Presented by:

E. E. Fibuch, MD

Assoc. Dir. Medical Affairs, Medical Dir. for Quality
Saint Luke's Hospital, Kansas City, Missouri
**Track Session Description**

Dr. Eugene Fibuch will present the experience of St. Luke’s Kansas City as they prepared for and received the coveted Malcolm Baldrige National Quality Award in the health care sector in 2003. He will explain how successful, sustained improvement requires broad organizational change that goes beyond the traditional tools of performance improvement, and how organizations can create this change.

Dr. Fibuch is Professor and Chairman of the Department of Anesthesiology at the University of Missouri at Kansas City, and is the Associate Director of Medical Affairs and Medical Director for Quality at Saint Luke’s Hospital in Kansas City, MO.

**Post-Symposium Availability**

Shortly after the conclusion of the Symposium, most General Session and Track Session presentations will be available for viewing and downloading by licensed MIDAS+ clients from our Web site: www.midasplus.com. The presentations are available both in PDF and native Microsoft PowerPoint format.
Integrating the Baldrige Management Model in Healthcare: Our Journey to Performance Excellence

E. E. Fibuch, MD
Professor and Chairman, Department of Anesthesiology
University of Missouri-Kansas City School of Medicine
Associate Director of Medical Affairs, Medical Director for Quality
Saint Luke’s Hospital, Kansas City, Missouri

ACS MIDAS Symposium 2005

Saint Luke’s Hospital
Kansas City, Missouri

ORGANIZATIONAL PROFILE

Where We Came From…

- Founded in 1882
- Articles of Agreement – dated October 3, 1882
- Charity care was an important aspect of the agreement
- New hospital was designated a teaching institution
Our Journey to Performance Excellence

Saint Luke’s Hospital
Who We Are Today...
- 590 beds
- 3200 employees
- 500 physicians
- Not for profit
- Tertiary care referral
- Episcopal Church
- Primary teaching hospital – UMKC
- Institutes
  - Mid America Heart Institute
  - Mid America Brain Institute
- Centers of Excellence
  - Level III Neonatal care
  - Level I Trauma Center

Saint Luke’s Hospital
Part Of A Health System
- 10 Hospitals
  - Six metropolitan
  - Four rural
- 7000 FTE
- Double ring and Hub Design

Saint Luke’s Hospital
Mission
Committed to the highest levels of excellence in providing health services to all patients in a caring environment...dedicated to medical research and education.
Saint Luke’s Hospital

Vision
The Best Place to Get Care, The Best Place to Give Care

Saint Luke’s Hospital
The Best Place to Get Care Most Preferred in Kansas City

Saint Luke’s Hospital
The Best Place to Give Care
Our People Make the Difference That is why:
• High retention
• High employee satisfaction
• Highly dedicated and engaged workforce
Our Core Values

- Quality/Excellence
- Customer Focus
- Resource Management
- Team Work

122 Years Serving Kansas City and the Region

Why Pursue Baldrige?

“...Because it’s Logical”

- Leadership
- Strategic Planning
- Focus on Patients, Other Customers, and Markets
- Measurement, Analysis, and Knowledge Management
- Staff Focus
- Process Management

Organizational Performance Results

Why Did Saint Luke’s Hospital Embrace the Baldrige Management Model?

- Provides a systematic approach
- Aligns organizational components
- Requires deployment of best practices
- Requires benchmarking against the best
- Must achieve high performance
- Desires sustained improvements
Pre-Baldrige Management Model

- Hierarchical governance structure
- Non-empowered workforce
- Non-aligned strategic planning process
- Silo driven
- Quality Assurance oriented
- Focus on “bad apples” (audit mentality)
- TQM would solve everything
- Re-engineering failure
- Lack of a focused metrics architecture aligned to strategy

How Did Saint Luke’s Hospital Implement the Baldrige Management Model? Begins With Leadership!

Leadership Approach

Medical Staff/Administrative Partnership

Information Sharing & Innovation

Empowered Workforce

Organizational Alignment

Fact-Based

Agility

MISSION

Baldrige Management Philosophy

Medical Staff/ Administrative Partnership
Our Journey to Performance Excellence

Saint Luke’s Hospital

SLH Leadership for Performance Excellence Model

Strategic Focus Areas

- Leadership
- Strategic Planning
- Patient/Customer Focus
- Measurement and Knowledge Management
- Staff Focus
- Process Management
- Results Focus

Strategic Focus Areas

- Manage People
- Manage Clinical and Administrative Quality
- Manage Customers
- Manage Growth and Development
- Manage Financial Performance

Process Scorecard

Level I Processes

- Commitment to Excellence

Assessment Model

Balanced Scorecard Perspectives

Clinical & Administrative Quality

People Customer Finance

Growth & Development

Level II, III, IV Process Improvement Plans

90-Day Action Plans

Individual Development Plans

Performance Improvement & Innovation

Knowledge Sharing

Examples of Leadership Approach...

- Collaboration
  - Medical staff and administration co-leaders of Balanced Scorecard (BSC)
- Empowerment
  - Nursing shared governance
- Information Sharing
  - Focused retreats
- Organizational Alignment
  - Strategy, Balanced Scorecard, 90-day action plans, Performance Management Process (PMP)

Examples of Awards and Recognitions...

- Malcolm Baldrige National Quality Award Recipient
- Governor of Missouri Missouri Team Quality Award
- Missouri Quality Award
- Kansas City Business Journal Best Place to Work for Diversity
- Moody’s A+ Bond Rating
- Standard and Poor’s AA+ Bond Rating
- Ingram's Magazine Best Hospital in Kansas City - Gold Award
- ASHP Best Practices Award
- NRC 2003 Consumer Preference Award
- Hospitals and Health Networks 100 Most Wired in Nation
- JCAHO Disease-Specific Gold Seal of Approval, Stroke Care
- VHA Clinical Excellence in Cardiac Care
- Paragon Award for Best HR Practices in KC Metro Area
- HRMA A+ Bond Rating
- American Nurses Credentialing Center Magnet Recognition Award for Excellence in Nursing Service
- Paragon Award for Best HR Practices in KC Metro Area
- American Nurses Credentialing Center Magnet Recognition Award for Excellence in Nursing Service
- Missouri Times Top 50 Up-and-Comers
- Missouri Times Top 50 Up-and-Comers
- Malcolm Baldrige National Quality Award Recipient
Saint Luke’s Hospital
Strategy Development Process
SLH Leadership for Performance Excellence Model

Level I Processes
• Manage People
• Manage Clinical and Administrative Quality
• Manage Customers
• Manage Growth and Development
• Manage Financial Performance

Level II Processes
• Manage People
• Manage Customers
• Manage Financial

Balanced Scorecard Perspectives
Clinical & Administrative Quality
People
Customer
Finance
Growth & Development

90-Day Action Plans
Individual Development Plans
Performance Improvement & Innovation
Knowledge Sharing

Example of SFA, SAS, SAP and Related Measures

<table>
<thead>
<tr>
<th>SFA</th>
<th>SAS</th>
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<tbody>
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<tr>
<td>Financial</td>
<td>• Assure financial stability</td>
<td>• Improve processes related to payment denials</td>
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</table>
**Saint Luke's Hospital**

**Strategy Deployment**

**Example of SFA, SAS, SAP and Related Measures**

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**Saint Luke's Hospital**

**Infection Rate Index**

**10 Measures of Infection**

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<tr>
<th>Percent</th>
<th>1998</th>
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<th>2001</th>
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*Index modified for 2 of the 10 measures 01-03*
### Strategy Deployment

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**Example of SFA, SAS, SAP and Related Measures**

**Saint Luke's Hospital**

**Admitting Wait Time**

<table>
<thead>
<tr>
<th>Year</th>
<th>IP</th>
<th>OP</th>
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<tr>
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<td>4</td>
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<td>2004</td>
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**Saint Luke's Hospital**

**Strategy Deployment**

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Our Journey to Performance Excellence

Saint Luke's Hospital
Profitable Market Share

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Saint Luke's Hospital
Total Margin

*SLH data represents best 5% of comparative group
Our Journey to Performance Excellence

Saint Luke’s Hospital
Focus on Patients and Other Markets
SLH Leadership for Performance Excellence Model

- Manage People
- Manage Clinical and Administrative Quality
- Manage Growth and Development
- Manage Financial Performance

Strategic Focus Areas
Level 1 Processes
Commitment to Excellence Assessment Model
Balanced Scorecard Perspectives
Clinical & Administrative Quality
People
Customer
Finance
Growth & Development

90-Day Action Plans
Performance Improvement & Innovation
Knowledge Sharing

Saint Luke’s Hospital
Customers

- Patients and families
- Residents and students
- Physicians viewed as partners

Saint Luke’s Hospital
Key Patient Requirements

- Reliability
- Access
- Responsiveness
- Empathy
- Competency
Saint Luke’s Hospital
Key Patient Satisfiers

• Wait time
• Outcome of care
• Responsiveness to complaints
• Significant indicators

Saint Luke’s Hospital
Relationship Building

• Employee use of Very Important Principles
• Produce patient loyalty through personalizing the delivery of care
• Centers of excellence

Saint Luke’s Hospital
Very Important Principles
**Saint Luke's Hospital**

**Market Segmentation Process**

- Research and Analysis Department
- External Data, Internal Data
- Listening / Learning Strategies
- Formal, Informal
- Qualitative & Quantitative Research Tools

**ENVIRONMENTAL ANALYSIS DOCUMENT**

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**Saint Luke's Hospital**

**Market Segmentation Process**

- Environmental Analysis
- SLH Leadership, SLHS Leadership
- Leadership Retreats
- Determination is Made
- Segmentation of Customers

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**Saint Luke's Hospital**

**Customer Satisfaction Research Program**

- Achieve survey consistency among research tools
- Identify satisfaction benchmarks for comparisons
- Report satisfaction trends over time
- Recommend viable alternatives to improve service personnel or operations

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14th Annual MIDAS+ Symposium

Tucson, Arizona

June 2005
Saint Luke’s Hospital
Customer Satisfaction Research Program

<table>
<thead>
<tr>
<th>GUIDING PRINCIPLES</th>
<th>TOOLS</th>
<th>METHODS</th>
<th>CORE QUESTIONS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Press Ganey survey tool (weekly, quarterly)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Admitting/referring physician survey (annual)</td>
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<tr>
<td>Resident/Student survey (annual)</td>
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<tr>
<td>Baldridge based employee survey (annual)</td>
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<tr>
<td>Focus groups (semi-annual)</td>
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<tr>
<td>Post discharge phone calls</td>
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Saint Luke’s Hospital
Customer Satisfaction Research Program

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<tbody>
<tr>
<td>Measure overall satisfaction, outcome and perception</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Statistical trending and regression analysis</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tabulated and distributed weekly (patients)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Formally trended and reported quarterly (patients)</td>
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Customer Satisfaction Research Program

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<tbody>
<tr>
<td>What is your overall satisfaction?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Would you recommend SLH to your friends and family?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Do you have any suggestions for improvement?</td>
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Saint Luke's Hospital
Educational Benchmark Data
College of Nursing

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<th>Category</th>
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<td>Quality of Instruction</td>
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<td>Work and Class Size</td>
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<td>5.3</td>
<td>6.7</td>
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<td>Course Lecture and Interaction</td>
<td>6.0</td>
<td>5.9</td>
<td>5.0</td>
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<td>Facilities and Administration</td>
<td>6.6</td>
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<tr>
<td>Classmates</td>
<td>6.4</td>
<td>5.7</td>
<td>5.9</td>
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<tr>
<td>Professional Values</td>
<td>6.7</td>
<td>6.6</td>
<td>5.3</td>
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<tr>
<td>Core Competencies</td>
<td>6.5</td>
<td>6.5</td>
<td>5.8</td>
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<tr>
<td>Technical Skills</td>
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<tr>
<td>Core Knowledge</td>
<td>6.3</td>
<td>6.0</td>
<td>6.0</td>
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<tr>
<td>Role Development</td>
<td>6.5</td>
<td>6.3</td>
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<tr>
<td>Overall Satisfaction</td>
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Yellow highlighted boxes are for categories in the upper quartile nationally.

Saint Luke's Hospital
Measurement Analysis
SLH Leadership for Performance Excellence Model

Saint Luke's Hospital
Data and Information Availability
Information Technology's Systems Architecture

- Clinical Information Systems
- Administrative and Financial Systems
- Executive Information Systems and Decision Support Systems
- Rrtais
Saint Luke’s Hospital
Data and Information Availability
Information Technology's Systems Architecture

Saint Luke’s Hospital
Data and Information Availability
Data Security and Access
• Security policies
• Signed confidentiality agreements
• Strong computer passwords
• State of the art firewalls
• Daily tape backup
• Mission-critical hourly backup
• Off-site underground storage
• Data access maintained 24x7
  for employees, physicians, partners, suppliers

Saint Luke’s Hospital
Data and Information Availability

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Customer Satisfaction
Financial
Growth & Development
Clinical & Administrative Quality
People

How do customers see us?
How do we look to financial stakeholders?
How do we ensure a committed and prepared workforce?
In what must we excel?

Plan  Design  Measure  Assess  Improve

SLHS Service Design, Management & Improvement Model
Comparative/Benchmark Data Sources

- Maryland Quality Indicator Project - Clinical
- VHA Greenlight Project - Clinical
- HEOB - Clinical
- National/State Quality Award Recipient - Clinical, Operational, Financial & Misc
- Solvent-ACTION - Operations and Financial
- CHIPPS - Financial
- Moody, Standard & Poor, Fitch - Financial
- Saratoga Institute - HR Performance
- Press Ganey - Patient Satisfaction
- National Research Corporation - Consumer Perception
- CEO Workgroup - VHA - Process Outcomes

Saint Luke's Hospital Performance Measurement

Kaplan & Norton Model

- Financial
- Customer Satisfaction
- Growth & Development
- Clinical & Administrative Quality

Vision & Strategy

Saint Luke's Health System Model

Balanced Scorecard

- Primary measurement tool
- 5 perspectives
- Key measures linked to strategy
- Scoring criteria set by statistical methods and benchmarks
- Tracks overall organization performance
- Provides organizational alignment

Overall Score: 7
Goal: 10

Swatch: 10
Building Trend Charts
Scoring Zones, Benchmarks, Stretch Targets, Trend Analysis

Saint Luke’s Hospital

Net Days in Accounts Receivables

Average Days

Stretch Target

Immediate Action Required

Moderate Risk Needs Improvement

Risk

Inadequate Action Required

Current Performance

Saint Luke’s Hospital

Performance Measurement
Balanced Scorecard Trend Charts

Days Cash on Hand

Longer than Expected Wait Times (IP, OP, ED)

Eligible IP Market Share

Maryland Quality Indicator Index

Human Capital Value Added

Saint Luke’s Hospital

Clinical & Administrative
Quality Perspective

- Inpatient Clinical Care Index
- Outpatient Clinical Care Index
- Patient Safety Index
- Operational Index
- Maryland Quality Indicator Index
- Infection Control Index
- Medical Staff Clinical Indicator Index
- Net Days in Accounts Receivable
Our Journey to Performance Excellence

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**Saint Luke’s Hospital**

**Medical Staff Clinical Indicator Index**

**Organizational Knowledge**

Knowledge Sharing

SLH Leadership for Performance Excellence Model

- Reports
- Retreats
- Story Boards
- CME
- Publications
- E-mail
- Committees
- Best Practices
- Sharing Day

**Saint Luke’s Hospital**

**Staff Focus**

SLH Leadership for Performance Excellence Model

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June 2005

14th Annual MIDAS+ Symposium

Tucson, Arizona
Saint Luke's Hospital

Behavior-Based Interviews
by Core Value

- **Quality/Excellence:**
  “Tell me about a creative idea or change you've successfully put to work in a recent assignment.”

- **Resource Management:**
  “Tell me about a time you were assigned several important projects at the same time. How did you go about setting priorities?”

---

Saint Luke's Hospital

Behavior-Based Interviews
by Core Value

- **Customer Focus:**
  “Tell me about a time you had to deal with an upset patient.”

- **Teamwork:**
  “Tell me about a time when you had to get cooperation from other departments to accomplish a certain task.”

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Saint Luke's Hospital

Performance Management
Process by Core Value

- **Shared Behaviors:**
  “What is expected of me as an employee of Saint Luke's Health System?”

- **Job Specific Accountabilities:**
  “What am I accountable for because of the job I hold?”

- **Personal Commitments:**
  “What goals will I commit to for the coming year based on my own individual talents?”
## Saint Luke's Hospital

**Alignment of Strategy with the Performance Management Process (PMP)**
- Assure financial stability by SLH departments and services collectively achieving operating margin goal.

**Department Director Personal Commitment:**
- Assure financial stability of East 3 by meeting budgeted gross revenue and maintaining supplies, salaries and other expenses within 2003 budget. Measured with the monthly flex budget report.

**Registered Nurse I Personal Commitment:**
- Achieve 100% accuracy on charge entry and documentation measured by quarterly unit audits.

## Employee Satisfaction

Segmented according to the life cycle of an SLH employee:
- **Hire**
- **10 Day Intro Period Complete**
- **Random Selection**
- **1 to 4 Years of Service**
- **5 to 15 Years of Service**
- **Separation**
- **SLH Alumni**

Recruitment Process Survey:
- **Intro Period Celebration**
- **Employee Opinion Survey**
- **Stay Interviews**
- **Exit Interview**

Survey Design in Process:
- **Random Selection**
- **Hire**
- **Intro Period Complete**
- **Random Selection**
- **1 to 4 Years of Service**
- **5 to 15 Years of Service**

## Selection Process Results

<table>
<thead>
<tr>
<th>Year</th>
<th>Apps</th>
<th>HR Interviews</th>
<th>Filled</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>2000</td>
<td>18000</td>
<td>4000</td>
</tr>
<tr>
<td>2003</td>
<td>2000</td>
<td>18000</td>
<td>4000</td>
</tr>
<tr>
<td>2004</td>
<td>2000</td>
<td>18000</td>
<td>4000</td>
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</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Apps</th>
<th>HR Interviews</th>
<th>Filled</th>
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<tr>
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<td>4000</td>
</tr>
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<td>2003</td>
<td>2000</td>
<td>18000</td>
<td>4000</td>
</tr>
<tr>
<td>2004</td>
<td>2000</td>
<td>18000</td>
<td>4000</td>
</tr>
</tbody>
</table>
Achieving Strategic Alignment Throughout the SLHS

Saint Luke’s Hospital

Process Scorecards

Department Units

Individual Employees

Why Process Level Scorecards?

• Avoid departmental or unit silos
• Recognition that all work is a process designed to meet customers’ needs
• Do we really understand how well our processes are working?
• Serves to link daily operations, process measures and BSC outcomes measures
• Used by process owners to monitor overall process performance

Level 1 Processes

• Perform Financial Management
• Satisfy Customers
• Enhance Growth and Development
• Provide Clinical and Administrative Services
• Manage Human Resources
Saint Luke's Hospital
Level 2 Processes: Manage Human Resources
- Hire staff
- Orient new employees
- Train staff
- Develop staff
- Motivate staff

Saint Luke's Hospital
Level 3 Processes: Motivate Staff
- Segment employees
- Determine employee satisfaction
- Recognize employees
- Provide and administer benefits and compensation
- Provide a safe work environment

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Recognition Process Scorecard
- In-process measures:
  - Retention
  - Stay Interview Results
  - Employee Recognition Program Surveys
    - Angel for an Angel
    - Quality Teamwork
    - Employees of the Month
    - Clinical Excellence in Nursing
    - Manager’s Tool Kit
  - Participation:
    - Wall of Fame
- Outcome Measure: “I am recognized for my work.”
Saint Luke's Hospital

Recognition Process Scorecard

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>August, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome</td>
<td>Score</td>
</tr>
<tr>
<td>Outstanding</td>
<td>10</td>
</tr>
<tr>
<td>Exceeds Expectation</td>
<td>9,8</td>
</tr>
<tr>
<td>Meets Expectation</td>
<td>7</td>
</tr>
<tr>
<td>Needs Improvement</td>
<td>6,5,4</td>
</tr>
<tr>
<td>Immediate Action</td>
<td>3,2,1</td>
</tr>
</tbody>
</table>

Performance Level August, 2004

Scorecard

Saint Luke's Hospital

Employee Opinion Survey Results

- Diversity
- Mission
- Pride
- Accomplishment
- Overall Satisfaction

Employee participation in Recognition programs:

- 477
- Baseline data not available

Employee Opinion Survey Results

Saint Luke's Hospital
Kansas City, Missouri
Our Journey to Performance Excellence

14th Annual MIDAS+ Symposium
Tucson, Arizona
June 2005
### Saint Luke’s Hospital
#### Obstetrical/Perinatal Indicator Rates

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
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</thead>
<tbody>
<tr>
<td>C-Section (Goal 1)</td>
<td>20.6</td>
<td>23.5</td>
<td>26.8</td>
<td>24.3</td>
<td>25.4</td>
</tr>
<tr>
<td>Primary C-Section (Goal 2)</td>
<td>16.9</td>
<td>18.0</td>
<td>19.2</td>
<td>16.7</td>
<td>18.2</td>
</tr>
<tr>
<td>Vag (Goal 1)</td>
<td>35.6</td>
<td>32.0</td>
<td>36.3</td>
<td>28.5</td>
<td>35.9</td>
</tr>
<tr>
<td>Anesthesia Complications (Goal 1)</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.04</td>
<td>0.03</td>
</tr>
<tr>
<td>Wound Disruption or Infection (Goal 1)</td>
<td>0.42</td>
<td>0.39</td>
<td>0.40</td>
<td>0.31</td>
<td>0.27</td>
</tr>
<tr>
<td>Birth Trauma Inborn (Goal 1)</td>
<td>0.3</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Meconium Aspiration Inborn (Goal 1)</td>
<td>0.4</td>
<td>0.3</td>
<td>0.2</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>Birth Trauma Inborn (Goal 2)</td>
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<td>0.1</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
</tr>
<tr>
<td>Meconium Aspiration Inborn (Goal 2)</td>
<td>0.2</td>
<td>0.3</td>
<td>0.4</td>
<td>0.5</td>
<td>0.6</td>
</tr>
</tbody>
</table>

### Saint Luke’s Hospital
#### Mid America Heart Institute
#### Physician Recredentialing Report: Dr No. 2003 – 1Q04

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Physicians</th>
<th>Visits</th>
<th>GMC Requested</th>
<th>GMC Approved</th>
<th>Attendance</th>
<th>Status</th>
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<tbody>
<tr>
<td>1Q2003</td>
<td>13 16</td>
<td>100.0%</td>
<td>161 166</td>
<td>100.0%</td>
<td>96.4%</td>
<td>55 %</td>
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<tr>
<td>2Q2003</td>
<td>5 12</td>
<td>100.0%</td>
<td>133 143</td>
<td>100.0%</td>
<td>94.3%</td>
<td>55 %</td>
</tr>
<tr>
<td>3Q2003</td>
<td>6 15</td>
<td>100.0%</td>
<td>115 170</td>
<td>100.0%</td>
<td>94.6%</td>
<td>55 %</td>
</tr>
<tr>
<td>4Q2003</td>
<td>7 17</td>
<td>100.0%</td>
<td>166 116</td>
<td>100.0%</td>
<td>94.6%</td>
<td>55 %</td>
</tr>
<tr>
<td>1Q2004</td>
<td>7 17</td>
<td>100.0%</td>
<td>33 41</td>
<td>100.0%</td>
<td>94.6%</td>
<td>55 %</td>
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<tr>
<td>2Q2004</td>
<td>1 9</td>
<td>100.0%</td>
<td>18 23</td>
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<td>100.0%</td>
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<td>34 42</td>
<td>100.0%</td>
<td>94.6%</td>
<td>55 %</td>
</tr>
</tbody>
</table>

### Baldrige Business Model
#### Assessment Process
#### How We Achieved It

- **Commitment of Senior Leaders**
- **Assigned Senior Leaders as Cat Leaders**
- **Embraced the Criteria**
- **Wrote Applications to Gain Knowledge**
- **Persevered Through Multiple Refinements**
- **Restructured Metrics Architecture**
- **Aligned the Organization**
- **Maintained Our Focus**
- **Prepared for Site Visit**
- **Proudly Told Our Story**

**Note:**
- **AMI**
- **ACEI at discharge for LVSD**
- **CMS Missouri MAHI**
- **Physician**
- **Physician Recredentialing Report: Dr No. 2003 – 1Q04**
- **How We Achieved It**
- **Baldrige Business Model**
- **Assessment Process**
- **How We Achieved It**
- **Saint Luke’s Hospital**
- **Mid America Heart Institute**
- **Physician Recredentialing Report: Dr No. 2003 – 1Q04**
- **Baldrige Business Model**
- **Assessment Process**
- **How We Achieved It**
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- **Mid America Heart Institute**
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- **Baldrige Business Model**
- **Assessment Process**
- **How We Achieved It**

**Department:**
- **Saint Luke’s Hospital**
- **Mid America Heart Institute**

**Dates:**
- **2003 – 1Q04**

**Quality Indicators:**
- **Physician Recredentialing Report**
- **Physician Performance**
- **Physician Practice**
- **Physician Training**
- **Physician Education**
- **Physician Research**
- **Physician Administration**
- **Physician Leadership**
- **Physician Patient Satisfaction**
- **Physician Clinical Performance**
- **Physician Financial Performance**
- **Physician Operational Performance**
- **Physician Strategic Performance**
- **Physician Operational Excellence**

**Other:**
- **If applicable**
- **For more information**
- **Contact:**
- **Phone:**
- **Email:**
- **Address:**

**Related Resources:**
- **Patient Safety**
- **Quality Improvement**
- **Patient Satisfaction**
- **Physician Credentialing**
- **Physician Performance**
- **Physician Practice**
- **Physician Training**
- **Physician Education**
- **Physician Research**
- **Physician Administration**
- **Physician Leadership**
- **Physician Patient Satisfaction**
- **Physician Clinical Performance**
- **Physician Financial Performance**
- **Physician Operational Performance**
- **Physician Strategic Performance**
- **Physician Operational Excellence**

**Conclusion:**
- **The efforts of Saint Luke’s Hospital and Mid America Heart Institute in the 1Q04 period demonstrated a strong commitment to physician recredentialing, ensuring the highest standards of practice and patient care.**

**Note:**
- **Copy of report available upon request.**
- **Contact:**
- **Phone:**
- **Email:**
- **Address:**

**Additional Information:**
- **For more information:**
- **Contact:**
- **Phone:**
- **Email:**
- **Address:**

**Keywords:**
- **Physician Recredentialing**
- **Quality Improvement**
- **Patient Safety**
- **Operational Excellence**
- **Baldrige Business Model**
- **Assessment Process**
- **How We Achieved It**
- **Saint Luke’s Hospital**
- **Mid America Heart Institute**

**Acknowledgments:**
- **For the support of:***
Saint Luke’s Hospital
Sustaining Performance Excellence

Lessons Learned

• Leadership drives and sustains the process
• Leadership at all levels is important
• More difficult to change the culture than to learn the tools
• Valuable team building experience
• Trust is extremely important

Saint Luke’s Hospital
Sustaining Performance Excellence

Lessons Learned

• There are no “quick fixes”
• Must always focus on the customer
• Should never be satisfied with the present level of quality
• Decisions must be driven by data and compared to “best”
• Employees make it happen!

Saint Luke’s Hospital
Our People Make the Difference

They Are Our Competitive Advantage!
THANK YOU
For Your Attention

Are There Any Questions?