

# High Performance Health Care: Achieving and Sustaining Performance Excellence



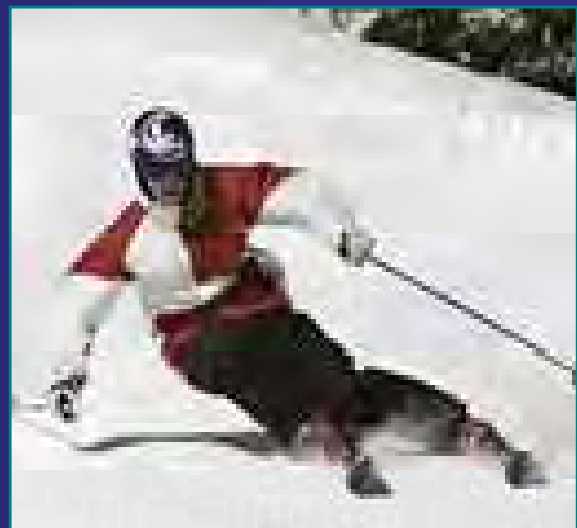
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## What does it take to be high performance?

- Talent?
- Strategy?
- Consistency of Deployment?
- Tools?
- Persistence?

...Maybe, but is there more to it?



# High Performance Health Care



Note: Diagram is the Baldrige Health Care Criteria for Performance Excellence Framework: A Systems Perspective



## What's Leadership... How Do You Lead?

- Set, communicate and deploy organizational direction and values
- Balance value for stakeholders
- Create a focus on action
- Engage the workforce & promote learning
- Ensure societal responsibility, legal & ethical behavior above minimum standards



# More simply... Know the Goal



## What Are We Striving For?

### SSM Health Care Mission

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



# Mission Defined: Characteristics of Exceptional Health Care Services



## Exceptional Patient Care

**Clinical:** Clinical Composite Indicators

**Patient Satisfaction:** Likelihood to Recommend

**Safety:** Patient Serious Event Rate

## Exceptional Commitment

Employee Engagement

Physician Overall Satisfaction

## Exceptional Financial Performance/Growth

**Financial:** Operating Margin

**Growth:** Net Patient Revenue



# Translating Mission into Strategy and Actions



# Improving Financial Performance... a Framework for Implementation

## Organizational Level

## Department/Employees

Improve  
Financial  
Performance

**Entity Goal:**  
Improve  
operating margin  
from  
3.9% in 2010  
To  
5.9% in 2011

**Department Goal:**  
Reduce worked hours  
per day  
from  
17.73 in 2010  
To  
15.21 in 2011

**Department Goal:**  
Reduce supply  
Expenses/mo  
from  
\$3,200 in 2010  
to  
\$2,800 in 2011

### Actions to Achieve Goal:

Daily Staffing Huddles  
at end of each shift  
Weekly  
review of Productivity  
Reports  
Implement  
Unit-based care team  
redesign

Implement  
VAT team  
Recommendations

CQI Waste Walk

## WHY

Why we do what we do

## WHAT

Defines what is  
important to  
network/entity

## HOW

Developed by employees



# Standardized Planning Templates Ensure Consistency

Microsoft Excel - 2008 Department Plan Template3.xls

VP: \_\_\_\_\_ Director Manager: \_\_\_\_\_ Department/Service: \_\_\_\_\_

**Exceptional Patient Care: Patient Satisfaction Goal**

Entity Goal: Improve likelihood to recommend from Current Performance (%tile) in 2008 to Expected Performance (99th %tile) in 2009

Poster Goal: SMART: Improve Performance Indicator from Current Performance (%tile) in 2008 to Expected Performance (%tile) in 2009

Comparative Data Source: Select From Drop Down List or Type In Other Source

	Jan	Feb	Mar	1st Qtr Totals	Apr	May	Jun	2nd Qtr Totals	Jul	Aug	Sep	3rd Qtr Totals	Oct	Nov	Dec	4th Qtr Totals	YTD
Goal																	
Actual																	
Variance																	

Actions to achieve goals

Champion	Status Comments	Next Steps/Follow Up
Due Date		
Champion		
Due Date		
Champion		
Due Date		
Champion		
Due Date		
Champion		
Due Date		

Instructions: Department Plan / Patient Sat Month / Patient Sat Quarter / Clinical Outcomes Month / Clinical Outcomes Quarter / Safety Mon

Enter Entity  
Goal

Enter  
Department  
Goal

Select  
Comparative  
Data Source

Update Actual  
Performance  
Monthly or  
Quarterly

Enter Actions  
to Achieve  
Goals

Calculates  
variance from  
goal

Enter  
Champion and  
Due Dates

Enter status of  
Actions to  
Achieve Goals

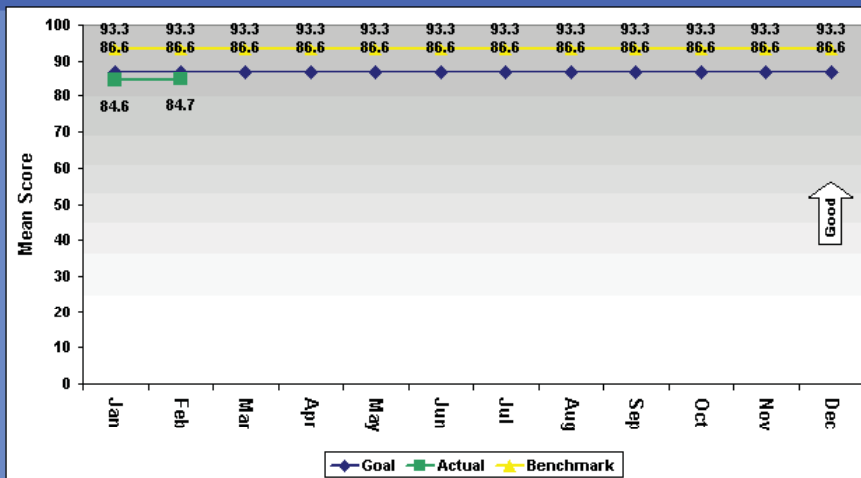
Define Next  
Steps or  
Follow Up



# Sample Graph

SMART Goal

Improve promptness with response to call from 84.6 (50th %'tile) in 2008 to 86.6 (70th %'tile) in 2009



What we will do

Comparative Data Source

## Actions to achieve goals

- Initiate a "No Pass" policy for all employees in patient care areas (1st Quarter)
- Train all front line staff in service recovery, communication skills and emotions management (2nd Quarter)
- Check on patients 30-60 minutes before each shift change to assess any needs (1st/2nd Quarter)
- Check on patients 30-60 minutes before each shift change to assess any needs (1st/2nd Quarter)
- Develop a script to address patients key priorities and incorporate into rounds (2nd/3rd Quarter)

Comparative Data Source

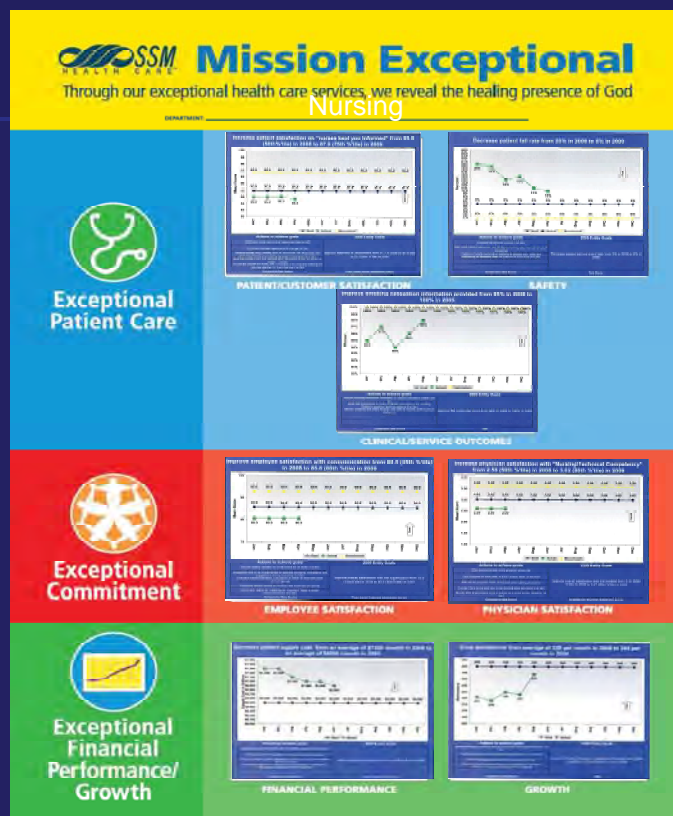
## 2009 Entity Goals

Improve Patient Satisfaction from 88.1 (58th%'tile) in 2008 to 95.7 (99th%'tile) in 2009

Press Ganey Patient Satisfaction Survey

Alignment to the Entity Goal

# SSMHC Department Goal Poster



A 36"x48" Poster that incorporates the Graphs within the body of the poster



# Connecting the Work



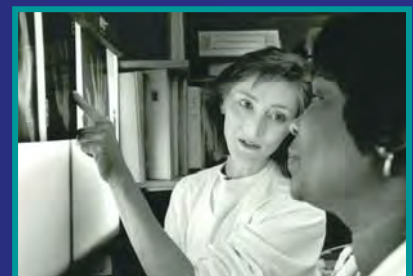
What “we” will do as a department to improve performance



What “I” will do to support the Department’s Improvement Goals



## Prioritization: Bringing Clarity out of Chaos & Creating a deeply integrated culture of performance improvement



# We Use CQI Plus to Improve



Figure 6.2-1 PDSA/CQI and DMAIC/CQIplus Process Improvement Models

## *The Science Behind Becoming Exceptional*



## Science in a Toolbox



← Team Facilitation Tools

← Lean Tools

← Six-Sigma Tools

← Change Management Tools

**CQIplus** is a set of tools, techniques and training to improve processes. Depending on the problem or opportunity identified, teams use the appropriate mix of tools to achieve the project objectives. **This “Mix” is the Methodology**





# Teaching Science in a Toolbox



## ■ Team Facilitation

- Relying in the power of teams
- Knowledge, skills, experience and perspectives of those who do the work.
- Improving team meetings process to enhance effective improvement actions.

## ■ Change Management

- Addressing people's fears, concerns, complacency, excitement or motivation to change
- Creating a climate for implementing and sustaining change.
- Inspire desire to change by speaking to people's minds and hearts.

## • Lean Tools

- Eliminate non-value added activities (waste)
- Make value flow from beginning to end
- Maximize employee involvement on the value creation stream

## • Six-Sigma Tools

- Applying the power of statistics in a practical format, enabling team members to identifying root causes of problems and implementing effective process improvements.
- Fundamental purpose is reduction of variation, so process consistently meets or exceeds expectations



# The Basic Improvement Metrics

- In any process improvement endeavor, the ultimate objective is to make the process:
  - Better
  - Faster
  - Cheaper
- Eliminating Waste & Reducing Variation=Key to Better & Faster
- Better & Faster=Cheaper



# Why Focus on Variation?

Our patients and other customers don't feel the average they feel the variation !

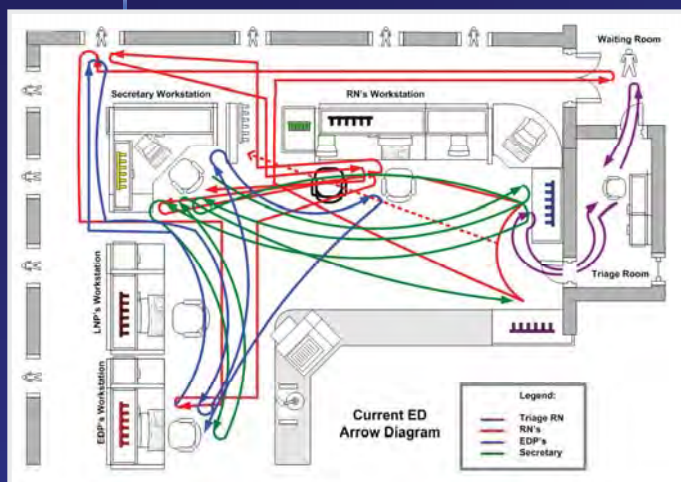
S  
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R  
E  
A  
D

Average

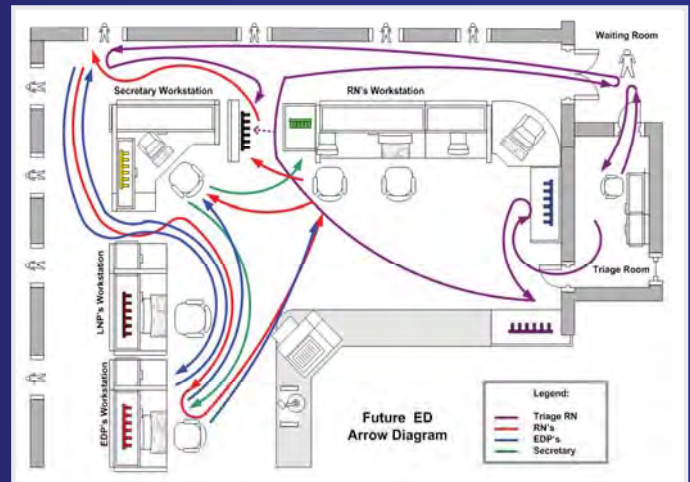


# Why Focus on Waste?

Increased productivity and value creation



Before Spaghetti Diagram



After Spaghetti Diagram



# Process Improvement

Capacity = Work - Waste - Variation

By removing the waste, and minimizing or eliminating variation we have the ability to get more accomplished with the same resources.



- This isn't about more work....it's how we do our work



# How Do We Know We Are Effective?



## We Regularly Evaluate Performance

	EXCEPTIONAL PATIENT CARE-CLINICAL / SATISFACTION / SAFETY												EXCEPTIONAL COMMITMENT			EXCEPTIONAL FINANCIAL PERFORMANCE/GROWTH						
	CLINICAL <sup>1</sup>				CLINICAL <sup>2</sup>			SATISFACTION <sup>2</sup>				SAFETY <sup>2</sup>	2009	2009	2009	OpMargin <sup>3</sup>			NPSR (net of bad debt) <sup>2</sup> (000)			
	AMI	HF	PN	SCIP	Asth Pts Who Rec Systemic Corticosteroids	Asth Pts Who Rec Reliever	Asth Home Mgmt Plan of Care Complete	IP	ED	OPS	OP	Pt Serious Event Ratio (PSER)	Emp Partnership (ALL PG) <sup>4</sup>	Emp Partnership (FTE) <sup>4</sup>	Phys Sat <sup>5</sup>	Var%	Act%	Budget%	Act\$	Budget\$	Prior Yr\$	Prior Yr % change
SSM Health Care	97.67	96.04	95.00	96.83	100	100	91	59	48	45	43	2.53	56		69	0.8	5.3	5.2	2,318,802	2,391,452	2,223,805	4.3
SSM of St. Louis	97.37	96.73	92.85	96.72	100	100	91	44	32	47	34	2.42	27		63	-27.9	3.4	4.7	1,193,041	1,229,617	1,143,623	4.3
SSM of St. Louis-MO	96.95	96.58	93.57	97.09				39	24	59	46	3.64	17		60	-18.7	3.7	4.6	576,474	601,733	563,128	2.4
SSM St. Joseph Hth Ctr	97.15	97.90	92.58	97.14	na	na	na	42	34	52	44	3.08	18	24	39	111.5	6.3	3	186,082	187,717	186,222	-0.8
SSM St. Joseph West	96.52	95.48	94.85	97.28	na	na	na	47	25	67	54	2.30	28	25	65	-33.9	3.2	4.8	103,639	107,566	99,362	4.5
SSM DePaul Hth Ctr	96.78	93.77	93.58	96.94	na	na	na	39	18	56	43	4.88	9	11	69	-58	2.3	5.5	273,881	296,427	262,936	4.1
SSM of St. Louis-SO	98.04	96.96	91.73	96.20	100	100	91	50	44	35	25	1.45	24		69	-36.2	3.1	4.8	616,567	627,884	580,495	6.2
SSM St. Clare, Fenton	96.96	96.08	91.00	95.68	na	na	na	73	83	42	58	1.78	4	4	65	-22	-19.4	-23.8	111,583	92,652	87,796	27.1
SSM St. Mary's	98.88	96.59	92.44	96.66	na	na	na	25	13	47	12	2.31	8	9	34	22.4	6.6	5.4	272,526	273,502	266,922	2.5
SSM Cardinal Glennon	na	na	na	na	100%	100%	91%	91	57	23	27	0.74	62	78	97	-36	9	14	232,512	261,659	226,777	2.5
SSM of Wisconsin	99.01	94.99	95.84	96.32				91	80	54	75	0.59	50		56	30.2	9.6	7.4	427,648	442,329	411,430	3.9
St. Marys, Madison	99.00	94.47	96.42	96.42	na	na	na	92	87	54	81	0.61	47	63	74	41	10.7	7.6	380,068	386,390	362,801	4.8
St. Clare, Banatone	100.00	100.00	93.11	94.78	na	na	na	75	55	54	70	0.48	48	37	7	-67.2	2	6.2	47,508	55,883	46,629	-2.1
SSM of Oklahoma <sup>1</sup>	97.56	94.48	94.08	96.80				57	43	26	16	4.36	91		89	-17.9	3.4	4.1	280,482	283,200	260,440	7.7
St. Anthony <sup>1</sup>	97.56	94.48	94.08	95.09	na	na	na	52	43	22	29	2.69	90	98	85	1.1	3.1	3	238,676	242,774	227,272	5.6
Bone & Joint <sup>1</sup>	na	na	na	98.79	na	na	na	94	na	45	na	33.10	94	93	99	-51.5	5.1	10.6	40,973	40,400	33,669	21.7
St. Mary's Good Sam	97.48	97.54	97.03	96.63				76	61	56	74	6.46	86		90	52.3	11.7	7.7	212,709	216,678	201,026	5.8
Good Samaritan	97.36	96.66	95.58	96.38	na	na	na	70	57	51	75	4.68	77	73	74	44.5	15.9	11	122,379	123,611	115,367	6.1
St. Mary's, Centralia	98.01	99.17	98.57	97.51	na	na	na	80	66	77	74	9.14	94	92	97	82.5	6.1	3.3	90,336	93,093	85,659	5.4
St. Marys, Jeff City	100.00	100.00	99.50	99.54	na	na	na	76	84	49	50	1.57	83	77	60	-18.3	2	2.5	147,355	162,336	150,831	-2.3
St. Francis, Maryville	100.00	98.53	96.84	98.21	na	na	na	80	59	56	20	1.10	65	60	96	57.9	6.2	3.9	57,553	57,315	56,455	1.8
Comparative Data Set/Period	MHA 4/08				MMP Bench thru 9/09		PG Ranks 2009				Internal YTD	PG ranks 4/30/09	HS Dec08		Budget YTD						Prior Year YTD	
	EXCEPTIONAL PATIENT CARE-CLINICAL / SATISFACTION / SAFETY												EXCEPTIONAL COMMITMENT			EXCEPTIONAL FINANCIAL PERFORMANCE/GROWTH						
	CLINICAL <sup>1</sup>				SATISFACTION <sup>1</sup>		SAFETY <sup>1</sup>				2009	2009	2009	OpMargin <sup>1</sup>			NPSR (net of bad debt) <sup>2</sup> (000)					
	Unplanned Hospitaliz	Emergent Care	Impr in mgmt of oral meds	Impr in surgical wounds	LTR Mean (Rank)	Pt Serious Event Ratio (PSER)	Emp Partnership (ALL PG) <sup>2</sup>	Emp Partnership (FTE) <sup>2</sup>	PHYS SAT (%change) <sup>1</sup>	Var%	Act%	Budget %	Act\$	Budget\$	Prior Yr\$	Prior Yr % change						
SSM Home Care	19.7	15.3	47.9	71.8	93.3 (60)	4.20	74	69	4.9%/below gnal	141.5	9.7	4	39,887	39,242	35,888	13.1						
Comparative Data Set/Period	FAZZI Jul08-Jun09				PG Ranks 2009				Internal YTD	PG ranks 4/30/09	Internal YTD	Budget YTD			Prior Year YTD							

Sample Data : For illustration only

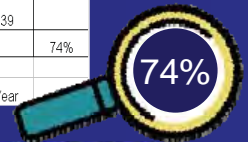


# We Require Year to Year Improvement

	Clinical/Safety							Satisfaction				Commitment		Financial/Growth		Entity Summary		
	AMI	HF	PN	SCIP	ASTH	PSER	HAC	IP	ED	OP	OPS	Empl Part	Phys Sat	NPSR \$	Operating Margin	# Indicators	# Improved	% Improved
<b>SSM OF ST. LOUIS</b>																		
SSM Cardinal Glennon	na	na	na	na	96.5%	0.42	5	80	24	25	25	89/97	89	246,054	4.9%	11	7	64%
SSM DePaul Health Center	20	20	20	50	na	6.87	17	40	41	62	45	76/87	56	295,220	5.6%	14	9	64%
SSM St. Joseph Health Center, St. Charles	20	50	50	50	na	4.00	10	58	61	70	61	91/97	20	196,636	2.9%	14	10	71%
SSM St. Joseph Hospital West	20	50	50	80	na	6.54	7	56	36	62	73	87/83	39	114,368	6.8%	14	12	86%
SSM St. Clare Health Center, Fenton	20	50	50	80	na	3.10	7	76	46	84	72	94/98	73	151,446	7.0%	14	12	86%
SSM St. Mary's Health Center, St. Louis	90	50	20	50	na	2.27	12	38	10	24	47	59/71	21	270,769	7.5%	14	11	79%
<b>SSM OF OKLAHOMA</b>																		
Bone & Joint Hospital	na	na	na	90	na	4.76	0	86	na	na	36	93/91	99	44,646	5.3%	9	6	67%
St. Anthony Hospital	50	80	90	50	na	0.93	11	59	29	39	84	98/99	83	245,578	1.6%	14	12	86%
<b>SSM OF WISCONSIN</b>																		
St. Clare, Baraboo	90	50	20	20	na	3.31	4	48	65	66	37	49/40	51	47,464	-1.9%	14	5	36%
St. Marys, Madison	50	20	80	50	na	0.40	16	92	87	62	55	72/83	85	376,181	8.5%	14	9	64%
<b>ST. MARY'S GOOD SAMARITAN, INC.</b>																		
Good Samaritan, Mt. Vernon	50	50	80	50	na	3.36	4	72	53	78	67	76/87	90	125,321	12.6%	14	13	93%
St. Mary's, Centralia	90	90	90	90	na	1.30	5	83	66	84	70	96/93	88	96,394	6.8%	14	12	86%
<b>SSM REGIONAL</b>																		
St. Francis, Maryville	90	90	80	90	na	3.96	3	67	53	18	55	61/52	96	55,924	-1.1%	14	10	71%
St. Mary's, Jefferson City	90	90	90	90	na	0.91	4	75	76	78	52	84/92	70	134,538	0.9%	14	11	79%
<b>INDICATOR SUMMARY (# ENTITIES)</b>																		
INDICATOR SUMMARY (# IMPROVED)	11	8	9	12	0	8	13	10	10	12	10	13	8	9	6		139	
INDICATOR (% IMPROVED)	92%	67%	75%	92%	0%	57%	93%	71%	77%	92%	71%	93%	57%	64%	43%			74%
	Achieved highest level of performance							Improved over Prior Year				Did not improve over Prior Year						



Sample Data: for illustration only



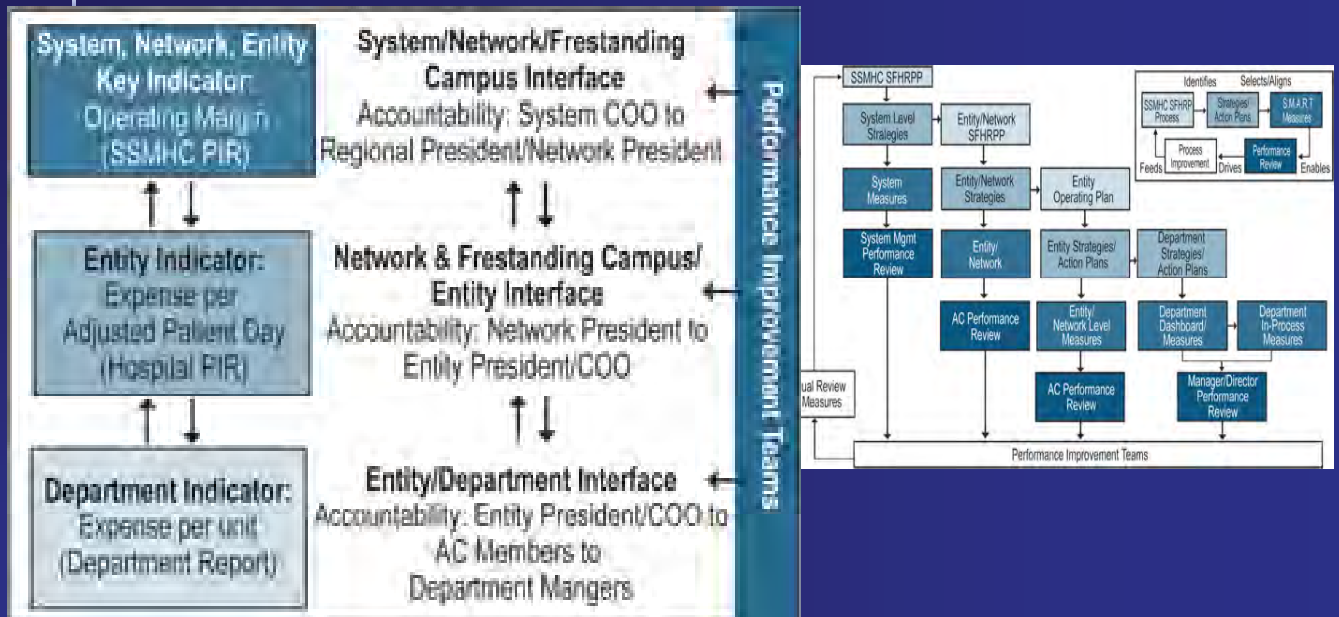
# We Establish Measurable Stretch Goals

	Clinical/Safety							Satisfaction				Commitment		Financial/Growth		Entity Summary		
	AMI	HF	PN	SCIP	ASTH	PSER	HAC	IP	ED	OP	OPS	Empl Part	Phys Sat	NPSR \$	Operating Margin	# Indicators	# Met Goal	% Met Goal
<b>SSM OF ST. LOUIS</b>																		
SSM Cardinal Glennon	na	na	na	na	96.5%	0.42	5	80	24	25	25	89/97	89	246,054	4.9%	11	2	18%
SSM DePaul Health Center	20	20	20	50	na	6.87	17	40	41	62	45	76/87	56	295,220	5.6%	14	3	21%
SSM St. Joseph Health Center, St. Charles	20	50	50	50	na	4.00	10	58	61	70	61	91/97	20	196,636	2.9%	14	6	43%
SSM St. Joseph Hospital West	20	50	50	80	na	6.54	7	56	36	62	73	87/83	39	114,368	6.8%	14	5	36%
SSM St. Clare Health Center, Fenton	20	50	50	80	na	3.10	7	76	46	84	72	94/98	73	151,446	7.0%	14	7	50%
SSM St. Mary's Health Center, St. Louis	90	50	20	50	na	2.27	12	38	10	24	47	59/71	21	270,769	7.5%	14	4	29%
<b>SSM OF OKLAHOMA</b>																		
Bone & Joint Hospital	na	na	na	90	na	4.76	0	86	na	na	36	93/91	99	44,646	5.3%	9	2	22%
St. Anthony Hospital	50	80	90	50	na	0.93	11	59	29	39	84	98/99	83	245,578	1.6%	14	6	43%
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St. Marys, Madison	50	20	80	50	na	0.40	16	92	87	62	55	72/83	85	376,181	8.5%	14	7	50%
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Good Samaritan, Mt. Vernon	50	50	80	50	na	3.36	4	72	53	78	67	76/87	90	125,321	12.6%	14	5	36%
St. Mary's, Centralia	90	90	90	90	na	1.30	5	83	66	84	70	96/93	88	96,394	6.8%	14	8	57%
<b>SSM REGIONAL</b>																		
St. Francis, Maryville	90	90	80	90	na	3.96	3	67	53	18	55	61/52	96	55,924	-1.1%	14	4	29%
St. Mary's, Jefferson City	90	90	90	90	na	0.91	4	75	76	78	52	84/92	70	134,538	0.9%	14	4	29%
<b>INDICATOR SUMMARY (# ENTITIES)</b>																		
INDICATOR SUMMARY (# MET GOAL)	7	4	3	6	0	0	1	6	3	7	3	9	7	3	6		65	
INDICATOR (% MET GOAL)	58%	33%	25%	46%	0%	0%	7%	43%	23%	54%	21%	64%	50%	21%	43%			35%
	Achieved highest level of performance							Met Goal				Did not Meet Goal						





# We Take Corrective Action When Needed



## Effective Leaders Know How To “Connect the Dots”



# Our Commitment To Exceptional Service

*"I understand the trust placed in me as an employee of this organization.*

*I promise to treat patients, their loved ones, and all persons with whom I come in contact with great respect and compassion.*

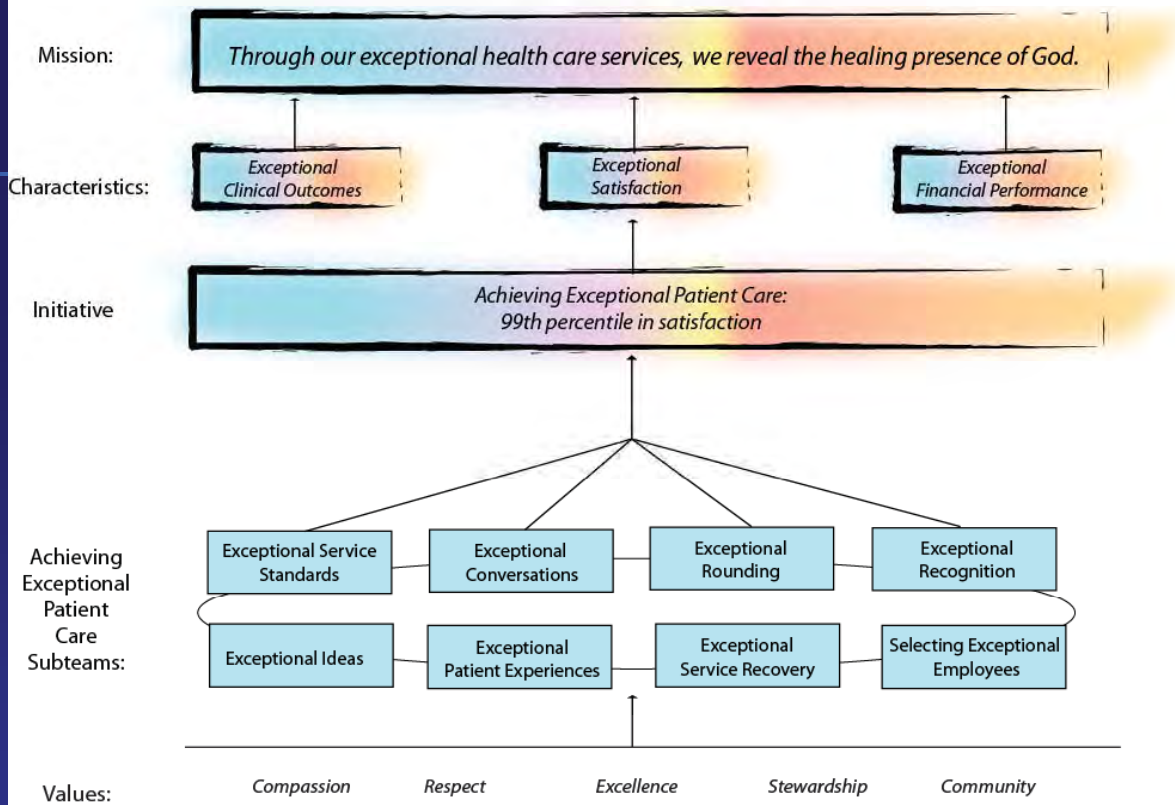
*I will be kind to all people here.*

*I will provide the kind of care that touches people's souls."*



## Achieving Exceptional Patient Care...Is Good...Good Enough?





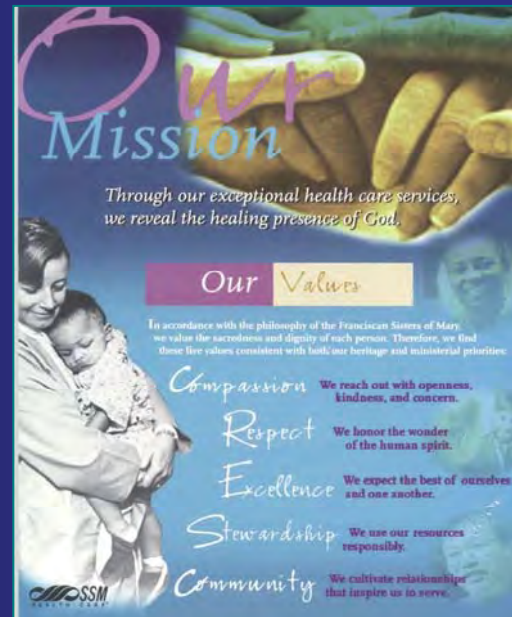
# Achieving Exceptional Patient Care

- It's not just about caring for patients... it's about caring about patients



# Performance Results

- Our Mission calls us to provide exceptional health care services... so we need indicators to evidence exceptional performance



## Key SSM Health Care Results



- Clinical & Service Excellence
  - Top Quartile or above in Clinical Outcomes, Patient Satisfaction, Employee and Physician Commitment; Recognized as Top 100 Best Places to Work
  - **Health Grades:** Several Distinguished Hospitals for Clinical Excellence representing the top 5% of hospitals nationwide for high performance in 26 diagnoses and procedures
  - **Recognized as a Premier High Performing Hospital:** attaining performance goals in cost, quality and evidence-based care delivery
- Financially Solid
  - At or near Composite AA Standard for the last 10 years
  - AA bond rating for more than 10 years.
- Prepared for the Future
  - HIMSS Analytics Stage 6+ (Top 2.5% in US)



# Back to the beginning...

## What does it take to be high performing?



## As a Leader....How do I Contribute to High Performance Health Care?



Note: Diagram is the Baldrige Health Care Criteria for Performance Excellence Framework: A Systems Perspective





# Why We Do What We Do

***“Every day, we have an opportunity to make a difference in people’s lives. We must care for people in a way that touches their souls, so that everyone -- including ourselves -- is in some way healed.”***

***“What we do is more than a job, more than a career. It is a sacred trust.”***



--Sister Mary Jean Ryan, FSM

