



FIRST

Do No Harm

This Issue: The "Four Habits Series"

Baystate Franklin & Northern
Region "Service Excellence"

Boston Medical Center
"Exceptional Care without
Exception"

Quality and Patient Safety Division, Board of Registration in Medicine

July, 2012

SPECIAL SERIES

SHARING THE FOUR HABITS OF HIGH VALUE HEALTH CARE ORGANIZATIONS

An article in the December 2011 publication of the *New England Journal of Medicine* highlighted the four habits of high-value health care organizations, which include: specification and planning; infrastructure design; measurement and oversight and self-study. Bohmer, Richard M.J. "The Four Habits of High-Value Health Care Organizations." *New England Journal of Medicine* 365, no. 22 (December 1, 2011): 2045-2047. Organizations that have developed these habits seek to learn from their own care and outcomes, looking for better ways to treat their patients. The author notes - experience suggests that these habits may be portable. In this light, the Quality and Patient Safety Division (QPSD) asked health care facilities to submit articles demonstrating their experience with one of the habits of a high-value organization. The QPSD is pleased to share the following articles submitted by two hospitals, Baystate Franklin Medical Center and Boston Medical Center.

SERVICE EXCELLENCE

Baystate Franklin Medical Center and the Northern Region

Gina Campbell RN, MSN, Director, Quality and Risk Management

The Journey Begins

In mid - 2010, the senior leadership team for Baystate Franklin Medical Center (BFMC) and the Baystate Health Northern Region determined the need for significant focus on the patient experience and service excellence. An assessment of the current state of the patient experience and service excellence for BFMC and the northern region was completed. A review of patient satisfaction data reported by the hospital's vendor for internal use and HCAHPS showed that scores were average at best. The number and nature of patient complaints was unacceptable. Discussions with key constituents, including the Patient and Family Advisory Council, the hospital's Community Forum, employees, and performance improvement service line teams, provided clear feedback that there was room for improvement. To begin the turnaround, senior leadership cited the need for a common vision and understanding of what was meant by exceptional service, and creation of a roadmap to get there.

The hospital president developed a white paper clearly stating the case for a strategic focus on service excellence. The core thesis was that long term cultural change was needed to make lasting progress, short and long-term steps to be considered were outlined, and a planning process proposed for the senior leadership team.

In the fall of 2010, the senior leadership team worked with Baystate Health's Department of Professional and Organizational Development to develop a series of structured meetings through which an assessment of the current state of the patient experience and service delivery for the hospital/region would be completed. This included a half day retreat for the senior leadership team dedicated to leading change in service excellence. The retreat concluded with members having a common understanding and commitment to making exceptional service a focus for the next year.

In February 2011, all members of the hospital's management team participated in a retreat to establish a common understanding of the importance of service excellence; determine what it would look like, sound like, and feel like in practice; and review the FY11 goal and metrics for the same. The retreat included presentations by key leaders and case study discussions based on real patient experiences in which the hospital had fallen short on service expectations. Activities at the retreat were designed to generate enthusiasm and a desire to improve current levels of service.

Team XL is Born

To further engage staff throughout the hospital and region, a service excellence steering committee was established by the senior leadership team. This committee would be responsible for putting the right systems and processes in place to establish a deeply embedded culture of service - not just a new "flavor of the month."

(Continued on page 2)



(Continued from page 1)

The senior leadership team acknowledged that a majority of the members of the steering committee needed to be front-line staff. Front line staff were selected that were known to be objective, positive ambassadors, good communicators, and “doers” who lead both formally and informally. While it was not possible to have a member from every hospital department, a balance of clinical and non-clinical representation was sought for the committee. Leadership of the service excellence steering committee would include the executive sponsor, the president; team leader, director of quality; and a team facilitator.

Significant preparation was completed by the executive sponsor, leader and facilitator, prior to launching the service excellence steering committee. It was extremely important to communicate to the steering committee all of the work that had led to the selection of this group of hospital staff who would lead the region forward with a new service excellence model.

The service excellence steering committee was launched in May 2011. The president issued the charge to the group and the director of quality discussed process. Multiple sources of data were presented to the committee, including current scores for patient satisfaction and Gallup engagement. A commitment was made to continue to bring updated scores to the team as they were available. Through group exercises, the committee explored concepts key to service excellence. They heard real patient stories of exceptional service and also of service falling short of expectations when patients had contacted us to share their disappointment.

The committee discussed opportunities to improve service excellence for the hospital and the region, and how best to move forward. Committee members were provided a series of articles to read, including the Institute for Health Care Improvement white paper on patient and family experience of hospital care, and articles from the Commonwealth Fund’s (a foundation working towards high performance health systems) website whynotthebest.org, describing hospitals with strong HCAHPs performance. The first meeting concluded with an enthusiastic commitment by all members to work as a team, to define the service excellence vision for the hospital and the region, and to develop the plan to get there.

To gain traction, the service excellence steering committee determined they would need to meet twice a month for one and a half hours. A schedule was established and shared with members’ managers, along with a request that they do their utmost to plan ahead for needed coverage so their staff could attend the meetings.

The leader and facilitator carefully planned for each service excellence steering committee meeting so they could provide the right amount of information and guidance to the members. Between meetings they reviewed current literature and other resources to support the team’s efforts; prepared the agenda; completed meeting minutes; reviewed current data; and sent out meeting reminders with the minutes and the agenda.

Rules, Vision, Core Values and Name

Early work of the steering committee included the development of ground rules to support the establishment of a strong bond within the group. The committee next developed a vision statement for the program after reviewing samples of vision statements from a variety of business sectors, including health care. They also reviewed Baystate Health’s mission statement to ensure the service excellence vision and mission would be closely linked. The vision statement, read at the beginning of every meeting, is:

“We care for patients, their families, and each other in a genuine, collaborative way to ensure each patient receives excellent care in a respectful healing environment.”

The committee selected a name for itself that would resonate in the organization. After brainstorming several possibilities, they voted on “Team XL”. This name reflects the committee’s passion to “excel” at all the work they will do to develop a service excellence program for BFMC and the Northern Region.

Team XL next worked on the development of their core service values (read at every meeting) after reviewing many examples from different companies, including Zappo’s shoes. The resulting acronym, SPIRIT, perfectly suited what the

(Continued on page 3)



(Continued from page 2)

team stands for: service, passion, integrity, respect, investment and teamwork. The team has developed key sentences to further define “SPIRIT”:

Service	<i>We are who we serve. We treat everyone like friends and family. We are inspired by a compassionate connection.</i>
Passion	<i>We take quality care personally. We believe everything we do makes a difference.</i>
Integrity	<i>We do the right thing; we are accurate, reliable, and honest.</i>
Respect	<i>We accept, listen to, and value each and every person.</i>
Investment	<i>We are responsible to manage our resources to provide the highest quality care.</i>
Teamwork	<i>We collaborate, within or outside our own work areas, to achieve shared goals.</i>

Getting Ready for Prime Time

At the conclusion of the first four months, Team XL members were asked to share their early work with key constituent groups. With the support of the team’s leadership, they presented to the senior leadership, the management team, and the hospital’s Patient and Family Advisory Council. Team members embraced the opportunity to share their work, despite the fact that most of them had never spoken in public or presented formally. Each member who presented did so with passion, commitment and enthusiasm. It was incredible to listen to their presentations and hear about their engagement in their day to day work, their support for the service excellence program, and their role on the team.

In the fall of 2011, Team XL members completed the Institute for Health Care Improvement’s (IHI) Patient and Family Organizational Assessment Tool, which was further made available on Survey Monkey to senior leadership, the Medical Executive Committee, and Patient and Family Advisory Council. A special leadership council meeting was held to share the work of Team XL and to give members the chance to complete the survey in multidisciplinary groups. The results of the self assessment survey have been reviewed by Team XL leadership to determine the gaps and corresponding action plan needed for the next year. Recommendations from the survey will be presented to multiple constituent groups.

Each Team XL meeting begins with a positive service excellence story taken from a patient letter, remarks shared by our patient satisfaction vendor, and/or a firsthand account by a team member of an experience that exemplifies excellent customer service. Managers and senior leaders begin their meetings with a positive service excellence story, and since January 2012, every department at the hospital and each medical practice in the Northern Region have incorporated this practice into their staff meetings.

Both a 6-month and one year celebration were held for Team XL to acknowledge the team’s commitment and to recognize their work as early ambassadors of service excellence for the region.

The team worked to develop service excellence standards by reviewing the work of hospitals from The Commonwealth Fund’s website whynotthebest.org. To support the team’s efforts, the team leaders used a tool to critique the standards developed for non-profits. The standards were finalized May 2012, and will be shared with every department and practice in the region to implement in their daily work.

Service Excellence Standards

- ♦ *We exceed the expectations of our patients, their families, and our colleagues, being of service to all.*
- ♦ *We anticipate patient and customer needs and take initiative to address them.*
- ♦ *We conduct ourselves in a respectful manner that supports a positive work environment.*
- ♦ *We recognize diversity and appreciate that individuals are unique.*
- ♦ *We are committed to the “team”, we are on time, we are ready, and we support one another.*
- ♦ *We take ownership and pride in our work, demonstrating outstanding commitment.*
- ♦ *We actively listen, providing positive, prompt, professional responses.*
- ♦ *We admit mistakes and apologize when needed.*
- ♦ *We speak well of others, and do not engage in gossip or negativity.*

The group was asked what they needed from the senior leadership team to support their efforts. They generated a list of ideas and the highest priority was for senior leaders to round in all departments, visiting with staff and patients. Under the

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leadership of the hospital's chief operating officer, a program was launched in January 2012 for senior leaders to make rounds in departments, in collaboration with each department's manager. Senior leaders have also been invited to attend a Team XL meeting, and that has been immensely popular with the members, as well.

Each member of Team XL has read the book, "*The Florence Prescription*" by Joe Tye, which focuses on cultural change in hospitals. In addition, the senior leadership team has read and discussed this book, and the book has been provided to the management team.

It's Still Early

At the outset, a key objective of this work was to create a long-lasting culture change, which is a long-term process. Early results of this work are encouraging, but not yet seen as evidence of the lasting culture change we are seeking. It does, however, indicate that we are headed in the right direction.

Team XL has identified the next work to be completed, which includes:

- Development of SPIRIT awards, for staff who exemplify in their actions and words the service excellence core values.
- Completion of the service excellence program.
- Defined road map for implementation of the service excellence program.
- Webpage developed for the internal internet for Baystate Health employees.

The big challenge for the remainder of 2012 and 2013 will be to spread enthusiasm for this work beyond Team XL. Team members have already begun this process, but we need to formalize it so that it is house-wide, consistent and reinforced at every turn by managers, physicians, staff and volunteers. Key to success will be to continue the organic nature of this process and to keep the grassroots approach. For true culture change, this work needs to be embedded in all we do and must include process improvement to ensure that the artificial barriers to a great work environment are removed.

GETTING TO "THE RIGHT CARE FOR EVERY PERSON EVERY TIME" (*Institute of Medicine, 2001*)

Boston Medical Center

Stanley M. Hochberg, MD, Senior Vice President for Quality, Safety and Technology and Chief Quality Officer

Boston Medical Center (BMC) is a community of health care providers devoted to the proposition that every person, regardless of his or her social or economic circumstances, deserves the best health care. The hospital's mission is to provide Exceptional Care without Exception. BMC is a private, not-for-profit, 508-bed, academic medical center and the primary teaching affiliate for Boston University School of Medicine. BMC provides comprehensive care in virtually every medical specialty. It is the largest safety net hospital in New England and reaches into the community as a founding partner of Boston HealthNet, a network of 15 community health centers through Boston serving more than a quarter million people annually. BMC also operates Boston Medical Center HealthNet Plan, a not-for-profit managed care organization serving more than 230,000 members across Massachusetts. The health plan serves members across three product lines: MassHealth, Commonwealth Care and Commercial (Employer Choice/Commonwealth Choice).

BMC HealthNet Plan is committed to quality and has achieved Excellent Accreditation status four times in a row from the National Committee for Quality Assurance (NCQA). Boston Medical Center HealthNet plan is one of America's top five Medicaid health plans, according to NCQA's Medicaid Health Insurance Plan Rankings 2011-2012.

BMC uses industry leading methodologies and technology to develop and implement comprehensive programs for measuring and assessing its health care delivery processes. These results drive performance evaluation and improvement at all levels of the institution.

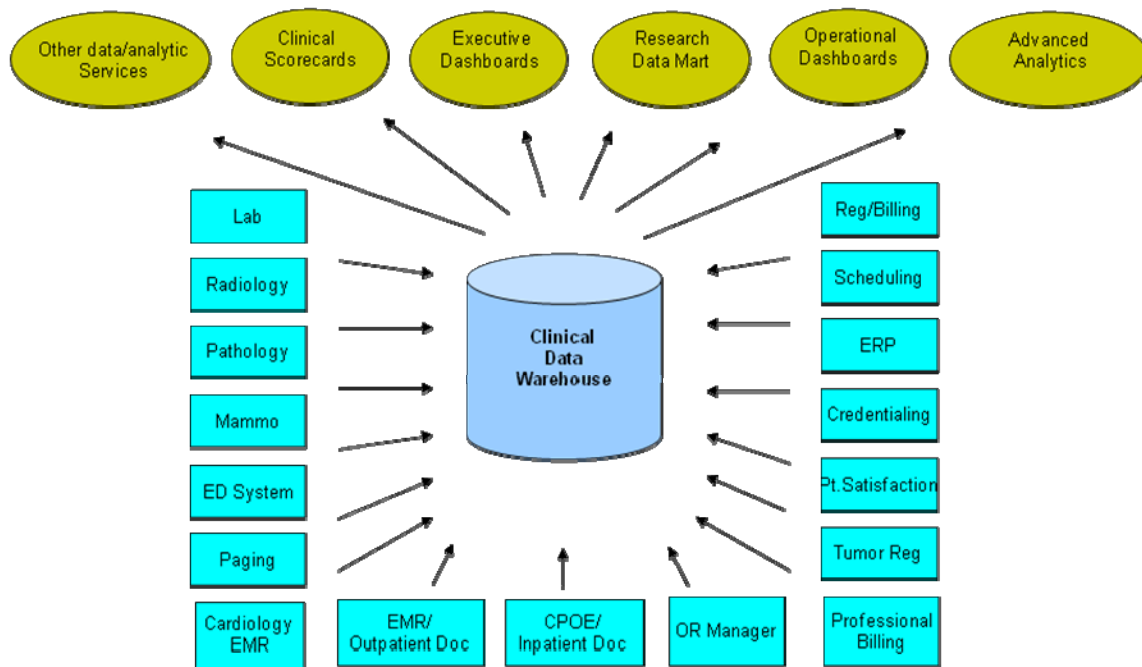
Core to our commitment to evaluation and measurement is the Boston Medical Center Clinical Data Warehouse (BMC CDW). The BMC CDW is a comprehensive repository of clinical, administrative, financial and revenue cycle data. We populate the warehouse with extracts from multiple operational systems, including electronic medical records, computerized physician

(Continued on page 5)



(Continued from page 4)

order entry, revenue cycle, scheduling, credentialing, and ancillary systems on an automated, scheduled fashion. Data extraction programs run on a daily or weekly schedule to meet the business and clinical needs of the organization. The extracted data undergoes a transformation, cleansing and aggregation process and is stored in the data warehouse properly organized for analysis and reporting. The diagram below illustrates the kinds of data available in the data warehouse. In addition to data from the internal systems, claims data available from several health insurers as part of specific contracts are also loaded into the warehouse.



BMC also hosts the Boston HealthNet data warehouse, which has data from the Boston HealthNet community health centers. This includes data from their electronic medical record and practice management systems.

The data in the warehouse is used to develop and publish a large number of dashboards, reports and analytics that drive performance across the institution:

- ♦ Provider performance dashboard: Clinical metrics for provider performance evaluation for credentialing at the individual provider level, practice, department and BMC level. This dashboard includes actionable patient level detail datasets to manage and improve care.
- ♦ Ambulatory dashboard: Outpatient clinic volume including visits and units of service at the clinic, department, and major code level. Access to care metrics including third available appointment and clinic sessions at the provider, specialty, group, clinic, and department level. Care gap opportunity reports that correlates gaps in care with scheduled future appointments. Care gap reports allow providers to work proactively to address patients overdue for screening, follow up, or preventive care services.
- ♦ Nursing dashboard: Nursing metrics including admissions, discharges, daily census, safety, satisfaction, and cost per patient day at nursing and specialty unit levels.
- ♦ Provider clinical workload dashboard including sessions, patients seen per session, and professional relative value units at the provider, section and department levels.
- ♦ Quality and safety dashboard: A very robust series of quality and safety metrics in several categories at multiple drill down levels.
- ♦ Meaningful use dashboard: Meaningful use stage 1 measures at the hospital level.
- ♦ OR reports: Case volume, minutes, procedures at surgeon, surgical service and BMC levels.
- ♦ Daily and monthly key operating statistics: Discharges, patient days, LOS, case mix index, census by service, at specialty, department, and nursing unit levels.

(Continued on page 6)



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The BMC Clinical Data Warehouse has been a CMS-certified PQRS (physician quality reporting system) registry from 2009 onwards. Over 50 PQRS measures and the eRx measure are implemented in the registry and have been successfully submitted to CMS. The data warehouse also submits various data and measures to agencies, payers, and registries in support of regulatory requirements, pay for performance and pay for reporting initiatives.

BMC is also an active participant in the University Health Consortium (UHC), an alliance of 116 academic medical centers and 271 of their affiliated hospitals representing approximately 90% of the nation's non-profit academic medical centers. BMC shares data on a monthly basis with other UHC institutions and uses benchmarks from the shared UHC database to establish targets for performance improvement and track our rate of improvement over time compared to others. UHC reports complement internal data warehouse reports and together form a comprehensive performance management reporting system. BMC tracks over 200 metrics on a monthly basis. BMC is also an avid user of Press Ganey patient satisfaction surveys to support an organization-wide commitment to improving patient satisfaction. Individual departments throughout the hospital receive specific survey results on a regular basis and respond by developing initiatives to improve care.

The hospital's annual goals in the areas of quality, efficiency, safety and total revenue (QUEST) provide a framework for organizing metrics and prioritizing work. Control charting and other statistical techniques are used to determine when there is significant variation that requires action. We are continually prioritizing metrics based on safety, clinical impact, external reporting and pay for performance.

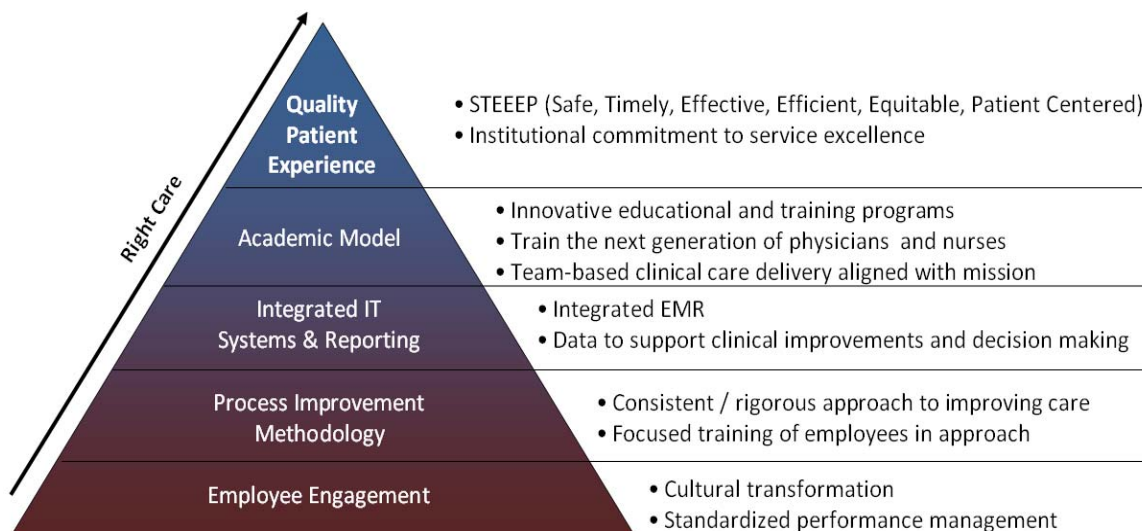
Our continual improvement work is implemented through a structure of quality leaders in each department and division of the hospital with assigned time and responsibility to improve care in their areas. These leaders are actively supported by their clinical and administrative chiefs. A robust meeting structure brings quality leaders across the institution together on a regular basis to review performance, share best practices and plan new improvement projects. Individuals in each department are accountable for an appropriate set of metrics and the implementation of improvement plans.

Information from our data warehouse is also used to support our ongoing professional practice evaluation (OPPE) and focused professional practice evaluation (FPPE) processes to ensure individual clinicians meet the highest standards of clinical performance.

Everyone at Boston Medical Center shares deep commitment and accountability to deliver Exceptional Care without Exception to every patient who comes through our door. At Boston Medical Center, our performance management data and improvement infrastructure work together to support our organization-wide commitment to providing Right Care - No Less, No More. Our Right Care framework, which is the foundation of BMC's Strategic Plan, is illustrated below. Our commitment to Right Care comes from our deep sense of responsibility to use increasingly scant societal resources to ensure that everyone, without exception, gets the best care with the best outcome and that we fulfill our academic mission to train the next generation of physicians to meet their societal obligations.



Right Care No Less, No More





“AS WE SEEK MODELS FOR ACHIEVING HIGH-VALUE HEALTH CARE, WE MUST LOOK PAST THE PARTICULARITIES OF LOCAL STRUCTURES AND TACTICS TO THE HABITS THEY REFLECT.”

Bohmer, Richard M.J. "The Four Habits of High-Value Health Care Organizations." *New England Journal of Medicine* 365, no. 22 (December 1, 2011): 2045-2047.

SHARE YOUR HABITS

The QPSD plans to continue this Series - to publish more organizations' stories about how they have developed or experienced the "four habits of high value health care organizations." The deadline for submission of an article for our next publication of this Series is November 1, 2012. Submissions should be sent to Tracy Gay, Director of the QPSD, at tracy.gay@state.ma.us. We look forward to receiving your articles and sharing your stories with other Massachusetts health care facilities.

The QPSD Newsletter, FIRST Do No Harm, is a vehicle for sharing quality and patient safety initiatives of Massachusetts healthcare facilities and the work of the Board's Quality and Patient Safety Division and Committee. Publication of this Newsletter does not constitute an endorsement by the Board of any studies or practices described in the Newsletter and none should be inferred.

CONTACT THE QPSD

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