

1 - LEADERSHIP

1.1 Organizational Leadership

St. Francis Hospital & Health Services' (SFHHS) culture is a tapestry of history and tradition woven together with a long-term commitment to continuous quality improvement. Its quality improvement journey that began in 1990 was enhanced through the development of a new mission statement (Figure 1.1-1) and core values (Figure 1.1-3). The mission statement developed by employees of SSMHC in 1999 re-energized and challenged senior leadership at SFHHS to define exceptional health care services.

Mission Statement

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

Figure 1.1-1

Vision Statement

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

Figure 1.1-2

Core Values

In accordance with the philosophy of the Franciscan Sisters of Mary, we value the sacredness and dignity of each person. Therefore, we find these five values consistent with both our heritage and ministerial priorities:

- Compassion
- Respect
- Excellence
- Stewardship
- Community

Figure 1.1-3

Quality Principles

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

Figure 1.1-4

1.1a Senior Leadership Direction The Board of Directors of SFHHS reports to SSM Regional Health Services Board of Directors, which is accountable to the SSM Health Care (SSMHC) Corporation Board of Directors. The SFHHS Board of Directors consists of the President/CEO and Executive Vice-President/COO of SSMHC, seven local board members, two members of

the active medical staff and the hospital President. The Board's main responsibilities are monitoring performance improvement and medical staff credentialing.

SFHHS' senior leadership is comprised of the Core Administrative Council (Core AC), whose membership consists of the President, Vice President of Clinical Services, Finance Director, and Human Resources Director. Core AC's responsibilities are to provide short- and long-term direction and to deploy organizational values and performance expectations to all employees.

The expanded Administrative Council includes the Core AC, a physician, the Quality/Risk Management Director and two department directors. The responsibilities of the group include planning, capital expenditure approval, organizational improvement oversight as well as establishment and review of organizational policies and procedures.

The Leadership Team includes the directors of the departments. The Leadership Team is the bridge between Core AC and the department staff, and is responsible for communicating and deploying organizational values, directions, and expectations.

The Active Medical Staff and its committees (Figure 1.1-5) partner with the senior leadership to drive exceptional health care. The physicians participate in formal settings such as paid and unpaid directorships, board membership, Administrative Council, Medical Executive Committee and planning retreats. Informal relationships are encouraged through senior leadership's open door policy and visibility through daily rounding.

Medical Staff Committees	
Medical Staff Executive Bioethics	Medical Staff Quality Affairs
Blood Usage Review	Patient Care Quality Affairs
Dental Services	Radiation Safety
Infection Control	Environment of Care/Safety
Medical Staff Bylaws	

Figure 1.1-5

1.1a(1) Organizational Leadership SFHHS is a mission- and values-driven organization. Every leadership member is responsible to communicate and deploy the mission and values throughout the organization. To further emphasize the hospital's mission, the Mission Awareness Team, which consists of a cross-section of employees, sponsors Heritage Days retreats and other activities that translate the meaning of the mission into living works.

1.1a(2) Empowerment, Innovation and Organizational Agility The culture at SFHHS has created an environment that empowers managers, physicians, and employees to be innovative and make decisions at the greatest level of impact. Deploying decision-making to the immediate level of impact fosters organizational agility.

St. Francis, a faith-based organization, has a long history of reinforcing ethical standards that is supported by quality principles (Figure 1.1-4). However, it is realized that in today’s environment additional steps are needed to encourage a higher standard of ethical behavior as evidenced by the Conflict of Interest Policy, Organizational Code of Ethical Behavior Policy, Code of Business Ethics Policy, contract review process, the Health Insurance Portability and Accountability Act, the Corporate Responsibility Process, and the Ethical and Religious Directives for Catholic Health Care Services. Employees and physicians are committed to meeting these SSMHC standards of ethical conduct.

1.1b Organizational Governance Leadership is held accountable for the organization’s Strategic, Financial and Human Resources (SFHR) Plan through monthly analysis of financial statements, Performance Improvement Report (a.k.a. “Red Light/Green Light” Report), Quality Board Report, Department Update Meetings, and quarterly SFHR Plan Update. In addition, ethical and regulatory updates are discussed by the board and leadership. A national accounting firm acts as a third party to perform annual audits. The Catholic Healthcare Audit Network (CHAN) serves as internal auditor. These activities serve to protect customers’ and stakeholders’ interests.

1.1c Organizational Performance Review

1.1c(1) Senior Leader Review of Performance Leadership compares performance to plan on a monthly basis through review of three key strategies: satisfaction (patient, employee, and physician), financial and clinical results. The Performance Improvement Report (PIR), Executive Summary (a.k.a. Patient Satisfaction Results), and the Quality Board Report enable leadership to compare results and trends that generate organization-wide improvements.

1.1c(2) Key Performance Measures St. Francis senior leaders regularly review the PIR, patient satisfaction results, Department Update Meeting reports, SFHR Plan Update and the Quality Board Report, which list key performance indicators in the categories shown in Figure 1.1-5. The PIR and Quality Board Report indicators were assimilated through a system-wide team process on which St. Francis was represented.

Key Performance Indicators
• Growth Indicators
• Reimbursement Indicators
• Productivity/Expense Indicators
• Liquidity Indicators
• Service and Quality Indicators
• Patient Safety
• Satisfaction Indicators
• Profitability Indicators

Figure 1.1-5

The PIR and the Quality Board Report both utilize a “Red Light/Green Light” format to allow leadership to easily identify successes and areas for improvement. Some key indicators from the PIR are: patient satisfaction, employee satisfaction, physician satisfaction, 31-day acute readmission rate, acute admissions, and operating margin. Examples of indicators from the Quality Board Report include medication events, falls and near-miss reports.

1.1c(3) Translating Performance Review into Action

Leadership continually reviews key performance indicators through monthly PIR, monthly patient satisfaction results, quarterly Quality Board Report and quarterly SFHR Plan updates to identify opportunities for improvement. If results vary negatively to plan or prior year’s results, a corrective action plan is developed. A CQI team, the High Performance Team as an example, will be assigned the task of reviewing current strategies and developing new and additional strategies to improve patient satisfaction results that are not meeting plan or prior year’s results. Another example would be the SSMHC clinical collaboratives which continually review the progress towards the strategic goal of the 31-day acute readmission rate to develop additional strategies for improvement. Just recently, the Patient Care Quality Affairs Committee developed and implemented the Requests for Patient Care Conferences Policy and Procedure and the results have been favorable in reducing readmission rates.

1.1c(4) Improving Leadership, System and Effectiveness

St. Francis cultivates an environment that encourages learning and ongoing improvement of the entire leadership team, including physician leaders. Senior leaders utilize various sources (i.e., annual 360-degree leadership development program; performance compared to quarterly strategic plan review; patient, employee, and physician satisfaction results; OFI reports; and birthday luncheons) to identify opportunities for improvements. External trends are also considered in the process. As a result of senior leadership’s focus on improving employee satisfaction, SFHHS recently received the highest score compared to all SSMHC

entities and national best-in-class norms. Another example of senior leadership's commitment to improvement has been in inpatient satisfaction and has resulted in the highest patient satisfaction scores over the last five years.

1.2 Social Responsibility

1.2a Responsibilities to the Public

1.2a(1) Addressing Impact on Society St. Francis sets goals beyond basic state and federal regulatory requirements consistent with the organization's commitment to delivering exceptional health care. Goals established by senior leadership are then assigned to individuals and teams who determine the key requirements that best impact the needs of the community.

The Quality/Risk Management Department coordinates efforts with the Patient Care Quality Affairs and Medical Staff Quality Affairs Committees to monitor risks associated with provision of health care and gathers comparative data and views internal and external benchmarks.

The Continuous Survey Readiness Team has chapter leaders that utilize work groups to ensure regulatory compliance for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and licensing agencies. Through the Environment of Care/Safety Committee (EOC), ongoing monitoring of the seven safety plans contributes to the entity-wide goal of achieving a score of 100. The last JCAHO survey in which SFHHS had zero recommendations identified for environment of care evidences this.

1.2a(2) Addressing Public Concerns St. Francis assesses and anticipates public concerns at the national, state and local levels. SSMHC system management established the SSM Policy Institute in 1998 to keep abreast of changing trends and proactively anticipate and address public concerns regarding health care issues. The Institute is responsible for researching and analyzing health and social welfare issues, proposals, and project possibilities at the national and state level. SFHHS receives electronic reports from the Institute on relevant and critical public policy or regulatory changes.

St. Francis works with local task forces and public agencies to coordinate disaster response planning. Following September 11, 2001, St. Francis was a leader in establishing a county-wide bioterrorism task force to coordinate care for all patients that might be exposed to biological or chemical agents. All agencies review existing plans and conduct mock drills to ensure readiness on a regular basis. A bioterrorism contact person has been established at St. Francis and serves as a

link to the State of Missouri's Department of Health and Senior Services and the Centers for Disease Control.

1.2b Ethical Behavior St. Francis's religious heritage, coupled with its mission and values, creates a culture of high ethical standards. Ethical practices are communicated through New Employee Orientation and SAFE-T Days.

A system-wide organizational ethics effort called the Corporate Responsibility Process (CRP) establishes a mechanism to address ethical requirements associated with regulatory and legal compliance in providing health care services. The CRP aligns with the elements of the national Office of Inspector General's model compliance plan. Additionally, it goes beyond compliance with the Office of Inspector General's model plan to ensure that St. Francis' values and high ethical standards are reflected in all facets of the organization. Employees and physicians are empowered through training, a local CRP contact and a confidential hotline to raise questions about any part of their job.

1.2c Support of Key Communities and

Community Health St. Francis engages in a variety of activities that focus on creating a healthy community. An excellent example would be the city-wide initiative that created a smoke-free environment in all Maryville restaurants. Maryville was the first city in the state of Missouri to achieve this high standard of improvement in the health of its community. Other examples include support of the Children and Family Center of Northwest Missouri, Community Solutions for Rural Health, local chapter of Habitat for Humanity, Relay for Life, and Healthy Communities for the Midwestern Four Corners. Ongoing activities include colorectal screenings, which are provided free-of-charge 365 days a year, regional health fairs, free bone densitometry screenings, depression screenings, business health risk appraisals, and participation in state health department programs such as the Vaccine for Children Program and the Breast and Cervical Cancer Control Project. Community education is provided in a number of formats such as factory lectures, "Lunch & Learn" sessions, diabetes support group, and school visits. To further demonstrate a healthy community, in 2002 St. Francis received a three-year, half-million dollar federal grant to provide primary care for people living with HIV.

In keeping with St. Francis's mission and values, all who come through the doors receive care regardless of their ability to pay. An annual goal is set to designate at least 25 percent of the prior year's operating margin for charity care.

2 - STRATEGIC PLANNING

2.1 Strategy Development

2.1a Strategy Development Process

2.1a(1) Strategic Planning Process SFHHS' strategic planning is conducted through the use of the SSMHC's Strategic, Financial and Human Resources (SFHR) Planning Process. This process was developed by SSMHC with input from entities within the SSMHC organization and evaluated annually. SSMHC's SFHR Planning Process combines strategy development, human resource and financial planning. The system-wide Mission Statement is the uppermost element in setting direction for the planning process that involves all aspects of the organization including system, entity, and department levels in a three-year (long-term) planning cycle with annual updates (short-term). The SFHR Planning Process integrates quality principles and methods and stresses planning as a way of learning more about customers and how to best meet their needs and expectations as well as market opportunities. Through the SFHR Planning Process, goals are clearly oriented toward performance improvement.

SSMHC uses the Quality Passport Program to deploy strategic goals and action plan goals to all employees and to align entity, department and individual plans with overall organizational strategy. The Passport links the employee's work to the goals of the entity and system.

2.1a(2) Strategic Planning Process Considerations

Throughout the SFHR Planning Process, all segments of the customers' and stakeholders' needs and expectations are considered through relevant data and trend analysis. The internal and external assessment utilizing the minimum data set affords the Planning Team the means to evaluate the hospital's position in terms of market, patient perspective, industry, employee opinion, financial condition, and ministry effectiveness. The table below outlines the various sources used to assure a comprehensive analysis is conducted of key elements impacting the business (Figure 2.1-2).

Information collected and reviewed is used to analyze the strengths, weaknesses, opportunities and threats (SWOT) of the organization. This SWOT analysis helps drive the development of goals, strategies, action plans and performance levels.

External Data	
Customer Information Analysis	Market share trends; patient satisfaction survey results and impact analysis; community survey results; community/industry communication; listening and learning (such as comment cards and patient advocate)
Demographic/ Socioeconomic Analysis	Population trends; population use rates; discharge data by ZIP codes
Competitor Analysis	Inventory of competitors including physician practices in the area; market share trends; marketing/advertising/ competitive position
Emerging Technologies/ Trends/Growth Opportunities Analysis	Literature review; networking with colleagues within SSMHC and other markets; Information Management Plan
Payor Analysis	Inventory of payors; trends of payment rates; payor satisfaction/issues
Public Policy/ Legislative Analysis	Federal and state legislative agendas; reimbursement changes; JCAHO, CMS, OSHA, CDC and other regulatory standards
Internal Data	
Medical Staff Analysis	Medical Staff satisfaction survey results; physician development plan survey results; demographic information (age, specialty, percent of admissions); referral patterns; physician expectations
Product Line Analysis	Profitability; volume trends; patient satisfaction survey results
Human Resources Analysis	Employee satisfaction trends; compensation and benefits comparison; turnover rates; full-time equivalents analysis; diversity rates; productivity monitoring; training needs; longevity of staff; competency report; external HR data
Physical Plant/ Technology Analysis	Master facility plan update; plant infrastructure and equipment assessment; Information Management Plan; regulatory requirements; product evaluation team
Financial Analysis	Net revenue, expense and operating margin trends and projections; payor mix trends; economic environment monitoring; performance improvement report; department update meetings
Supplier Analysis	Inventory of top vendors; supply costs by adjusted patient day; minority business enterprises trend; Premier purchasing group input
Quality Position Analysis	Feedback from quality award applications; feedback from JCAHO and other regulatory surveys; infection rates; severity adjusted mortality and morbidity rates; physician perceptions; performance improvement report; quality report; clinical collaborative results; departmental improvement plan outcomes

Figure 2.1-2

2.1b Strategic Objectives

2.1b(1) Strategic Objectives Using the Mission Statement as its foundation, SSMHC has established five characteristics of exceptional care as its key strategies (Figure 2.1-3). Clinical outcomes and satisfaction were placed on equal footing with financial results.

SSMHC	
Strategic Objectives	Indicators
Exceptional Patient Satisfaction	Inpatient Willingness to Recommend
Exceptional Physician Satisfaction	Physician Overall Satisfaction
Exceptional Employee Satisfaction	Employee Satisfaction
Exceptional Clinical Outcomes	Unplanned Readmission Rate
Exceptional Financial Performance	Operating Margin

Figure 2.1-3

Through the use of the system-wide objectives and the minimum data set, SFHHS set measurable strategic goals intended to assist in meeting entity and community needs as well as assisting in achieving the system's goals related to exceptional health care services (Figure 2.1-4).

SFHHS		
Strategic Objective	Strategic Action Plans	2004 Goal/ Indicator
Exceptional Clinical Outcomes	Reduce readmissions within 31 days of discharge	Readmission Rate \leq 8.54%
	Reduce unplanned returns to the ED with 72 hours	Unplanned ED Return Rate \leq 2.4%
Exceptional Patient Satisfaction	Enhance patient environment	Willingness to recommend \geq 88
Exceptional Employee Satisfaction	Improve employee satisfaction	Employee Satisfaction Score \geq 82
	Increase number of minority managers and professionals	Minority Managers/ Professionals Increase \geq 2
Exceptional Physician Satisfaction	Improve physician satisfaction	Physician Satisfaction Score \geq 78
Exceptional Financial Performance	Develop orthopedic outreach services	Operating margin \geq 5.23%
	Enhance mental health services and reimbursement	

SFHHS	
Challenge	Goals/Action Plans
Patient safety	<ul style="list-style-type: none"> Enhance patient environment
Ever increasing customer expectations	<ul style="list-style-type: none"> Reduce readmissions Reduce unplanned ED returns Enhance patient environment Employee satisfaction Physician satisfaction
Financial	<ul style="list-style-type: none"> Develop orthopedic outreach services Enhance mental health services and reimbursement
Physician recruitment	<ul style="list-style-type: none"> Physician satisfaction Reduce readmissions Reduce unplanned ED returns
Staff recruitment	<ul style="list-style-type: none"> Hiring minorities Employee satisfaction

Figure 2.1-5

Figure 2.1-4

2.1b(2) Linkage to Challenges Impact analyses, based on satisfaction survey results, were of value in determining areas of opportunity or challenge. These challenges and others identified through the Planning Team's SWOT analysis were addressed through the development of goals and action plans (Figure 2.1-5).

2.2 Strategy Deployment

2.2a Action Plan Development and Deployment

2.2a(1) Action Plan Development and Deployment

During the internal and external assessment phase of the SFHR Planning Process, departments become involved in order to include their requests for capital needs and improvements. These proposals are then taken into consideration during formalization of the organization-wide plan. As the planning process proceeds, departments are then provided with the draft version of the Plan to assist them in aligning their action plans, budgets and capital needs with the organization's strategic objectives.

Once the plan has received final approval, it is disseminated to departments for implementation and development of department-specific and personal goals.

Departmental capital budget (items over \$1,000) requests are accumulated by the Finance Director. The SSMHC-directed capital allotment to each organization is received from Corporate Office. The department managers meet to discuss their department-specific capital needs. After addressing the safety and code capital requirements, the Leadership Team then ranks the remaining requests in order of importance to determine what is to be purchased with the remaining capital.

2.2a(2) Short- and Longer-Term Action Plans Key short- and long-term action plans are developed through the SFHR process. Changes to patient, employee and physician expectations; patient safety requirements; and reimbursement issues assist in the development of action plans.

2.2a(3) Human Resource Plans To ensure adequate resources are allocated to support strategies, human resources needs and financial impact are tied to each action plan during the SFHR planning process. In addition, to address a system-wide diversity commitment, each entity is given the task of increasing the number of minorities, especially in the managerial and professional roles.

2.2a(4) Key Performance Measures and Alignment Progress toward strategic objectives is tracked through the PIR on a monthly basis. The PDCA process is utilized to assure key indicators continue to be aligned with strategic action plans.

2.2b Performance Projection Quarterly ranking and impact analysis reports are used to plan areas of focus based on patients' perceptions of importance versus performance for immediate and future improvements. The quarterly reports show which entities are in the top five within the system for benchmarking; those in the top five are to benchmark outside system.

The exceptional health care characteristics, as defined by exceptional clinical outcomes, exceptional patient, physician and employee satisfaction, and exceptional financial performance, are the key drivers to establishing future direction. As a result of achieving Malcolm Baldrige National Quality Award status as a system, SSMHC has set industry-leading projections for the upcoming three-year planning cycle. Figure 2.2-1 provides details of SFHHS' current goals and the 2007 projections including standards by which benchmarks were established.

2005-2007 SFHR Plan Challenges for SFHHS			
	2004	2007	Source
Operating Margin	5.23	8.1	90%tile by Ingenix
Patient Loyalty	88	93.5	99%tile by Press Ganey
Medical Staff Satisfaction	78	86.4	99%tile by SSMHC
Employee Satisfaction	82	89	99%tile of HR Solutions
Readmission Rate	8.54	4.8	99%tile by SSMHC

Figure 2.2-1

3 - FOCUS ON PATIENTS, OTHER CUSTOMERS, AND MARKETS

3.1 Patient, Other Customer and Health Care Market Knowledge

3.1a Patient/Customer and Health Care Market Knowledge

3.1a(1) Patients/Customers/Market Segments

SFHHS utilizes the SSMHC Strategic, Financial, and Human Resources (SFHR) Planning Process to determine patients' and other customers' expectations. A commitment to excellence in providing quality patient care, amidst the struggles of cost containment in the health care industry, is the basis of all planning. SSMHC provides SFHHS with a minimum data set to assist in determining market area needs and expectations. Factors used when assessing competitors include inventory of services, market share trends, and advertising position. An additional source of information is informal feedback from physicians, nursing homes, and competitor's customers. Hospital Industry Data Institute (HIDI) information is used to validate market share on an annual basis.

3.1a(2) Listening/Learning and Using Patient/Customer Requirements

Listening and learning tools have been developed to determine, define, and distinguish former, current, and potential customers' as well as their requirements, expectations, and preferences (Figure 3.1-1). This information is collected and utilized in the SFHR Planning Process annually, to keep strategies and action plans current. Quality improvement teams use this information on an ongoing basis to make improvements of services offered to customers. System-level indicators on the PIR reflect current and former patient/customer opinions. At the entity level, customer satisfaction information is available and analyzed using patient satisfaction software, DI-Diver™.

3.1a(3) Improving Listening and Learning

Listening and learning tools are managed by entity leaders who continuously evaluate the data to make improvements. Information from customer surveys and the Opportunities for Improvement process are used to evaluate appropriateness of current listening and learning tools. This process drives additions and expansions to the current approaches of these tools.

3.2 Patient and Other Customer Relationships and Satisfaction

3.2a Patient/Customer and Health Care Market Knowledge

Customer	Listening & Learning Tools & Frequency
Former & Current Patients & Families	<ul style="list-style-type: none"> • Satisfaction Surveys: Inpatients, Outpatients, ED, Ambulatory Surgery (Continuous) • Primary-Secondary Market Research (Annually/PRN) • Comment Cards (Continuous) • Complaint System & Informal Feedback (Continuous) • Selected Patient Follow-up Calls (Continuous)
Potential Patients & Future Markets	<ul style="list-style-type: none"> • Primary-Secondary Market Research (Annual/PRN) • Survey Research (PRN) • Published Studies (Annual & PRN) • Professional Associations, Courses, Journals, and E-mail Newsletter Subscriptions & News Abstract Services (Continuous)

Figure 3.1-1

3.2a(1) Building Customer Relationships SFHHS strives to meet and exceed patient expectations by implementing processes that increase patient loyalty and gain community satisfaction. Examples of processes used are Hospitality Dining, Patient Advocate Visits, and CARE Line.

3.2a(2) Access to Services and Customer Contact Requirements SFHHS employs the results of listening and learning tools and patient satisfaction data to identify key customer requirements. SFHHS utilizes the SSMHCS standard survey, which is customized for patient group and service areas. These results are analyzed and prioritized to validate key customer requirements. Responsiveness, accuracy, good communication, and positive health care outcomes are considered to be key customer requirements for all patient groups. For key access mechanisms, see Figure 3.2-1.

The Quality Passport Process and job descriptions are fundamental to the reinforcement of these key customer requirements for all patient groups. Each job description includes a set of standard competencies specific to a service area. SFHHS' individual employee Passports include mission, values and goals.

Key Access Mechanisms	
Obtain Services	Hospital and physician offices Healthy communities projects Outreach clinics and programs
Seek Information	Direct patient contact with hospital staff, senior leadership and physicians SFHHS patient's rights brochure Internet sites Education program & support groups Community health education presentations
Make Complaints	Direct contact with hospital staff, senior leadership & physicians OFI complaint processes CRP Helpline Patient satisfaction surveys Patient Advocate Care Line

Figure 3.2-1

3.2 a(3) Complaint Management SFHHS makes use of a complaint management process to focus on follow-up, timely resolution, and tracking of patient or family complaints in a timely manner. Patients and their families are given information about the complaint management process on admission. Employees receive customer service training annually and are encouraged to intervene at the time the complaint is voiced or refer the complaint to the appropriate person.

3.2a(4) Improving Approaches to Building Relationships SFHHS utilizes the minimum standard data set to evaluate the methods for building relationships and providing patient/customer access during the SFHR Planning Process. Figure 3.2-2 gives examples of questions considered.

3.2b Patient/Customer Satisfaction Determination

3.2b(1) Patient/Customer Satisfaction Determination SFHHS utilizes multiple formal and informal tools to obtain information concerning opportunities for improvement and satisfaction data from patients' and their families.

Post-discharge patients receive a patient satisfaction survey from SSMHC. The information from these surveys, specific to SFHHS, is compiled using the DI-Diver™ program. Key members of the Leadership Team have access to the data through the SSMHC intranet. Other health care team members may request specific data from this source through these department leaders.

Topic	Questions
Patient Access	<ul style="list-style-type: none"> • What do consumers think about our products and services compared to those of our competitors? • What do our customers expect? • What do market trends tell us about consumer behavior?
Local Communities Relationship	<ul style="list-style-type: none"> • Who are we currently serving? • How will we change over the next five years to meet those needs? • How will emerging legislative issues impact us as an employer? • How will emerging legislative issues impact us as a provider?
Physician Partnering Relationship	<ul style="list-style-type: none"> • How does our medical staff perceive the products and services we provide compared to our competitors? • What is the trend in physician practices relative to their relationships with competitors?

Figure 3.2-2

3.2b Patient/Customer Satisfaction Determination

3.2b(1) Patient/Customer Satisfaction

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3.2b(2) Receiving Prompt and Actionable Feedback

The complaint management process is available to all patient groups. Each employee is charged with the responsibility for actively eliciting information regarding opportunities for improvement and initiating actions for resolutions. Daily interactions with patients and follow-up phone calls are informal methods of obtaining satisfaction data. The Patient Advocate program provides an advocate visit and 24-hour Care Line to all inpatients. This serves as an additional avenue for patients or their families to voice unresolved concerns.

3.2b(3) Satisfaction Compared to Competitors

SFHHS uses the SFHR Planning Process to gather information on customer satisfaction relative to com-

petitors and other health care organizations. This information is evaluated and used to identify needed improvements, goals, and action plans. SFHHS sets its goals based on benchmark and competitive data collected.

3.2b(4) Keeping Satisfaction Methods Current The opportunity to make suggestions and improvement to the current survey process is available through the SSMHC Quality Resource Center

4 - INFORMATION AND ANALYSIS

4.1 Measurement and Analysis of Organizational Performance

4.1a Performance Measurement

4.1a(1) Data Gathering/Alignment to Support

Operations and Decision Making SFHHS follows the SSMHC approach for gathering and integrating data for performance measurement. This approach is supported by the SSM Information Center (SSMIC or IC) through a robust selection of information systems, based on common platforms that have been systematically deployed across the organization.

Each SFHHS department uses daily "in-process" and "outcome" indicators to track daily operations and progress towards departmental goals. Each department's management and staff select indicators in order to track departmental performance. These indicators must be measurable and relate to the hospital's strategic goals.

4.1a(2) Comparative Data and Information

Selection Selection of key indicators, comparative data and the sources for that data is accomplished through the SFHR Planning Process. Each entity's performance is tracked using the same set of indicators, aligning the entity with the system's goals and objectives.

Effective use of comparative data is ensured through the deployment of various standardized information systems across all entities. Each system has a Network Group (also referred to as a Functional Quality Team) and an SSMIC contact person to provide a forum for the product's users to ask questions and receive support. Network groups provide a valuable source of benchmarking and are a forum for identifying best practices within the system. Standardization across entities ensures that 'apples' at one entity are indeed 'apples' at another.

4.1a(3) Keeping Performance Systems Current

SFHHS' performance measurement systems are kept current through the system-wide SFHR Planning Process. During this process, system leaders assess health care service needs, directions and, if needed,

modify the performance indicators that are contained in the PIR. Through this rigorous annual assessment, SSMHC has the opportunity to improve its measurement system, which will then be deployed to the entities.

4.1b Performance Analysis

4.1b(1) Analyses to Support Performance Review and Strategic Planning A list of the reports containing the most critical decision-making information that hospital leaders review can be found in Figure 4.1-1.

Organizational Performance Reports Review Schedule	Divisional Board	President	Medical Staff	AC	Department Director	Department Staff
PIR (Monthly)	✓	✓	✓	✓	✓	
Quality Board Report (Quarterly)	✓	✓				
Customer Satisfaction Executive Summary (Monthly)	✓	✓	✓	✓	✓	✓
FTE Analysis (Monthly)		✓		✓		
Budget Variance Reports (Monthly)	✓	✓		✓	✓	
Productivity Monitoring Reports (Biweekly)		✓		✓	✓	
Safety Newsletter (Quarterly)	✓	✓	✓	✓	✓	✓

Figure 4.1-1

This information is reviewed at least monthly. The information included in these reports might stimulate the need for further analysis performed by finance, decision support, quality, or departmental staff. Department leaders report on their specific financial results to the Core AC monthly. They are expected to have analyzed their performance and either inform the Core AC of how the good performance was attained or have an action plan to correct negative results. Department leaders also share results of departmental goals quarterly with Core AC.

An impact analysis of customer satisfaction scores is provided to SFHHS by the SSMIC twice per year. This impact analysis identifies areas surveyed that if changes were made would have the largest impact to the satisfac-

tion score. This analysis enables the prioritization of improvement projects.

4.1b(2) Communication of Results Results of analyses performed are shared either through ‘chain of command’ order or directly to the work group or team that requires the information. Vehicles of communication include meetings of the Core AC, Administrative Council, Medical Staff, Leadership Team, departments, CQI teams, or employees. Other channels of communication include e-mail, bulletin boards, memos, and the SFHHS Heartbeat newsletter.

4.2 Information and Knowledge Management

4.2a Data and Information Availability

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

Medical staff and caregivers that are not on the hospital network can receive the data they need to provide care through SSMIC’s SSM Connect application. This provides automatic faxing of admission face sheets, test results, and transcribed reports to the provider’s office. Providers can also access patient data via the Physician Portal or the Nurse Portal. The portals provide on-line, real-time access to data from any PC or workstation in the hospital and can also be accessed via a secure Internet connection. In addition to electronic data, physicians and appropriate caregivers have access to the written medical record upon request. Records are stored in the hospital’s Health Information Management department which is a controlled-access area.

SFHHS’ suppliers and partners may receive needed information and data via SAP’s automated purchase order faxing or from secure electronic file transfer. Business reviews are conducted with primary Premier vendors by SSMHC. The Materials Management department managers from across the system participate in biweekly conference calls to keep up-to-date on vendor issues. Representatives from major suppliers meet with the Materials Management managers and the users of their products to discuss any issues that may exist.

Patient and other customers can access the SFHHS web page to obtain information about the hospital, the physicians or about specific medical conditions. Some

patients may choose to receive their information through the many brochures available in various departments within the hospital.

4.2a(2) Reliability/Security of Hardware and Software A variety of approaches ensure that the hardware needed for data and information access is available when needed. The computer rooms at SFHHS and at the SSMIC are equipped with an Uninterruptible Power Supply (UPS) and generator power to provide power that is constant and free from fluctuations. The LAN hardware located throughout the hospital also has its own UPS and is on emergency generator power.

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

Hardware and software are monitored 24 hours a day, seven days a week by the operations staff at the SSMIC. Should a failure occur, they notify the appropriate on-call staff to solve the problem. Performance metrics are collected at the SSMIC to provide a means to avoid problems before they occur. These metrics track disk space availability, processor utilization, network utilization and system uptimes. This also allows the hospital's Information Services department to make the necessary adjustments to avoid a failure.

Software reliability is ensured for the primary clinical systems through comprehensive testing of new or upgraded applications by both the SSMIC and by SFHHS department coordinators. Since the HBOC applications are standard throughout all entities, information is shared through network groups on possible problems or desired enhancements. Any software deployed throughout SSMHC is first tested at the SSMIC and then piloted by a volunteer entity. This highlights any problems that may occur so that the implementation process is improved with each successive entity. Software selection is done through teams with members selected from throughout the system. User friendliness, reliability and security are evaluated for each proposed application.

SFHHS has adopted the standard SSMHC security policies and procedures. The policies address every user's (employee, physician, payor, contractor and other) responsibilities relating to privacy and security such as unique passwords, periodically changing passwords and not sharing passwords with others. The policies also provide direction to the Information Services department

regarding safeguarding of information, automatic aging of passwords and data backup.

To ensure data and information security and confidentiality, the SSMIC has established a department for Compliance Administration and Security, which is responsible for ensuring appropriate authorized access to its computer systems. This is done through the Computer Authorization Form (CAF). This form must be filled out and approved by the appropriate persons before anyone is granted access to on-line systems.

4.2a(3) Keeping Availability Mechanisms Current Emerging technologies are analyzed by the SSMIC to determine their appropriateness in the SSMHC environment. Application specialists and network groups identify applications that may need improvement or replacement. Entity leadership can identify challenges specific to that entity that may require a local solution. The Information Services Department keeps local hardware, software, and infrastructure updated to meet the identified current and future needs. In addition, SSMHC sponsors an annual education day that details healthcare technology trends, new applications and the future direction of technology in health care. The SSMIC also utilizes external industry research and educational groups, such as the Gartner Group, Washington University's CAIT program, HIMSS, CHIME, and INSIGHT (HBOC'S user group) as a way of keeping current with health care service needs and directions.

4.2b Organizational Knowledge

4.2b(1) Managing Organizational Knowledge SFHHS and SSMHC use CQI teams and application network groups as a means to access knowledge from entities throughout the system. Internally SFHHS uses CQI teams, Administrative Council, Leadership Team, department meetings, e-mail, hospital newsletters, birthday luncheons, ad-hoc meetings, training sessions and one-on-one personal contact as ways to collect and share knowledge. Survey processes and personal contact serve as the primary ways SFHHS accomplishes the collection and sharing of knowledge with patients, other customers, suppliers and partners. Participation in SSMHC network groups and industry network groups provides SFHHS with a means of identifying and sharing best practices. Annually, SFHHS participates in a sharing day with the other SSMHC entities to spotlight best practices throughout the system.

4.2b(2) Ensuring Organizational Knowledge The accuracy, integrity, timeliness and reliability of data, information, and organizational knowledge begin with system deployment and user training. As new applications are deployed across SSMHC, standardized policies and procedures are put in place to ensure that the software is used in the proper manner at each entity. Daily

reports are automatically generated during off-hours for revenue-producing departments detailing the previous day's activities. Data is verified by each department to ensure accuracy. Weekly, monthly, or on-demand reports may also be produced so that a department can validate the data.

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

Security and confidentiality issues have come to the forefront since the implementation of the HIPAA regulations. While security and confidentiality have always been a concern in health care, efforts have intensified to ensure that a patient's health information is protected. All SFHHS' employees sign confidentiality statements upon employment and annually. Security and confidentiality issues are addressed at New Employee Orientation, annual SAFE-T Day training sessions, hospital newsletters, and periodic e-mail reminders.

5 - STAFF FOCUS

5.1 Work Systems

5.1a Organization and Management of Work

5.1a(1) Organization and Management of Work
SFHHS' work systems are aligned with the organization's mission, values, vision and SFHR Plan initiatives, providing an environment conducive to performance excellence, continuing staff development and adaptability to changing customer needs and organization direction. Job descriptions define each position and provide the framework for a performance evaluation and development process which incorporates competency assessment and internal customer feedback. An annual competency review is summarized to include competency as determined through annual performance review, any trends or gaps in performance, and any training needs.

SFHHS' commitment to CQI principles provides the framework for employee participation in all aspects of organization improvement. Managers and employees are educated on the CQI model, providing them with common language and tools to participate effectively on teams.

The CQI team approach to management promotes cooperation and collaboration, improves communication, and

encourages skill and knowledge sharing within and across work units. The training and tools provided equip team leaders and team members to achieve goals contributing to a high level of employee satisfaction.

5.1a(2) Capitalizing on Diverse Ideas/Cultures/Thinking
The SFHHS workforce represents the diversity of the community and the variety of skills required in the delivery of health care services.

Recruitment for open positions is done locally, at the state and national level, and as far reaching as the international community for difficult-to-recruit professions and specialties. Applicants are interviewed using Key Quality Characteristics defined by staff teams who also participate in team interviews. Candidates for management and executive positions complete a personality assessment using the Calipers psychometric tool.

5.1a(3) Effective Communication and Skill Sharing

Formal methods of communication with staff include: Administrative Council meetings, Leadership Team meetings, Departmental meetings, Heartbeat newsletter, SSMHC links to resources, policies, training programs, STAR (CQI team) report meetings, birthday luncheons, President strategic report at monthly employee training days, administrative update at employee retreats, and payroll staffers. Informal notices at time clocks and employee bulletin boards, department memos and group e-mail memos are also utilized.

5.1b Staff Performance Management System

SFHHS's evaluation process at the executive level utilizes a 360-degree leadership development tool. Managers and staff employees are evaluated using a different performance evaluation tool, which incorporates an Internal Customer Feedback process. Evaluation tools and processes are designed to incorporate coaching and development, assessment of job skills, and demonstration of values and customer service.

The 360-degree executive evaluation tool reviews demonstration of values through behaviors or outcomes related to the development and mentoring of those employees within their scope of responsibility. Some of the behaviors and outcomes are: use of CQI tools in seeking customer input; see mistakes as learning opportunities; make fact-based decisions; encourage people to make decisions they are capable of making; take responsibility for my results and hold others accountable for theirs; show concern for patients and other customers; encourage collaborative relationships; model behaviors for success; and create an environment that values learning.

The annual performance evaluation for managers includes evaluation by internal customers (staff who report to the manager, other managers and staff who regularly interact with the manager). The Leadership Internal Customer Feedback tool scores the manager on: provision of tools and resources for employees to do their job; use of CQI tools; communication; flexibility and cooperation in problem solving; respect of ethnic and cultural differences; caring attitude; fairness; confidentiality; and listening and learning.

The annual process for staff employees' evaluations uses the same tool utilized for managers, incorporating patient age-specific competencies where applicable. The Internal Customer Feedback tool for staff employees addresses: efficiency; initiative and timeliness; flexibility and cooperation; teamwork; attitude; and customer service.

The performance evaluation tool rates the employee on the following categories and competencies: Customer Service; Core Competencies; Attendance; Age-Specific Competencies; Career Growth and Development; Organizational Improvement; Equipment/Safety; Mission and Values; and Principle Duties.

Through the Passport process, staff participates in development of goals for their department and their personal goals that align with entity initiatives in the SFHR Plan. The accomplishment of individual goals on the Passport is measured and reviewed as an element of the annual performance evaluation (Figure 5.1-1).



Figure 5.1-1

Team efforts are recognized and results are shared at the annual Showcase for Sharing in conjunction with SSMHC's annual Leadership Conference. Service awards are celebrated during health care week annually and highlighted in the employee newsletter, Heartbeat. The High Performance Team sponsors recognition for employees who are nominated by co-workers for their outstanding customer service and are recognized in monthly Leadership Team meetings, in Heartbeat, and receive a thank you note from their Department Director

in the mail at home. Departments are recognized for their cooperation and assistance to other departments with a Helping Hand Award.

In keeping with its mission and values, SFHHS' compensation policies are designed to be fair and equitable in accordance with the human resource strategic goal of competitive compensation. Market surveys are completed annually and pay ranges adjusted as necessary to ensure competitive compensation for all positions.

5.1c Recruitment and Career Progression

5.1c(1) Potential Staff Characteristics Job descriptions define the skills and clinical competencies, experience, qualifications and education needed to fill a position. As a position is requisitioned, job descriptions are amended or created to meet all dimensions of the job including the level of responsibility, essential functions and physical requirements. Performance expectations are outlined in the performance evaluation portion of the job description. Interview teams utilize key quality characteristics in the selection of new employees.

5.1c(2) Recruiting, Hiring, Retaining Staff

Requisitions for posting of positions are submitted weekly to the Hiring Team (Core AC) for approval. Approved positions are posted internally, on the corporate website, and may be posted to job specific websites in addition to various other methods to source applicants in the local, regional or national market. Employees are drawn from communities in an area within 45 minutes of the campus. Human Resources staff, department managers and teams of employees who will work with the candidate, participate in the selection process. Professional student loan programs and tuition reimbursement have been successful recruitment and retention tools. Mentoring for graduate nurses and a preceptor program for radiology students have also helped attract employees. Cross-training opportunities and on-the-job training are provided for some nursing and technical positions. The values-based philosophy and CQI team-oriented culture of SFHHS is an attractive environment to new employees and provides a constant to long-term employees.

5.1c(3) Succession Planning/Career Progression

Succession planning for executive-level employees is accomplished through the Executive Career Development Program which begins with executive orientation at the corporate office for new employees or employees promoted to executive positions.

Education and training for staff and management employees are offered within departments for specific disciplines, within the hospital for all employees, and through off-site seminars, conferences, and network

meetings. Departments also provide opportunities for specific certification programs to meet the needs of the patients or customers served. SFHHS supports employees who seek to continue formal education at colleges, universities and accredited vocational/technical schools.

5.2 Staff Learning and Motivation

5.2a Staff Education, Training and Development

SFHHS's commitment to staff development aligns with the SFHR Plan and the values of the organization. The continuous improvement culture engenders a need for continuous education and training to meet the changing technology, healthcare trends, regulatory compliance, and market influence.

5.2a(1) Training to Achieve Action Plans The annual SFHR Plan and Passport processes generate learning needs through department initiatives, quality measurements and trends and individual employee goals. Other training needs assessment and opportunities for additional education are identified through: annual leadership development; performance evaluation; competency assessment; regulatory compliance; safety data trends; CQI team process development; system-wide training; new equipment, technology and software; employee feedback from training, orientation and retreats; employee satisfaction surveys; and exit interviews.

These sources of information are used by leadership, High Performance team, Environment of Care team, and quality management to design and enhance appropriate learning programs.

Internal and external education programs meet the need for licensure, certification and recertification. System-developed training and coursework are primarily offered as on-line programs to accomplish corporate, entity, and regulatory compliance initiatives.

5.2a(2) Staff Education to Address Key Organizational Needs New Employee Orientation is delivered through organization-wide general orientation and department and job-specific orientation programs. The one-day organization orientation agenda includes: mission and values; passport program; CRP; diversity; CQI; safety; infection control; incident reporting; human resource policies and benefits; and confidentiality. Department orientation follows and, in many clinical roles, includes preceptor guidance based on competency assessment.

Annual training to meet regulatory compliance and SFHHS initiatives is provided on: harassment; confidentiality; mission and values; customer service; risk management; safety; infection control; diversity.

Orientation and annual training is validated through post-tests, skills demonstrations, worksheets, and post-training evaluations.

5.2a(3) Staff Input into Training Design Input from staff and managers from various sources including staff development plans, departmental training needs assessments, and satisfaction survey actions plans. Based on the diversity of skills and jobs, training and education programs are varied in content and methods of delivery.

5.2a(4) Delivery of Staff Education/Training Methods of delivery for various education and training programs are designed to meet the needs of a diverse workforce. Interactive group learning activities, classroom style lectures, discussion, testing and skill demonstration, individual instruction and web-based training opportunities are provided. Hands-on learning with demonstrated competency is required for some skill-based training such as cardiopulmonary resuscitation.

5.2a(5) Reinforcing Skills Managers, preceptors, peers and mentors reinforce job skills and knowledge through day-to-day observation and demonstration. Employees have mandatory training profiles for annual and on-line course work in the Learning Management System, which also tracks completed training. Managers can access training profile reports for use in annual performance reviews.

5.2a(6) Evaluating the Effectiveness of Training Staff evaluates the content and presentation of training after education programs. Results are summarized and utilized for continuous improvement of programming. Competency reviews are used for on-the-job skill-based training sessions. Demonstration and observation of skills and competencies ensure that skills are transferred to the work environment.

5.2b Motivation and Career Development Staff is encouraged by the CQI experience to develop through formal learning objectives and informally through mentoring by managers and co-workers. Tuition reimbursement and professional student loan programs support continuing formal education. Managers and supervisors provide flexible scheduling to aid the employee who is attending college or working toward certification to gain specific knowledge and skills that apply to the job.

5.3 Staff Well-Being and Satisfaction

5.3a Work Environment SFHHS' value-based culture supports a work environment that contributes to a high level of staff well-being and satisfaction.

5.3a(1) Workplace Health and Safety Employee health, safety and security are monitored and improvements made through staff participation on the Environment of Care (EOC) team and other teams focused on aspects of employee health and well-being. Through risk management reporting, OSHA reporting and workers' compensation claims management, aggregate data on injury, exposure and infection is presented to the EOC team for review and trending. Manager follow-up investigation of employee injury was initiated in 2003 and additional investigation of patient care-related injuries is being implemented in 2004. Staff and management participate in safety inspections of all areas of the campus with the authority to request immediate correction of any unsafe practice, process or equipment.

At New Employee Orientation and in annual training, employees are trained in reporting unsafe conditions, proper body mechanics, occurrence reporting and all aspects of the safety plan. A quarterly safety newsletter, Safety First, is presented to the Board of Directors, Administrative Council, and Leadership Team and available to all employees. Safety First includes information on practice improvements, measures of current safety monitors, new safety policies and procedures, and strategies for minimizing risk to patients and staff.

5.3a(2) Emergency Preparedness The emergency preparedness plan is monitored by the EOC team. The plan includes directives for disaster response, severe weather, fire, infant abduction and bomb threat. All employees are oriented to the campus plan and department-specific plans, and validate their knowledge by participating in periodic planned and unplanned drills. Debriefing after a drill helps identify opportunities for improvement and training needs. Managers and staff review their department safety plans annually.

5.3b Staff Support and Satisfaction

5.3b(1) Factors Affecting Staff Results from an annual employee opinion survey determine the factors affecting employee satisfaction, motivation and well-being. The survey instrument produced by HR Solutions provides analysis on a normative differential score which compares SFHHS to national health care normative data and "Best in Class" normative data. Survey data is segmented according to SFHHS job categories and reporting relationships. Feedback sessions with staff provide further clarity of survey data for action planning.

Human resources metrics used to determine staff satisfaction and make process improvements are: turn-over rates; employee opinion survey results; timely orientation to organization; competency reporting; timely performance evaluations; monitoring of fast-track

application process; and 30-day new hire survey responses.

Other methods of determining staff satisfaction include: human resource interviews with dissatisfied staff, exit interviews, grievances, OFI comments, and dialogue sessions with the President.

5.3b(2) Staff Benefits for a Diverse Workforce To meet the organization's need for flexibility due to changing patient volumes, staff are employed full time, part time, occasional, and by contract. Some approaches used to enhance the work environment include: flexible hours (64 hours per biweekly pay period is considered full time with full-time benefits), one-day annual employee retreats, wellness programs, and job postings for internal recruitment.

5.3b(3) Determining Staff Satisfaction SFHHS assesses employee well-being, motivation and satisfaction with the work environment and develops action plans for improvements. The Human Resource staff collects, aggregates data on diversity, grievances, harassment reports and workplace violence. This data is reported to Corporate Human Resources and Core AC.

The annual HR Solutions employee opinion process is the primary method used to monitor staff well-being, satisfaction and motivation. Results are analyzed by job groups and dimensions which include: overall job satisfaction; co-worker cooperation; satisfaction with the work; training and development; involvement with strategy and mission; satisfaction with pay and benefits; satisfaction with promotions and career advancement opportunities; supervisory consideration, supervisory promotion of teamwork, supervisory instruction and guidance; communication; human resource policies; concern for employees and patients; productivity/efficiency; job stress; and physical working conditions.

The HR Solutions survey tool includes an opportunity for customized questions. Following the survey, feedback sessions are conducted with employee groups to clarify and validate results. An interim "short form" survey is used to assess employee perception of improvements made or action plans in place to address employee concerns.

5.3b(4) Improving Work Environment The HR Solutions survey tool provides the ability to correlate employee and patient satisfaction, benchmark results with other organizations, and collect data related to special initiatives.

6 - PROCESS MANAGEMENT

6.1 Health Care Processes

6.1a Health Care Processes

6.1a(1) Key Health Care Processes and Services

“To provide exceptional health care” is the foundation for the improvement of current key services or the addition of new services. SFHHS determines key health care services and service delivery processes through the SFHR Planning Process. Those processes and their relationship are outlined in Figure 6.1-1.

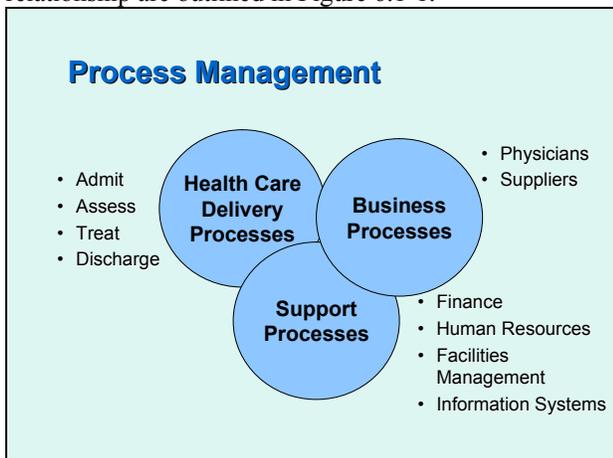


Figure 6.1-1

Health care delivery processes are comprised of three patient groups: inpatient, outpatient and emergency. Within these patient groups are the seven major service lines: medical, surgical, mental health, emergency, obstetrics/gynecology, physician clinics and rehabilitation. Despite the diversity in patient diagnosis and treatment needs in these service lines, the key functions in the delivery model within those services are the same. These functions are depicted in Figure 6.1-2.

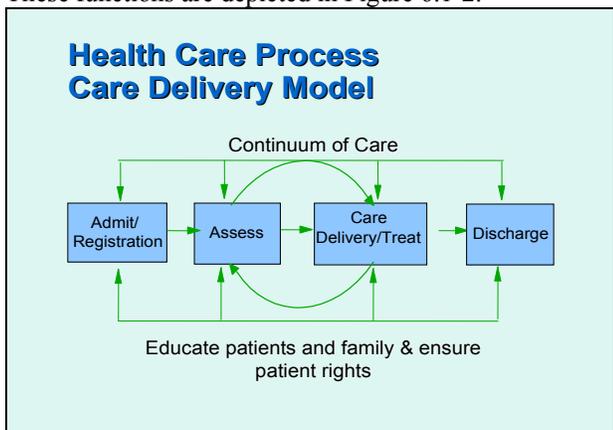


Figure 6.1-2

Although exact determination of the value of the health care services provided is difficult, SFHHS utilizes

various quality indicators to measure the value to patients, families and other stakeholders. All quality indicators must measure one of the five SSMHC strategic goals: clinical outcomes; patient satisfaction; employee satisfaction; physician satisfaction; and financial performance.

6.1a(2) Health Care Process Requirements Data from various sources is reviewed during the annual SFHR Planning Process and on an on-going basis throughout the year to determine the need for new or modified health care services. New services identified must link to the SFHHS strategic goals. These same data sources are also utilized to identify the key customer requirements for our services. The four primary customer requirements that have been identified are: timeliness, pain management, accuracy; and communication.

Figure 6.1-3 shows the linkage between the customer requirements of the three key patient groups and health care services, while Figure 6.1-4 gives a sample of indicators for key customer requirements.

Health Care Delivery Process			
Key Groups	Key Services	Delivery Model	Key Requirements
Inpatient Outpatient Emergency	Medical Surgical Mental Health Emergency OB Clinics Rehab	Admit Assess Treat Discharge	Timeliness Accuracy Pain Mgmt Communication

Figure 6.1-3

Key Health Care Service	Key Customer Requirement	Measurement
ER	Timeliness	ER patients will be triaged by a nurse within 30 seconds and assessed by the physician within 30 minutes
OR	Accuracy	Surgical sites will be marked according to JCAHO Safety Guidelines on all patients
OB/ Med- Surg	Pain Management	Pain relief medication will be given within 30 minutes of request
Rehab	Communication	Department staff meeting to be held within 2 weeks of Leadership Meeting

Figure 6.1-4

6.1a(3-4) Designing Processes to Meet Key Requirements and Patient Expectations SFHHS utilizes a CQI Process Design/Improvement Model (Figure 6.1-5) using the PDCA cycle to design processes to meet all key requirements including patient safety, regulatory accreditation, and payor requirements. The Process Design approach is used when new services are implemented and the Process Improvement approach is used to make improvements to existing processes. As CQI has become part of daily work, a streamlined PDCA cycle is used to address less complex processes or when quick resolution is required.

6.1a(5) Daily Operations On an ongoing basis, to insure that day-to-day operations meet process requirements and patient expectations, data reflecting clinical care is collected and monitored. All clinical departments select measurable in-process indicators to track how well they are meeting the key customer requirements. This process is called the Department Measurement System (DMS). Figure 6.1-6 shows examples of clinical in-process indicators. Results of the in-process indicators are posted in each department, discussed at the monthly department meetings, and shared with Core AC quarterly and with the Leadership Team annually.

6.1a(6) Minimizing Overall Costs and Preventing Errors SFHHS promotes a blame-free culture with the belief that medical errors occur primarily because of a breakdown in processes. When developing a new process or redesigning current processes, attention to minimizing errors and rework is an integral component of the Analysis phase of the CQI model.

Key Delivery Process	Clinical In-Process Indicators
Lab	CBC and BMPs will be drawn and results reported within 30 minutes of order
SFFHC	Patients meeting age specific criteria will have their flu/pneumonia vaccine status documented
ER	Patients will be assessed by a nurse within 30 seconds and by the physician within 30 minutes
Nutritional Service	Deliver trays to patients within 20 minutes of order
Surgery	All surgical sites will be verified with patient and/or family prior to taking to OR
Med-Surg	Pain medications will be administered within 30 minutes of request
OB	Unscheduled c-sections will be done within 30 minutes from decision to incision

Figure 6.1-6

6.1a(7) Process Improvements Various methods are used to assure that SFHHS health care delivery processes are kept current with health care service needs and directives. One method is the involvement in the SSMHC's clinical collaborative process. This is a system-wide improvement approach using CQI methodology that encourages rapid cycle improvement in clinical processes and the sharing of improvement ideas through learning sessions and monthly teleconference calls.

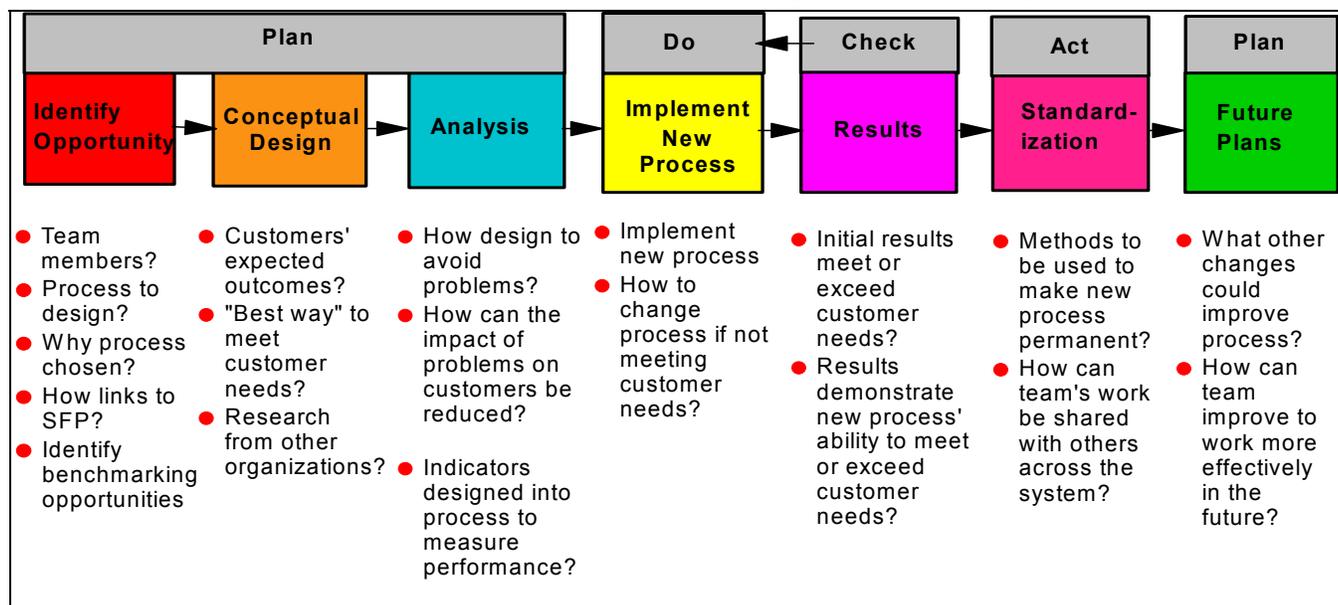


Figure 6.1-5

6.2 Support Processes

6.2a Business and Other Support Processes

6.2a(1) Key Support and Business Processes

SFHHS utilizes data from the SFHR Planning Process to identify key support and business processes.

Departments providing support services are: Admitting/Registration; Business Office; Purchasing/Central Services; Building Operations; Health Information Management; Administration; Information Services; Accounting; Human Resources; Community Relations/Development; and Spiritual Care.

Physician partnering and supply management processes were determined to be extremely important to the growth of services and achievement of strategic goals. Physicians are considered the most important partners because they are critical to achieving exceptional health care outcomes and for growth through acute admissions and outpatient services. In addition, industry research has shown that physician orders account for the single largest usage of hospital resources. Physician participation in the reduction of expenses through control of supply costs is essential to offset decreasing reimbursement, rising labor costs caused by the shortage of nurses and other skilled health care professionals, and the growth of uninsured/underinsured patients.

6.2a(2) Support and Business Requirements Key requirements for support and business processes are determined by various sources of internal and external data. Internal data sources would include the financial expectations that are set through the SSMHC Corporate Office, physician satisfaction survey results and physician retreat feedback. External sources of data are patient satisfaction survey results and national benchmark data. Key business requirements are outlined in Figure 6.2-1.

Business Processes	Key Requirements
Physicians	Responsiveness Staff Competency Communication
Vendors	Timeliness Accuracy Communication

Figure 6.2-1

6.2a(3) Designing Processes to Meet Requirements

SFHHS does not differentiate in design, process management or performance expectations between health care delivery, business, and support processes. The CQI model is used to improve all processes.

6.2a(4) Daily Operation – Support Processes The Department Measurement System and Quality Passport

used by the health care delivery services are also used by the departments providing support services to assure that day-to-day operations are meeting key performance requirements.

6.2a(5) Minimizing Overall Costs and Rework A concerted effort is made to minimize costs associated with audits, errors and rework. Key audit and inspection methods include regular scheduled bio-medical maintenance checks of all medical equipment; routine medical record audits for clinical process verification and billing accuracy. Patient satisfaction measures are available for several support services such as food services, housekeeping, billing and admitting to reinforce the importance of patient satisfaction throughout all departments within SFHHS.

6.2a(6) Process Improvements Support services are managed with the same vigor and expectation as all other processes. As with the health care delivery processes, support services use the PDCA cycle to address opportunities for improvement and/or system failures, and improvements.

7 - ORGANIZATIONAL PERFORMANCE RESULTS

7.1 Health Care Results

7.1a Patient Care Outcomes and Results SFHHS strives to continually improve its clinical performance with involvement in the system-wide clinical collaboratives for Improving the Care of Congestive Heart Failure (CHF) Patients (Figures 7.1-1 and 7.1-2), Preventing Secondary Ischemia Disease (Figure 7.1-3), Reducing Community Acquired Pneumonia (7.1-4), and Achieving Exceptional Safety (Figures 7.1-5 to 7.1-6).

Review of the SFHHS readmission data indicated that the primary diagnosis of readmitted patients was CHF. Medical research has shown that therapy-based drivers such as the use of medications to improve the strength of heart contractions for Left Ventricular Systolic Dysfunction and behavioral-based drivers such as smoking advice/counseling and daily weight monitoring are primary factors that can reduce the readmission of patients with CHF.

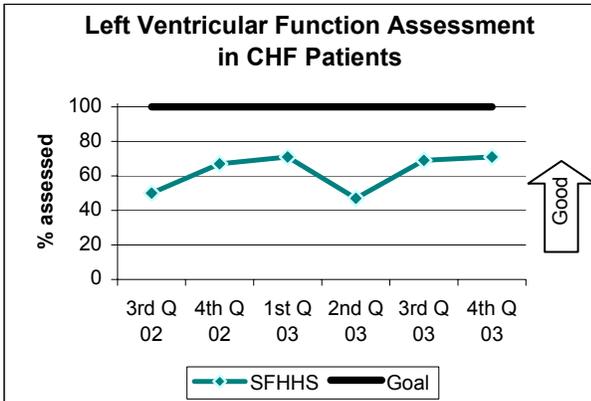


Figure 7.1-1

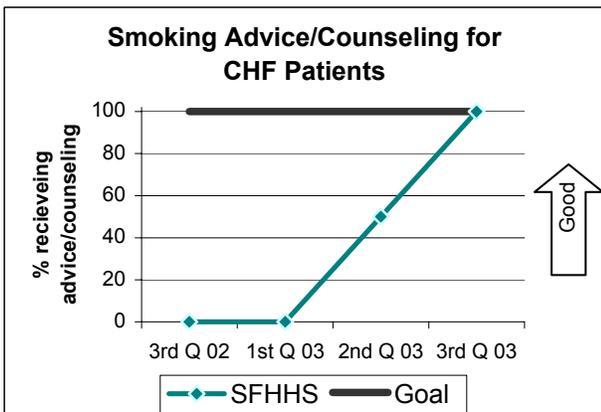


Figure 7.1-2

SFHHS involvement in the clinical collaborative to Prevent Secondary Ischemic Heart Disease (likelihood of a second heart attack) promoted the increasing use of proven therapies such as the ongoing use of aspirin after the initial heart attack. Benchmarks for these therapies are from studies by the University of Michigan and the National Registry for Myocardial Infarctions.

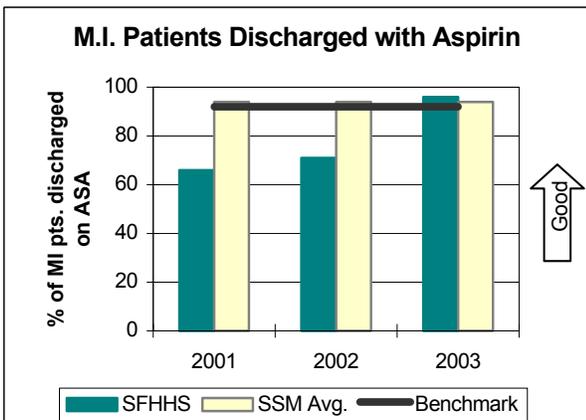


Figure 7.1-3

The physician practices at SFFHC are also involved in several clinical outcome initiatives including the

reduction of community-acquired pneumonia through pneumonia screening/vaccination.

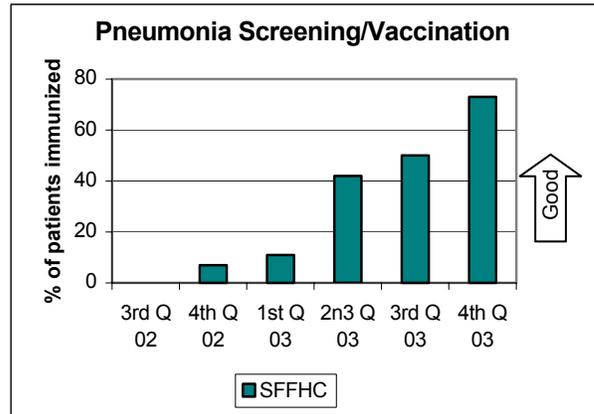


Figure 7.1-4

The clinical collaborative Achieving Exceptional Safety in Health Care is designed to adopt and implement the seven JCAHO National Patient Safety Goals. Initial focus of this collaborative was on the use of dangerous abbreviation when writing medication orders, the marking of surgical sites on all procedures involving a limb and taking time out prior to surgery procedures to assure that it is the right patient, right procedure and right site.

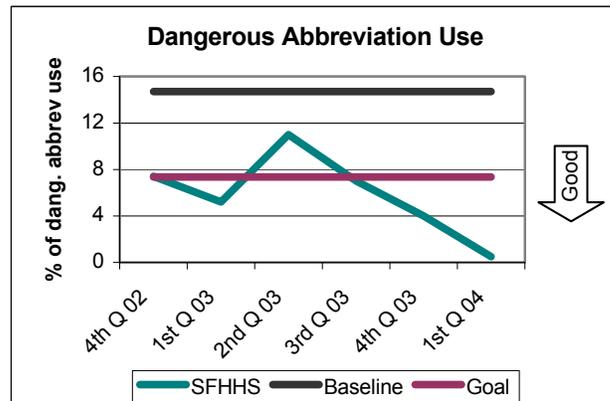


Figure 7.1-5



Figure 7.1-6

To proactively identify potential safety issues, a special phone line called the “OOPS” Line was set up to encourage employees to report any incident that could have led to an error (near miss). This means of reporting potential problems is readily available and allows the reporter to remain anonymous if so desired.

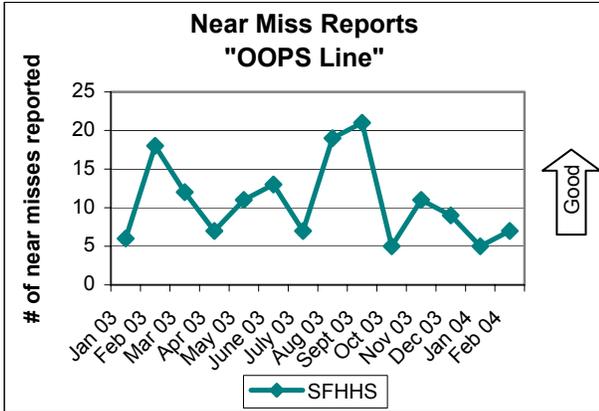


Figure 7.1-7

An additional safety indicator tracked is patient falls. Through the efforts of the Humpty Dumpty CQI Team and the implementation of a falls prevention program, there has been a significant decline in the number of patient falls.

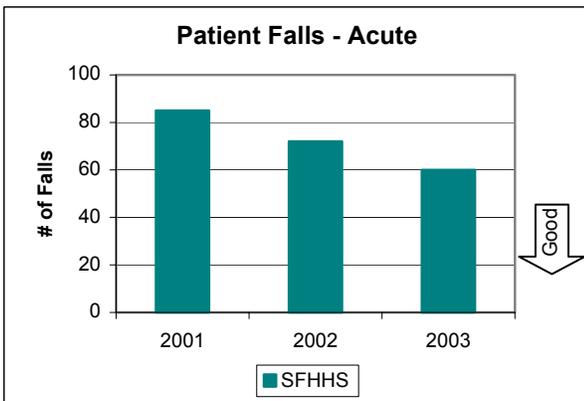


Figure 7.1-8

Other examples of clinical outcomes tracked at SFHHS include hospital-acquired infections, hospital-acquired decubitus (skin breakdown), medication events, returns to the emergency department, and returns to the operating room.

7.2 Patient- and Other Customer-Focused Results

7.2a Patient- and Other Customer-Focused Results

7.2a(1) Patient Satisfaction Comparison The system-wide patient satisfaction and loyalty survey

provides a detailed look at what patients want and expect from services. Although all three major patient groups have seen an increase in patient satisfaction over the past four years, the emphasis on improvement is ongoing. Using Press Ganey as the benchmark source, the system goal is to rank in the 99th percentile in all three patient groups by the year 2007.

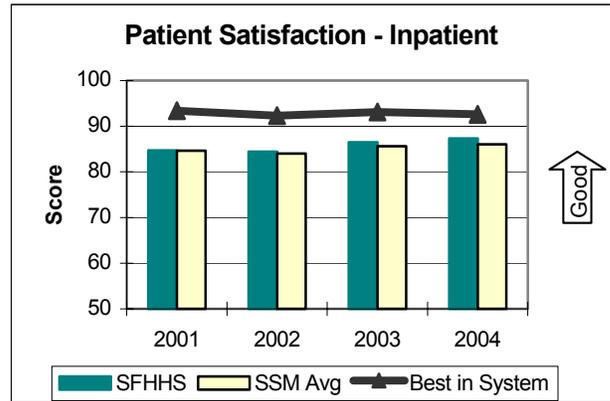


Figure 7.2-1

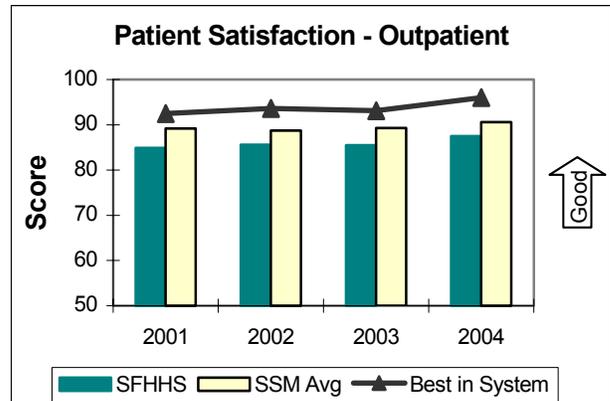


Figure 7.2-2

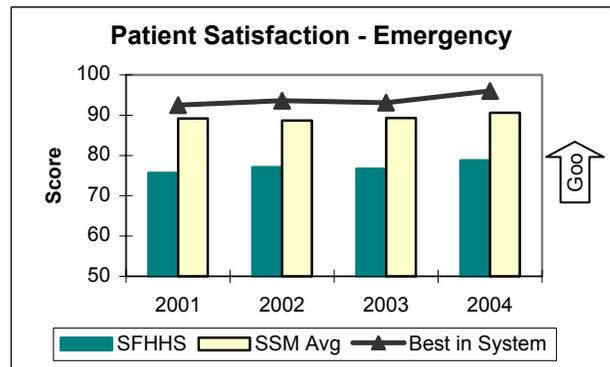


Figure 7.2-3

A key requirement for all three patient groups is pain control. Although the patient satisfaction scores show a significant increase in how well pain was controlled, a CQI team comprised of nursing staff from all patient

areas continues to address this issue. Most recently a Palliative Care CQI team was implemented to specifically address pain control for patients suffering from terminal illnesses.

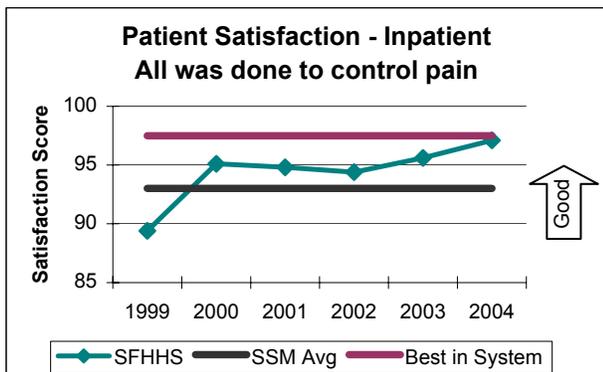


Figure 7.2-4

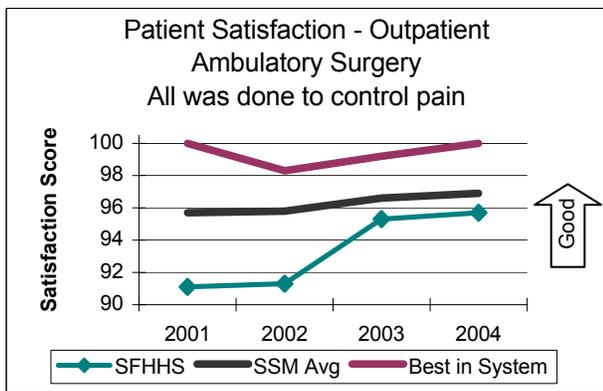


Figure 7.2-5

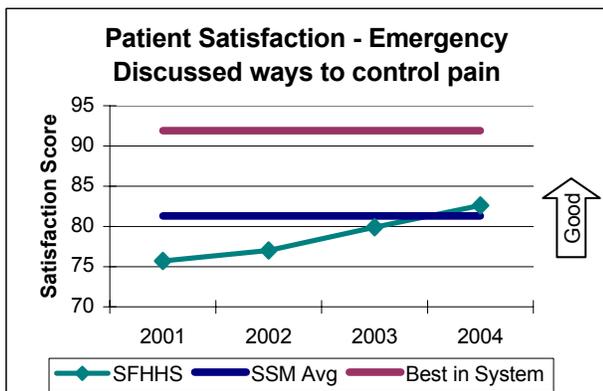


Figure 7.2-6

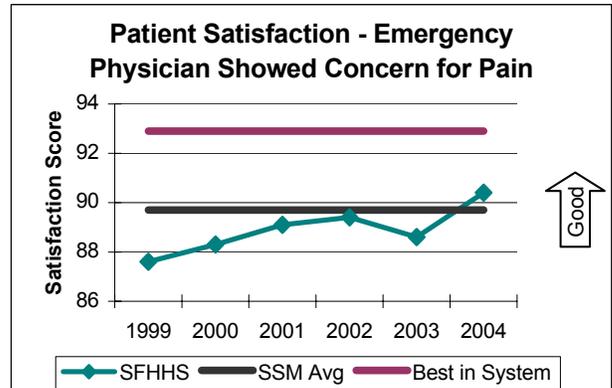


Figure 7.2-7

Another patient key requirement is timeliness. Although, overall patient satisfaction with the timeliness of services is good, efforts are ongoing to meet or exceed patient expectations. One example is the 30-30 program implemented in the emergency department. The goal of the department is that all patients will be assessed by an RN within 30 seconds of arrival to the ER and assessed and treatment started by the physician within 30 minutes. Currently, the average time a patient waits to see a physician is less than 16 minutes.

Communication is another key requirement of patients. It is extremely important to patients that they have a good understanding of their disease process and what to expect during their hospital stay. SFHHS' results show that patient satisfaction with how well their physician explained their condition is among the best in the system.

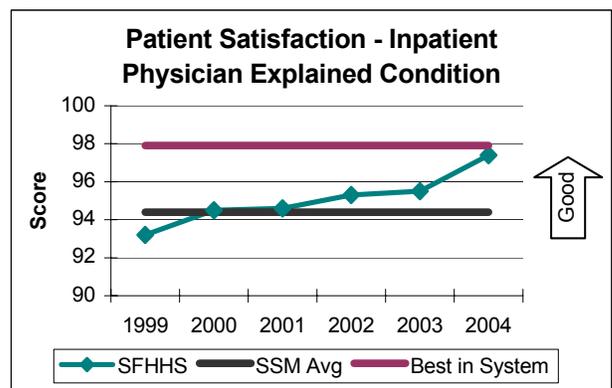


Figure 7.2-8

Other examples of where patient satisfaction is considered best in the system is the respect the nurses show for patient privacy in the Emergency Department and inpatient satisfaction with dietary. In 2003, a hospitality dining program was implemented which allows patients to choose what and when they want to eat. This change in process has increased patient satisfaction as well as decreased the cost per meal by reducing waste.

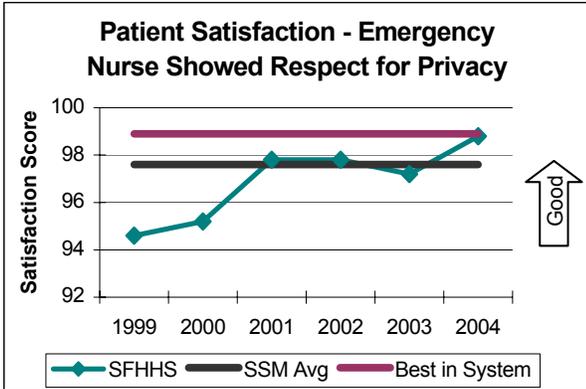


Figure 7.2-9

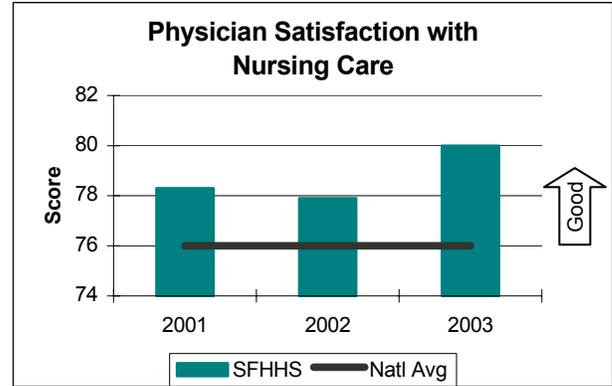


Figure 7.2-12

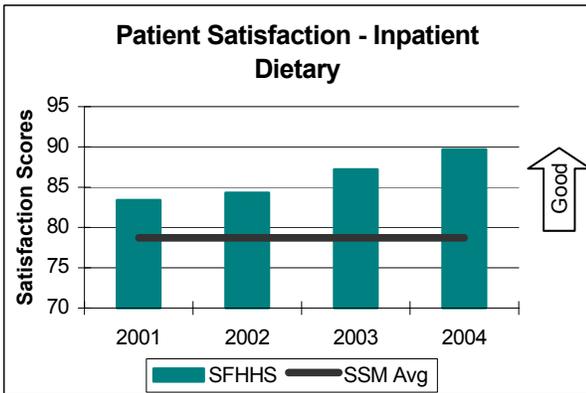


Figure 7.2-10

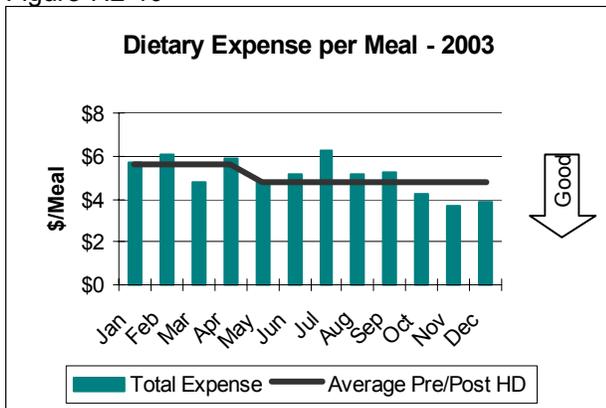


Figure 7.2-11

7.2a(2) Customer Satisfaction It is important that physicians are satisfied with hospital services as they have been identified as key partners. A yearly survey is conducted with all active medical staff to determine satisfaction with the organization and to solicit input for opportunities for improvement. The results of the 2003 survey showed a significant increase in the medical staff satisfaction with the nursing care provided.

7.3 Financial and Market Results

7.3 Financial and Market Results

7.3a(1-2) Financial Performance & Growth The health care industry has been confronted with major financial challenges, including declining reimbursement and increased costs of providing healthcare services. Despite these challenges, SSMHC has been able to report a substantial financial improvement. For the fourth consecutive year, two of the major national credit rating agencies have placed SSMHC in the “AA” credit rating category which is the highest rating given to healthcare providers. This strong positioning has facilitated investing in capital equipment and facility improvements through access to less expensive debt financing.

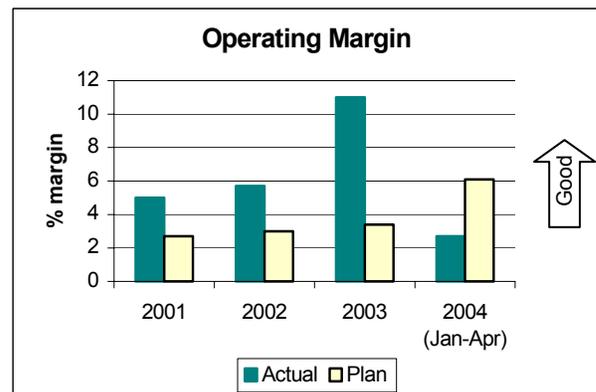


Figure 7.3-1

Unlike many rural hospitals, SFHHS has been able to weather these challenges and has shown an increasing, positive operating margin for the past four years. S&P’s “AA”-rated standard for hospitals is two to three percent. This strong financial showing is directly related to the recruitment of two orthopedic surgeons and the implementation of orthopedic and sports medicine programs. As a result of this new service, the surgical, radiology, and rehabilitation departments have seen a significant increase in activity. Other contributing factors to the

increase in volume have been the recruitment of two additional family practice physicians, three anesthesiologists and two psychiatrists.

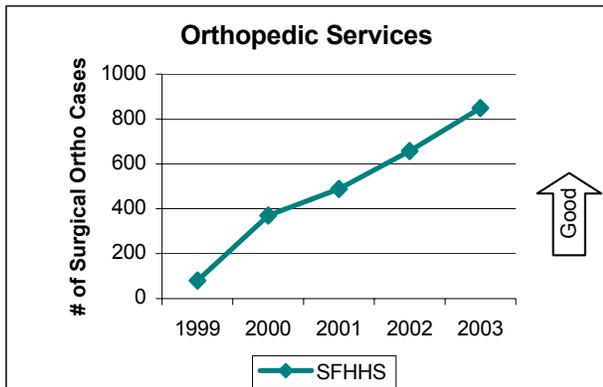


Figure 7.3-2

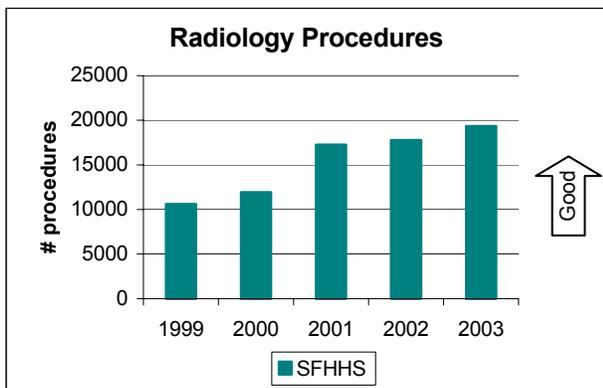


Figure 7.3-3

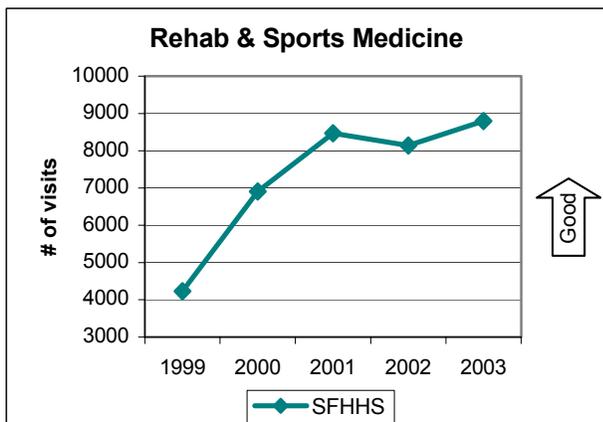


Figure 7.3-4

Utilization Statistics				
	2000	2001	2002	2003
Admissions	2,250	2,379	2,369	2,302
ER Visits	5,759	6,473	6,705	7,183
OP Visits	58,287	68,195	49,716	86,913
Clinic Visits	42,302	45,550	49,716	49,268

Figure 7.3-5

St. Francis Family Health Care, the employed-physician group, has been able to noticeably improve its financial results by reducing the loss per physician from over \$60,000 per physician in 1999 to just over \$20,000 per physician in 2003. This compares to an SSMHC average in 2003 of over \$80,000 loss per physician and to the national average of \$50,000 loss per physician for hospital-owned physician practices.

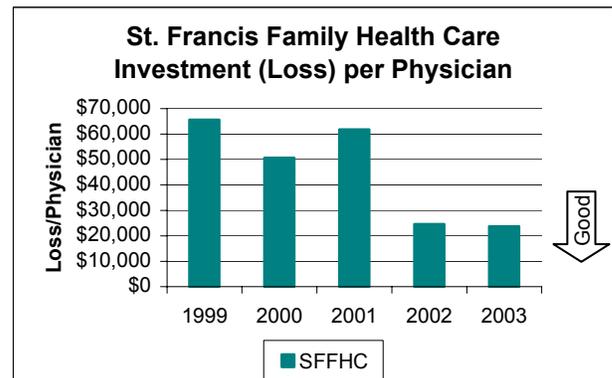


Figure 7.3-6

7.4 Staff and Work System Results

7.4 Staff and Work System Results

7.4a(1) Work System Performance The goal of the entities within SSMHC is to be the employer of choice for their market area. To accomplish this, SSMHC analyzed what drives employee satisfaction. Data shows primary contributors to employee satisfaction are: work itself; teamwork; the role of managers; opportunities for advancement/growth; and work-life balance. Survey results for 2004 show that not only had employee satisfaction increased from the previous survey in all five areas listed above, SFHHS scored significantly higher than other system hospitals and the national healthcare norm.

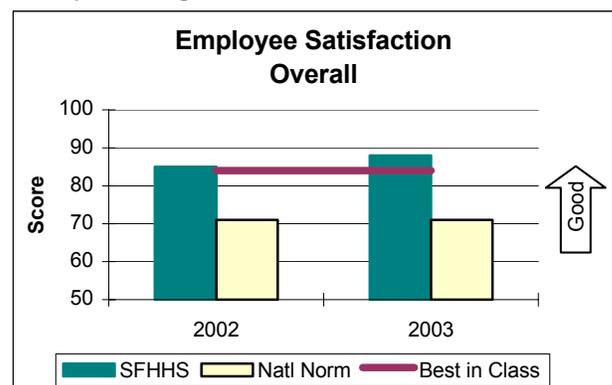


Figure 7.4-1

Employee satisfaction is extremely important in recruitment and retention efforts. With the challenge of the workforce shortages in the healthcare industry and the recruiting difficulty that occurs as result of that shortage,

SFHHS must be able to retain its employees. The employee turnover rate for SFHHS has decreased significantly since 2000 and the current rate of nine percent is significantly below the SSM best practice and national norm.



Figure 7.4-7

SFHHS prides itself on its ability to keep the RN vacancy rate steadily declining during a time when many hospitals are closing units or discontinuing services due to the inability to fill open positions. A major component of St. Francis's success was the implementation of a shared governance nursing practice model in 2002. Research data has shown that nurses who have decision-making authority over nursing practice are more satisfied in their work environment. The increase in nursing satisfaction and decrease in turnover and vacancy rate at SFHHS supports that conclusion.

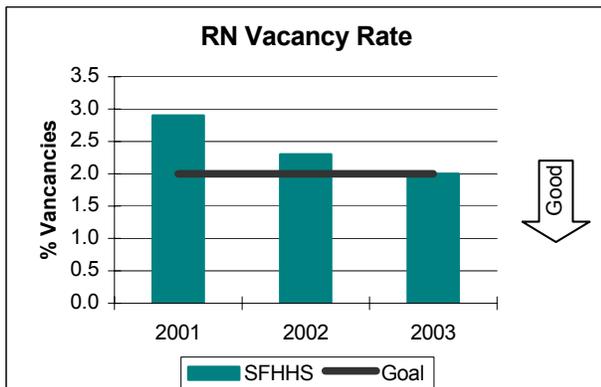


Figure 7.4-8

7.4a(2) Staff Learning and Development Employee education is a vital component in delivering exceptional health care services. SFHHS has increased training hours significantly in the past three years. On a scale of one to five (with five being the most important and effective), employees rate the importance and effectiveness of the training they receive at a four or above.



Figure 7.4-9

7.4a(3) Staff Well-being The ability to provide a safe working environment for employees is critical to work system performance. One indicator of employee health and safety is OSHA reportable injuries (Figure 7.4-11).



Figure 7.4-11

The slight increase in these injuries over the last three years is believed to be due in part to increased education and awareness. A CQI team is being formed to further evaluate OSHA reportable injuries.

7.5 Organizational Effectiveness Results

7.5a Organizational Effectiveness Results

7.5a(1) Performance of Health Care Processes

In addition to the patient satisfaction indicators that have been previously mentioned, many departments have in-process indicators to monitor the efficiency of their work. One example is the radiology repeat film rate. This measures the percent of patients requiring a repeat x-ray due to improper technique used by the technicians, movement by the patient, or other reasons.

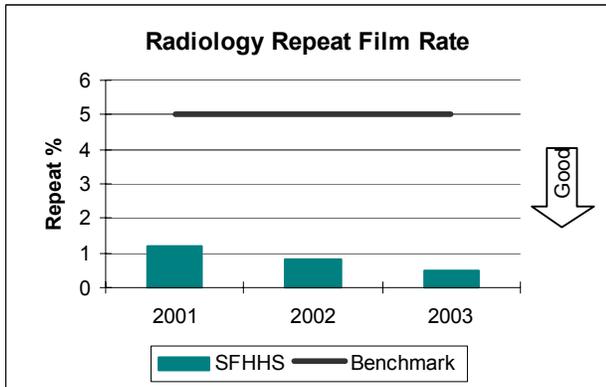


Figure 7.5-1

St. Francis Family Health Care uses diabetic flow sheet utilization as an indicator of operational efficiency. This flow sheet helps monitor the variations in the patient's blood sugar and enables the physician to see trends over time. Proper utilization of this tool aids in the patient diabetic management. With ongoing education of the nursing staff, utilization of the diabetic flow sheets has been steadily increasing.

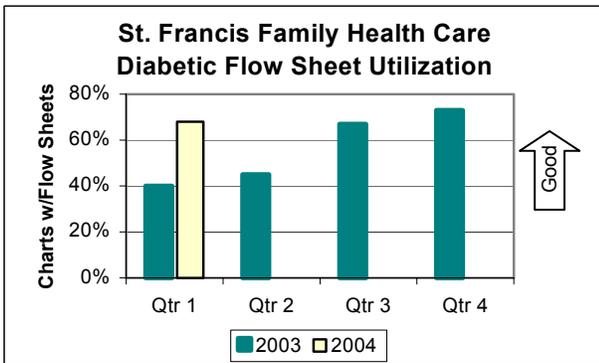


Figure 7.5-2

7.5a(2) Performance of Support Processes One example of a support efficiency indicator is from Building Operations. As a result of improved process and updated equipment, Building Operations was able to show remarkable improvement in natural gas consumption.

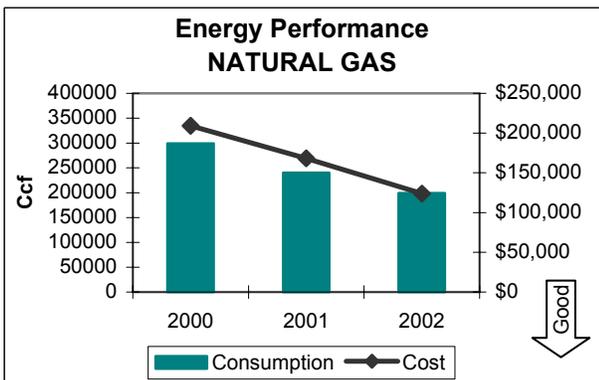


Figure 7.5-3

7.5a(3) Accomplishment of Organizational Strategy SFHHS continuously tracks progress toward SFHR plan goals on an ongoing basis through review of the PIR (see Figure 7.5-4). Monthly action plans to system management are required whenever the key organizational indicators show greater than a five percent unfavorable variance.

Each department manager meets monthly with Core AC to review their department's monthly financial and productivity results. When required, information from these meetings is used to formulate the action plan for system management.

7.6 Governance & Social Responsibility Results

7.6a Governance & Social Responsibility Results

7.6a(1) Fiscal Accountability Limited scope financial audits are performed by the nationally recognized auditing firm of KPMG. SFHHS utilizes Catholic Health Audit Network (CHAN) for internal auditing purposes. CHAN is utilized for special request audits and for corporate-driven audits of all entities. In addition, periodic audits are conducted by third-party payers, such as Medicare, Medicaid and Blue Cross/Blue Shield. There are no unresolved issues related to these audits.

7.6a(2) Ethical Behavior SFHHS participates in the SSMHC Corporate Responsibility Process (CRP). There were six CRP issues raised during the years 2001 and 2002, and all have been addressed and/or resolved.

7.6a(3) Organizational Regulatory Compliance SFHHS strives to meet or exceed all requirements set by accrediting and regulatory organizations. Figure 7.6-1 refers to the major regulatory agencies and outcomes.

Regulatory Compliance	
Agency	Outcome
State of Missouri	No sanctions
CMS	No sanctions
OSHA	No violations
Environmental Protection Agency	No violations
IRS	No investigations
JCAHO	Full accreditation
HIPAA	No violations

Figure 7.6-1

As indicated in Figure 7.6-2, SFHHS' JCAHO accreditation scores are steadily increasing and consistently are at or above the JCAHO average for all accredited hospitals.

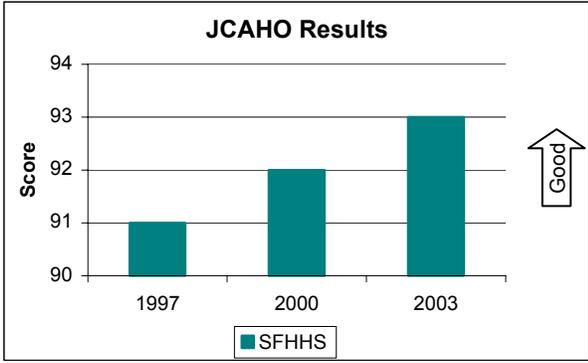


Figure 7.6-2

7.6a(4) Organizational Citizenship SFHHS engages in many activities to improve community health. A prime example is SFHHS' involvement in implementing smoke-free restaurants in Maryville. The Health Education Coordinator was instrumental in working with the City to pass the smoke-free ordinance.

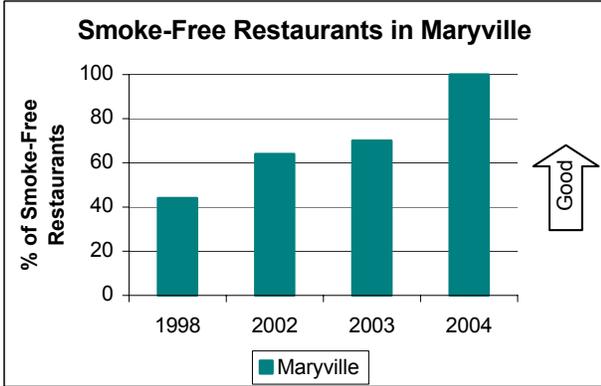


Figure 7.6-3

All SFHHS physicians and staff are committed to participating in the healing ministry of Jesus Christ, delivering health care services to those in need, especially the economically, physically and socially impaired. A minimum of 25 percent of net operating margin is allowed for annually for charity care.

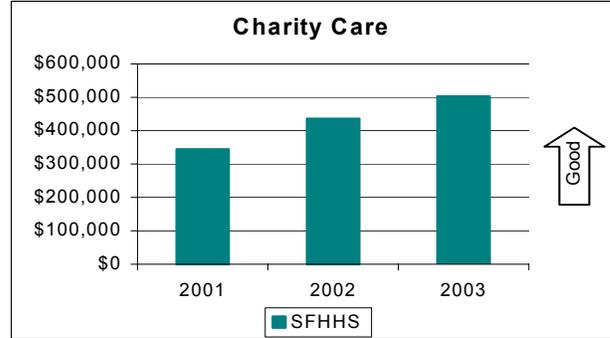
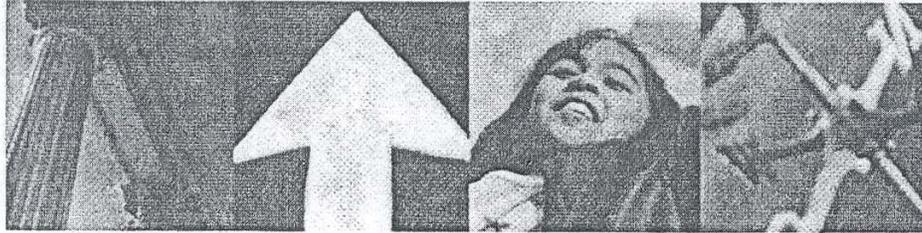


Figure 7.6-10



Excellence in Missouri Foundation

The Excellence in Missouri Foundation was established in 1992 to bring the management philosophies of the Malcolm Baldrige National Quality Award program to Missouri. The Foundation is a 501(c) (3) not-for-profit educational organization funded entirely by contributions from the private sector and income-generating activities. While the Foundation is not a state agency, it was named by Executive Order of the Governor as the official administering body of Missouri's premier quality award programs -the Missouri Quality Award, Missouri Team Quality Award, and Governor's Quality Leadership Award.

In addition to the award programs, the Foundation conducts education and support services to promote performance excellence principles in manufacturing, service, education, government, and health care. A flexible structure of workshops, seminars, and conferences provide learning on how to build, operate, assess, and manage effective processes in organizations. These public offerings are complemented with consulting services to individual organizations on aspects of performance improvement of interest to them. Over the history of the Foundation, assistance has been provided to organizations ranging in size from 11 people to more than 20,000.

Operating Philosophy

In keeping with the Foundation's educational charter, a prime role for the staff of the Foundation is to train volunteers from across the sectors to perform the assessments in each of the award programs. Participation in the assessments enables individuals to gain a wealth of knowledge on performance improvement that benefits their parent organizations.

Public offerings focus on enabling participants from organizations to gain practical experience in various methodologies and approaches that enable enhancement of process performance. Topics are selected that span the sectors and are of high interest. Recent topics of interest include benchmarking, conducting self-assessments, balanced scorecard, and 6-Sigma techniques. The Foundation staff serves as a source for advice to the attendees after completion of the training.

The thrust of consulting is to coach organizations on process methodologies that will improve their customer focus and performance. The coaching focuses on helping individuals within the organization to gain expertise in various facets of performance improvement while enhancing the processes in the selected areas. After the formal consulting period is over, the Foundation staff continues to serve as a source of advice for an organization.



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