the accomplishment of the LRHS Mission are:

- Employees do everything they can to provide high-quality service
- Values of organization are evident in everyday practice
- My work group does everything they can to make the organization successful

The organization's key health and safety requirements include infection control, ergonomics/body mechanics, emergency preparedness, and plans for safety and security.

P.1a(4) LRHS has grown into a modern, state-of-the-art healthcare organization. The hospital opened as a 78,000 square foot

facility and currently has over 500,000 square feet. Refer to the general facilities overview in P.1a(1).

Since 2007, the focus of technology has been implementing strategies that provide the foundation for the Electronic Health Record (EHR). These strategies positioned LRHS to meet Stage 1 MU requirements in 2011. Technology-enabled process improvements projects completed in FY13 include an interface for Syndromic Surveillance, USB/Portable Device Security, updated software for Obstetrics, Wireless Network Upgrade to prepare for new technologies, and a new back-up system to support data growth. Many projects are in progress including Physician Office Integration, Computerized Physician Order Entry, an upgrade to staff scheduling/time attendance software, and electronic signature of patient forms.

Major pieces of equipment to support patient care and service lines are prioritized and purchased annually based upon a capital budgeting process.

P.1a(5) Health care is a highly regulated industry focusing on workforce and patient safety, environmental, and financial regulations. LRHS complies with appropriate local, state, and national legal and regulatory requirements. Key regulatory requirements are listed below.

- State Licensure
- Occupational Safety and Health Administration (OSHA)
- The Joint Commission (JC)
- Healthcare Information Portability and Accountability Act (HIPAA)
- Centers for Medicare & Medicaid Services (CMS)
- Centers for Disease Control and Prevention (CDC)
- Bureau of Health Service Regulation
- Office of Inspector General

P.1b Organizational Relationships

P.1b(1) LRHS's structure and governance relationships are demonstrated on organizational and corporate organizational charts. The hospital has a 15-member Board of Directors. A variety of occupations, from banking to law and private business owners, are represented. Four physicians serve on the hospital BOD, including the current Chief of Staff (COS). All have voting rights. The LRHS BOD meets every month creating frequent opportunities for decision making and communication. In addition, the Finance Committee and the Building and Planning Committee meet monthly. LRMG, the for-profit side of the system, has a nine-member Board that meets monthly. The SLT attends all board-level meetings. The LRHS BOD has authority over the LRMG board.

P.1b(2) LRHS key customer groups are patients, their families, and Lake Regional Pharmacy customers. Segmentation of customer groups and their requirements and expectations are shown in Figure P.1-4. LRHS considers customer requirements and expectations the same.

Key Customer Group	Requirements/ Expectations	Results
Inpatients	• Quality of Care • Customer Service • Communication	7.2-20 - 22 7.2-13 7.2-9 7.2-19
ED Patients	• Quality of Care • Communication • Timeliness of Care	7.1-3 7.2-12 7.1-17 7.2-16
Outpatients	• Quality of Care • Accessibility • Communication	7.1-15, 24 7.2-15 7.2-17
Lake Regional Pharmacy Customers	• Convenience • Communication	7.2-27 7.2-28
Families	• Communication	7.1-18, 7.2-21

Figure P.1-4 Customer Segments and Requirements

	Role in Work Systems, Healthcare & Support Services	Key Communication Mechanisms/ Relationships	Role in Innovation	Requirements
Key Partners • Columbia College (CC) • Meditech (MT) • Payers (P)	• Part of workforce (CC) • Training/Support (MT) • Reimbursement for services (P) • Graduates for sustainability (CC) • Meet regulations (MT) • Patient referral as a network provider (P)	• Telephone (CC, MT, P) • Mail/e-mail (CC, MT, P) • Advisory groups (CC, MT) • Secured Web Portal (P)	• Knowledge sharing/best practices, (CC, MT, P) • Customized changes (MT) • Electronic Record (P)	• Competent graduates (CC) • Meet go-live dates (MT) • Timely authorization/ payment (P)
Key Suppliers • Midwest Medical Supply, DeRoyal, and Baxter IV Systems for medical supplies • McKesson for pharmaceuticals • Sysco for dietary supplies • Hillyard for environmental services	• Standardization of products • Education • Prevalence studies • Cost-benefit analysis	• 1:1 • Fax • Website • Standardization meetings • RepTrax	• Knowledge sharing • Performance Improvement • Participation on teams	• On-time delivery • Accuracy of order

Figure P.1-5 Key Partners and Suppliers

LRHS key market segments are communities located within a 25-mile radius of the hospital. The community survey is one tool used to identify needs of these markets and captures input from patients, patients of competitors, and second homeowners. The survey shows the most important factors to be considered when choosing a hospital are quality care,insurance acceptance, easy access, and timely care.

P.1b(3) Shown in Figure P.1-5 are the key types of suppliers utilized and how suppliers are integrated within the organizational processes. Key partners are Columbia College – Lake of the Ozarks; Meditech, our core health care information system; and payers.

Key collaborators are schools, community organizations, and the county health departments. One collaborative initiative is the work done between LRHS and a local Department of Health to implement a community-wide influenza prevention and control program. Mechanisms are in place to communicate with collaborators as noted in Item 3.2a(2).

P.2 Organizational Situation

P.2a Competitive Environment

P.2a(1) There are three acute care hospitals located within 50 miles and tertiary facilities are located in Columbia and Springfield, both 75 miles away. Market share within a 25-mile radius for LRHS and key competitors is shown in Figure P.2-1. For the ZIP code within which the hospital is located, 69% of the inpatient market share is captured and 75% of the outpatient market. There are six competing primary care clinics owned by the two acute care entities in Jefferson City within a 25-mile radius of the hospital. There are seven competing physical therapy centers and 14 competing pharmacies in our service area.

	Organization	2012	2011	2010
Inpatients				
	(Intentionally Left Blank)			
Outpatients				

Figure P.2-1 Market Share LRHS and Competitors (25-mile radius)

P.2.a(2) Changes that affect the competitive market include an imaging center in close proximity to the hospital and the potential for other competing entities to establish services. A noted industry trend is that physicians, whether newly recruited or established in independent practice, are now more likely to seek employment. Specialty physicians of LRMG extend their practice to outreach areas. The partnership with a local college that has established a professional nursing program has given us a competitive edge in terms of workforce sustainability. Since 2004, LRHS has reduced its RN vacancy rate from as high as 14% to a current rate of 2% and reduced the annual agency expenditure from over $2 million to zero.

Other opportunities for innovation and collaboration include LRMG pharmacy delivery service for town without a pharmacy, LRMG pharmacy delivery to select hospital patients, evaluation of LRMG primary care participation in a medical home, and collaboration with the three area health departments to meet the health needs of the population served.

Comparative/Competitive Data Key Within the Healthcare Industry
• Primaris • Hospital Industry Data Institute (HIDI) • Press Ganey (PG) • Medical Group Management Association • National Nosocomial Infection Surveillance • Association for Healthcare Research and Quality • Centers for Medicare & Medicaid Services (CMS) • State/national quality award Healthcare winners • The Governance Institute
Comparative/Competitive Data Outside the Healthcare Industry
• Standard & Poors • State/national quality award winners outside Healthcare

Figure P.2-2 Sources of Comparative and Competitive Data

FY13		
Area	**Advantages**	**Challenges**
HC Service	• High technology with small town atmosphere • Core competencies	• Potential competition from outside entities
Operational	• Days cash on hand • Well positioned for adoption/meaningful use of EHR technology	• Future financial and resource implications of HCR • Higher market penetration of service areas
Societal Responsibility	• Legal and ethical business practices	• Affordable health care
Human Resource	• Sustainable work force	• Medical staff recruitment

Figure P.2-3 Strategic Advantages and Challenges

P.2a(3) LRHS' key available sources for comparative and competitive data is listed are Figure P.2-2. Limitations to using these data include availability of real-time metrics with HIDI and CMS reports and availability of competitor data for all desired comparisons.

P.2b Strategic Context

Figure P.2-3 lists the organization's key strategic challenges and advantages.

P.2c Performance Improvement System

LRHS' approach to performance improvement starts with the adoption of the Baldrige Criteria for Health Care Performance Excellence and the Strategic Planning Process (SPP). The systematic process includes establishing SOs and goals based on the five pillars deemed most important to our success: patient,

workforce, and stakeholder satisfaction/engagement; quality and safety; workforce growth and sustainability; service growth and sustainability; and financial. This framework aligns LRHS SOs, action plans, and related performance measures and goals through a system of scorecards which assist in identification of improvement priorities through the use of the "stoplight" system (green = goal met, yellow = goal attainable, red = goal in jeopardy). The model for improvement is PDCA (Plan, Do, Check, Act), which has been utilized by LRHS since the 1990's. PDCA is utilized in the design and/or redesign of work systems and work processes, and by informal and chartered quality improvement work teams. Figure P.2-4 shows the integration of PDCA throughout the system. Deployment of the PDCA approach is done through orientation, re-orientation, team membership, knowledge sharing, and role modeling by senior leaders. Evaluation of this model is done through the Quality Committee on an annual basis.* Throughout this application, an asterisk (*) is used to indicate that a process has undergone multiple cycles of improvement.

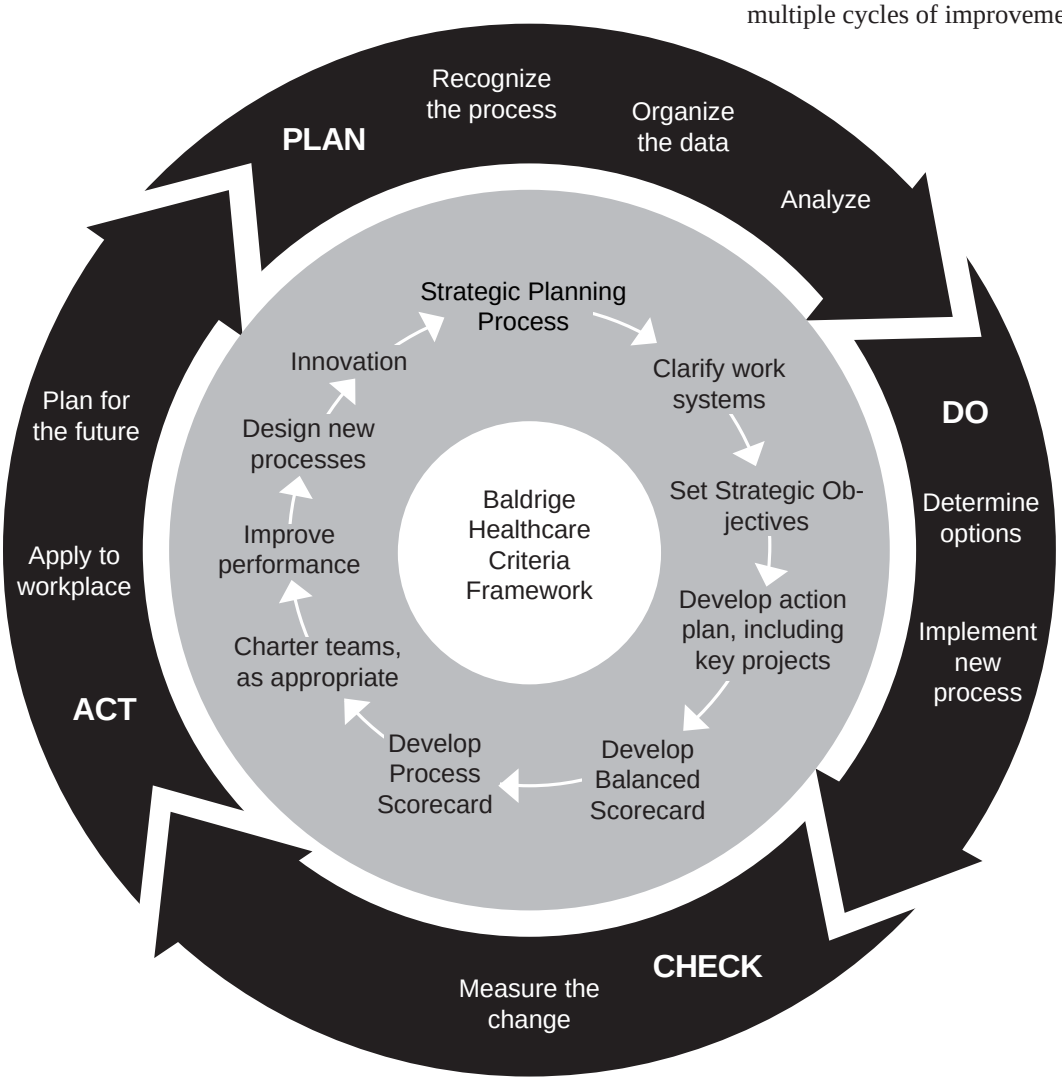

Figure P.2-4 Integration of PDCA

CATEGORY 1 – LEADERSHIP

1.1 Senior Leadership

1.1a Vision, Values and Mission

1.1a(1) LRHS' MVV* (Figure P.1-1) are set and reviewed annually during the Strategic Planning* (SP) process, (Item 2.1a), to ensure alignment with current strategic direction. In preparation for this step, Department Managers (DMs), as well as the workforce, are asked to suggest changes to the MVV with final review/revision approved at the SP meeting. The MVV* have undergone multiple cycles of improvement, utilizing PDCA (Figure P.2-4), the most recent of which was updating the Vision to reflect the goal of being recognized as "first choice for patients, physicians, and the workforce" in our rapidly growing, competitive market area. Senior Leaders (SL) deploy the MVV through multiple venues to all stakeholders as illustrated in Figure 1.1-2. Examples of key personal actions by the Senior Leadership Team (SLT) to reinforce our Values are illustrated in Figure 1.1-1 with additional examples available on-site.

1.1a(2) In addition to modeling the Core Value of Ethics/ Integrity (Figure 1.1-1), SLs promote an organizational environment that fosters, requires, and results in legal and ethical behavior through fully deployed Corporate Compliance (CCP*), and HIPAA* plans, which are annually reviewed and revised, as needed, during the SPP. Further, SLs oversee the internal/ external audit process, contribute to the development of LRHS' Code of Conduct, ensure all Board of Directors (BOD), SLs, and workforce members are trained in, and annually review LRHS' CCP and HIPAA policies, as well as requiring an annual re-signing of Code of Conduct*/ Conflict of Interest* (COI) statements.

Ethical concerns are reported at Corporate Compliance, HIPAA Oversight, SLT, BOD and Medical Staff meetings as appropriate. The process for identifying and responding to ethical concerns and breaches is presented in Figure 1.2-4. A cycle of learning occurred as the result of internal audits indicating employees were electronically accessing their personal medical records. Applying root cause analysis* and PDCA* tools, this trend was linked to a lack of training. As a result, this talking point was added to initial and annual HIPAA training, eliminating this ethical breach.

1.1a(3) SL create a sustainable organization, using PDCA* during the annual SP meeting by setting strategic goals with action plans (APs) outlining short- and long-term goals; identification and strengthening of Core Competencies* (CC) (P.1a(2)); honing strategic advantages (SAs); addressing strategic challenges (SCs) (Figure P.2-3); and identifying and building additional needed CC*s. Sustainability is also maintained by creating an environment that addresses the factors outlined below:

• Performance Improvement/Leadership/Learning. SLs charter teams, implement APs if Balanced Scorecard (BSC) (Figure 4.1-3) goals are not met, deploys APs based on MQA and Baldrige feedback, benchmarks with high performing organizations, engages in effective supply chain management (6.2b), eliminates waste (6.2a), and utilizes

Working Value	Personal Action by SLT
Patient-Centered	• Personally responding to patient complaints • Executive rounding • Focus on meeting patients' requirements* • Align workforce with the strategic goals and action plans* • Established the Seven Standards of Service Excellence* • Creating a culture that ensures positive patient and stakeholder experience* • Evidence-based medical practices* • Create and support a culture of safety
Continuous Improvement	• Use of PDCA Model* • Use of the Baldrige criteria as a business model* • Commitment to long-term growth, intelligent risk-taking, innovation, and sustainability* • Use of MQA and Baldrige assessment feedback • Recognition given to process improvement • Funds and personnel dedicated to establishing EHR • Addition of VPMA position • Knowledge sharing/mentoring/coaching*
Ethics/ Integrity	• Transparency in operations* • Creating a culture for open reporting • Abide by The Code of Ethics • Deploys the CCP to workforce, stakeholders, suppliers, vendors • Participates in evaluating and improving COI process • Participates in legal/ethical audit reviews • Oversees action taken on all reported breaches • Established an Ethics Committee • Role-modeling honesty and integrity in personal behavior

Figure 1.1-1 SLT Modeling of Values

PDCA to improve performance, drive learning and innovation. Workforce learning is ensured through capability and capacity planning linked to the strategic objectives, input from individual departments, and deployed through processes described in Item 5.2c Example: In 2012, to drive organizational, personal, and community learning and performance improvement, SLs chartered a Baldrige Performance Excellence Group (BPEG), the third such group in Missouri. This group meets quarterly to explore and learn about performance improvement utilizing the Baldrige Criteria and includes representatives from Business, Education, and Health Care Organizations. Further examples of organizational and personal learning are available on-site.

• Workforce Culture. SLs create a workforce culture that fosters customer engagement by strengthening the CC of customer service through continued emphasis on the fully deployed Seven Standards of Service Excellence* (Figure 3.2-2). SLs take an active role in motivating the workforce by participating in all aspects of LRHS' ongoing Service Excellence*(SE) program.

The SE framework for interactions with key customers, co-workers, and stakeholders is directly aligned and linked to every employee's annual performance evaluation (Item 5.2a(3)). SLs demonstrate the importance of service by rounding in-house and off-campus to gather feedback from front-line staff and key customers; by modeling and teaching the Seven Standards; designating funds for the Golden Ticket reward process (5.2a(3)); and driving rigorous review and improvement of patient and workforce satisfaction results. In the fall of 2012 the SE Core Team and Champions used PDCA* to redesign our approach to SE* and reinvigorate the workforce by adopting the motto "Here for you" which extends our spirit of service to include community volunteering and assisting non-profit agencies in need of physical, emotional, and/or financial assistance. (1.2c(2))

• **Innovation, Agility, and Intelligent Risk Taking.** SLs create an environment for innovation, agility, and intelligent risk taking through the use of PDCA*, SP* and full deployment of BSC, Process, and Departmental scorecards, enabling the workforce to capitalize on opportunities to drive innovation. Annually SLs conduct a SWOT* analysis and an environmental scan (Figure 2.1-1) to identify SAs, SCs, current and future CCs, environmental and climate change concerns, as well as to brainstorm and analyze key factors that include a forecast of anticipated technological and organizational changes due to mandates and Health Care Reform (HCR). Agility in process implementation and work process management (6.1b(1)) is ensured by daily review of in-process measures through the Meditech system, such as Daily Operations Report, Retail Pharmacy fill reports, and clinic dashboards that provide daily metrics.

Examples: Productivity initiatives in response to HCR factors include: reducing overtime hours; and staffing by volume/productivity ratios. Investing in the opening of an Urgent Care Clinic in Eldon and opening a Wound Healing Center are also examples of intelligent risk taking. As the current economic climate has resulted in decreased numbers of surgical cases, surgical techs have been cross trained to work as Patient Care Techs (PCT) and volunteers are freeing up medical personnel by manning information desks, blood drives, community outreach activities, and providing mail and supply delivery services.

The workforce is empowered to increase productivity, drive innovation, and improve health care and other performance results linked to the Strategic Objectives (SO) (Figure 2.1-4) by working in teams and utilizing PDCA* and performance improvement (PI) tools. Examples: As a result of a declining trend in patient satisfaction scores for the Outpatient department, frontline staff were empowered as project managers for each dissatisfier and charged with developing APs to improve processes, identify and benchmark with best practices. Best-in-practice patient satisfaction scores results (Figure 7.2-2) were attained, along with an increase in employee satisfaction and engagement. Additional innovation examples are available on site.

• **Succession Planning/Future Leader Development.** SLs are personally involved in succession planning and development of future leaders by developing a succession plan that defines the qualifications and characteristics required of their successors and identifies potential successor candidates. They mentor and guide future leaders through continual professional growth opportunities, and support future leaders in the Camden County Leadership program, a nine-month program designed to develop and enhance community and organizational leadership skills. High-performing staff identified by DM are enrolled in the Future Leaders Within Reach program that is facilitated and presented by SLs. Examples of systematic approaches to leader and workforce development are presented in Figure 5.2-6.

• **Patient Safety Culture.** SLs create and promote a culture of key customer and workforce safety, beginning with the environmental scan during the SP meeting (Figure 2.1-1). This process cascades to a number of fully deployed approaches that include resources for process improvement, a focus on The Joint Commission (JC) Patient Safety Goals, Corporate* and HIPAA* compliance, patient safety hotline, programs to improve medication safety, and defined safety responsibilities for the Quality Management (QM) Department, which includes the Infection Control and Safety Committees. Further, a culture of safety is promoted by requiring that all workforce members participate in initial and annual safety training and encouraging all staff to participate in the annual Patient Safety Culture Survey. Safety initiative results are monitored and reported on the BSC (Figure 4.1-3) and process scorecards (4.1b) with 90-day APs developed for measures not meeting goal.

One of the most significant ways through which SLs have created an environment of safety is by promoting and supporting a culture of open reporting to expose and repair system design flaws before error occurs. In the event of error, the emphasis is placed on process improvement, utilizing PDCA*, rather than placing blame. In addition, the transition from paper incident reporting to the Quantros web-based system (3.2b(2)) has increased event reporting by 223%. SLs leverage the competitive advantage of technology by investing in tools to enhance patient and workforce safety. Examples include meaningful use of electronic medical records (EMR); eClinical Works (eCW) (Item 4.2); deployment of standardized equipment such as Baxter IV and Hospira infusion pumps, Zoll Biphasic defibrillators, GEDatex/Ohmeda Asteva anesthesia machines, Ergo Nurse and EZ Way patient lifts; bar coding in hospital and retail pharmacies and the laboratory; evidence based order sets (EBOS), and standardized approaches for handoff communication. A cycle of learning regarding safety includes restructuring the safety committee with direct participation by SLs.

1.1b Communication and Organizational Performance

1.1b(1) As depicted in Figure 1.1-2, SLs use a variety of systematic approaches to engage and communicate with the workforce, key customers, and stakeholders. These processes provide systematic approaches to deploy, share and receive information/feedback, while promoting a culture of trust, open communication, transparency, and opportunities for frank, two-way communications. Approaches are regularly evaluated and improved. Example: electronic pulse panels were recently added as a one- and two-way communication tool with key customers

SL Communication Approaches	Patients	Employees	Physicians	Volunteers	Key Partners/ Collaborators	Suppliers	Community	Deploy Vision and Values	Key Decisions Communicated	2-way
SL letter	x	x	x	x	x	x	x	x		
Staff and performance improvement team meetings		x	x		x	x		x	x	x
SL rounding	x	x	x	x				x	x	x
Employee, physician, volunteer orientation and reorientation; Future Leaders Program		x	x	x				x	x	x
Website, employee and physician intranet, LRHS Internet, Facebook	x	x	x	x	x	x	x	x	x	
Employee recognition, golden ticket, auxiliary and physician recognition		x	x	x				x	x	x
Business Assoc. agreements					x	x		x		x
Annual strategic planning retreat and BOD meetings		x	x	x	x	x		x	x	x
Community focus groups; community surveys, pulse panel	x			x	x	x	x	x		x
Annual report, newspaper and newsletter articles	x	x	x	x	x	x	x	x	x	x

Figure 1.1-2 Sample Senior Leader Communication Approaches

and the community, as a result of a cycle of learning through the Voice of the Customer (VOC) process (Figure 3.1-1). Other tools used for electronic communication/social media to engage the workforce and key customers include the FISH Intranet (4.2a(1)), LRHS website, Facebook, and Pinterest. LRHS is working to grow its Facebook fan base, including a contest in February 2013, which has added 300+ new users (7.2-29).

SLs also engage the workforce by partnering with physicians on hospital committees and with volunteers through Auxiliary BOD meetings. The Triad Council, instituted by SLs, also serves to engage the workforce by driving decision making to the level of work performance. SL presentations to nursing classes, and scholarship opportunities are only a few processes in place to engage and communicate with students from all disciplines.

SLs recognize that employees, volunteers, and physicians are LRHS' most valuable asset and that our commitment to excellence is realized through the contributions of these individuals in addition to the collaborative efforts of teams. As a result, SLs are personally involved in recognizing the workforce through processes that reinforce a focus on patient-centered care as described in 5.2a(3). SLs recognize workforce members who model the MVV and customer service standards, either in person, by the Golden Ticket program, or by written note and by serving meals to employees during National Hospital Week and the annual Christmas meal. Based on 2011 employee satisfaction survey results, LRHS doubled the amount of Golden Tickets awarded.* SLs present the annual Beacon Awards, Physician of the Year and Auxiliary Service Awards, to recognize outstanding performance. Staff commended for Excellent Care and Exceptional Customer Service by key customers are included in monthly workforce newsletters, and the workforce has an opportunity to recognize co-workers through the "Navigating From Within" process (Figure 5.2-3).

1.1b(2) SLs adhere to the PDCA process to accomplish its SO, improve performance, drive innovation and intelligent risk taking, strengthen its CCs, and attain its MVV. SLs create a focus on action by chartering multi-disciplinary PI teams (Item 6.1a(1)) when needed. Multiple performance improvement examples are available on-site.

A focus on action is driven by the Performance Management Process* (PMP) (5.2a(3)), where personal goals linking to SO are set by the workforce, with direction provided by respective DM. In addition, the Auxiliary sets an annual contribution goal to create a focus for action for fundraising activities. To help accomplish objectives, improve performance, and attain its vision, the position of Senior Vice President of Medical Affairs (VPMA) was created in 2010. This position serves as a liaison to LRHS Medical Staff (MS), and oversees the SE* program, as well as quality improvement and patient safety initiatives to drive ongoing improvements. Example: The VPMA has deployed systematic processes that have resulted in improved Core Measure results (Figure 2.1-4). Performance reviewed weekly by SLs and monthly by the BOD and Medial Executive Committee (MEC) include the BSC measures. Scorecard results are available on the FISH and physician intranet and are presented at department, division, orientation and reorientation sessions. SLs focus on creating and balancing value for patients and stakeholders through data analysis during the SPP (Figure 2.1-1) and by continuously listening to the VOC (Figure 3.1-1) which feeds into the Business Development Process (Figure 3.1-2).

1.2 Governance and Societal Responsibilities

1.2a Organizational Governance

1.2a(1) A variety of systematic processes are deployed throughout LRHS and LRMG BODs to ensure key aspects of the governance system (P.1b(1)) are reviewed and achieved as shown in Figure 1.2-1. Additional details on each process and the process for determining audit effectiveness is available on site.

1.2a(2) At the end of each fiscal year, the Chief Executive Officer (CEO) is evaluated by each BOD member based on organizational performance results and the achievement of personal goals. These results are aggregated and presented to the CEO by the BOD president in a one-on-one performance coaching session. SLs are evaluated by the CEO against job descriptions, peer reviews, goals that each develop annually linking to the SO

and results for specific SO for which they are responsible. The review of Critical Success Factors (CSF) on the BSC (Figure 4.1-3), and stakeholder satisfaction survey results are processes used to identify OFIs to drive personal and leadership effectiveness. The BOD Compensation Committee reviews all performance evaluations with results presented to each SL by the CEO. Compensation is based on results of written performance evaluations, goal attainment, and independent market research for like positions. Example: Workforce satisfaction survey results indicated a need for SLs to be more visible; Actions: Increased rounding on all shifts and in off-site areas and adding SL panel to staff and volunteer reorientation sessions has contributed to increased workforce satisfaction results.

The MQA and Baldrige assessment process also provides feedback on the effectiveness of the entire leadership system and prompts improvement actions utilizing PDCA; feedback reports are prioritized and APs to address OFIs are instituted. For example, due to feedback, increased focus has been placed on succession planning with SLs direct involvement (5.2c(3)) as well as adding the VPMA position to the SLT.

The BOD conducts an annual self-assessment during which each member evaluates his/her effectiveness in mission/ planning, quality oversight, financial oversight, management oversight, governing board effectiveness, and individual self-assessment. Results are collated, trended over time, benchmarked with The Governance Institute (Figure 7.4-7). OFIs are identified, education is provided and processes are incorporated into the governance system, as appropriate.

1.2b Legal and Ethical Behavior

1.2b(1) LRHS systematically identifies and addresses potential adverse impacts and concerns through the Environmental Scan completed during the SPP* (Figure 2.1-1). Public concerns are captured through multiple feedback mechanisms (Figure 3.1-1), SL and DM involvement in community groups and organizations, and processes identified in Figure 1.2-2. Through the QM Department, SLs conduct systematic tracking of government and regulatory measures, and monitor risks and changes in regulations through sentinel alerts by the JC, annual Risk Vulnerability Assessment, and local, state, and national regulatory groups. During the design of new work systems and processes (Figure 6.1-3), a step is built into the approach to identify and mitigate potential adverse impacts/public concerns. Examples: Contracts are maintained with licensed hazardous waste haulers to protect the communities we serve. LRHS is one of nine hospitals in the state awarded a grant from MHA to establish an Incident Command System (ICS) and meets community, regional, state and federal government standards to ensure continuity of planning; developed an integrated Pandemic Flu plan to ensure seamless patient, workforce, and community care; administered 1,715 free seasonal flu vaccinations to our workforce.

Natural resources are conserved directly and through our supply chain. While the Department of Natural Resources considers LRHS a small-quantity waste producer, multiple approaches are in place to conserve natural resources such as recycling of shredded paper/cardboard, electronic workforce newsletters, use of e-tablets at all SLT and BOD meetings, recycling of oils, solvents, light bulbs, batteries and computers, food service process redesigns to reduce food waste, use of locally sourced products, and shift to healthier cafeteria food choices to name a few. Additional approaches to conserve natural resources and practice effective supply-chain management are available on-site. Examples of key measures for meeting and surpassing regulatory, legal, and accreditation requirements and for addressing risks associated with the management of health care services are presented in Figure 1.2-3. Additional measures are available on site.

Key Aspect	Processes
Management Accountability	• Review of patient, workforce, and community satisfaction surveys • BSC and Process Scorecard results • External survey results and reviews, ie: Baldrige, MQA, outside consultants • Involvement with CEO and SLT performance reviews
Fiscal Accountability	• Monthly review of financial indicators/ budget variance • Review of annual scheduled and unscheduled independent audits • Review of a variety of ongoing internal audits
Transparency in operations, selection of BOD members, disclosure policy	• Publically reported health care outcomes • Fully-deployed open reporting culture • BOD and workforce COI annual training and statement signing • LRHS Annual Report to the community • Participates in data collection for IRS 990 • Posting of BSC and all policies on FISH intranet • Active participation in SPP • BOD nominating committee (refer to protection of stakeholder interests key process)
Independence in internal and external audits	• Annual financial external audit results are reported directly to the BOD, independent of SL attendance • Monthly internal audit
Protection of stakeholders interest	• SPP (Figure 2.1-1) • Attention to workforce requirements (Figure P.1-3), Key customer requirements (Figure P.1-4), Key partner and collaborator requirements (Figure P.1-5) • Patient safety process • BOD nominating committee ensures members posses required skill sets and reflect PSA community culture and demographics • Expand BOD physician membership to provide greater representation of this key workforce segment • Sanction of HIPAA and CC policies
SL Succession Planning	• Oversees the SL Succession Plan (1.1a(3); 5.2c(3)) • Involved in SL candidate interview and hiring process

Figure 1.2-1 Key Aspects of Organizational Governance

1.2b(2) Corporate ethical expectations are presented in detail in LRHS' fully deployed CCP* and HIPAA* policies. These plans provide a mechanism for reporting noncompliance, as well as enforcement and disciplinary processes and are reviewed annually with revisions based on changes in regulatory emphasis and outcomes from ethics metrics. Findings from the CCP* and HIPAA* work plans are presented at quarterly CCP and HIPAA oversight meetings and monthly BOD meetings. CCP* and HIPAA* policies are accessible on the FISH and physician intranet systems for workforce reference.

SLs promote and ensure an environment for ethical behavior and embed a culture of ethics into the organization through a process that has multiple components: a code of ethics, ethics and HIPAA training, and mechanisms for the workforce, volunteers, key partners, patients, and other stakeholders to seek help or report violations. Ethical requirements are delineated in the Code of Conduct signed by new hires during the orientation process and reviewed annually in reorientation. Annually, the BOD, SLT, and DM review and sign a COI Statement, with a review of the CCP conducted by an outside auditor. Effectiveness of training is validated by written tests in key areas such as new hire orientation, patient billing and Health Information Management (HIM) department. The workforce is protected by whistle-blower and Managing Staff Requests policies which allow staff to withdraw from a patient's care, without endangering the patient, if the plan of care conflicts with the employee's ethical or moral standards.

SLs further demonstrate their commitment to ethical behavior by ensuring that patients are treated within their scope of service regardless of ability to pay. If there is a potential conflict of interest or a question of ethics concerning a patient's care, the Ethics Committee assists in issue resolution. Refer to Figure 1.2-3 for examples of key ethical measures and goals. Figure 1.2-4 illustrates LRHS' process for monitoring and responding to breaches of ethical behavior. CCP*and HIPAA* work plans and metrics are available on-site.

1.2c Societal Responsibilities, Support of Key Communities

1.2c(1) Societal well-being and benefit is systematically considered through multiple stakeholder and community listening posts during the SPP (Figure 2.1-1), and in daily operations (Figure 6.1-3), with a commitment to use processes that conserve and protect environmental, social, and economic systems.

Potential Impact	LRHS Response
Radiation Safety	Promote best practices in safe handling of radiation sources in compliance with state regulations
Patient Safety	Fosters a culture of safety that provides a foundation for reporting, surveillance, and analysis of events and processes as they relate to patient care
Environment of Care	Works proactively with staff and other resources to assess actual and potential risk management issues related to the physical plant, grounds, vehicles, property, equipment, and services
Disaster and Emergency Preparedness	Oversee the ongoing development and implementation of disaster and emergency preparedness at LRHS through ongoing education, drills, and community involvement

Figure 1.2-2 Processes to Address Public Concerns

As the lake area's largest employer, LRHS has a $50 million payroll, which serves as our PSA's largest economic force. Information and results of multiple strategies to conserve energy and recycle through means that protect the environment are available on site. In keeping with our MVV and CC's, societal and economic well-being is viewed as providing care for those without the ability to pay and includes financial and volunteer support for Medical Missions for Christ, a free clinic providing primary health care for the uninsured, as well as low-income individuals and families.

1.2c(2) LRHS' key communities are identified as those areas where organizational involvement is emphasized and support offered, generally those within a 25-mile radius of the hospital. Key communities are determined through market analysis, VOC (Figure 3.1-1), community surveys, community health needs assessments, and workforce input. This data is collected, analyzed, and aggregated for use in the SPP, with focus on addressing the most critical needs.

Requirement	Key Process	Measure	Target	Results
Regulatory	Corporate compliance	Government investigations	0 Investigations	0
	HIPAA	Substantiated breaches	0 Breaches	7.4-9
	Licensure	Licensure	Licensure	7.4-8
Accreditation	Accreditation survey	JC	Full accreditation	7.4-8
Risk management	Patient Safety	Patient falls	6.8/1000 DC	7.1-19
		Medication errors level 4	0	0
		Sentinel event	0	0
Ethical behavior	Corporate compliance	Sanctions	0	0
	Stark Committee	Physician contract	100% reviewed	100%
		CC and HIPAA training	100%	100%

Figure 1.2-3 Examples of Key Ethics Measures and Risk Management Measures

The systematic process for determining organizational involvement is: 1. Aligned with MVV, CCs, and SOs 2. Visible to our workforce 3. Identified as a key need 4. Resource availability. Once community initiatives are chosen and champions assigned, the PDCA* process is used to ensure key needs are

addressed and resources allocated in the most efficient and cost-effective manner. A Community Strategic Plan (CSP) (Figure 1.2-5) is developed annually and is available to the workforce on the FISH Intranet. This plan is annually reevaluated to ensure alignment with current SO and VOC data. Examples: As a result of LRHS' 2012 Community Health Needs Assessment, "Show Me Better Health," a series of free workshops to help PSA residents manage chronic health issues, was launched; a men's cancer support group was instituted as a result of needs identified through the Cancer Center; and Joint Camp classes are offered for persons scheduled for joint replacement surgery, as a result of surveys indicating a need for in-depth patient education on this topic.

The workforce stands behind it's commitment that we are "Here for Our Community" through a variety of systematic processes, which begins with each SL choosing 2-3 volunteer activities per year for personal involvement and cascades through the workforce with community volunteer activities posted on the FISH. Four employees were recognized as "Community Stars" in Spring 2013, because of their outstanding community volunteer contributions. The SLT also collaborates with local nonprofit organizations through corporate contributions, workforce donations, and combined community benefit activities, such as the annual Heart Walk and Relay For Life. These activities are linked to SO, MVV, CCs, and include broad participation by SLs and the entire workforce. A variety of free and low-cost wellness and community outreach programs are offered, which include: health fairs, medical forums, prenatal and breastfeeding programs, Career Camp, Supersitters, CPR and First Aid, and Trim Kids, to name a few. A complete list of community outreach activities is available on-site. All activities and classes are evaluated by participants to determine continued relevancy and effectiveness. For example, applying PDCA tools following a five-year declining attendance trend for the annual Children's Health Fair, it was determined to divert resources to higher needs areas and discontinue this event.

In addition, LRHS conference rooms are utilized by many non-profit groups, free of charge, for meetings and classes, such as Women To Women, Medicare Claim programs, and Foster Parenting, to name a few.

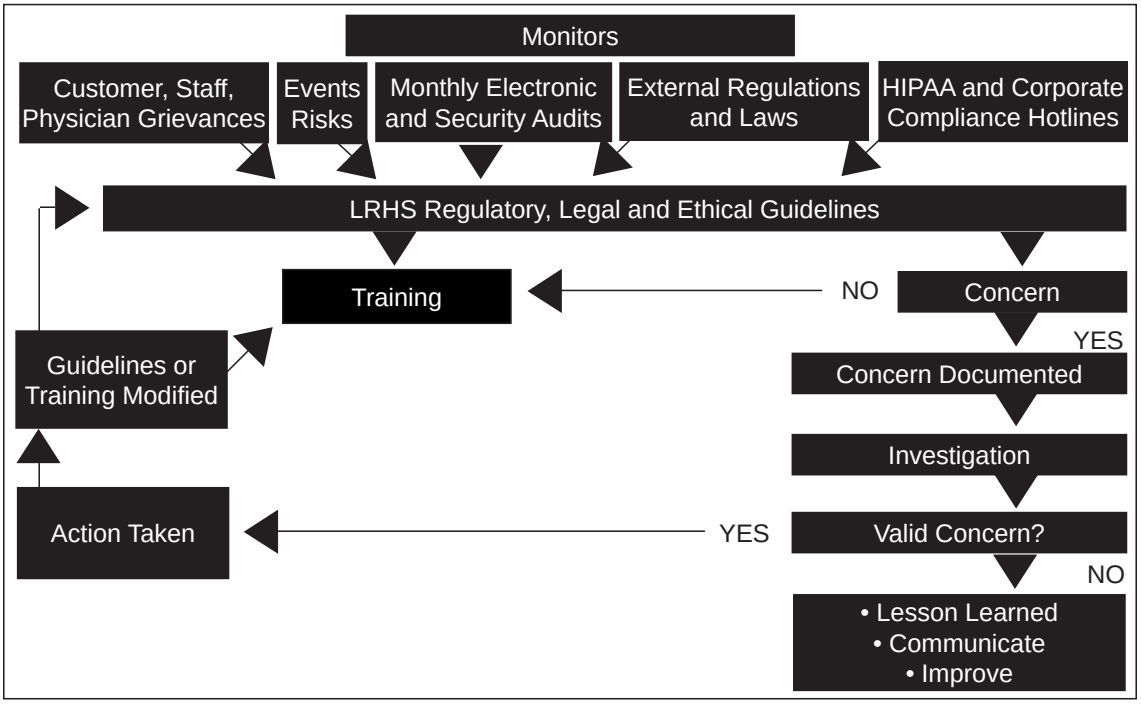

Figure 1.2-4 Monitoring and Responding to Breaches of Ethical Behavior

Youth At Risk			
Link	**VOC**	**Action Plan**	**Personnel**
• SO: Focus on health care offerings and services that affect stakeholders' view of clinical and service quality • Values: Patient centered; Continuous improvement • Core competencies: Quality care, Information management, and Customer service	• Pediatricians and other physician requests • School nurses • National and state data on the increase in overweight and obese children and adolescents. • Parents	• Offer TRIM KIDS (9-week childhood/adolescent obesity course) biannually • Quarterly TRIM KIDS newsletter for current and former participants • Community Medical Forum on Adult/Childhood Obesity • Report BMI reduction quarterly on Organizational Support Scorecard	• Intentionally left blank.

Figure 1.2-5 Example from FY13 Community Strategic Plan

CATEGORY 2 - STRATEGIC PLANNING

2.1 Strategy Development

2.1a Strategy Development Process

2.1a(1) LRHS develops its strategic plan by utilizing a systematic process* as illustrated in Figure 2.1-1. The key process steps align with the performance improvement (PI) model, PDCA. Agreement on the Strategic Planning Process (SPP) is accomplished through work meetings among the CEO, BOD President and Chief of Staff. These representatives solicit input from their respective groups on agenda topics and implement changes to the process that result from cycles of learning. In addition, key partners, suppliers, and collaborators are sent a Pulse Panel survey seeking their input on anticipated changes in the health care industry and best practices that may allow LRHS to provide better care and/or improve business. All stakeholders may provide input through the mechanisms identified in Figures P.1-5 and 3.1-1. A facilitator is selected, an agenda set, and a planning meeting held every spring attended by the SLT, BOD and the Medical Executive Committee (MEC). Cycles of learning result from a plus/delta at the conclusion of the planning meeting. In addition, attendees have an opportunity to complete a formal survey conducted via e-mail. Process improvements include greater incorporation of partners and suppliers, elimination of the "Round Robin" approach to developing strategic objectives, and the provision of more education at the planning meeting.

The strategic planning horizons encompass a time frame from one to three years. Short-term planning is considered one year and under and longer-term planning from two to three years. Time horizons are set by the entities most knowledgeable of the forecast in that area. For example, the Building and Planning committee set the timeline for facilities development; financial timelines are set by the Finance Committee in conjunction with BKD and parameters set for bond ratings. The Medical Staff Development Committee (MSDC) prioritizes categories for physician recruitment. Planning horizons are considered during the strategic environmental scan, such as evaluating when mandates will affect reimbursement; during the development and implementation of action plans, and when strategic opportunities arise.

Figure 2.1-1 Strategic Planning Process

Approaches to Identify Innovation/Opportunities	Key Strategic Opportunities
Brainstorming	Pursue Medical Home
Suggestion Program	Expand market area
Formal SWOT exercise	Community volunteerism
Research best practices	Grants
PDCA based on VOC (Figure 3.1-1)	Telemedicine
AP for performance gaps	
Surveys/Pulse Panel	

Figure 2.1-2 Innovation and Strategic Opportunities

The need for organizational agility and operational flexibility is addressed through the assessment and reassessment of critical success factors (CSF) on the BSC through weekly SL meetings, monthly BOD meetings, and quarterly Quality Committee (QC) meetings. The strategic action plan and Process Scorecards (PSC) are reassessed at least quarterly by SL, BOD and the QC. APs are developed and implemented as soon as indicated by a gap analysis.

Agility and operational flexibility were demonstrated during FY13 by the reduction of overtime and FTEs to meet the budget deficit created by decreased inpatient admissions. Refer to 6.2(d).

2.1a(2) How an environment is created to support innovation is discussed in 1.1a(3). The approaches used to support innovation and identify strategic opportunities (SO) are identified in Figure 2.1-2. These approaches address deployment to all customer segments and key stakeholders, are integrated into work systems or work processes as appropriate, and cycles of learning have resulted in wider stakeholder participation in the SWOT analysis and more use of Baldrige National Quality Award winners as role models for best practices. The process for determining what opportunities are intelligent risks for pursuing include research, cost-benefit analysis, and development of a pro forma.

2.1a(3) Relevant data and information are collected and analyzed for key elements of the SPP in a systematic manner. (Figure 2.1-3)

2.1a(4) The key work systems for LRHS are inpatient care, outpatient care, emergency care, and retail pharmacies. Figure 6.1-3 demonstrates the integration of work systems within our organizational model. The approach to making work system decisions is to determine work system and process requirements from input received through the VOC, federal, state, and accrediting regulators. Input is deployed through the key work systems and key work processes and support systems of the organization where learning takes place.

Through this approach, input is received from multiple sources, resulting in cycles of review and

Element	Method to Collect	Method to Analyze
Strategic challenges and advantages	• BSC • Use of SWOT • Surveys • Market analysis • Corporate Compliance Work Plan	• SLT meetings • BOD meetings • SP meeting • Corporate Compliance meetings • Quality Committee
Risks to sustainability	• Use of SWOT • BSC • BKD Interim Cost Report • Chamber of Commerce economic data • Market analysis • Comparisons with competitors • Productivity reports	• SLT meetings • BOD meetings • SP meeting • Finance Committee • Quality Committee
Potential blind spots	• Legislative Reports • Review forecasted changes in HC • Community Assessment • Focus groups • Pulse panel input from suppliers, collaborators, and partners • Discussion among SP participants • Participation in community organizations • MHA reports	• SLT meetings • BOD meetings • PR/Marketing Committee • SP meeting
Ability to execute plan	• HR Plan and budget linked to SOs • Strategic AP linked with accountability assigned to VPs • Scorecard metrics	• SLT meetings • BOD meetings • SP meeting

Figure 2.1-3 Collection & Analysis of Key Elements for SP

organizational learning, or PDCA. New information is filtered back through the SPP, resulting in innovation.

The approach LRHS takes to determine which key processes will be provided using internal resources or be outsourced occurs during the SPP, which includes the annual budgeting process. The current processes and potential new processes are evaluated through contract reviews, cost-benefit analysis and/or pro formas. This evaluation results in learning the health care service need, business opportunity, or support process need. LRHS' core competencies (CC) and the CC of potential future suppliers and partners are considered. Decisions are made after review of all evaluation results to include alignment with, and integration of, the LRHS MVV. Cycles of learning have resulted in the continued outsourcing of LRHS emergency physician coverage, but with a different contract group. This decision included a financial analysis, consideration of patient satisfaction and through-put standards, and associated metrics.

Future organizational CC are determined through the SPP. This includes analysis of the key elements as described in Figure 2.1-3, evaluating accomplishment of current year's SOs and any identified gaps in performance, comparisons to competitors' performance and high-performing organizations such as Baldrige Award winners and competencies needed to sustain forecasted changes in health care reform.

2.1b Strategic Objectives

2.1b(1) The FY13 SOs and examples of related APs are in Figure 2.1-4. Measurable goals for these are reflected on the BSC (Figure 4.1-3). The time frames for achieving the (SO) are linked to the action items for each objective. Short-term goals are most important because accomplishment of those sets the stage for future success. The complete document reflecting all of the action plans, measures of success, short- and longer-term goals along with responsible individual, is available on site.

2.1b(2) LRHS achieves strategic objective considerations as shown in Figure 2.1-5.

Consideration	Examples of how Addressed
Strategic challenges	• Identified following SWOT • Linked to SO/AP (Figure 2.1-4) • Linked to annual budget
Core Competencies	• Identified following SWOT & environmental scan; refinement of Mission • Linked to SO/AP (Figure 2.1-4) • Linked to workforce competencies • Linked to results
Strategic advantage	• Identified following SWOT • Linked to SO/AP (Figure 2.1-4) • Linked to core competencies
Strategic opportunities	• Identification part of SWOT • Incorporated into strategic AP • Addressed through assessment of scorecards and actions to address performance gaps
Balance ST and LT time horizons	• Linked to strategic AP (Figure 2.1-4) • Linked to resources available to accomplish ST/LT objectives
Needs of key stakeholders	• Addressed through SP participants • Inputs through VOC • Pillar structure of BSC

Figure 2.1-5 SO Considerations and How Addressed

2.2 Strategy Implementation

2.2a. Action Plan Development and Deployment

2.2a(1) APs are developed as part of the SPP, as noted in Figures 2.1-1 and 2.2-1. APs are linked to each SO and take into consideration resources available, organizational CC, challenges and advantages, key time horizons and the needs of key stakeholders. Each action item is assigned to a SL. Examples of the key short- and longer-term action plans as linked to each strategic objective are shown in Figure 2.1-4. The process for AP development is assessed as part of the SPP. Cycles of learning have resulted in more integration of department managers (DM) in implementation of specific action items.

Strategic Objective	Action Plan	Desc-ription	Measure of Success	Short Term Goal (FY13)				Long Term Goal (2-3 years)		
Create a positive experience for patients, families, medical staff, and workforce	Conduct satisfaction surveys for all patient segments; develop associated action plans.	A1, CS, S	HCAHPs: % rank top box (9-10 on 0-10 scale). PG average overall satisfaction score for IP, AMB, ED, LRMG; phone call results for overall satisfaction		BIP	Stretch	Goal	FY14	FY15	FY16
				IP:	(Intentionally Left Blank)					
				AMB:						
Achieve and sustain a high level of patient safety and quality outcomes and position LRHS for VBP from a Financial and Quality Perspective	Achieve composite score equal to or better than the national average on measures related to the proposed CMS VBP Program. *Acute Myocardial Infarction (AMI) *Congestive Heart Failure (CHF) *Pneumonia (PN) *Surgical Care Improvement Project (SCIP)	QC, C2, S	CMS composite scores for CHF, PN, SCIP and AMI - Benchmark: CMS		BIP	Stretch	Goal	FY14	FY15	FY16
				AMI CHF PN SCIP	(Intentionally Left Blank)					
Achieve a culture of physician accountability and responsibility	Update Medical Staff Development Plan	QC, C5, S	Number of physicians recruited on Category 1 of MSDP	(Intentionally Left Blank)						
Develop health care offerings and services that affect stakeholders' view on clinical and service quality	Increase market share within a 25-mile radius of LRHS	C3, S	Number of surgical service line visits using report produced by accounting - BSC reported quarterly	(Intentionally Left Blank)						
Anticipate changes in the health care delivery system	Implement strategies to reduce readmissions	C2, P	National benchmark for 30-day readmission to same hospital (PEPPER)	(Intentionally Left Blank)						
Ensure a sustainable organization through fiscal accountability and responsibility	Evaluate cost relative to Medicare reimbursement on select DRGs	C2, C4, P	Improve average margin per DRG for selected DRGs	(Intentionally Left Blank)						

Key

CC = Core Competencies
QC= Quality Care
CS= Customer Satisfaction
IM= Information Management
S = Strategic Scorecard
P = Process Scorecard
A = Advantages (strategic)
A1 = High technology with small town atmosphere
CH = Challenges
C2 = Future financial and resource implications of HCR
C3 = Higher market penetration of service areas
C4 = Affordable health care
C5 = Medical staff recruitment

Figure 2.1-4 FY12 SO with Partial Action Plan, Short- and Long-Term Goals

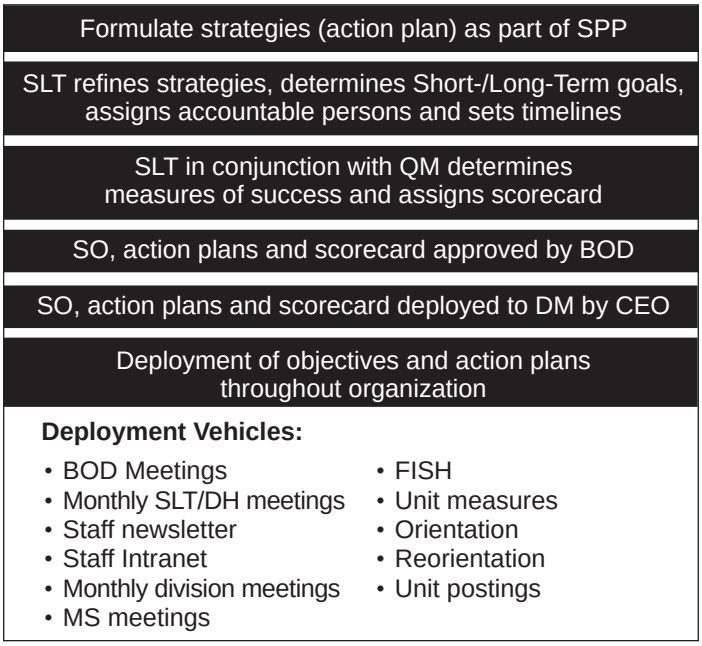

Figure 2.2-1 Deployment of Strategies and Action Plans

2.2a.(2) Deployment of SO and APs throughout the health system is shown in Figure 2.2-1. Deployment to suppliers, partners, and key collaborators is accomplished through a bi-annual mailing; once, following BOD approval of the SOs and again when the LRHS annual report is sent to them. In addition, communication is supplemented by the methods in Figure P.1-5. The process for SO deployment is evaluated through SLT meetings and by the internal MQA team. Cycles of learning have resulted in the above noted mailings going to suppliers that serve us directly rather than to the parent company. The process for ensuring that LRHS can sustain key outcomes of its APs is presented in Figure 2.2-2.

- Integration of goals into organizational and PSC
- Integration of ST/LT measures of success into APs
- Assignment of accountability at the SLT level
- Development of protocols, as appropriate
- Educational offerings presented that support SO/APs
- Communication of changes as a result of APs
- Weekly SLT meetings to review AP accomplishment
- Monitoring of financial and human resources

Figure 2.2-2 Measures to Ensure Sustainability of Key Outcomes of LRHS Action Plans

2.2a(3) Resources needed to accomplish action plans are initially evaluated by obtaining input from discussions with staff, DM and physicians. DM then prepare a draft operating expense and personnel budget, which the VPs present individually to the CEO. The budget process includes proposing needed medical and nonmedical capital expense items with input from the MS. Final approval of each fiscal year's budget is accomplished at the April BOD meeting. The process allows for the flexibility of interim staff positions, as well as re-prioritization of equipment purchases as the need arises. When a new service is evaluated or an existing service modified, a pro forma is completed so that future sustainability can be projected.

2.2a(4) LRHS analyzes the impact on workforce capacity and capability stemming from the objectives and action plans as part of SP. Workforce plans include recruitment for Category I physicians, continued partnership with Columbia College School of Nursing, continued relationships with school programs in areas such as radiology, pharmacy, and surgery; scholarship programs**,** preceptor training and leadership development. Workforce capacity is addressed through staffing plans and productivity analysis linked to each department's budgeting process as necessitated by short- and long-term SO. Workforce capability is addressed through education and training. These impacts are assessed more fully described in 5.1a(1).

2.2a(5) The key performance measures used to track the achievement and effectiveness of LRHS action plans are presented on the BSC. Figure 4.1-3 illustrates how the BSC translates SOs into a set of performance measures aligned with the Pillars of Patient, Workforce and Stakeholder Satisfaction/ Engagement, Quality and Safety, Workforce Growth and Sustainability, Service Growth and Sustainability, and Finance. PSCs align with the BSC through metrics that reflect effectiveness of work processes that support work systems. Individual goals are to be measurable and align with the SO.

2.2a(6) Systematic reviews of performance measures occur daily, weekly, monthly, and quarterly. Gaps in expected performance are identified by use of the stop light system on the scorecards where the color red denotes the item is not meeting goal. When this occurs, a specific AP is developed to address the performance gap. Rapid deployment and execution of new plans occurs through the methods described in Figure 2.2-2. Effectiveness of modified APs is tracked through weekly SLT meetings and monthly BOD meetings.

2.2b Performance Projections

The performance projections for performance indicators are noted in Figure 2.1-4, in part, and in Category 7. These projections are determined using internal historical trends, subject matter experts, accepted industry standards, benchmarks, and competitors' levels. For example, patient and employee satisfaction projections are determined in conjunction with a Press Ganey representative; projections related to core measures are based on historical trends, trends of competitors and the level identified as best in practice; financial projections are determined in conjunction with BKD and in relation to the Standard & Poors bond ratings; HR projections are determined according to historical trends and industry standards; and physician productivity is projected based on MGMA standards. The organization also considers its long-term goals when establishing projections. How projections compare with benchmarks, goals, past performance and, as appropriate, competitors, is reflected in Category 7. Gaps in performance are addressed through modification in action plans and the PDCA process.

CATEGORY 3 – CUSTOMER FOCUS

3.1 Voice of the Customer

3.1a Listening to Patients and Other Customers

3.1a(1) LRHS deploys multiple listening posts (Figure 3.1-1) to interact with and observe patients and customers to obtain actionable feedback, identify and meet customer requirements. Posts are reviewed annually by the Board of Directors (BOD) during the Strategic Planning Process (SPP) (Figure 2.1-1). Feedback is used in the SPP as shown in the Business Development Process (Figure 3.1-2). Examples:

- To identify needs of existing and potential patients, LRHS uses data from the Hospital Industry Data Institute (HIDI) on inpatient and outpatient provider use by geographic subset. (Figures 7.5-8 and 7.5-9) Key comparative data is reviewed regularly for patient referral patterns by service line and ZIP code.

- LRHS' Physician Referral Line offers physician and service information to the community. Call volume is tracked and fed into the Medical Staff Development Plan to determine recruitment needs for current and potential patients. (See 5.1a(1) and Figure 2.1-4.)

- LRHS developed an electronic focus group, the Pulse Panel, to inform and survey patients and other customer groups. This flexible tool allows LRHS to acquire real-time feedback. Panels are segmented by age, ZIP code and relationship to LRHS. All BOD are members of the Pulse Panel.*

- Hospital patients and workforce receive Press Ganey (PG) surveys. Satisfaction scores are monitored on the BSC (Figure 4.1-3).

LRHS uses social media, including Facebook and Pinterest, the Pulse Panel and website to increase engagement with customers and gain insight into their perceptions of LRHS' quality and service. Online forums are monitored for comments, which are logged, analyzed for trends and reviewed by the Patient Satisfaction and Quality committees.

Listening Posts	Customers					Groups			Relationship Stages		
	Inpatient	ED Patients	Outpatients	Pharmacy Customers	Families	Former	Potential	Competitors' Patients	Relationship Building	Active Relationship	Follow-Up Strategy
Satisfaction Surveys	x	x	x			x					x
Post-discharge/visit Phone Calls*	x	x	x	x		x				x	x
Complaint Management	x	x	x	x	x	x				x	x
Website/Social Media	x	x	x	x	x	x	x	x	x	x	x
Pulse Panel*					x	x	x	x	x	x	x
Community Survey					x	x	x	x	x	x	
Physician Referral Line					x	x	x	x	x		
Market Research						x	x	x	x	x	
Community Involvement					x	x	x	x	x	x	x
Community Education				x	x	x	x	x	x	x	
Annual Report					x	x	x	x	x	x	x

Figure 3.1-1 Voice of the Customer

Listening methods vary by patient and customer groups and relationship stages (Figure 3.1-1). Throughout the patient life cycle, activities are designed to increase engagement, as illustrated in Figure 3.1-3.

LRHS seeks immediate, actionable feedback about service quality through post-discharge phone calls, which are logged and reviewed by hospital managers daily. Calls also are made to a targeted sample of LRMG patients daily; clinic managers review these logs weekly. Trends are analyzed monthly at Patient Satisfaction Committee meetings, and action plans (AP) are developed.

VOC data is reviewed by SL and the BOD's Public Relations/Marketing Committee, and is addressed in the Environmental Scan (Figure 2.1-1) at the SP meeting to determine if patient/stakeholder requirements are being met and to identify new service opportunities. As a result, decisions about new technology, new services, new product lines and marketing strategies ensure organizational sustainability (Figure 3.1-2).

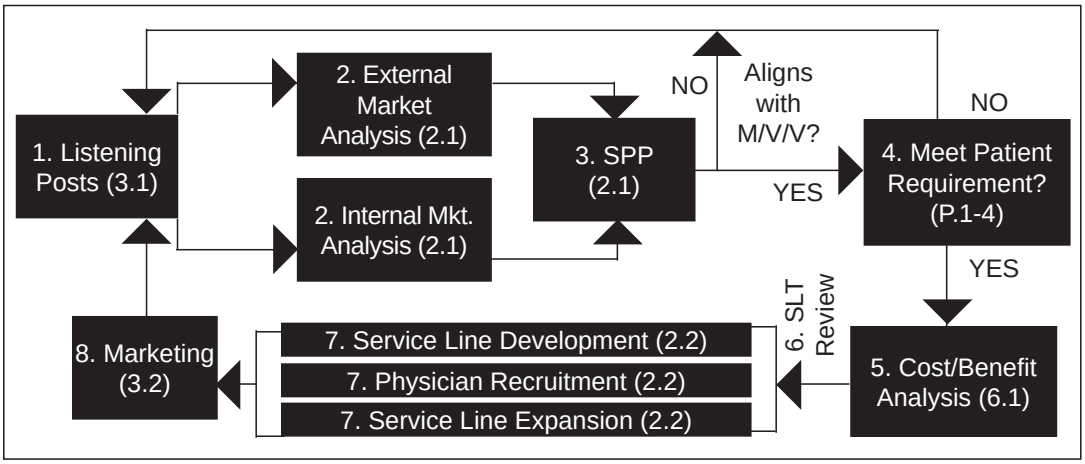

Figure 3.1-2 Business Development Process

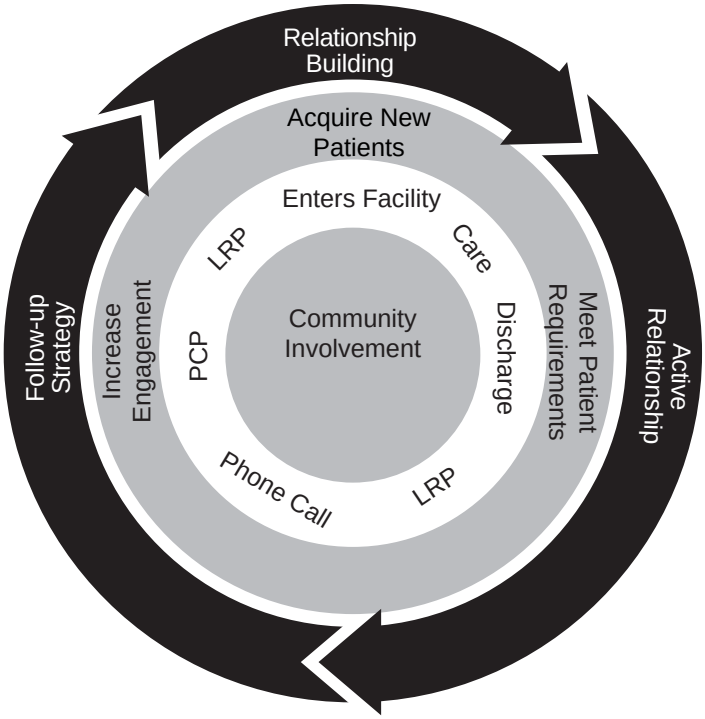

Figure 3.1-3 Patient Life Cycle

3.1a(2) LRHS listens to former patients, potential patients, competitors' patients and other customers to obtain actionable information and feedback using various methods (Figure 3.1-1). Methods are tailored based on customer relationship stages. Patient and other customer support mechanisms (Figure 3.2-1) are based on key requirements (Figure P.1-4) and VOC feedback identified by the PG prioritization process, Pulse Panel and Community Survey.

3.1b Determination of Patient and Other Customer Satisfaction and Engagement

3.1b(1) Patient satisfaction is determined by PG surveys. Surveys address overall satisfaction, willingness to recommend to others, care expectations and a number of drivers for key customer groups (Figure P.1-4). The Quality Committee performs in-depth analyses of the results, and the data is used for PI using PDCA (Figure P.2-4). Patient satisfaction is considered a Critical Success Factor (CSF), and results are monitored on the balanced scorecard (Figure 4.1-3) and shared with SL weekly, and the BOD, physicians and workforce monthly. Department-specific data is used by DM to develop APs based on PG priority index areas.

Leading indicators, the Pulse Panel, Community Health Needs Assessment survey and the bi-annual comprehensive Community Survey, help determine community satisfaction segmented by ZIP codes. To ensure LRHS exceeds customer expectations, stretch goals are set for the CSF.

Additional inputs about patient and customer satisfaction and engagement are derived from nurse manager rounding, post-discharge/visit phone calls, comment cards, PR visits and community networking. The Quality Department analyzes this data and identifies trends for actionable information. DM develop 90-day action plans and implement PI using PDCA.

Patient surveys ask how willing the person would be to recommend LRHS to others, providing an index of patient loyalty and engagement. (Figures 7.2-22, 23, 24) As another index of customer engagement, health screening participants are asked, "How likely are you to recommend our service?" (Figure 7.2-25)

Patient testimonials, captured in LRHS' quarterly magazine, *Vim&Vigor*, are another indicator of customer loyalty and engagement.

The culture at LRHS lends itself to relationship building and customer loyalty (Figure 3.2-2). Example: after Outpatient Services sent thank you cards to patients signed by their caregivers, PG scores ranked the department among the top 1% nationally for patient satisfaction, earning a "Best in Practice" commendation. Thank you cards now are deployed to other nursing units.*

3.1b(2) LRHS obtains comparative data on patient and customer satisfaction through PG and HCAHPS. The patient satisfaction survey benchmarks LRHS against the PG best-in-practice database and additional peer groups, including PG hospitals in Missouri. All patient satisfaction goals monitored on the BSC (Figure 4.1-3) are compared to best-in-practice, and APs are in place to achieve these benchmarks (Figure 2.1-4).

Additional information about local competitors is collected through various mechanisms, including: community surveys; Pulse Panel focus groups; HIDI; Hospital Compare website; local media; and competitors' websites, advertisements and news releases. Comparative data are systematically used to identify opportunities for improvement, as inputs into the SPP and to drive marketing strategies.

3.1b(3) Dissastisfaction information is captured in the Quantros Feedback Manager (FM) and Form Site. The Quality Department and Nurse Practice Council analyze reports from FM and Form Site to identify trends and performance improvement opportunities (Figures 7.2-7, 7.2-8 and 3.2-3). If a trend is identified, a performance improvement initiative is charted and improvement is achieved through PDCA (Figure P.2-2). LRHS' approach ensures dissastifaction issues are addressed immediately and systemic process changes are made to avoid future dissatisfaction.

3.2 Customer Engagement

3.2a Health Care Service Offerings and Patient and Stakeholder Support

3.2a(1) As part of the SPP, LRHS identifies patients, customers and market requirements and innovates health care service offerings based on these requirements (Figure 3.1-2). LRHS uses VOC data to understand customer requirements and exceed expectations (Figure P.1-4). These approaches, discussed in 3.1a(1), are tailored to learn the differing needs of each group.

LRHS identifies and adapts service offererings to meet patient and customer requirements through the SPP. This includes analysis of ZIP code based utilization data and market share, competitors, product lines, medical staff and VOC data. This

approach helps prioritize recruitment needs, guide marketing strategies and identify areas for innovation.

LRHS develops new service offerings through the Business Development Process (Figure 3.1-2). Extensive market research is compiled to ensure sustainability, including an analysis of competitors' offerings and customer feedback. Example: HIDI and referral line data analysis identified an opportunity to increase orthopedic market share. APs included focus groups of current, potential and competitors' patients. Based on market analysis, LRHS recruited two orthopedic surgeons and a podiatrist to attract new patients and meet the community's need for access to specialty care. (Figure 7.2-26)

Key support requirements and expectations for key customer groups are determined by the method described in 6.1a(2), including the PG prioritization process, Rounding, and other VOC (Figure 3.1-1). This information is used to improve key processes; expand relationships by determining the most important satisfiers for customers; retain customers by responding to complaints; add or enhance programs and/or services; and guide planning. Access is identified as a key requirement for outpatients (P.1-4). Therefore, LRMG specialists provide care in Eldon, Iberia and Laurie, based on clinic referral patterns. Conveniently located to patients outside of Camden County, outreach builds loyalty and positions LRHS for growth. Lake Regional Urgent Care (UC) provides a convenient evening and weekend alternative for care. Business hours were adjusted to better meet patients' access requirement (Figure 7.5-15).

Lake Regional Pharmacy (LRP) offers extended business hours to attract UC patients and other new customers.

Community surveys are used to identify LRP customers' expectations. Based on information that customers require convenience, LRP extended business hours, promoted drive-through service and added online and telephone refill capabilities. Delivery service and mail delivery also was initiated for Iberia, our most rural clinic. Results (Figure 7.2-27) include increased customer loyalty and business. Convenience has been identified in Community Surveys as a key customer requirement. Therefore, delivery to Outpatient Department patients was added in April 2012.

3.2a(2) Key means of support, including communication mechanisms, are described in Figure 3.2-1. Patients and customers may seek information and provide feedback in multiple ways, including in person, by phone, on paper and online. To ensure these mechanisms meet customer needs, Pulse Panel, Community Survey and health screening participants are asked how they like to receive information.

LRHS enables patients to access services through its integrated network of primary care and specialty clinics, specialist outreach, Urgent/Emergency care, therapy clinics and retail pharmacies. LRHS provides comprehensive services, reducing the need for patients to travel outside the service area. For example, LRHS offers a complete continuum of cardiac care services, and supports patients with preventive care, health screenings and education.

The key support requirements, seek assistance, obtain services and provide feedback, (Figure 3.2-1) are determined by VOC as described in Figure 3.1-1. LRHS uses multiple methods to deploy customers' support requirements to workforce and physicians, including:

- Physician orientation
- Staff and volunteer orientation and reorientation
- Department meetings
- Newsletters, bulletin boards
- Posting satisfaction survey results on FISH
- Work process design

Key contacts are assigned to suppliers and partners to provide support and facilitate learning and organizational sharing through 1:1 meetings. Suppliers share information during monthly Standardization Meetings. HIS staff communicate regularly with Meditech to prioritize service issues and complete customer satisfaction surveys for each task. The CIO meets with Meditech twice annually.

3.2a(3) LRHS identifies and determines customers and market segments to pursue for current and future health care service offerings through the SPP (Figure 2.1-1), which includes analysis of service utilization and market share. SPP participants discuss, "Which are the key communities that affect the success of LRHS?" This is accomplished through the SSP by analyzing HIDI data and patient referral patterns in designated market segments. New medical staff are categorized and recruited based on market share data (Figure 7.1-33); utilization; patient and physician surveys; industry recommendations; and community health needs. (Figure 3.1-2) Competitors' service offerings are monitored continuously and examined during the SPP (Figure 2.1-1). Marketing efforts are guided by strategic objectives defined during the SPP to increase market share in new and niche markets, increase customer loyalty and ensure long-term sustainability. Productivity is segmented by service line, analyzed monthly, and marketing efforts are adjusted, as needed.

LRHS operates seven primary care clinics throughout the service area. Volume and specialty referral data are monitored to determine customer needs for additional providers or service offerings. During the SPP, this information is used to develop physician recruitment strategies. Data also is used in the Business Development Process (Figure 3.1-2) to schedule specialty outreach services, a strategy to acquire new patients; identify opportunities to improve marketing through targeted media or specialized health education forums; develop patient/stakeholder focused culture; and innovate new services.

3.2b Building Patient and Stakeholder Relationships

3.2b(1) At LRHS, building relationships with patients and customers begins with extensive community outreach and educational

Mechanism	Customer
Seek Assistance/Information	
• Website/Social Media	IN, OP, ED, LRP, F
• Physician referral line	IN, OP, ED, LRP, F
• Educational programs	IN, OP, ED, LRP, F
Obtain Services	
• Access to primary/specialty care providers	IN, OP, ED
• Charity care policy	IN, OP, ED
• Urgent/Emergent Care	IN, OP, ED
• LRP Discharge Delivery	IN
Give Feedback	
• PR	IN, OP, ED, F
• Workforce	IN, OP, ED, LRP, F
• Surveys	IN, OP, ED
• Pulse Panel	IN, OP, ED, LRP, F
Legend:	
IN – Inpatient	OP – Outpatient
ED – Emergency Department	F – Families
LRP – Pharmacy	

Figure 3.2-1 Key Support and Communication Mechanisms

Standard	Service Expectations
Treat others as guests	Treat everyone as a VIP and help them feel valued
Develop service recovery	Turn negative situations into positive experiences
Serve others from a team centered approach	Erase barriers between departments
Communicate effectively	Strive to improve the way we communicate with others
Project a positive attitude	Strive to improve attitudes throughout the system
Make first impressions our first priority	Strive to create a positive image for LRHS
Make excellence the goal in everything we do	Strive for personal excellence

Figure 3.2-2 Seven Standards of Service Excellence

activities. (Figure 3.1-3) Relationship building continues throughout care and after discharge through phone calls and medication therapy management by LRP. Other approaches to relationship building are shown in Figure 3.2-2.

Relationship building efforts aimed at acquiring new patients and other customers are initiated through Business Development and Education in support of the strategic plan. These departments identify key audiences and develop relationships through:

- Community health screenings and health fairs
- Educational forums and support groups
- DM networking at community organizations
- Physician Referral Line
- Vim & Vigor magazine
- LRP Wellness Wednesdays
- Workforce volunteer activities in community
- Sponsorship of area events

Key to acquiring new patients, especially in the outlying areas, is recruiting and retaining providers to provide a range of specialty services. (Figure 7.1-33)

The Seven Standards of Service Excellence (Figure 3.2-2) guide workforce to meet/exceed customer requirements and expectations. The Standards are deployed throughout the organization and are part of the performance management system (5.2(a)3). Customer service is a core competency integrated throughout the organization. Exceeding customer expectations is discussed in workforce, volunteer, student and physician orientation, and monthly department-level meetings that focus in-depth on one standard each month. The SE program has gone through multiple cycles of learning and improvement based on employee feedback. Customer focus is included in performance evaluations. (5.2(a)3)

Through the SPP, the BOD uses VOC to establish best in practice customer service goals that drive high-performing work environments and workforce performance accountability. For example, patients and their families are encouraged to participate in plan-of-care conferences with staff and physicians. In addition to surveys, clinical teams seek best practices to trial and implement at LRHS. White boards now are used to engage inpatients in their care and communication with staff. Patients are asked, "What is very important care?" Responses are written on the board to cue staff. Patient satisfaction scores improved in the trial unit, and the boards subsequently were installed in all patient rooms.*

To reduce wait times and improve customer satisfaction, Patient Registration changed staffing to provide more coverage during high-traffic times and added three customer service representatives to the main lobby. Based on customer feedback, staff who pre-register patients now work until 7 p.m. weekdays and half-days on Saturdays.*

LRHS increases customer engagement by making it easier to do business with us. LRHS' business strategy includes integrating the health system by employing primary and specialty physicians. Coupled with the EHR initiative, this strategy provides continuity of care for patients. Hospital patients may pre-register for services and pay their bills online. LRP offers online refills, mail-order and delivery service. It also extended business hours, including Sundays, and delivers to Outpatient Department and SNF patients. Based on customer feedback, Urgent Care relocated to Osage Beach Medical Park to offer pharmacy and X-ray services on site.

In 2011, the post-discharge/visit follow-up call process was expanded to include all inpatients and a sample of clinic patients to increase customer engagement.* Lake Regional leverages social media to enhance relationships with patients and other customers.

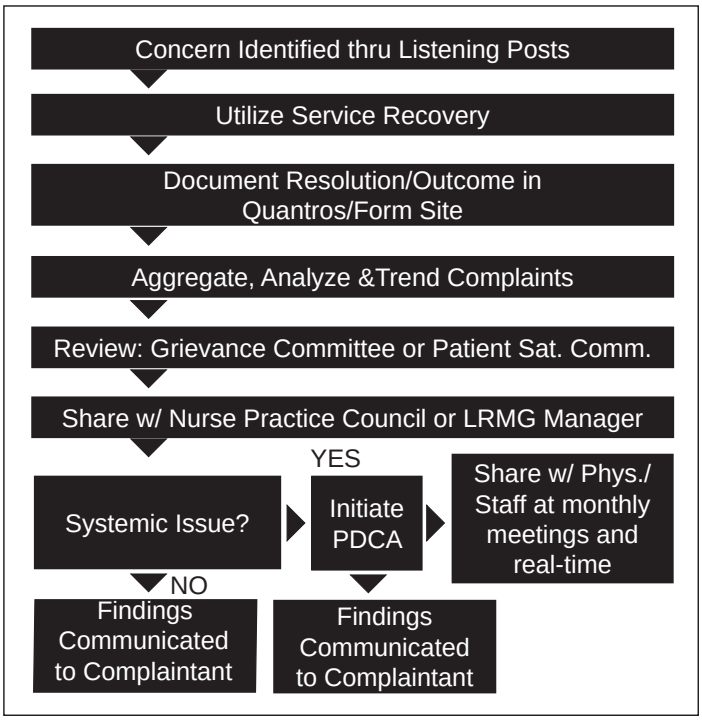

Figure 3.2-3 Complaint Resolution Process

Facebook posts highlight Lake Regional's involvement in the community to increase engagement. Lake Regional's Pinterest page offers educational resources while building relationships with targeted customer segments, such as cancer patients and new mothers. Pulse Panel members receive regular updates and provide input through quarterly surveys used to enhance service offerings.

3.2b(2) Workforce are empowered to do service recovery, resolving complaints to recover patient confidence, and are expected to do so immediately. If necessary, workforce will seek assistance from the PR, physician, co-worker or supervisor. Patients are informed of the complaint mechanism upon admission. Patients may comment on the quality of their care on surveys or the website. The PR visits most inpatients and any customer who wishes to voice a complaint, compliment or suggestion. The QM Department tracks complaints and compliments, and analyzes trends using Quantros.

QM monitors follow-up and maintains frequent phone contact until complaints are resolved. A root-cause analysis is initiated for serious issues. A grievance committee also is in place to monitor grievances and areas of dissatisfaction and review trends. Refer to Figure 3.2-3 for the complaint resolution process, which is reviewed annually by the Grievance and Patient Satisfaction committees.

LRMG complaints are addressed by managers and reported to the Patient Satisfaction Committee, which meets monthly. Data is aggregated and segmented, and the PDCA model is used to resolve systemic issues. Patients are notified when a solution has been implemented. LRMG staff participate in customer service training, including the Seven Standards of Service Excellence (Figure 3.2-2). Results of satisfaction surveys and complaint trends are shared with DM who deploy the information to physicians and workforce for improvement. Patient satisfaction trends are on the BSC and shared with SL, BOD and physicians. Complaints drive improvement through PDCA to enable LRHS to recover patients' and customers' confidence and enhance satisfaction and engagement. Example: Patient comments indicated wait times were too long in the cardiology clinic, and the physician's schedule was changed.

If a complaint constitutes a formal grievance as defined by policy, processes and time frames are established for prompt resolution, including investigation and a written notice of grievance resolution by the PR. (Figure 3.2-3) This is reported to the Quality Committee and reviewed at BOD meetings.

Complaints are discussed and resolved by the MEC. Physician concerns may be forwarded to their Department Chair for inclusion on the department or MEC agenda. The issues are tracked by the committee minutes and are kept on successive agendas until resolved using PDCA.

CATEGORY 4 – MEASUREMENT, ANALYSIS, AND KNOWLEDGE MANAGEMENT

4.1 Measurement, Analysis, and Improvement of Organizational Performance

4.1a Performance Measurement

4.1a(1) LRHS' process for selecting, gathering, analyzing and deploying information is linked from strategic planning to daily operations. Figure 4.1-1 shows the overall approach to collect and transfer data for performance objectives. Data collection begins before the strategic planning process (SPP) through the process depicted in Figures 2.1-1 and 2.1-4. A focus is placed on data linked to key regulatory mandates in the industry such as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), Value Based Purchasing (VBP), Core Measures and Meaningful Use (MU). These inputs are used to develop strategic objectives (SO) and associated action plans (AP) for the coming fiscal year. Short-and long-term goals are set for AP items. From this AP, an organizational scorecard is developed to reflect critical success factors (CSF) in: Patient, Workforce and Stakeholder Satisfaction/Engagement; Quality and Safety; Workforce Growth and Sustainability; and Financial. Process scorecards (PSC) are developed that link to the SO: Admission, Care, Discharge, and Support. PSC measures are identified through: key process; customer or partner requirements; method in which requirements were identified (Voice of the Customer (VOC)); associated measure; definition of how measured; goal, stretch goal, best in practice goal; linkage to SO; and benchmark source. These measures are deployed to staff for daily/weekly tracking and process management. Refer to Figure 4.1-1.

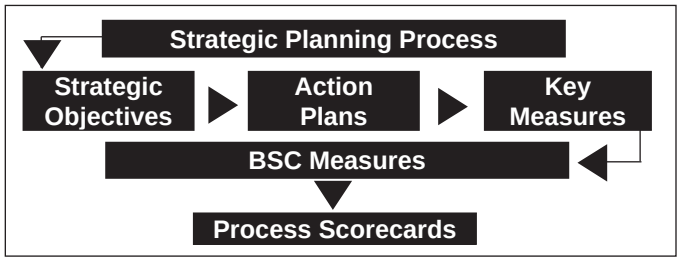

Figure 4.1-1 Alignment of Scorecards

Process owners define key process measures that are aligned with the Strategic Scorecard. The director of Quality Management (QM), in conjunction with the Triad Council, reviews and ensures alignment of the PSC with the SO. The Triad Council is a multidisciplinary team of nursing, quality and social work. The key organizational performance and financial measures that are maintained on the balanced scorecard (BSC) (Figure 4.1-3). The PSC provide the organization a clear picture of the organizational performance and success of APs. The full set of scorecards is available onsite.

Results of process scorecards are reported to the Triad Council and the Quality Committee. If targets have not been met, a 90-day AP for correction using the PDCA model is developed.* The measures reported on the BSC and PSCs are reviewed at routine intervals by the SLT, MEC, board meetings, Triad Council, Auxiliary board meetings, division meetings, and department meetings. This data and information is used to support organizational decision making and innovation through the SPP, and organizational knowledge of measures on the BSC and PSC. The workforce is able to disseminate and capitalize on this knowledge, which is critical for driving innovation and learning.

4.1a(2) Members of the workforce, department managers (DM) and senior leadership team (SLT) evaluate the need and priorities of data to be gathered, determining where the organization stands relative to competitors, improvements, understanding of processes, SO, and regulatory issues. Benchmarking data is selected using a performance benchmarking process represented in Figure 4.1-2.

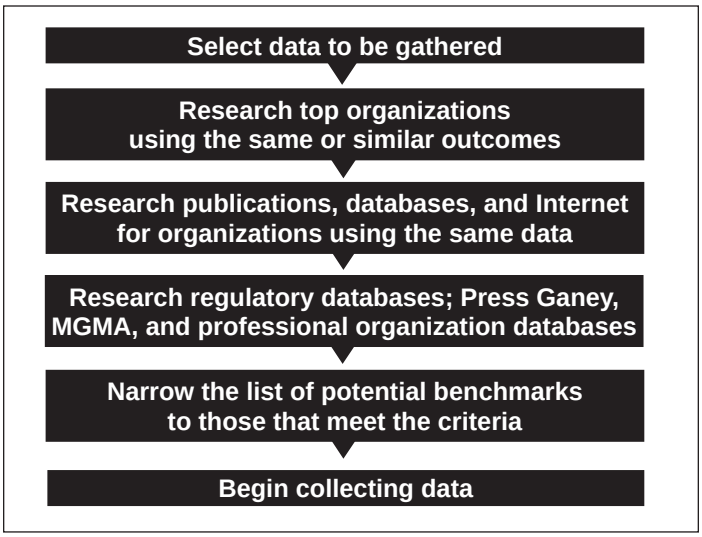

Figure 4.1-2 LRHS Benchmarking Process

The QM department assists the organization with accessing comparative data of competitors, comparisons available internally, or to identify external benchmarks so that the appropriate sources are utilized. For every goal, a best in practice goal is established to meet the top deciles. Organizations using the same or similar outcomes are researched through many different sources such as those listed in Figure P.2-2. Targets are reviewed annually by the board of directors (BOD) to ensure the effectiveness and appropriateness. In the planning phase of the Plan, Do, Check, Act (PDCA) model, comparative data is obtained.

4.1a(3) LRHS ensures effective use of VOC data (Figure 3.1-1), and information to support operational and strategic decision making and innovation. The selection of VOC data and information is incorporated into the SPP, which drives organizational innovation. Learning is attained through the Pulse Panel surveys, social media (Facebook) and the patient complaint process. Critical success factors are selected for both the BSC and PSCs that are related to patient and stakeholder satisfaction and engagement. Results are used to support operational and strategic decision making. Opportunities for improvement resulting from monitoring this data drive innovation and initiate awareness to develop new priorities.* For example, in an effort to enhance patient satisfaction, post-discharge phone calls to inpatients have been implemented.

4.1a(4) LRHS' performance measurement system is systematically updated annually as part of the SPP through annual validation of the appropriateness of measures as part of the feedback loop of the BSC process at the SP meeting (Figure 2.1-1).* For

Critical Success Factors	Key Measures	Best in Practice	Stretch Goal	Goal	Results
Patient, workforce and stakeholder satisfaction and engagement	Physician satisfaction				
	Workforce satisfaction				
	CMS-HCAHP inpatient satisfaction				
	Inpatient satisfaction		(Intentionally Left Blank)		
	Emergency satisfaction				
	Amb. surg./outpatient satisfaction				
	LRMG patient satisfaction				
Quality and safety	AMI				
	CHF				
	Pneumonia		(Intentionally Left Blank)		
	SCIP				
	OP-Surgery antibiotics				
	Surgical site infection rate				
	Rate of falls				
	Central line infections				
Workforce growth and sustainability	Turnover rate		(Intentionally Left Blank)		
Service growth & sustainability implemented	Category 1 new active MS				
	Stage II ARRA requirements				
Financial	Long-term debt to total capitalization (TS)				
	Unrestricted cash to long-term debt ratio (TS)				
	Maximum annual debt service coverage (TS)		(Intentionally Left Blank)		
	Days cash on hand (TS)				
	Operating margin (TS)				
	EBIDA margin (TS)				
	Excess margin (TS)				

Figure 4.1-3 LRHS Organizational BSC Critical Success Factors and Goals FY13

example, prior the annual meeting, federal mandates that should be measured to meet proposed and current regulations are factored as a topic for discussion. This included the proposed measures for Core Measures, Value Based Purchasing, and specific components of the Affordable Care Act, HCAHPS, and MU indicators; all of these indicators are linked to financial incentives. As PSCs are linked to the strategic objectives/action plan, this performance measurement system is evaluated and updated on an annual basis by the director of QM and the Triad Council.

Scorecard owners seek confirmation of measure selection through comparative data and performance relative to competitors. Measures are updated through changing processes and departmental scorecards in response to customer input, incorporating lessons learned from improvement initiatives and assessments of regulatory requirements; new service/service redesign or industry trend that merits a change in the indicators. These improvements can be rapidly implemented through action planning and progress reports tracked "real time" by DMs, director of QM and BOD. SLT reviews the BSC measures weekly with BOD review monthly; PSCs are reviewed quarterly by SLT, Quality Committee, and the BOD. This continual reassessment allows for the ability to respond to rapid or unexpected changes. These changes are delegated to the leader most closely associated with the topic for assessment, analysis, and improvement as appropriate.

4.1b Performance Analysis and Review

LRHS organizational performance and capabilities are reviewed as part of the SPP and annual review of the BSC and PSC. The review includes the alignment with SOs and action plans. Scorecard results are reviewed weekly by the SLT and updated monthly as discussed in 1.1b(2). Indicator "owners" along with key medical staff and the BOD, validate conclusions. The BSC evaluates SOs using a stoplight system; red if the goal is in jeopardy, yellow if the goal is attainable, green if the goal is met, purple if the stretch goal is met, and blue if best-in-practice is attained. Analysis of the environmental scan is also used for validation.

Goals and stretch goals help the organization to review overall performance based on those measures and SOs. If a specific measure does not meet the goal established, an action plan is initiated using the PDCA model. The owner of the measure has responsibility to deploy an AP throughout the organization to suppliers, partners, and key customers as appropriate. The

strategic scorecard is reviewed weekly by SLT and monthly by DM to address performance. Results and lessons learned are deployed through organizational knowledge sharing (Figure 4.2-1).

Through BSC and PSC reviews, the organization aligns data analysis, performance, and planning so that decisions are made based on relevant information. Such analysis used in statistical and graphical form include: Correlation, Decision Matrices, Root Cause, and Failure Mode Effects Analysis. Knowing the cause and effect relationship between variables allows the organization to assess performance, determine SO and formulation of effective action plans. This analysis allows the organization to rapidly respond to change. Performance results are analyzed to provide leadership information and are shared during weekly SLT, monthly Medical Executive Committee, and BOD meetings.

4.1c Performance Improvement

4.1c(1) Best Practices are shared across organizational units and work process through the use of teams, stand up one-to-one meetings, poster presentations, educational sessions, shadowing in another unit, Collaborative Practice Committee, precepting, Skills Lab and electronic communication. Example: the department that achieves top decile PG patient satisfaction performance shares their processes with other units by attending their staff meetings, one-on-one education with peer managers and reinforcement through visual cues. Effectiveness of approaches is gauged through scorecard performance measures, workforce feedback and department-specific best practices.

4.1c(2) Differences in performance projections and key action plans developed for SOs is evaluated annually when the SLT establishes the strategic action plan; corresponding scorecards during the SPP. Gaps in performance are addressed through action plan modifications and the PDCA process. This approach to project future performance is evaluated annually when the SLT establishes the strategic action plan and corresponding scorecard as part of the SPP (Figure 2.1.1).

4.1c(3) Organizational review findings are used to develop priorities for continuous improvement and opportunities for innovation through identification of gaps in performance; trends from satisfaction, dissatisfaction and complaint data; and trends identified through VOC. These factors include a link to patient safety, and alignment with MVV and SOs. Once established, opportunities are deployed through the communication method, noted in Figure 1.1-2. For example a performance improvement (PI) team redesigned fall risk assessment resulting in a risk injury scoring process and a new risk assessment program.

Opportunities are deployed to suppliers and partners through communication mechanisms and relationships identified in Figure P.1-5. Priorities and opportunities are deployed to collaborators through the communication methods noted in Figure 1.1-2. For example, a recent PI effort to decrease registration time required the engagement and participation of key partners (Meditech). LRHS recently implemented electronic consent software, which allows patients to electronically sign consents upon registration, improving the through put time in registration, decreasing registration wait times and improving patient satisfaction.

4.2 Knowledge Management, Information, and Information Technology

4.2a Organizational Knowledge

4.2a(1) The collection and transfer of workforce knowledge is accomplished through multiple mechanisms.* Collection and transfer of clinical knowledge occurs through Meditech which allows those authorized to access real-time clinical information. The clinic patient portal is a mechanism used to communicate outcomes with patients and keep them abreast of upcoming appointments with reminders and alerts. SBAR is a form of communication used when transferring patients between units and/or communicating patient information to physicians. Staff who attend conferences share their learning at the department level. The FISH has a feature specifically for "lessons learned" that may be accessed by the entire work-force. Other methods of workforce knowledge transfer include care conferences, multidisciplinary teams, meetings, mentoring and the exit interview process. The transfer of knowledge happens several different ways such as skill sharing, skill transfer, knowledge transfer, and knowledge sharing. Skill sharing is deployed through the methods identified in Figure 5.2-2. Knowledge transfer is explaining information or data for better understanding and knowledge sharing is taking information and/or data and applying to a situation when appropriate. Refer to Figure 4.2-1. Knowledge is gleaned from departing work force members as discussed in Figure 5.2c(1) and incorporated into process design as discussed in 6.1a(1). Effectiveness of knowledge management is determined through medical record audits, direct observations, skills labs, performance improvement measures, productivity, and performance appraisals.

Relevant knowledge is transferred to and from patients and other customers through Rounding and various VOC mechanisms (Figure 3.1-1). Also refer to Figure P.1-5.

Best practices are identified by the SLT, BOD, Quality Committee, PDCA teams, Triad Council, and those individuals doing research for the purpose of setting goals and benchmarks,

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establishing teams, and/or process design/redesign. The assembly of knowledge for use in innovation is accomplished through modes as listed in Figure 4.2-1.The assembly of knowledge for use in the SPP is done through the processes outlined in Figure 2.1-1 and Figure 2.1-2.

4.2a(2) LRHS uses knowledge and resources to embed learning throughout the organization using PDCA. A clinical content committee meets monthly to share learning through a multidisciplinary approach with recommendations how to improve the electronic documentation in Meditech. Recently the electronic discharge instruction module was deployed to all nursing units, resulting in improved discharge process and better documentation from hospital to clinic setting.

Systems and interfaces are in place to ensure integration of information into a single repository, which ensures a user friendly method of retrieving information. Remote access is also used by home health, rehab therapy; coding, billing and transcription to document care provided and view pertinent patient health information. Meditech is available off-campus to nursing student classrooms to assist with preparing for their clinical rotations. Physicians and the workforce have access to clinical information, primarily in an electronic format. Other means of making data and information available is reflected in Figures P.2-2, 1.1-2, and through Key Communication Mechanisms, Figure 3.2-1.

4.2b Data, Information, and Information Technology

4.2b(1) The organization ensures the accuracy, integrity, reliability, and timeliness of data through daily quality analysis of health information.* The Health Information Management (HIM) department analyzes, monitors and collects quality data on physician chart completion and documentation that is used as part of the credentialing process. The Clinical Content Committee is a multidisciplinary team that oversees all clinical documentation to maintain accuracy and standardization in nursing care. The HIM department tracks accuracy of information such as timely history and physical's and post procedure pneumonia documentation. Multiple audits are performed on coding and billing information, physician documentation elements, and documentation required by regulatory agencies. Hardware, software, operating systems, and communication tools also help to ensure that the data and information is not altered or destroyed during use.

To ensure security and confidentiality of personal health information (PHI), antivirus, spam filtering, secure remote access through a virtual private network (VPN) connection, removable device security software and encryption are all utilized. Employees, physicians, and volunteers sign a confidentiality statement during orientation and complete an annual update that prevents the use of unauthorized or release of patient information. A targeted audit of electronic records is completed on a monthly basis. Quarterly rounding in the physician offices and hospital nursing units is performed to ensure staff understands HIPAA policies, as identified in Figure 1.2-2. If a violation is found immediate action is taken. Processes are in place for immediate termination of access to the system upon termination of employment, changes in access upon changes in roles and responsibilities, and user menus based on job role. LRHS uses the highest level of security that includes a user name and password with a 90-day expiration date.

The HIS department and the Privacy Officer utilize security audit manager (SAM) software to perform monthly audits of the Meditech system to ensure security and confidentiality is maintained. A similar monitoring process is in place for LRMG clinics. A privacy oversight committee, consisting of a multidisciplinary team, meets monthly to discuss any confidentiality or electronic audit cases; utilizing the confidentiality decision tree to determine the level of severity for each scenario. The outcome of the committee is reported quarterly to the HIPAA oversight committee and the BOD.

Partners and vendors of the organization are closely monitored through use of a Business Associate Agreement for the purpose of restricting the uses and disclosures of PHI pursuant to the HIPAA Hitech Rule. The agreement clearly states how key partners, vendor and collaborators must provide security, confidentiality, and how they must protect from incidental disclosure. The workforce and physician PHI is also protected. The medical record of any staff or physician who becomes a patient of the hospital is audited to ensure the integrity and security of the record is maintained. Any pictures or testimonies of staff used in publications or in the media require release of information. All personnel records are electronic and may only be reviewed by the employee's supervisor, HR department, or the staff member. Financial records, contracts, peer review information, physician credentialing reports, risk- management information, and survey results are secured in locked offices with limited access by only those with a need for that availability.

4.2b(2) LRHS has established a secure, user-friendly network that is accessible to the workforce, suppliers, partners, collaborators, patients, and others as appropriate, regardless of geography or time of day, for both the clinic and hospital settings. Data and information are made available to suppliers through mechanisms identified in P.1-5. The majority of hospital data is made available at the point of care for critical information; the rest of the record is scanned into Meditech for timeliness of health information at the point of care. The clinical electronic health information system utilized in the clinics allows for point of care documentation that provides ease of use with real-time information. Interfaces were developed with our primary reference lab which allows for real-time access to the results of send-out lab tests, and improves clinicians' ability to make timely care decisions.

The hospital uses Meditech for point-of-care documentation. The LRMG clinics utilize the eClinical Works (eCW) system for point-of-care documentation in the clinic setting. The Picture Archiving Communication System is a digital (electronic) radiological imaging system that includes electronic radiological images, EKGs and echo vascular images. This system enables all images to be viewed on computers throughout the system, such as patient floors, operating room, and physician offices. In

addition, LRHS partners with the University of Missouri and several other large facilities in Missouri to send diagnostic images through a secure VPN connection when patients are transferred. Diagnostic review stations are strategically placed in the Emergency department, Intensive Care unit, and Step-down unit, so physicians can interpret results immediately after the exam is performed. Radiologists can view images from home 24/7.

4.2b(3) Reliability of clinical systems is ensured by utilization of redundant network connections, redundant storage, daily full backups, monthly maintenance windows for software and hardware updates and the use of a test system prior to moving changes to a live environment. Firewalls and corporate antivirus software are in place to protect individual computers from intrusions outside the network. Audit trails and event logs are in place to ensure that the system is monitored for unauthorized access to information. System monitoring logs are kept on a daily basis which tracks available space, CPU usage, backup status, and network utilization. Protocols are in place for reporting and troubleshooting abnormal results. Hardware and software systems are assessed annually and upgraded according to customer and business needs and system requirements. This process ensures that equipment is upgraded frequently and kept current for all users.

The HIS department also has remote access to mission critical systems and provides 24/7, on-call support to ensure assistance to other users after hours. The technical support staff receives alphanumeric text messaging if any critical hardware system shows signs of failure or if the environmental or system monitors in the data center rises above normal range. Environmental monitors include temperature, airflow and humidity. Other technical monitors include power consumption and draw, cooling liquid flow rates, fan speeds, air filter ages, and battery backup statistics. These alerts enable HIS staff to address network problems in a timely manner and ensure continuous access to information.

LRHS partners with MHA for disaster recovery and has access to a mobile command center that is used during a catastrophic, mass causality event. All hospital and clinic production system hardware is secured in our data center, which is protected by a two-factor keypad/proximity security system with video surveillance to ensure the maximum security. All software programs are backed up nightly.

4.2b(4) Meditech is the core electronic health information system for LRHS and eCW is the core electronic health information system for LRMG. Stand alone systems are utilized in the Wound Center and the Cancer Center. The Wound Center utilizes Wound Path software for online documentation; in addition, the Cancer Center utilizes the Mosaic system for online documentation that is interfaced to Meditech. Several layers of redundancy are in place within the network and server hardware infrastructure to maintain system reliability and availability.

All backup tapes are collected weekly and sent to an off-site, secure storage facility where all the information is stored in case of a catastrophic event. Downtime procedures are put into place in the event Meditech or eCW is down for more than two hours. For example, during a downtime a paper system is implemented to maintain business continuity and provision of services. Nursing units and the clinic utilize a downtime Electronic Medical Record (EMR) and are trained to use the Form Imprint software for downtime forms. Monthly scheduled maintenance windows occur and staff are trained to work offline using the downtime EMR and test downtime procedures. In the event of a disaster that results in system downtime for a longer period of time, recovery procedures can be implemented. LRHS sends backup tapes of data to Tri-Delta, who restores information on their hardware in their datacenter. LRHS then connects to Tri-Delta by any communication means available, including satellite internet, telephone dial-up, cellular phone data, or high speed broadband Internet connectivity. The disaster recovery test is tested annually.

Knowledge Holder	Method to Collect	Method for Transfer of Knowledge
Employees (Workforce)	• Employee Satisfaction Surveys • Employee Intranet (FISH) • Orientation/Reorientation	• Lessons Learned/Knowledge Transfer • Lessons Learned/Knowledge Transfer • Knowledge Transfer/Skill Sharing
Patients and Families Community	• Patient Education • Pulse Panel	• Knowledge Transfer • Knowledge Transfer
Leadership	• Leadership retreats • DH meetings	• Best practices/lessons learned • Knowledge transfer
Volunteers (Workforce)	• Monthly Auxiliary Meeting • Orientation/Reorientation	• Knowledge Transfer • Knowledge Transfer/Skill Sharing
Physicians (Workforce)	• Employee Intranet (FISH) • Physician Liaison	• Lessons Learned/Knowledge Transfer • Best Practice/Knowledge Sharing
Vendors/Suppliers	• Training of Staff by Suppliers • Pulse Survey	• Best Practice/Skill Sharing/Knowledge Transfer • Knowledge Transfer
Columbia College	• Advisory Committee • Liaison	• Best Practice/Lessons Learned • Best Practice/Lessons Learned

Figure 4.2-1 Organizational Knowledge Sharing

CATEGORY 5 - WORKFORCE FOCUS

5.1 Workforce Environment

5.1a Workforce Capability and Capacity

5.1a(1) LRHS workforce capacity and capability needs are identified during the SPP (Figure 2.1-1) as described in (2.2(a)4). A capability and capacity assessment is done of all workforce segment's (Figure P.1-3) skills, competencies, certifications, and staffing levels. The assessment analyzes departmental productivity reports, Employee Partnership Survey responses, physician credentialing, annual competency report, and the Annual Education Plan (Figure 5.2-6). The annual HR plan is developed to address whether current staff can be trained or if new staff need to be recruited with that specific skill set to meet the SOs. This plan takes into account competency trends, certification/education tracking, turnover, days-to-fill openings, review of short and potential long-term needs, and the BSC (Figure 4.1-3). As a result of a cycle of learning, additional cross training of nursing staff has occurred to allow greater flexibility of staff movement across key nursing units.*

Staffing plans are developed annually which include staff, volunteers, students, and independent practitioners. Staffing plans are based on historically trended productivity data, forecasted productivity requirements, and national benchmarking. In 2013, LRHS began utilizing benchmarking through Brady & Associates, Inc. which provides comparative staffing data against 700 other healthcare facilities across the country.* LRHS utilizes Medical Group Management Association, MGMA, national staffing benchmarks for LRMG operations. The staffing plan aligns to LRHS' Core Competencies (P.1a(2)), MVV (Figure P.1-1), and SO (Figure 2.1-4). The daily operations report and the Active Staffer program serve as real-time tools for Department Heads and supervisors to access current staff capacity and capability to maintain proper staffing levels daily (1.1a(3)). The productivity report serves as the primary tool for the SLT and DH members to monitor staffing levels on a bi-weekly basis. This report reflects current staff usage compared to volume justified benchmarking on a pay-period and annual basis. Physician capacity analyses results in a Medical Staff Development Plan. Development of this plan incorporates quality measures and alignment with SO.

5.1a(2) Our recruitment process utilizes a broad-based approach to ensure we are reaching MVV are also shared with candidates prior to employment. This helps ensure that candidates are made aware of our diverse needs, as well as the stakeholders they will serve in their new position. To help ensure all staff members from our hiring community are involved in recruitment of new staff members, our annual performance management system measures and allows for coaching of staff on their impact to our recruitment process. Peer interviewing is done for many positions to ensure co-workers have a voice in the hiring process. Physicians, the SLT, and a multi-disciplinary group of DMs are involved in the interviewing process for key manager positions.

Through a cycle of learning, LRHS has shifted from a focus on campus recruitment to the cultivation of long-term relationships with college programs in critical recruitment areas.* Relationships have been developed in key areas, such as nursing, pharmacy, radiology, surgery, respiratory therapy, medical assistants, physicians, and nurse practitioners. As a key partner, the Columbia College – Lake of the Ozarks R.N. program serves as an example of these relationships.

The on-boarding initiatives in place to support the retention of new workforce members include a two-day formal organizational orientation*, lunch with SLT and a department representative their first day, departmental orientation, providing a preceptor for new hires, a 30- and 60-day follow up with an HR representative, and a 90-day evaluation/coaching session with their direct supervisor. Deployment of MVV, CC, and customer-service standards (Figure 3.2-2) systemwide serves to create an environment for retention through rapid culture adoption.

To ensure our workforce reflects the diverse ideas, cultures, and thinking of our communities, LRHS recruits through multiple sources, including employee and community referrals. An innovative referencing process gathers feedback on candidate's ability to meet our stringent patient satisfaction requirements through behavioral inquiries centered around the HCAP standards. Feedback from employee satisfaction, patient satisfaction, and community surveys are utilized to ensure recruitment activities reflect those we serve. The level of diversity in the LRHS workforce exceeds the diversity of our community with approximately 2.7% minority staff.

5.1a(3) Work is organized and managed around our customer segments and requirements (Figure P.1-4). SLs and DMs organize and manage workflow of all workforce segments (P.1-3) through work groups, departments, teams, and committees to This structure enhances patient care and encourages exceptional performance through the joining of all process owners in the decision making process. The culture of teamwork and patient-centered care is embedded in our workforce architecture through tools such as our innovative PMP and the Service Excellence initiative. Teams are utilized to promote cooperation, knowledge sharing, and increased agility on interdepartmental and organizational levels. In addition, teams are leveraged to provide process improvement solutions that offer an increased level of agility through the inclusion of multidisciplinary members, allowing for quick response among diverse work groups.

Position responsibilities and the performance management system are linked to strategic action plans that address the strategic challenges. In addition, work is managed in an operational manner with the strategic challenges and action plans in mind. For example, a recent cycle of learning resulted in the combining of two medical surgical units to allow for increased agility, fiscal responsibility, and continuity of care for our patients.

5.1a(4) Changing organizational capability and capacity needs are reviewed annually as part of the SPP, then addressed in the HR plan as discussed in 5.1a(1). Staff participation in the development of the AEP proactively prepares staff for changes in capability needs while encouraging staff engagement in career development. When gaps in capability are discovered, staff are provided additional training or are given the opportunity to be reassigned. While the statewide trend has been a decrease in acute

care discharges, LRHS has made it a priority to retain people in their positions throughout the economic down turn. Through intelligent risk taking LRHS utilized attrition, cross-training, job sharing, and cost containment to avoid staff layoffs (1.1a(3)). Communication of changes are cascaded from the SLT to DMs and then to the workforce in advance of upcoming changes.

Recruitment (5.1a(2)), succession planning (5.2c(3)), employee partnership survey, AEP, and productivity reports are utilized to balance staff needs with organizational needs to ensure continuity and minimized impact of staffing level reductions. LRHS prepares for and manages for periods of workforce growth through weekly productivity report review by the SLT, which includes analyses of all open/anticipated position openings compared to budget, productivity models, and patient census trending. An example of measures in-place to respond quickly to workforce growth is the utilization of a float pool of clinical staff for the outlying clinics to better meet daily staffing fluctuations.

5.1b Workforce Climate

5.1b(1) A variety of Methods are used to ensure and improve workplace health and security, and accessibility (Figure 5.2-1). Daily Life Safety Rounds serve as a primary tool to proactively access and address workplace security and accessibility concerns throughout the system. An example was the addition of a panic button, that initiates visual and audible alarms and an automated page to security for immediate response in the HR department. Workplace health, security, and accessibility awareness begins in the pre-employment process with pre-employment physicals and health questionnaire and is infused throughout the employee life-cycle through on-going training, daily life safety rounds, annual review of job descriptions, and ergonomic studies. Workforce members are eligible for a free blood work-up annually that can be discussed with an occupational health nurse or sent directly to their primary physician. This free health screening serves as an essential tool for preventive health management for staff. All employees, volunteers, and retirees have free access to all health system fitness centers. The required annual reorientation program is a primary tool for re-educating staff on occupational health, workplace accessibility, and security. The Safety Committee, a multidisciplinary group, manages the Environmental Care Program, which contains seven (7) workplace health, safety, and security plans. Performance measures for all plans are maintained on the Safety Committee Dashboard. All LRHS facilities are ADA compliant and an interactive process is used with staff to insure that all workplace access concerns are met. An innovative temporary parking tag system allows for staff with temporary disabilities to park close to their workplace. An employee vaccination program is maintained to protect staff against workplace exposure. Annual flu shots are provided at no charge to staff, volunteers, and physicians. LRHS offers several other free vaccines and tests that protect employees from seven additional communicable diseases.

The significant differences in health, security, and accessibility factors are found in the position description for each job within the LRHS structure. Job descriptions are evaluated annually for occupational health risks and physical differences. Results for lost work days and needle sticks are segmented by workplace environment to identify trends and implement training, as needed. The Safety Committee Dashboard reflects performance measures for health, security, and accessibility specific to our different workplace environments within the organization.

5.1b(2) LRHS maintains a comprehensive, regionally, and locally competitive benefits package that has been designed to meet the ever changing needs of our diverse workforce. Our workforce includes single parents, traditional and nontraditional families, and a broad span of age differences. Benefits are tailored to meet the needs of the workforce based on direct feedback from staff. Benefits feedback is gathered from a number of sources, including bi-annual regional health care facility competitiveness survey, employee satisfaction survey, employee benefit survey, informal employee feedback, and exit interviews. Benefits feedback data is segmented and analyzed. This analysis recently yielded changes in the benefits program to offer online benefit enrollment, and extended hours for staff access to the fitness centers. Education of staff on health benefits and favorable plan usage has contributed to LRHS' ability to extend only one increase to health plan premiums over the previous five-year period. Our employee benefit survey defines our key benefits as our employees see them: Paid Holidays, PTO, retirement, and the health plan.

5.2 Workforce Engagement

5.2a Workforce Performance

5.2a(1) LRHS' primary tool to determine the key elements that affect workforce engagement is the PG Employee Partnership Survey. The key factors that affect workforce engagement are determined by measuring 19 dimensional factors across three types of engagement: my work - job engagement, our work - work engagement, our organization - organizational engagement. Employee key requirements are shown in Figure P.1-3.

LRHS leverages the results of the PG Employee Perspectives survey by utilizing strength and opportunity indices to create

Workplace Environment		
Health	**Measure**	**Goal**
• Free Flu Vaccination • Return to Work Program	• % of workforce who receive flu vaccine • Lost workday case rate	• 100% (Figure 7.3-10) • Below industry standard (Fig. 7.3-9)
Accessibility		
Daily Life Safety Rounds	24 hr. response to accessiblity inquiries	100%
Security		
24-hour Security	% of combative patients who result in unwanted physical contact	5% reduction annually

5.2-1 Workplace Health, Accessibility, Security

action plans through a collaborative action planning process at departmental and organizational levels. Action plan effectiveness is measured through internal pulse surveys on key priority issues. PG has a robust report writing component that allows users to segment findings by multiple demographic components. As a result, each member of the SLT team can segment data specific to their staff, such as shift, job type, and age. LRHS has developed unique in-house satisfaction survey tools for our Physicians and Volunteers that can be segmented in a similar fashion. After the findings from the workforce surveys are disseminated, a facilitator meets with staff to validate the findings and provide ideas that managers can utilize to develop action plans that meet the needs of the workforce.

5.2a(2) Introduction to our high performance culture begins with the interview process, new hire orientation and is reinforced through our on-going service excellence training. Figure 5.2-2 describes methods used to support a culture of engagement and high performance work that leverages diverse ideas and opinions through open communication and skill sharing. SLT communications, Figure 1.1-2, represents a supportive culture of open communication with high-performance work as its goal. The employment process is dependent upon alignment with values, which further supports a culture of high performance. Through the SPP, the VOC is utilized to establish customer service goals that drive workforce engagement. Employees are encouraged to provide LRHS with innovative workplace changes through the employee suggestion program, "The Employee Suggestion Box." This tool not only allows for open commenting from staff on all suggestions posted, it also allows for staff to rate the significance/impact of a suggestion and for polling of staff on suggestions.

The extensive use of multidisciplinary teams allows LRHS to capitalize on the diverse ideas, cultures, and thinking of our staff. We believe that teams, task forces, and natural work groups committees benefit from a mix of individuals of all ages, skill mix, gender, and experience. Our teams serve as a platform for staff members to feel engaged and significantly enhance our ability to openly communicate within units, across units, and outward to the organization. An example of obtaining an organizational benefit from our team culture is the Sharing for Service Excellence that allows departments from across the organization and their Service Champions opportunities to "share" Service Excellence best practices.

5.2a(3) The workforce performance management process includes a performance evaluation tool based on Baldrige criteria categories. This innovative evaluation tool incorporates the three types of engagement: my work, our work, and our organization (5.2a(1)), and places emphasis on achieving high performance in areas such as leadership, customer service, and teamwork. This tool was implemented as part of a cycle of evaluation and improvement and redesign of the performance evaluation process.*

The unique annual performance review tool is scripted to allow employees to see how the next higher level of performance. This helps develop their own personal career development plans and increase ability to drive patient satisfaction through higher levels of performance in key areas, such as being a patient/customer advocate, workplace collaboration and communication. Training has been completed with all managers to provide them with the skills to coach employees to the next level of performance.

The "Navigating from Within" employee recognition program, Figure 5.2-3, leverages awards and recognition to enhance performance. LRHS Standards of Service Excellence (Figure 3.2-2), and MVV (Figure P.1-1) are embedded in the navigation model. The program was developed and is maintained by an employee team. Beacon award winners are considered LRHS ambassadors and role model staff. They receive a monetary award, a reception, organizational recognition through the FISH,

Communication	Skill Sharing
My Work (Job Engagement)	
• One-on-one • Skills labs • Annual performance evaluation	• Mentoring • Preceptor Programs • Skills labs
Our Work (Work Engagement)	
• Peer communication • Process Councils • Advisory Board for Health • Workforce suggestion program	• In-house education • Leadership retreats • Multidisciplinary Teams • Shared governance
Our Organization (Organizational Engagement)	
• FISH • Orientation/Reorientation • Newsletters • Captain's Table	• Best Practices Sharing • Knowledge sharing corner on newsletter

Figure 5.2-2 Communication and Skill Sharing Methods

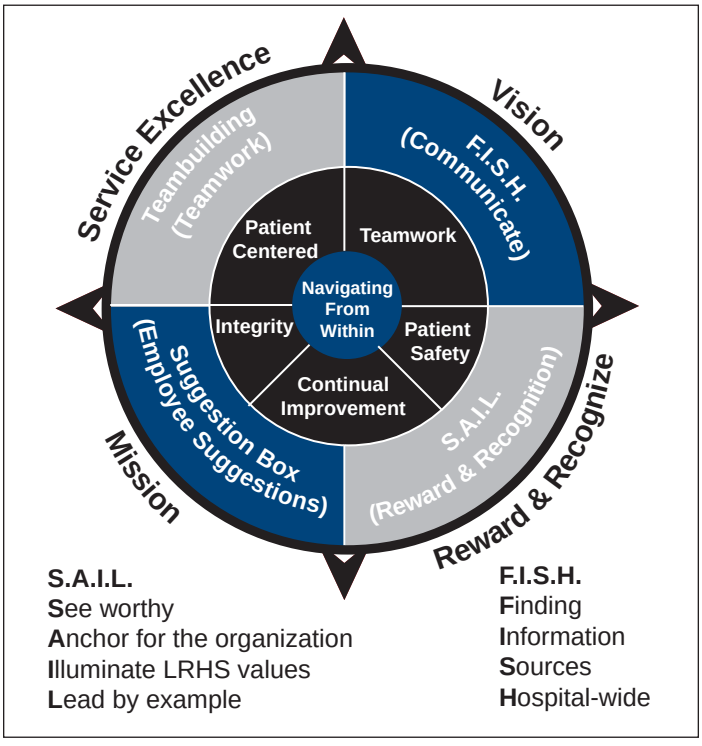

Figure 5.2-3 Navigating from Within

and newsletter, a community recognition in the paper and billboard. Reward and recognition of the workforce is promoted at all levels. Figure 5.2-4 addresses additional formal and informal examples of reward and recognition.

My Work (Job Engagement)	
• Atta Buoy	• Letters of excellence
• Golden Ticket	• Physician of the year
• One-on-one immediate	• Beacon award
• Nursing excellence	
Our Work (Work Engagement)	
• Peer communication	• Celebrate success
• Annual volunteer recognition	• Celebration of various professional weeks
Our Organization (Organizational Engagement)	
• Hospital Week celebration	• Employee Suggestion Box
• Captain's Table	

Figure 5.2-4 Reward and Recognition

The Golden Ticket program is an example of employee recognition that encourages staff to perform at the highest level of service excellence. This program is a component of the Service Excellence program and utilizes mystery shoppers to find outstanding service provided by staff. Staff members receiving a Golden Ticket are surprised by a visit from the Golden Ticket prize patrol and receive a cash award. The prize patrol presentation is captured on video and placed on the FISH for employees to view. A copy is provided to the ticket winner as a memento.

The workforce performance management system utilizes a compensation plan to achieve high levels of employee performance and workforce engagement through a merit based workforce evaluation system. The performance evaluation tool is scripted to allow staff members to clearly see what level of performance will be required to achieve a higher level of merit pay. The utilization of Clinical Ladders for Registered Nurses, Licensed Practical Nurses, and Surgical Technicians is an example of how the compensation system encourages staff to strive for high levels of performance to earn additional compensation. In addition, many departments have informal levels based on position, experience, and high performance which allow for professional growth and additional compensation. Within the workforce performance management system, the performance evaluation tool measures Customer Focus, which reinforces staff performance with stakeholders and patients. Key focus areas under Customer Focus include being a patient advocate, providing service recovery, and exemplifying the Seven Standards of Service Excellence as discussed in 3.2b(1). The evaluation tool measures performance improvement, ensuring that staff understands key processes that support the delivery of care and achievement of goals at LRHS. The tool also measures employees understanding of LRHS' strategic goals and balanced scorecard, and how actions in their roles contribute to meeting organizational outcomes and action plans. Employees set goals as a part of their annual performance evaluation. At least one goal is aligned with the organizational BSC.

5.2b Assessment of Workforce Engagement

5.2b(1) LRHS utilizes a number of formal and informal tools to assess workforce engagement. Our primary formal engagement and satisfaction tool is the PG Employee Partnership Survey. PG Engagement index is used as a way to determine how well the organizational culture is encouraging staff to become personally engaged. Refer to 5.2a(1). PG has a robust reporting tool that allows users to segment findings by any point entered in the demographic base. As a result, segmentation across all workgroups is possible. An executive report is prepared by PG that identifies the high priority OFI in segmented fashion. Both department-specific and organizational action plans are developed based on identified priorities. The action plans are shared with the workforce through the FISH and monthly department meetings. After action plan implementation, informal surveys are done to assess effectiveness. An open door policy on the part of SLT and DM also encourages feedback regarding employee satisfaction and engagement. Employee survey responses following reorientation and the Captain's Table are informal tools used to help determine staff engagement and satisfaction. Informal tools are used to assess volunteer, physician, and student engagement and satisfaction. Workforce satisfaction, turnover, safety indicators, and other health care business results are monitored on the BSC and process scorecards and used in the development of the SOs and subsequent action planning. Initiatives in place to support retention are listed in Figure 5.2-5. As a result of employee satisfaction surveying, the number of "Golden Ticket" awards given to staff was doubled for FY13.

5.2b(2) As demonstrated in 7.3-13, LRHS sees a significant correlation between employee engagement and satisfaction to organizational outcomes, specifically patient satisfaction. Annual analysis of our staff engagement and correlation to outcomes is utilized in the SPP and development of SOs. This analysis provides the basis for identifying opportunities in business results and employee engagement. Figure 7.3-14 and 7.3-15 reflect organizational level and segmented results that reflect increases in employee engagement in correlation to key organizational outcomes.

5.2c Workforce and Leader Development

5.2c(1) Figure 5.2-6 highlights key components of the development and learning system and how they address key developmental factors for our workforce and leaders.

A variety of opportunities exist for learning and development for leaders and the workforce beginning day-one of their employment experience. CC, SO and BSC are all addressed in orientation and reorientation. Each DM meeting has an education component. When staff attend an education seminar or off- site session, as part of their request to attend, they complete a form with an action plan of how they will share what they learned to their teammates.

LRHS uses an annual needs assessment process that includes management and non-management staff, and physicians to develop the AEP for LRHS. The AEP development process determines the key learning and developmental factors desired at an organizational and departmental level. Each department/unit has an AEP specific to their area. Topics offered are aligned with CC, MVV, SO, SPP, Performance Improvement. Staff members are given the opportunity to provide input into the development of the AEP for

My Work (Job Engagement)	
• Tuition reimbursement • Clinical ladder • Staff recognition-Golden Ticket • Internal promotions	• Scholarships • 90-Day & annual performance evaluation
Our Work (Work Engagement)	
• Professional recognition	• Shared governance
Our Organization (Organizational Engagement)	
• Captain's Table • Employee satisfaction/Benefits survey	• Family garden • Golden Ticket

Figure 5.2-5 Workplace Retention Strategies

Annual Education Plan	
Core Competencies, Strategic Challenges, Action Plan Accomplishment	
• Coaching/Mentoring • DM Meetings • Divisional Meetings	• Leadership Program • Orientation/Reorientation • CCP on FISH
Organizational Performance Improvement and Innovation	
• Departmental Meetings • Coaching/Mentoring	• Newsletter • Teams/Task Forces
Ethical Healthcare and Business Practices	
• DH Meetings • Internal Adhoc Training	• Reorientation • Orientation
Focus on Patients and other Customers:	
• Service Excellence Program • Skills Labs • Inservices	• Orientation/Reorientation • LRHS Nursing News

Figure 5.2-6 Development and Learning System

their unit. The AEP's ultimate goal is to focus on providing exceptional health care to our patients.

Content for workforce and leader development is determined using several inputs: the Annual Needs Assessment, suggestion program, exit interviews, annual employee satisfaction survey, PI activities, or through other informal tools. Our annual reorientation program reinforces major organizational themes, such as service excellence, patient and staff safety, and ethical health care and business practices.

LRHS values the wealth of knowledge held by retiring or departing employees and the transfer of that knowledge is of great importance to continuity of operations. The exit interviewing process is our way of capturing important knowledge from departing staff; this process incorporates an exit interview, and exit guidelines for managers. A key tool in assisting with transfer of knowledge is our exit interview tool. During this time, the staff member is asked to share at least three things that would be valuable knowledge for his/her successor. The LRHS staffing plan provides time for the incumbent to train replacement staff on their position. The budgeting process allows for overlapping of key staff with new leaders in order to ensure continuity of operations by passing of the body of knowledge of retiring employees. LRHS believes that our succession plan creates an environment in which DHs and SLTs actively work to share and transfer their knowledge to their successors.

A variety of methods are used to reinforce new knowledge. 90-day evaluations, annual departmental Skills Labs, and mentoring and coaching by supervisors all are used to reinforce new skills. Department new hire preceptors attend the Preceptor Training Class where they receive additional training in leadership and team skills. "Just in time" training is used as a reinforcement tool to evaluate and educate workforce on newly acquired skills. Where staff is multi-skilled, periodic rotation of duties serves to ensure knowledge and skills are retained.

5.2c(2) Effectiveness and efficiency of the learning and development system are measured through feedback evaluations, pre- and post-tests, and the BSC. Figure 7.3-21 represents one method of evaluating the effectiveness of our learning and development programs. The Employee Partnership Survey with PG is used to evaluate employee engagement with opportunities to receive education and developmental opportunities. Annual performance evaluations and 90-day evaluations are also methods used to evaluate the effectiveness of learning. Feedback is used to modify current and future educational offerings to better meet organizational and workforce needs. The HR department utilizes the EdTrack system to track all required and elective education for staff, to help insure continuity and deployment of educational opportunities.

5.2c(3) LRHS encourages career progression through a number of formal and informal approaches; including, personal development plans, Clinical Ladders, internal promotions, cross training, tuition reimbursement for undergraduate and graduate studies, and access to training, coaching, and mentoring. Annually DMs are given the opportunity to mentor and coach staff to set goals that serve as the basis for their personal development plans. The workforce is encouraged to align their continuing education with their personal development plan. LRHS values our current workforce, and all workforce members are given priority within our internal posting system. Career maps are utilized by staff to better understand where their career may take them within LRHS. The SLT participates in educational conferences, and encourages the workforce to obtain advanced degrees through the tuition reimbursement process and scholarship programs, which assist in ensuring sustainability and achievement of the Mission and Vision.

A formal succession plan is in place for the SLT, DM, and key positions. Each department has a plan for succession if a manager is out for either a temporary period of time or is to be replaced. LRHS' leadership development program is a primary tool to help fulfill the succession planning process. As a result of a MS leadership assessment, a formal succession process has been added to their bylaws. LRHS is accredited by the Missouri State Medical Association to provide and sponsor CME. An example of recent utilization of our succession plan resulted in the transfer of temporary leadership in Information Systems and the eventual filling of our CIO vacancy with a previously identified leader in HIS. The succession plans and the leadership development program are available onsite.

CATEGORY 6 – OPERATIONS FOCUS

6.1 Work Processes

6.1a Service and Process Design

6.1a(1) Design Concepts

New work processes are designed by multidisciplinary teams using the Plan Do Check Act (PDCA) model. The approach begins with ensuring the process is aligned with the Mission, Vision, Values (MVV), and strategic plan. To capture organizational knowledge, the approach is deployed to a team of internal subject matter experts within the organization and external experts, such as suppliers, for input. Teams include seasoned members to capitalize on lessons learned, and first time members to receive fresh ideas. Hospital Information Services (HIS) employees are often members to provide input on electronic capabilities as well as the impact of decisions to the current Meditech system or the long range Information Technology (IT) Strategic Plan.

Design analysis is performed to ensure the new process meets key work process requirements. An assessment is conducted to identify potential barriers, impact to regulatory expectations, safety considerations, technology needs, or environmental requirements. Human resource needs, productivity, training concerns, cost control and reimbursement opportunities are reviewed. Site visits and consultations with other organizations may be made to identify best practices and lessons learned. If the new process will require added financial resources, a proposal is prepared for leadership consideration.

Once the new design process plan is approved, the team reviews effectiveness and efficiency indicators, develops metrics with goals and timelines, assigns areas of responsibility and pilots are implemented to check flow and outcomes. Piloting of new processes and the use of PDCA, allow the system to make rapid changes demonstrating organizational agility.

Patient satisfaction is a Critical Success Factor (CSF) identified through the SPP. All new design processes are implemented by a workforce following the Seven Standards of Service Excellence.* Implementation and training on these standards has been through multiple cycles of improvement and is the process LRHS uses to reach healthcare service excellence. See Figures 7.1-32, 7.2-1, 7.2-2, 7.2-3, 7.2-4, and 7.2-5.

The team may conduct multiple cycles of improvement to the design before fully implementing. Staff educators design training specific to the workforce needs. Ongoing monitoring ensures the new work process is performing as designed toward meeting the strategic objectives, goals, and MVV.

Existing processes may go through many design changes as a result of PDCA cycles of improvement and depending on the degree of change required, may go through several of the same steps identified above.

6.1a(2) LRHS' approach to determine key health care service requirements and key work process requirements is: 1) Listening to the Voice of the Customer (VOC) where input is received from patients, customers, suppliers, partners, workforce groups, and collaborators; and 2) During the SPP by looking at market data, analysis of staffing requirements, capital equipment needs, and other costs to ensure timely and efficient service. Learning is compiled and evaluated to ensure key health care service requirements and key work process requirements are aligned with the strategic objectives and goals of the organization. Key work processes and key requirements are displayed in Figure 6.1-2. Results for in-process or outcome measures are noted in this figure and can be found in Category 7.

Urgent Care hours of operation were changed and a retail pharmacy was opened on Sundays as a result of feedback received from Urgent Care customers. In 2012, the Urgent Care Clinic was moved next to our Retail Pharmacy and hours of operation changed to mirror each other after patients voiced concern to providers.

6.1b Process Management

6.1b(1) Figure 6.1-3 is our organizational Work System Model demonstrating integration of our organizational guiding factors (#1), key work systems (#2), key work processes (#3), support systems (#4), and the organizational core competencies (#7).

The approach to ensure that day-to-day operations of work meet key process requirements is through in-process assessment. This approach is deployed to the workforce where many in-process measures are monitored concurrently through special daily reports. Examples include: Daily Operations Report, Perpetual Inventory Assessment with auto order of medication at the Retail Pharmacies, Daily Huddles with Core Measure Patient Reports, daily pharmacy, hospital and clinic huddles or calls for volume justified staffing adjustments. Organizational learning is ongoing utilizing feedback from VOC (Figure 3.1-1) and the PDCA process to assess and reassess day-to-day operations. Figure 6.1-2 portrays our Key Work Processes, Key Requirements, In-process Performance Measures, Outcome Performance Measures, and alignment with organizational core competencies, as well as where in Category 7 results of these can be found.

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Key process measures directly tied to key requirements are placed on scorecards and are reviewed by the workforce at preset intervals, either monthly or quarterly and annually as part of the SPP. Progress toward meeting health care service performance goals is vital to accomplishing SOs and MVV. Action plans are developed for indicators not meeting goal as described in Item 4.1. A full set of reports and scorecards are available on site.

6.1b(2) The approach LRHS takes to address and consider each patient's expectations is as follows:

- Information is received through the methods described in Figure 3.1-1, VOC, as well as through direct communication at the various points of entry. Some examples of specific considerations: Religious or cultural preferences, special needs such as language or hearing interpretation, who to contact in case of an emergency, dietary needs, home care upon discharge, and concerns for future health care needs. If a patient in the acute care setting requests a visit from their pastor, and assistance with their diet, automatic consult requests are delivered to pastoral care and a dietitian.
- Patient satisfaction surveys include a section for comments. Special reports are developed to look at trends in both positive and negative comments. These and letters of compliment and complaint are also used to assess patient expectations.
- Patient's white boards present in the acute care setting provide patient expectations – as relayed by the patient (i.e. must receive pain medication every 4 hours around the clock) for all to review and work toward.
- The Patient Representative visits with patients and families to ensure their expectations for care are being met.
- Volunteers have a presence in most waiting areas and are available to receive or distribute information as needed.

The approach LRHS takes to explain the health care delivery process and realistic outcomes of therapy can be through:

- Verbal exchanges during the physician or nurse encounter
- Through the informed consent process
- Information sources, like handouts or instructional videos
- Specialty areas such as the Anti-coagulation Clinic where Pharmacy subject matter experts work closely with patients to reach or maintain therapeutic levels, or the Total Joint Camp where patients and families learn what to expect before having joint surgery

Examples of how LRHS factors patient decision making and patient preferences into the delivery of services:

- If the patient requests that we alter our routine to meet their expectations such as they must receive their sleeping pill earlier than scheduled, nursing can alter the scheduled time.
- Upon discharge, appointments are made with the patient's follow-up physician at a time that would work with the patient's schedule. Prescriptions are called in to the patient's pharmacy of choice. In the Outpatient department and SNF Unit prescriptions can be filled by LRHS retail pharmacies and delivered to the bedside.

LRHS workforce and leadership team believe patients play an integral part in decisions about their care as patient centered care

Key Work Processes	Key Requirements	Key Process/Measure	Core Competency Alignment	I/O	Results
Admission	• Respectful • Ease of Scheduling • Timeliness	• Bed Turn-Around Time • Registration Times – Amb. Surg. • Registration Times - Outpatient	• Service Excellence • Service Excellence • Service Excellence	I O O	7.1-30 7.1-32 7.2-11
Patient Care	• Evidence-Based • Customer Service • Communication • Timeliness	• AMI Composite • CHF Composite • Pneumonia Composite • SCIP Composite • ED Informative about treatment • ED Information to Family • Meditech System Availability • Radiology Turn-Around Times • ED Informed About Delays • Included in Decisions	• Service Excellence • Service Excellence • Service Excellence • Service Excellence • Service Excellence • Service Excellence • Service Excellence • Service Excellence • Service Excellence • Service Excellence	I I I I O O O I I O	7.1-20 7.1-21 7.1-22 7.1-23 7.1-17 7.1-18 7.1-25 7.1-29 7.2-12 7.2-13
Discharge	• Safety • Communication	• Home Health Rehospitalization • HCAHP Discharge Info provided • 30-Day Readmission Rate • CHF Discharge Instructions	• Service Excellence • Service Excellence • Service Excellence • Service Excellence	O O O I	7.1-16 7.2-20 7.1-9
Pharmacies	• Convenience • Communication	• Pharmacy Deliveries • Bedside Deliveries	• Community Focus • Community Focus	I I	7.2-27 7.2-28
Clinics	• Quality • Timeliness	• Clinics – Days to Appointment • Access to Care • LRMG Record Availability	• Community Focus • Community Focus • Service Excellence	O O I	7.1-25 7.2-15 7.1-26

Figure 6.1-2 Key Work Processes, Requirements, Measures, Tie to Core Competency, and Results (I = In-Process Measure, O = Outcomes Measure)

is one of our organizational Values. The examples above demonstrate ways we address and consider patient expectations and incorporate patient preferences into their health care services. See Figure 7.2-13.

6.1b(3) The approach LRHS takes to determine a key support process is by considering the requirements for the management and maintenance of health care service operations. LRHS Key Support Processes are: Human Resources, Supply Management, Information Management, Environmental Management, and Business Support Management. See Figure 6.1-3. This Model demonstrates the relationship of these key support processes to the way we accomplish work to meet the MVV of the organization. Day-to-day operations of key support processes is accomplished through in-process measures. Some examples of in-process measures include: Electronic documentation system availability, daily review of product recalls, Med Gas, Vacuum System, and Electrical System real-time review, and the Daily Operations Report. Staff review the real-time measures in order to ensure the processes are meeting organizational support requirements. See Figures 7.1-39, 7.1-26, and 7.1-25.

6.1b(4) The approach to improve work processes and reduce variability is deployed to the workforce and includes: Assessment and reassessment of work processes; Standardization and the use of evidence based medicine; Acquiring information from listening posts, and; The use of the PDCA process. Within the phases of PDCA, performance improvement tools are used to develop or revise processes to improve health care services and performance. Learning takes place through the use of performance improvement tools such as flow charts, pareto charts, and decision matrix tools. Using the PDCA process, we learned our system for identifying recalled products was ineffective resulting in delayed information or not receiving recall alerts. A team was implemented to revise our process to the RASMAS recall management system. We now receive recall alerts as they are issued decreasing our response time.

6.2 Operational Effectiveness

6.2a Cost Control

Multiple processes are used to control costs of operations. Examples of efficiency and effectiveness measures used are:

- Daily Operations Report – Each work day managers review and enter data into the database. Daily operations include volume indicators and staffing indicators.
- DRG (Diagnostic Related Group) Improvement Team - The team has been meeting since 11/3/2011 with a goal to improve margins for selected DRGs for FY12. As a result of working closely with physicians and vendors, the FY 2012 strategic objective to improve margins exceeded goal as margins improved for four of the five DRGs selected. As a result of a new vendor agreement for major joint replacement implants, the savings will result in an 8.6% reduction for one DRG and a 1.6% cost reduction for another DRG. The process for DRG selection and specifics on results is available on site for review.
- Staffing and Productivity Reports – Through huddles and/or calls, hospital and clinic managers review volume-based staffing requirements and adjust accordingly. Every pay period productivity ratios are evaluated and variances reported to senior leaders.
- Pharmacy – Costs are controlled through strict management of the Pharmacy Formulary with high cost medications approved through the Pharmacy and Therapeutics Committee. Some high cost/high risk medications may not be ordered without review and authorization by the Committee Chair. Drug Expense and Revenue for Pharmaceuticals is a current Process Scorecard indicator. The Fiscal Year to date average for this indicator is at Stretch Goal. The Process Scorecard is available on site for review.
- Supplies and equipment costs are controlled through the use of group purchasing contracts, a Product Standardization Committee, and a strict Capitol Equipment purchasing process.

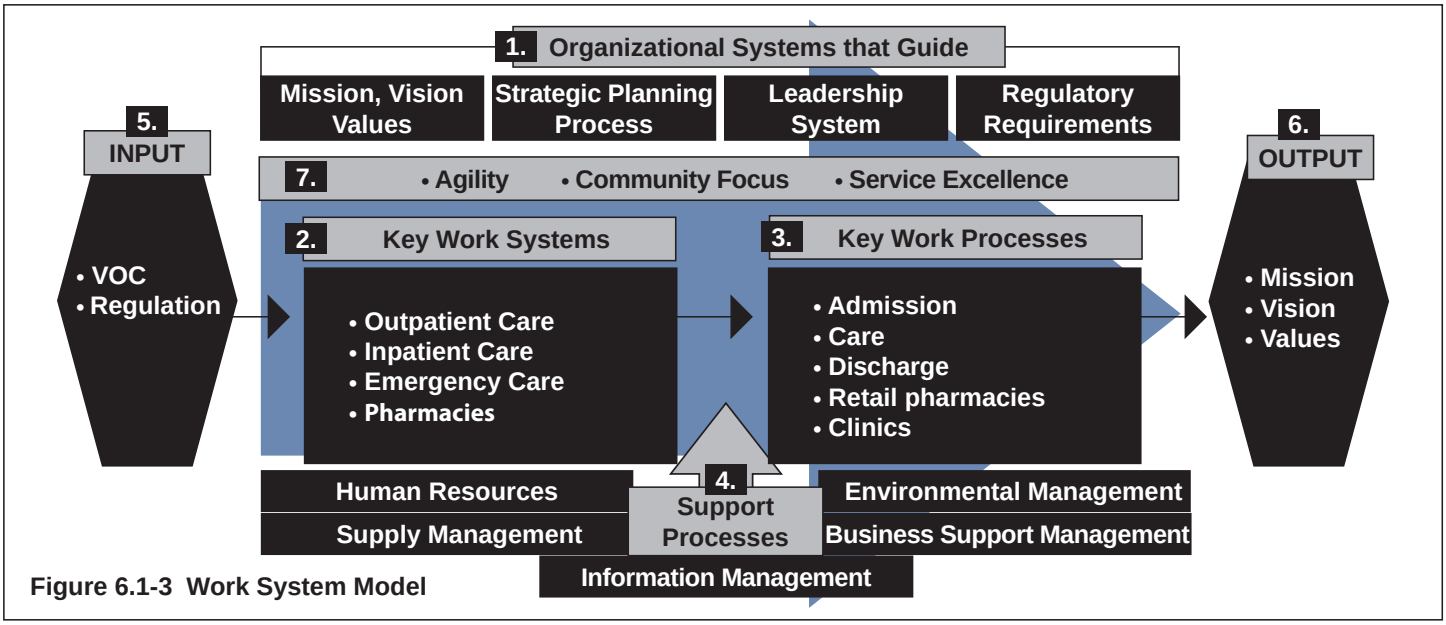

Figure 6.1-3 Work System Model

These processes are deployed to managers and members of the work force. Learning takes place as a result of the above review processes for those areas of operation, and are directly tied to our commitment to functioning in a sound fiscal manner as identified in our Mission Statement. Strategic, Process, and Operational Scorecards are used to track key measures for aspects of operations management. Scorecards are available on site for review.

The organizational approach to preventing rework, errors, and unintended harm to patients is through the use of evidence-based health care processes. These care processes are deployed to the workforce to include the physician providers. Examples of these processes include: Fall Prevention with Injury Risk Assessment Program,* Skin Care Program,* Core Measure Requirements, and implementation of the Provation Evidence-Based Protocol Software. Several of these measures are included on our organizational Strategic and Process Scorecards and directly tied to our SPP. See Figures 6.1-1 Skin Integrity Process Improvement, and Figures 7.1-20, 7.1-21, 7.1-22, 7.1-23.

The approach to minimize the costs of inspections, tests, and process audits is through: Planning and development of proactive drills; Audits to subject matter experts; Automated testing/auditing with real-time outputs; Continual regulatory compliance preventing last minute work/rework; Regulatory Coordinator proactively identifies new regulations or changes to current regulations allowing time to plan and prepare; and regular maintenance of facilities and equipment. This approach is deployed throughout the organization. Information gleaned from the above processes allow for rapid improvements and/or repairs versus a total rebuild or new purchase.

The approach to balance the need for cost control with the needs of our patients and other customers is through an in-depth review of the needs of our workforce, regulatory mandates, medical staff needs, bond requirements, review of last year's performance, MVV, Strategic Objectives, Partners and Suppliers, and the VOC to include information from the Community Needs Assessment. This review takes place during the SPP from which goals and objectives with timelines are developed. The organization uses the Balanced Scorecard process for tracking and trending of critical success factors associated with: Patient, Workforce and Stakeholder Satisfaction/Engagement; Quality and Safety; Workforce Growth and Sustainability; and Financials. The Balanced Scorecard process provides the ability to track and trend the internal business processes important to sustainability, and quality outcomes. The scorecards are available onsite for review.

6.2b Supply-Chain Management

The approach to supply chain management is through partnering with a prime vendor and collaborating with Med Assets, a group purchasing organization through Associated Purchasing Services. Organizational supply needs are deployed to Associated Purchasing Services (APS) where feedback is used to determine qualified suppliers meeting our performance expectations and ultimately patient and stakeholder satisfaction. Learning takes place with feedback from APS and from Rep Trax software which is utilized to determine if suppliers have negative feedback from their customers. A vendor report card is used to determine if key performance indicators are being met by prime suppliers. The product standardization committee determines action plans for poorly performing suppliers not meeting the organizational expectations. See Figure 7.1-40.

6.2c Safety and Emergency Preparedness

6.2c(1) A safe operating environment is provided through implementation of the Safety Management Plan. The plan defines the mechanisms for interaction and oversight of inherent safety risks associated with our healthcare operations. The plan covers all system areas and receives full support of the hospital Board of Directors and Leadership through resources and support systems for functions related to a safe operating environment. See Figure 7.4-4. A Hospital Safety Committee coordinates compliance activities surrounding the following programs:

- Safety Program
- Security Program
- Fire and Life Safety Programs
- Hazardous Materials and Waste Program
- Medical Equipment Program
- Utility Systems Program
- Emergency Management Plan

LRHS has a multi-faceted risk assessment and hazard surveillance program for inspection and accident prevention to include conducting an annual Hazard Vulnerability Analysis. The program is designed to proactively evaluate and identify deficiencies in buildings, grounds, equipment, knowledge and work practices of occupants. LRHS has established an event reporting program for employees to report all accidents or incident of operation failures. Incidents of operation failures are reported to the Safety Committee. The Quality Department will assist the subject matter experts in drilling down to the root causes of major operation failures. See Figures 7.1-26, 7.1-25, 7.1-37, 7.1-39.

LRHS has established a series of back-up processes in order to achieve recovery of business continuity sustainability with disaster or emergency situations (See 4.2b for information on information management recovery). Some examples include:

- Back-up generators
- Back-up water supply source
- Diversion of patients to designated off-site care areas will be considered if patient service needs exceed capacity during implementation of the Emergency Action Plan
- A credentialing process is in place for physicians not on staff in times of disaster
- A process is in place to grant temporary privileges to non-physician volunteers in a disaster
- Influx of Infectious Patients Management Plan
- Bed overflow guidelines when critical bed availability exists
- Clinics have a disaster plan that includes diversion of patients to alternate clinics if business is disrupted in one clinic

LRHS has an Occupational Health and Safety Department dedicated to assisting the organization with all aspects of infection control, employee health and safety, and work-related injury management. Subject matter experts from this department recently assisted the organization in the implementation of new safe lifting devices. See Figures 7.3-9, 7.3-10, 7.3-11.

6.2c(2) The approach to ensure the organization is prepared for disasters or emergencies is in the development and implementation of the Emergency Action Plan. This plan considers prevention (drills), management (ICS), continuity of operations for patients and the community (NIMS), evacuation and recovery (alternate care site plan, mutual aid agreements with the community). The plan sets forth guidelines that are deployed to all staff , to include the Clinic System, that will allow us to save lives, minimize injuries, protect property and the environment, preserve functions as providers of health care, and maintain economic activities essential to the survival and recovery from natural, technological and civil hazards. The plan addresses the events that might affect us before, during, and after an occurrence of a disaster. The plan is available on site for review. After action critiques are performed and lessons learned deployed to staff. An analysis of business continuity sustainability with disaster situations is presented at the annual SPP. Figure 6.1-4, illustrates drills we conduct and their frequency for training purposes.

The organization uses the Incident Command System (ICS) as an operational tool to create consistency across all disciplines and jurisdiction. SLT and DMs has received training in the National Incident Management System. All other employees received training on ICS100 and all new employees receive training as part of General Orientation. LRHS is the recipient of a fully equipped trailer for regional disaster response. Federal grant money has been received for equipment purchases and training.

Monthly, LRHS participates in HAvBED drills in response to the Missouri Hospital Association Hospital Preparedness Program working toward improving Missouri's overall drill response rates. Using the PDCA process, we learned we needed to improve the way we received drill information in order to respond timely. A new process was implemented whereby drill notifications are sent by text message to ED staff responsible for responding. Since implementation of this new process, LRHS has demonstrated significant improvement and now best in practice. See Figure 7.1-38.

Drill	Frequency
HVA for Naturally Occurring, Technologic, Hazardous Materials and Human Related Events	Annual
Fire Drills	One/shift/quarter
Countywide Disaster Exercise Active Shooter Drill	March 22, 2013
Environment of Care Tours	Semi-annually
Generator Tests	• Weekly integrity checks with start-up • Monthly full load checks
Meditech disaster recovery test	Quarterly
Environment Walk Arounds	Daily
Influenza Pandemic Plan	Reviewed Annually
Fire Department Inspection	Annual

Figure 6.1-4 Disaster Preparedness

The organization also has a comprehensive disaster preparedness plan for our information technology. See 4.2b for an in-depth description of the processes used to ensure the safety and security of information.

6.2d Innovation Management

The LRHS approach to Innovation begins in the early stages of the PDCA process - the Planning phase. Here those working on a process improvement ask what is to be accomplished. The team then immerses themselves into obtaining information, analysis of that information, developing new ideas to accomplish the improvement, experimenting with options, and taking the best ideas to work with. Through the do, check and act pieces, the best ideas are improved upon and the cycle starts again with planning. This process allows us to make intelligent risks with process improvement. One such process improvement took place in FY13. The group was charged with rapidly coming up with efficiency measures regarding the 1North and 2East operations. The eight-month impact of reduction of overtime organizationwide is projected to result in a savings of $290,310 by FY end.

If an innovative process improvement requires additional resources of any kind, the team develops a cost benefit analysis for consideration by the Senior Leadership Team. Should a higher-priority opportunity arise, the working team will be asked to suspend and shift to the new project, cancel, or add the new priority opportunity to the team.

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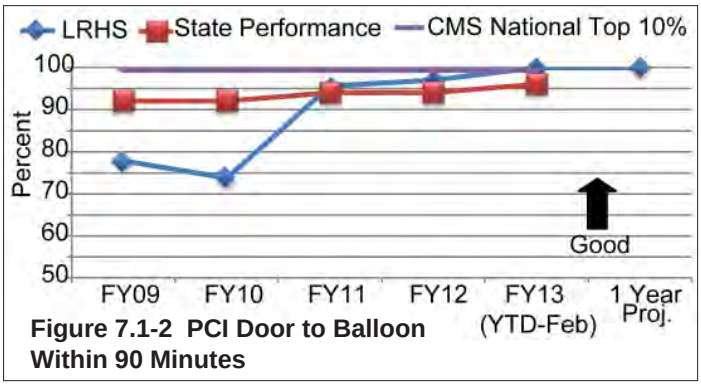

Figure 7.1-2 PCI Door to Balloon Within 90 Minutes

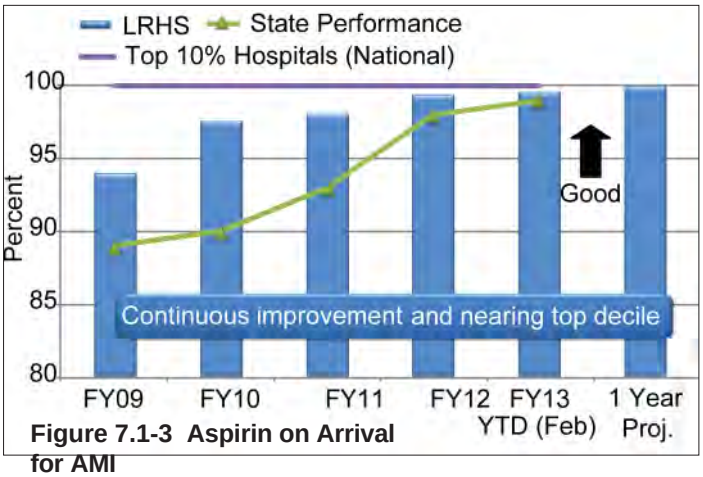

Figure 7.1-3 Aspirin on Arrival for AMI

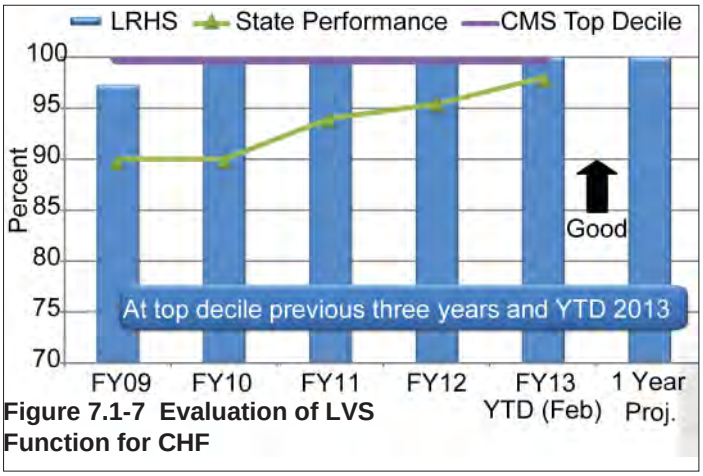

Figure 7.1-7 Evaluation of LVS Function for CHF

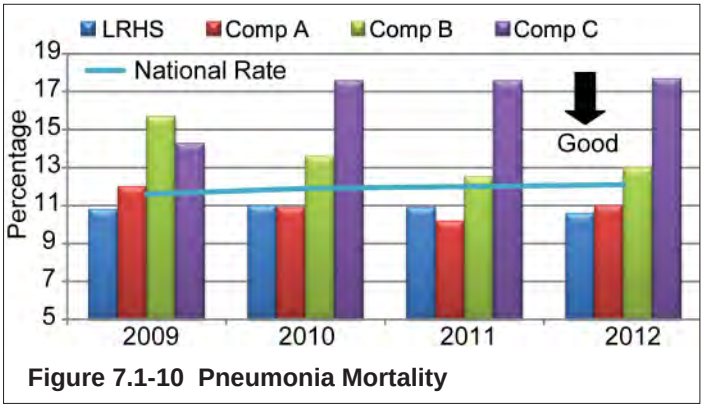

Figure 7.1-10 Pneumonia Mortality

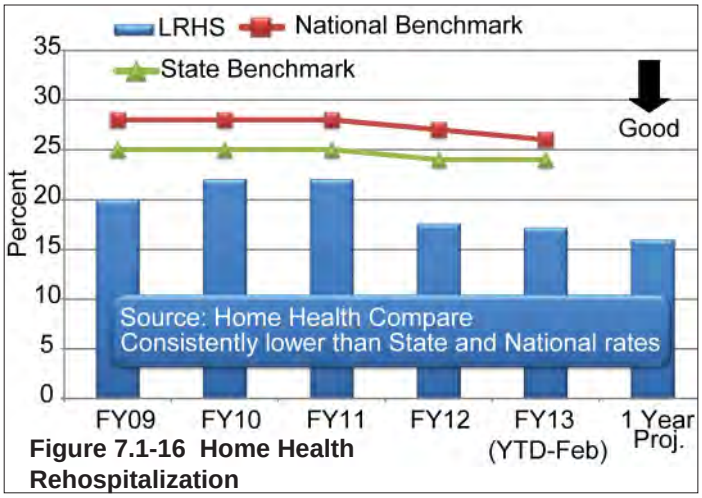

Figure 7.1-16 Home Health Rehospitalization

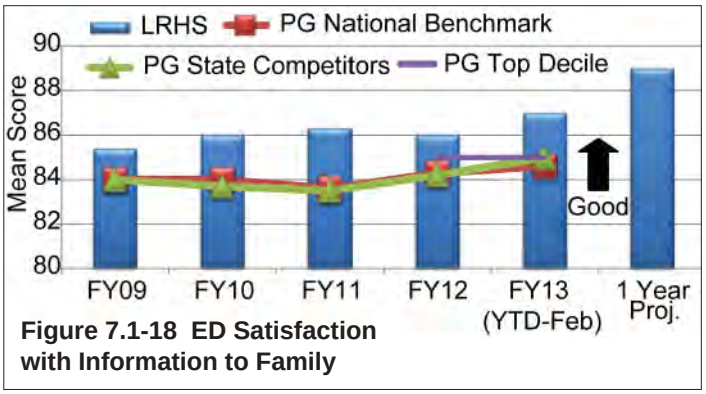

Figure 7.1-18 ED Satisfaction with Information to Family

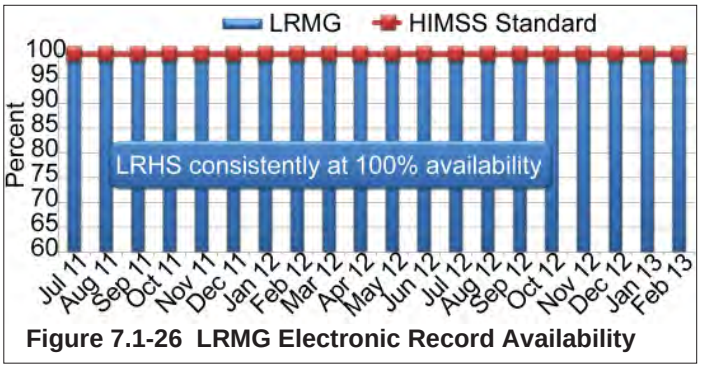

Figure 7.1-26 LRMG Electronic Record Availability

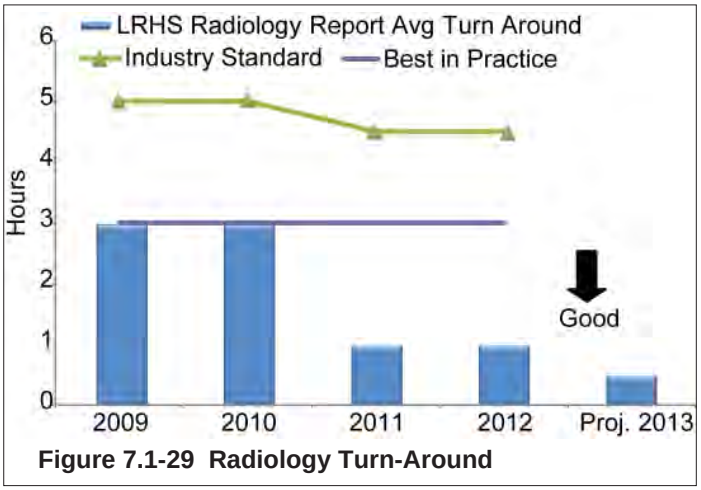

Figure 7.1-29 Radiology Turn-Around

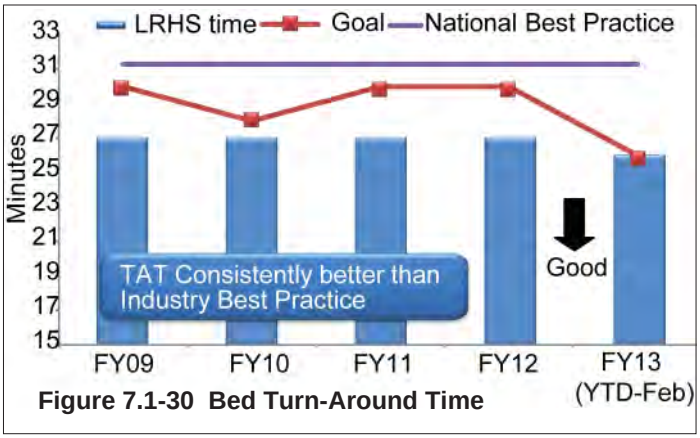

Figure 7.1-30 Bed Turn-Around Time

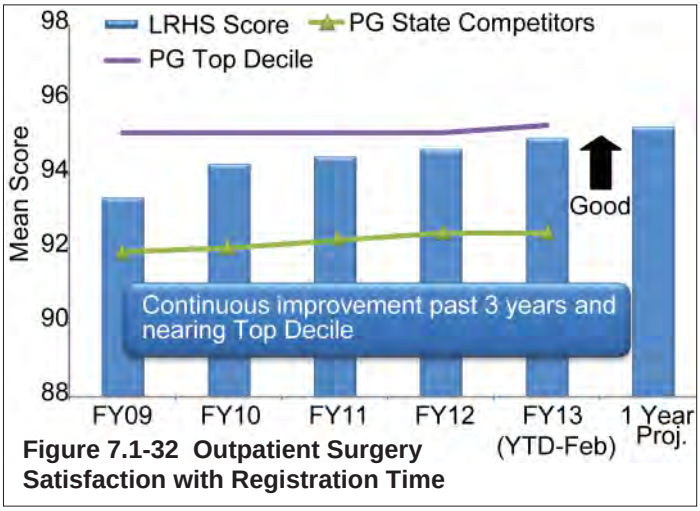

Figure 7.1-32 Outpatient Surgery Satisfaction with Registration Time

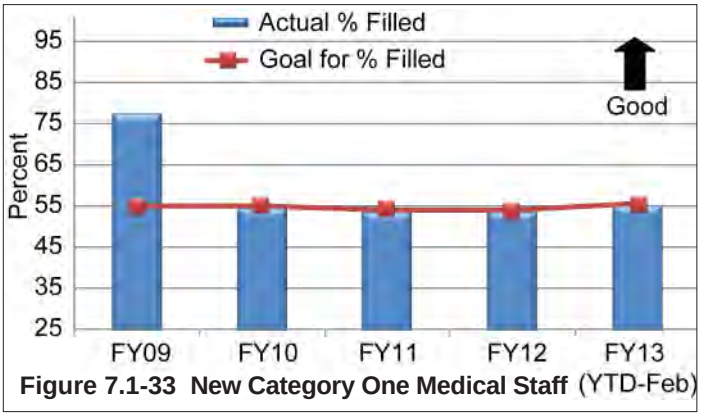

Figure 7.1-33 New Category One Medical Staff

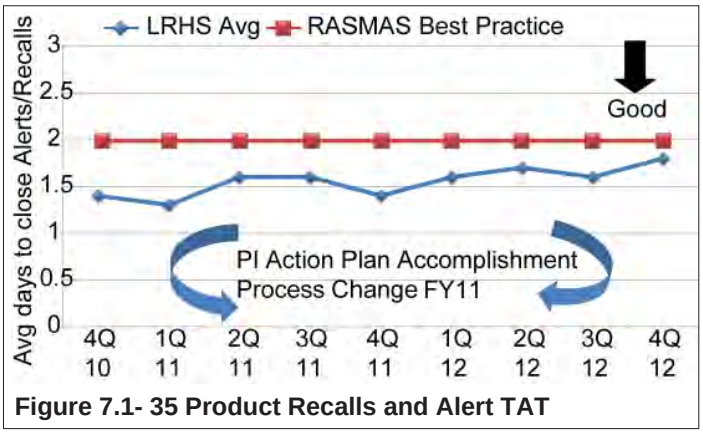

Figure 7.1- 35 Product Recalls and Alert TAT

Emergency type	Goal	2010	2011	2012
Fire Drills	13	13	13	13
Emergency Preparedness Drills	6	6	6	7
Emergency Prep Training	100%	100%	100%	100%

Figure 7.1-36 Emergency Response Drills

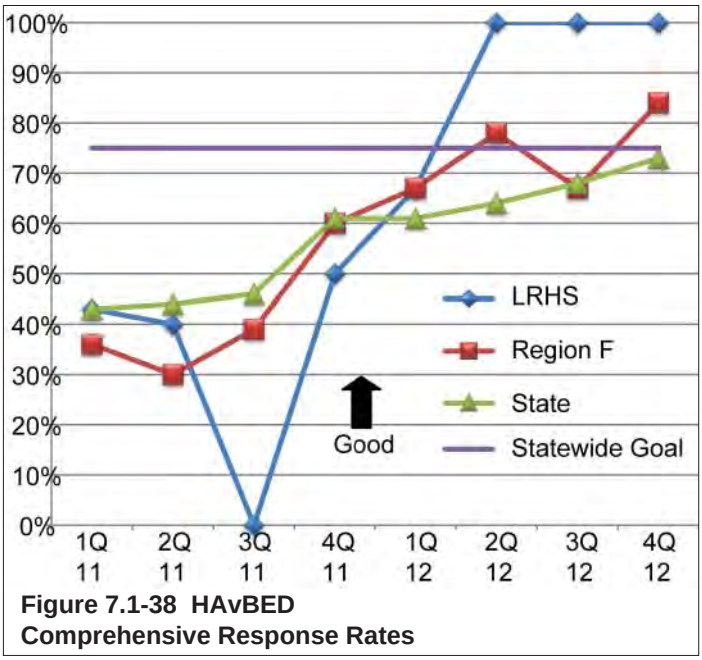

Figure 7.1-38 HAvBED Comprehensive Response Rates

Material Management Vendor Report Card A+ (100), A(99-97), A-(96-94), B+(93-91)						
Measure	**FY07**	**FY08**	**FY09**	**FY10**	**FY11**	**FY12**
Fill Rate	**A**	**A**	**A**	**A**	**A**	**A**
Delivery on time	**A**	**A**	**A**	**A**	**B+**	**B+**
Accuracy	**A**	**A**	**A**	**B+**	**A**	**A**

Figure 7.1-40 Partial Prime Vendor Score Card

Other results removed from application:
Figure 7.1-1 AMI Mortality Rate
Figure 7.1-4 Aspirin on Discharge for AMI
Figure 7.1-5 ACE/ARB for LVSD for AMI
Figure 7.1-6 CHF Mortality
Figure 7.1-8 ACE/ARB for LVSD for CHF
Figure 7.1-9 CHF Discharge Instructions
Figure 7.1-11 Initial Antibiotic Selection for Pneumonia
Figure 7.1-12 Blood Culture Prior to Antibiotic for Pneumonia
Figure 7.1-13 ICU Central Line Infections
Figure 7.1-14 Surgical Site Infections
Figure 7.1-15 Outpatient Wound Healing
Figure 7.1-17 ED Doctor Informative About Treatment
Figure 7.1-19 LRHS Patient Fall Rates
Figure 7.1-20 AMI Composite Appropriate Care
Figure 7.1-21 CHF Composite Appropriate Care
Figure 7.1-22 Pneumonia Composite Appropriate Care
Figure 7.1-23 SCIP Composite Appropriate Care Score

7.2 Customer-Focused Results

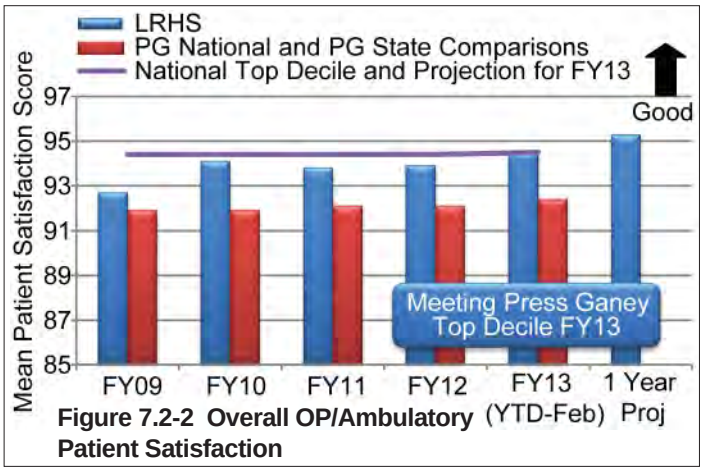

Figure 7.2-2 Overall OP/Ambulatory Patient Satisfaction

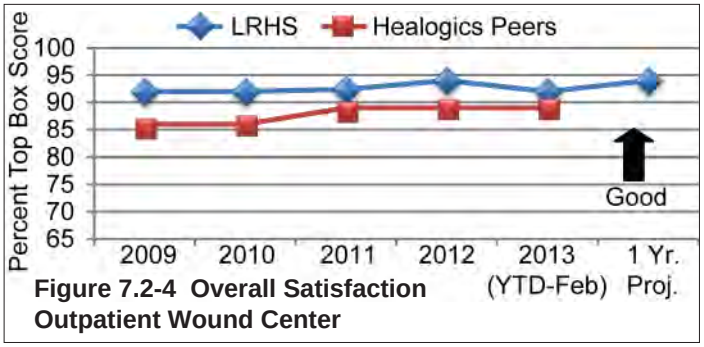

Figure 7.2-4 Overall Satisfaction Outpatient Wound Center

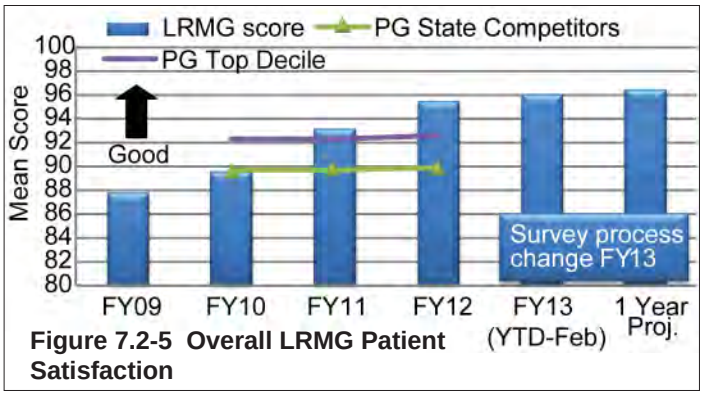

Figure 7.2-5 Overall LRMG Patient Satisfaction

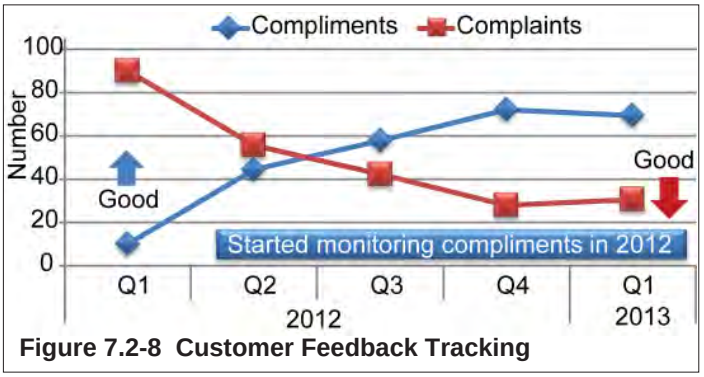

Figure 7.2-8 Customer Feedback Tracking

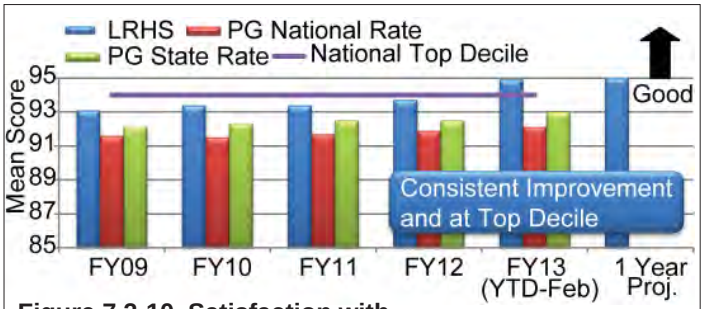

Figure 7.2-10 Satisfaction with Response to Concerns and Complaints - Ambulatory

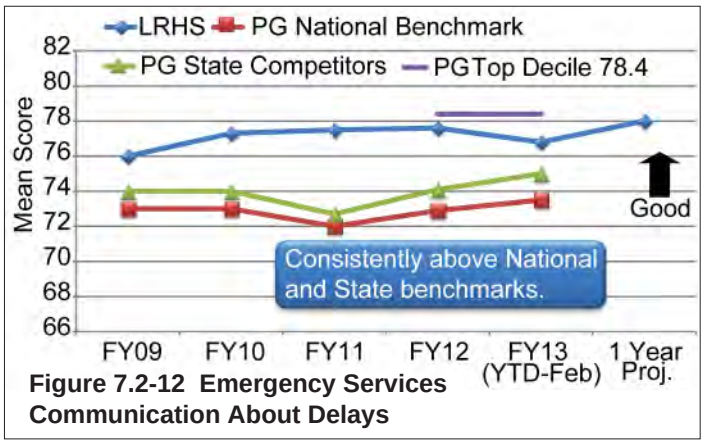

Figure 7.2-12 Emergency Services Communication About Delays

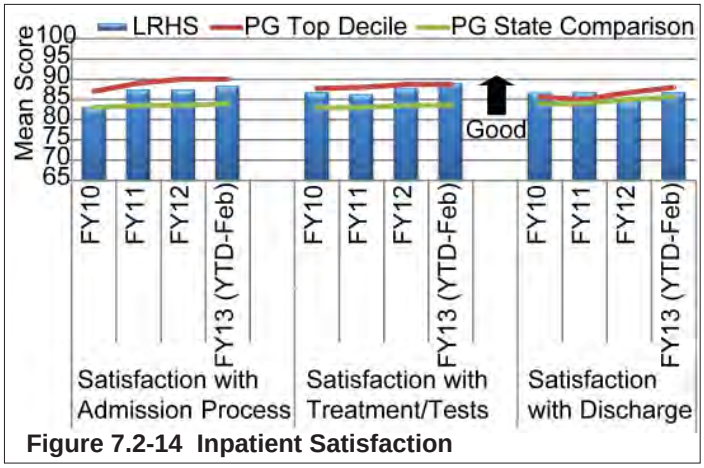

Figure 7.2-14 Inpatient Satisfaction

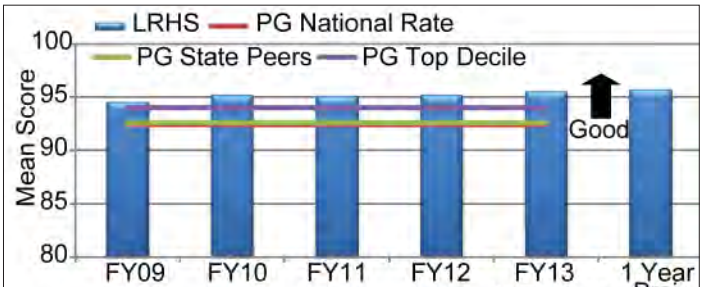

Figure 7.2-17 Outpatient Communication Prior to Surgery

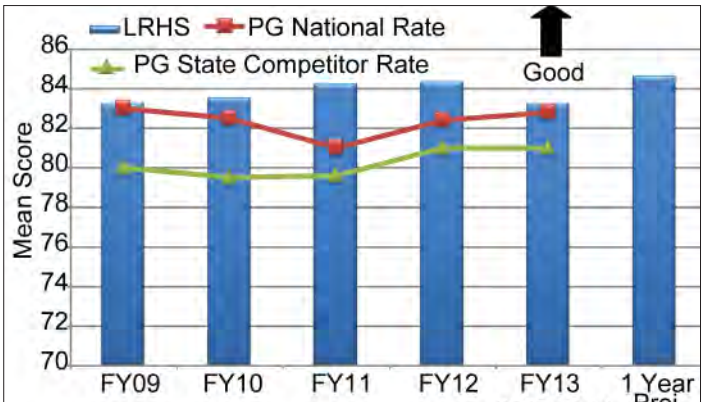

Figure 7.2-23 Emergency Services Likelihood to Recommend

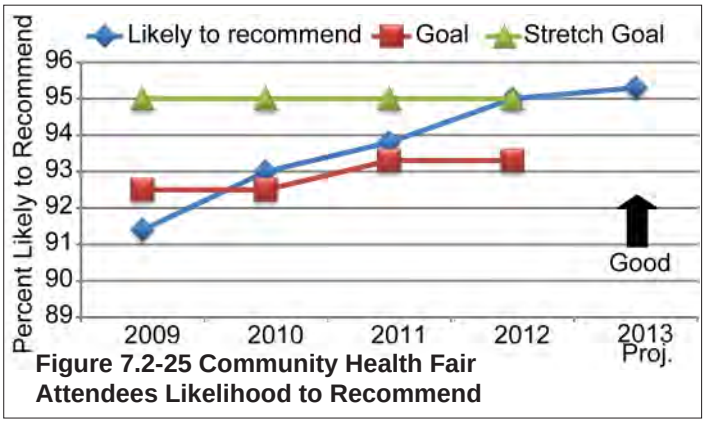

Figure 7.2-25 Community Health Fair Attendees Likelihood to Recommend

Other results removed from application:
Figure 7.2-1 Overall Inpatient Satisfaction
Figure 7.2-3 Overall Emergency Services Patient Satisfaction
Figure 7.2-6 Satisfaction with Services
Figure 7.2-7 Customer Complaint Type
Figure 7.2-9 Inpatient Response to Complaints and Concerns
Figure 7.2-11 Outpatient Registration Wait Time
Figure 7.2-13 Inpatient Extent Patient Felt Included in Decisions
Figure 7.2-15 LRMG Patient Satisfaction Regarding Access to Care
Figure 7.2-16 Emergency Satisfaction with Wait Time
Figure 7.2-18 CMS Inpatient HCAHPS Top Box Rating
Figure 7.2-19 Nurses Always Communicated Well
Figure 7.2-20 Provided Discharge Instructions
Figure 7.2-21 Overall Family Satisfaction
Figure 7.2-22 Inpatient Likelihood to Recommend
Figure 7.2-24 Clinic Practice Likelihood to Recommend
Figure 7.2-26 Orthopedic Surgery Volume
Figure 7.2-27 Pharmacy Deliveries
Figure 7.2-28 Outpatient Prescription Bedside Delivery
Figure 7.2-29 Customer Engagement: Facebook Fans

7.3 Workforce-Focused Results

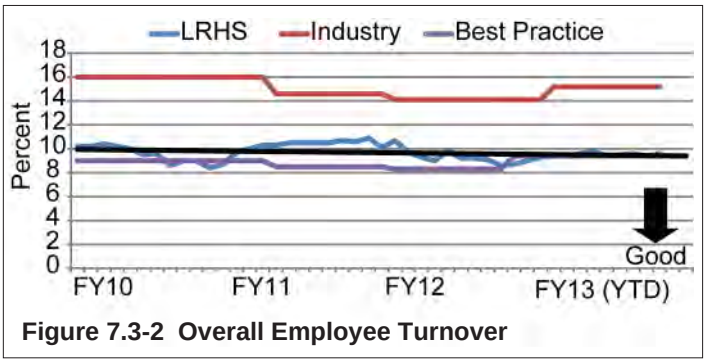

Figure 7.3-2 Overall Employee Turnover

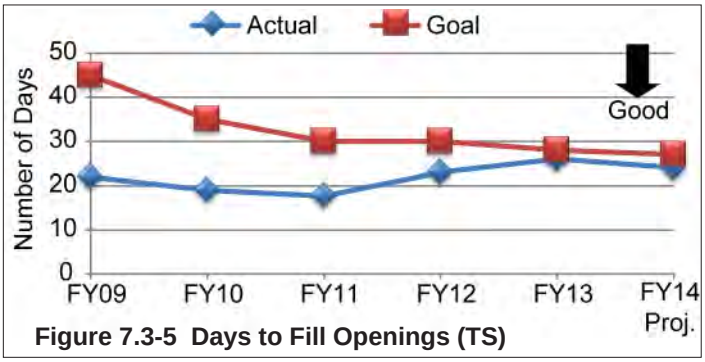

Figure 7.3-5 Days to Fill Openings (TS)

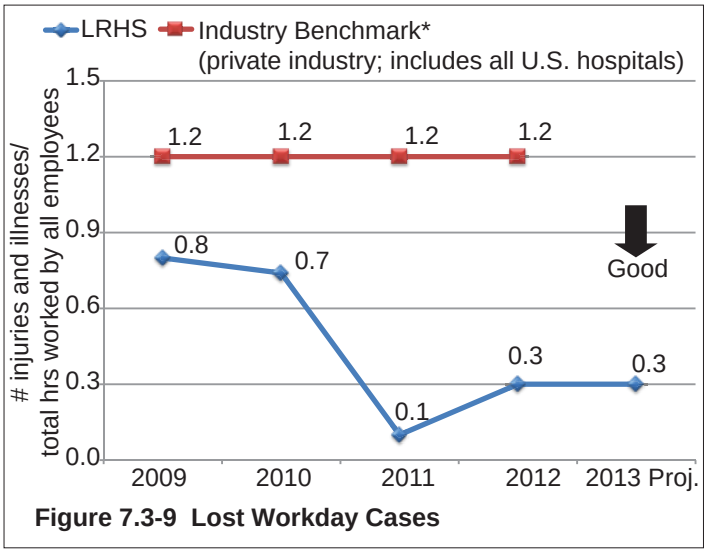

Figure 7.3-9 Lost Workday Cases

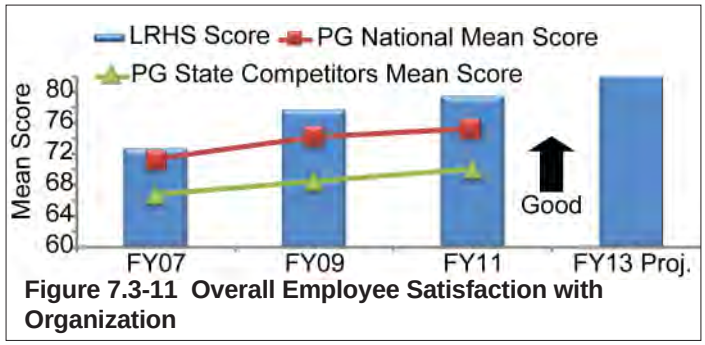

Figure 7.3-11 Overall Employee Satisfaction with Organization

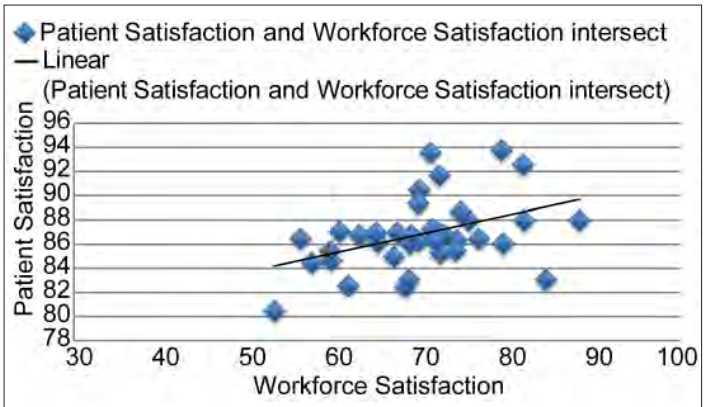

Figure 7.3-13 Workforce and Patient Satisfaction Correlation

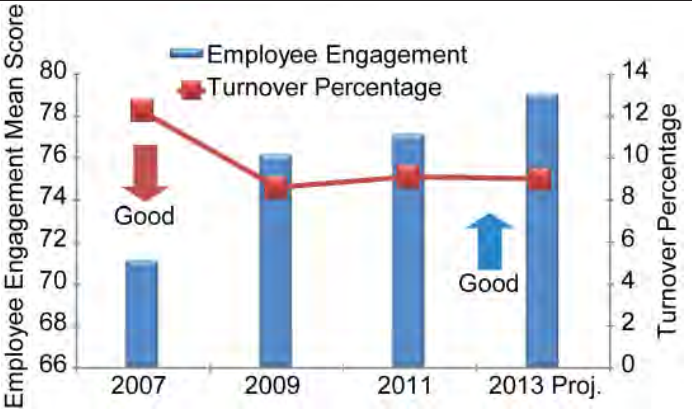

Figure 7.3-14 Overall Employee Engagement Score

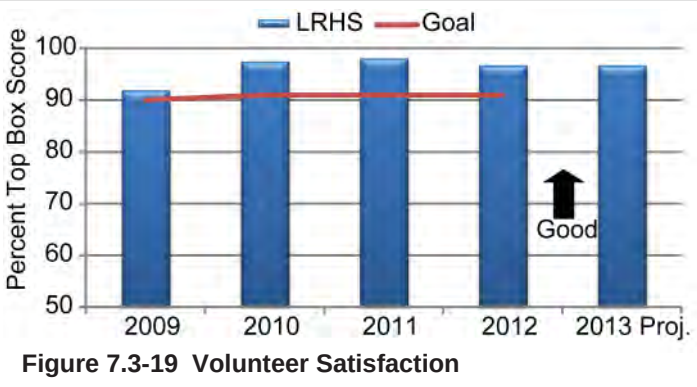

Figure 7.3-19 Volunteer Satisfaction

Other results removed from application:
Figure 7.3-1 Employee Service Awards
7.3-3 Vacancy Rate
Figure 7.3-4 90-Day Turnover Rate
Figure 7.3-6 Volunteer Hours
Figure 7.3-7 Competency Assessment
Figure 7.3-8 Needlesticks
Figure 7.3-10 Flu Shots
Figure 7.3-12 ED Overall Employee Satisfaction with Organization
Figure 7.3-15 Days to Fill/Pharmacy Department Engagement
Figure 7.3-16 Employee Key Requirements
Figure 7.3-17 Physician Satisfaction: Communication with Administration
Figure 7.3-18 Overall Student Nurse Satisfaction
Figure 7.3-20 Employee Engagement
Figure 7.3-21 Training Effectiveness

7.4 Leadership and Governance Results

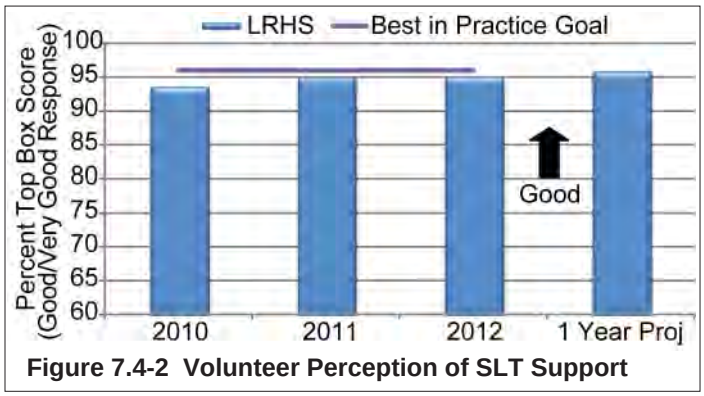

Figure 7.4-2 Volunteer Perception of SLT Support

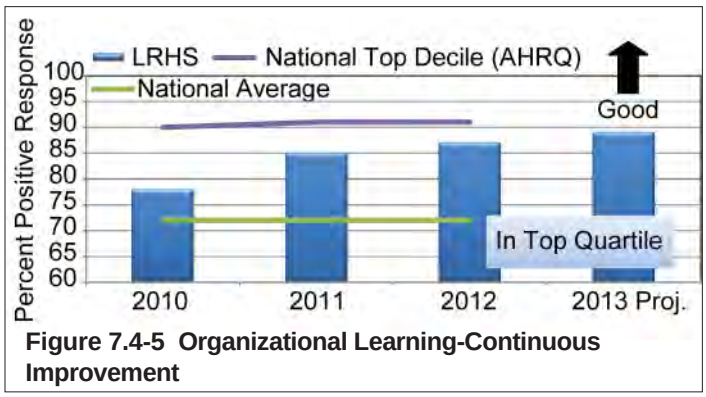

Figure 7.4-5 Organizational Learning-Continuous Improvement

Indicator	Rating	2009	2010	2011	2012
BOD monitors financial performance against goals set	LRHS	100	100	100	100
	National	98	98	97	98
Finance Committee does an effective job overseeing financial direction	LRHS	100	100	100	100
	National	97	97	96	97
BOD required to complete Conflict of Interest disclosure statement annually	LRHS	100	100	92	100
	National	94	94	96	97
BOD demands corrective action in response to under performance on finance plan	LRHS	92	92	92	92
	National	87	87	85	87

Figure 7.4-7 Governance and Fiscal Accountability

Process	Measure	Results
Corporate Compliance	See Work Plan	Available on site
HIPAA	See Work Plan	Available on site
The Joint Commission	Full Accreditation	Full Accreditation
CMS Scope of work	Core Measures	7.1
Independent Audit	Compliance	Clean Audit
Licensure	RNs/LPNs	100%
Medical Staff Credentialed/Reappointed	Every 2 years	100%
Risk Management	Litigation	Available on site
Ethics Violations	# investigations	Zero
State Licensure	Licensed Facility	Licensed Facility
Home Health Medicare	Compliance	Full Compliance
Skill Nursing Facility Medicare	Compliance	Full Compliance
Level III Trauma Center	Certification	Full Certification
State Pharmacy Board	Compliance	Full Compliance
MQSA Mammography	Compliance	Full Compliance
NCR	Compliance	Full Compliance
Cardiac and Pulmonary Rehab	Certification	Certification
Cancer Center	Full Accreditation	Full Accreditation w/ Commendation

Figure 7.4-8 Accreditation, Regulatory and Legal Requirements

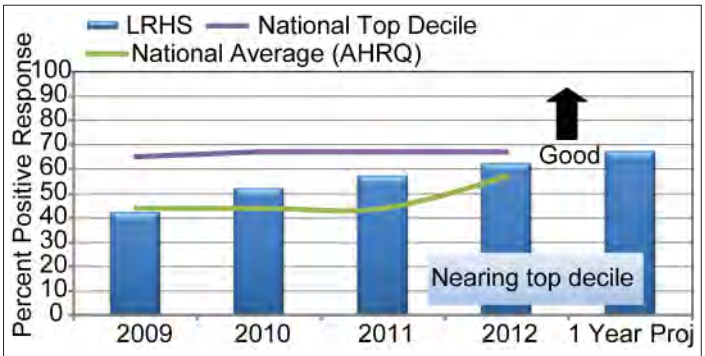

Figure 7.4-10 Workforce Comfort with Reporting Errors

Figure 7.4-12 Health Fair Attendees Reporting a Positive Lifestyle Change

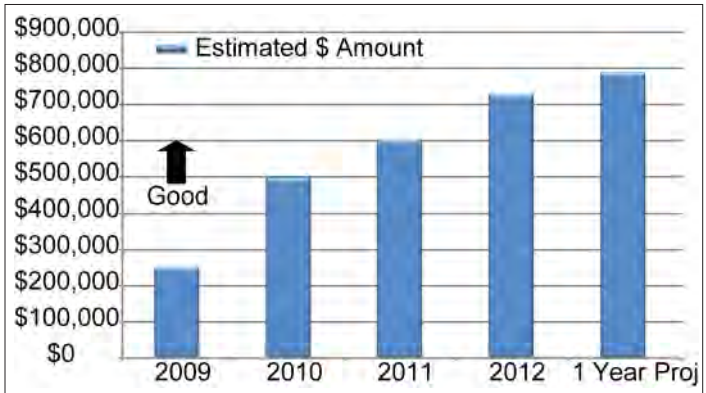

Figure 7.4-15 Free Clinic $ Amount of Care Provided

Other results removed from application:

Figure 7.4-1 Workforce Trust in Governance and SLT Accountability
Figure 7.4-3 Supervisor Expectations & Action Promoting Patient Safety
Figure 7.4-4 Senior Leader Support for Patient Safety
Figure 7.4-6 Financial and Quality Audit Results
Figure 7.4-9 Corporate Compliance/HIPAA
Figure 7.4-11 Shredding for Recycle
Figure 7.4-13 Trim Kids
Figure 7.4-14 Uncompensated Care

7.5 Financial and Market Results

Figure 7.5-1 Long-term Debt to Capitalization
Figure 7.5-2 Unrestricted Cash to Long-Term Debt Ratio (TS)
Figure 7.5-3 Maximum Annual Debt Service Coverage (TS)
Figure 7.5-4 Days Cash on Hand (TS)
Figure 7.5-5 Operating Margin (TS)
Figure 7.5-6 EBIDA Margin (TS)
Figure 7.5-7 Excess Margin (TS)
Figure 7.5-8 Inpatient Market Share Camden County
Figure 7.5-10 Chemotherapy Outpatient Market Share Camden County
Figure 7.5-11 Radiation Therapy Outpatient Market Share Camden County
Figure 7.5-9 Outpatient Market Share Camden County
Figure 7.5-12 Patient Visits LRMG Primary Care Clinic
Figure 7.5-13 Wound Healing Visits by County
Figure 7.5-14 Lake Regional Clinic - Iberia