

**One Size
Fits All**





Baldrige recipients prove organizations of all sizes can benefit from **using award criteria**

by QP Staff

EVERY HANDYMAN RELISHES the chance to use his biggest and baddest tool: the circular saw, the power sander, the power drill—pretty much anything with the word “power” in it, actually. But while those are fun to use, it’s rare to find a home-improvement project that doesn’t require having a hammer somewhere in the vicinity.

There’s a reason why a tool like that endures in this age of technology: It works, regardless of the situation. That’s a characteristic shared by the *Baldrige Criteria for Performance Excellence*, which has helped every type of organization you can imagine—from those with 100 employees in one location to those with 100 sites around the world—improve all facets of their operation.

The wide-ranging impact of the criteria is evident in the four organizations selected to receive the Malcolm Baldrige National Quality Award in 2011. From a small publishing house in St. Louis to a massive healthcare system headquartered in Detroit, the quartet found common ground in their desire to improve and the tool they used to achieve their goal.

Schneck Medical Center

Ask anyone who has ever been treated at a hospital to list the jobs that are key to a positive patient experience, and you'll hear the obvious: doctors, nurses and receptionists. But what about staff that deal with money more than medicine? Or those in HR instead of the ER?

That all-inclusive approach to putting the patient first helped Schneck Medical Center (SMC) in Jackson County, IN, earn a 2011 Baldrige award and, more importantly, created an organizational culture as healthy as the customers it serves.

SMC created a patient-focused system supported by four areas—quality of care, customer service, fiscal and operations, and human resources (see Online Figure 1 at www.qualityprogress.com)—and each area saw the improvement you'd expect from a Baldrige recipient.

1. Quality of care. For any organization, it's quite a feat to measure your time between negative incidents in years. SMC is in that elite class thanks to a focus on preventing hospital-acquired infections. It recorded zero central line-associated bloodstream infections in 2011, the last case of ventilator-associated pneumonia was in 2009, and the overall rate of hospital-acquired infections has remained at or below 1% since 2008.

SMC proved its commitment to putting the patient first when it noticed that a measure related to its treatment of heart attacks was far beyond what it could have been. Its “door-to-balloon time”—how long it takes to assess and diagnose a myocardial infarction, and deliver the necessary intervention—was 120 minutes, so SMC partnered with a competitor 25 miles away to coordinate handoffs. The new system drastically reduced door-to-balloon time to as low as 53 minutes.

2. Customer service. Consulting firm Press Ganey helps those in the healthcare industry improve performance by tracking measures in crucial service areas. In the last round of surveys, SMC landed in the top 25% for nine of 10 measures and earned a spot in the top 10% for overall satisfaction in each customer segment and overall satisfaction for adult inpatients.

Those numbers were supported by the Hospital Consumer Assessment of Healthcare Providers and Systems, which verified that SMC bested other Indiana hospitals from 2008 to 2011 in areas such as the ability of nurses and physicians to listen, understand and provide clear discharge instructions.

3. Fiscal and operations. By rigorously monitoring its daily and monthly activities, in addition to an annual review of key performance measures, SMC has improved its bond rating and its operating margin in the years since the 2009 economic downturn. Because of those efforts, its reported results are in line with Standard & Poor's “A” and “AA” rated median levels.

Also, from 2008 to 2010, SMC achieved revenue growth in its five strategic focus areas: women's health, joint replacement, noninvasive cardiac care, cancer care and bariatric surgery. That's no surprise considering that in the county in which it resides, SMC's market share is better than 60% for inpatient care, 70% for outpatient care and 80% for ambulatory care.

4. Human resources. Since implementing the Baldrige criteria in 2007, SMC's staff turnover rate has dropped by 25%. Those results stem from an increased focus on staff feedback, as well as a hiring program that features peer interviewing and collects employee input, both of which contribute to the selection of new hires.

On the nursing side, from 2009 to 2011, SMC reported a satisfaction level above the benchmark set by the National Database of Nursing Quality Indicators. The results for doctors are equally impressive thanks to a revamped approach by the medical executive committee, which welcomes physician input for staffing decisions. Because of that, 90% of SMC doctors said they felt engaged and aligned with the organization.

Perhaps the most intriguing approach to ensuring a satisfied staff comes from SMC's “Grow Our Own” program. In it, local students at the middle and high-school levels shadow staff members, and then return to work at SMC during college. The program is directly responsible for 17 individuals joining the current medical staff.

“Our employees are our most important contributor to Schneck's performance excellence,” said Gary A. Meyer, SMC president and CEO. “Receiving this award is an extraordinary accomplishment and recognition of their commitment to continuously improve patient outcomes while safely reducing the cost of care.”

—Brett Krzykowski, *assistant editor*

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Henry Ford Health System

As one of the most comprehensive integrated health systems in the nation, Detroit-based Henry Ford Health System (HFHS) employs a workforce of 29,856 at 140 sites spanning a three-county area. The system includes:

- Seven hospitals, including a large, level-one trauma flagship hospital.
- 33 multispecialty ambulatory care centers.
- Affiliated physician practices.
- A research and education component.
- A Health Alliance Plan providing health coverage to more than 467,000 members.
- 91 community care operations, including outpatient behavioral health, nursing homes, hospices and dialysis centers, and retail operations offering such services as optometry and home medical products.

So when HFHS decided to use the Baldrige framework, it knew it would take work to successfully implement it on a systemwide level. But, as Susan Hawkins, senior vice president of performance excellence at HFHS, explained, the system's leaders were undaunted.

"We think it may have been easier for one of our hospitals or business units to apply for the award as an individual entity," she said. "But our CEO never wavered in her belief that we have to do this as a system. Everything that we have to do around the Baldrige criteria supports integration—all units working together for a common purpose. We took the harder road."

Because of its systemwide approach, one of the key contributors to the success of HFHS has been its senior leaders team, which consists of about 25 CEOs from each of its business units and key corporate leaders.

The team meets bimonthly for two to three hours at a time, focusing on strategic planning activities and organizational performance review. Each leader is responsible for communicating and implementing ideas from these meetings back at his or her business unit.

According to Hawkins, the team represents a dramatic shift in the way the organization is led and has been a key part in its Baldrige success. "Each member of the senior team is accountable to the others for sharing actions and results—both strengths and opportunities—routinely and transparently," she said.

HFHS's patient-safety and quality-of-care efforts—key drivers in its pursuit of the Baldrige award—hinge on initiatives the system continues each year, including:



DOCTORS FROM HENRY Ford Health System meet as they walk the hallways of one of the organization's 140 sites.

- A series of interventions focused on mortality reduction. Since 2004, the system has reduced its mortality rates by 40%.
- A "No Harm" campaign modeled after the Institute for Health Improvement's 100,000 and 5 Million Lives campaigns to reduce patient morbidity and mortality. The HFHS program focuses on reducing harm on a broad scale. In the program's fifth year, the system has seen a 27% reduction in harm.
- A systemwide effort to reduce readmissions by identifying necessary actions needed for patients deemed at high risk for readmission.
- A focus on innovation in ambulatory patient care. To drive improvement, the system established and spread a medical home model—called Patient Centered Team Care—and created bundles of clinical interventions and screenings focused on prevention and diabetes management. These bundles are linked to quality bonuses for physicians.

HFHS plans to travel this year and host "sharing days" to discuss its quality strategies with other organizations. But this doesn't mean the system will stop moving forward in its own quality journey.

"We can't stop improving," Hawkins said. "We have work to do. We know what our opportunities are—they were validated by our feedback in the Baldrige site visit experience—and we'll continue to look at those things. This is just the beginning."

—Amanda Hankel, contributing editor

SOURCE

National Institute of Standards and Technology, "Henry Ford Health System," www.nist.gov/baldrige/award_recipients/ford_profile.cfm.

Concordia Publishing House

Bruce Kintz, president and CEO of Concordia Publishing House (CPH), a nonprofit organization headquartered in St. Louis, MO, says the Baldrige criteria has been in his head pretty much his entire career. But he knew he needed to get quality into the heads of his employees at CPH before formally rolling out the criteria as the company's performance improvement framework in 2001.

"I started off slow and went the route of making sure we had proper buy-in before I actually announced that there was criteria associated with the effort," Kintz said. "So while we've been using it and known the actual words of the criteria for a decade, it's been about 13 years in total that we've been implementing it."

CPH has pursued quality excellence via the Baldrige criteria for more than a decade. The organization first gained recognition in 2009, winning the Missouri Quality Award.

"That told us we were on the right track. Then, two years later, to win the national Baldrige award was a major milestone in our quality journey that further proves we run as efficiently as many other benchmark companies," Kintz said.

He attributes CPH's success to several efforts that have helped leaders run the organization efficiently while keeping customers and employees happy.

First, CPH's annual strategic planning process is continuously improved through multiple review cycles that engage management and employees. The organization employs an inverted strategic planning process that involves three planning horizons—long, medium and short-term. This strategy provides in-process measures that help predict end-of-process measures, Kintz said.



CONCORDIA PUBLISHING HOUSE'S increased focus on electronic offerings resulted in a nearly five-fold increase in e-products from 2008 to 2010.

"The process improvement process that we use—plan, do, check, act—has been inculcated throughout CPH," Kintz said. "When you couple those along with voice of the customer (VOC) and voice of the employee, we have all we need to work well with our board of directors and plan for the future."

He added that with help from those tools, CPH's overall customer satisfaction scores soared above 98% and exceeded levels set by the annual Purdue University Benchmark Study of U.S. Call Centers.

"We focus on our customers in everything that we do, and our quality improvement is aimed at improving our relationship with the customer," Kintz said. "VOC feedback actually drives our product development here."

CPH uses VOC to gather input from customers for compliments, product ideas and complaints. Core product teams analyze customer data, prioritize product and service offerings, and design products to meet and exceed customer requirements and expectations.

In addition, CPH's emerging products team explores the use of state-of-the-art technologies to deliver new and innovative products, such as eBooks, iPhone/iPad apps and customizable online curriculum builders.

As a result, the number of digital products CPH offers increased from 457 in 2008 to 1,927 in 2010. "It's the future—digital publishing rather than traditional," Kintz said.

CPH also gathers employee feedback through a bi-annual employee survey, the results of which have improved every two years over the previous survey taken.

"Our employees are our reason for success," Kintz said. "They're our associates, partners and family, and they're also the future of this business. If we listen as a management team, then our employees are going to be responsive to that and give us good ideas."

It seems there is no shortage of good ideas at CPH. It recently launched an innovation team to ensure employees are actively involved in developing new ideas and seeing them come to fruition. It's just another way the organization continues its commitment to quality improvement.

"It's never over," Kintz said. "It's a quality journey, and this is one step forward in that journey."

—Amanda Hankel

SOURCE

National Institute of Standards and Technology, "Concordia Publishing House," www.nist.gov/baldrige/award_recipients/concordia_profile.cfm.

Southcentral Foundation

Anyone who thinks a grassroots, homegrown effort can't transform a stumbling organization into a bastion of efficiency and excellence, Southcentral Foundation (SCF) has one word for you: *nuka*.

That's the Alaska Native word used for strong, giant structures and living things. It's also the name of the healthcare model that helped transform the service provided to Alaska Natives and American Indians from a logging system to a streamlined one that helped Anchorage-based SCF earn a 2011 Baldrige award.

"This award recognizes and honors the strength and traditional values of the Alaska Native people and our customer-owners, which Southcentral Foundation's Nuka System of Care was built upon," said Ileen Sylvester, SCF vice president of executive and tribal services. "A large component of our vision is a healthy, thriving community for generations to come. This award reflects that we are well-positioned to see that vision through."

Back in 1998, that wasn't the case. Patients waited weeks for an appointment, and then waited some more after finally arriving at the doctor's office. When they actually saw a physician, often it was a different doctor for every visit. The connection between patient and provider was simply nonexistent.¹

Everything changed in 1999, when SCF completed its transition away from a government-run healthcare system to a customer-owned approach. That process began in 1982 and culminated with an organization that bases everything it does on relationships.

That's not as easy as it sounds because of the ground SCF must cover. The organization's 1,400 employees serve around 55,000 people, including 10,000 in 60 remote Alaskan villages.² But SCF has established an environment in which it puts what it calls its "customer-owners" first, and it did it via its Nuka System of Care, which is founded on four principles:

1. Customers drive everything.
2. Customers must know and trust the healthcare team.
3. Customers should face no barriers in seeking care.
4. Employees and supporting facilities are vital to success.³

SCF's results prove those tenets aren't just words. Gone are the days of waits measured in weeks. Now, if customer-owners call by 4 p.m. and arrive by 4:30 p.m., they can see their primary-care provider the same day.

SCF can do that because it has constructed a system in which 70% to 80% of appointment slots are unfilled at the beginning of the day.⁴

That access has contributed to a customer-satisfaction rating that reached 91% in 2010. In addition, Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys put SCF's overall satisfaction rating at 73.3%, well above the CAHPS benchmark of 46%.⁵

Those numbers wouldn't have been possible if SCF hadn't changed its leadership makeup and involved a group of people that had a vested interest in its success. Now, the majority of managers are Alaska Natives or American Indians.

"It is so wonderful for external experts to recognize the amazing journey of Alaska Native people in creating and running SCF's Nuka System of Care," said Douglas Eby, M.D., vice president of medical services.

With that change in leadership came a philosophy centered on the values of the Alaska Natives, which SCF credits for its ability to provide same-day service, as well as several other improvements:

- A 40% decrease in expensive ER and urgent-care visits.
- A 50% decrease in specialty care.
- A 20% decrease in primary-care visits.
- A 30% decrease in admissions and the number of days that patients spend in the hospital.⁶

If anyone is as pleased with those numbers as SCF, it's the Alaska Native Tribal Health Consortium (ANTHC), which partners with SCF to operate and manage the Alaska Native Medical Center.

"Undoubtedly, the accolades will continue for Southcentral Foundation," said ANTHC Chairman and President Andy Teuber, "not only through awards such as the Baldrige National Quality Award, but also through the continued recognition of the Nuka System of Care that acknowledges that relationships support wellness."

—Brett Krzykowski

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