Hospitals and Care Systems of the Future: HR’s Strategic Leadership in an Era of Transformation

HHRMAC Annual Conference March 15, 2015
Sacramento, CA
Welcome!

- **Felicia Bloom, MHS**  
  AHA Solutions

- **Jonas Moskowitz, MBA, JD**  
  AHA Career Center

- **Clay England, SPHR**  
  *Executive Director, Human Resources*  
  Grady Health System

- **Becky Rozell, MSOL**  
  *Chief Human Resources Officer*  
  Madison Health
Agenda – AHA Pre-Conference Session at HHRMAC 2015

- Understand health care’s transformation from 1st curve to the 2nd curve
- Learn key metrics for the 2nd curve of health care and four must-do strategies as identified by the AHA
- Learn about AHA Career Center’s 2015 Environmental Scan
  - Where Health Care Is Headed Next
  - Trendwatch: Changes In the Workforce and the Importance of Diversity
  - From The Candidate’s Perspective
  - Workforce Overview and Hiring Demand
  - A Focus on RNs and California
  - Thought Leaders Weigh In
- Summarize best practices from Grady Health System (Atlanta, GA) and Madison Health (London, OH) Case Studies
- Q&A – Discuss HR’s Vital Leadership Role Building New Capabilities to Improve Quality of Care, Cost Management and Efficiency, and to Expand Coordinated Care Beyond the Acute Care Setting
Overview of the AHA

**Mission**
To advance the health of individuals and communities.

**Vision**
A society of healthy communities, where all individuals reach their highest potential for health.

- Founded in 1898
- 5,000+ members
  - Hospitals, care systems, networks, and other providers of care
- 40,000+ individual members
- Chicago (HQ) and Washington DC offices
Overview of the AHA

Patient

Advocacy

Long-term System Reform

Performance Improvement

We know hospitals.
• Co-founder of the National Healthcare Career Network
• 300 Associations & Professional Societies
• All disciplines – clinical, operational, executives
Hospitals & Care Systems of the Future

- 2011 inaugural report
- Setting stage for change
- Mobilize action to adapt and succeed in the future
- Build a new system of care delivery

www.hpoe.org
First-Curve to Second-Curve: Volume to Value

How will your organization successfully navigate the shift from first-curve to second-curve economics?

**Value-Based Second Curve**
- Payment rewards population value: quality and efficiency
- Quality impacts reimbursement
- Partnerships with shared risk
- Increased patient severity
- IT utilization essential for population health management
- Scale increases in importance
- Realigned incentives, encouraged coordination

**Volume-Based First Curve**
- Fee-for-service reimbursement
- High quality not rewarded
- No shared financial risk
- Acute inpatient hospital focus
- IT investment incentives not seen by hospital
- Stand-alone care systems can thrive
- Regulatory actions impede hospital-physician collaboration

We know hospitals.
Required for the Transformation of Health Care

Adoption of Must-Do Strategies

1. Clinician-hospital alignment
2. Quality and patient safety
3. Efficiency through productivity and financial management
4. Integrated information systems
5. Integrated provider networks
6. Engaged employees & physicians
7. Strengthening finances
8. Payer-provider partnerships
9. Scenario-based planning
10. Population health improvement

Organizational culture enables strategy execution

Development of Core Competencies

1. Design and implementation of patient-centered, integrated care
2. Creation of accountable governance & leadership
3. Strategic planning in an unstable environment
4. Internal & external collaboration
5. Financial stewardship and enterprise risk management
6. Engagement of employees’ full potential
7. Utilization of electronic data for performance improvement

Strategy Implementation Leads to Core Competency Development

Metrics to Evaluate Progress

Self-Assessment Questions

We know hospitals.
Health System Future State
Drivers Transforming Health Care

• Demographics
• Overall increased health care spending
• Shift to value-based reimbursement
• Provider accountability for cost and quality of care
• Care fragmentation
• Transparency of cost, quality, and community benefit data
• Projected provider shortages
• Difficulty in raising capital

• High-cost advances in medical technology and pharmaceuticals
• Federal and state reform and legislation
• Reimbursement decline
• Challenges to care variations
• Mergers
• Acquisitions
• Employee Shortages
• Competition
• Revenue Reduction
• ACA

AND others...
Leadership Skills

Q3: Do you feel your current senior management team has members with the right experience, skill-sets and talent needed to achieve these strategic priorities?

32% Yes
68% No

Primary Talent Gaps

- Community and population health management...
- Data analytics
- Non-traditional health partnerships (e.g., joint...
- Transformational change/change management
- Advanced financial expertise (e.g., new payment and...
- Information technology strategy and management
- Critical thinking/strategic planning
- Innovative thinking/creativity
- Internal constituency relationship-building experience
- Service and patient focus
- Clinical experience
- Quality/patient safety expertise

Spencer Stuart & AHA, Building a Leadership Team for the Health Care System of the Future, 2014
## Traditional Roles Evolving

<table>
<thead>
<tr>
<th>Historical</th>
<th>Today</th>
</tr>
</thead>
</table>
| **Chief Medical Officer**  
- Medical Staff Management | More operational and strategic – focusing on quality targets and efficiency, strategic planning, long-range forecasting and decision analysis |
| **Chief Nursing Officer**  
- Advocate for nursing / patient care | Broader and more operational role – integral member of the mgmt team |
| **Chief Financial Officer**  
- Scorekeeper / financial gatekeeper | Business partner to the enterprise, help advise on risk, insurance and strategic decisions |
| **Chief Operating Officer**  
- Focused internally | “Integrator in Chief” overseeing range of operational activities across continuum – population health outcomes, coordinating inpatient care with physician offices and non acute services |

Experimenting with Other Approaches

- Management dyads and triads - clinical leaders paired with administrators to jointly oversee service lines or clinical areas
- Matrix organizations and multiple reporting relationships
- Physician strategy groups, executive strategy committees or councils
Looking Ahead

Spencer Stuart describes today’s landscape

But what about tomorrow’s landscape?

• What will happen to the health care worker gap?

• What trends will emerge?

• What skills will be in demand?

Environmental Scan
Why We Did It

A need to cull together information about:

• Health care workforce issues
• Candidate supply/demand
• Recruitment challenges
How We Did It

- AHA resources: Workforce Diversity and Multigenerational studies, Health Forum Annual Hospital Survey
- Wanted Analytics for supply/demand figures
- AHACareerCenter.org Job Search Insights survey to glean candidate insights
- Interviewed HR thought leaders
A Bird’s Eye View

- Patients will take more responsibility
- Hospitals and systems will move further toward a continuum of care
  - 70% believe by 2019…
- IT will play a major role
- Provider partnerships will increase
  - 94% believe by 2019…
Trendwatch: Health Care Workforce

Trends and Insights affecting workforce management and hiring

• Primary care struggles to meet patient needs
• High turnover, staff reductions, and early retirement in the C-suite continue
• 30% of surveyed CEO’s want more clinical expertise on boards
• Interest in workplace disease prevention and wellness programs are growing
  - $3.27 in medical costs
  - $2.73 in absenteeism costs
Trendwatch: Multigenerational Workforce

Age ranges span over 40 years, creates challenges and opportunities

- Shift in patient and workforce demographics
  - Baby boomers move from employees to patients
  - Millennials fill the labor gap
  - Gen Xers and millennials ascend to leadership roles

- Organization hierarchies may be restructured to inspire innovation

- Job requirements may be modified to cater to new emerging roles

- New positions will be created with new levels of flexibility
  - More care being delivered outside formal structures
Community Diversity should be reflected by the health care system

- Leadership and governance teams should reflect the community served
  - 31% of patients are minorities
    - 14% are board members
    - 12% in leadership
    - 17% are lower and mid level management
- Diversity is a goal
  - 37% of boards set diversity goals to reflect their communities
  - 27% of hospitals have a plan to increase senior leadership diversity
- Most hospitals provide diversity education and training
- Diversity efforts in recruitment and retention are lacking
From the Candidate’s Perspective

Job boards and company websites are most used

- 75% use job boards
  - 20% hired through job boards

- 75% use company websites
  - 17% hired through company website

- 68% through family and friends
  - 31% hired through referrals
From the Candidate’s Perspective

Candidates want to see very detailed job descriptions

- 79% want info about employers and specific roles
- 60% want info about career paths and career development opportunities
From the Candidate’s Perspective

Face to face networking the preferred way to develop relationships

- 23% stay in touch with former colleagues
- 19% membership in professional societies and associations
- 17% attend conferences and seminars
From the Candidate’s Perspective

Social media and social networking landscape

- 52% use LinkedIn
- 4% use Facebook
- 26% don’t use social channels
From the Candidate’s Perspective

What matters most to applicants

- **64%** Great Benefits
- **48%** Flexible Hours and Scheduling
- **72%** Competitive Compensation
A by-the-numbers look at the state of health care hiring today, and how those trends change throughout the country.\(^4\)

147 million
Total job candidates in the U.S.

9.9%
of total job candidates are in the health care field
Workforce Overview and Hiring Demand

Top 10 most in-demand health care positions (past 4 years)
1. Registered Nurse
2. Physical Therapist
3. Occupational Therapist
4. Speech Language Pathologist
5. Registered Nurse Intensive Care Unit
6. Nurse Practitioner
7. Nurse
8. Pharmacist
9. Pharmacy Technician
10. Physician Assistant

Top 10 most in-demand health care skills (past 4 years)
1. Pediatrics
2. Patient Electronic Medical Record (EMR)
3. Medical information
4. Geriatrics
5. Critical care
6. Quality Assurance (QA)
7. Behavioral health
8. Bilingual
9. Quality control
10. Emergency room

The number of candidates per every health care job opening

21
Workforce Overview and Hiring Demand

States where it’s **easiest** to fill health care positions

1. New Jersey
2. New York
3. Ohio
4. Indiana
5. Missouri
6. Pennsylvania
7. Illinois
8. Mississippi
9. Alabama
10. Louisiana

States where it’s **hardest** to fill health care positions

1. Alaska
2. Nevada
3. Utah
4. Colorado
5. Washington DC
6. New Mexico
7. Arizona
8. Washington
9. Wyoming
10. Virginia
A Focus on RN’s

Position Snapshot: Registered Nurses (RNs)

Important statistics regarding the employment prospects of RNs

2.7 million
RN job candidates in the U.S.

18.6%
of total health care job candidates are RNs

14
The number of candidates per every RN job opening

50 days
How long the average RN job opening lasts before being filled

Top 10 most in-demand RN skills

1. Pediatrics
2. Critical care
3. Geriatrics
4. Patient Electronic Medical Record (EMR)
5. Behavioral health
6. Emergency room
7. Quality Assurance (QA)
8. Bilingual
9. Labor and Delivery
10. Hemodialysis
A Focus on RN’s

States where it’s easiest to fill RN positions
1. New Jersey
2. West Virginia
3. Illinois
4. Pennsylvania
5. New York
6. Indiana
7. Ohio
8. Alabama
9. Missouri
10. Iowa

States where it’s hardest to fill RN positions
1. Nevada
2. Arizona
3. Alaska
4. Colorado
5. Oklahoma
6. Washington
7. New Mexico
8. Georgia
9. Texas
10. Virginia
Hiring RN’s in California

Easier-to-fill jobs  Harder-to-fill jobs

Unavailable  Selected Locations

We know hospitals.

AHA Solutions
Hiring RN’s in California

Typical jobs

Harder-to-fill jobs

Easier-to-fill jobs

Harder to fill

We know hospitals.
## Hiring RN’s in California

<table>
<thead>
<tr>
<th>Alternate Location</th>
<th>Job Volume</th>
<th>Salary Range</th>
<th>Candidate Supply</th>
<th>Posting Period</th>
<th>Hiring Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles-Long Beach-Santa Ana, CA</td>
<td>4,654</td>
<td>$59K - $83K</td>
<td>87,000</td>
<td>45 days</td>
<td>26</td>
</tr>
<tr>
<td>Chico, CA</td>
<td>89</td>
<td>$74K - $86K</td>
<td>2,000</td>
<td>43 days</td>
<td>26</td>
</tr>
<tr>
<td>Honolulu, HI</td>
<td>284</td>
<td>$47K - $104K</td>
<td>7,700</td>
<td>47 days</td>
<td>34</td>
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<tr>
<td>Visalia-Porterville, CA</td>
<td>58</td>
<td>$75K - $93K</td>
<td>2,100</td>
<td>41 days</td>
<td>38</td>
</tr>
<tr>
<td>Santa Rosa-Petaluma, CA</td>
<td>200</td>
<td>$69K - $84K</td>
<td>3,200</td>
<td>46 days</td>
<td>39</td>
</tr>
<tr>
<td>Vallejo-Fairfield, CA</td>
<td>309</td>
<td>$67K - $81K</td>
<td>3,300</td>
<td>45 days</td>
<td>43</td>
</tr>
<tr>
<td>San Francisco-Oakland-Fremont, CA</td>
<td>2,190</td>
<td>$68K - $85K</td>
<td>38,000</td>
<td>46 days</td>
<td>48</td>
</tr>
<tr>
<td>Riverside-San Bernardino-Ontario, CA</td>
<td>1,495</td>
<td>$60K - $87K</td>
<td>22,000</td>
<td>43 days</td>
<td>48</td>
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<tr>
<td>Stockton, CA</td>
<td>265</td>
<td>$59K - $99K</td>
<td>3,900</td>
<td>45 days</td>
<td>48</td>
</tr>
<tr>
<td>San Diego-Carlsbad-San Marcos, CA</td>
<td>973</td>
<td>$56K - $85K</td>
<td>21,000</td>
<td>46 days</td>
<td>52</td>
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<tr>
<td>Prescott, AZ</td>
<td>118</td>
<td>$73K - $86K</td>
<td>1,200</td>
<td>46 days</td>
<td>57</td>
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<tr>
<td>Sacramento–Antioch–Yuba City–Roseville, CA</td>
<td>1,309</td>
<td>$68K - $86K</td>
<td>15,000</td>
<td>43 days</td>
<td>60</td>
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<tr>
<td>San Jose-Sunnyvale-Santa Clara, CA</td>
<td>695</td>
<td>$62K - $89K</td>
<td>12,000</td>
<td>46 days</td>
<td>60</td>
</tr>
<tr>
<td>Fresno, CA</td>
<td>400</td>
<td>$64K - $88K</td>
<td>5,300</td>
<td>44 days</td>
<td>51</td>
</tr>
<tr>
<td>Salinas, CA</td>
<td>110</td>
<td>$59K - $89K</td>
<td>2,000</td>
<td>45 days</td>
<td>61</td>
</tr>
<tr>
<td>Reno-Sparks, NV</td>
<td>274</td>
<td>$62K - $89K</td>
<td>3,200</td>
<td>46 days</td>
<td>68</td>
</tr>
<tr>
<td>Eugene-Springfield, OR</td>
<td>345</td>
<td>$61K - $88K</td>
<td>2,800</td>
<td>48 days</td>
<td>70</td>
</tr>
<tr>
<td>Bakersfield-Delano, CA</td>
<td>376</td>
<td>$69K - $89K</td>
<td>3,900</td>
<td>46 days</td>
<td>72</td>
</tr>
<tr>
<td>Modesto, CA</td>
<td>340</td>
<td>$70K - $89K</td>
<td>3,200</td>
<td>45 days</td>
<td>72</td>
</tr>
<tr>
<td>San Luis Obispo-Paso Robles, CA</td>
<td>90</td>
<td>$60K - $88K</td>
<td>1,700</td>
<td>44 days</td>
<td>73</td>
</tr>
</tbody>
</table>

**Hiring Scale:** 26 - 73

**Salary:** $56K - $98K

**Posting Period:** 41 – 48 days
Thought Leaders

Attract out of industry non-traditional leaders with strong analytical and critical thinking skills.

Health care needs a new innovative attraction strategy for its recruitment.

There is a tremendous need for high customer service skills.

Plug and play team members are needed.
Thought Leaders

Mobile technology is often seen as removing value versus its ability to add value.

Hiring more advanced practice providers (NP’s and PA’s).

Moving toward a one stop system clinical coordination model.

Home health continues to grow…talent gap.
Resources & Information

Workforce Center

AHA Solutions - www.aha-solutions.org

AHACareerCenter.org – www.careercenter.aha.org/

ASHHRA - www.ashhra.org

AHA SmartMarket – www.smartmarket.aha.org
Thank You
Transforming an Urban Public (Safety-Net) Academic Health System

Clay England, Grady Health System
Executive Director, Human Resources

Healthcare Human Resources Management Association of California (HHRMAC) Annual Conference
Sunday, March 15, 2015
Agenda

• Introduction & Background
• Grady’s Transformation Journey
• People Pillar Strategies
• Impact on Overall Pillar Results at Grady
Grady Health System

- Founded in 1890
- Level I Trauma Center
- One of the Largest Burn Centers
- Comprehensive Stroke Center
- Largest Long-Term Care Facility in Georgia
- One of the Largest EMS Provider in the Southeast
- Regional Cancer Center
- Primary Training Site for Morehouse and Emory Schools of Medicine
- 950 Beds
- 5,500 Employees
Fast Forward...1890 to 2007

- Loosing (Bleeding) Money
- Low Patient Satisfaction
- Poor Quality Results
- Political Board
- No Growth
- Little Philanthropic Support
- Antiquated Technology & Facilities
- Low Engagement
- High Turnover
- Edge of Bankruptcy and Closure
2008 - The start of “The Grady Miracle”

- Corporate Atlanta Takes Over
- Grady Becomes Private
- The Financial Turnaround Begins
- Philanthropists Come Forward (Robert W. Woodruff Foundation - $200 Million)
Grady’s Vision

Grady Health System will become the leading public academic healthcare system in the United States.
VISION
Grady Health System will become the leading public, academic healthcare system in the United States.

STRATEGIC PLAN 2015

QUALITY
Leading performer in clinical quality and operational excellence and safety measures at all sites of care

SERVICE EXCELLENCE
Patient-centered, integrated system of care focused on meeting the service expectations of the patient

STEWARDSHIP
Financially strong, innovative leader focused on providing funding for high quality care

PEOPLE
Highly engaged workforce who propel Grady toward excellence

GROWTH
Exceptional health system creating opportunities for profitable growth to fund the ongoing mission

The Triple Aim
Improve population health
Reduce / control per capita cost
Enhance patient experience

S
Safe
T
Timely
E
Equitable
E
Effective
E
Efficient
P
Patient Centered
2011 People Pillar State of Affairs

- Low Employee Engagement
- Even Lower Physician Engagement
- Lack of Leadership Development & Accountability
- Unclear Performance Expectations
- Inefficient Selection Process
- High Turnover
People Transformation Strategy

- Improve selection and onboarding process
- Develop Leaders
- Performance Expectations & Accountability
- Improving Employee & Physician Engagement
- Reducing turnover
Selection and Onboarding

People – Technology – Process

- Top-graded talent and realigned recruiters to partner with divisions
- Implemented PeopleSoft eRecruit & other integrated tools
- Competency Based Pre-Employment Assessments (DDI)
- Competency Based Behavioral Interviewing Process (DDI)
- 30 & 90 Day New Employee Rounding (Studer)
- CEO Led Monthly New Employee Breakfasts
Developing Leaders

• Leadership Competency Development, Assessment and Curriculum (DDI)

• Leadership Development Institutes “LDI”—Quarterly (Studer/DDI)

• Career Development & Coaching (DDI)

• Career Ladders-Nursing and others
Performance Expectations and Leadership Accountability

- Goal and Metrics Driven
- Redesigned Performance Management System
- Implementation of High/Solid/Low Evaluations
- Just Culture (Outcome Engenuity)
Employee Engagement

- Engagement Goals for all Leaders
- Detailed Action Planning: 2-3 items
- Pulse Surveys
- Focus on Tier III Leaders
- Organizational Action Planning
Physician Engagement

- Chiefs of Service “COS” goal setting
- Service Line Directors/Managers included in Physician engagement
- COS included in employee engagement
- Action planning: 2-3 Items
- Physicians Engagement Steering Committee
- Better communication
THE IMPACT ON RESULTS: PEOPLE 2011-2014
# Turnover Rates

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Turnover</strong></td>
<td>20.04%</td>
<td>17.20%</td>
<td>17.34%</td>
<td>14.33%</td>
</tr>
<tr>
<td><strong>Voluntary Turnover</strong></td>
<td>14.05%</td>
<td>14.09%</td>
<td>13.49%</td>
<td>10.57%</td>
</tr>
<tr>
<td><strong>Involuntary Turnover</strong></td>
<td>5.98%</td>
<td>3.11%</td>
<td>3.86%</td>
<td>3.75%</td>
</tr>
<tr>
<td><strong>1st Year Voluntary Turnover</strong></td>
<td>33.93%</td>
<td>21.89%</td>
<td>17.41%</td>
<td>12.59%</td>
</tr>
</tbody>
</table>
Employee Engagement

National UHC Average Percentile

- 2010: 3.87 (9th percentile)
- 2012: 4.11 (46th percentile)
- 2014: 4.10 (60th percentile)
- 2016: 4.13

- 95% Participation Rate

Grady
Physician Engagement

National UHC Average Percentile

- 1st National UHC Average Percentile: 3.59
- 40th National UHC Average Percentile: 3.56
- 77th National UHC Average Percentile: 3.94

Engagement...

Alignment

92% Particip. Rate

THE IMPACT ON RESULTS: SERVICE EXCELLENCE 2011-2014
## Inpatient Patient Satisfaction

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tbody>
<tr>
<td>1/8 &gt; 50th Percentile</td>
<td>N = 1202</td>
<td>4/8 &gt; 50th Percentile</td>
<td>9/10 &gt; 60th Percentile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N = 1893</td>
<td>N = 2179</td>
</tr>
</tbody>
</table>

Norm: Press Ganey - Grady NAPH
THE IMPACT ON RESULTS: QUALITY 2011-2014
Quality

• Hospital Acquired Conditions:
  – Urinary Tract Infections
  – Central Line Infections
  – Pressure Ulcers
  – Falls with Harm
  – Surgical Site Infections

• Readmission Rates
THE IMPACT ON RESULTS:
STEWARDSHIP
2011-2014
Grady has been profitable every year

The unfunded portion of Grady’s payor mix declined from 42% to 28%

Net revenue has increased by $125M

Raised $350M from local philanthropists

Days Cash-on-Hand have increased from 0 to 65
THE IMPACT ON RESULTS: GROWTH 2011-2014
Profitable Growth

- Medicare volumes
- Insured procedural volumes
I WOULDN’T BE HERE WITHOUT GRADY.

Tom Snyder
Trauma Survivor

atlanta can’t live without grady
gradyhealth.org

I WOULDN’T BE HERE WITHOUT GRADY.

Tracie Steadman
Stroke Thriver

atlanta can’t live without grady
gradyhealth.org
Improving HCAHPS Through a Better Employee Experience
Improving HCAHPS Through a Better Employee Experience

Madison Health improved patient satisfaction by:

• Adding customer service competencies to job descriptions and evaluations
• Cascading goals throughout the organization
• Engaging and involving employees in ongoing change efforts
Madison Health

• Located in London, Ohio
• Small, rural, community hospital
• $36 million net revenue
• Licensed for 94 beds; currently using 51
• Average daily census of 20 inpatients
“Area in and around my room was always quiet at night”

10/08-9/09*

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Madison Health</td>
<td>54%</td>
</tr>
<tr>
<td>Ohio Average</td>
<td>53%</td>
</tr>
<tr>
<td>National Average</td>
<td>57%</td>
</tr>
</tbody>
</table>

* HCAHPS scores reported on Hospital Compare website as of 7/8/2010
“Area in and around my room is always quiet at night.”

Ensure shared ownership of Patient Experience improvement in both clinical and non-clinical areas.

50 decibels startles a person making it hard to go back to sleep. Tested decibels of noisy items in patient care areas.

Ex. Some carts tested at 70 decibels; many repaired or modified. Dragging chairs at 56 decibels; felt on legs reduced decibels to 45, etc.

Patients offered ear plugs, headphones, and eyeshades with PM carts at night.

Now beginning “Quiet hours” is announced at 8:30 pm each evening.

Certain staff functions restricted at night.

Shared results with staff and the public through posters.
“Area in and around my room was always quiet at night”
“Area in and around my room was always quiet at night”

<table>
<thead>
<tr>
<th></th>
<th>10/08-9/09</th>
<th>4/12-3/13*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madison Health</td>
<td>54%</td>
<td>67%</td>
</tr>
<tr>
<td>Ohio Average</td>
<td>53%</td>
<td>58%</td>
</tr>
<tr>
<td>National Average</td>
<td>57%</td>
<td>61%</td>
</tr>
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</table>

* HCAHPS scores reported on Hospital Compare website as of 4/23/2014
Madison Health: Quietness of Hospital Environment
Annual Mean Scores

- 2008: 52.8
- 2009: 52.9
- 2010: 57
- 2011: 63
- 2012: 67.6
- 2013: 68.1
“My room and bathroom are always clean.”

<table>
<thead>
<tr>
<th></th>
<th>10/08-9/09*</th>
</tr>
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<tbody>
<tr>
<td>Madison Health</td>
<td>67%</td>
</tr>
<tr>
<td>Ohio Average</td>
<td>70%</td>
</tr>
<tr>
<td>National Average</td>
<td>70%</td>
</tr>
</tbody>
</table>

* HCAHPS scores reported on Hospital Compare website as of 7/8/2010
“My room and bathroom are always clean.”

Make Patient Experience improvement part of operations.

- Customer service expectations set during interview and through orientation.
- H/K go into rooms after breakfast and lunch to “refresh;” enters on log so patient can see when H/K was there.
- Each H/K must talk to patient at least once each day. Scripting provided.
- Director conducts daily unit inspections.
- Staff select educational topics for Department Meetings.
- Staff put together manual so cleaning is consistent and to ease new employee transition.
- All patient comments and data posted in break room.
“My room and bathroom always clean.”
"My room and bathroom are always clean"

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<th></th>
<th>10/08-9/09</th>
<th>4/12-3/13*</th>
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</thead>
<tbody>
<tr>
<td>Madison Health</td>
<td>67%</td>
<td>84%</td>
</tr>
<tr>
<td>Ohio Average</td>
<td>70%</td>
<td>75%</td>
</tr>
<tr>
<td>National Average</td>
<td>70%</td>
<td>73%</td>
</tr>
</tbody>
</table>

* HCAHPS scores reported on Hospital Compare website as of 4/23/2014
Madison Health: Cleanliness of Hospital Environment
Annual Mean Scores

- 2008: 64.7
- 2009: 71.9
- 2010: 72.8
- 2011: 78.1
- 2012: 83.4
- 2013: 84.9
PRE-ACCOUNTABILITY PHASE

Employee-Driven Efforts

Pre-2008

Leaving a Legacy. . .

**Action Summary:** Madison Health CARES committee and front line staff create multiple programs such as Standards of Behavior, Gotchas Recognition, A GIFT Service Recovery, etc. HCAHPS questions added to Press Ganey survey.

**Learning:** Much more visible Senior Leader support was needed to go to next level. Need more employees engaged to affect patient satisfaction goals.
EARLY ACCOUNTABILITY PHASE

**Employee-Driven Efforts**

**Senior Leadership Driven Efforts**

| Pre-2008 | 2008-2010 |

**Action Summary:** Standards of Behaviors added as competencies to all job descriptions and evaluations. Senior leaders select three Crucial goals, one of which is Madison Health CARES. Goals cascaded and focused mostly on clinical areas.

**Learning:** Goals and goal implementation needs to be consistent and involve non-clinical areas. Also need to be tied to something of value.
ACCOUNTABILITY PHASE

Action Summary: A corporate initiative is undertaken to ensure alignment of all Madison Health leadership (clinical and non-clinical) and the Board of Directors. All leaders and staff have HCAHPS goals and the resulting teamwork gets results.

Learning: Alignment of all leaders in patient satisfaction improvement requires a new way of thinking, i.e. patient experience excellence is everyone’s job. Success stories are great examples.
**STRENGTHENING ACCOUNTABILITY PHASE**

<table>
<thead>
<tr>
<th>Employee-Driven Efforts</th>
<th>Senior Leadership Driven Efforts</th>
<th>Sr and Dept Leadership Driven Efforts</th>
<th>All Leaders, Staff and Board members Drive Efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-2008</td>
<td>2008-2010</td>
<td>2010-2011</td>
<td>2012-2013</td>
</tr>
</tbody>
</table>

**Action Summary:** Madison Health CARES training updated, with new focus on employees owning their engagement and successful patient experiences. Annual HCAHPS goal accountability strengthened by affecting leaders’ pay. HCAHPS data shared openly. More employee ideas being implemented. Organizational focus on Workplace of Choice #1 priority.

**Learning:** Continuing the organizational initiative optimizes resources and collaboration toward patient experience excellence. Employee engagement and involvement improves likelihood of success.
LEVERAGING ACCOUNTABILITY

Employee-Driven Efforts

Senior Leadership Driven Efforts

Sr and Dept Leadership Driven Efforts

All Leaders, Staff and Board members Drive Efforts

What’s next. . .

Pre-2008 2008-2010 2010-2011 2012-2013 2014...

**Action Summary:** Focus on the Madison Health Experience for employees, physicians and patients. Employee led experience teams focusing on communication, accountability, professionalism, increasing physician confidence, first impressions, compensation and IHIS. Goal is to “wow” all customers.

**Learning:** Employees see what needs to be done to provide excellent customer experiences. Leaders’ role is to provide support and the tools they need to be successful.
ER Throughput Project

<table>
<thead>
<tr>
<th></th>
<th>4 – 11/13</th>
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</thead>
<tbody>
<tr>
<td>Door to doc</td>
<td>47.5 mins</td>
</tr>
<tr>
<td>Door to discharge</td>
<td>139.9 mins</td>
</tr>
<tr>
<td>Door to admission</td>
<td>263 mins</td>
</tr>
</tbody>
</table>
ER Throughput Project

- Employee input solicited through brainstorming and formal proposals
- Data driven
- Informal leadership
ER Throughput Project

Results 4 weeks after implementation:

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<tr>
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<th>4–11/13</th>
<th>5/14</th>
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<tbody>
<tr>
<td>Door to doc</td>
<td>47.5 mins</td>
<td>17.5 mins</td>
</tr>
<tr>
<td>Door to discharge</td>
<td>139.9 mins</td>
<td>96 mins</td>
</tr>
<tr>
<td>Door to admission</td>
<td>263 mins</td>
<td>259.5 mins</td>
</tr>
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</table>
Emergencies do not care what your plans are, but we do.

We have worked diligently to decrease the average time until being examined by one of our expert Emergency Department physicians to 13 minutes*.

*Average Emergency Department door to doctor time for June 2014.
ER Throughput Project

Results 11 months after implementation:

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<tr>
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<th>4–11/13</th>
<th>3/15</th>
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<tbody>
<tr>
<td>Door to doc</td>
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<td>8 mins</td>
</tr>
<tr>
<td>Door to discharge</td>
<td>139.9 mins</td>
<td>93.5 mins</td>
</tr>
<tr>
<td>Door to admission</td>
<td>263 mins</td>
<td>184.5 mins</td>
</tr>
</tbody>
</table>
Just to Recap

• Customer service competencies added to job descriptions and evaluations improve accountability
• Align employee goals with organizational goals
• The patient experience is everyone’s responsibility
• Keep your employees involved to sustain results
For more information, please contact:

Becky Rozell, Chief Human Resources Officer
brozell@madison-health.com
740-845-7303