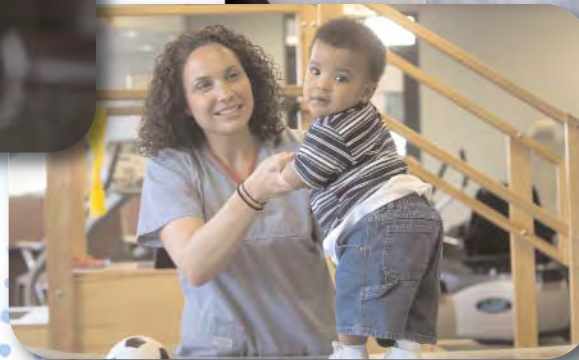
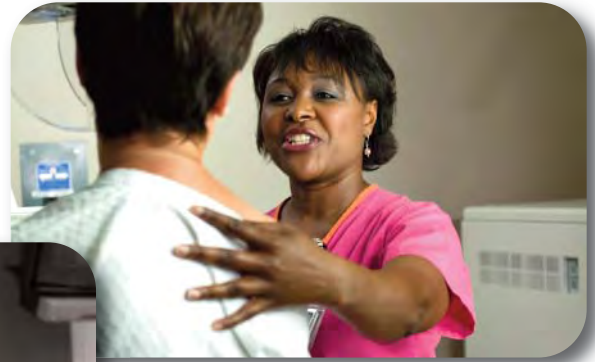


# North Mississippi Health Services

Application for the 2012 Malcolm Baldrige  
National Quality Award



NORTH MISSISSIPPI  
HEALTH SERVICES

**Organizational Profile**

**P.1a(1) Service Offerings:** Here in our nation’s epicenter of poverty and morbidity are 6,557 people who provide a caring culture. We are chosen, trained, empowered and devoted to clinical, compassionate and operational excellence. It is only at this high level of performance that we, NORTH MISSISSIPPI HEALTH SERVICES (NMHS), a NOT-FOR-PROFIT (NFP), community-owned integrated HEALTH CARE delivery system serving 24 rural counties in north-east Mississippi and northwest Alabama, will become the provider of the best patient-centered health care in America. We accept the responsibility that our role in our community’s health extends beyond the walls of our hospitals, clinics, rehab centers and facilities. The delivery of health begins in the schools, places of work and worship, and the homes of the people we serve. The integration of acute care hospitals, post-acute care services and primary care clinics and extensive reach into the communities of our region enable a continuum of care for our community in both health and sickness.

The people in our region are poor and burdened with improving but still lower education levels, and other demographics that compare adversely to the rest of the nation (F.P.2-2). The Mississippi-Alabama population is among the least healthy and the most medically underserved in the U.S. with adverse lifestyle choices as a major factor threatening personal wellness. Treating disease and injury is not enough for NMHS. Although we know that changing lifestyles is a difficult challenge, NMHS is committed to helping people make the right choices through a variety of educational and prevention mechanisms. Therefore, HEALTH CARE (HC) here must be more than just hospital care. Accordingly, HC by NMHS begins by promoting wellness in the community with seven wellness centers, more than 150 annual health fairs, behavioral health assessments, nurse practitioners in on-site clinics in factories, mobile mammography as well as a CHURCH HEALTH MINISTRY. Healthy, proper-weight children are a major focus.

NMHS provides certified athletic trainers, nurses and a certified health educator in local schools as well as collaborates with HEALTHWORKS! to engage children in healthy lifestyles. Toward the total commitment to health, NMHS operates HEALTH LINK, A PREFERRED PROVIDER ORGANIZATION (PPO), providing a broad and deep spectrum of acute health care in six hospitals, 34 clinics (NMMCI), and four LONG TERM CARE (LTC) facilities all operated via integrated structures and processes.

Ready access to primary care providers is an optimal method to keep people well and avoiding hospitalization. NMHS developed its clinic system in 1990 to ensure primary care access and developed a FAMILY MEDICINE RESIDENCY PROGRAM (FMRP) in 1993 to ensure continuous staffing of these rural clinics. Our clinic system is a key link to 158,244 community members for a total of 576,378 patient visits in FY 2011. Care management of clinic patients admitted to a CH or NMMC is facilitated via our one record per-patient INTEGRATED COMMUNITY HEALTH RECORD (ICHR) which enables efficient and effective care and a smooth transition between the acute and ongoing ambulatory care. Although hospital-based services account for 90% of revenue, we place great importance on access, ongoing wellness and prevention throughout the region, and transition provided by the outpatient clinics, home health and LTC.

NMMC coordinates clinical services through seven SERVICE LINES (SLS): Cardiovascular, Emergency, Surgery, Medicine, Women & Children, Support Services and Post-Acute Care. The smaller CHS and LTCs use an industry-standard department structure and NMMCI coordinates clinical services according to each clinic’s expertise and capacity.

**P.1a(2) Vision and Mission:** NMHS has a strong culture of compassion and caring focused on innovation, vision and performance results. Northeast Mississippi has a relatively stable population, and it is common for employees to be long-time res-

Figure P.1-1 NMHS Core Services	
<b>Prevention &amp; Wellness Services</b>	
• <b>Community Health Program:</b> headquartered in Tupelo & operates from hospitals in Eupora, Hamilton, luka, Pontotoc & West Point, as well as 22 schools in six counties	
• <b>Wellness Centers:</b> Baldwyn, Eupora, Hamilton, luka, Pontotoc, Tupelo & West Point	
<b>Outpatient Care Services</b>	
• <b>Hospital-based:</b> NMMC: surgery, outpatient infusion, physiatry, psychiatry, infectious disease; NMMC, Eupora, luka & West Point: sleep lab; All hospitals: radiology, laboratory	
• <b>NORTH MISSISSIPPI MEDICAL CLINICS, INC. (NMMCI):</b> 34 clinics located in 18 towns/cities throughout the region providing an array of services including family medicine, internal medicine, OB/GYN, neurology, pediatrics, pulmonary medicine, infectious disease, geriatric medicine, rheumatology, occupational medicine & work-related services. These clinics range from 1 to 20 providers (physicians and non-physician licensed clinicians).	
• <b>North Mississippi Clinics (LLC):</b> 2 retail clinics (in Walmarts) staffed with nurse practitioners.	
• <b>Family Medicine Residency Center:</b> serves as a residency training program to 22 family medicine physicians, also provides primary care services.	
<b>Hospital-Based Emergency &amp; Acute Care Services</b>	
• <b>NORTH MISSISSIPPI MEDICAL CENTER (NMMC):</b> provides acute tertiary care (full complement of subspecialties) at the Tupelo campus: main unit-469 beds, women's hospital-108 beds & behavioral health center-66 beds; 24/7 emergency services & level-2 trauma services, surgery (including cardiothoracic, neuro & ortho), OB/GYN, NICU & oncology services	
• <b>COMMUNITY HOSPITALS (CH):</b> provide 24/7 emergency & acute medical care services: Eupora: 38 beds, pediatrics; luka: 48 beds; Hamilton, Alabama: 57 beds also provides surgical services; Pontotoc: 25 bed critical access hospital; West Point: 60 beds also provides surgery, OB/GYN & pediatric services	
<b>Post-Acute Care Services</b>	
• <b>Long Term Care (LTC)</b> facilities affiliated with hospitals: Baldwyn Nursing Facility-107 beds; Eupora-36 beds; Hamilton-79 beds; Pontotoc-44 beds	
• <b>Home Health Care &amp; Hospice Services:</b> headquarters in Tupelo & branches in Amory, Eupora, Fulton, Pontotoc, Ripley & Tupelo	
• <b>Rehabilitation Services:</b> NMMC: inpatient & outpatient units; NMMC & West Point: Cardiac & Pulmonary Rehab; Hamilton: Pulmonary Rehab; All hospitals & LTCs: PT, OT and speech rehab.	
• <b>Skilled Nursing Facility:</b> NMMC 29 beds	
<b>Preferred Provider Organization (PPO)</b>	
• <b>NMHS PPO, Health Link,</b> covers 90,000 lives through contracts with more than 114 payer groups. Health Link offers access to a network of 2,929 physicians & more than 48 hospitals, including Le Bonheur Children’s Medical Center & St. Jude Children’s Research Hospital in Memphis.	

\*WORDS AND ABBREVIATIONS IN SMALL CAPS ARE IN THE GLOSSARY.



idents of the community. NMHS is their health system – it is where they work and where their family and friends receive HEALTH CARE (HC). Pride in one’s work has created a PATIENT-CENTERED CARE (PCC) culture in which employees have a vested interest in making theirs the best hospital, LTC facility or clinic possible by striving for excellence in every encounter with every patient.

NMHS’ leaders live by SERVANT LEADERSHIP concepts and provide a NO-SECRETS CULTURE, open communication environment in which transparency is an enriching element of culture. Leaders emphasize high quality and compassionate care. Tools for improvement are pervasive from an employee’s orientation throughout their tenure. Our culture is results oriented, based on evidence and not excuses. Our clinical and operational results are already strong compared to other HC organizations; yet, our continuous effort to improve comes from our belief that they are never good enough. We are never done. Other organizations routinely visit NMMC to try to recreate the culture responsible for our success (7.4-8).

NMHS’ purpose is to provide compassionate HC with optimal outcomes, and our MISSION reflects the organization’s secure roots in the communities we serve. Its ambitious VISION reflects a deeply-held commitment to excellence in every activity for the people we serve. The CARES Values acronym (Compassion • Accountability • Respect • Excellence • Smile) expresses NMHS’ focus on exceptional customer service, INNOVATION and performance improvement (F.P.1-2). Our adoption of a POPULATION-FOCUSED CARE (PFC) strategy ensures we provide comprehensive, system-wide programs to prevent and manage our population’s chronic conditions. Our MISSION and PFC are consistent with IHI’S TRIPLE AIM.

The MISSION and VISION are translated into measurable actions through the CRITICAL SUCCESS FACTORS (CSFS): PEOPLE, SERVICE, QUALITY, FINANCE and GROWTH. The order of the CSFS is intentional. Culture starts with creating an environment that draws and nurtures the best PEOPLE to provide the best SERVICE. Great SERVICE results in engaged customers and excellent QUALITY. High QUALITY and efficiency produces sustainable FINANCIAL results and requests for more services, which results in GROWTH. All activities are organized and managed according to the CSFS, thereby creating organizational alignment, sustainability and a comprehensive culture and structure for operational excellence.

Figure P.1-2 NMHS, Mission, Vision & Values (MVV)



NMHS’ single pervasive CORE COMPETENCY (CC) is “PEOPLE WHO PROVIDE A CARING CULTURE.” Consistent with the CSFS and our CARES values, highly engaged people create a caring work culture and provide a caring HC environment. Employees are selected and developed for caring attitudes which explains why staff treat each other with consideration and patients/family members with genuine warmth and respect. Caring PEOPLE provide caring SERVICE and high QUALITY outcomes.

**P.1a(3) Workforce Profile:** With a WORKFORCE (WF) of 6,557 (6,226 employees and 491 PHYSICIANS), NMHS is the largest employer in our service area and the second largest private employer in the state. Of the 491 medical staff members, 328 have practice privileges, 138 are employed, mostly in NMMC, 163 operate with consulting privileges and as tele-radiologists. There are 22 medical residents. Physicians are also considered stakeholders (F.P.1-6).

No employees belong to unions. Average employee tenure is 10 years with 10% of staff designated as supervisory (F.P.1-3). NMMC contracts for: ESD physicians, radiologists, dietary management, behavioral health management and housekeeping management services. The CHS use contract services for pathology, radiology and rehab professionals.

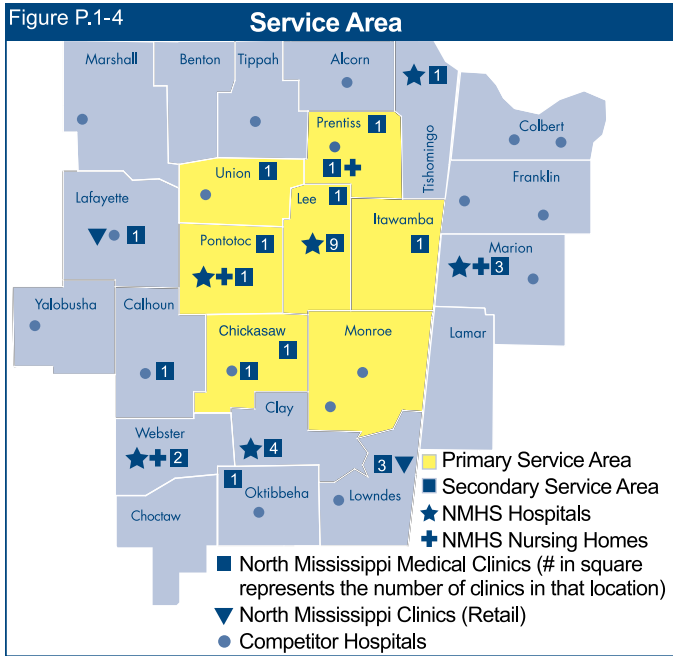
Figure P.1-3 Workforce Profile		
Job status	Composition	Positions
84% FT	80% Female	48% Licensed Professionals
5% PT	20% Non-white	16% Enabling Technicians
8% On-call		19% Enabling Staff
2% Leave		17% Clerical

Employees are carefully selected for their knowledge, skill and abilities, using behavioral and team interviews to ensure they meet our VALUES. Engagement activities begin during the interview process, continue with new employee orientation (NEO), and are ongoing with LEADER ROUNDING, extensive training and regular communication (1.1b1). Key engagement elements include being treated with respect, opportunities for additional training, recognition for a job well done, TRANSPARENCY, participating in decisions, competitive compensation and benefits (7.3-13-20). NMHS’ innovative LIVE WELL EMPLOYEE INCENTIVE PLAN encourages healthy lifestyles and provides a reduction on health insurance for annual health screening (7.3-7-11). In addition, staff safety requirements include secure environment, hazardous materials, emergency, fire prevention, medical equipment and utility systems (7.3-12).

**P.1a(4) Assets:** NMHS has a total of 113 facilities located on 289 acres (F.P.1-1, F.P.1-3). NMHS headquarters are in Tupelo, with 65 facilities on 138 acres and 2.69 million sq. ft. of buildings, including 616,538 sq. ft. of parking garage space. There are 151 acres outside of Tupelo with 48 buildings (703,043 sq. ft.).

We are a distinctive IT leader. Buildings and services are linked through a role model MANAGEMENT INFORMATION SYSTEM (MIS) (F.4.2-2). NMHS began building its comprehensive MIS in 1975 and the system includes 7,000 desktop PCs, 2,000 laptops/notebooks, 2,000 printers, 300 medication barcode scanners, a WIDE AREA NETWORK (WAN), auto paging and faxing services, remote dial-up access, wireless notebook computers and systemwide email. We support more than 180 iPhones, iPad and Blackberry device connections to our network.

The systemwide integrated ICHR link patients’ personal



health, service utilization and financial information across all NMHS facilities, non-affiliated clinics and 21 NMMC nurse-staffed schools. Electronic medical information is filed by episode and linked to each patient’s unique identifying number. In addition to the patient care and patient safety benefits, the ICHR also allows for the creation of an extensive database that is utilized in NMHS’ PERFORMANCE SCORECARDS (PSCS), physician profiles, CLINICAL PRACTICE ANALYSIS (CPA) and other PERFORMANCE IMPROVEMENT (PI) processes. Our leading edge interoperable ICHR results in visits from many HC organizations, and recognition for INNOVATION by winning the DAVIES AWARD, the MOST WIRED AWARD for 11 consecutive years and the MOST WIRELESS AWARD for five years (7.4-8).

NMHS invests in the most advanced diagnostic and treatment technologies, such as the DAVINCI ROBOT, barcoding for medications, robotic medication dispensing, PET scanning, MRI, kidney lithotripsy, surgical lasers, CT angiography, 64-slice CT and intensity modulated radiation therapy to address the intensity and frequency of illness in Mississippi. We also invest in innovative facilities to deliver services and care, such as industry breakthrough CENTRAL STERILE PROCESSING (CSP) FACILITY and a hybrid operating room (OR). NMHS links the hospitals and clinics’ radiology services through PICTURE ARCHIVE AND COMMUNICATION SYSTEM (PACS) which provides rapid, digital transmission and storage of radiological studies. Telemedicine enables pediatric cardiologists in Memphis to review the ECHOs of all pediatric and NICU babies.

**P.1a(5) Regulatory Requirements:** NMHS operates in a highly regulated industry and exceeds (when value added) federal, state and local requirements that cover a range of patient care and safety, employee safety, fair employment and environmental and financial regulations. Most significant include: CMS, OSHA, CDC, ADA, FMLA, MSHD and MDEQ. NMHS ensures high practice standards and undergoes voluntary accreditation by numerous professional organizations including: ACR, ACS, NCQA (NMMCI and HEALTH LINK), Surgical Review Corp for bariatric surgery and THE JOINT COMMISSION (TJC) for stroke. NMHS hospitals have been accredited by TJC since 1952.

**P.1b(1) Organizational Structure:** NMHS is organized by a matrix structure to facilitate communication among ENTITIES (individual hospitals, NMMCI, other points of service). ENTITY leaders have both direct reports and dotted line reports to ensure processes are fully aligned and integrated.

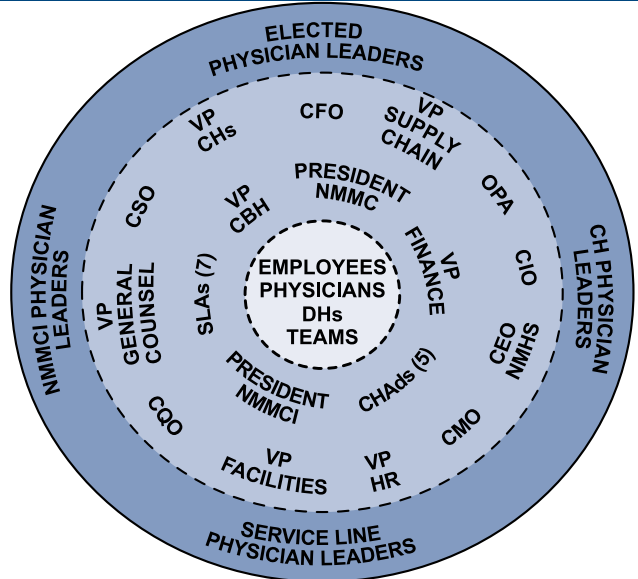
NMHS is a NFP membership corporation composed of 200 volunteer community leaders recruited from the 24-county service area. The membership meets annually and approves a 12-member BOARD OF DIRECTORS (BOD). Each CH has its own BOD which meets monthly. NMMCI’s BOD meets quarterly. Each BOD reports to the NMHS BOD, which meets monthly.

NMHS’ leadership team reports to the CEO, EXECUTIVE VP, a PRESIDENT OR a VP. (organizational charts – Tab C). The NMHS BOD guides and approves the strategic, operational and clinical affairs of the organization by means of a structured committee system, the annual LEADERSHIP PLANNING RETREAT (LPR) and the EVIDENCE-BASED PLANNING PROCESS (EPP) (F. 2.1-1).

Although there are traditional organization charts, the LEADERSHIP system of NMHS functions as depicted in F. P.1-4. The innermost ring represents the physicians, DEPARTMENT HEADS (DHs), employees and teams who take care of our patients and/or provide services to those who do. Placing caregivers in the center reflects the importance of a motivated, engaged workforce in accomplishing our mission and ensuring a sustainable organization. The second ring represents the leaders responsible for the day-to-day operation of NMHS, known as the SENIOR LEADERSHIP TEAM (SLT). The delineation between the different groups is represented by dashed lines that demonstrate the leadership system’s fluidity, agility and interdependence of the chain of command designed to reduce silos and encourage INNOVATION and two-way communication.

The outer most ring comprises elected or appointed physicians who are integral to strategic and operational direction through formal and informal mechanisms (F.2.1-1). Formal mechanisms include membership on the BOD, MEDICAL EXECUTIVE COMMITTEE (MEC), medical directorships, SERVICE LINE OPERATION GROUP (SLOG), medical sections, NMMCI’s CLINIC OPERATING GROUP (COG), QUALITY COMPLIANCE COMMITTEE (QCC) and a multitude of committees. Informal mechanisms include systematic, intentional strategies in which leaders are visible where

Figure P.1-5 Leadership System





physicians congregate and work as well as an OPEN DOOR POLICY in which physicians are encouraged to provide feedback to senior leaders.

**P.1b(2) Customers and Stakeholders:** We view patient-customers as current and potential patients and we use our WORK SYSTEM (WS) components (F.6.1-2) to describe HC market segments: outpatient care (clinic and hospital-based), emergency, acute care, post-acute care (HHC, LTC), community health and wellness. NMHS systematically listens to its customers and stakeholders (F. 3.1-1) and uses the EPP (F.2.1-1) and our day-to-day management of systems and processes by an empowered WF to determine and address key requirements and expectations, specific for each group. Customer and stakeholder expectations, requirements and measures are described in F.P.1-6.

Figure P.1-6

Customers	Requirements & Expectations	Performance
<b>Patients</b>	Provide me with quality care, be nice to me, don't keep me waiting and be low cost.	7.1-1-21, 28, 7.2-1-11 7.5-12
• Patients & families		
<b>Stakeholders</b>	Provide me with community health programs teach me more about nutrition & obesity	7.2-15-17 7.4-15-19
• Community (health & wellness)		
• Active & referring medical staff*	Provide high quality care to my patients, communicate & collaborate with me & make it easy for me to practice/refer	7.1-1-20, 23 7.2-6-7, 7.4-6
• Local employers & 3rd party payors	Provide me with easy access to quality & cost effective health care/plan solutions	7.1-1-20 7.2-13-14 7.5-12

\*Active medical staff are also considered WF members

**P.1b(3)Supplier and Partners:** Because managing and transporting supplies to 113 facilities in 24 counties can be costly if not efficiently operated, NMHS has developed some of the most advanced supply systems in the industry. Through our innovative, automated Logistics Center and warehouse, NMHS deals directly with manufacturers and eliminates the middle-man supplier. NMHS' key suppliers, partners and collaborators and their roles in delivery of services, the communication mechanisms, and their roles in implementing INNOVATION are described in F. P.1-6. Purchasing of capital equipment, medical and surgical supplies, dietary goods and laboratory supplies is centralized. NMHS works with its group purchasing organization, MedAssets, for 45% of contract needs, and directly contracts with manufacturers and distributors for the other 55%. Vendors are rigorously reviewed to determine if they can meet our needs. Through these supply chain INNOVATIONS NMHS has increased its competitiveness by improving efficiency and reducing costs.

NMHS collaborates with the HEALTH CARE FOUNDATION OF NORTH MISSISSIPPI (HCF) to provide HEALTHWORKS! (HW), an inno-

vative and interactive children's health education center. HW offers both school-based curriculum and community-based programs in a creative and engaging environment. HW served more than 78,000 people in its first three years.

**P.2a(1) Competitive Position:** NMHS identifies three types of competitors (locations in F.P.1-3): 1) tertiary acute care - hospitals in Oxford and Columbus, Miss.; 2) 15 small hospitals throughout the 24-county region; and 3) 358 clinics located within this sparsely populated, 7,500-square-mile rural region service area. NMHS hospitals have 41% of regional market share, and as high as 70% market share for primary service area.

NMHS collaborates with Le Bonheur Children's Hospital in Memphis, which provides neonatal cardiology consults as well as a pediatric multi-specialty outreach clinic in Tupelo (3.2a(3)). NMHS collaborates with physician practices as joint ventures (not fully owned and therefore not included in the scope of this application).

**P.2a(2) Competitiveness Changes:** The dynamic between hospitals and physician groups continues to shift. Several years ago as physicians sought to pull their practices away from hospitals, we established our first physician joint ventures. In 2011, we implemented an innovative new collaboration with physician groups known as co-management, which includes shared responsibility for quality outcomes, patient satisfaction, gains and losses. The first co-management agreement is with the cardiologists (6.1b(2),7.1-23).

In 2010, NMMCI collaborated with Walmart to enhance access via an outpatient clinic in Columbus, staffed by a nurse practitioner seven days a week. This was the first store-based clinic in MS, and our second clinic opened in Oxford in 2011(2.1b(2), 2.2a(3), 3.2a(3)).

**P.2a(3) Comparative Data:** NMHS utilizes publically available and proprietary data within and outside of the HC industry for comparison (F.P.2-1). We recognize challenges in locating comparative and competitor data, especially for innovative projects and certain CSF indicators. To address this industry-wide challenge, we have identified six levels of comparative data (4.1a(2)) that drive improvement and INNOVATION throughout NMHS. Fortunately our progressive IHCR enables us to readily utilize comparative data. Our access to market share data is limited by the state vendor's technical delays, so we have resorted to performing our own analysis as well as creating an innovative market saturation metric (2.2b,7.5-10).

**P.2b Strategic Context:** NMHS, like other health systems, faces strategic challenges such as the uncertainties of HC reform.

Figure P.1-7

	Role in key HC & support service delivery	Key mechanisms for communication	Role in implementing innovation
<b>Suppliers</b>	Ensure timely & accurate delivery of goods & services	• Automated transactions • Mutual performance requirements • Quarterly & ad-hoc meetings	• Provides demos of new technology • Collaborates to use technology in new ways
• Supply chain (NMHS' Logistics Center*, CSP*, manufacturers, Med Assets)			
<b>Partners</b>	Deliver HC and support services that NMHS does not have the expertise to perform	• Contracts • Same as NMHS employees – via CSFS & CARES	• Same as NMHS employees – IFES, Collaborative Meetings and PI projects
• Contract services (e.g., ESD physicians, radiologists)			
<b>Collaborators</b>	Provide health education to our region's children, enabling them to make great life choices	• COMMUNITY HEALTH coordinates scheduled meetings and emails	• HEALTHWORKS! continually experiments with creative and fun ways to reach children
• HEALTHWORKS!*			
• School Health Ed programs			

\*NMHS' Logistics Center, NMHS' CSP and HEALTHWORKS! are innovations in their respective disciplines

Figure P.2-1 Sources of Comparable Data	
Data Type	Data Source(s)
<b>PEOPLE</b>	
Employee satisfaction	HRS (emp satisfaction/engagement)
HR metrics	BLS (emp safety), ASTD (emp training)
<b>SERVICE</b>	
Patient Satisfaction	PGA, HCAHPS, QUEST
CHA	MSU SSRC
<b>QUALITY</b>	
Acute Care	PREMIER'S QUEST, CMS' Hospital Compare, Vermont-Oxford Network, AHA's Get with the Guidelines (stroke, heart failure & MI), STS, ACC Network, NHSN, AHRQ COPSS, Pepper Report, BOLD Bariatric Surgery*
Emergency Care	Trauma One, QUEST, CMS
Outpatient Care	National Cancer Registry & MS Cancer Registry*
Post-acute Care	Uniform Data System for Medical Rehab, Strategic Healthcare Program, Home Health Compare
<b>FINANCE</b>	
	THOMSON-REUTERS Action O-I, Standard & Poor's, QUEST, VHA
<b>GROWTH</b>	
	MSDH

\*Comparative data for both inpatient & outpatient aspects of patient care Challenges unique to Mississippi and this service area concern the population we serve. High poverty level and lack of HC insurance coupled with a less educated and sicker populace forces a heavy charity care burden (more than \$81.9 million in 2011) as well as significant bad debt load (more than \$91.2 million in 2011) (F.P.2-2). NMHS utilizes the EPP (F.2.1-1) to determine strategic challenges and advantages organized by CSFs (F.P.2-3), which also align with key HC services, operational, societal responsibilities and human resource issues.

Figure P.2-2 Demographic Information		
Indicator	MS	US
<b>Economics:</b> Poverty (% below)	21.4%	13.5%
Median household income	\$37,000	\$51,000
<b>Education:</b> HS graduation rate	63.9%	74.7%
<b>Health:</b> Diabetes	11.1%	8.0%
Overweight or obese	68.1%	62.9%
High blood pressure	33.7%	27.8%
<b>Mortality:</b> Age-adjusted/100k	746.2	961.9
Infant: per 1000 live births	10.53	6.68
<b>Healthcare:</b> Physicians/100k	175.6	255.8

**P.2c Performance Improvement System:** In 1992, NMHS developed an industry-leading process of CLINICAL PRACTICE ANALYSIS (CPA) process in which physicians received individualized performance profiles of their care management and outcomes compared to local and national benchmarks. Sharing comparative data engaged physicians in PI and set the stage for the development of the CARE-BASED COST MANAGEMENT (CBCM)

approach. CBCM, also an industry-leading approach, links HC quality and cost containment by looking beyond traditional cost drivers (people, equipment, supplies) to the care issues that have a much greater impact on the actual cost of care, namely: practice variation, complications and social issues.

In 1996, NMHC began using Baldrige criteria to identify OPPORTUNITIES FOR IMPROVEMENT (OFIS). The state of Mississippi Baldrige program awarded NMHC the Excellence Award in 1997 and the Governor's Award in 2000. In 2006, NMHC was awarded the coveted Baldrige Award and was informed that our receipt of the Award helped to influence Toyota's decision to locate their final U.S. factory in Tupelo. NMHC continues to use Baldrige criteria to critically examine its approaches and processes. In 2007, NMHC began to share its Baldrige journey learning with all NMHS ENTITIES.

The PI system is an iterative process. The so-called "low-hanging fruit" of CBCM is gone, so reducing costs by addressing care issues has evolved to focus on enhancing patient safety (complications), improving transitions from one level of HC to another (PFC, social issues) and improving operational efficiency through co-management (practice variation) (7.1-4,13-19,23). Because NMHS is a Baldrige-guided organization, in 2011 NMHS adopted and modified APPROACH-DEPLOY-LEARN AND INTEGRATE (ADLI) (F.6.2-1) as its PI structure and methodology (replacing PLAN-DO-CHECK-ACT (PDCA). ADLI is a more comprehensive approach and framework to diagnosing and designing processes and enables us to use a common language.

NMHS' systematic strategic and operational processes that have evolved from our Baldrige-based performance analysis also function as components of our process evaluation, improvement and INNOVATION system. These include:

- EPP and 90-DAY ACTION PLANS (90-DAY APS) are key NMHS improvement and INNOVATION processes. Each department, SL and ENTITY uses the EPP to determine and align goals and targets. These goals are tracked on CSF-based PERFORMANCE SCORECARDS (PSCS). When targets are not met and/or problems detected, an ADLI cycle is implemented and 90-DAY APS are formulated.
- NMHS uses PSC for organizational learning by sharing results and lessons learned with staff and BOD.
- Multiple venues capture, evaluate and implement innovative ideas from our workforce. Every WF member participates in the annual EPP planning survey and submits IDEAS FOR EXCELLENCE (IFE). Front line employees identify innovative ways to address their unit's safety issues through the COMPREHENSIVE UNIT-BASED SAFETY PROGRAM (CUSP), and participation in the ADLI process also engenders front-line INNOVATION.

Figure P.2-3 Strategic Challenges & Advantages	
Strategic Challenges	Strategic Advantages
<b>PEOPLE</b> (Human resources)	<ul style="list-style-type: none"> <li>• Highly engaged and satisfied employees who choose to continue to work, innovate and excel at NMHS, thereby maintaining skills and continuity.</li> <li>• Systemwide utilization of AIDET and integration of CARES values to every patient every time.</li> <li>• Established culture of quality and safety.</li> <li>• Integrated Community Health Record (ICHR)</li> <li>• AA Bond rating which makes it easier to procure future project financing and support our MISSION.</li> <li>• Strong geographic distribution of services</li> <li>• MD joint ventures and co-management</li> <li>• Solid reputation for providing compassionate, high quality and safe care.</li> </ul>
<ul style="list-style-type: none"> <li>• Recruit short-supply professionals (pharmacists, physical therapists and physicians).</li> <li>• Retain skilled staff. • Develop staff and physician leaders.</li> </ul>	
<b>SERVICE</b> (Operational)	
<ul style="list-style-type: none"> <li>• Increase patients' &amp; physicians' engagement. • Enhance patient-customer loyalty.</li> </ul>	
<b>QUALITY</b> (Health care service)	
<ul style="list-style-type: none"> <li>• Sustain high level, evidence-based, quality care and patient safety.</li> </ul>	
<b>FINANCIAL</b> (Operational)	
<ul style="list-style-type: none"> <li>• Generate the financial resources necessary to support the organization in an environment of reimbursement pressures and increasing charity care.</li> <li>• Unknown implications of Health Care Reform.</li> </ul>	
<b>GROWTH</b> (Societal responsibilities)	
<ul style="list-style-type: none"> <li>• Expand PFC services and/or access to current services to better meet our MISSION.</li> </ul>	



## 1.1 Senior Leadership

**1.1a(1) Vision and Values:** We believe that leadership is an honor and an obligation: a responsibility to “enable” every employee, physician and volunteer who chooses to spend their careers with us to excel and grow. NMHS’ LEADERSHIP system is designed to leverage the potential of every leader, front-line employee and key partner through our relentless focus on the MVV and CSFS of PEOPLE, SERVICE, QUALITY, FINANCIAL and GROWTH (F.P.1-2).

Vision and INNOVATIONS are woven into the very fabric of our culture. The setting or weaving of MVV into our culture is far more than SENIOR LEADERS gathering information and emerging with statements to be etched into the foundation of the organization. MVV at NMHS are the evolutionary result of an organization created by people of vision in the early 1930s. SENIOR LEADERS are obliged to extend forward that tradition and accomplishment. We reaffirm and refresh the intentions of our community’s founding leaders: to address current needs and anticipate the future state of HC. We do this through a carefully crafted and continuously refined process of strategic planning that correlates current and future HC needs with the current capability and the future promise of the art and science of medicine.

The SLT and BOD annually revisit the MVV at the beginning of and upon completion of each EPP cycle (F.2.1-1). The EPP focuses on ensuring that the MVV are not just statements but instead words that inspire a diverse WF to achieve our full potential. Results, like those presented in Category 7, are used during the EPP to validate MVV success or failure. The BOD and the SLT set the current MISSION statement in 1994 to reflect the growing refusal to accept the pervasiveness of disease that continued to debilitate our region. In 2001, this process led to the VALUES statement based on input from employees, physicians and the community. Since 1996, as a result of our work with the Baldrige criteria, we set our sights on organizational performance that far exceeds merely the acceptable.

SENIOR LEADERS deploy the MVV through the LEADERSHIP system via a set of highly coordinated and interrelated formal and informal methods that serve to ensure the words hold real meaning and value for each member of the WF and our key partners and collaborators, and those who access our services. These methods include a set of personal actions and collective leadership efforts that deploy and reinforce organizational VISION and values through a series of processes that are intentionally designed to repeat/reinforce key messages to staff, key customers and partners: (See F.6.2-2 for a sample list of recent INNOVATIONS.)

- EMPLOYEE COMMUNICATION SESSIONS (ECS) (F.4.2-3);
- CULTURE DAY presentations by CEO and several leaders as part of the NEO (5.2a(2), 5.2c(1));
- Posters depicting the MVV and CSFS prominently displayed throughout the organization;
- Meeting agendas and results are organized by the CSFS;
- SLT handwritten thank you notes sent to employees’ homes;
- Thank-you-for-choosing NMHS letters to patients;
- Meetings and regular communication with medical staff, third-party payors, local employers and major suppliers and
- Adoption of and role modeling the philosophies of: SERVANT LEADERSHIP, OPEN DOOR POLICY, NO SECRETS CULTURE, NO EXCUSES/RESULTS ORIENTATION, and PATIENT-CENTERED CARE (PCC).

The SLT-established EXCEL process is an integration force to

engage each employee to set individual performance plans based on organizational values and CSF-based targets. Throughout the year, each leader communicates in department meetings and in one-on-one encounters, the organization-wide, ENTITY and departmental PSC and employees’ role in the process. KNOWLEDGE BOARDS in each department are organized for consistency by CSF to communicate departmental and organization results and important information. VALUES and implied expectations are reinforced in ongoing customer service training (F.5.2-5), with routine updates via newsletters, the Intranet, weekly emails and department meetings. This deliberate, relentless focus on the MVV and CSFS by the SLT ensures that they are not merely deployed but known throughout NMHS to enable staff to function at their highest potential.

MVV deployment methods are systematically demonstrated through the engagement of our WF, observable in behaviors and actions, and then validated via the annual EOS survey for input to the EPP and improvement. For example, in 2007 employees identified the continued need for more specialty pediatric services and the LeBonheur Outreach Clinic was launched (2.2a(1), 7.1-30).

**1.1a(2) Promoting Legal and Ethical Behavior:** Because culture, flowing from SENIOR LEADERS, fosters legal and ethical behavior, the SLT continuously reinforces what is acceptable and what is not. Confidentiality and security of patient and stakeholder data are a key part of NMHS employees’ job performance. Each employee reviews patient confidentiality rules as part of the annual EXCEL process. Failure to maintain patient confidentiality is grounds for termination.

In conjunction with the CORPORATE COMPLIANCE COMMITTEE of the NMHS BOD, the SLT developed and established a strict zero-tolerance policy for unethical or illegal activities by any member of the organization. The deployment, learning and integration of this plan are described in 1.2b(2). Ethical behavior is a component of every employee’s ANREV and the SLT receives training on ethical topics. The SLT personally promotes ethical behavior through its NO SECRETS CULTURE and by intentionally raising ethical issues during their LEADER ROUNDING and weekly emails.

**1.1a(3) Creating a Sustainable Organization:** The SENIOR LEADERS’ ability to ensure effective strategic planning and implementation becomes its ultimate obligation amidst dynamically changing environments and challenges that can threaten sustainability.

SENIOR LEADERS drive CSFS to assure sustainability by implementing and deploying approaches that produce key results including:

- PEOPLE: improving employee and physician satisfaction/engagement that sustains our CC (F.5.2-3, 7.4-1);
- SERVICE: improving customer service and loyalty (F.3.1-1, 7.2-18 and 19);
- QUALITY: achieving breakthrough clinical quality improvement and patient safety (F.6.2-2, 7.1-1-19);
- FINANCIAL: creating financial resources necessary to support the MVV (2.2a(3), 7.5-1-8);
- GROWTH: development of services consistent with our MVV to increase market share (7.5-8-11).

Strategies are “hardwired” into our LEADERSHIP system by setting and monitoring targets for each CSF-based goal (F.2.1-4 and 4.1b).

The SLT's relentless focus on and deployment of the CSFs, creates a culture that ensures progress toward achieving our MISSION, strategic objectives, performance leadership, INNOVATIONS and agility. The SLT adopted this CSF focused approach after extensive research of the literature, best in class performing organizations, previous Baldrige Award recipients corroborated by our organizational experience. The SLT assures that the MVV/CSFs are the foundational and integrating principles of leadership. The CSFs guide every group, board subcommittee, meeting agenda, department, COLLABORATIVE WORK GROUP (CWG) (F.6.1-2) through to individual CSFs.

To strengthen sustainability, the CSFs do not reside only at the senior leadership level – they are thoroughly deployed to departments where HC work is done. Plans and targets roll up to the organization-wide STAT FACTS, a tool, aligned by the CSFs, that is used to report monthly progress toward achievement of yearly goals. STAT FACTS is real-time and promotes agility and INNOVATIONS by focusing on indicators responsive to changes and current needs, along with goals designed to achieve the MISSION and VISION.

PI and agility are intentional organization capabilities directly managed by the SLT. Monthly, SLT members perform a dual review of departmental/ENTITY performance and overall CSF performance via roll-up of STAT FACTS. Through the STAT FACTS, PSC, 90-DAY AP and BAR processes (7.5-7), SLT members review department/ENTITY performance relative to improvement targets and established competitive or comparative benchmarks. If performance is below target, the 90-DAY AP is refined to reflect mid-term corrective action.

Well-educated and trained employees are pivotal to our PEOPLE CSF and CC. To create an environment of staff learning, the SLT develops learning expectations, commits funding and provides educational opportunities and utilizes their pervasive rounding to share knowledge. Day Two of NEO or "CULTURE DAY" is hosted at NMMC-Tupelo. This system-wide celebration lays the foundation for a WF culture that delivers a consistently positive experience for PATIENTS and STAKEHOLDERS. Engagement is fostered by the sharing of core philosophies and values, internal performance management system and key concepts of quality customer service. SLT members provide three of the eight hours of instruction.

EXCEL is a carefully designed enabling system for planning employees' training needs to achieve new competencies or reach stretch goals. At the direction of the SLT, the Education Department provides more than 82.66 hours of training per employee per year (F.7.3-23) and the HUMAN RESOURCE (HR) Department provides a career counselor to help employees determine aptitude and apply for external educational programs (F.7.3-25). Since 2002, more than 200 employees have received bachelor's or master's degrees through THE LEADERSHIP DEVELOPMENT/ SUCCESSION PLANNING (LD/SP) tuition reimbursement initiative (F.5.2-3). Finally, the SLT incorporates educational opportunities into its annual budgeting process and spends more than \$2.3 million per year on employee education.

The SLT facilitates INNOVATIONS through several initiatives including: 1) IDEAS FOR EXCELLENCE (IFE) (7.1-16, 7.3-14), 2) COMPREHENSIVE UNIT-BASED SAFETY PROGRAM (CUSP) (6.1b(2)), 3) SWOT portion of the EPP, and 4) by actively engaging in innovative clinical outcomes projects and integrating these activities into the system through the SLT-commissioned BCM philosophy (6.1b(2)) creating, identifying and sharing BPRS through the CWGs

(F.6.1-2). In addition, several strategic physician partnerships are designed to facilitate clinical and business INNOVATIONS: 1) co-management, 2) hybrid OR (4.1c(3)), 3) PHYSICIAN LEADERSHIP INSTITUTE (PLI), and 4) clinic system leadership structure. These initiatives provide tangible mechanisms that support and capitalize on our culture's innovative spirit.

A rigorous LD/SP process, commissioned in 1984, is funded annually by the SLT to ensure we have backup leaders in the case of an emergency, for an orderly transition as people retire or relocate, and to provide leader job satisfaction. The SLT reviews the LD/SP each year and develops APS based on current and expected needs. The LD/SP APS may include formal education as well as other components including, for example, the aggressive effort to increase the percent of leadership with master's degrees. NMHS' LEADERSHIP DEVELOPMENT INSTITUTE (LDI) (F.5.2-4) provides leaders timely, focused education on topics ranging from current operational issues to personal leadership competencies. SLT members regularly teach LDI sessions. The SLT was the first group to read Jim Hunter's books on SERVANT LEADERSHIP, undergo self- and 360°- assessments, attend a session led by the author and develop individual APS for improvement. After the SLT completed the process, it was rolled out to more than 650 leaders systemwide. We evaluate all leaders on the SERVANT LEADERSHIP skills annually and have expanded the initiative to SHINING STARS.

NMHS established PLI in 2011 for physicians to gain a greater understanding of our organization, its MISSION and actual operation. Physicians gain additional skill sets in the areas of leadership, finance, strategic planning, operations and the medico-legal aspects of HC. As the HC environment continues to evolve, physician and hospital engagement and collaboration are imperative for mutual success. The PLI represents a significant investment by the organization. Successive classes consisting of six to ten physicians meet one Saturday a month for six months (5.2c(1)). Six physicians completed the first series of classes and 10 physicians began a new series in January 2012.

SENIOR LEADERS utilize a multi-component approach to creating and promoting a CULTURE OF SAFETY.

- Embrace and promote a JUST CULTURE, so employees are comfortable reporting process variances that may result in safety problems.

- Conduct annual CULTURE OF PATIENT SAFETY SURVEYS (COPSS) and respond to staff's concerns (7.1-14).

- Participate in weekly Leader Patient Safety Rounds at rotating sites throughout NMHS.

- Provide a weekly Safety Update email, identifying top safety issues and lessons learned (F.4.2-3, 4.1c(1)).

- Annual Patient Safety Summit

- Implementation of CUSP teams

- Safety Hero recognition

**1.1b(1) Communication:** The order of the CSFs (PEOPLE, SERVICE, QUALITY, FINANCIAL and GROWTH) is deliberate. PEOPLE and our CC drive everything. Therefore, the SLT intentionally developed a unique and comprehensive system of employee, volunteer and medical staff interactions to create a culture of INNOVATION, empowerment, inspiration and agility. The system includes the following components:

- LEADER ROUNDING at NMHS is not something that leaders try to fit into their schedules. Instead, it is their primary work and the rest of their schedules must fit around rounding.



- NEO/CULTURE DAY:** extensive training by the CEO and PRESIDENT creates an environment in which staff is motivated, engaged and excited to come to work. Every session includes brainstorming to capture our newest employees' ideas on "what makes a great culture/environment" and "what are the characteristics of a great leader." Responses are shared after each session with all leaders and are incorporated into the LDI.

- Formal behavioral interviewing:** job applicants are selected for their fit within our culture that encourages empowerment and INNOVATIONS (F.5.1-1).

- Freedom-to-act:** encourages empowerment within the employee's skill range. The senior leaders role model NMHS' culture by performing VALUES-based activities: if a patient needs assistance, provide it or find someone who can; if a visitor appears lost or upset, offer help; if paper is on the floor, pick it up, etc.

- RELENTLESS PURSUIT OF EXCELLENCE: 12 STEPS TO SUCCESS:** To aid leaders and staff to achieve, improve and/or maintain excellence (F.3.2-2).

- The EXCEL process (5.1a(1), 6.1b(1)).

- IDEAS FOR EXCELLENCE (IFE):** All leaders, including SENIOR LEADERS, actively encourage employees to submit ideas for improvement. Every employee suggestion is responded to and 53.4% were either accepted or modified in 2011. The rest remain in the database for future opportunities (5.1a(2), 5.2a(1), 7.1-16, 7.3-14).

- STARS ON-LINE (F.5.1-3).

- CEO's weekly emails:** communications, results, ethical issues, recent and anticipated events

- Team Orientation –** Multiple teams serve as motivational and communication mechanisms.

- No SECRETS CULTURE and an OPEN DOOR POLICY.

- Volunteers receive a regular newsletter.

- Two-way dialogues with SENIOR LEADERS through:

- SENIOR LEADER ROUNDING (7.4-3).

- SLT lunch in cafeteria with random employees.

- ECS: conducted periodically during the year by the SLT.

- STAT FACTS:** communication of real-time results in CSFs via the Intranet, departmental meetings and employee news television (ENTV).

The SLT communicates with physicians as a key segment of the WF through these same methods. Additionally, as described in P.1b(1), physicians are involved in leadership through committee membership and medical directorships; a monthly physician-focused newsletter, PRACTICE NOTES, is available through the mail and a designated portal on the NMHS website; and the SLT intentionally makes rounds in work areas and lounges where physicians congregate.

The SLT's commitment to communication extends beyond the internal:

- Every patient receives a welcome letter from the CEO, the PRESIDENT or CHAD thanking them for choosing NMHS and assuring them that PCC and service are our goals. Their direct-line telephone numbers are provided should the patient's expectations not be met;

- A weekly email is sent to 200 corporation members throughout the community to inform them of key events taking place at NMHS;

- The SLT hosts an annual communication session with area political leaders to share information concerning current HC issues and to obtain feedback from their constituents;

- The DOS holds frank, two-way discussions with the communities we serve and relays information gleaned to the SLT (3.1.a(1)), and

- The SLT communicates with its payors-customers via bimonthly visits made by SENIOR LEADERS with local employers.

Celebration is not merely a palpable component of our culture - it is a core component in each ENTITY that validates the SLT's belief that the PEOPLE CSF is first among equals.

**1.1b(2) Focus on Action:** The SLT creates a focus on action based on clear strategy and targets, 90-DAY AP, a NO EXCUSES/RESULTS ORIENTATION, and a fully deployed PI framework (F.6.2-1). Once an OFI is identified, the SLT determines the approach to the OFI and its priority. If it is a minor project, the SLT will assign the problem assessment and process improvement to the appropriate leader or PI team. If, however, the PI project is expected to affect the CSF-based goals or require substantial financial commitment, the PI initiatives are reviewed by the BOD. The SLT sets and monitors deadlines for all key improvements. The rigor of the ADLI framework ensures ongoing improvement of the process (F.6.2-1).

The SLT's approach to creating and balancing value for patients, other customers and other stakeholders is inherent in the cumulative impact and deployment of the five balanced CSFs. We align the entire organization/all ENTITIES along the CSFs from which we set strategies, performance indicators (F.2.1-3) to deploy focus, education, meeting agenda and results reporting. The CSFs ensure balance in our thinking, discussions and culture. We refuse to let financial performance overwhelm our decision-making.

## 1.2 Governance and Societal Responsibilities

**1.2a(1) Governance System:** As a charitable organization owned by the community, NMHS is accountable to its community and has extended its NO SECRETS CULTURE to our public. Multiple Internet communication methods; FACEBOOK, TWITTER and YOUTUBE, enhance communication and TRANSPARENCY. Results by CSF, charity care policies and construction project updates are examples of information easily accessible by the public.

**Accountability for management's actions** is accomplished by a highly engaged and agile BOD (P.1b(1)) that exercises its oversight and leadership through participation in the EPP, monthly review of the results mentioned in 2.1a(1) and an active BOD committee structure (Tab C).

**Fiscal accountability, ethical behavior and corporate compliance** are ensured through a BOD structure intentionally designed to enable cross-checking, multiple reviews and accountability via the Finance, Compensation, Investment, Audit, Corporate Compliance and Risk Management Committees. The BOD receives continuous feedback from these activities through monthly and/or quarterly reporting.

**Transparency in operations** is facilitated by the BOD CONFLICT OF INTEREST (COI) policy: 1) BOD members indicate they do not have or divulge any conflicts. Any member of the BOD who has a financial interest related to the topic of discussion must leave the BOD meeting. 2) Further, any BOD decision with potential COI, is forwarded to the Conflicts Committee (comprised of members of the BOD who have no conflicts with the organization) for review and recommendation.

**Protection of stakeholder interests** is ensured through the Integrity and Compliance Program which provides our WF, ven-

**Figure 1.2-1 Listening and Responding to Public Concern**

Listening Method	Sample Public Concerns	Proactive Response
Department of Strategy (DOS)	Wayfinding, pediatric specialties	Better signage, expanded pediatric services
Community Health Assessment (CHA)	Regional health factor risks active lifestyles	Establish programs to promote weight control, smoking cessation,
National Health Issues	High cost of care, patient safety, outpatient service needs	Sustain CBCM, co-management, establish centers for vein & bariatrics
Web & Social Media	Specific concerns, compliments, requests for information	Tracked & trended through E-CARELINE, requests are forwarded to appropriate leader

dors and other business partners assistance in meeting applicable legal, ethical and professional responsibilities in NMHS. Key learning processes include education and training, auditing and monitoring, and mechanisms that allow all stakeholders to raise issues and concerns so they may be dealt with timely and appropriately.

**1.2a(2) Performance Evaluation:** We have multiple intentionally reinforcing and fully deployed methods to evaluate senior leadership performance and drive improvement. EXCEL is used to assess executive, administrative and HC leaders’ performance. Each administrative leader is also evaluated annually using the Leadership Competency Program standards, which assess performance in nine competencies. The BOD performs the CEO EXCEL and, in turn, the CEO evaluates the SLT. If the leader does not meet the goals established in the EXCEL plan, a 90-DAY AP is developed and the results are reviewed accordingly. As part of EXCEL, leaders identify additional training or education that may be necessary.

SLT and LEADERSHIP system performance information is gathered and improved integrating six sources: 1) administrative and clinical leaders’ annual self assessment that focuses on PSC results, 2) 360° input from fellow employees and physician partners, 3) EOS on LEADERSHIP effectiveness, 4) annual medical staff opinion survey assesses NMHS LEADERSHIP effectiveness, 5) at the end of each ECS, employees are asked to complete surveys in which the SLT includes questions related to senior leader performance, and 6) results from specific PI team activities. These inputs form the basis for LDI and other leadership-based learning and development interventions. The SLS review the methods annually incorporating BPRS for ongoing effectiveness.

BOD members complete a written self-appraisal and the results are tabulated (7.4-5). The BOD reviews results and changes are incorporated into the governance system. Each new BOD member undergoes an extensive orientation program. All BOD are invited to attend the annual LPR.

**1.2b(1) Legal Behavior, Regulatory Behavior, and Accreditation:** We anticipate public concerns and address regulatory requirements before they become a concern by utilizing multiple listening methods. We integrate that knowledge into our EPP (S4&S5), WF training (5.2c(1)), WS/process design and management (6.1a, 6.2a), developing proactive responses appropriate to the particular concern (F.1.2-1). The analysis of future impact of existing and proposed changes in programs and operations are proactively addressed in S1-3 of the EPP including APS (2.1a(1)). A most pressing adverse impact of HC is its cost. Our regional economy is an agricultural and manufacturing mix and it is essential that we provide HC services at a cost that does not place any segment at a disadvantage. We aggressively reduce the rate of increase through, for

example, our CBCM approach (6.1b(2), 7.1-15,17,18, 23) and highly efficient retail clinics (2.2a(1)).

The newest addition to the NMMC-Tupelo campus is the CENTRAL STERILE PROCESSING (CSP) Case Cart Assembly facility and robotic supply warehouse that automates the supply-chain for efficient distribution of supplies requiring the fewest truck trips thereby conserving natural resources through reduced consumption of truck fuel (1.2c(1)). The 33,233-square-foot CSP building provides sterilized equipment for NMMC-Tupelo, the Women’s Hospital, Outpatient Ambulatory Surgery, the Heart Institute’s heart catheterization labs and radiology special procedures. Plans call for deployment of these services to the CHS in the plant’s second year of operation (2.2a(1), 6.2a(1)).

We respond to regulatory, legal and accreditation requirements with full compliance (F.1.2-2), often exceeding requirements or meeting them early. We have an accreditation team that orchestrates compliance when the SLT identifies a need to surpass requirements. Surpassing requirements always involves improving patient care, because like the Baldrige process, application of external criteria engages us in internal PI. For example, we have a large stroke patient population, so we pursued TJC stroke center certification to benchmark ourselves and ensure optimal care. In addition, the SLT may select to surpass requirements to ensure on-going reimbursement or to increase market share. We are pursuing bariatric center certification to ensure on-going third-party payment for this elective procedure.

NMHS is a self-insured HC system. Every year NMHS’ excess (external) insurance company conducts standardized risk assessments, reviewing the preventive risk management activities as well as the frequency of malpractice claims (7.4-6). The risk assessment manager, under the direction of the general counsel, reviews each recommendation and makes corrections as required.

**1.2b(2) Ethical Behavior:** Ethical decision-making permeates the organization’s culture (F.1.2-3.) Ethics is not first considered a matter of compliance with multiple reporting and adjudication processes. Instead, it is managed first as a positive enlightening pride-sustaining element of culture. It begins with SLT members proactively addressing ethics and compliance during the NEO/CD, positively reinforcing ethical behavior through the employee’s tenure, and asking each employee in the exit interview if he or

**Figure 1.2-2 Regulatory, Legal, Accreditation & Risk Management**

Requirements	Key Processes	Indicators	Goals
Regulatory	Licensure-State	Licensure	100%
Legal	Contracts	Contract Review	100%
Accreditations	TJC, CAP, ACS, ACH	Accreditation	Full Accreditation
Risk Management	Patient Safety	Falls	≤.35 (falls/pt. days x 100)
		Pressure ulcers	≤.05 (PU/pt. days x 100)
		Claims	0
<b>Applications:</b>			
Internal	FMEA	High-risk processes	0 Failures
	Root-cause analysis	Sentinel events	0 Future occurrences
External	Insurance audits	High-risk systems	0 Deviations



**Figure 1.2-3 Ensuring Ethical Behavior**

Application	Processes	Indicators
<b>Governance</b>	Ensure transparency	Number of independent board members, COI process, internal & external audits
<b>Employees</b>	Operations	EOS questions, exit interviews, COMPLIANCE HOTLINE, EEOC submissions, NEO/CD
<b>Customers</b>		
Patients	Experience of care	CARELINE, ethical complaints, HCAHPS, NM rounds, PGA
Community	Public reporting	CMS, TJC, Hospital Compare
<b>Stakeholders</b>		
Employers	Carrier Contracts	Contract Terms & Conditions, Complaint Management

she had ever witnessed unethical behavior. During NEO/CD each employee receives a copy of the NMHS Compliance Plan, completes an ethics COMPUTER-BASED TRAINING (CBT) program and signs an ethics commitment. Ethical behavior is a component of every employee’s ANREV. All managers receive training on ethical topics. Compliance activities include a COMPLIANCE HOTLINE and an audit program. This hotline has received more than 182 calls since its inception in 1999. The COFFICER reviews HOTLINE cases and all other reported breaches, investigates and manages it or forwards it to the most appropriate DH/SLA or SLT member. Resolutions and any outstanding issues go to the BOD’s Compliance Committee quarterly.

Patient and family members voice their concerns and complaints through CARELINE, a customer service hotline, or through the daily nurse manager rounds, and/or by approaching any WF member. (F.3.1-1)

NMHS’ Medical Ethics Committee consults on ethical issues for patients and staff. This multidisciplinary committee includes community members who receive a monthly newsletter that provides pertinent ethics continuing education.

The growth of medical knowledge and rapid expansion of medical technology have generated unprecedented difficult moral issues for health professionals, patients and families of patients. Medical Ethics Forum meetings are held monthly to present many of these difficult moral issues and provide a discussion forum.

NMHS reinforces legal and ethical activity through its contract, COI and audit programs. All contracts are reviewed by Corporate Counsel for ethical, legal and regulatory compliance.

Annual COI forms are completed by BOD members, IRB members, and research investigators and are evaluated by the COFFICER for potential COIs. The Manager of Systems and Auditing develops an audit plan each year, with input from LEADERSHIP, Audit Committee of the BOD, and the VP-General Counsel, to accomplish approximately 80-100 separate audits of routine operations, policy and procedures, compliance and special requests. Completed audit findings and recommendations are provided to the appropriate DH/SLA for corrective action. Follow-up is performed in six to eight weeks to assure resolution of the issue. All reports are provided to the Audit Committee of the BOD. Special audits may be requested by patients and third-party payers as well as by internal operational staff, LEADERSHIP and the board. We share our strengths and weaknesses with our community by participating in voluntary public reporting.

**1.2c(1) Societal Well-Being:** The foundation of our social responsibility effort stems from our MISSION and is manifested in three highly related areas of emphasis: 1) the health, 2) education, and 3) economic factors of our population. If one fails, it can hinder the others. We know this

work is hard and not reimbursed under the traditional models. However, NMHS is committed to, and has been recognized for, creating the new model of social engagement in health and wellness for the country. This work is very difficult to measure on a transactional basis because the impact covers the span on one’s life. Regardless, we work tirelessly to identify systems of measurement to validate what we know to be true already that the health, education and economy of our community creates value for generations.

Societal well-being and benefit aligns with PFC and receives strategic consideration during S1 of the EPP resulting in a series of processes and programs (2.1a(1)). All NMHS programs and services share a common theme: to help area residents improve their health status.

**Environmental:** We commit to conducting business in an environmentally responsible manner through sustainable practices that include reducing energy consumption, reducing waste generation and promoting awareness, accountability and environmental responsibility among our employees as also described in 1.2c(1) and 7.4-21, 22. A three-pronged plan, Reduce, Reuse, Recycle, drives the GREEN INITIATIVES GROUP’S ongoing efforts to promote policies and increase and improve activities aimed at reducing environmental impact throughout the system (F.1.2-4).

The Director of Safety and Emergency Preparedness coordinates programs to protect the community and environment from the hazards of waste disposal, including pharmaceutical, chemical, radiation, air quality and solid waste (6.1c). NMHS uses the latest technology to dispose of liquid waste, to solidify bio-hazard liquid waste for safer handling and to ship waste for incineration. NMMC is among the first hospitals in the region to comply with the proposed EPA regulation for pharmaceutical wastes. The GREEN INITIATIVES GROUP, a multidisciplinary team that includes community emergency service representatives, has identified specific risks and developed comprehensive plans for promoting environmentally friendly management in the community and at NMHS.

NMHS’ service area is a national leader in upholstered furniture manufacturing which uses polyfoam. Polyfoam requires such chemicals as cyanide and toluene diisocyanate which are transported by tank car through Tupelo and other communities almost daily, creating the possibility for leakage or rupture in a collision. Preparations and drills for these types of incidents as well as terrorist acts and other types of emergencies are systematic and are conducted three to five times each year in collaboration with the community. In 2002, NMHS was designated the region’s Weapons of Mass Destruction Center of Excellence and procured one of 42 federal grants to develop a regional Medical Reserves Corps. In 2005, NMHS and the Lee County Medical Reserves Corp collaborated to assist Hurricane Katrina evacuees with HC, medical and pharmaceutical supplies, as well as decontamination and clothing. In 2006, NMHS became one of the CDC’s Chempack sites and was provided with a stockpile of treatments for five types of chemical poisoning. In addition, NMHS received grant funding in 2010 and

**Figure 1.2-4 Green Initiative Strategies**

Reduce Energy Consumption	Reduce Waste Generation
<ul style="list-style-type: none"> <li>Promote energy conservation practices</li> <li>Implement energy efficiency projects</li> <li>Purchase energy efficient products</li> <li>Utilize LEED principles for new facilities</li> <li>Use Energy Star as benchmark</li> </ul>	<ul style="list-style-type: none"> <li>Redesign processes to reduce waste</li> <li>Reuse materials</li> <li>Recycle as a last resort</li> <li>Purchase environmentally friendly supplies (ex. mercury-free)</li> <li>Use Green Guide for Healthcare as benchmark</li> </ul>

has stockpiled personal protective equipment for first responders in preparation for a regional pandemic requiring isolation and possible quarantine. NMHS is the region’s designated “Mass Casualty Center.”

The BOD and SLT are committed to environmental sensitivity in all NMHS’ activities and operations. NMHS applies the LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN (LEED) concepts to new building design and renovations. Each month we recycle more than 80,000 pounds of paper, 18,000 pounds of cardboard and 7,000 pounds of plastic. Lastly, NMHS utilizes energy efficient systems where possible.

**Social:** PFC is a result of the identification of numerous unmet HC needs in Mississippi and Alabama during EPP. PFC, with its focus on pre-illness comprehensive solutions, is an innovative approach to social well-being in the NMHS service area. For example, bariatric surgery is a viable solution for only a small percentage of the obese population (7.1-3). The remainder of the solution is composed of a harmonized set of obesity-reduction services (F.1.2-5). Water POWER (People Over Weight Exercising Regularly) is offered exclusively for obese individuals at the NMMC-Tupelo Wellness Center. The class is geared to individuals who are at least 100 pounds overweight with a body mass index of 40 or greater. Water POWER is free to Wellness Center members, and nonmembers may attend for \$100 per quarter.

NMHS develops community partnerships with local organizations through corporate contributions, employee donations and volunteer hours (7.4-12-13). Approximately 40% of all NMHS employees make annual payroll deducted contributions to HCF to support health improvement and patient and employee assistance programs. We donate durable medical equipment through the Second Time Around program, which accepts and donates new and used DME to patients who may not have the funds to purchase needed equipment.

**Economic:** NMHS plays an important role in the financial health of communities in two key ways: 1) spending with businesses generates large-scale revenues in sales and property taxes, as well as other revenue streams. The annual payroll of \$277 million boosts the economies of more than 24 counties and generates substantial income taxes. Since this investment turns over an average of seven times through spending and investments (\$1.9 billion), NMHS serves as a financial anchor for this region and produces a ripple effect that improves the lives of all. 2) keeping the cost of HC services below national and regional levels thereby helping to keep local business competitive.

**1.2c(2) Community Support:** NMHS COMMUNITY HEALTH efforts extend the CC to active patients and the community (P.1a(2)). As a health provider we intentionally support all 24 counties in our service area and determine that support through our COMMUNITY HEALTH Department, state health and demographic data, the community assessment, industry trends, our strategic objectives, and local factors within each community. Efforts are deployed across the system with each CH shouldering the responsibility of supporting their respective communities with the assistance of the COMMUNITY HEALTH Department. This department is

Service	Description
Age Appropriate Exercise Programs	Ages 6 months-18
Family Fitness Time	Families getting fit together
Sports Training Camps	Youth 11 & older
Personal Training Camps	Teens that need fitness & nutritional guidance
Nutrition Education Classes	Cooking demos, individual counseling, weight loss programs, etc.
Community Walking Programs	Provided in partnership with AARP & Medical Fitness Assoc.
School Health Center Program	School nurses teaching importance of good nutrition & exercise
Certified Health Educator Program	Health educators teaching importance of good nutrition & exercise
Athletic Trainer Program	Certified trainers working with athletes
NMHS Employee Live Well Incentive Program	Weight Watchers at Work (5.1b(1)), healthy options in hospital cafeteria, Wellness Center membership discounts
Senior Adult Exercise Options	10 LifeTrails stations at a local park, AARP Walking Challenge
Alternative Exercise Options	Funding provided for disc golf courses, skate park, walking tracks
HEALTHWORKS!*	Ages 5-12 nutrition & exercise education

\*HealthWorks! is a collaboration between NMHS & the HCF.

physically located on the campus of NMMC-Tupelo providing COMMUNITY HEALTH support to all communities in the 24-county NMHS service area.

Mississippi’s high prevalence of health problems is compounded by a high prevalence of social problems. During S1-3 of the EPP (2.1a(1)) the BOD and SLT utilize HEALTHY PEOPLE’S 2020 10 leading health indicators and the CHA (F.P.2-1, F.2.1-2, 3.1a(1)) to identify its key populations and COMMUNITY HEALTH issues, to establish a baseline, track progress and help refine interventional tactics. We address the public health challenges to our commitment and to our MISSION by supporting the comprehensive NMHS LIVE WELL COMMUNITY HEALTH INITIATIVE.

NMHS helps area residents take charge of their health through three primary mechanisms: 1) Providing outreach and care; 2) Improving self-care competency; and 3) Providing early detection and prevention.

**Outreach and Care**

- SCHOOL HEALTH CENTERS: 18 school nurses assigned to 22 schools in six counties serve more than 15,000 K-8<sup>th</sup> grade students. In 2000, NMHS created a permanent computerized health record as part of the NMHS ICHR (F.4.2-2) for students enabling better communication and care between school nurses and ESD/FMRP physicians.
- Certified Health Educator serves K-5<sup>th</sup> grade students in an area school.
- Certified Athletic Trainers in 16 area schools.
- Free Clinic: ATGSFC relies on NMMC employee volunteers.
- Immunization Rate Improvement Initiative.

**Improving Self-Care Competency**

- SPIRIT OF WOMEN engages more than 3,000 area women by providing the best in women’s health programming through a series of signature events, quarterly newsletters, email blasts, Facebook notifications and valuable discounts from area merchants.
- Wide variety of health education classes including heart health, smoking cessation, abstinence, nutritional counseling, and many more (7.4-15).
- Church Health Ministry: more than 60 NMMC staff nurses perform screening services and teach fellow church members to take control of their own health.
- LIVE WELL EMPLOYEE INCENTIVE PLAN: initiatives to promote employees living a healthy lifestyle: weight management, smoking cessation, stress management, exercise and preventive care (7.3-7-8).
- Support groups are available to individuals with chronic condi-

tions and/or concerns.

- SIXTY SECOND HOUSECALL reaches >140,000 households.
- NURSE LINK CALL CENTER (F.3.1-1, F.3.2-3, 7.2-15, 7.4-15).
- NMHS collaborates with HEALTHWORKS!: provides two types of programming: School-based curriculum offerings that match to the health education framework of the Mississippi Department of Education, and community-based programming provided via partnerships with other social services organizations (7.2-16, 7.4-18).

**Early Detection and Prevention**

- Community and Industrial Health Fairs: more than 150 health screening events annually
- Screening mammography: more than 10,000 digital screening mammograms performed annually via the mobile mammography unit and stationary sites throughout the region (7.4-15).
- 2011 collaboration with Pfizer to implement survey of Live Well Health Fair participants to identify areas of opportunity to improve health status (7.4-16).

**2.1 Strategy Development**

**2.1a(1) Strategic Planning Process:** Our organization conducts strategic planning via the EPP, a clearly understood, sequential, comprehensive, systematically refined annual eight-step process. The EPP (F.2.1-1) allows NMHS to learn from the environment, develop strategic objectives, fully deploy and integrate processes that produce MVV-aligned sustainable results. As part of our focus on agility and to supplement the EPP, the SLT conducts ongoing review of performance, market and industry trends and internal and external best practices.

The EPP is an evidence-based approach that produces agile 90-DAY APS. These drive the necessary action to achieve our one-year plan (short-term) with an eye toward our five-year rolling plan (longer-term) based on technology, health trends and other factors. The first key process step (S1) gathers evidence from stakeholders, with special emphasis on our disparate population. The multi-tiered data collection approach is robust, using national, regional and local evidence from diverse sources, including NMHS’ BOD, SLT, leaders, WF, physicians and the community.

S1 provides the infrastructure that allows NMHS to collect, identify, aggregate and interpret: 1) Qualitative information about NMHS stakeholder preferences; 2) Quantitative analyses of

Figure 2.1-2 Environmental Assessment (Factors & Data to Support EPP)

Internal Assessment (self-evaluation question topics)		
<ul style="list-style-type: none"> <li>• Inventory of services • WF issues • Utilization trends • Medical staff profiles</li> <li>• Use rate trends • Physician practice trends • Services offered • Payor mix</li> </ul>		
External Assessment		
Topics	Types of Info	Source
• Socio-economic profile	Population projections, household growth, median income & age groups estimates	Sg2
• Community health status	Service area assessment	CHA
• External environment	Market share/saturation	MSDH
	Competitor profiles	Customer Preferences
	External constituency feedback	Surveys
	Technological environment	Sg2
	AHA Environmental Assessment	AHA
	Health care trends & implications	Futurescan 2011-2016

NMHS’ internal environment; 3) External market data; 4) Comparisons to key industry benchmarks; 5) MARKET SATURATION (2.2b, 7.5-10).

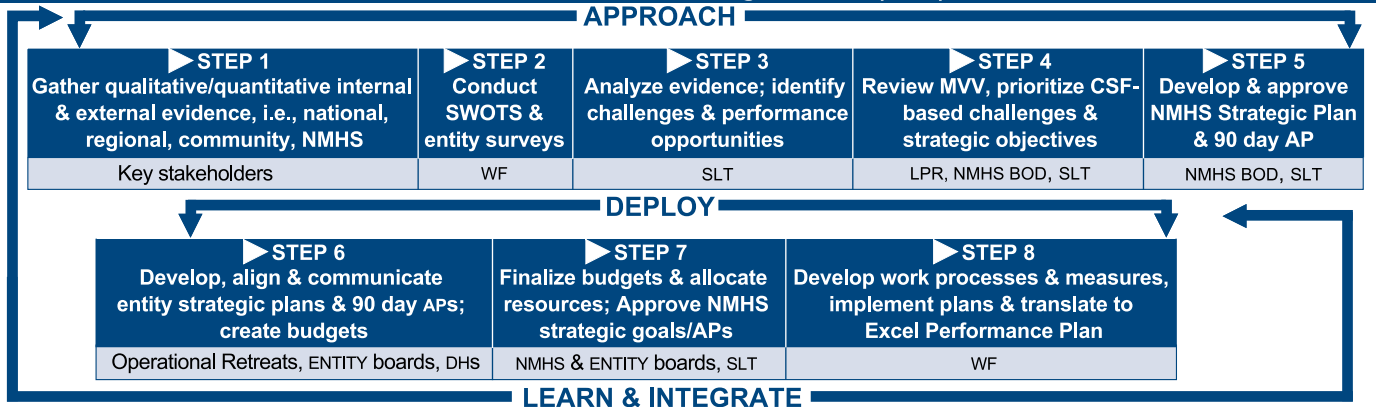
The DOS compiles targeted forecasts, inpatient/outpatient indicators, payor trends, disease estimates and relevant comparative performance analyses to create a CSF-segmented ENVIRONMENTAL ASSESSMENT (EA) (F.2.1-2) that builds the framework for evidence-based prioritization. To ensure PFC, an extensive tri-annual CHA (3.1a(1), 7.4-18) is included in the EA as well.

Physicians participate in the EPP via several methods: 1) Lead and participate in SLOGS; 2) A COMMUNITY RELATIONS REPRESENTATIVE visits providers throughout our service area and gathers feedback. 3); DOS surveys, face time, formal/informal leadership survey tools and processes designed to promote physician engagement and input.

Leaders complete a systemwide SWOT analysis in S2. WF ownership of strategy is a key ingredient of our CC, so all employees, including employed physicians, are invited via email to participate in the EMPLOYEE EVIDENCE-BASED PLANNING SURVEY (EEPS). Questions are designed to elicit strategic/tactical thinking, giving NMHS an opportunity to capitalize on the unique perspective and strategic intelligence of more than 6,000 employees. Consistent with our SERVANT LEADERSHIP (5.2a(2)) philosophy, this “bottom-up” survey engages the collective voice of the most important CSF (PEOPLE) early in the EPP. We also gather information from front-line employees through CUSP (P.2c), COPSS (7.1-14), and IFE (1.1b(1), 5.1a(2), 6.2a(1), 7.3-14, 7.1-16).

In S3, the DOS analyzes evidence for trends by CSF. We use identified strengths, weaknesses, opportunities and threats to develop planning assumptions that determine/validate NMHS’ current and future CCs (2.1b(2)) and strategic advantages and challenges (F.P.2-3). Multiple sources of data are incorporated with anecdotal evidence and senior leaders review results to build a

Figure 2.1-1 Evidence-based Planning Process (EPP)





prioritized consensus. This introspective, evidence-based process builds strategic momentum and provides a foundation for LPR.

Recent discussion during the EPP has focused on understanding why we consistently achieve strong results. The SLT concluded that our investment in our WF had produced people who create a caring culture as our CC (P.1a(2)). Evidence from multiple sources validates that the PEOPLE CSF is our greatest investment, which in turn sustains our CC (7.3).

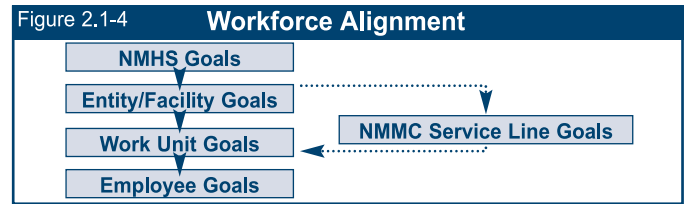
The design of S1-S3 identifies potential blind spots by allowing continuous scanning and analysis of the internal and external environment from numerous evidence streams.

In S4, the NMHS LPR, including the BOD, DOS, physicians and SLT, is held to review and validate MVV, develop work system designs (6.1a(1)) and discuss findings of S1-S3 and other relevant trends. Participants evaluate strategic challenges and advantages via a CSF-based knowledge matrix. We investigate intelligent risks by examining known variables and develop planning assumptions for unknown variables. For example, the MEANINGFUL USE CRITERIA (4.2a(1)) was laced with unanswered questions. However, it was a financial risk worth taking because of its alignment with NMHS' efforts to improve health outcomes, lower costs and better manage the patient experience. NMHS also used this methodology to open two retail clinics within 12 months. This was the first hospital/large retail partnership in Mississippi (2.2a(2)). S4 leads to strategic INNOVATIONS that make us leaders at the regional and national level. After the LPR, as part of our NO SECRETS CULTURE (P.1a(2)), an email is sent to all employees with EPP updates and the organization's goals and priorities.

As part of the annual EPP improvement cycle, S5, the vetting and approval process for the NMHS strategic plan and 90-DAY AP, was added to strengthen AP development/deployment. Strategic objectives (expressed as "goals" in F.2.1-3) are prioritized and assigned performance indicators, as well as a senior leader who will be held accountable for meeting that objective. This process culminates in a succinct, one-page fully deployed strategic plan (F.2.1-3).

Deployment begins in S6 with ENTITY retreats, including BOD, physicians and leaders (2.2a(2)). This step determines how ENTITIES align and deploy strategic goals with multi-level cascading APS.

We finalize resource allocation in S7. Systemwide goals and APS are approved before the new fiscal year. Performance indicators identified in S6 are tracked for execution via 90-DAY APS, STAT FACTS and PSCS. Work processes are developed and



deployed, and strategically aligned plans are implemented in S8 (6.2a(1)). We determine ability to execute plans (2.1a(2)) and WF CAPABILITY (2.2a(4)), which creates employee alignment via EXCEL (F. 2.1-4, 5.1a(1), 7.3-3).

The EPP is continuously evaluated for effectiveness using feedback gathered in each step. For example, participants evaluate each retreat, and improvements are made based on trended responses. As a result, the composite score for the 2011 retreats was at an all-time high – 4.8 on a five-point scale. Most recently, the ninth step (evaluate/improve) was removed because learning processes are in place throughout.

Our 90-day and one-year short-term strategic plan integrates with allocation of resources, ensures execution and agility in the EPP, as well as the ability to monitor success and is the minimum time frame to produce and track significant change. The long-term plan is the rolling five-year strategic plan, which is tied to the technological and financial life cycles for major projects and allows us to adjust for changes in the HC environment. Horizons are rechecked for validity during the EPP and throughout the year as part of performance review.

**2.1a(2) Strategy Considerations (NOTE: Because of the sequential nature of EPP, several requirements in 2.1a(2) are also partially addressed in 2.1a(1)):** Our strategic planning addresses the key elements of strengths, weaknesses, opportunities and threats during S2-S4. We use input received from the EPPS and the SWOT analysis during retreats to formulate the strategic plan and drive decision-making. We identify early indications of major shifts in the environment (including technology, markets, HC services, patient and stakeholder preferences, competition, the economy and the regulatory environment) in S1-S4, as well as in STAT FACTS and PSC. A competitor analysis is part of the EA.

To ensure long-term organizational sustainability, we set targets at high industry performance levels. Targets are backed by the NMHS capital plan set at the AA bond rating, producing the cash flow necessary to support growth and cover financial emergencies. Ccs and performance relative to competitors are

Mission <i>Why We Exist</i>	Critical Success Factors	Goals	Performance Indicators	2012	2013	2014	2015	2016	Responsibility
To continuously improve the health of the people of our region	<b>People</b> Maintain a high quality workforce	▲ Employee Retention	Retention Rate	92	92	92	92	92	HR VP
		▲ Employee Engagement	I4E per FTE	2.0	2.1	2.1	2.2	2.3	HR VP
<b>Vision</b> <i>What We Want To Be</i> The provider of the best patient-centered care and health services in America	<b>Service Quality</b> Improve prevention & health education services; improve health outcomes	▲ Patient Satisfaction	Percentile Weighted Score	91	92	93	94	95	HR VP
		▲ Evidence Based Care	Domain Score of VBP	65	75	80	85	90	CMO
<b>Values</b> Compassion Accountability Respect Excellence Smile	<b>Financial</b> Produce financial resources required to support MVV	▲ Patient Safety	Survey Percentile	75	80	85	90	90	CMO
		▲ Wellness	% Wellness Screenings	60	65	65	70	70	CMO
		▼ Total Cost	Expenses/AD	11,081	11,413	11,755	12,108	12,471	CFO
		▲ Operating Margin	Op Income/NOR	3.1%	3.2%	3.2%	3.2%	3.2%	CFO
	<b>Growth</b> Expand access to health services	▲ Market Share	Discharges/total	41.0	41.3	41.6	41.9	42.2	SLT
		▲ Access to care	PCP*/100,000	190	195	202	210	215	NMCCI President
			Recruit Specialists	7	6	8	9	8	CMO

addressed during S1-S5.

90-DAY APS and the use of our newly-refined ADLI improvement structure are the key processes that enable us to execute plans. ADLI enhances our ability to design and improve processes to greater likelihood of success and 90-DAY APS provide detail on actions needed to achieve targets and/or to take corrective action. We continually track performance using PSCS, 90-DAY APS and EXCEL. The SLT’s monthly operational, financial and productivity reviews enable us to respond quickly to unexpected changes and emergencies.

**2.1b(1) Key Strategic Objectives:** Our key strategic objectives are CSF-based, with performance indicators set for each objective. NMHS objectives are developed in S4-S5 and deployed to each ENTITY and operating unit for AP implementation in S6. Each objective, timetable and aligned performance indicator is assigned a leader to ensure accountability. Objectives, indicators and timetables are set annually in the strategic plan (F.2.1-3).

**2.1b(2) Strategic Objective Considerations:** We identify strategic advantages and challenges in S1-S3. The goals (or strategic objectives) and performance indicators seen in F.2.1-3 are developed to specifically address the most important strategic challenges and advantages (F.P.2-3). For example, one strategic advantage is our strong WF, and a strategic challenge has been reducing the traditionally “hard-to-recruit” positions. A strategy of college/institution agreements has reduced these to only physical therapists and pharmacists (5.1a(2)).

The EPP encourages INNOVATION in HC services, operations and our business model by encouraging employees and leaders to submit ideas during the evidence-gathering process (S1-3), IFE (1.1b(1), 5.1a(2), 6.2a(1), 7.3-14, 7.1-16), CWG (6.1a(1), F.6.1-2), EXCEL and PI projects (6.2b(4)). Retreat agendas are structured to address opportunities for INNOVATIONS (e.g., retail clinics, CHF Self-Care College, HEALTHWORKS! (F.6.2-2, 7.4-19), and breakout sessions are held for each CSF to discuss innovative ideas. The best two or three ideas are presented to the whole group for further vetting. In addition, as part of the EEPS, employees are asked: “What is the most important new service or capability NMHS should add for our patients?” and “What is the most important improvement or change you would like to recommend for NMHS as it plans for the future?”

NMHS continues to not just capitalize on our CC but to make it even stronger. The results in 7.3 document historical success that sets NMHS apart from regional competition and nationally comparable organizations. To validate current CCS as part of S1-S3, we determine community needs through stakeholder interviews, electronic survey tools and other VOC feedback mechanisms (3.1a(1), 4.1a(3)). Although the term “core competencies” has not always been part of our language, the exploration of them has been a standard part of the EPP. Employees, physicians, leaders and community members give input on what they believe to be our strengths, as well as what they think is the most important new service we should offer or change we should make. If a need for a potential new CC arises, the SLT will use EPP data to develop strategic objectives that address this need.

We balance short- and longer-term challenges and opportunities by tracking our results via strategic plans, APS and PSCS, as well as constant monitoring and reviewing of performance indicators. The five-year CSF-based cycle combined with the flexibil-

ity of the 12-month planning cycle and accompanying 90-DAY APS ensure a strategic balance that highlights fluctuating trends, as well as historical gaps and opportunities. The CSF-aligned structure ensures that the needs of key stakeholders are considered in each objective via input in S1. This agility-enabling process allows leaders to quickly identify, evaluate, develop and execute plans. This approach, coupled with ongoing performance review and industry scanning, facilitates proactive or reactive movement due to market or economic shifts.

**2.2 Strategy Implementation**

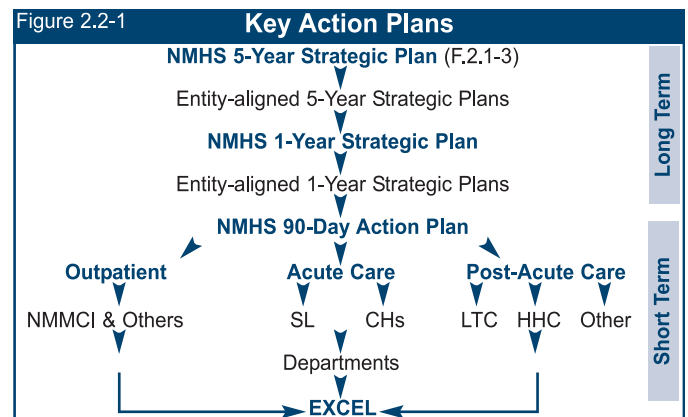
**2.2a(1) AP Development:** The NMHS 90-DAY AP is developed in S4 and fully vetted in S5. NMHS-aligned APS are developed and implemented in S6. The AP template includes a CSF statement, specific action steps and results, ensuring accountability and reinforcing alignment.

Our most important key long term plan is the NMHS five-year strategic plan (F.2.1-3). The process shown in F.2.2-1 is the basis for the creation and alignment of other key short- and long-term plans. The EXCEL process and 90-DAY APS help us accomplish the day-to-day work required to reach long-term goals. We develop APS to ensure that expected results and indicators specifically address our strategic objectives. See 7.1-30 for examples of completed APS.

Recent key planned changes to address findings in the EA and SWOT include: 1) The new ICHR (F.4.2-2); 2) Newly constructed neonatal intensive care unit (7.1-13); 3) HYBRID OR (4.1c(3)); 4) Le Bonheur Children’s Outreach Program, which provides local access to pediatric sub-specialties (P.2a(1), 3.2a(3)); 5) The CLINICS AT WALMART, LLC, which were opened in 2010 and 2011. These efficient clinics are open seven days a week. Cost of care is well below the cost of ESD visits and is consistent with our objective to reduce the cost of HC and increase access (P.2a(2)).

The changes were vetted to ensure they would meet our strategic objectives and community needs. For example, in response to feedback regarding shortcomings in patient rooms on the east and west nursing units, many of which were constructed almost 45 years ago, the BODS for NMMC and NMHS initiated the SERVICE CSF-aligned WEST BED TOWER PROJECT, a five-story expansion project that will enlarge and upgrade 250 patient rooms. We conducted more than 140 planning sessions with various constituencies, including patients and families, physicians, employees, support groups, citizens, elected officials and suppliers.

Another major example is the CSP project, which is modeled after manufacturing and European technologically-efficient influences. It is the first of its kind in the world. This is not just an anecdote.



Examples of Actions Plans are AOS.

Figure 2.2-2 **Key Human Resources Plans Examples**

CSF	Goal	Action Item	Indicator
People	↔ 92% employee retention	Monitor retention, analyze exit interviews	7.3-1, 7.3-2
Service	▲ Patient satisfaction to 91%	Implement new CARES	P.1a2, 7.2-4
		Accountability in AIDET	7.2-4-19
Quality	▲ Training hours	Increase hours to 80	7.3-23
	Employee wellness	Focus on biometrics & tobacco use	7.3-7, 7.3-8
Financial	▼ Employee HC cost	Decrease inpatient admissions & ESD visits	7.3-9, 7.3-10, 7.3-11
Growth	▲ MKT SAT	Focus on loyalty	7.5-9, 7.5-10

total example, rather a reflection of the attitude of INNOVATION and role-model behavior at NMHS. This intelligent risk is reducing cost, generating revenue, improving workflow and enhancing clinical outcomes (1.2b(1), 4.2a(2), 6.2a(1), 7.1-19-20).

**2.2a(2) AP Implementation:** APs are deployed throughout the organization at seven annual retreats. Strategic objectives are communicated to leaders, who provide input and receive the integrated and prioritized summation of their collective efforts. Leaders develop ENTITY-specific CSF-based goals and 90-DAY APs that align with overall goals. These goals are communicated during ECS, culminating with employee-specific goals via EXCEL (F.2.1-4). This includes employed physicians. Plans are fully deployed during the EXCEL process, because every employee is responsible, along with his/her supervisor, for setting individual goals that align with organizational goals. Key partners, providers and suppliers are included in developing 90-DAY APs as appropriate, serving as a development and deployment opportunity. In addition, our VP of supply chain meets quarterly with suppliers to set goals and targets, and to develop win-win strategies.

Deployment to physicians occurs via several methods. 1) Employed physicians and credentialed staff members are active and engaged members of the PI COMMITTEE. They consider, choose and monitor PI activities, and when appropriate take ownership. 2) The PLI (5.2c(1)) includes goal alignment with physician and senior leaders to develop more effective partnerships. 3) The cardiology co-management arrangement was put into place in early 2011 as both groups sought to pursue better care at lower costs. These physicians now participate in our strategic planning, resulting in significant cost reduction and improvements in quality and patient satisfaction (P.2a(2), 6.1a(1), 7.1-23).

APs are sustained through two primary processes, underscored by a culture and WF committed to INNOVATION and performance results: 1) day-to-day management of systems and processes, 2) performance reviews (described in 4.1), including the 90-DAY AP process, PSC and EXCEL. To ensure TRANSPARENCY, significant findings and decisions made throughout the EPP are posted on the Intranet, and EPP updates are given to key stakeholders via CEO’s weekly email.

**2.2a(3) Resource Allocation:** A highly interactive process determines how the annual plan and key components can be funded during S6 and S7. To ensure sufficient allocation of resources, formulas and targets are developed that project impact on bond rating ratios, margin, cash flow and targeted levels of free care consistent with our NFP charitable purpose and MVV. The SLT provides the NMHS BOD with precise budget information, including comparisons to current year, capital plan projections, major influences, price increases and other information. These methods ensure balance between new APs and existing obligations, as well as mitigating any potential risks associated with AP implementation.

**2.2a(4) WF Plans:** Our key WF plan is a rolling five-year HR FUTURE WORK-FORCE PLAN (HR-FWP) (5.1a(1,4)). Its alignment with the NMHS strategic plan ensures a high-quality WF and our CC. See F.2.2-2 for other key WF plans. NMHS has adopted a highly effective “grow our own” philosophy (F.5.1-1)

of preparing for WF CAPABILITY and CAPACITY needs (F.2.2-3, 7.3-1-16).

**2.2a(5) Performance Measures:** As described in S5-S8, we assign CSF-aligned performance indicators (F.2.1-3) for each objective, and achievement is monitored via PSC, APs and EXCEL, ensuring two-way alignment and accountability. Development and deployment involves internal/external stakeholders, as appropriate, and goal performance is tracked at organizational, work system and individual levels.

**2.2a(6) AP Modification:** Modified APs are established by those closest to the patient population when circumstances require a shift in plans and rapid execution of new plans. They are able to analyze needs, then develop, modify and execute 90-DAY APs. Continuous monitoring of results compared to budget can lead to adjustments in resource allocation. This 12-month budget plan empowers leaders to make changes based on new developments. ENTITY leaders have a significant amount of responsibility in decision making and therefore have accountability for changes in operations. Senior leaders monitor BAR scores monthly (7.5-7) and 90-DAY APs as needed to ensure that changes are sustained. Leaders review and respond to staffing plans and capital expenditures monthly. When circumstances change, leaders modify 90-DAY APs.

**2.2b Performance Projections:** We use six levels of data to determine performance projections (4.1a(2)) in S5-S6. Projections are based on industry standards and expressed as the 90<sup>th</sup> percentile. Exceptions are INNOVATIONS where industry best standards are not available. NMHS compares favorably to competitors in our service area (7.2-2-11).

By continuously monitoring the internal and external environment (S1), performance gaps are quickly identified. 90-DAY

Figure 2.2-3 **Workforce Capability & Capacity Plans**

Capability
AN REV (1.2b(2), F. 5.2-5)
CEU/CME (5.2c(1), F. 5.2-5, 7.3-23)
Career development/counseling (5.1a(4), 5.2c(3))
EXCEL Performance Planning (5.2a(3), 7.3-3)
Targeted staff training for specific PI measures (5.1a(1))
Aptitude & interest testing (5.2c(3))
Educational leave & tuition reimbursement (1.1a(3), 5.2c(3), 7.3-25)
Pre-employment competency testing (5.1a(2))
LDI (1.1a(3), F. 5.2-4)
PLI (1.1a(3), 5.2c(1), 7.3-22)
PBDS testing (5.1a(1))
Capacity
FMRP (5.1a(2), P.1a(1))
Nurse Mentorship Academy & Physician Shadowing Program (5.1a(2))
Summer Health Academy (5.2a(2))
College/Institutional Agreements that allow students to participate in clinical rotations (5.1a(2))
Funding for instructors in hard-to-recruit clinical disciplines
LD/SP (1.1a(3), F. 5.2-6, 5.2c(3))



APS are developed to improve performance, using a “where we are relative to where we want to be” approach. The SLT reviews competitor data to determine appropriate performance levels.

As part of the EA, NMHS is using an innovative approach to examine MKT SAT (7.5-10), which goes beyond market share. Using our ICHR, we can see how many lives we have touched in each county in our service area. This includes patients seen in various capacities – inpatient, outpatient, emergency, clinic, radiology, etc. Our ICHR allows us to include all points of service, with the exception of Wellness Centers and community events such as health fairs. That number is then compared to census data, which determines MKT SAT. In addition, we compare the numbers of specific diagnoses or procedures within NMHS to those generated by other health facilities in our service area (7.5-11).

**3.1 Voice of the Customer**

**3.1a(1) Listening to Current Patients and Stakeholders:**

PFC requires that we understand the needs and expectations of the entire population and not just our patients. We incorporate diverse, overlapping and complementary listening methods to obtain actionable information throughout our diverse patient and stakeholder base and service area (F.3.1-1).

This broad and systematic approach enables each ENTITY to tailor methods to the customer group and setting (F.3.1.1). The majority of the methods have the potential for two-way interactions and immediate and actionable feedback. We use these voc methods to learn from patients/stakeholders and move them through the six stages of patient/stakeholder relationships (1-doesn't know NMHS to 6-advocates NMHS) (F.3.2-3). For example, if we receive an inquiry through our Facebook page from someone who is in stage-2, we will encourage them to try NMHS (stage-3).

Listening data and information are reviewed by assigned data owners (e.g., SLT or their designees) as dictated by the data, i.e., concurrently and/or daily, weekly, monthly or annually. For example, the listening information is incorporated into the EA (F.2.1-2), the EPP (F.2.1-1) and reviewed by SLT, Customer Service Team (CST) and specific ENTITY, creating a fully deployed and aligned process. Additional information on each key VOC method follows:

*Satisfaction surveys: PGA surveys:* PGA offers immediate and actionable feedback from a statistically valid sample of randomly selected discharged patients and to patients who request to receive

a survey on the quality of services (7.2-1-5, 9-11).

*HCAHPS:* NMHS monitors our scores from the CMS public reporting system to ascertain its performance in PT SAT and engagement compared with other providers at the regional, state and national level (7.2-6,-8,18-19). The CENTER FOR BUSINESS HEALTH (CBH) conducts annual surveys of employers, members and HEALTH LINK and ACCLAIM providers to determine satisfaction and engagement (7.2-13-15). The most recently added survey group is the teachers whose students experience HEALTHWORKS! (7.2-16).

*Discharge phone calls:* NMHS systematically places daily phone calls to obtain immediate and actionable information from discharged patients using standardized questions to determine their understanding of discharge instructions and to perform SERVICE RECOVERY, when necessary. Calls to specific populations, e.g., new mothers, cancer patients, utilize approved clinical protocols to address specific questions and provide referrals.

*E-identification of unmet HC needs:* NMMCI locations use MERIDIOS, an ICHR-connected proactive tool, to identify whether patients have had certain evidence-based preventive health screenings (e.g., flu and pneumonia vaccines, mammograms and colonoscopy) (7.1-2). Using MERIDIOS data, we proactively meet patients' unknown or unexpressed prevention and wellness needs.

*Face time:* NMHS listens and learns through face-to-face interactions. LEADERSHIP ROUNDING is a clear systematic approach deployed at all ENTITIES to gather information about patients and stakeholders' satisfaction and engagement. Leaders purposefully round in areas where physicians congregate (e.g., physician lounges and patient care areas) to engage in two-way, actionable dialogue. DOS liaisons use a series of qualitative survey questions for routine visits with current and potential patients (e.g., in barber shops and laundromats) and stakeholders (physicians and providers in their office practices) (2.1a(1)). A radiology liaison is dedicated to visiting physician/providers and HHC has several liaison nurses who continuously work with physicians/providers to assess HHC services and address any problems. CBH has both a sales force and customer service representatives who visit with physicians/ providers as well as employer/ payor groups in their natural setting.

*OPEN-DOOR POLICY:* As described in 1.1a(1), the policy applies to patients and stakeholders as well as to the WF.

*Phone/Help Lines:* Every patient and family member is encouraged to use CARELINE, a toll-free phone line, to express

their complaints and/or compliments. The toll-free COMMUNITY ADVOCATE hotline is available to patients and community members. Nurses are also available via toll-free NURSE LINK to respond to community members' HC questions, which are monitored for trends.

*SOCIAL MEDIA:* NMHS' social media and Web strategy promotes listening and two-way conversations. Facebook pages dedicated to specific services and a Twitter account are staffed by NMHS' Marketing Department. NMHS' Internet site, which averages more than 40,000 visits per month, allows for exchange of information through CONTACT US, which is monitored and measured along with other listening and learning tools

Listening & Learning Methods	Patient/ Stakeholder				Functions			
	Patients	Community	Physicians	Payors	2-way	Immediately Actionable	Relationship Stage (pt/ comm)	Frequency
<b>Satisfaction Surveys:</b> PGA, HCHAPS, CBH	•	•	•	•	•	•	3-4	D
<b>Discharge Phone Calls:</b> Internal staff & caregivers	•	•	•	•	•	•	4-5	D
<b>E-identification of unmet HC needs:</b> MERIDIOS screening	•	•	•	•	•	•	5-6	D
<b>Face Time:</b> LEADER ROUNDS, DOS, HL clients	•	•	•	•	•	•	3-6	D
<b>Open Door Policy</b>	•	•	•	•	•	•	3-6	PRN
<b>Phone/Help Line:</b> CARELINE, NURSE LINK, Community Advocate, THE APPOINTMENT DESK, CBH	•	•	•	•	•	•	2-6	PRN
<b>Social Media:</b> Facebook, Twitter, YouTube	•	•	•	•	•	•	2-6	PRN
<b>Community Outlets:</b> Health fairs, SPIRIT OF WOMEN, Church & others	•	•	•	•	•	•	3-6	W
<b>Committee &amp; Board Participation:</b> BODS, MEC, SLOGS & committees, EMPLOYER ROUNDTABLES	•	•	•	•	•	•	5-6	M
<b>Research:</b> CHA, market research, focus groups, manpower studies	•	•	•	•	•	•	NA	A

1 - Doesn't Know    4 - Likes    D - Daily    A - Annually  
 2 - Heard About    5 - Loyal To    W - Weekly    PRN - As Needed (readily available to patient/stakeholders)  
 3 - Tries    6 - Advocates    M - Monthly

through E-CARELINE, including systematically gathering insight on customer needs and engagement. CBH monitors ongoing responses to Web inquiries for insurance quotes and information.

*Community Outlets:* We make the most of every opportunity and capture feedback at LIVE WELL events, SPIRIT OF WOMEN activities and other community outreach efforts such as athletic trainers and school health nurses. In 2011, the Wellness Centers structured their members' assessment of services by asking about their quality of life (7.2-17).

*Committee and Board Participation:* As outlined in P.1b(1) and 1.2a(1), NMHS' community members and physicians are actively engaged in committees and boards, a two-way, immediately actionable listening forum. Employer/payor feedback is gathered during thrice per year EMPLOYER ROUNDTABLES and annual meetings with insurance carrier partners.

*Research: COMMUNITY HEALTH ASSESSMENT (CHA):* NMHS conducted its first comprehensive CHA in 1996 after the 1995 Reliastar Health Rankings ranked the health status of Mississippians as 50<sup>th</sup> in the nation. The CHA found that our population was definitely less healthy. This was the genesis of a new market segment, community wellness. NMHS' launched its LIVE WELL COMMUNITY HEALTH INITIATIVE to improve the overall quality of health for residents in the 24-county service area. In 2001, NMHS established a systematic process, with MISSISSIPPI STATE UNIVERSITY'S SOCIAL SCIENCE RESEARCH CENTER (SSRC), to refine and conduct the CHA tri-annually. The long-standing CHA is a key process in support of our CC, MISSION and the IHI TRIPLE AIM objectives (7.4-18).

At least annually as part of the EPP, the CST reviews the listening methods for effectiveness by analyzing performance data, agility and responsiveness to stakeholder needs, and best practices. Should an opportunity be identified to better listen to our patients/stakeholders, the ADLI framework is used to implement it. For example, through MERIDIOS we are able to anticipate HC screening needs that our NMMCI patients may not be aware of (7.1-2).

**3.1a(2) Listening to Potential Patients and Stakeholders:** To obtain actionable information and feedback on our services, support and transactions from our former patients, potential and competitors' patients, NMHS leaders use all of the listening methods that include "community" in F.3.1-1. The listening method "community outlets" described in 3.1a(1) also include former and future patients.

Our expert liaison staff (DOS, CBH, HHC and radiology) continuously touch base with physicians and providers (3.1a(1)). CBH account executives meet with employers not utilizing our PPO or THIRD PARTY ADMINISTRATOR (TPA) services. They perform a structured needs assessment and identify issues such as: if the decision to participate in the PPO is local or corporate; the time of year for contract renewal; and most importantly their concerns about cost and access. The account executive addresses the potential clients identified concerns, continues to visit and builds a relationship.

**3.1b(1) Satisfaction and Engagement:** The fully deployed VOC methods described in 3.1a(1) and F.3.1-1 also serve as the methods to determine patient and stakeholder satisfaction and engagement by segment and stage of relationship.

*Patients:* The portfolio of listening methods (F.3.1-1) supplement the primary methods we use to determine patient satisfaction and engagement relative to the competition and across the

industry, namely PGA and HCAHPS surveys. The PGA survey is adapted to each service setting, e.g., acute, ESD, outpatient, LTC and HHC, and we review them according to the specific service setting e.g., Hamilton CH's outpatients (7.2-2). The PGA TOP BOX view enables real time tracking of engagement in addition to satisfaction across patient expectations, whereas HCAHPS helps us determine loyalty and engagement across validated dimensions of importance (7.2-18, 19). The CST and all leaders translate this feedback into actionable information to: 1) improve and innovate the patient experience; 2) reward and recognize high performers; 3) identify BPR; and 4) provide service excellence training. We understand the importance of continuously redefining customer engagement through expanding our offerings, our methods for delivering those offerings, and providing service that exceeds their expectations. For example, to address service that exceeds expectations, each year the CARES training program provides an engaging, entertaining and interactive discussion of one of the 5 values. CARES focused on Excellence and utilized clips from the movie "Secretariat" in 2011 (F.3.2-2).

*Stakeholders:* Listening methods in F.3.1-1 are also used to determine stakeholder satisfaction and engagement: 1) leaders capture physician satisfaction during their purposeful rounding in physician lounges and patient care areas 2) CBH and DOS liaisons are our most direct and personal process for determining because they visit stakeholders in the community or work setting; 3) we use a standardized PGA to survey physicians for their satisfaction and engagement, with results organized by hospital and specialty service; 4) CBH utilizes a systematic process to annually survey payors and employers.

Annually, as part of the EPP, the CST receives feedback on the accuracy and effectiveness of these methods to ensure actionable and relevant data is being captured. If an opportunity is identified, the CST reviews BPR and reaches out to other high performing organizations to learn, adopt or innovate a new method for determination. Implementing three social media venues is a recent example of expanding our listening methodology.

**3.1b(2) Satisfaction Relative to Competitors:** Three fully deployed methods are used to determine comparative satisfaction: 1) HCAHPS has emerged as the most efficient survey-based methods to determine patient engagement relative to competitors; 2) Our liaisons use "face time" with key stakeholders, described in 3.1a(1), to determine NMHS performance compared to competitors via their continuous and personal contact; 3) Data from MSDH provides statewide information on utilization of our services compared to competitors (7.5-9,11). Other approaches include leader and WF interaction in the community with family, friends and others who live in and access HC services in NMHS' service area.

In its pursuit of excellence, NMHS compares its HCAHPS scores to competitors as well as providers regionally, statewide and nationally (7.2-6-8, 18-19). In 2011, Kaiser Health News reported that **patients in the Tupelo service area were among the happiest patients in the nation (sixth happiest market)** based on their responses to 10 questions measured by HCAHPS (7.2-19).

**3.1b(3) Dissatisfaction:** We determine our patient and stakeholder dissatisfaction through established Listening and Learning methods (F.3.1-1). All methods except "e-identification of unmet HC needs" and "research" enable us to capture actionable information on our patient/stakeholders dissatisfaction.

tion as well as satisfaction.

*Patients:* 1) In every HC delivery setting, patients and/or their family members are encouraged to communicate any concerns or compliments regarding service directly to any staff member or via CARELINE, a toll-free phone line staffed 24/7 and available throughout all NMHS ENTITIES. These calls are recorded, responded to and analyzed monthly for trends. 2) PGA surveys provide opportunities for comments (compliments or complaints), but more importantly, the low scores on the surveys. 3) Leader rounding enables patients and family members to share their dissatisfaction directly. 4) Patients are also able to make complaints when they are contacted during the discharge follow-up phone call.

*Community:* 1) The DOS routinely conducts face-to-face surveys with community members in various settings and two of the five questions solicit their feedback regarding dissatisfaction, "What does NMHS not do well?" and "What is the one thing you would change about NMHS?" 2) CONTACT US as well as Twitter and Facebook accounts capture dissatisfaction. 3) Health fairs and other community events also provide opportunities to register complaints.

*Physicians:* 1) The OPEN DOOR POLICY is the optimal vehicle for physician dissatisfaction. 2) Physician satisfaction surveys also capture dissatisfaction. 3) Physicians are very involved in committees and boards and consistent with our NO-SECRETS CULTURE they express their complaints in these forums.

*Payors:* As described in 3.1a(1), CBH conducts satisfaction surveys, visits with payors and employers, and engages in scheduled roundtables, all of which invite expression of dissatisfaction.

The systematic management of patient/stakeholder dissatisfaction information is described in 3.2b(2). Many of NMHS' satisfaction and dissatisfaction determination processes incorporate prompt and actionable feedback mechanisms, e.g., the liaisons' face time interactions with providers. All E-CARELINE data are trended with each comment categorized into one of 33 categories. A monthly PARETO CHART identifies top issues by month and YTD. The CST and appropriate ENTITY leaders review the reports to determine OFIS and the need for PI teams.

**3.2 Customer Engagement**

**3.2a(1). Hc Service Offerings:** Utilizing the systematic listening and learning methods described in 3.1, the CUSTOMER SERVICE TEAM (CST), as depicted in F.3.2-1, orchestrates and monitors all NMHS patient and stakeholder feedback and activity. The CST works with each ENTITY to determine its particular patient and stakeholder needs and requirements based on data gathered

through the EPP. In turn, during the EPP the SLT reviews the information to determine key patient, stakeholder groups and HC market segments and service areas as well as the following functions for patients and stakeholders:

1) *Identify market requirements for service offerings: Patients:* The SLT relies heavily on PGA information and LEADER ROUNDING to determine our patients' requirements and expectations (P.1-6). PGA provides a priority index to every unit of every patient care ENTITY with statistically validated information on the unit's top PT SAT issues. The CARELINE database often identifies "attitude" as a leading complaint, which reinforces patients' expectation, "be nice to me" (F.P.1-6, 7.2-11). *Stakeholders:* The SLT utilizes the findings of the physician satisfaction surveys and their visits with physicians to determine physician requirements/expectations. The CBH's ongoing liaisons' visits and surveys with employers and payors identify cost, quality and access as their key requirements.

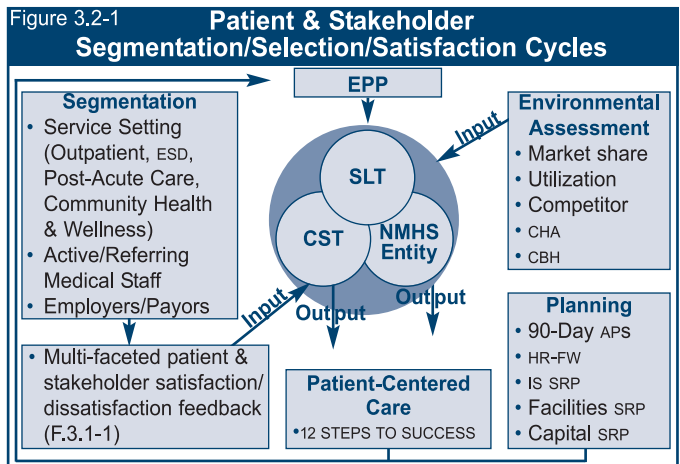
2) *Identify and innovate service offerings to meet/exceed requirements: Patients:* The SLT empowers expertise-specific teams to address enhancements to specific HC services. The PFID ensures high quality and cost-effective care whereas the ESDs and outpatient services are charged with ensuring patients are seen quickly and not kept waiting. The multidisciplinary CST ensures we deliver excellent customer service (are nice to patients) through the annual CARES training on our values and the AIDET program.

*Stakeholders:* As members of SLS, boards and committees, physicians are empowered to implement process changes to, in part, meet their own requirements and exceed their expectations. For example, the cardiologists requested a co-management agreement and it was implemented (7.1-23).

3) *Identify and innovate service offerings to enter new markets, attract new patients/stakeholders and expand relationships. Patients/Community:* The SLT integrates feedback from different sources to determine how to enter new markets and expand relationships. For example, feedback on the DOS community surveys, which includes patients, found that the community wants weight-reduction focused services. The annual SWOT analysis also identified obesity as an issue. In response NMHS implemented a multipronged approach: the bariatric surgical intervention of morbidly obese community members (7.1-3); enhanced nutrition and exercise instruction at wellness centers (7.4-20); and empowered HEALTHWORKS! to teach children healthy nutrition and exercise choices (7.4-19). Bariatric surgery also expands relationships because of pre- and post-procedure testing and long-term follow up.

*Stakeholders:* In addition to low cost, employers want their PPO enrollees to have ready access to HC services. To address access, NMHS analyzes HC usage patterns to determine new sites/types of care. CLINIC AT WALMART, LLC serves as an example of a new market setting to accomplish PCC and PFC goals in a setting that was far less expensive than the construction of or leasing a new clinic (2.2a(1)), thereby meeting the expectations for improved patient access and lower cost HC for employers and payors.

**3.2a(2) Patient and Stakeholder Support:** Our patients and stakeholders need and want access to services that span the continuum of health provision at different times in their life. To meet this need, NMHS integrates three systematic approaches: 1) identifying and developing services that support stakeholder needs, 2) providing those services in an accessible manner, and 3) enabling





robust two-way communication mechanisms to ensure a complete cycle of service acquisition, obtaining information and providing feedback (F.3.1-1).

NMHS has strategically located places of service that offer the full spectrum of wellness, chronic disease management, acute care and end-of-life services. PFC requirements and our efforts to address the extensive morbidity of our population require that we make it extremely easy for people to seek HC services. Through these mechanisms and others listed in F.3.1-1 and F.3.2-3, patient and stakeholders can access services, obtain information, provide feedback and receive support.

Improving access is a standing EPP strategy and tactic addressed in S1-S5. Accordingly, we provide easy access to PCC and PFC through geographic and time-of-day strategies so that procuring HC services fits into people's daily lives versus having to fit their lives into often inconvenient availability of services. NMHS offers urgent care clinics in Tupelo and Columbus and retail clinics in Columbus and Oxford with extended evening and weekend hours in three communities with higher populations than some of the more rural communities in our service area; 24-hour access to emergency services at its CHS; and NURSE LINK and THE APPOINTMENT DESK to help patients access care in the setting that is most convenient and appropriate for their HC needs (7.2-15, 7.4-15). The SCHOOL HEALTH CENTERS provide school children access to care during school, and the registered nurses make student referrals to physicians, dentists and other HC professionals as deemed necessary and regardless of their ability to pay. COMMUNITY HEALTH programs provide access points to information about NMHS programs (1.2c(2)). In response to an IFE, three NMMCI walk-in URGENT CARE CLINICS in Tupelo prominently display wait times in the clinics and through a designated call line. Callers compare wait times at the clinics and determine which best fits their needs. Access to ICHR gives providers better access to patients' complete record and helps prevent delays in or duplication of service.

NMHS' methods to obtain information and foster two-way communication are designed to enable people to contact us in their preferred ways (F.3.1-1, 3.2-3).

Our comprehensive development of work processes, described in 6.2a(1), includes patients' and stakeholders' support requirements. Including the requirements in our work processes ensures they are fully deployed to all people (F.6.1-3).

**3.2a(3) Patient and Stakeholder Segmentation:** We utilize the same systematic process (described in 3.2a(1)) to: 1) analyze patient, stakeholder, market and HC service offering information in order to identify and anticipate patient/stakeholder groups; 2) consider competitors and other potential patients/stakeholders; and 3) determine which patient/stakeholder groups and market segments to pursue currently and in the future. The CST coordinates VOC information and the DOS organizes the market and service offering information as components of the environmental assessment (F.2.1-2) (e.g., MSDH and internal data are reviewed and segmented by disease, demographics, and other dimensions). The SLT integrates this data into the annual SWOT analysis. Anticipating future and competitors' patient/stakeholder groups and market segments occurs in the "opportunity" portion of the analysis. The DOS identifies the SWOT's top patient/stakeholder and market segment opportunities and presents them at the BOD retreat for further development.

Figure 3.2-2

<b>Relentless Pursuit of Excellent Customer Service</b>	
<b>12 Steps to Success</b>	
•	Establish a goal of 95th percentile & a relentless pursuit.
•	Ensure that every employee understands the questions on the survey & the required behaviors.
•	Ensure that every employee knows & understands the top three drivers of satisfaction for your area & the required behaviors.
•	Ensure that employees effectively use key words at key times regarding drivers.
•	Ensure that AIDET, CARES & hourly rounding is hard-wired & practiced on a consistent basis.
•	Determine patient expectations.
•	Conduct discharge phone calls.
•	Do leader rounds on employees & clinical rounds on patients & family members. Listen.
•	Review weekly with staff results, patient comments, focus for week/month, & get ideas & commitments for improvement. Hold employees accountable.
•	Ensure that all staff can effectively do service recovery.
•	Recognize & celebrate success.
•	Communicate – Patients, family, physicians, employees.

This systematic process work led to the following expansion of NMHS' HC service offerings and/or markets:

- Based upon voc information about the need for more pediatric specialty services, NMHS collaborated with Le Bonheur in Memphis in 2008 (P.2a(1), F.1.2-1).
- In 2008 NMMC added bariatric surgery services to address our region's obese market segment (7.1-3).
- In 2009 NMMC earned stroke service accreditation to better serve our existing population (7.1-6).
- In 2010 and 2011 NMMCI added Walmart Clinics to increase penetration via additional access and low cost services that align with a request from area payors.

**3.2a(4) Patient/Stakeholder Data Use:** The cycles described in 3.1a(1-3) and F.3.2-1 also apply to using patient/stakeholder, market and health service offering information to improve marketing, culture and INNOVATION. The CST meets monthly and closely follows the overall VOC information (F.3.1-1). The SLT empowers the CST to utilize the VOC and guide the overall approach to customer/stakeholder service such as: 1) by determining and directing marketing campaigns and improvements; 2) examining and directing implementation of customer-service related IFES that may result in an innovative practice, program or service; and 3) identifying gaps in patient/stakeholder-focused culture and addressing them through customer service training (e.g., AIDET and annual CARES training). After much iteration of examining and responding to VOC information, the CST coalesced our multiple and complimentary customer service practices into a 12-step approach which hardwires our patient-focused culture (F.3.2-2).

In concert with the CST's work, the SLT delegates authority to ENTITY and/or unit leaders to concurrently address their specific patient service and culture issues. Each ENTITY has its own customer service teams that specifically follow its PGA data, and individual units track their priority index to identify their key PT SAT issues. Whereas ENTITIES may address overall issues (e.g., improving quality of the food), individual units address issues pertinent to them (e.g., ensuring discharge medication information is clear).

The CST, SLT, ENTITY and unit leaders all use the ADLI structure to execute improvements and INNOVATIONS through 90-DAY APS (F.6.2-1).

**3.2b(1) Relationship Management:**

Building relationships with our patients and stakeholders is a foundational element in HC and a key driver for our PFC and PCC. Whether it is before, during, or after interaction with NMHS, it is our obligation and duty to ensure our community members know and trust that they have a partner for life in their health. We have developed and refined over time six stages of progressive relationship and engagement (F.3.2-3) from the person who does not know about NMHS to the person who actively advocates for our system. These six stages frame a set of systematic, fully deployed, highly integrated and thoughtful approaches to ensure we successfully take each individual through the stages so they become lifetime advocates for NMHS. Framing our methods in this fashion across the spectrum of our services, the various settings and across the different segments is coordinated by the SLT and the CST and executed with precision by each member of the WF who is trained, measured and rewarded, and alignment with our SERVICE CSF, to achieve the best patient-centered care.

*Acquiring patients/stakeholders and building market share:* Stages 1-3 of F.3.2-3 outline our methods for making ourselves known to our community members and getting them to try our services. NMHS uses paid marketing, public relations and other communication methods to engage patients and build market share. Marketing messages, communication and outreach programs are designed to recruit and/or retain patients and stakeholders. While specific communication methods are systematic across the system, recognizing that culture and needs are often locally based, other communication techniques are intentionally varied at NMHS ENTITIES and in the community, but the key concept of providing clear, concise and easy-to-understand communication is consistent.

*Retaining patients/stakeholders and increasing engagement:* As explained in 7.5-10, NMHS has developed a sophisticated saturation rate analysis that matches our patient database with by-county population in our primary and secondary service areas. Our objective is to sustain a high level of both market share and saturation. We accomplish this by moving people to the higher stages of relationship and engagement (stages 4-6, F.3.2-3) throughout the continuum of care. In addition to providing services to improve health, we also build engagement through the design and delivery of services that exceed patient/stakeholder requirements (F.P.1-6). We train the WF and recognize them for accomplishments in each stage of relationship to exceed patient/stakeholder expectations. Ongoing learning opportunities, as well as hard-wired recognition programs for physicians and staff, enhance patient and stakeholders' experiences (F.5.1-3). A few of the methods highlighted in F.3.2-3 to exceed expectations in each stage of relationship include:

- The most fundamental and important method to retain patients is to provide the HC promised by our MISSION and VISION. As described in items 6.1 and 6.2 we have developed, manage and deliver a comprehensive health and wellness, treatment and

Figure 3.2-3 Building Patient/Stakeholder Relationships & Engagement	
Stage	Tools/Practices to Move Patient to Next Level
1 Doesn't Know NMHS (SIS)	<ul style="list-style-type: none"> <li>•Billboards, media coverage, ads, social media</li> <li>•Mailings</li> <li>•NMHS website</li> </ul>
2 Heard about NMHS (SIS)	<ul style="list-style-type: none"> <li>• 60 SECOND HOUSECALL</li> <li>• NURSE LINK</li> <li>• 'Stories' of exceptional clinical care, patient outcomes &amp; services</li> <li>• Health Fairs, screenings, community education, SPIRIT OF WOMEN</li> <li>• 1-800-THE DESK (APPOINTMENT DESK)</li> <li>• VIM &amp; VIGOR MAGAZINE</li> </ul>
3 Tries NMHS (OHS)	<ul style="list-style-type: none"> <li>• School Health Centers</li> <li>• HEALTHWORKS!</li> <li>• Experiences state-of-the-art, evidence-based high-tech/high-touch care</li> <li>• HEALTH LINK</li> <li>• CARES</li> <li>• AIDET, 'Key words at Key times'</li> <li>• Hourly &amp; LEADER ROUNDS</li> <li>• Centralized Scheduling</li> <li>• 12 STEPS TO SUCCESS</li> <li>• 'Managing Up' of physicians &amp; staff</li> <li>• Systemwide ICHR</li> <li>• PGA</li> </ul>
4 Likes NMHS (OHS)	<ul style="list-style-type: none"> <li>• Consistent use of above, plus</li> <li>• Experiences smooth transition in care between segments of patient care</li> <li>• Discharge/follow-up calls</li> <li>• Physician Liaisons (CBH, Radiology)</li> <li>• Patient liaisons (CBH, HHC)</li> <li>• Volunteers &amp; Mended Hearts volunteers (DOS, HHC)</li> </ul>
5 Loyal to NMHS (E)	<ul style="list-style-type: none"> <li>• Same as above, plus</li> <li>• Experiences ongoing community outreach support</li> <li>• Key populations 'reunions' (e.g. Neonatal, Bariatric, Heart Fair, Joint Replacement)</li> </ul>
6 Advocates NMHS (E)	
SIS - Seeks information & support OHS - Obtains health care services E - Engaged	

follow-through work system by a WF CC that has the ability to continuously improve and provide innovative health and medical services.

- AIDET: All staff learns the principles of AIDET as taught by Baldrige Award-winner The Studer Group. The fully deployed principles work well in all settings, regardless if it's a traditional or non-traditional HC setting or in community interactions with potential patients and stakeholders.

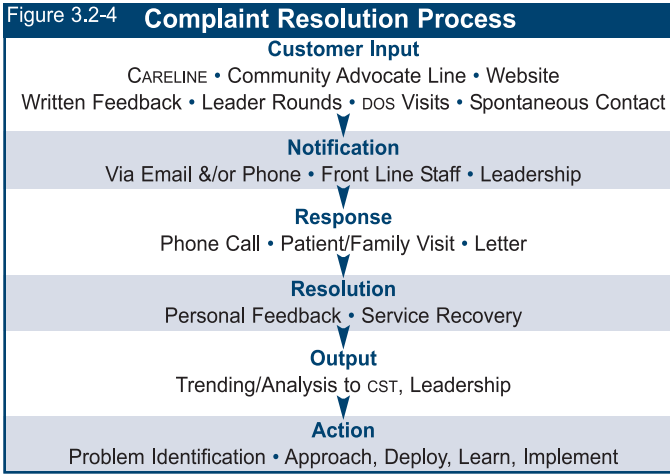
- 12 STEPS TO SUCCESS: All leaders and staff are trained how to achieve excellent PT SAT results through a relentless pursuit (F.3.2-2). All staff has access to PGA surveys, the top three drivers for satisfaction and engagement, and results through the Intranet and KNOWLEDGE BOARDS. Incentives encourage individuals and teams to achieve PT SAT goals. Teams that meet patient satisfaction goals receive 1,600 CSF REWARDS points quarterly, and individuals mentioned by name in PGA comments receive a thank-you note from their supervisor for the first mention, 400 CSF REWARDS points for a second time and up to 1,600 points for five mentions per quarter (5.1b(2), F.5.1-3).

- STARS ON-LINE: With VALUES and CARES training, NMHS' highly-skilled staff provides quality care (5.1a(3)). STARS ON-LINE (F.5.1-3) recognizes those who go beyond their normal duties to provide an exceptional experience that "wows" the patient or stakeholder and thereby secures their engagement.

- Community support: NMHS builds stakeholder engagement and ultimately loyalty via its ongoing and extensive involvement in the community (1.2c(2)).

**3.2b(2) Complaint Management:**

We do not wait for patient concerns to evolve into formal complaints. In keeping with the CARES philosophy and because most concerns are expressed in real-time in the form of a spontaneous contact, staff is empowered to act upon patient concerns and trained in SERVICE RECOVERY, ranging from listening to SERVICE RECOVERY techniques (e.g., obtaining gift cards to cover transportation expense for clinic patients or outpatients). Every employee knows that they are empowered to fix a complaint. Employees learn SERVICE RECOVERY in CULTURE DAY (1.1a(1), 5.2c(1), 5.2a(2)) and department-specific orientation.



We see every complaint as an opportunity to do better and thank them for letting us know. NMHS sets ambitious customer service targets, which are fully deployed and visible through KNOWLEDGE BOARDS and incentive updates. All employees are compensated through the annual incentive plan for achieving or exceeding these targets.

Customer service training is relentless, and all WF are taught the importance of CARES, customer service, service recovery and VISION. NMHS employees have received CARES training for nine consecutive years, with content driven by areas of improvement as identified through PGA, E-CARELINE, listening and learning and other techniques. NMHS reviews top complaints then structures its customer service training to address those concerns. In 2011, 99.7% of NMHS employees participated in CARES training that included the 12 STEPS TO SUCCESS (F.3.2-2) to reflect our commitment to PT SAT, engagement and loyalty.

When we receive complaints, the respondent arranges an immediate resolution to the problem, if possible (F.3.2-4). If the complaint is a complicated issue, the respondent keeps the patient or stakeholder informed of progress. Follow-up, corrective actions and resolutions are documented in E-CARELINE for trending and reviewed monthly by the CST along with needed improvements to the resolution process. Documentation of follow-up, corrective actions and resolutions is presented to the CST then SLT. To strengthen our management of concerns and complaints and enable us avoid a repetition of the problem, we recently began sharing key complaints and their interventions across the system via our COLLABORATIVE WORK GROUPS (CWGS) (F. 6.1-2).

**4.1 Measurement, Analysis, and Improvement of Organizational Performance**

**4.1a(1) Performance Measures:** Prioritization of organizational goals and ultimately success is guided by continuous review of data and action upon data. The SLT uses the CSF framework and strategic challenges during the EPP to determine what to select and collect, including key performance indicators for the CSF-based PSC and DASHBOARD REPORT. The identification of performance measures is a clearly delineated, systematic, fully aligned and deployed process developed by the SLT and DHS (F.2.1-3, NMHS-strategic plan, and F.6.1-3, key work process requirements), according to five criteria: 1) provide actionable, credible, reliable, reproducible and timely information; 2) align and integrate with our short- and longer-term strategic objectives, APS and pay-for-performance initiatives; 3) include relevant comparisons and benchmarks; 4) when appropriate, meet accredita-

tion and regulatory needs; 5) be collectible and able to populate our PSC for decision-making, improvement and INNOVATION.

Once this process is complete (S5), the entire plan is presented to the BOD for approval. The CSF indicators align from SENIOR LEADERS (S4) to front-line staff while the selection and oversight of key performance indicators roll up through EXCEL for individuals (S8) and the annual goal-setting process for each ENTITY (S6) to close the alignment loop. Indicators are further deployed to all key stakeholders including physicians via KNOWLEDGE BOARDS, EXCEL, QED, ICHR, STAT FACTS and supplier contracting, to name a few. Our CSF-organized key performance measures, the frequency, type of analysis (internal or external) and utilization of the reviews are listed in F.4.1-1. Short- and long-term financial measures are in F.2.1-3.

The SLT, DHS, BOD and staff monitor and review each unit’s CSF-based performance indicator on the PSC to support decision making. Each ENTITY’s units track CSF and other outcome and process data as applicable (daily to monthly) to determine issues pertinent to improving, innovating and sustaining the key performance indicator. If the indicator is below target, modified APS are added (2.2a(1)) to ensure timely improvement. The rigor of our data selection methodology and the use of validated comparisons, coupled with our performance review processes, enable management-by-fact decision making and INNOVATION through stretch targets and goals that foster “out-of-the box” thinking. The effectiveness of our data selection and collection methods is evaluated during the EPP and performance reviews. Needed changes are integrated with the PSC and deployed throughout NMHS as appropriate.

**4.1a(2) Comparative Data:** During S8 of the EPP, the SLT and content experts (e.g., cardiologists for the co-management project) utilize the following sources to select effective key comparative data to support operational and strategic decision making: 1) evidence-based literature and current practice guidelines; 2) selected external comparative databases; 3) Baldrige winners and other industries. Sources for NMHS’ comparative data are organized by CSFs (F.P.2-1). The SLT sets TOP BOX targets (above 90th percentile or top 10%) and repeatedly communicates these targets. The DOS provides guidance to leaders on selecting comparative performance indicators and setting goals.

**Figure 4.1-1**

Key Performance Measures	Freq.	Types of Analysis Internal/External	Review Usage
<b>People</b>			
WF engagement	Bi-An	E-HRS	1,2,4,5 (7.3-13-20)
Employee retention	M,Q,A	I-% retained	1-5 (7.3-1,2,4)
<b>Service</b>			
PT SAT	W,M,A	E-PGA, HCAHPS	1-5 (7.2-1-9,11,12,19)
Bed/census mgmt	H,D,A	I-pt/nurse ratio	1-6 (7.1-26, 7.2-7)
<b>Quality</b>			
Patient safety variances	D,M,Q	I-RCA by PFID	4,5 (7.1-14-17)
Core measures	D,Q,A	E-PREMIER/CMS	1-5 (7.1-7-9)
<b>Financial</b>			
BAR	M,Q,A	I-STAT FACTS/PSC	1-5 (7.5-7)
Productivity	M,Q,A	I-STAT FACTS	1,2,3,6 (7.1-26-28)
<b>Growth</b>			
Market share	A	E-MSDH	1,2,4,5 (7.5-9)
MKT SAT	A	I-% population	1,2,4,5 (7.5-10)
1 - Organizational success	4 - Strategic objectives progress	Bi-An-A - Biannually/ Annually	Q-M-W - Quarterly/Monthly/ Weekly
2 - Competitive performance	5 - AP progress		D-H - Daily/Hourly
3 - Financial health	6 - Ability/agility challenges		



NMHS is a data-driven organization that prides itself on TRANSPARENCY to ensure effective and credible decision making. The use of comparisons supports this attribute by providing a clear barometer of current performance and insight into needed future performance or INNOVATION to achieve our VISION. Using the PSC and other results-reporting mechanisms, leaders and the WF discuss opportunities for sustaining and improvement during weekly huddles, leadership meetings and quarterly work groups. For example, in 2008 NMMC joined PREMIER'S QUEST project so we could benchmark with other high performing HC organizations. The CHS joined QUEST in 2010. We use the QUEST database to prepare QUALITY DASHBOARDS (QDS) that are presented, discussed and acted upon at monthly or quarterly medical section, SLOG and Quality Standard Committee meetings. See 4.1b and 4.1c(1) for additional use of comparative data for decision-making and BPT INNOVATIONS.

NMHS' innovative culture has led to many known role-model practices for the HC industry, such as the ICHR (F.4.2-2) CBCM (P.2(C)) COMMUNITY HEALTH (1.2c(1)) and other INNOVATIONS (F.6.2-2). Entwined in our culture is a drive to understand how our performance compares with others as means to support effective decision making and identify opportunities for innovation. For example, because procuring market share data from MSDH is not timely and only reflects inpatient admissions, NMHS launched an innovative measure for MKT SAT (2.2b).

The HC industry is improving, but still behind in having access to regional and national comparisons. NMHS utilizes a concept of data comparison, whereby comparisons fit into one of six levels. Level 0 is used for a NEW MEASURE (NM), an innovative new practice for which we cannot identify a HC or other industry comparison. Level 1 is TOP BOX, whereas Levels 2 and 3 are top decile or quartile, respectively. Our goal is to compare ourselves to TOP BOX or top decile, but we must sometimes use an industry mean (Level 4) or internal comparisons (Level 5) if we cannot identify anything else in our search for comparative data.

**4.1a(3) Patient and Stakeholder Data:** During the EPP (S1) and throughout the year as needed, CST and SLT select specific VOC methods across all key segments based on their ability to provide actionable, credible and segmented data in a timely fashion and in alignment with PFC (3.1a(1)). The SLT/CST select a variety of voc listening methods to ensure they capture patient/stakeholders' satisfaction and dissatisfaction. To ensure they identify and employ optimal voc listening methods the SLT/CST utilize the following guidelines: 1) employ a variety of communication methods so patients/stakeholders have access to and familiarity in using them (e.g., elderly patients are more likely to express their concerns via a face time meeting or by phone, whereas younger patients may prefer using social media); 2) ensure ample access to listening methods that include two-way communication and immediately actionable feedback, such as face time during LEADER ROUNDING OF CARELINE; 3) employ robust standardized and comparable patient/stakeholder satisfaction and engagement survey methods (e.g., NMHS utilizes PGA for all PT SAT surveys) and 4) ensure the variety of listening posts cross all stages of customer relationships.

The CST identifies priorities from this feedback, which is then used by the SLT to support decision making, as well as integration of key stakeholder requirements during the design and delivery of WS and processes (6.1, 6.2a(2)), and in improvement and INNOVATION efforts.

By using the VOC methods described in F.3.1-1, the CST and SLT determine the patient/stakeholder requirements and expectations described in F.P.1-6. The SLT and work process owners then convert these patient/stakeholder requirements into key work process requirements (F.6.1-3). For example, through our multiple voc methods, patients tell us "be nice to me," and we have translated that into the work process requirement "employ AIDET."

An example of INNOVATION is NMMCI proactively capturing "silent" VOC data through the use of MERIDIOS (3.1a(1), F.3.1-1, 7.1-2).

**4.1a(4) Measurement Agility:** We ensure that our measurement system is agile through our commitment to information TRANSPARENCY, including the speed in which we distribute information throughout NMHS. In addition, we have identified and invested in four primary areas where an agile rapid response measurement system adds value by enabling us to respond to rapid internal change:

1) *Automated tracking:* Our integrated data systems (F.4.2-1) and daily tracking of key measures are set to detect and adjust to even subtle changes. For example, the API TIME AND ATTENDANCE SYSTEM is linked to ACTIVE STAFFER, providing a real-time view of census and staffing. NMHS can adjust staffing accordingly, which improves flexibility and financial results.

2) *Daily review of selected performance measures:* The ICHR provides daily reports of selected measures to key leaders. For example ENTITY leaders receive daily census/clinic appointment reports and SLT/DHS receive CARELINE/GOOD CATCH reports pertinent to their areas. Daily clinical review activities include: case managers review every patient's admission status and create a patient profile in CANOPY; outcome managers review core measures compliance and track in PREMIER; and IC nurses utilize SAFETY SURVEILLOR to track infections and appropriateness of antibiotics. These nurses are empowered via their evidence-based work processes (6.2a(1)) to respond to daily findings, which are then rolled up to weekly, monthly and/or quarterly reports. While our ENTITIES meet at scheduled intervals, more frequent meetings are called if/when an urgent need arises.

3) *Patient safety and variances:* In 2011, we revised our program to identify medical errors and adverse patient events to encourage WF reports. The current GOOD CATCH program employs a JUST CULTURE approach and was piloted at NMMC before implementation at the CHS (6.1a(2), 6.1b(2), 7.1a-14). A PFID safety specialist uses RCA techniques to investigate GOOD CATCH submissions daily. All are discussed at the monthly systemwide Patient Safety Council meeting. The CQO utilizes the GOOD CATCH information for a weekly Quality and Safety Report with safety updates and lessons learned. If trends are identified, the patient safety specialists develop a PI plan. While variance management instruction (e.g., GOOD CATCH, chemical spill) is provided during NEO, it is reinforced online with a VARIANCE SUBMISSION WEBSITE (VSW). Originating from an IFE, the VSW helps ensure that variances get reported correctly.

4) *BUDGET MANAGER* provides biweekly productivity reports comparing a department's worked hours to a flexed budget based on actual vs. budgeted volumes.

Using internal and external measures, the monthly CSF-based STAT FACTS serves as our designated method for monitoring unexpected external changes, including payor mix, CMI, charity care, bad debt and competitive data. Daily we stay abreast of medication

shortages, emergency preparedness, product recalls and investment income. Physicians access updates via Physician's Net on the INTRANET, monthly SLOG meetings, Quality Standard Committee, PLI, MEC, physician work groups and open forums as needed.

**4.1b Performance Analysis and Review:** Leaders at each ENTITY monitor key performance indicators based on a pre-determined frequency of measurement for each indicator and not less than quarterly to compare to the established baseline and previous performance. SLT/DH-led performance review teams meet monthly to examine indicators and determine whether 90-DAY APS focusing on targets that do not meet (red) or declining trends (yellow) are needed (4.1c(3)). Teams also examine national trends and local needs to plan for new services and to ensure that existing indicators are necessary and/or sufficient. Analyzed data roll up to SENIOR LEADERS and are integrated during S3. Performance results, review, oversight and achievement are distributed directly to each ENTITY consistent with the SLT's emphasis on TRANSPARENCY and SERVANT LEADERSHIP. Indicators are assigned to a SENIOR LEADER, and progress is tracked via STAT FACTS and PSC during monthly SLT reviews. If an OFI is verified, a cross-functional PI team is formed to improve or innovate using a 90-DAY AP (6.2b(4)).

Reviewing performance is a pervasive activity throughout NMHS, from the SLT to the medical staff, to the front-line employee. NMHS participates in internal and external performance analysis and assesses multiple components of its performance (e.g., organizational success, and ability/agility challenges) as outlined in F.4.1-1.

Since 1999, NMHS has submitted patient care data monthly, originally to CARESCIENCE and now to PREMIER, a Baldrige Award recipient, which enables outcomes managers to determine quarterly risk-adjusted outcome rates, such as mortality and LOS, in comparison to "expected" rates from PREMIER's national database. As noted in 4.1a(2), NMHS enrolled in QUEST, a PREMIER-sponsored project, to compare ourselves to a high performing subgroup of the national database. We use QUEST parameters to develop PSCs specific for physician practices, known as QDS, and share the information at monthly medical section, SL and CH meetings (4.1c(1)). NMMCI uses Physicians Quality Reporting System to develop PSCs, which are shared monthly as provider DASHBOARD REPORTS and quarterly at Quality Compliance Committee meetings. We incentivize medical directors and physician leaders to mentor other physicians to effect change. PI teams are created in response to identified OFIS (6.2b(4)).

**4.1c(1) Best-Practice Sharing:** When an OFI is identified and the ADLI process is engaged (F.6.2-1), the PI team will seek a BPR internally or externally that can be utilized to address the OFI.

*Identifying internal BPRs:* NMHS is fortunate to have BPRs within our own organization. Our BPRs traditionally are lifesaving, minimize risk, result in cost saving or reduction, consistently meet or exceed desired targets, or encompass successful integration of evidence-based practice. We identify internal BPRs by exhaustive and ongoing review of our data. When a unit's results exceed the target, we examine the unit's processes and if a BPR is identified we replicate it. For example, PT SAT teams meet at least monthly, every UNIT's PGA data is openly displayed and when results are exemplary, it is celebrated and the UNIT's leader is asked to provide insights (3.2a(4)). These insights and others form a BPR base.

*Identifying external BPR:* When we look outside NMHS for role model processes that have produced better results, we participate in a QUEST "sprint" (collaborative PI project) or identify a replicable BPR among VHA's "blueprints" or IHI's "improvement stories." We are currently participating in a two-year IHI leadership initiative examining work processes to reduce waste. We also belong to Johns Hopkins Patient Safety Collaborative and compare our safety focused practices with the BPRs of the nation's safety leaders. For example: NMHS medical staff requested a meaningful PSC, so the CMO/CQO turned to the QUEST framework as a prototype and developed the QD, which provides a balanced approach to QUALITY, safety, satisfaction and cost measures (4.1b).

*Systematic sharing of BPRs:* Because internal BPRs debut at locations throughout NMHS and we also utilize external BPRs, we are careful to ensure that all ENTITIES have opportunities to share and/or learn BPRs. Incorporating BPRs into work processes is the ultimate goal (6.2a(1)), and the first step is making the BPRs known. F.4.2-3 identifies the many forums for BPR sharing.

- COLLABORATIVE WORK GROUPS (CWGS) identify and share BPRs during their monthly or quarterly meetings, as well as via INTRANET (F.6.1-2). CWGs are intra-disciplinary groups from all NMHS ENTITIES who convene on scheduled intervals to review performance data as well as pertinent IFES, GOOD CATCH and CARELINE reports (e.g., a systemwide meeting of ESD or respiratory therapy leaders) (6.1b(1)). Through these intra-disciplinary forums, BPRs are identified and shared. The CWGs also develop pilot groups and data management tools to validate potential internal/external BPRs. For example, the ESD CWG identified that the Hamilton CH ESD had the best door-to-EKG time, so Hamilton ESD leaders shared their BPRs, the other ESD leaders adopted them and have improved their times.

- Meetings: BPRs are shared during SLT, DH, ENTITY and department meetings. BPRs are also shared at QED sessions, such as recent presentations on customer service, execution of projects and accountability. Outcomes managers travel to CHS to share expertise in PFC and hold weekly systemwide phone conferences to address pertinent issues. Outcomes managers also sponsor an annual BPRs Fair at NMMC and each CH. At NMMC, Case Management coordinates a BPR Committee that focuses on physician issues regarding patients' admission status, care, coding and LOS.

- Newsletters: The CQO sends out a weekly Quality & Safety newsletter that includes lessons learned and BPRs. Multiple disciplines (e.g., nursing) and ENTITIES (e.g., NMMCI) publish newsletters that provide BPR summaries.

- PI project website: all PI projects are listed on the NMHS PI project Intranet site. Leaders are encouraged to utilize the projects' summaries for BPRs.

- Recognition: In 2011 the annual NMHS Patient Safety Summit introduced an award for the best patient safety PI project. Multiple teams entered projects, and summaries of all the projects, many of which resulted in BPRs, were shared there.

- SIM LAB: NMHS implemented its SIM LAB in 2011, and it is currently being used to reinforce sepsis management BPRs. ESD members from all of the hospitals are rotating through the SIM LAB to review hands-on learning of sepsis.

**4.1c(2) Future Performance:** We consider current and past performance, competitive market, financial implications, govern-

ment regulations, payor guidelines, market forecasts and the analyses described in 4.1b to develop our five-year projections (2.1a(1)). Specifically, frequency of the PSC reviews provides a continuous look into EPP-driven expected performance and progress toward these goals, which are set using a number of internal and external inputs (2.2a(5) and 4.1a(1&2)). This analysis enables us to predict future performance and adjust projections, as needed. Additionally, comparative/competitor data and information gathered in S1 and S2 is linked to an NMHS SWOT, which drives the setting of future performance in the EPP and the 90-DAY AP process, all linked to a leader. As OFIs are identified through SWOT analyses (2.1a(2)), benchmark data, survey results and comparative findings, future performance is projected and addressed in every leader's 90-DAY AP.

**4.1c(3) Continuous Improvement and INNOVATION:** Our leadership sets high targets, raising the bar from the previous year's success. As described in 2.1a(1), NMHS leaders annually perform a SWOT analysis (S2). The DOS integrates SWOT feedback and prioritizes the opportunities, based upon volume, reinforcement from other sources, our MVV, CSFS and strategic objectives. The opportunities undergo further EPP analysis and prioritization (S3-S4) before becoming components of 90-DAY APs and work processes.

Multiple transparent performance reviews – DASHBOARD REPORT, STAT FACTS, PSC, BAR, 90-DAY APs – are in place to track progress. In the interest of agility, each month any issue that falls into the yellow or red category on the PSC warrants investigation. Yellow and a first time red raise awareness about the issue and warrants follow-up monitoring and past trending. At the second red instance, leaders use RCA to analyze why the problem occurred. Utilizing resources described in 4.1c(1), leaders often identify a BPR that address the OFI.

If an OFI requires a PI project, a priority grid is applied to the PI project. A ranking of 0 to 3 is applied on the following components: patient needs/expectations, patient outcomes, strategic plan, regulatory compliance, efficiency/operating costs, high volume, high risk and problem prone. Because resources are limited, projects with the highest scores are given priority. Issues affecting patient care, safety and satisfaction typically score high and are rapidly addressed. For example, Hamilton CH leaders investigated low PGA results for ambulatory surgery because of complaints from cataract surgery patients. An optometrist's office was giving all patients the same surgery time, resulting in delays, undue waiting and frustration. After addressing the issue, PT SAT rose from the 13th percentile in October 2010 to the 99th percentile in February 2011.

Organizational-level priorities are shared with WF, suppliers, partners and collaborators using knowledge transfer mechanisms listed on F.4.2-3. Information is shared with patients and stakeholders using methods described in F.3.1-1. See the following communication examples: a) each department and clinic's KNOWLEDGE BOARD is updated monthly with overall, ENTITY and department-specific results; b) NMHS SUPPLY CHAIN MANAGEMENT discusses CSFS with each supplier during scheduled and ad hoc meetings where the two groups exchange ideas, needs and potential improvements; and c) to enhance alignment, contract services employees (environmental services, dietary and rehabilitation) are treated as NMHS employees with regard to SER-

VANT LEADERSHIP requirements, EXCEL, email communication, committee service, HIPAA regulations, policies/procedures, EPP, corporate compliance, budgeting and CARES/other training.

Priorities and opportunities are deployed to work group and functional-level operations throughout NMHS via S6-S8 and as needed throughout the year. NMHS' new HYBRID OR is an example of successfully deploying priorities. The first in north Mississippi, this facility combines OR capabilities with the most advanced imaging systems available, enabling physicians to diagnose and then quickly treat, without moving the patient or scheduling separate times for procedures. Data integration is key and would not have been possible had suppliers, partners and collaborators (physician specialists) not been aligned with our priorities.

**4.2 Management of Information, Knowledge, and Information Technology**

**4.2a(1) Properties:** Accurate, secure, reliable, timely and confidential information is a consistent hallmark of our MIS since our milestone decision in 1975 to create a health record and supporting systems that drive the pushing and pulling of data and knowledge throughout NMHS. NMHS is included in HC's 100 MOST WIRED for 11 consecutive years and 25 MOST WIRELESS for five years (7.4-8).

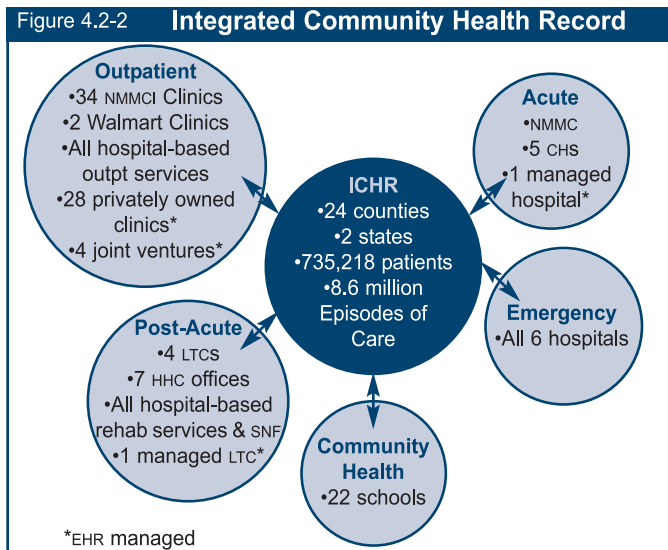
The MIS Management Team manages these processes in coordination with the Security and Privacy Team, Auditing Department, MIS Security Officer, Help Desk and a trained WF to establish, monitor and maintain these properties and QUALITY assurance mechanisms as follows (F.4.2-1): 1) The Security and Privacy Team oversees processes that manage risk, information, distribution, access management, data integrity, security incident reporting and testing and protocols covering all elements of the MIS system and all distribution points and 2) NMHS' Auditing Department reviews automated audit trails built into systems. NMHS' external audit firm performs an annual audit of IT with specific emphasis on risks. A physician-led QUALITY team also provides oversight and goal setting for future initiatives, and uses the data for ongoing professional practice evaluation and individualized coaching as needed. Physicians are involved in directing the data they want to extract from the record and content design to capture desired future content for measurement.

Each of these teams contributes MIS' annual assessment of its role in data and information management. MIS updates its ongoing five-year plan and short- and long-term changes are made based upon the annual performance review.

**4.2a(2) Data and Information Availability:** NMHS' online

Figure 4.2-1 Data Information & Knowledge Quality	
Data Properties	Quality Assurance Mechanisms
<b>Accuracy</b>	• Online data capture & entry screens • Templates with screen edits • Validity reports • Common patient identifier
<b>Integrity</b>	• System integration • Centralized/standardized systems • Automation & error detection/avoidance • Data entered once & then electronically sent to other systems • Reconciliation clerk • Change control procedures
<b>Reliability</b>	• In 2010, the mainframe operated at over 99.9% • 4.2a(3) • MIS Management Team with 250+ combined years health care IT experience • Rigorous software testing; any failure results in deep dive then starts the testing process
<b>Timeliness</b>	• Response time (7.5-7) • 4.2a(1)
<b>Security</b>	• 4.2a(1) • Entity authentication
<b>Confidentiality</b>	• MOD-10 check digit technology • Employees annually sign confidentiality statements • Training on PHI confidentiality





ICHR contains real-time clinical information on more than 735,000 individuals with more than 8.6 million episodes of care dating back to 1995 (F. 4.2-2).

It includes systemwide EHRs, a corporate general accounting system, corporate billing and accounts receivable systems and a data warehouse utilized for data mining. These systems are interfaced and provide comprehensive and integrated information. In 2009, NMHS made a \$28 million commitment to upgrade its ICHR to the Allscripts Sunrise EHR system to take advantage of advanced patient safety and QUALITY tools. Thanks to this INNOVATION and strong clinical representation in MIS, NMHS is an industry leader with the design of an ICHR and will be one of a few nationwide to meet all the MEANINGFUL USE requirements in the AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA), which enables substantial funding for those meeting its stringent mandates. The seamless alignment and flow of our ICHR serve as the cornerstone of data and information for NMHS.

Thirty-five years ago we addressed one of the most pervasive and far-reaching failures in HC caused by the fragmentation in delivery and timely access to patient medical history and information by creating an EHR. We started building an ICHR that would give rapid, comprehensive information to the WF, patients and all involved in the provision of HC. Because rapid access to information is essential for efficient and timely clinical decision-making, NMHS has designed and deployed an ICHR that enables ready access regardless of care venue.

The foundation of the ICHR is a unique, lifelong identifier assigned upon each patient's first contact with NMHS at any access point. This permanent identifier ensures that every episode of care delivered in any setting is consolidated and retained within the ICHR. At each visit, the patient's assessment (i.e. allergies, family history, current medications) need only be verified and updated, thereby eliminating unnecessary testing.

NMHS' ICHR is unique in that it also includes health information from providers not affiliated with NMHS. Our ICHR serves as the common electronic vehicle for patient information and is accessible from inpatient and outpatient facilities, HHC locations, ESDS, LTCs, public schools, and primary and specialty clinic locations – regardless of NMHS ownership (F.4.2-2). A key deliverable from NMHS' years of IT investment is the unique ability to make information available to every clinician and staff member when needed, in the desired form and with the necessary integrity (F.4.2-1).

To ensure that WF, suppliers, partners, collaborators, patients and stakeholders have access to needed information, we have made extensive investment in leading-edge IT/MIS, including:

*Expertise, training and access:* 1) More than one-third of MIS staff members have clinical backgrounds and design workflows within the clinical systems. This expertise is one reason NMHS can take advantage of the federal stimulus funding available to HC organizations meeting MEANINGFUL USE, which requires physician order entry, proven to create a safer environment for patients. 2) Upon hire, NMHS provides 24 hours of dedicated basic computer training to each nurse and 16 hours to each physician. 3) NMHS supplies a computer, printer, data line and support to physicians and SCHOOL HEALTH CENTERS. Non-employed physicians can access patient information via a secure and encrypted VIRTUAL PRIVATE NETWORK (VPN) and the clinician portal.

*Specific programs to make information available and improve efficiency:* 1) Patient financial data includes a real-time feed of admission data, providing immediate notification of financial edits to the registration staff for upfront correction and resulting in more accurate billing in a shorter timeframe (7.5-6). 2) BUDGET MANAGER provides daily revenue reporting, biweekly payroll information, monthly financial reports and interoperative responsibility reports on daily hours, attendance and occurrence statistics for employees for specific areas. 3) Online nursing schedules, including trades and offers, and available shifts are available from home through EMPLINK on the NMHS website. Nursing staffing is based on census, with adjustments to limit overtime. 4) GLOBAL HEALTHCARE EXCHANGE (GHX) electronically manages departmental delivery for routine supplies. 5) TECSYS automated management system for the centralized warehouse is interfaced to all instrument sterilization including instrument tracking (7.1-25). 6) The @Par System handheld devices count items that need inventory replenishment for the nursing floors, minimizing last minute requests from vendors.

*Patient and stakeholder information availability:* 1) Refer to F.3-1.1 and F.3.2-3 for listings of communication mechanisms. 2) The patient portal allows patients access to their medical record along with the ability to make appointments, request prescription refills, view immunizations administered and complete medication list. 3) NMHS QUALITY and financial information is available on our website.

**4.2a(3) Knowledge Management:** NMHS recognizes that achieving role model performance requires the ability to manage and communicate not just information, but knowledge needed to make excellent HC. In addition to investing and developing the above described MIS capability, TRANSPARENCY and managing knowledge at NMHS are functions of our culture. Specifically, the collection and transfer of staff knowledge is managed through multiple reinforcing mechanisms (F.4.2-3). These include: 1) The Education Department continually tracks training of hospital staff, including onsite and online training. 2) All employees have a Groupwise email address to receive the CEO's weekly email and other pertinent information. 3) Each QED session shares a SERVANT LEADERSHIP attribute. 4) Through ECS (1.1a(1)) leaders share specific CSF-based knowledge with the WF. 5) The BPR-sharing Intranet site provides information about and access to the CWGS (F.6.1-1). When an IFE, PI project or E-CARELINE has benefit for more than just the ENTITY that identified it, it is shared through the CWGS (F.6.1-2).

Figure 4.2-3

Knowledge Transfer Mechanisms	Group					Functions		
	Patients/stakeholders	WF	Suppliers	Partners	Collaborators	BP sharing	Innovation	Planning
								Links
Refer to F3.1-1 & 3.2-2	•							
<b>Meetings:</b> CWGS, SLOG		•	•	•	•	•	•	F. 6.1-1
<b>Training:</b> CBT, Trainers Network, Simulator		•				•		F. 5.2-5, 7.3-23-25
<b>Enterprise email:</b> CEO Weekly, EMPLOYEE E-NEWS		•	•			•	•	1.1b1
<b>Knowledge Boards:</b> All Entities		•				•		1.1a-1
<b>Open forums:</b> Outcomes Fair, CBH events, ECS		•				•		F. 2.1-2, F. 5.2-5
<b>Intranet:</b> ENTITY SURVEYS, SWOT, EA, COPSS		•				•	•	2.1a1, 7.1-14
<b>Internet:</b> CHECKUP, COMM. REPORT/ events, VIM & VIGOR, PRACTICE NOTES		•	•	•		•		F. 3.2-1
<b>Scheduled reports:</b> Contract services, weekly quality-safety report		•	•	•	•	•		4.1a(4)

In addition, NMHS provides many opportunities to gather innovative ideas from employees, including: 1) IFE (7.3-14), 2) annual COPSS (7.1-14 ), 3) LEADER ROUNDS, 4) CUSP and 5) periodic NPSG and EOC rounding on each unit for employee input on improving patient care and maintaining compliance. Bpr sharing is described in 4.1c(1). Communication and knowledge transfer mechanisms are listed in F.4.2-3.

**4.2b(1) Hardware and Software Properties:** For more than 35 years, NMHS has followed a simplified three-step methodology of selecting clinical, operational and financial systems to ensure they are reliable, secure (4.2a(1)) and user-friendly: 1) Understand what our WF needs to do an effective job via a comprehensive REQUEST FOR PROPOSAL (RFP). The WF is involved in system development through current and future state design sessions as well as PI and enhancements through IFES. 2) MIS adds to the RFP requirements for stable technology, robust functionality, security, ability to interface and integrate, proof of reliability and uptime. 3) A structured objective assessment is done of vendor responses to the RFP, which again involves WF evaluation and input. Although simplified, evidence of this process’ success is that NMHS only recently retired its two core MIS systems after 35 years of use in one case and 28 years of use in the other. System longevity like this is unheard of in HC IT.

NMHS believes effective use of these systems enhances patient safety and improves QUALITY of care. For example, NMHS implemented electronic physician ORDER SETS containing the latest evidence, which are supplied and updated routinely. All physicians throughout NMHS use these ORDER SETS, creating a culture of accuracy and integrity. NMHS also utilizes an electronic evidence-based charting system for nursing.

The MIS Help Desk provides user support, with all calls logged into a sophisticated Help Desk Call Management system which tracks and trends. Trends are presented at the weekly MIS Managers meeting, and plans are developed to resolve issues. MIS operates two separate data centers configured with high availability and redundant systems.

**4.2b(2) Emergency Availability:** External IT audit firms annually identify which systems have the greatest impact on users and form the framework for our contingency plan. Each department has downtime procedure plans so that essential departmental functions are maintained seamlessly. Backups are run each night for

critical systems and stored offsite. NMHS has two types of business recovery based on platform type: 1) two mainframes and one AS400 system that are supported from a “hot site” located in New Jersey for our most critical information systems, and 2) Intel servers. Architecture has been built involving two geographically dispersed data centers, each housing SAN technology duplicating data between the two. If the primary server fails, the secondary will resume operations until the primary is restored. These systems are backed up to tape daily as a secondary measure of recovery.

**5.1 Workforce Environment**

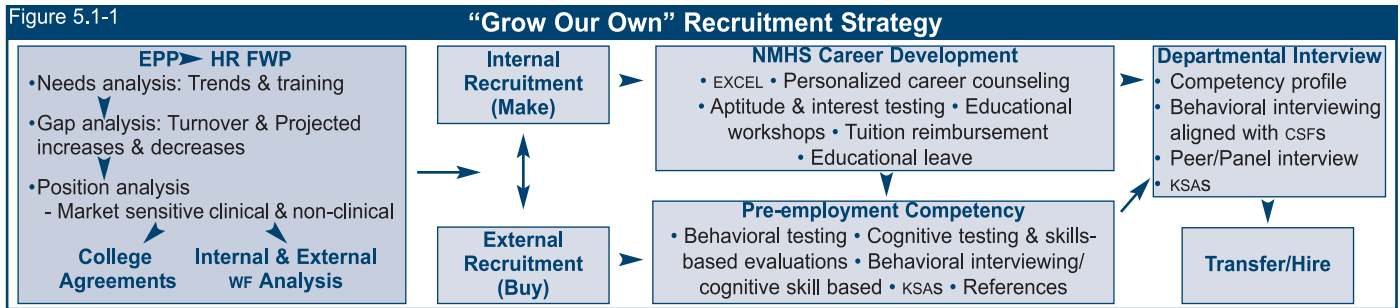
**5.1a(1) CAPABILITY AND CAPACITY:** To become and remain a large, successful, clinically excellent and compassionate HC system, NMHS puts PEOPLE as our first CSF to recognize that PEOPLE PROVIDING A CARING CULTURE is the way we accomplish our MVV and CSFS (7.3-12). Each year, as a part of the EPP, a new five-year HR FUTURE WORKFORCE PLAN (HR-FWP) and system strategies are developed to ensure we have both current and future WF CAPABILITY and CAPACITY by “growing our own internally (with career development) and externally (through innovative partnerships with area schools)” (F.5.1-1, F.2.2-3). The HR-FWP uses internal surveys, industry benchmarking, historical retention and transfer data, and new services and technology to predict both CAPABILITY and CAPACITY for the next five years. The HR-FWP identifies opportunities for employee growth (5.2c(3)) and is shared with area nursing and AHP schools to maximize utilization of training dollars and minimize CAPABILITY and CAPACITY shortages. Separate plans address physician manpower and plans for appropriate volunteer and student utilization.

A systemwide, multidisciplinary Retention and Recruitment Committee (RRC) meets monthly to evaluate WF data, including CAPABILITY and CAPACITY. It examines vacancy and retention data to ensure staffing levels remain at our high standards. Empowered to set goals and provide direction for the PEOPLE CSF, the RRC examines data from the EOS, exit interviews and employee focus groups to implement retention initiatives. Indicators of success include employee satisfaction and engagement, staffed position rates and retention rates (7.3-1-2, 15-16).

NMHS assesses CAPABILITY through the EXCEL process, which individualizes job expectations and aligns personal goals with departmental and system goals aligned to the EPP. Tracking software identifies specific initial and annual skills and competencies. The nationally benchmarked Performance Based Development System testing assesses clinical nursing skills. CSF results are used to assess future training needs. For example, results in QUALITY showed that we needed to improve pressure ulcer assessment. PFID, in partnership with MIS, a multidisciplinary pressure ulcer team and the Education Department created targeted training for clinical staff in pressure ulcer assessment and prevention, resulting in significant improvement (7.1-15).

NMHS continually assesses CAPACITY through: 1) the annual budget process (S7) that projects volumes by ENTITY and SLS; 2) hospital leaders use external staffing benchmarks and BPR reviews to determine staffing needs and evaluate staffing to volumes; 3) outpatient areas, such as clinics or HHC, project staffing based on

Figure 5.1-1



historical appointment data combined with projected demographic and/or population changes; 4) a new computerized scheduling system is being deployed systemwide to maximize staffing effectiveness, allowing leadership to monitor staffing to volumes in real time.

**5.1a(2) New WF Members:** Through a focus on customer service and PATIENT-CENTERED CARE (PCC), our employees realize they make a difference in someone’s life every shift they work. Consequently, our work environment attracts and nurtures the best people. NMHS receives almost 25,000 applications each year and hires approximately one out of 40 applicants. The HR-FWP allows us to proactively identify and alleviate predicted shortages by developing current employees for future positions, and starting the recruitment process as early as elementary age students. We develop college/institution agreements that meet position-specific recruitment strategies and have funded instructor positions at two universities. In doing so, we have reduced our traditionally hard-to-recruit staff positions to physical therapists and pharmacists. Establishing clinical ladders in these two areas provides additional opportunities for career advancement and retention. To reduce turnover with new hires, we utilize 1) pre-employment testing; 2) panel/team interviews to ensure an excellent initial job match (7.3-6); 3) a formalized, extensive orientation process; and 4) a 90-day performance evaluation to monitor each new employee’s successful integration.

Our recruiting processes acknowledge the long-term cycle needed to secure highly capable staff. In a series of INNOVATIONS, recruiting begins with elementary students, using school health nurses and HEALTHWORKS! to educate about HC careers. The Summer Health Academy targets middle school students, while Medical Explorers, Summer Volunteers and Job Shadowing focus on high school and vocational students. In 2011, NMMC hired 27 new employees who were former Summer Volunteers. The Nurse Mentorship Academy provides 16 hours of lecture, guest speakers, and job shadowing for students exploring a career in nursing. High school seniors in our service area pursuing a medical career are candidates for scholarships. College students considering a career as a physician may apply for a paid physician Shadowing Program position. Collaboration with more than 300 academic institutions nationwide provides experiential training sites, clinical rotations and student mentoring. To meet the challenge of physician shortages, our FMRP serves as a recruitment and training source for primary care physicians (P.1a(1)). Sixty-one % of FMRP graduates remain in our service area and 85% remain in Mississippi. The FMRP continues to grow with 22 residents currently enrolled and plans to increase to 24 in the next two years.

During the hiring process, candidates undergo screening through behavioral testing aligned with CSFs and MVVs, cognitive and skills-based testing, evaluations of KNOWLEDGE, SKILLS AND

ABILITIES (KSAS) relative to the position and an in-depth referencing process. If referred for consideration, candidates are further evaluated on competency and attitudes/behaviors in peer/panel interviews using behavioral interviewing techniques (7.3-6). Department leaders consider peer input and make the final hiring decision. Realizing that satisfactory retention rates are impossible without a highly engaged WF, engagement is further discussed in 5.2a and 5.2b. NMHS’ strategy is to attract, retain and motivate (ARM) employees by creating opportunities for them to contribute, learn and grow. The RRC (5.1a(1)) monitors all processes and data from the recruiting and hiring methods outlined in order to proactively improve them.

NMHS designs processes to ensure that our WF represents the communities we serve in terms of diversity of ideas and culture. Our “grow our own” WF strategy combined with review of internal and external demographics helps ensure that we continue to look like the communities we serve through partnerships with schools for clinical rotations, job shadowing, peer/panel job interviewing and diversity training for all staff. We have formal methods of soliciting and collecting diverse ideas, such as our innovative IFE program which is aligned and integrated by CSF and includes physicians and volunteers (7.3-14), EMPLOYEE COMMUNICATION SESSIONS (ECS), the EOS, inclusion of front-line staff on SL and PI teams, and total workforce involvement in S1 of the EPP. IFES ensure that we promote diverse ideas and innovative thinking. SL teams, consisting of a diverse set of physicians with other clinicians and support staff, also secure broad-based input (7.3-5).

**5.1a(3) Work Accomplishment:** NMHS’ culture of patient-centeredness capitalizes on our CC that is underscored by our mantra, “all employees work to either deliver patient care or support those who do.” To promote a results-oriented culture, work is organized and managed by SL teams at NMMC-Tupelo and/or departments at the other ENTITIES. Regardless of the setting, effective care is provided in a team-based approach to ensure all patient needs are met or exceeded in a timely and coordinated manner. This model promotes daily accomplishment of work and the design or improvement of processes, as well as addressing our strategic challenges (F.P.2-3) and APS. The multidisciplinary team concept is designed to address every patient need through a comprehensive approach to WF staffing, management and care delivery, reinforcing the CC and patient-focused excellence. Physicians, organized by specialty, participate in SLS and other ENTITIES to collaborate on HC delivery, outcome goals and budgets.

Placing PEOPLE as our first CSF and putting employees, teams and DHS in the center of the organization chart recognizes that our compassionate and caring WF is essential to accomplishing our MVV (F.P.1-2). We appraise each employee’s contribution to CSF targets through EXCEL. Coaching and performance review reinforce alignment, as well as a culture of high performance and



engagement, encouraging every employee to grow and exceed performance expectations. Job documentation includes the essential functions required for each job, the KSAS required to do it, and the freedom to act (empowerment). Leaders review each job document annually as jobs evolve or change. They receive ongoing training to ensure they have the skills to systematically review and revise essential functions to meet the ever-changing needs of patients and stakeholders.

**5.1a(4) WF Change Management:** We revise the HR-FWP annually to anticipate changes in CAPABILITY and CAPACITY. The process begins with a needs analysis that considers developing technological trends, additional training needs to maintain skill levels, anticipating job upgrades, new technologies and AP requirements. When the HR-FWP predicts a change in CAPACITY or needed CAPABILITY, those affected receive advance notice, the offering of other job opportunities and training to those we believe have continued value to the organization. In the rare event an employee is not retained, an in-house career counselor assists him in preparing for other employment. The HR-FWP also identifies characteristics and skills needed by future staff.

A formal annual succession plan by leadership ensures continuity, whether changes are planned or unplanned. The EXCEL process identifies employees ready for growth and additional educational opportunities. We prepare for and address periods of growth through the rigor of the HR-FWP by working with area schools in advance and utilizing our own training facilities to “grow our own” when appropriate. Filling vacancies caused by unanticipated growth or turnover is handled using our Web site, advertising, outside recruitment firms and as described in 5.1a(1). A robust exit interview process allows us to formally gather knowledge from employees leaving the system. Informally, employees ensure continuity through cross training within departments and mentoring new employees.

**5.1b(1) Workplace Environment:** Our highest WF priority is health and safety. When our health plan’s costs spiked in 2008 (along with national health costs), a multidisciplinary PI team reviewed claims data to identify chronic diseases and associated behaviors that most affect the health of our employees. This led to an innovative and aggressive LIVE WELL EMPLOYEE INCENTIVE PLAN that proactively teaches, encourages and rewards our employees for safe and healthy behaviors on and off the job. All employees and covered spouses in the Live Well Health Plan are incentivized to participate in a free, voluntary and confidential annual HEALTH RISK ASSESSMENT (HRA). More than 80% of eligible participants utilized the HRA last year. The HRA biometric data is aggregated and returned to NMHS to give us a clear picture of the health of our employees and covered spouses. Each employee and/or spouse receive an individualized overall “wellness score” as well as scores in selected areas, such as fitness, heart health and nutrition with suggestions for improving individual scores. NMHS uses the aggregate data to plan and conduct monthly education sessions, plan additional benefits (such as low cost or free smoking cessation aids and Weight Watchers at Work), and offer healthy food choices in the cafeterias. Employees receive CSF REWARD points if they participate in free, personalized quarterly telephonic health coaching. Employees have access to seven Wellness Centers located throughout our service area with their monthly dues subsidized through payroll.

Since the program’s inception, smoking rates among our employees have gone from above national and state norms to half the national average (7.3-7). More than 1,700 employees have participated in Weight Watchers at Work and lost almost 13,000 net pounds. We experienced a decrease in ESD visits, inpatient admissions and total cholesterol levels (7.3-8-10).

We emphasize safety from the first day of employment in NEO and through safety tips in EMPLOYEE E-NEWS. Our Chief Safety Officer conducts an annual home/work safety emphasis. Safety is rewarded quarterly through CSF REWARDS. Employees provide additional input on safety and health through IFES, EOS, participation on PI teams and completing GOOD CATCH reports for any observed safety or hazard issues. A proactive and multidisciplinary SAFETY AND EMERGENCY PREPAREDNESS COMMITTEE (SEPC) examines workplace indicators monthly (F.5.1-2), including frequency and site of occurrences and develops the necessary interventions, making adjustments when indicated because of work environments.

The Security Departments maintain a safe and secure environment for patients, staff and visitors with state-of-the-art security measures in all hospitals. More than 300 cameras and 1,200 alarms are centrally monitored daily at NMMC. Sensitive areas enhance security with controlled access via badging. Offices not geographically located on a hospital campus have fostered close relationships with local law enforcement to provide a safe environment for all.

The performance indicators listed in F.5.1-2 are used to determine success. Committees responsible for improvement and success in each area review results continuously. Additional indicators include: health insurance cost per FTE (7.3-11), ESD and inpatient utilization (7.3-9-10), OSHA recordables and cases with days away from work. OSHA costs per FTE are measured quarterly by ENTITY and by departments with specific improvement goals (7.3-12).

**5.1b(2) WF Policies and Benefits:** NMHS’ strategy is to ARM employees through a total rewards program. This program consists of merit increases for achieving CSFs; an innovative incentive bonus plan based on CSF-based goal achievement; and a separate reward and recognition program that grants on-line catalog shopping points to reward behaviors and results aligned and integrated with the CSFs (F.5.1-3, 7.3-18).

A unique set of developed work/life benefits readily available on the Intranet includes internal and external discounted benefits. We monitor changing needs for benefits and work/life balance through the EOS and IFE, and have made numerous additions since

Figure 5.1-2 **Workplace Proactive Improvement**

Key Factors	Performance Indicators	Adjustment for Different Work Environment
Workplace Health	Live Well Health Plan; Employee Health Fair HRA & Biometric data Inpt Admits/1000 ER Admits/1000	Via Intranet & telephonic coaching Population focused care (target health indicators, such as BP, diabetes, heart disease, etc.)
Safety	OSHA Recordables Radiation Safety Compliance, Sharps Exposures, Hazardous Spills	Job Hazard Assessments (back injuries, blood/body fluid exposures, chemical spills, etc.)
Security	Monthly Incident Report	Clinical vs. non-clinical
Ergonomics	Work and Job Site Analysis	Engineering controls, redesigned work space, job specific retraining

**Figure 5.1-3 CSF Rewards**

<b>Purpose:</b> To recognize & reward employees who achieve results & behaviors aligned with critical success factors.	
<b>People</b>	<b>Service</b>
<ul style="list-style-type: none"> <li>• Years of Service Recognition</li> <li>• Holiday Gift</li> <li>• National Health Care Week</li> <li>• Stars on Line</li> <li>• Employee of the Month, Quarter &amp; Year</li> <li>• Birthday</li> <li>• Specialty Week/Day or Department Recognition</li> <li>• Thank You Note - Peer to Peer and/or Leader</li> <li>• Career Development</li> </ul>	<ul style="list-style-type: none"> <li>• PT SAT</li> </ul>
	<b>Quality</b>
	<ul style="list-style-type: none"> <li>• Live Well Coaching Session</li> <li>• Employee Safety</li> <li>• Patient Safety</li> </ul>
	<b>Financial</b>
	<ul style="list-style-type: none"> <li>• Attendance Awards</li> </ul>
	<b>Growth</b>
	<ul style="list-style-type: none"> <li>• United Way</li> <li>• Ideas for Excellence</li> <li>• Blood Drive</li> <li>• Health Care Foundation</li> </ul>

1977 (F.5.1-4). The EOS helps monitor employees’ changing perspectives and preferences and can be segmented when necessary. Changes in policies and services are communicated to employees through John Heer’s weekly email, staff meetings and weekly EMPLOYEE E-NEWS. All employees are mailed a personalized outline of the value of their benefits biannually.

The *Employee Guidelines Booklet* is available to all WF members on the Intranet and through hard copy. It is a very brief document that focuses on expected behavior that furthers our culture and MVV, versus the more common approach of naming only prohibited or discouraged behaviors.

**5.2 Workforce Engagement**

**5.2a(1) Elements of Engagement:** A systemwide biannual EOS that measures 18 dimensions for overall satisfaction with specific questions to measure engagement is the primary tool for identifying key elements affecting WF engagement and satisfaction (7.3-15-16). Our vendor, HRS, offers a large comparative pool, segmentation and a unit-based, top key-factor analysis. Participation in the online survey is strongly encouraged, and participation rates are among the highest in the nation (7.3-13). Results, segmented by employee category and location, provide scores within each dimension and comparisons to national norms and percentiles. Consistent with creating a culture of engagement, results are deployed to employees in focus groups led by a SLT or a trained facilitator. Employees are asked to discuss their praise, concerns and OFIS. APS for addressing identified issues are made and implemented immediately, even in high-performing groups, integrating internal BPRS and ones provided by HRS’ innovative software. HRS recognized NMHS’ results in 2010 as the second highest employee engagement in the nation, not only in HC, but in all industries (7.3-15). Medical staff and volunteers participate in their own satisfaction surveys with results reported to them and APS developed to address concerns and OFIS (7.3-21-22).

Systematic informal assessment methods, such as leader rounding, COPPS surveys, staff meetings, exit interviews and IFES, are important supplements to the formal EOS process. The RRC aggregates information from these informal and formal measures

to determine trends, key issues and develop action plans. All assessment findings are part of the EA used during the EPP and development of the HR-FWP.

**5.2a(2) Organizational Culture:** The organizational culture is fostered by a focus on SERVANT LEADERSHIP results and behaviors. The SERVANT LEADERSHIP attributes — honest, respected, committed, humble, patient, kind, selfless, and forgiving — as identified by James Hunter are also the foundation for our CC. All leaders at all levels complete SERVANT LEADERSHIP training and 360° FEEDBACK is performed at least annually on them to ensure the skills are being deployed and improved. This focus on leading and transparency rather than managing ensures open communication, trust and empowerment, as well as high-performance work with an engaged WF (7.3-19). The culture, the CC and the pursuit of the CSFs, including the alignment of the strategic goals through EXCEL, contribute to setting the tone for work that people want to do and at a level of excellence they want to achieve. Open two-way communication is encouraged from the start of employment with the CEO engaging in dialog during CULTURE DAY of NEO, soliciting characteristics they look for in an effective leader. This theme of not just being visible, but also accessible, is fully deployed through rounding on the WF across NMHS by all leaders (7.4-3-4). The open and transparent culture is reinforced through the communication and engagement methods described in 1.1a1 and 1.1b1.

Approaches to benefiting from the diverse ideas, cultures and thinking of our WF include leader rounding, LDI/PLI, S1 of the EPP, PI projects and the team-based structure, to name a few. Employees set a goal of submitting at least two IFES each fiscal year during the annual EXCEL goal-setting process. All submitted IFES may be viewed on the Intranet and many successful IFES grow from currently submitted ideas, through being adapted for a different area or taking the current idea a step further (5.1a(2), 7.3-14). Implemented ideas are examined quarterly at each ENTITY and the best ideas are chosen for CSF-based reward and recognition points. The response in 5.2a(3) shows how EXCEL and the compensation program contribute to fostering a culture of high performance work.

**5.2a(3) Performance Management:** Because we believe the key to success is to give each employee the opportunity to excel, we designed our innovative EXCEL process to create a partnership between the employee and supervisor that requires each employee to be accountable for achieving high-performance targets. EXCEL is behaviorally and results driven and describes not only what must be done, but how the job is done. EXCEL is a cyclical process of planning, coaching, reviewing, career development and rewarding/recognizing performance.

EXCEL begins each year with each employee submitting a Performance Plan (aligned with the CSFs and strategic goals) to the supervisor for review and approval. The Performance Plan has specific actions under each CSF with measurable results

**Figure 5.1-4 NMHS Benefits & Services Added Timeline**

1977	1978	1980	1982	1986	1987	1988	1989	1990	1992	1994	1999	2001	2002	2004	2006	2008	2010
Defined Retirement Benefit	403(b) Plan	Self-Insured Health Plan	EAP	Dental Insurance	Cafeteria Plan	Vacation Time Improved	Wellness Center Benefit	PTO Initiated	401(a) Profit Share Match	Disability Plan	Direct Deposit	Vision Insurance	Preventive Health Incentive	Additional PTO	Orthodonture	Weight Watchers at Work	Payroll Deduction for Food Service & Gift Shop
	Tuition Reimbursement								On-Site Child Care								Emp. Emergency Assistance Vacation/PTO Donation Program

**Figure 5.2-1 Team Incentive Plan**

Measure	Level 1 Goal	Level 1 Award	Level 2 Goal	Level 2 Award	Level 3 Goal	Level 3 Award
% Patient Satisfaction	75th	1.5%	80th	2.0%	90th	2.5%
Cost per Unit of Service	103% CPUS goal	1.5%	100 % CPUS goal	2.0%	95% CPUS goal	2.5%
Total Award Opportunity		3.0%		4.0%		5.0%

Actual awards are percentages of gross salaries for the measurement period. Levels are independent of each other.

and/or observable behaviors. Employees record their Performance Plan on a KEYS TO SUCCESS card. Each employee (all areas, not just direct patient care) includes a PT SAT goal as a personal goal to strengthen our emphasis on PCC and CC. Performance is formally reviewed after the first 90 days of employment and then semiannually. During the EXCEL cycle, feedback is electronically solicited from at least six of each employee’s customers and/or co-workers to produce a 360° FEEDBACK profile on each of the CSFS. 360° FEEDBACK is a fully deployed process that includes all employees. Employees are rewarded with merit increases based on performance. The performance management of physicians is a biannual Medical Staff Peer Review process supplemented by periodic reappointments through the Physician Credentialing Committee. Volunteers participate in both NEO and AnRev.

Multiple systemwide recognition programs further create an engaged WF (F.5.1-3). The NMHS Team Incentive Plan, begun in 1994, is open to all WF members (not just management). We are the only NFP HC system in Mississippi with this type of plan, and it received national media coverage by the Hay Group. To reinforce patient, stakeholder HC focus as set forth in our APS, employees are rewarded based on achieving patient/customer satisfaction goals within the SERVICE CSF, as well as achieving goals based on cost per unit of service from the FINANCIAL CSF. Employees receive monthly feedback regarding the current level for their Incentive Plan category (F.5.2-1).

**5.2b(1) Assessment of Engagement:** The biannual EOS (5.2a(1)) is the primary formal tool used to assess WF engagement, using segmented questions specifically related to engagement. We also survey physicians and volunteers separately for satisfaction and engagement. Results from all surveys are used to develop APS for each area to improve overall engagement. To further increase WF engagement, NMHS operates with a formal, systematic philosophy of “Hire It, Develop It, and Lead It.” As early as initial interviews, applicants respond to behavioral engagement questions. Development continues with specific training classes based on CSFS and aligned with our CARES values, such as CARES Customer Service training and Financial Management. Leaders recognize the attributes that build employee engagement and created tools such as the LDI (5.2c(1)) to work toward improvement.

Other informal assessment methods include CSF result achievement, leader rounding, productivity data, retention data and attendance measurements. A robust exit interview database provides another assessment of engagement for those leaving the system entirely, as well as employees transferring to another

department. Segmented by department and facility, it is analyzed by system HR and SLTs on a quarterly basis. These formal and informal metrics are used to develop strategies like CSF rewards (F.5.1-3) to encourage behaviors conducive to increased engagement, as well as provide input into the EPP. Consistent with our culture of TRANSPARENCY, other HR metrics, such as EEOC charges per 1,000 employees and safety data are reported openly and allow leaders to assess their specific units.

**5.2b(2) Correlation with Organizational Results:** NMHS relates assessment findings to our results by recognizing that PEOPLE strategies drive our CSF results. The direct correlation between engagement scores and organizational performance can be seen in F.5.2-2.

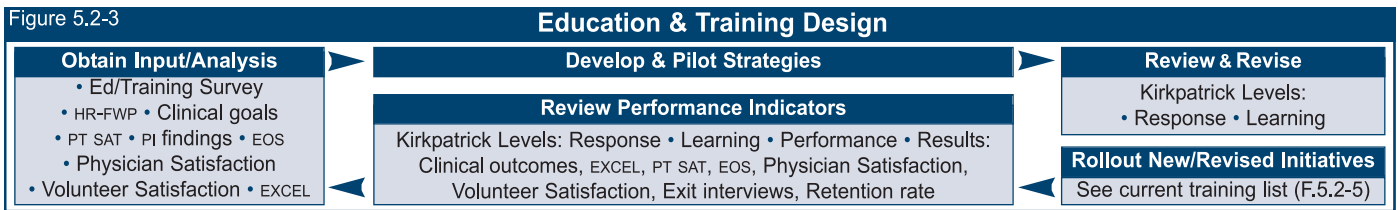
An innovative tool NMHS developed during the 2006 EOS to relate our assessment findings to results is the MANAGEMENT INDEX FEEDBACK PROCESS (MIFP). We understand that leaders affect employee engagement and INNOVATION that in turn affects CSFS. The MIFP helps determine leadership effectiveness and includes questions about communication, feedback, helpfulness and encouragement, etc. Segmented questions from the EOS provide an overall MIFP score for every leader in the system and results are reviewed with each supervisor. Supervisors receiving a score of 81% (on a national comparison) or more are commended for outstanding results. Those with lower scores develop AP for improvement or have the opportunity to reflect whether or not they wish to continue in a leadership role. With scores reported for each question, every leader has the opportunity to learn the areas in which improvement will increase workforce engagement for their unit. Overall job satisfaction also shows a direct correlation to staff’s documented high satisfaction with training and development (7.3-24).

**5.2c(1) Learning and Development System:** The Education Department has developed a comprehensive and systematic Education and Training Design process (F.5.2-3) for learning that far exceeds industry standards (7.3-23). Learning and development begin on the first day of employment. For instance, NMHS’ NEO is not a one or two-day orientation. Instead, NEO is part of an extensive three-month on-boarding process that includes: 1) MVV, CSFS and leadership approach; 2) all mandated training required for accreditation; 3) materials (Corporate Compliance Plan, Policy Guidelines, Employee Guidelines Booklet); 4) resources (Safety Pocket Guide, Code of Conduct); 5) orientation of direct patient care staff on the POC process; 6) partnering with a preceptor and/or department educator until the

**Correlation of Employee Engagement to Results**

		People Strategies Driving CSF Results						
		2006	2007	2008	2009	2010	2011	2012
<b>People</b>	Actively Engaged Employees Actual (National Percentile)	30% (80th)		36% (98th)		40% (93rd)		42% (96th)
	Overall Job Satisfaction National Percentile	88th		91st		98th		99th
<b>Service</b>	Weighted Patient Satisfaction National Percentile		81st	92nd	93rd	93rd	91st	91st
<b>Quality</b>	Evidence Based Care National Percentile				90th	89th	95th	98th
<b>Financial</b>	Bond Rating	AA	AA	AA	AA	AA	AA	AA
<b>Growth</b>	Inpatient Market Share in Service Area	40.5%	40.8%	41.5%	41.3%	40.7%	40.7%	NA





**Figure 5.2-4 Leadership Development Institute**

<b>People:</b> NEO, Servant Leadership, Employee Engagement/Satisfaction/Rounding, Employee Relations, Employee Selection/Behavioral Interviewing, EXCEL, 7 Habits for Leaders, 7 Habits of Highly Effective People, Coaching Beyond the Basics, Crucial Conversations
<b>Service:</b> Customer Service for Leaders, Analysis of PG Data, Presentation Advantage, Writing Advantage
<b>Quality:</b> Mgt Orientation, Execution of a Plan, Patient Safety, Focus (Time Mgt), Meeting Advantage
<b>Financial:</b> Budget/Finance Mgt, Finance Mgt for Non-Financial Managers
<b>Growth:</b> EPP, Analysis of Market Share/Saturation Data

employee can demonstrate required clinical competencies.

Diversity and ethical education promotes a culture of acceptance and is a key ingredient of our CC. A cultural, ethnic and religious reference manual is available on the Intranet. Ethical education is also a part of ANREV, “7 Habits of Highly Effective People,” CARES training, clinical conferences, leadership training and the MEC meeting (open to all WF and community members).

Designed as a continuous learning and improvement process, the LDI (F.5.2-4) develops knowledge and skills for more than 600 leaders in order to accomplish our CSFs and APS. New physicians receive initial orientation, CONTINUING MEDICAL EDUCATION and leadership training through a dedicated CME Coordinator who produces more than 12 major conferences each year with physician speakers. Physician leadership is fostered with the PHYSICIAN LEADERSHIP INSTITUTE (PLI), which mirrors the LDI in structure and content. Volunteers receive initial orientation and ANREV.

The Education Department seeks input on training needs by surveying employees and leaders, EXCEL and the strategic plan. They prioritize training needs and/or opportunities to help meet system goals. In addition, employees enter suggestions for training through IFES.

F.5.2-5 describes knowledge transfer mechanisms through education and training initiatives. We reinforce skills transfer through orientation, mandatory education, ANREV, scheduled training sessions, systematic leadership development and mentoring, one-on-one coaching and EXCEL. The clinical preceptor structure helps to retain knowledge by using experiences and certified clinicians to work closely with novice clinicians on specific skills. A robust exit interview process allows us to formally gather knowledge from employees leaving the system or transferring from their department.

**5.2c(2) Learning and Development Effectiveness:**

Overseen by the Education Department in coordination with system leadership, the biannual EOS, annual training surveys, and the Kirkpatrick Model measure satisfaction with training (F.5.2-3, 7.3-24-26). We start the process backward by determining the CSF result we want to improve then determine the behaviors we need to improve. After each educational session participants complete evaluations and a composite score is calculated. Courses are revised and improved using this feedback. These results are also used as input to the HR-FWP and overall strategic plan to address capability and high performance expectations. For example, feedback from the Outcomes Conference led to separate physician and nurse practitioner tracks in the breakout sessions in order to more specifically target learning needs for each group. Performance indicators linked to the CSFs are also used to evaluate training effectiveness.

**5.2c(3) Career Progression:**

Career development is encouraged and supported through opportunities for our employees to realize their full potential, both personally and professionally. A robust internal career development process (F.5.1-1, F. 5.2-5) offers a multitude of career paths for our employees. We manage effective career progression for all staff by developing individual career goals during EXCEL. A full-time career counselor helps employees identify career paths, aligned with the HR-FWP, through aptitude, interest and/or skills-based testing and internal job shadowing. Financial and other assistance for continuing education is available via tuition reimbursement, scholarships, flexible scheduling and educational leave. Our internal career development plan encourages and allows employees to increase KSAS in their current position or through transfer to other positions. NMHS paid almost \$450,000 in 2011 for tuition reimbursement (7.3-25).

LEADERSHIP DEVELOPMENT/SUCCESSION PLANNING (LD/SP) is a comprehensive process used by SLT with an emphasis on both top-down pull and bottom-up push as a part of our “grow our own” philosophy. The plan undergoes systematic review and realignment to CSFs with revision. The 360° SERVANT LEADERSHIP system

**Figure 5.2-5 Current Education/Training Initiatives**

Initiative	Link to Goals	"Step Beyond" Minimum Requirements
Clinical conferences*	Clinical processes & outcomes	Targeted to clinical outcomes goals, multidisciplinary planning team - yearly calendar
ANREV: Methodologies for diverse needs*	Competent WF JCAHO, OSHA HIPAA requirements	Diversity education & offerings based on targeted needs - PI data, education needs survey
LD Training: mandatory	Competent WF Employee satisfaction/engagement	LD/SP profile for all, 4-yr LD education plan, on work time, no charge
PLI*	Competent WF	Innovative partnership targeted to learning objectives & PI outcomes
Critical Conversations	Engaged WF	Vitalsmarts Gold Elite training status
"7 Habits of Highly Effective People"	Employee & PT SAT	Reinforce character-based behaviors, available to all staff, 2,500+ trained
CARES Training*	PT SAT & loyalty	Eight annual customized training sessions with 99% attendance
BLS - All direct caregivers	Clinical processes & outcomes	All employees - Heartsaver or Health Care Provider training
ACLS	Clinical processes & outcomes	Offered to clinical specialty staff - avg 418 trained/year trauma
Physician CME	Clinical processes & outcomes	Targeted to clinical outcomes (Exemplary status on 7 of 10 criteria at AMA (MS) review
Medical Ethics*	Competent WF	Monthly CME/CE
SIMLAB*	Outcomes, Competent WF	State-of-the-art technology to provide hands-on training

\*Incorporates ADLI

profile feedback provides OFIS that are addressed in mandatory quarterly leadership sessions called QED. Leadership succession planning begins with the completion of an LD/SP profile that is updated annually. Each senior leader and department head develop formal two-deep succession plans. Physician leadership development is accomplished through the medical staff and the PLI.

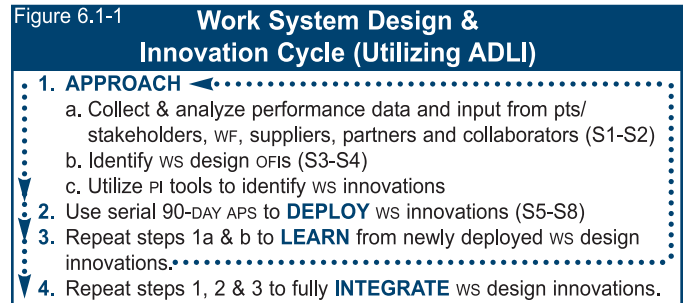
**6.1 Work Systems**

**6.1a(1) Design Concepts:** Health care delivery is complex and often fragmented. NMHS is a comprehensive HC system, and we utilize the ADLI framework in our WORK SYSTEM (WS) and process design, management and improvement (F.6.2-1). Our goals are to simplify the delivery of services, focus on our patients’ experience and ensure process clarity for reliability and error minimization. We utilize the ADLI framework (F.6.2-1) in two ways: 1) major design work, as depicted in F.6.1-1, which is fully integrated with the EPP (F.2.1-1), and 2) for designing and improving specific work processes (6.2a(1)). Through the EPP, the SLT established PFC as a key strategy, and our WS design has evolved to include our population’s perspective as well as our patients’.

*Service lines:* In 2004 we reorganized the NMMC’s clinical WS into distinct SLS to better serve our patients. NMMC now has seven SLS that continue to evolve to adapt to patient needs: ESD, Surgery, Medicine, Cardiology, Women and Children, Post-Acute, and Support Services. Within each SL all vertical and cross departmental staff and services operate to reduce the silos that are commonly found and often obstruct seamless HC delivery. The SL WS design is effective for NMMC given its size. However, because distinct SLS would be inefficient for our smaller CHs, LTCS and outpatient and wellness operations, we employ a more traditional cross-functional WS design.

*Population-focused:* We are migrating from a patient disease state WS to a population focus that enables us to remain connected to all people in our region whether well or ill. F.6.1-2 depicts our overall population-focused WS approach. By specifying each of the components and their interrelationships (F.6.1-2), we seek to reduce the complexity of HC from the perspective of people we serve and our WF who serves them. The specific sites of these PFC WS components are described in F.P.1-1, and a particular location may provide several WS components (e.g., each hospital offers emergency, outpatient and acute care). Enabling services are provided at all WS components, as appropriate (e.g. supply chain support is provided to all NMHS WS components, but only the hospitals and LTCS require respiratory therapy support).

Whereas F.6.1-1 depicts the systematic cycle of overall WS development and analysis, each SL, ENTITY and department establishes systematic ADLI review and improvement cycles that

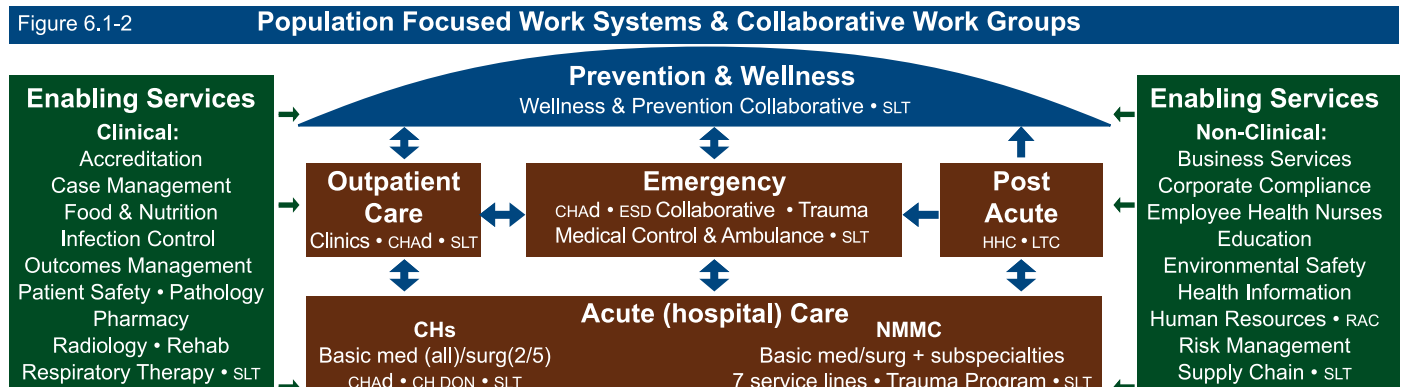


address silo-reducing WS components (as further explained in 6.2a(1)). Examples of SL and CH review and improvement cycles follow: 1) The cardiology SL encompasses medical and surgical patients with heart-related diagnoses. Cardiologists and cardiovascular surgeons participate in interdisciplinary monthly meetings to review processes, outcomes, customer and financial data. Led by the SLA, the cardiology SL determines the services offered, technology and personnel needs and the operational components necessary to optimize care for their patient population. 2) The Pontotoc CHAD meets monthly with direct reports who lead patient care areas (e.g., ESD), clinical (e.g., nursing, pharmacy) and non-clinical (e.g., environmental services) enabling services. Together, they review process, outcomes, customer and financial data to determine modifications of their services, technology, personnel needs and other operational components.

WS and process design are also harmonized across the system. Each of the PFC WS components has systemwide CWGs, who use BPRs to design, standardize and innovate specific work processes (CWGs are listed in boxes in F.6.1-2). The CWGs for the four work component categories meet monthly or quarterly: 1) community (prevention and wellness); 2) patient care settings (outpatient, emergency, acute, post-acute); 3) clinical enabling services; and 4) non-clinical enabling services. Because we recognize that a key challenge in work process design is the seamless transition of individuals between the WS components (the thick arrows on F.6.1-2), we focus on “hand-offs” between the WS components.

Our CC is an essential enabler of our PFC and SL-based WS. Through EXCEL and the numerous reinforcing WF engagement methods described in this application, we are advantaged by a WF that understands the bigger picture of HC delivery and not just their area of responsibility. Their understanding of the interrelationships among the WS components enable a caring culture by reducing the adverse impacts of silos that are sources of frustration, inefficiency, poor patient service and errors.

Having the “right people” to do the work is a key component of WS design. The SLT evaluates our customers’ requirements, resources and current results to determine if NMHS has the expert-



ise and capacity to provide optimal service or if we need to explore using external resources (contractors) as follows: 1) As part of the EPP the SLT examines existing or new process costs with current or projected performance. 2) If these factors do not meet expectations, options are analyzed and a first-pass RFP is produced. 3) Initial proposal costs and deliverables are taken through a cost-benefit analysis to determine the value proposition of external vs. internal. 4) If we decide to outsource, another round of competitive RFP bids and cost-benefit analysis occurs prior to final decision. 5) All processes, regardless of internal vs. external, are monitored based on clear process/outcome measures. Processes falling out of specifications are subject to the PI process and/or contract adjustments or termination, e.g. in 2011 NMMC terminated a contract for hospitalist services because goals were not met.

**6.1a(2) WS Requirements:** Each of the four PFC WS components has specific requirements (F.6.1-3) determined through an ADLI cycle, as described in F.6.1-1 and consistent with the EPP (F.2.1-1). As in S1-S2, the WF participates in a EEPs and the SLT performs a SWOT analysis utilizing information from the following sources: a) patient and other key stakeholder data from the listening learning methods (F.3.1-1) and supplier/partner/collaborator arrangements b) information from EA (F.2.1-2), which includes national, state and local needs, industry trends such as BPRS and evidence-based protocols, and regulatory requirements, and c) relevant internal requirements such GOOD CATCH findings and alignment with the CSF expectations. Through evidence integration and prioritization, the SLT DETERMINES the WS requirements (S3-S4).

**6.1b(1) WS Implementation:** Value, success and sustainability

begin with our ability to: 1) identify what our customers want; 2) design WSS and processes around those needs, and 3) implement and execute processes to consistently exceed the requirements. To do so, we have developed and refined a comprehensive and fully deployed approach using four SLT-led methods for WS management and improvement: 1) EPP AND 90-DAY APS; 2) pervasive review of the PSCS and ongoing alignment of goals to APS; 3) SLT members responsible for components of the WS delegate via EXCEL to ENTITIES, SLS and DHS to ensure WS processes are effective and improving and; 4) benchmarking and innovation of emerging BPRS.

*EPP:* The PFC WS design is a product of EPP as we transitioned from a hospital-centric organization to one based on PFC (F.6.1-2). The WS is reviewed annually during EPP for continued relevance and refined based on the EA and strategic direction. For example, we strengthened the CWGs' role to improve alignment and collaboration amongst the ENTITIES in developing and meeting the objectives of the PFC WS.

*PSC data:* As described in 4.1a(1), NMHS leaders measure and benchmark productivity, processes and outcomes extensively, with information reported and reviewed on evidence-based PSCS. Every PSC is organized by CSFs, which include patient and stakeholder measures. Our ongoing analysis of and response to PSCS ensure we are addressing patient and stakeholder requirements. We use the PSCS to manage WSS and identify OFIS. Once identified, we utilize ADLI to address the OFI as described in 4.1b, 3.1a(1) and 6.2b(4).

*EXCEL Process:* Each SLT member utilizes established WS component requirements to deploy and empower DHS to determine the optimal method for accomplishing specific requirements. The DHS provide staff with evidence-based guidelines and standards of practice, along with ongoing training to accomplish the specific

Figure 6.1-3 Key WS Requirements, Work Process Requirements & Performance Measures		
Key WS Requirements	Key Work Process Requirements	Key Performance Measures/Indicators
<p><b>Community Focus</b> Provide wellness, prevention &amp; screening services to all age groups in our community.</p>	<p><b>Service:</b> Provide friendly services at multiple venues in our service area (I) <b>Quality:</b> Provide age-appropriate wellness, prevention &amp; screening services (E)</p>	<p><b>Service:</b> Community satisfaction (7.2-15-17) (O) <b>Quality:</b> Community members touched 7.4-15-17 (P); children learning 7.4-19 (P) health improved 7.4-18, 20 (O)</p>
<p><b>Patient Settings</b> Diagnose, treat &amp; manage the following conditions in the following settings: - acute &amp; chronic/outpatient - urgent &amp; emergent/ESD - acute &amp; chronic/hospital - healing or chronic/PAC</p>	<p><b>People:</b> Maintain training (I) <b>Service:</b> Employ AIDET (be nice to me) (E) <b>Quality:</b> 1) Assess patients rapidly (don't keep me waiting) (E) • 2) Use evidence-based care guidelines (provide me quality care)(E) • 3) Provide a safe environment (I) <b>Finance:</b> 1) Be low cost (E) • 2) Be efficient (I) • 3) Employ CBCM to improve transition in care and patient safety (I) <b>Growth:</b> Expand services &amp;/or utilization (I)</p>	<p><b>People:</b> Training 7.3-23 (P) <b>Service:</b> Patient satisfaction 7.2-1-11, 18-19 (O) <b>Quality</b> (refer to 7.1): 1) D2B time-8 (O), ESD wait times-21 (P) 2) PROCESS: A1C, lipid-1, mammogram, CABG vent hrs-5, stroke-6, core measures-7,8,9, HHC assessments-10, LTC immunized-11 2) OUTCOMES: pounds lost-3, 30-d readmission-4, CABG mortality-5, HHC wounds-10, LTC PUS-11, NICU infections &amp; mortality-13 • 3). See Finance <b>Finance:</b> 1 &amp; 2) productivity 7.1-27 (P), cost 7.5-12 (O), 3) 30-day readmissions 7.1-4 (O) fewer infections 7.1-13,17-18 (O), fewer PUS 7.1-16 (O) <b>Growth:</b> Market share (O) &amp; saturation (P) 7.5-9-11</p>
<p><b>Clinical Enabling Services</b> Provide timely &amp; effective clinical support services to patients or to those providing direct patient care</p>	<p><b>People:</b> Maintain training (I) <b>Service:</b> Employ AIDET when interfacing with patients (be nice to me) (E) <b>Quality:</b> 1) Use evidence-based care guidelines (provide me quality care) (E) 2) Provide a safe environment (I) <b>Finance:</b> 1) Be low cost (E) • 2) Be efficient (I) <b>Growth:</b> Expand services &amp;/or utilization (I)</p>	<p><b>People:</b> Training 7.3-23 (P) <b>Service:</b> Patient satisfaction (e.g., food, lab services) 7.2-1-11, 18-19 (O) <b>Quality:</b> 1 &amp; 2) Respiratory Therapy PUS 7.1-16 (O), ic's reduced infections 7.1-17-18 (O), accreditations 7.4-7 (O) <b>Finance:</b> 1 &amp; 2) Productivity 7.1-27 (P), cost 7.5-12 (O), <b>Growth:</b> Market share (O) &amp; saturation (P) 7.5-9-11</p>
<p><b>Non-clinical Enabling Services</b> Provide timely &amp; effective non-clinical support services to patients or to those providing direct patient care</p>	<p><b>People:</b> Recruit &amp; retain a highly capable, healthy and engaged WF (I) <b>Service:</b> Treat WF with consideration &amp; respect (I) <b>Quality:</b> 1) Provide the right product, place, time &amp; price (I) • 2) Ensure safe workplace (I) • 3) Emergency preparedness (I) <b>Finance:</b> 1) Reduce internal costs (I) 2) Provide accurate &amp; timely billing (E) <b>Growth:</b> Expand services &amp;/or utilization (I)</p>	<p><b>People:</b> (refer to 7.3) PROCESS: Lower cholesterol-8, productivity-12, training-23-25 • OUTCOMES: Retention-1,2,4, smoking cessation-7, ESD visits-9, hospital discharges-10, satisfaction-16-20 <b>Service:</b> Engagement 7.3-15 (P), EEOC charges 7.3-26 (P) EOS 7.3-19 (O) <b>Quality:</b> 1) Inventory transactions 7.1-25 (P) • 2) OSHA recordables-7.3-12 (O) • 3) Emergency prep 7.1-29 (P) <b>Finance:</b> 1) Productivity 7.1-26-28 (P), employer-sponsored health benefits 7.3-11 (O) • 2) Accounts receivable 7.5-5 (O) <b>Growth:</b> Market share (O) &amp; saturation (P) 7.5-9-11</p>

I - Internal E - External

P - Process O - Outcome



work processes that comprise the WS. DHS establish tight targets necessary to produce specific results. As described in 5.2a(3), DHS utilize EXCEL to ensure employee goals include work process measures aligned with department, ENTITY and system goals.

*Benchmarking/INNOVATION:* When reviewing WSS we look for role model behavior inside and outside of NMHS to replicate. When our results reveal an OFI, we drill down on our work process and we look externally for processes that have produced better results (4.1c(1)). In addition to seeking improvement from external sources, we leverage the INNOVATION potential of employees closer to the process, who usually have great ideas and express them via IFES. ENTITY-specific results are compared at CWG meetings and we collaboratively examine the processes of the ENTITY with the best results, thereby creating a safe environment for the poor-performing ENTITIES to learn, adapt and adopt.

If an opportunity to improve/innovate is identified, the SLT member(s) and/or their designated leader implement the WS change on a single unit and identify process problems (DEPLOY & LEARN, steps 2 & 3 of F.6.1-1 cycle). We examine results and make adjustments before rolling it out to the whole ENTITY and/or system. Once the WS demonstrates CSF-based optimal functionality, we use the EPP to fully integrate it into our system (step 4 of F.6.1-1). For example, major MIS changes are piloted in one or more of the CHS before NMMC. The new EMR was first introduced in Pontotoc CH (January 2012) and the MIS team identified more than 200 documentation work processes that required adjustment. NMMC has more resources than the CHS, so is responsible for initiating and piloting clinical process changes.

**6.1b(2) Cost Control:** Consistent with “TRIPLE AIM,” NMHS is committed to providing high-quality, cost-effective care. By systematically designing our WS for process clarity and simplicity (F.6.1-1), we ensure line-of-sight accountability for reliable and consistent execution of processes. For the past decade, our providers focused on standardizing patient care processes and products to manage costs. NMHS improves productivity, reliability and reduces errors through full deployment of: 1) multiple sets of standardized preprinted orders; 2) standardized formularies of drugs and devices; and 3) validated processes and clearly written orders. Given the length and intensity of these efforts, the “low-hanging fruit” has been picked. Our current CBCM strategy is three-fold: 1) focus on enhancing patient safety to reduce the costs of managing safety problems (4.1a(1), 7.1-13-19)); 2) improving transitions from one level of care to another to reduce the costs of readmission or other complications (4.1c(2), 7.1-4); and 3) improving alignment through clinical co-management agreements with physician groups (7.1-23).

*Patient Safety:* Our focus on patient safety is win-win-win. By reducing medical errors, we avoid unintended harm (patient win) as well as prevent additional work and expense of caring for the harmed patient. NMHS’ comprehensive approach to reducing patient harm includes: 1) executing on the SLT-led culture of safety (1.1a(3)); 2) promoting a JUST CULTURE that encourages the WF to submit a GOOD CATCH when a variance occurs (4.1a(4)); 3) systematically analyzing and addressing patient care variances; and 4) implementing CUSP systemwide to proactively reduce errors and improve safety by enabling each nursing unit to determine its key safety issue and formulate a plan to address it. Evidence-based checklists and staff engagement are the cornerstones of CUSP projects. The Patient Safety Council reviews the GOOD CATCH findings

monthly and PI projects are developed and physician peer review performed as needed. RCA teams study serious events and develop 90-DAY APS to change processes and prevent recurrence. We distribute GOOD CATCH summaries monthly to SLT /DHS.

*Transitions in Care:* In addition to controlling costs, we reduce medical errors and unintended harm by systematically ensuring that patients, family and staff are fully prepared for transitions in a patient’s care from one component of care to the next. Case managers systematically identify patients with chronic conditions and/or those who are “frequent flyers,” and additional resources are provided to ensure a successful transition. Results from our fully deployed effort to ensure that vulnerable CHF patients are prepared for the transition from hospital to home are provided in 7.1-4.

*Co-Management:* Through a formal agreement a physician group invests their expertise and time into improving quality and operational efficiency. Our first co-management agreement is with the cardiology group who is jointly managing the cath lab (P.2a(2), 2.2a(2), 7.1-23).

Our highly interoperable ICHR (F.4.2-1) provides us with a role model approach to minimize overall costs associated with inspections, tests, and process or performance audits via targeted automated reporting, screening, auditing and analysis systems (4.2a(1)). Data for these systems are collected as a byproduct of documentation of HC processes. We also utilize a combination of technology, quality control and manual safety checks to minimize rework and errors:

- MIS drug-drug and drug-food interaction alerts and “smart” infusion pumps reduce the potential for error.

- SAFETY SURVEILLOR software: IC and pharmacy staffs receive up-to-the minute reports on infections and antibiotic appropriateness.

- In 2008, NMMC’s pharmacy department implemented robotics and bedside barcoding to enhance efficiency and reduce medication variances.

- TJC’S NATIONAL PATIENT SAFETY GOALS (NPSG): Teams monitor patient care areas monthly for environment of care and safety. Data from these rounds are included on PSCS, entered into the VERGE database and 90-DAY APS are developed when targets are not met.

**6.1c Emergency Readiness:** *Preparedness:* Each year SAFETY AND EMERGENCY PREPAREDNESS COMMITTEE (SEPC) participates in an exercise that is fully integrated with the region’s emergency plan (1.2b(1)) to prioritize hazard vulnerabilities and adapts changes as needed to our plan. *Continuity of operations:* The comprehensive emergency preparedness plan ensures patients and the community have plans for the following conditions: inclement weather, fire, earthquake, riot, flood, communications, telephone contingency, emergency power, duplication of computer data (4.2a(3)), additional morgue capacity, critical medical supplies, provision of water and food, alternative sites for care and transportation (7.1-29). *Management:* An “Incident Command System” model has long been the backbone of NMHS’ “Code Green” Emergency Plan. Since 9/11 and the implementation of the Homeland Security Department, our model has been promoted nationwide as the structure for all emergency responses. The model standardizes terminology and roles, and provides for continuity during an extended emergency situation. *Prevention:* All NMHS hospitals, LTCs and HHC have completed the MSDH EMERGENCY OPERATIONS PLAN (EOP) template. The EOP is

required for hospital licensure in Mississippi, but NMHS has extended the same rigorous standards to the LTCs and HHC. Mississippi is the first state to achieve full compliance to the EOP.

## 6.2 Work Processes

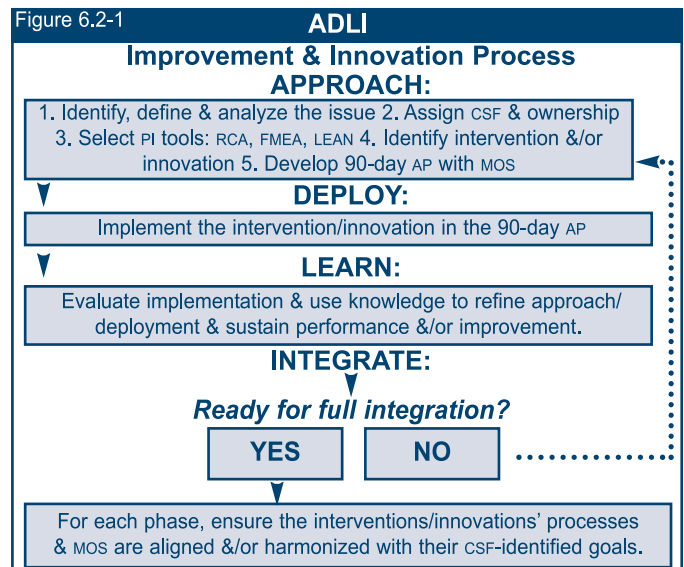
**6.2a(1) Design Concepts:** In 2010, to further integrate and maximize the Baldrige Excellence principles, the SLT decided to adopt the ADLI process as the overall design and improvement structure to create a common language and a comprehensive methodology to deploy the principles of high performance. ADLI is fully deployed and now serves as the high-level framework for process design, improvement and INNOVATION (F.6.2-1). Within the ADLI structure, design, improvement and INNOVATION methodologies are selected depending on the process. These PI TOOLS include, but are not limited to LEAN, FMEA and RCA.

The need to design, improve or innovate a process is based on six key methods: 1) the EPP establishes a new program, service, refinement to the WS components, or sets new targets that require new or approved processes; 2) SLT performance reviews of 90-DAY APS determine the processes must be improved; 3) an IFE is proposed that offers an improvement opportunity; 4) VOC input from patients and stakeholders (F.3.1-1); 5) A CWG, SLT member or a member of management decides to standardize disparate or duplicative practices across the system; or 6) benchmarking or review of new EBM suggest a need for process change. Examples include the new warehouse required revised work processes to operate the state-of-the-art, just-in-time stocking equipment; physicians revised their work processes in the HYBRID OR enabling cardiologists and cardiovascular surgeons to collaborate on cases; and the ESD CWG shares BPTS to improve door-to-EKG time resulting in process design change.

**ADLI:** During the approach step of the ADLI cycle, the work process sponsor verifies that the process contributes to our MISSION and the CSFs. Clinically-oriented process design improvement initiatives begin with the medical staff, who leverage their organizational knowledge, scientific investigation, knowledge of new services and techniques, and patient/customer needs. Once we determine process requirements and metrics for validation of the process are in place, the process is piloted during the deploy step to evaluate the AP's overall efficiency and effectiveness. Piloting also enables the team to build agility into changes that may be needed in the process. The team then uses the learn phase of ADLI to determine if process requirements are being met by reviewing in-process indicators (F.6.2-3). The learn phase is further used to evaluate the measures and determine if the process is ready for full deployment to multiple units. As we continue to learn and refine the work processes, they are fully integrated into our WS.

When a new service is generated through the EPP, the responsible SLT member assembles a team that utilizes stakeholder requirements, financial outcomes, access, supply chain management, technology and facility needs to determine work process requirements. Whereas efficiency and cost control are common to all processes, other key process requirements are flexible and adapted to the type of process. When designing clinical work processes, we incorporate evidence-based requirements for safe and effective outcomes as well as service delivery requirements, such as AIDET. For a non-clinical process such as supply chain processes, we focus on cycle time and productivity (7.1-20, 24, 25).

**INNOVATION:** Ideas for innovating our work processes come from IFE (1.1b(1), 5.1a(2), 5.2a(1), 7.3-14), CARELINE (3.1b(3)),



NMHS CWGs (F.6.1-2) and variances reported through GOOD CATCH (4.1a(4), 6.1b(2)). Just as described for new services (above), process INNOVATIONS also go through ADLI. For example, the approach to developing our new CSP included multiple site visits to state-of-the-art facilities in the U.S. and Europe. It took three years to research, design and build the innovative CSP, the first of its kind in the U.S. Accordingly, redesigned work processes operate the new equipment in the new work zones (1.2b(1), 2.2a(1), 4.2a(2)).

**6.2a(2) Work Process Requirements:** The SLT, DHS and key process owners utilize the systematic ADLI process, similar to WS design described in 6.1a(1) and F.6.1-1, to also determine KEY WORK PROCESS (KWP) requirements. Their APPROACH is to analyze, integrate and prioritize information (S1-S4) from the following: 1) VOC feedback (F.3.1-1), which details customer and stakeholder expectations, 2) regulatory and other requirements identified during the EA in the EPP and throughout the year, 3) industry BPTS, evidence-based care and short-and longer-term market trends, and 4) related WF, other internal requirements and standards of behavior. For example, input from patients, based upon PT SAT data revealed that patients wanted more rapid attention in the ESD. In response, the ESD analyzed and improved throughput, and the time it takes for a patient to be treated is now an ESD KWP requirement (7.1-21).

Requirements are translated into internal statements, or expectations, to ensure they are systematically addressed. For example, the external patient's requirement "be nice to me" translates to "employ AIDET" as the SERVICE KWP requirement for our WF (F.6.1-3). KWP requirements are aligned by CSFs and are listed in F.6.1-3.

**6.2b(1) KWP Implementation:** Our KWPs are the mechanisms that provide the patient care and enable WSS to meet and exceed patient/stakeholder requirements, deliver our key health services, and achieve our MISSION and VISION. As stated earlier, we intentionally co-design and improve the WS and related KWP requirements simultaneously ensuring alignment, integration and continued stakeholder value. During the approach phase of designing/determining the WS and KWP requirements (#1 F.6.1-1), we also determine key performance measures and incorporate them into the 90-DAY APS that are then deployed. We identify both in-process (P) and outcome (O) key performance measures to monitor, control and improve our KWPs (F.6.1-3).

In all patient care settings, our leading-edge ICHR is an effective

and pervasive method for real-time or almost real-time tracking of clinical results, such as laboratory tests and turnaround times, enabling effective minute-to-minute, hour-to-hour and day-to-day management of our processes to the key requirements. Outcomes managers, IC specialists and/or clinical pharmacists work with physicians and clinical staff to address failures and comply with evidence-based measures. Rollup of these process and outcome measures are organized into PSCs and reviewed weekly, monthly and/or quarterly by the SLT and each ENTITY's management team, as well as physician groups, and subject to 90-DAY APS as needed. We implement the ADLI process as OFIS are identified (4.1b).

### **6.2b(2) Patient Expectations and Preferences:**

Regardless of the WS component, we address and implement patient and population expectations through the deployment of our CARES values (3.2a(1)). We treat every patient with compassion, we are accountable to do the right thing, we respect their values and we provide excellent care with a smile. Our CC is a promise to our patients that each one is individually made to feel safe and comfortable. PLAN OF CARE (POC) is a distinctive NMHS care process used in each ENTITY. Each POC begins broadly with an understanding of expectations derived from several reinforcing VOC methods and then honed to the needs, preferences and expectations of each patient through the assessment process. Assessment occurs at pre-established points in care delivery (e.g., transfer from ESD to a patient care unit), and on a continuous basis as caregivers interact with patients. Information gathered during assessment is used to develop an individualized POC, manage patient expectations and provide each patient and family with opportunities to participate in decision making regarding care. POCs are developed with physician orders, established ORDER SETS, standard protocols and goals of involved disciplines. We monitor POCs through the assessment process and make adjustments in the POC to provide optimal patient outcomes. Specific protocols enable patients and families to participate in pain management and patient safety. We elicit patient and family input during the nurse's hourly rounds and LEADER ROUNDS. Each patient room has a communication board used to list goals and stimulate patient involvement in decisions. HC service delivery processes and desired outcomes are explained through nursing's care delivery requirements, patient-specific care plans and educational brochures. For example, a non-English speaking or hearing-impaired patient requirement is communication assistance, and the POC would include the use of an interpreter.

**6.2b(3) Supply Chain Management:** NMHS processes and commitment of resources for the acquisition of and timely efficient movement of carefully selected supplies defines the state of the art for the HC industry. Accordingly, while we employ several industry standard methods for supplier selection and evaluation, our methods to manage the supply chain goes well beyond the typical.

*Industry standard methods* include: 1) The VP and purchasing team work directly with physicians, SLT members and DHS to determine what products are needed. 2) Every vendor must first register with REPTRAX before they are allowed access to NMHS facilities. 3) REPTRAX verifies that vendor personnel have all necessary immunizations, specialty training, insurance coverage, HIPAA training and policy and procedure training. 4) The Purchasing Department researches every vendor to determine if it is viable and can supply the needed quantities. Methods used to

determine vendor viability include: a) research with Dunn & Bradstreet, MD Buyline and various other third party sources. b) Site visits to key manufacturing, distribution and customers of the companies in question; c) post-vendor selection – quarterly scheduled and Ad Hoc meetings to discuss expectations; and d) track vendor performances via material MIS. 5) Purchasing works with vendors to get the best price.

*State-of-the-art methods:* 1) In 2007, NMHS utilized LEAN methods to design and build a 29,000-sq-ft, warehouse to stock and deliver goods to all ENTITIES. Design included four critical-to-quality parameters: fill rate, accuracy rate, efficiency and expiration/ spoilage rates. Through direct contracting and operating our own warehouse, we have minimized additional costs of vendor/distributors, while improving our fill rates (7.1-25). 2) In 2011, NMHS opened its 33,000-sq-ft, CSP plant that utilizes robots, computerized systems and a one-way work flow through three distinctly separate areas: decontamination, prep and packaging, and sterilization. To prevent germ growth and contamination the CSP has four separate heating and cooling systems that do not circulate air from zone to zone. Every instrument is laser barcoded, and an automated carousel system enables technicians to tailor kits to specific surgical cases.

**6.2b(4) PI:** As noted in 6.2a(1) we adopted ADLI as our principal PI framework to create a common language around a more sophisticated and comprehensive structure of achieving the excellence and INNOVATION (F.6.2-2). ADLI is a comprehensive model, incorporating process design, deployment and analysis, and a better fit for a complex work process environment. Adapting and redefining ADLI as our overall PI methodology is an NMHS INNOVATION that creates clear expectations across our diverse system components. The use of ADLI is in design concepts is described in 6.1a(1), F.6.1-1 and 6.2a(1).

The learning component involves translating data collected during measurement into information that can be used to draw conclusions about performance and to improve processes. For example, patient falls are monitored daily and reported monthly. To decrease falls, NMMC's inpatient rehabilitation unit developed a "falls calendar," to document when a patient fell and the circumstances. The rehab team then began to "huddle" after each fall to determine the cause and what could be done to prevent future falls. Together, the huddles and calendar resulted in a significant decrease in falls. Other units adopted this approach with the same success; now it is systematically being rolled out to all nursing units.

ADLI allows for selection of specific PI tools including RCA and FMEA, used by PI teams established pursuant to performance review processes (4.1c). In 2010 we introduced LEAN as a method to improve flow across the system and within ENTITIES and to reduce waste. NMHS has trained a core group of about 130 physicians, administrators and HC providers in RCA and LEAN techniques. LEAN culture is fully embedded in several departments, such as NMMC's pathology, where through train-the-trainer techniques, 50% of staff now has basic LEAN training (7.1-24). We continue to expand our training and usage of LEAN techniques. PI is sustained and supported in multiple venues:

- An innovative and easily navigable PI TOOLBOX that describes the ADLI model and explains and supports PI tools;
- A PI project database to monitor projects (4.1c(1));
- An innovative PI project priority grid that assesses the follow-



ing components to determine if a project should be pursued: patient needs, expectations and outcomes, strategic plans, regulatory compliance, efficiency and operating costs, volume, risk and potential problems (4.1c(3)). Based on the PI priority grid, two innovative CSF-based assessment grids to determine if PI projects or IFES can be classified as waste reducing (LEAN) and/or as innovative;

•Descriptive listing of the CWGs (F.6.1-2) to readily identify contacts to spread BPRs identified through PI projects and/or IFES; NMHS utilized its 2006 Baldrige recognition in two significant ways: 1) as a validation for our innovative practices, most of which have been sustained and/or enhanced; and 2) as a springboard for ongoing INNOVATION. Some of the innovations since 2006 are listed in F.6.2-2.

Figure 6.2-2 ADLI-associated innovations since 2006

<b>Physical Plant &amp; New/Different Services:</b> CSP (7.1-19, 20)
• WALMART CLINICS (3.2a(1)) • Hybrid OR (6.2a(1))
<b>WF Engagement Innovations:</b> 12 STEPS TO SUCCESS (F. 3.2-2)
• CSF – Award Point System (F. 5.1-3) • PLI (1.1a(3)) • Annual full WF contribution to SWOT (2.1a(1)) & to COPSS (7.1-14)
<b>WS Innovations:</b> Co-Management (7.1-23) • CUSP teams (6.1b(2))
• CWG (F.6.1-2)
<b>Population-Focused Innovations:</b> CHF Care Transitions & Self-care College (7.1-4) • Stroke Services Certification (7.1-6) • Proactive patient requirement identification (MERIDIOS) (7.1-2) • Enhanced Wellness Center & health fair screening (7.2-17, 7.4-17) • HEALTHWORKS!* (7.4-19)

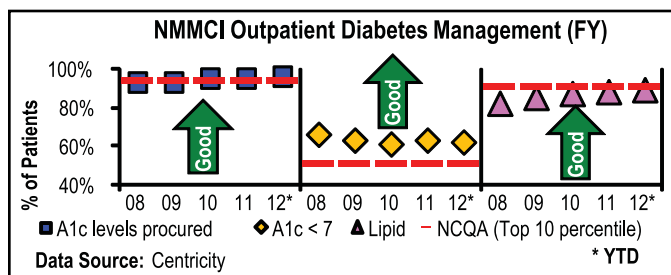
\*HEALTHWORKS! is a collaboration between NMHS & HCF.

7.1 Healthcare and Process Outcomes

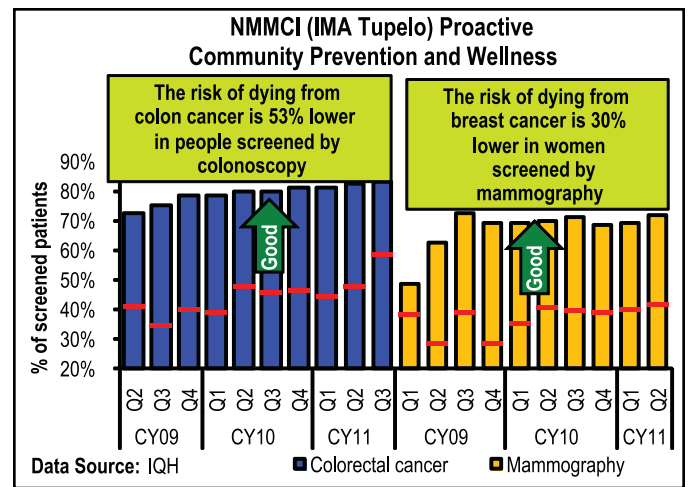
We have selected results from our work system components that tell a full story of NMHS’ performance – both patient-focused health care and operational process effectiveness. As described in 4.1a(2), we identify levels of comparative data and use the best data available. We do not stifle INNOVATION because we cannot find comparative data, but use the term “NEW MEASURE” (NM) to indicate INNOVATION, to meet the comparison reporting requirement for this application, we will present mean or average comparisons if that is the only valid comparison available, although we consider them too low for setting our performance targets.

We have designed our result charts to be information intensive. Where appropriate we have created an enhanced format to present multiple in-process and outcome variables in a single graph to make best use of limited space. Despite this, having described numerous health services in F.P.1-1 and elsewhere in the profile and application, allowable space does not permit us to report trended results for each service provided by each of the NMHS ENTITIES. Relevant trended and compared results for these services are AOS.

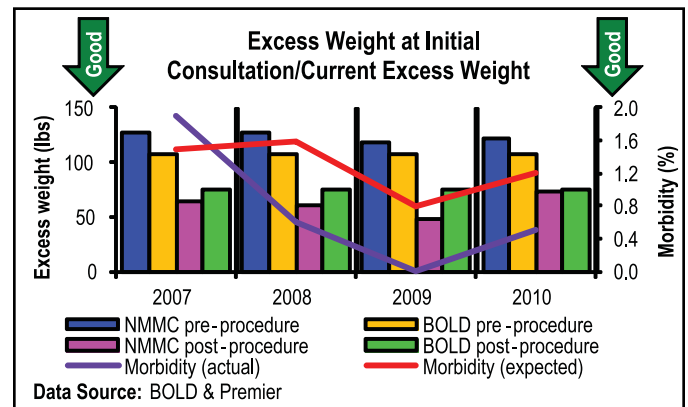
7.1a Patient-Focused



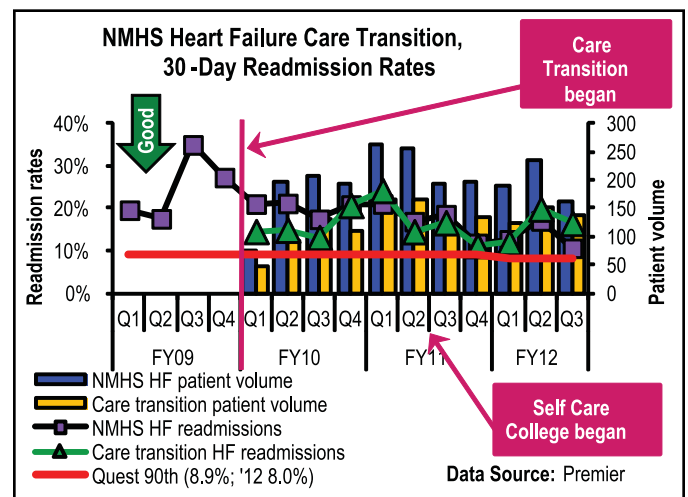
7.1-1: Diabetes and clinics: A large percentage of our community lives with diabetes. We meet or exceed NCQA top decile.



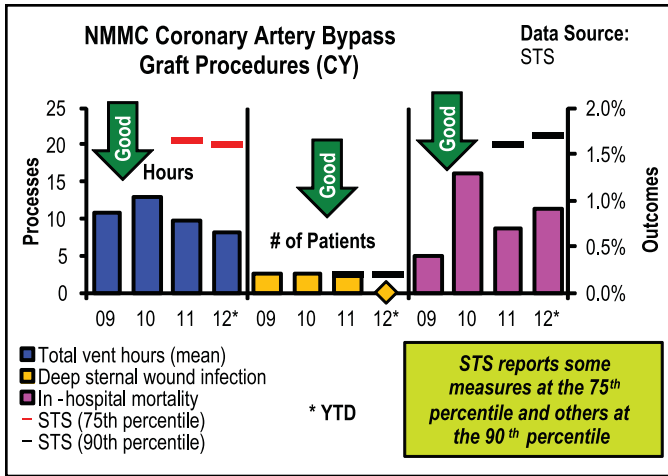
7.1-2: We believe early detection is the best prevention, therefore NMMCI uses MERIDIOS to identify clinic patients who are eligible for cancer screening (3.1a(1)). We consistently screen more patients compared to MS IQH clinic project.



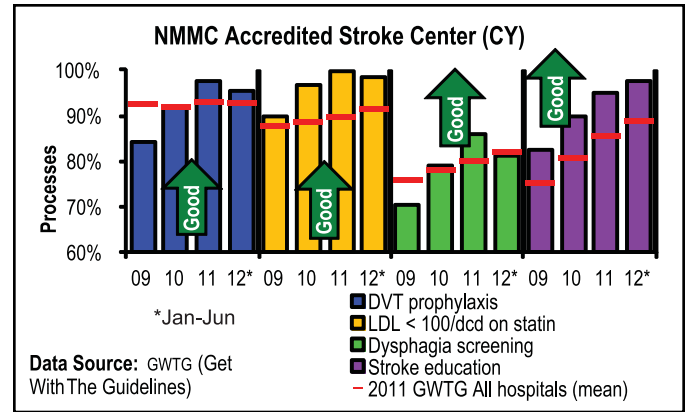
7.1-3: Bariatric Procedures: Mississippi leads the nation in obesity (7.4-19,20). From 2007-2010 NMMC patients have consistently had more excess weight before procedures, and less excess weight one year later than the comparable patients in the BOLD database.



7.1-4: Congestive Heart Failure (CHF): Readmission to the hospital within 30 days, is a key measure of the treatment effectiveness CHF patients 6.1b(2). Improvements were first identified with “care transitions” and further enhanced with implementation of the “self-care college.” NMHS is approaching QUEST’s very selective 90<sup>th</sup> percentile.



7.1-5: CABG surgery: NMHS is the regional center for coronary artery bypass grafts (CABG). Since 2009 NMMC has had patients spend fewer hours on the ventilator and mortality that is much less than the 90<sup>th</sup> percentile.



7.1-6: Stroke Center: Mississippi is in the “stroke belt.” We focus on optimal stroke treatment – both acute and long-term. NMMC became a stroke care center of excellence in 2009 receiving disease specific certification by TJC. We meet or exceed all GWTG guidelines for stroke management.

NMHs Inpatient Core Measures (FY)																				
Description	TJC Nat Avg	TJC 90th % tile	NMMC			Iuka			Pontotoc			Eupora			Hamilton			West Point		
			FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun
<b>Heart Failure</b>																				
Discharge instructions	92.9	100	91.8	92.1	98.2	97.1	95.5	92.9	100	100	100	63.5	70.8	79.5	93.3	93.1	91.8	54.8	81.6	66.7
Evaluation of LVSF	99.2	100	99.8	100	99.7	98.1	100	100	100	100	100	88.5	87.1	100	97.2	64.7	96.1	91.2	100	100
ACEI/ARB for LVSD	96.4	100	95.6	96.6	100	87.5	85.7	100	80.0	100	100	87.5	76.9	100	61.5	57.1	89.2	96.4	96.0	71.4
Adult smoking cessation advice	99.5	100	100	100	100	100	100	—	50.0	100	—	86.4	100	—	100	100	100	100	100	100
<b>Pneumonia</b>																				
Pneumococcal vaccination	96.3	100	98.8	99.3	98.9	100	98.1	100	100	92.3	100	96.8	95.6	100	96.4	100	100	70.4	81.6	88.9
BC in ESD prior to Abs	97.2	100	96.2	98.9	99.6	94.1	93.8	88.3	96.7	100	100	90.2	96.3	90.9	100	97.7	97.1	88.7	97.8	88.2
Adult smoking cessation advice	98.9	100	98.8	98.2	100	100	96.4	100	100	100	100	83.7	88.6	100	100	100	100	100	100	100
Initial ABs within 6 hrs of arrival	96.4	100	97.9	98.2	98.2	100	98.1	100	94.9	100	100	95.9	98.2	81.8	96.3	100	100	100	90.9	100
Initial AB for CAP, non ICU patient	96.1	100	94.0	96.1	93.3	93.8	89.4	96.2	93.6	90.9	92.9	85.7	85.2	86.4	90.6	87.5	91.4	90.0	78.4	91.3
Influenza vaccination	92.1	100	97.8	96.6	98.6	100	100	100	89.7	93.8	100	98.1	87.4	93.8	97.2	100	100	60.0	70.6	92.3

Data Source: Premier — No data available | Score at TJC 90th percentile | Score at/above TJC national avg | Bold = score higher than previous year

7.1-7: Core Measures: All six hospitals submit core measure data for heart failure, pneumonia and acute myocardial infarction (7.1-8). Over the last few years the national performance bar has increased, and so has our hospitals’ performance. We utilize this

comparative core measure information in our PSCs and our CWG meetings. For example, Pontotoc and Iuka demonstrate the best performance and they share their BPRS with the other hospitals.

Acute Myocardial Infarction Inpatient and Outpatient Core Measures																				
Description	TJC Nat Avg	TJC 90th % tile	NMMC			Iuka			Pontotoc			Eupora			Hamilton			West Point		
			FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun	FY10	FY11	FY12 Oct-Jun
<b>Aspirin at arrival:</b>																				
Inpatient	99.3	100	98.5	99.7	100															
Outpatient AMI	97.0	100				100	95.2	100	100	100	100	85.7	92.3	100	94.1	93.8	100	87.5	94.7	100
Outpatient CP	95.1	100				94.7	100	100	85.4	93.6	100	96.7	85.7	95.5	100	100	96.0	88.0	86.4	90.9
Aspirin prescribed at discharge	99.1	100	98.9	99.8	99.8															
ACEI or ARB for LVSD	97.3	100	98.3	99.0	100															
Adult smoking cessation advice	99.8	100	99.6	100	100															
Beta blocker (BB) prescribed at dc	98.9	100	98.5	99.8	100															
Primary PCI received w/ 90 mins	93.7	100	90.9	91.7	96.4															
Statin prescribed at discharge	—	—	—	98.8	100															

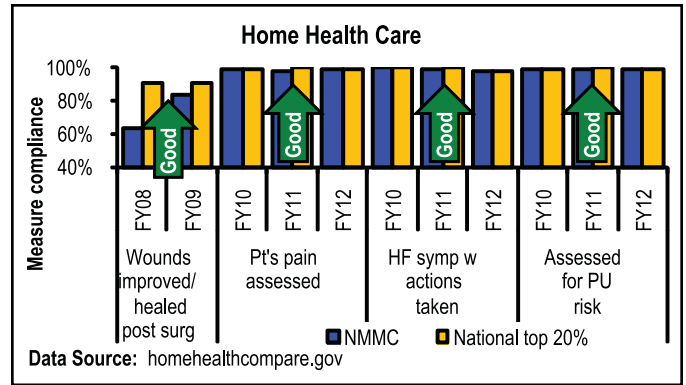
Data Source: Premier — No data available | Score at TJC 90th percentile | Score at/above TJC national avg | Bold = score higher than previous year

7.1-8: Because NMMC is a regional center for primary PERCUTANEOUS CORONARY INTERVENTION (PCI), the CHS treat AMI and chest pain (CP) patients in their ESDs and then transfer them to NMMC. NMMC has made consistent progress in “primary PCI within 90 mins,” a measure also known as “door to balloon” time.

NMHS Inpatient and Outpatient SCIP Core Measures							
Description		TJC Nat Avg	TJC 90th % tile	FY10	FY11	FY12 Oct-Jun	
<b>Surgical Care Improvement Project (SCIP)</b>							
AB w/ 1 hr prior to surgical incision [A]	NMMC	CABG	98.4	100	99.8	100	100
		Oth Card Surg	98.3	100	100	100	100
		Knee	98.6	100	98.4	98.4	99.6
		Vascular	96.9	100	98.8	100	100
Appropriate AB selection for surg pts [B]	NMMC	CABG	99.7	100	100	99.5	100
		Oth Card Surg	99.8	100	100	99.4	100
		Knee	99.7	100	99.7	100	100
		Vascular	98.6	100	97.6	100	100
ABs dcd w/ 24 hrs after surg end (48 hrs CABG/oth card surg) [C]	NMMC	CABG	98.0	100	99.0	99.5	100
		Oth Card Surg	97.6	100	98.4	100	100
		Knee	97.6	100	98.1	99.7	100
		Vascular	93.7	100	84.2	98.0	100
[A] Colon	NMMC	96.2	100	95.4	99.1	100	
	NMMC	98.3	100	90.9	100	97.2	
[B] Colon	NMMC	92.5	100	90.8	92.4	100	
	NMMC	98.3	100	92.4	97.4	100	
[C] Hip	NMMC	99.6	100	100	100	100	
	NMMC	93.3	100	91.1	98.2	98.7	
[C] Hip	NMMC	97.2	100	93.9	97.9	96.8	
	NMMC	97.1	100	88.7	92.9	97.8	
Card surg controlled glucose (NMMC)		95.2	100	95.6	97.6	100	
Surg pts w appropriate hair removal	Tupelo			100	100	100	
	West Point	99.8	100	100	100	98.2	
Urin cath removed by POD2	Tupelo			99.2	99.5	100	
	Hamilton	93.8	100	100	100	100	
Surg pts w periop temp management	Tupelo			98.9	99.9	100	
	Hamilton	99.5	100	100	100	100	
	West Point			98.9	100	100	
Surg pts on BB; rcvd BB during periop period	Tupelo			99.5	99.9	100	
	West Point	96.2	100	100	100	94.4	
Surg pts w VTE prophylaxis ordered	Tupelo			93.4	99.1	100	
	West Point	97.7	100	95.2	95.8	100	
Surg pts rcvd approp VTE w/ 24 hrs	Tupelo			92.4	98.2	99.8	
	West Point	96.9	100	95.2	97.9	96.2	
<b>Outpatient Surgery</b>							
Timing of AB prophylaxis	Tupelo	95.8	100	91.2	96.7	100	
	West Point			56.0	87.8	87.5	
AB selection for surgery patients	Tupelo			92.2	97.7	100	
	West Point	96.2	100	87.8	86.2	95.9	

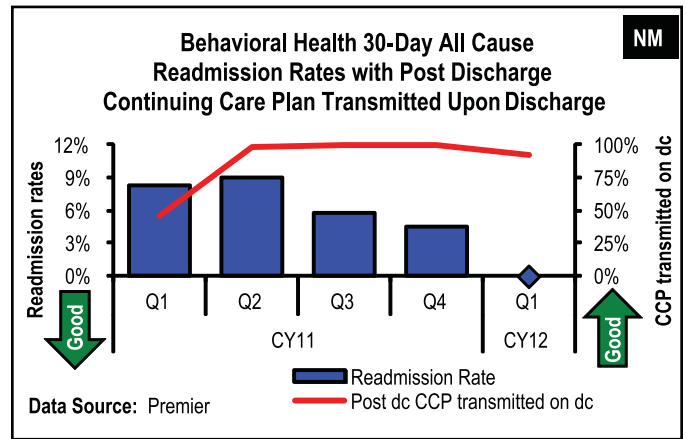
**Data Source:** Premier  
  Score at TJC 90th %tile  
  Score at/above TJC national average  
 - No data available      **Bold** = score higher than previous year

7.1-9: Core Measures: Three NMHS hospitals provide surgical services, Tupelo (NMMC), Hamilton and West Point.

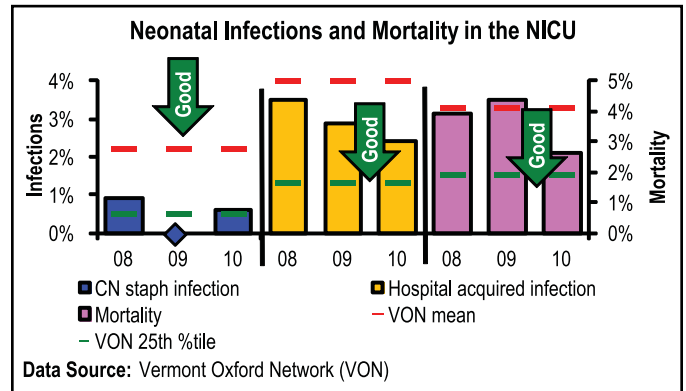


7.1-10: Home Health: NMHS' HHC has five offices in our service area and provides care to our region's vulnerable patients in their homes.

7.1-11 (On top of next page)

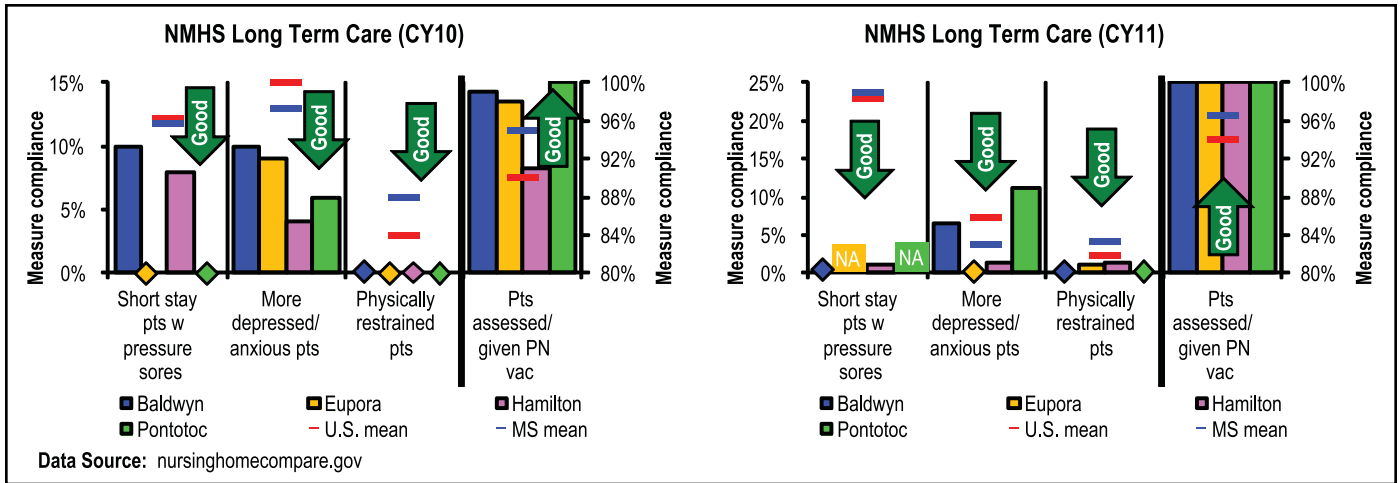


7.1-12: Behavioral Health: NMMC changed the transmission process for its post-discharge continuing-care plan and the improved communication resulted in over 25% fewer patients requiring readmission within 30 days.



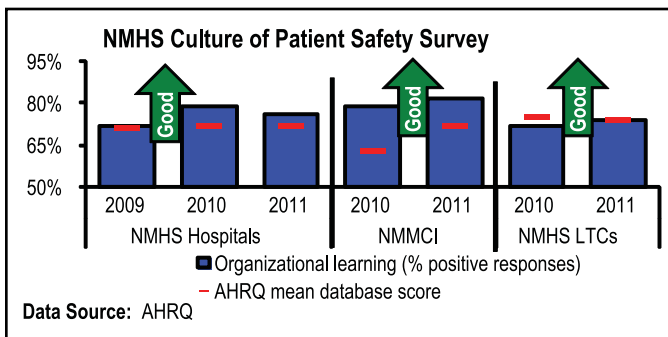
7.1-13: NICU Mortality: Mississippi has the highest infant mortality rate in the U.S. (F.P.2-2), but the NMMC NICU, which takes care of our smallest and newest citizens, has a mortality rate approaching the top quartile of the VON, the most credible national database on NICU performance.



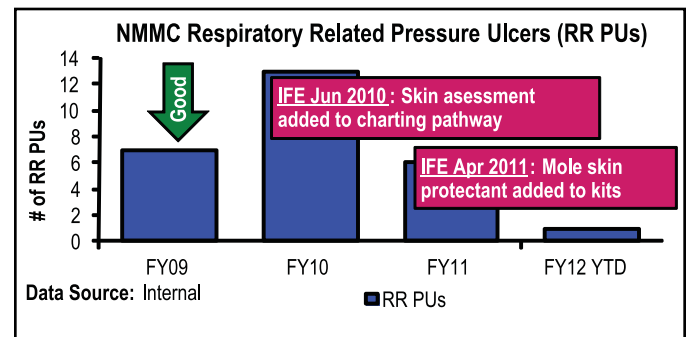


7.1-11: Long-term care: Our four LTC facilities provide physical and emotional care to frail and vulnerable residents with skill and

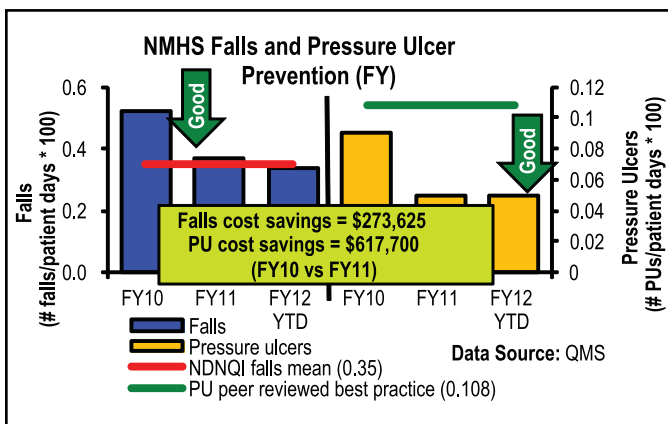
compassion. NMHS’ facilities are compared with MS and national means from the CMS database.



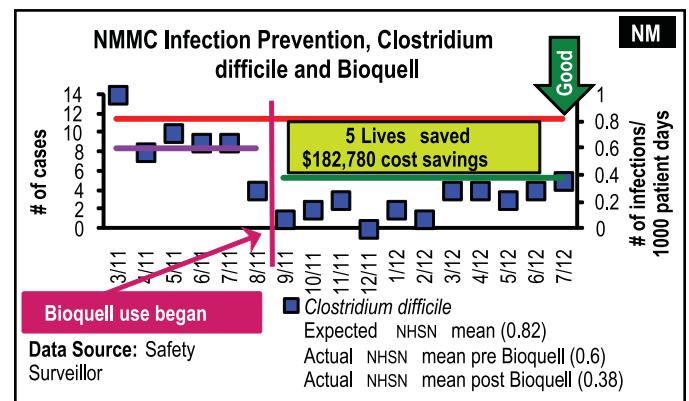
7.1-14: NMHS started using AHRQ’s COPSS, in the hospitals in 2009 and LTC and clinics in 2010. This figure demonstrates the staff’s perception of the ENTITIES’ organizational learning and continuous improvements in patient safety and is at or above the AHRQ available comparison.



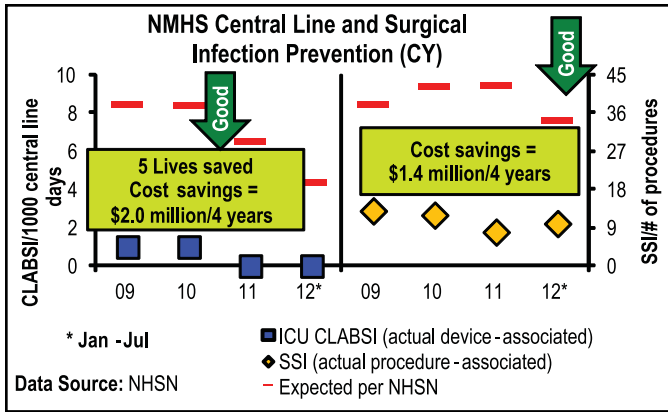
7.1-16: As a result of IFEs from our front-line employees, respiratory therapy implemented changes to their process of assessing and attaching oxygen masks (7.3-14). The change resulted in a 50% decrease in RR PUs at NMMC from FY10 to FY11. The process changes have been implemented throughout NMHS via the Respiratory Therapy CWG.



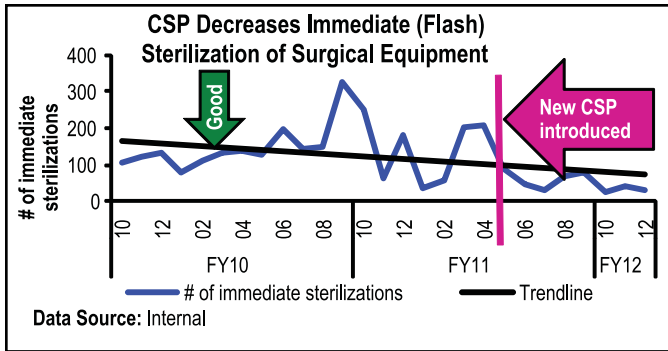
7.1-15: Patient Safety: Every hospital uses the GOOD CATCH process to identify variances and safety issues. The weekly safety update discusses safety variances and identifies “lessons learned” to avoid future problems (4.1c(1)).



7.1-17: Infections and technology: *Clostridium difficile* (c. diff) produces spores, some of which can survive vigorous cleaning and infect a vulnerable patient. NMMC invested in a new cleaning technique (Bioquell) and reduced infections by over 50%.

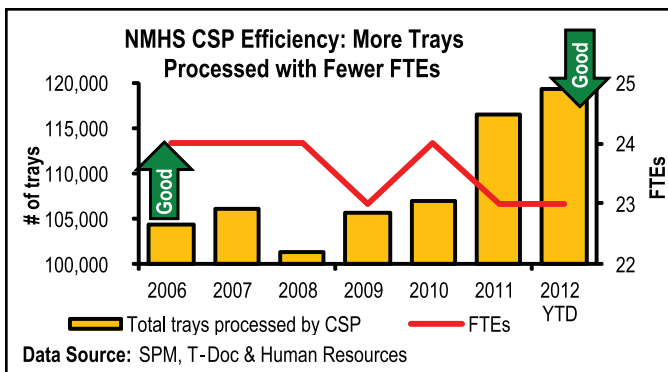


7.1-18: Infection Prevention: NMHS provides proactive infection prevention in every patient care setting. Based upon the CDC’s projections, our hospitals’ CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTIONS (CLABSI) and SURGICAL SITE INFECTIONS (SSI) are significantly and consistently lower than expected and recently hit zero cases.

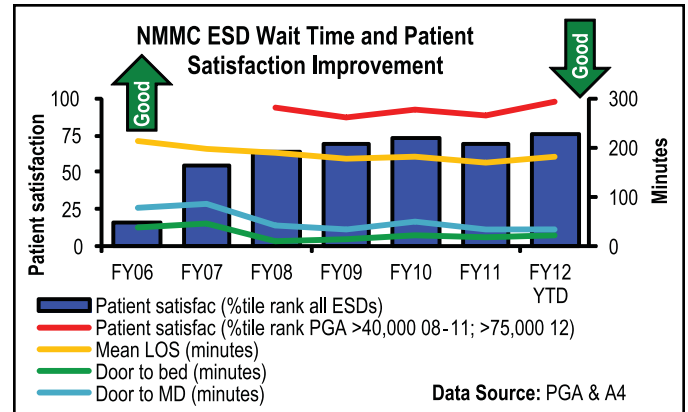


7.1-19: Since opening in May 2011, CSP has decreased flash utilization by 74.2% over the same time period (May 2011-Apr 2012) in 2010, thereby providing more surgical equipment sterilization by the higher quality process.

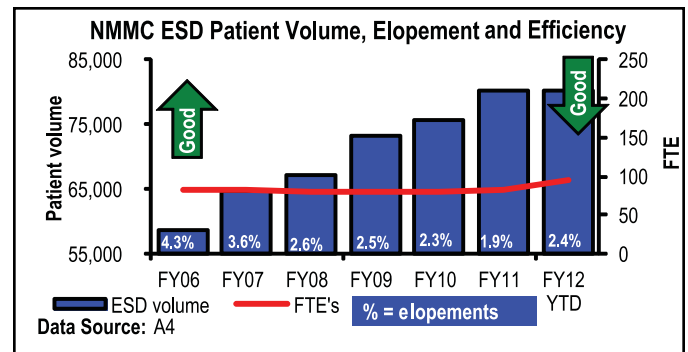
**7.1b Operational Process Effectiveness Results**



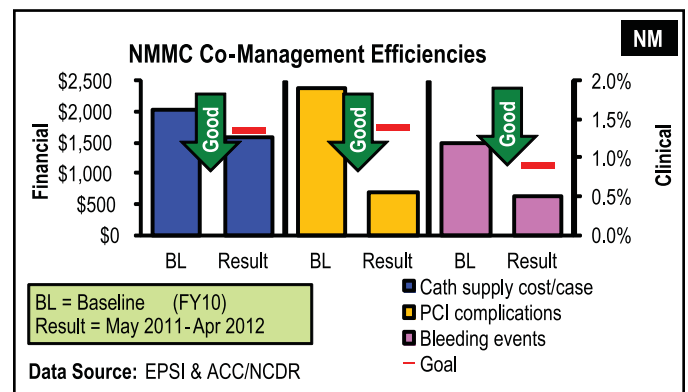
7.1-20: From 2010 to 2011, there was an 8.96% increase in the number of trays processed through CSP while the number of FTEs decreased 4.16%. In FY11, CSP began processing trays for NMMC-IUKA as well as several of the clinics. The annualized amount of trays processed for FY2012 is projected to be 130,162, which is a 22% increase over 2010.



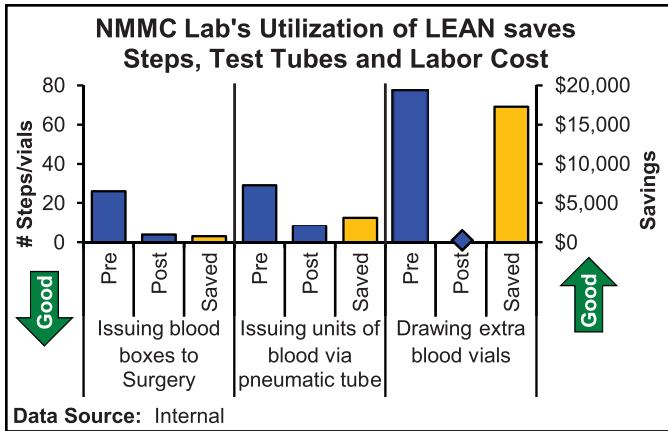
7.1-21: In response to ESD patients’ complaints about long wait times (2006), a series of PI projects to examine and reduce wait times were implemented. As the wait times improved, so did patient satisfaction. Short wait time is an ESD patient requirement and ongoing key performance measure (F.6.1-3). We are providing two sets of PGA comparison data: selective (large ESDs) for 2008-current, and all ESDs 2006-current to demonstrate a longer timeline.



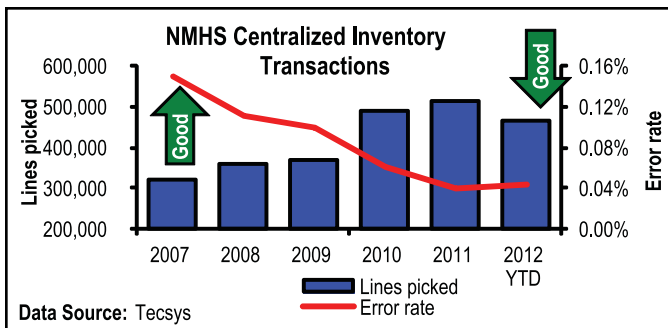
7.1-22: Despite a 36.5% increase in ESD visits, wait times decreased and patient satisfaction increased (7.1-21). The PI projects that reduced wait time also improved work process efficiency (7.1-21).



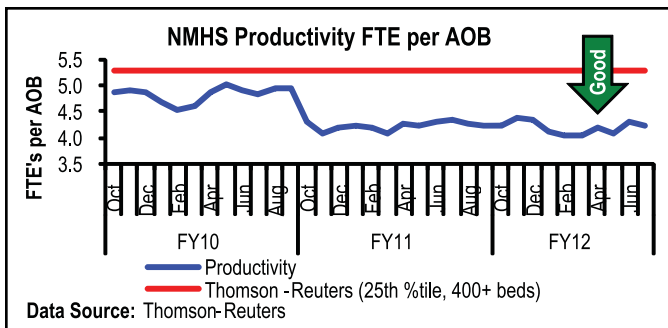
7.1-23: NMMC contracted with Cardiology Associates of North Mississippi to jointly manage the Cath Lab beginning May 1, 2011. Total annualized cost savings are currently expected to be \$1.61 million (6.1b(2)).



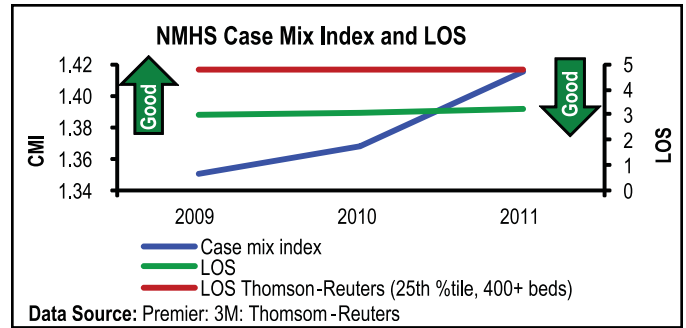
7.1-24: NMMC's lab used LEAN techniques to improve three processes. By streamlining processes they reduced steps, by as much as 90%, enabling tech time to be spent on other processes. By eliminating the drawing of an additional tube of blood they saved test tubes and time (6.2b(4)).



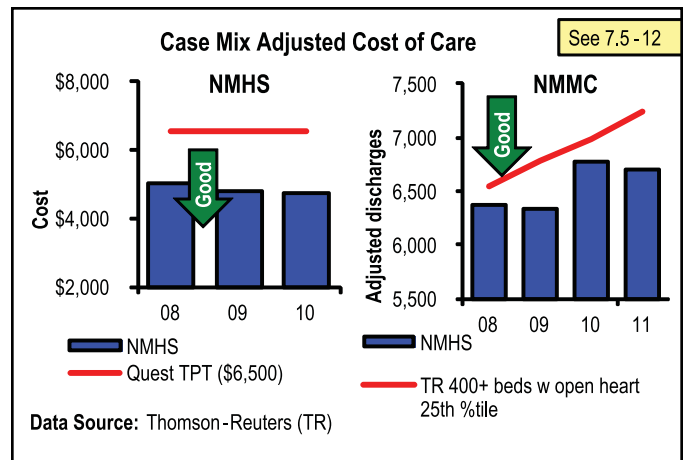
7.1-25: NMHS's fully automated, state-of-the-art purchasing and distribution center, for capital equipment, medical and surgical supplies, dietary goods and laboratory supplies has reduced error rates by 71.5% as volume of orders has increased by 44.1% for FY2012 increased by a projected 57.2% for FY2012 (6.2b(3)).



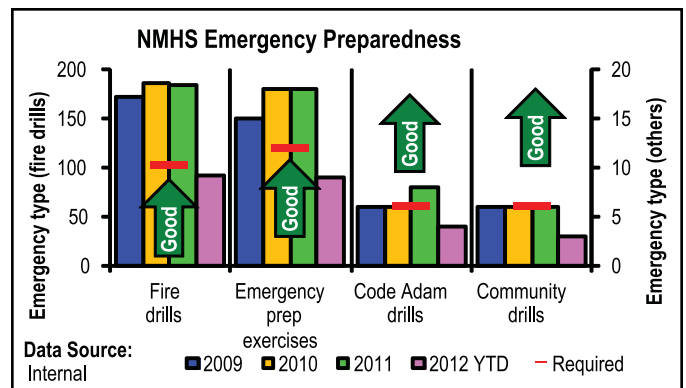
7.1-26: FTE per adjusted occupied bed (AOB) is a broad indicator of NMHS' productivity that measures the ratio of full-time staff to the patient volume. As patient volume fluctuates, it is vital that staffing resources are able to flex up/down.



7.1-27: One of the strongest measures of productivity is the relationship between case mix, a measure of patient acuity, and LOS. As case mix index has steadily increased, the average LOS has remained stable, which indicates improved clinical processes and efficiency.



7.1-28: The QUEST Cost of Care measure is an inpatient cost/care measure with certain expenses (interest, depreciation and bad debt) excluded. NMHS outperformed the top performance threshold since the inception of the QUEST project, our cost being 27% below the threshold for the most recent period. NMMC benchmarks against other similar hospitals in the TR database and its cost is consistently better than the 25<sup>th</sup> percentile. As a result of our efficient processes, NMMC's charges are among the lowest in the southeastern U.S. (7.5-12).



7.1-29: Emergency preparedness: NMHS meets and exceeds preparation for fire, emergency preparation and CODE ADAM and other situations through a systematic series of drills.



	People	Service	Quality	Financial	Growth
2009	LDI Expansion 1.1a1 Retention - 94% 7.3-1 Leader Rounding 7.4-3  VHA Leadership (Hamilton, luka) 7.4-8	AIDET 7.2-4 Hourly Rounding 7.2-7 Discharge Calls 3.1a1 Servant Leadership 1.1a3	DaVinci Robot Veriscan 7.1b2 Stroke Certification 7.1-6 HealthWorks! 7.4-18	↓ LOS Initiative \$28M SCM 4.2a2	Opened New NICU 2.2a1 LeBonheur Clinic 2.2a1 Atrial Fib Center Carotid Artery-Thoracic Program
2010	EOS 94 <sup>th</sup> %tile 7.3-15 CSF Rewards 5.1-4 HR Solutions 7.3-13 Live Well/spouses 7.3-11 OSHA recordables 7.3-12	F&N Service enhancement Smile/Move 7.3-18 PG > 95 <sup>th</sup> %tile 7.2-4 Bariatric certification 7.1-3	Safety Summit Q-Dashboard 4.1b CUSP 6.1b2	Centralized Business Office AA reaffirmed 7.5-1 \$75M bond issue 7.5-4	Pulmonary Clinic West Tower Project 2.2a1 Sleep Lab (Eupora) 16 slice CT (Pontotoc)
2011	IFE 2.14 emp 7.3-14 Retention - 92% 7.3-1 Just Culture 4.1a1	> CARES 99% 3.2b2 Community Health - > 250K contacts 7.4-15 Meridios 7.1-2	↓ .DL by 7% 7.3-8 Premier (luka) 7.4-8 IQH (West Point) TJC Accreditation 7.4-7 New CSP 6.2b3 Self-care College 7.1-4 Hybrid OR 1.1a3	Co-management 7.1-23 Implemented Pt Financial Mngmnt System 7.5-6 Charity \$82M 7.5-11 Meaningful Use System Initiative 4.2a2	Retail clinics 2.1a2 MLP enhancement PLI 5.2c1 Hospitalist expansion 2.2a4 PAT move > volume Saltillo Clinic construction
2012	EOS 99 <sup>th</sup> %tile 7.3-15	HCAHPS Best Overall Results (Tupelo) 7.2-19	Proventix HH monitoring 7.1-17 M/Dimes QI 7.1-13 ↓ LDL by 26% 7.3-8	Meaningful use (\$11.5M) 4.2a2 AA reaffirmed 7.5-1	Retail clinic #1 in nation (vol) 2.1a2 Bariatric COE 7.1-3

Blue text – Builds/strengthens CCs

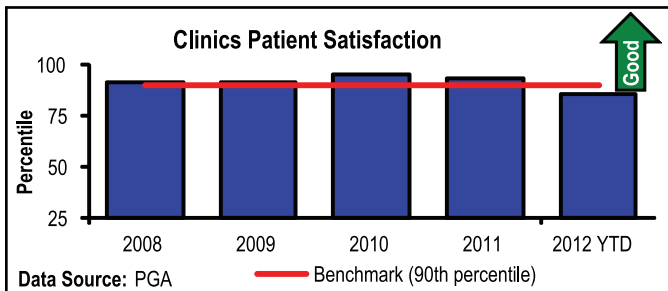
**7.1c Strategy Implementation Results**

7.1-30: Strategic plans are CSF-based and are accomplished through sequential series of 90-DAY APS. This figure summarizes

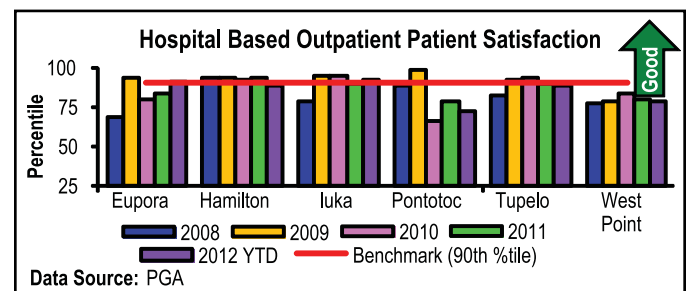
the accomplishments of our organizational strategy and APS over a three-year period. The key measures are found in the section or result linkages.

**7.2 CUSTOMER-FOCUSED OUTCOMES**

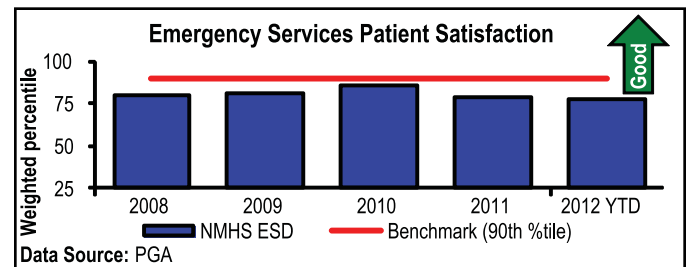
NMHS uses an actionable systematic process to determine patient/stakeholder satisfaction, engagement and loyalty. We use a variety of methods to listen, learn and build relationships with our patients and stakeholders (F.3.1-1). PGA and HCAHPS provide state and national benchmarks by customer segmentation. Our goals are based on top quartile, 90<sup>th</sup> percentile or TOP BOX scores. The data indicates that PT SAT scores in the country have generally increased during the past five years making it more difficult to reach the 90<sup>th</sup> percentile comparison for all years reported.



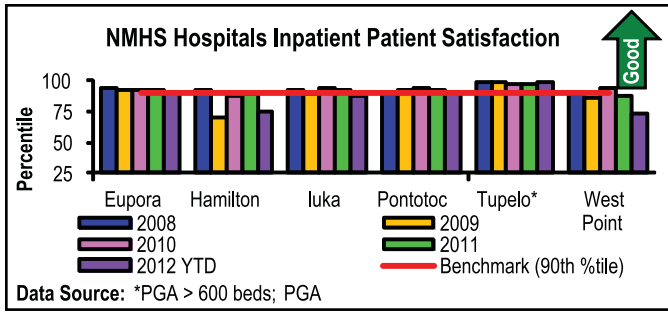
7.2-1: The 34 clinics, strategically located throughout the NMHS’ service area, use PGA data to focus on the top drivers to improve PT SAT and care resulting in scores at the 90<sup>th</sup> percentile.



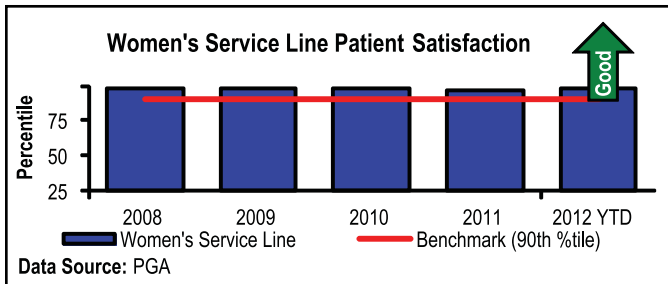
7.2-2: Outpatient services are a major component within NMHS. Each outpatient site uses PGA real time data to determine unique service expectations and have a relentless focus to exceed those expectations. Note in this category “NMHC” is referred to as “Tupelo.”



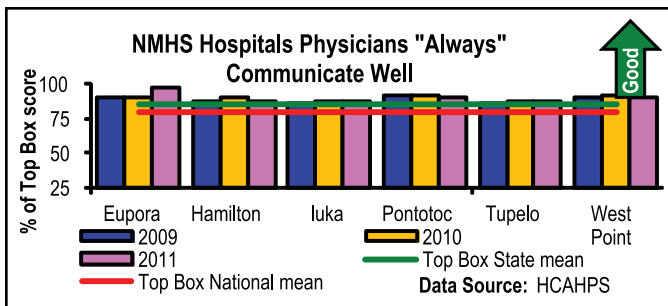
7.2-3: With more than 137,000 annual visits, ESDs represent another major service setting. They focus on top drivers with wait times being a key area and the challenge of increasing volumes as more patients use ESDs for primary care (7.1-21). Even with the challenge, we set our goal at the 90<sup>th</sup> percentile.



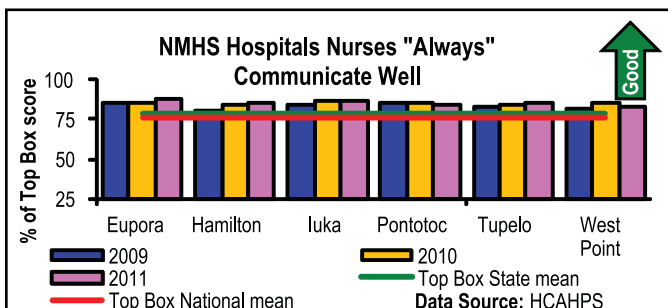
7.2-4: All NMHS inpatient ENTITIES are consistently at, above or close to the top decile.



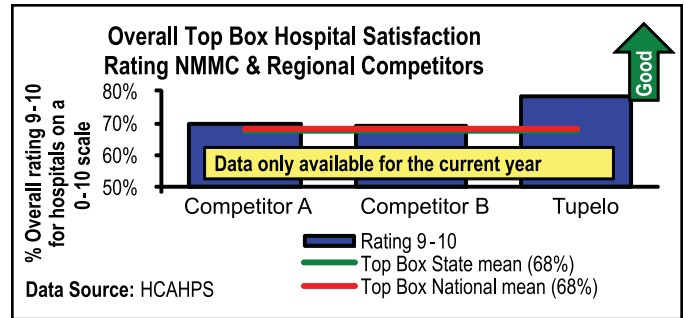
7.2-5: As part of PFC, NMHS reviews PT SAT across the life span – from prenatal to hospice. The Women’s Service Line enhances its discharge phone call program by partnering with NURSE LINK to ask questions specially designed for new moms and hysterectomy patients (3.1a(1)). Women’s scores exceed the 95<sup>th</sup> percentile in PT SAT for five consecutive years.



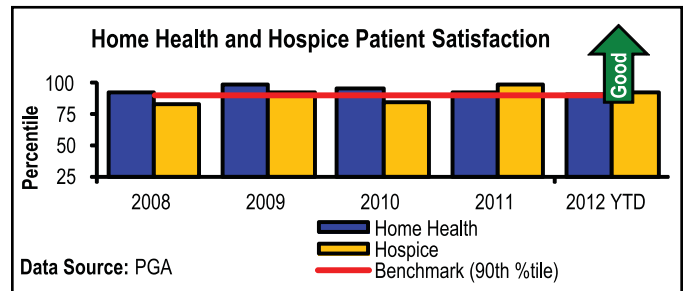
7.2-6: HCAHPS provides inpatient satisfaction data comparison both on state and national level. NMHS ENTITIES compare against those patients who rated us either a nine or 10, which are the highest and considered TOP BOX scores. As evidence of the integrated role of the medical staff as members of the WF, the medical staff of each NMHS ENTITY also achieved consistently high scores from patients.



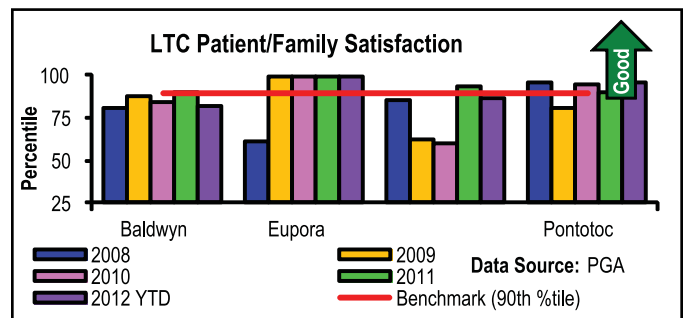
7.2-7: In addition to the medical staff in 7.2-6, our nurses validate that PEOPLE who provide a caring culture is a distinctive CC. Our nurses’ consistently score above the national and state TOP BOX comparisons.



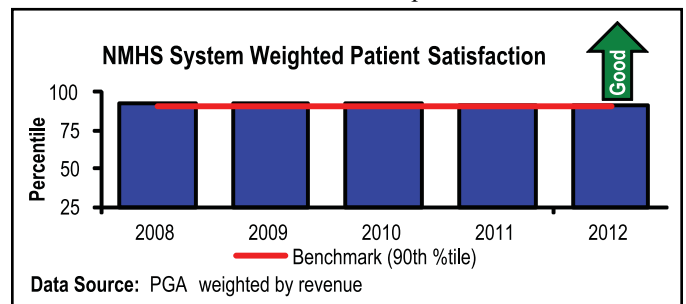
7.2-8: HCAHPS provides an excellent way to compare overall inpatient hospital satisfaction and loyalty at NMMC with our key competitors in our service area. We have the highest percentage of TOP BOX ratings in our service area based on the latest available data.



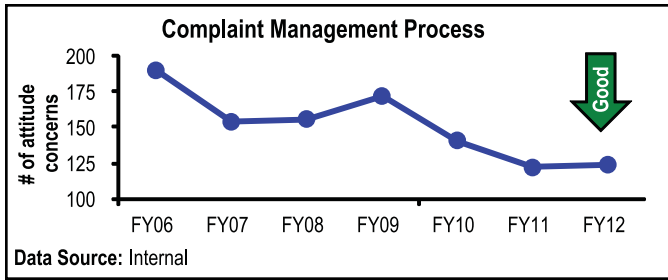
7.2-9: Home Health covers 17 counties, treating over 3,000 patients a week in their homes. Regardless of where care is delivered, our PEOPLE focus on their patients’ unique satisfiers to maintain results above the 90<sup>th</sup> percentile. Hospice staff uses PGA data to ensure patients and families are satisfied and engaged in their end-of-life issues.



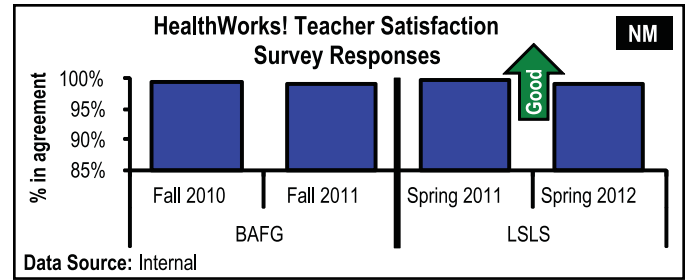
7.2-10: The patients who stay with us the longest, our LTC residents, are satisfied at or above the 90<sup>th</sup> percentile in almost all years. Changes made at the Hamilton CH in 2010 resulted in top decile scores in 2011 and sustained improvement in 2012.



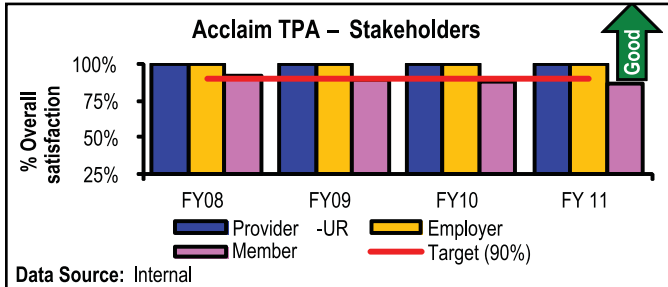
7.2-11: The weighted index is an innovative management index tool utilized in F.5.2-1 with consistent > 90<sup>th</sup> percentile results.



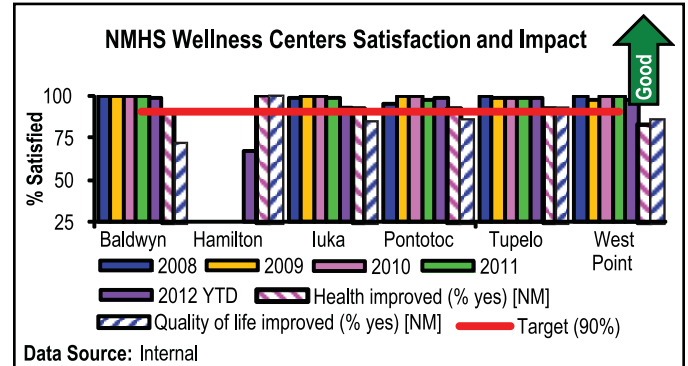
7.2-12: CARELINE provides 2-way communication and immediately actionable feedback (3.1a(1)). In response to CARELINE trends, we have implemented and fully integrated patient service processes, such as hourly rounding. Complaints regarding attitude have dropped by almost half (3.1b(3)).



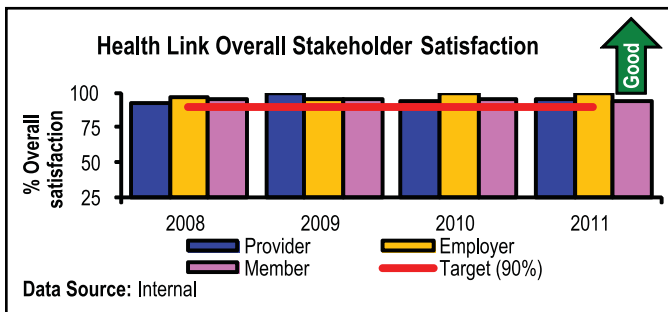
7.2-16: One ongoing PFC effort in NMHS' service area is the battle against childhood obesity via HEALTHWORKS!. 99-100% of sampled teachers agreed that the classroom programs (BE A FOOD GROUPIE and LEARNING SMART LIVING STRONG) enriched or reinforced their students' knowledge (7.4-19).



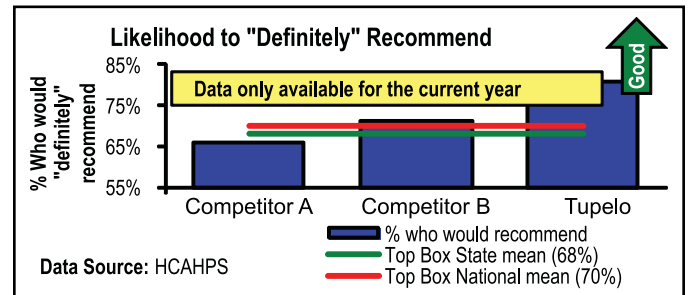
7.2-13: ACCLAIM processes claims for self-insured plans achieving near perfect satisfaction from employers and providers and 90% satisfaction from members.



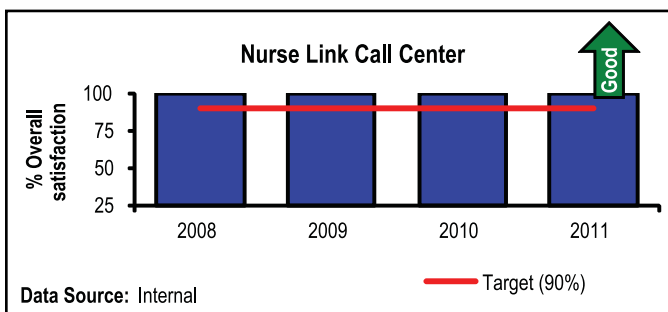
7.2-17: Wellness Centers represent a major service setting for COMMUNITY HEALTH and wellness and our MISSION focus on improving the health of people in our region. In this PFC measure we achieve consistently at or close to 100% satisfaction. Of key importance is that over 90% indicate that their health and quality of life have improved (7.4-20).



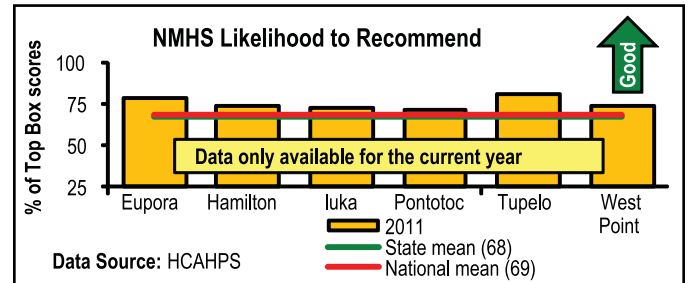
7.2-14: NMHS understands the importance of relationships with stakeholders in our PPO and consistently scores above the top decile.



7.2-18: HCAHPS offers the most direct measure of loyalty and engagement compared to competitors. Tupelo has the highest percentage of TOP BOX ratings in our 24-county service area and graph 7.2-19 validates strong patient loyalty and engagement with our CHS at well above state and national scores.



7.2-15: NURSE LINK, a free community service providing callers with health information and recommendations by using physician approved, computerized protocols, maintains a high volume of annual calls and high community caller satisfaction (7.4-15).



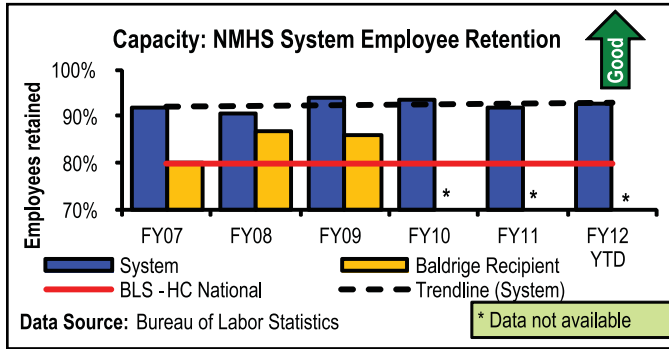
7.2-19: In 2011, Kaiser Health News reported that patients in the Tupelo service area were among the happiest patients in the nation (sixth happiest market).



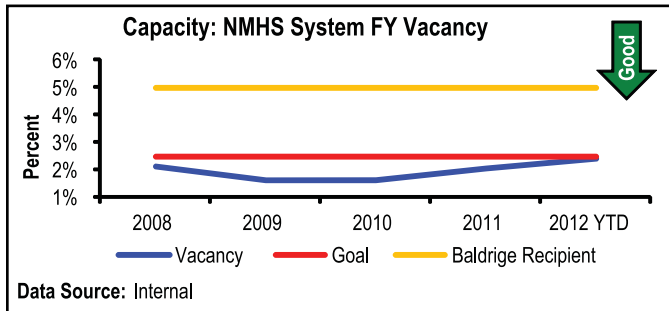
### 7.3 Workforce-Focused Outcomes

We believe the existence of a CC must be validated by results. Our PEOPLE results demonstrate excellent performance levels, sustained beneficial trends and industry benchmark leadership. As sustained high levels and trends serve as our future targets, we do not believe projections are value-added.

#### 7.3a(1) Capability and Capacity



7.3-1: Retention is a strong indicator of employee loyalty and showcases the success of our “grow our own” philosophy as employees enjoy multiple career choices via our robust career advancement/job transfer process. Our retention rate far surpasses national BLS data comparisons.

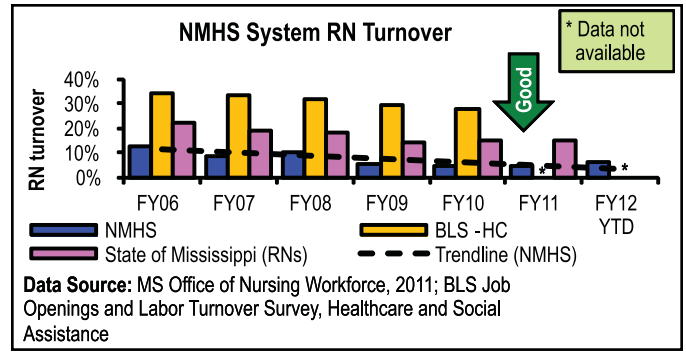


7.3-2: Our internal goal of 2.5% for system job vacancies surpasses a recent Baldridge Award recipient. Our results are even better with a vacancy average of 2.06% for FY11. People stay within our system to provide the WF CAPACITY necessary for world-class HC.

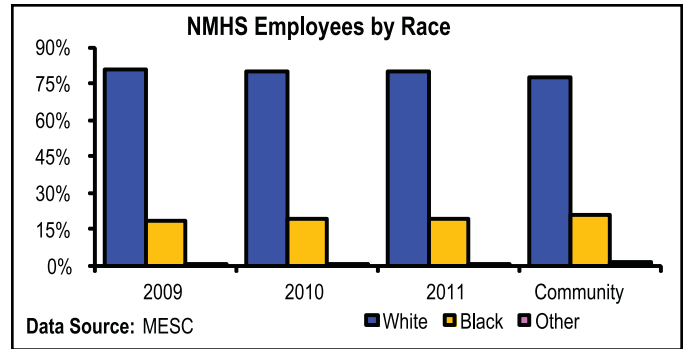
Capability: EXCEL Performance Distribution North Mississippi Health Services				
	2009	2010	2011	Ideal
Consistently exceeded	10.34%	11.09%	10.75%	10%
Met with commendation	38.96%	38.66%	37.94%	35%
Fully met expectations	48.06%	46.94%	48.61%	50%
Met with recommendations	2.54%	3.19%	2.55%	4%
Did not meet	0.10%	0.10%	0.14%	1%

Data Source: Internal

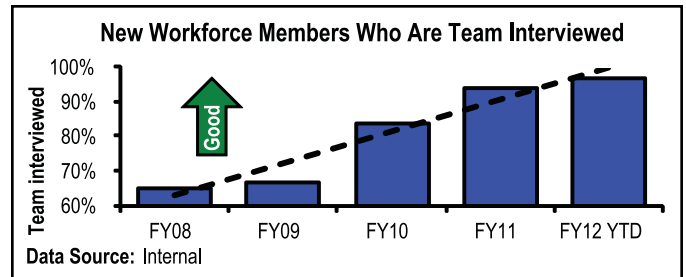
7.3-3: NMHS requires annual EXCELS for all employees. We have consistently maintained <1% of staff who Did Not Meet in job performance. A fully aligned and deployed process for 30-60-90 day APS for all who fall into this category effectively deals with unacceptable job performance as it occurs.



7.3-4: A defining standard in an organization’s WF CAPACITY AND CAPABILITY and WF engagement is RN turnover rate. NMHS rates are well below MS and published BLS-HC turnover rates.



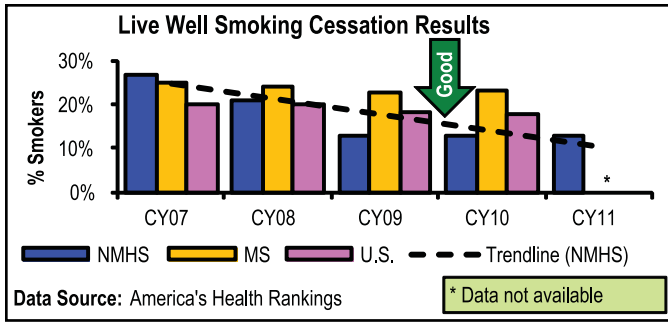
7.3-5: Our approach to diversity ensures and our results validate that NMHS employees are reflective of our regional demographics, described in this chart representing a 24-county region in north-east MS and northwest AL for FY11.



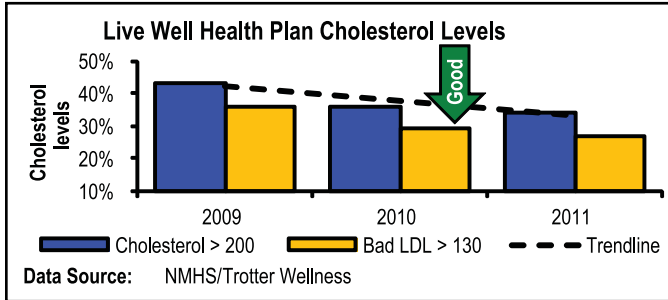
7.3-6: NMHS incorporates team interviews into the new hire process as evaluation of a prospective teammates’ capability and to foster easy assimilation into our culture. In 2011, 95% of all new employees were team interviewed.

#### 7.3a(2) Workforce Climate

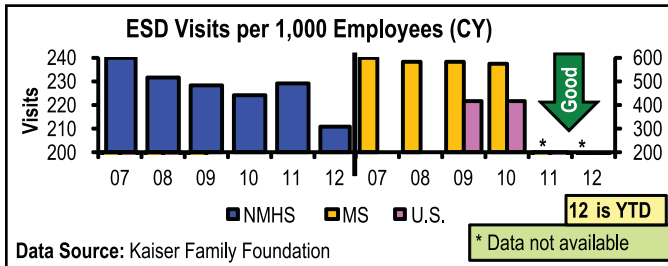
One way NMHS accomplishes its MISSION is through a targeted, outcomes-based health plan for our WF. The LIVE WELL EMPLOYEE INCENTIVE PLAN goals are: 1) Improve the health of employees and covered spouses; 2) Reduce utilization; and 3) Reduce costs.



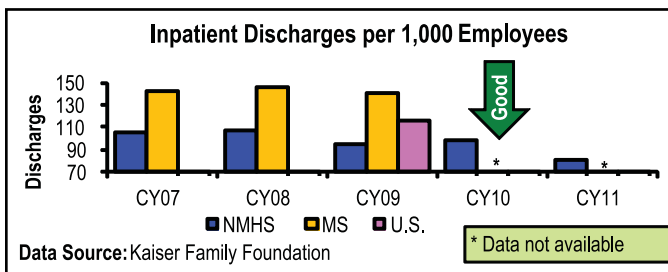
7.3-7: In 2011, we achieved an extraordinary staff/spouse participation level in our HRA (5.1b(1)) of 6,850 (83%) of all covered lives. One major result is the dramatic decrease in smokers.



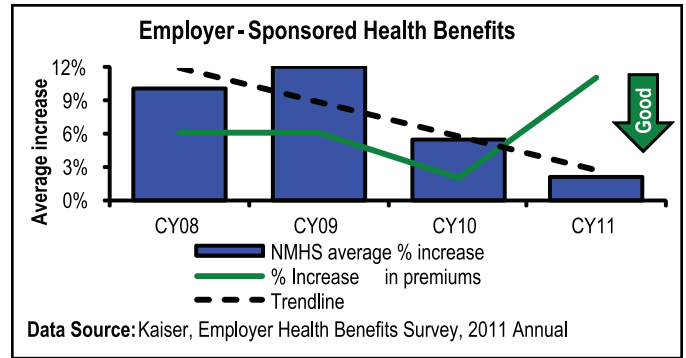
7.3-8: The Live Well program also targets other biometrics including cholesterol/LDL levels with results showing a clear and sustained relational improvement.



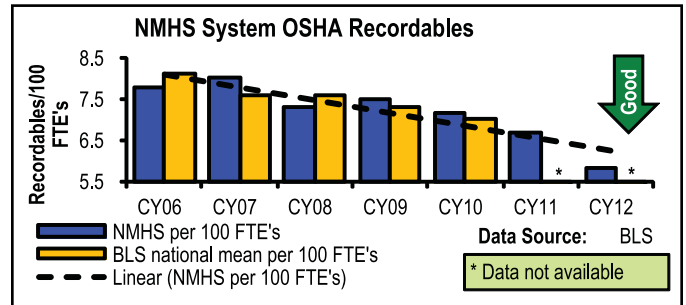
7.3-9: NMHS staff utilizes the most appropriate access points/levels of HC for their needs. Live Well results showcase superior numbers of low ESD visits when compared to both our state and national averages (note difference in scales).



7.3-10: Inpatient discharges show both a sharp decline internally and superior performance against state and national levels, demonstrating improved employee health and reduced increases in the cost of health benefits.

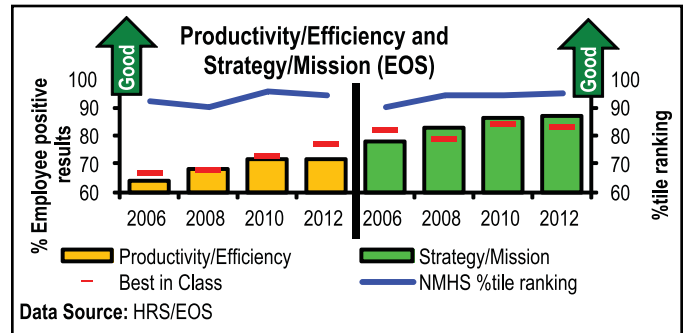


7.3-11: The Live Well Health Plan Committee used the CBCM approach and focused on staff/spouse wellness to help control costs. This slowed the spiraling health plan costs in 2008 and ultimately led to a reversal of the cost curve – an amazing accomplishment in today's HC environment.

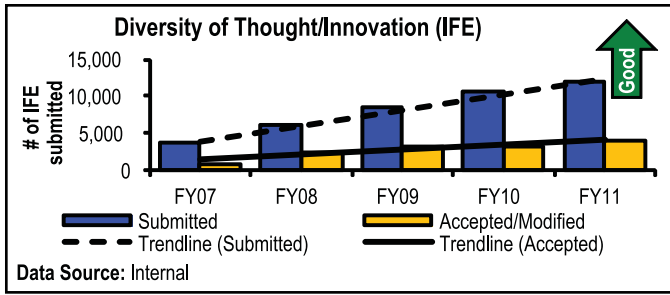


7.3-12: A key result showcasing diligence to workplace safety is the sustained six-year downward trend in OSHA recordables.

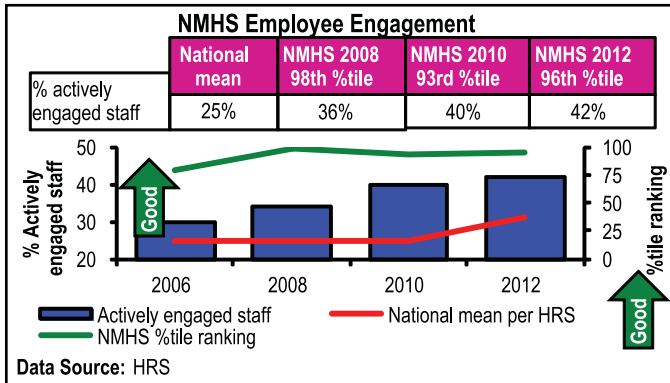
7.3a(3) Workforce Engagement



7.3-13: NMHS contracts biannually with HRS to perform a comprehensive EOS. More than 90% of all staff participate. NMHS EOS results are compared to 540 other hospitals/HC systems, including several past Baldrige winners. In the most recent survey, we achieved "Best in Class" (top 10%) in 15 of the total 18 dimensions and were the highest scoring HC provider (99th percentile) in communication, promotion/ career advancement and in three other supervisory dimensions.

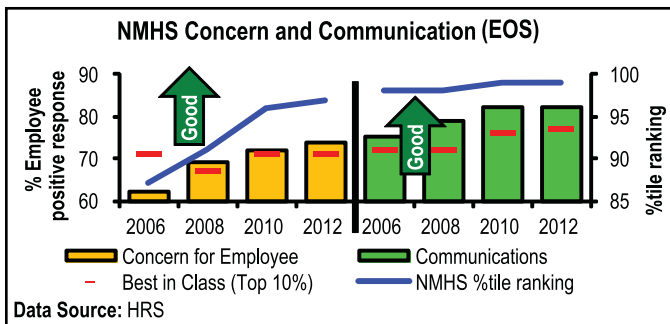


7.3-14: The IFE program establishes a strong link to all five CSFs in the submission process and brings a constant flow of innovative ideas that address each area (7.1-16). We have experienced a steady growth of total IFES submitted and in the number of IFES accepted.



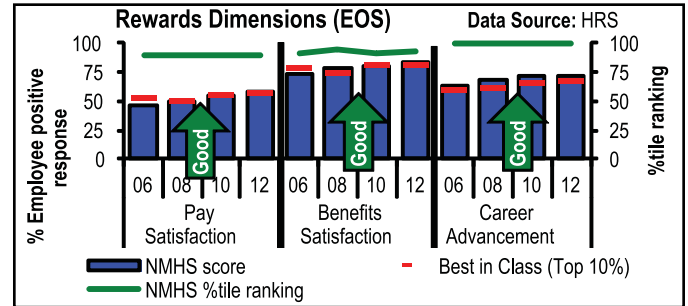
7.3-15: As the top organization in their total industry database, HRS recognized NMHS in 2012 for their superior levels of employee engagement (7.4-1).

7.3-16 (bottom of page)

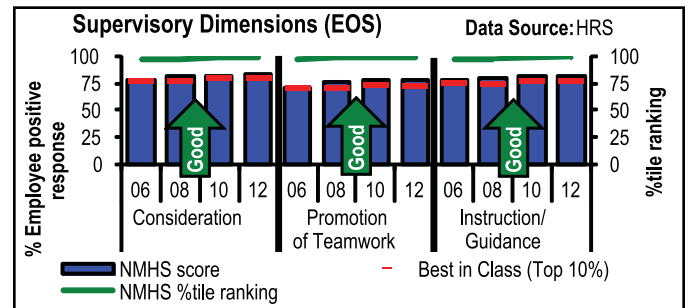


7.3-17: The Concern for Employee dimension measures how employees believe the organization values them. Our 97th percentile rating in 2012 is a new all-time high mark and topped the

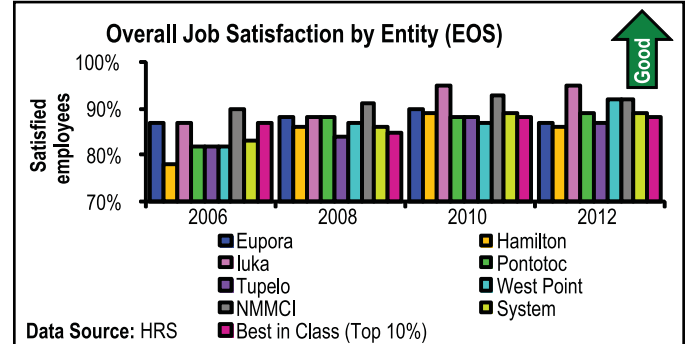
Best in Class organizations in the HRS database. Our ranking at the 99th percentile for Communication is also a key driver of WF satisfaction and organizational effectiveness (7.4-4).



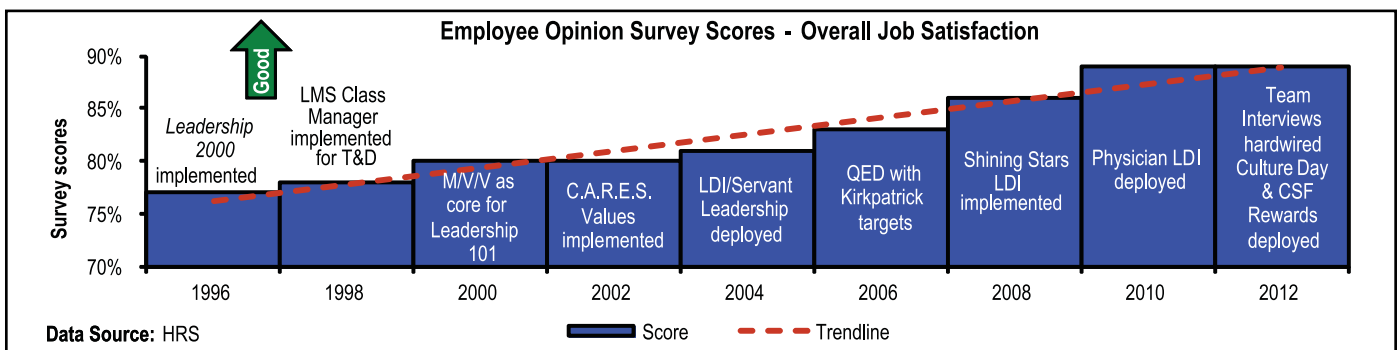
7.3-18: Employee satisfaction with rewards includes elements of pay, benefits and career advancement. All demonstrated very high levels of achievement compared to top decile in all years.



7.3-19: In 2012 we were the highest scoring HC system in the HRS database in three supervisory dimensions. We attribute these results to our dedication to the CC of PEOPLE and the systems that support this element.



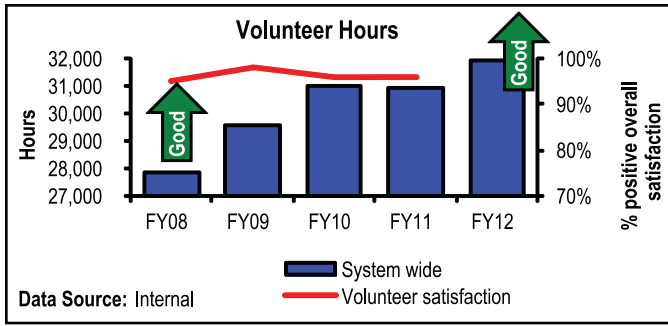
7.3-20: This chart provides a systemwide breakdown of the high levels of employee satisfaction at each ENTITY. In 2008 and 2010 each ENTITY improved to at, close or better than top decile Best in Class results. We continued this high mark with our overall 2012 survey results.



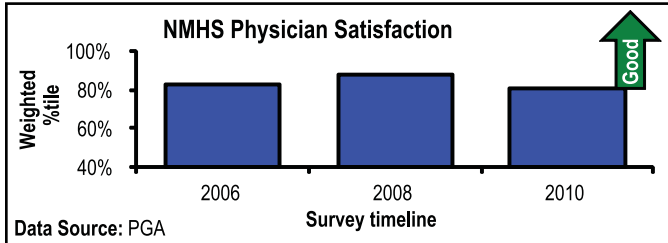
7.3-16: NMHS overall job satisfaction scores in the EOS have improved steadily since 1978 culminating in our 2012 survey

which placed us in the 99th percentile, as Number One in the HRS database and Best in Class further validating PEOPLE as our CC.



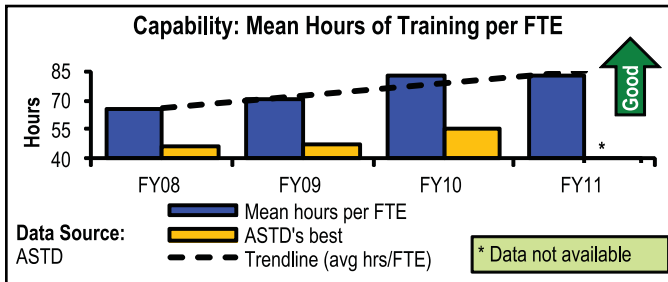


7.3-21: An engaged WF is reflected in an engaged volunteer service. NMHS has shown growth in both hours of volunteer time and consistent 95% or better volunteer satisfaction.

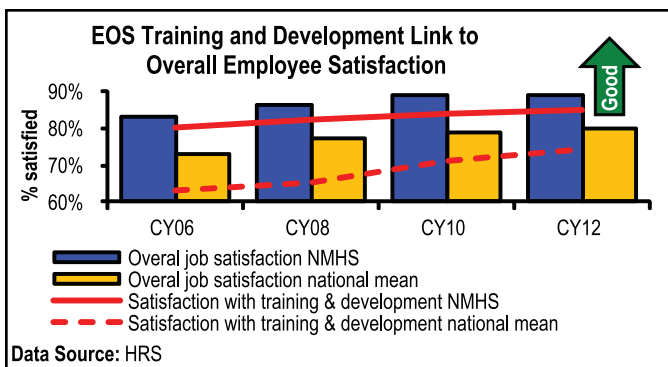


7.3-22: An engaged WF is reflected in an engaged medical staff. Our physicians are actively engaged in our PLI, administration and clinical training. An indicator of their engagement is in the high level of satisfaction achieved.

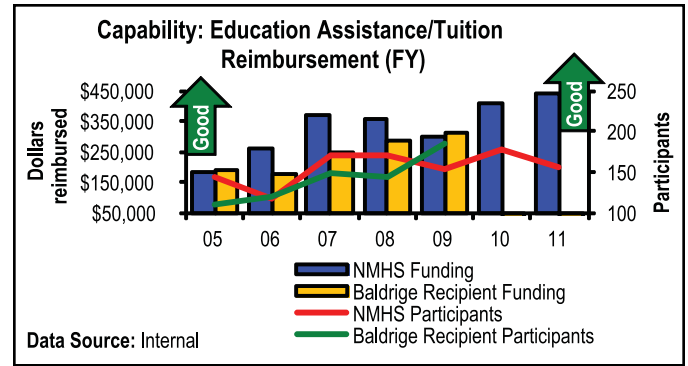
7.3a(4) Workforce Development



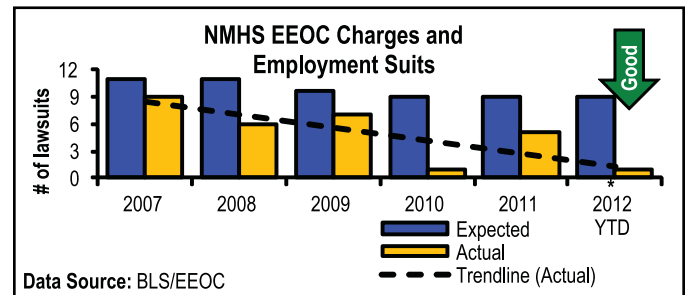
7.3-23: NMHS provided more than 82 hours of training per FTE in FY11, topping the ASTD BEST Award winners, another indicator of our commitment to developing our CC of PEOPLE.



7.3-24: Commitment to WF training and development and employee satisfaction is related. Employees were positive (99th percentile) and were **four percentage points** higher than the Best in Class benchmark provided by HRS for comparison.



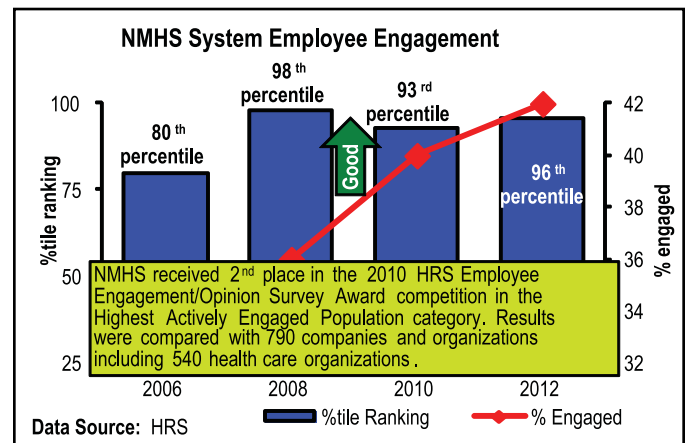
7.3-25: NMHS encourages WF development by supporting employees who choose to pursue advanced degrees and other career upgrades. Tuition funding has more than doubled in seven years (5.2c(3)).



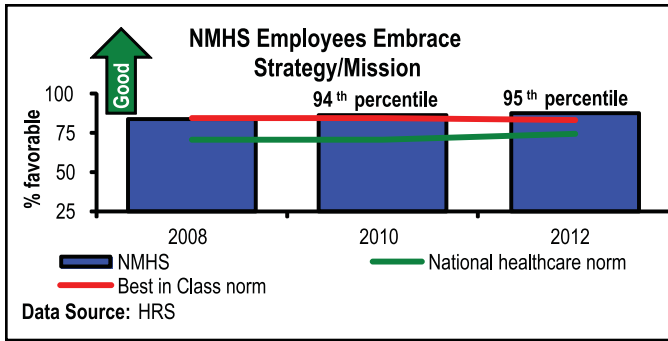
7.3-26: Our low level of employment litigation is another indicator of employee satisfaction and leadership development (7.4-9). These outcomes demonstrate the impact of the Kirkpatrick Model of training (F.5.2-3). The reinforced training of leaders on Employee Relations results in few EEOCs.

7.4 Leadership and Governance Outcomes

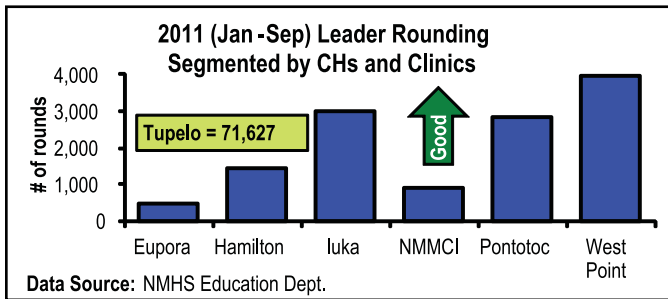
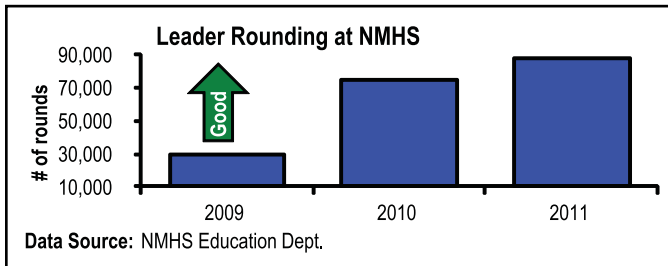
7.4a(1) Leadership



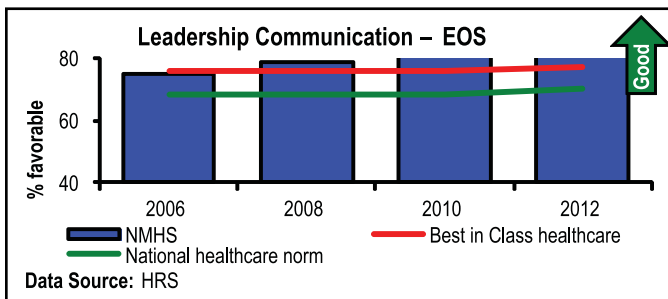
7.4-1: There is clear and sustained evidence that our multiple reinforcing communication and engagement methods produce sustained industry leading top decile WF results (7.3-15).



7.4-2: NMHS has processes in place that encourage our employees to embrace the mvv as deployed by leadership.

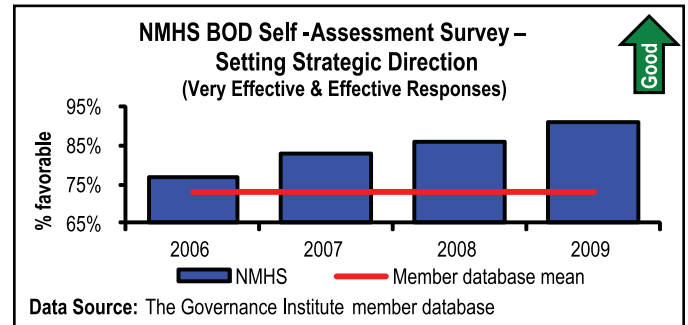
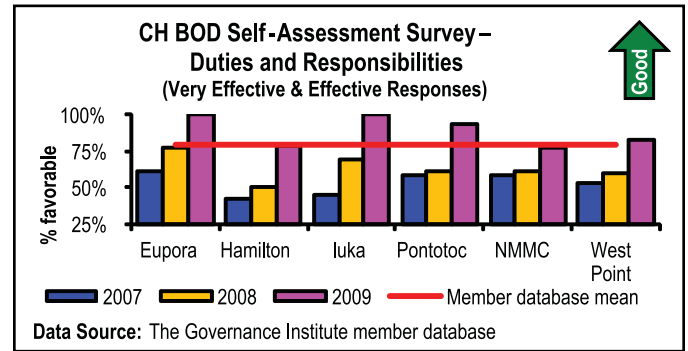


7.4-3a&b: NMHS recognizes that LEADER ROUNDING is an incredibly valuable tool to aid our employees' understanding of the external environment and their role in responding to it. It is the core of leader work with over 80,000 rounding visits in 2011. Leaders also benefit from becoming better acquainted with staff, opening the lines of communication, and developing respect and trust based on improved relationships.



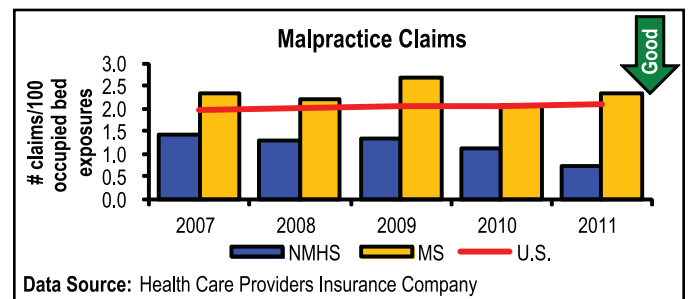
7.4-4: Biennial EOS measures the effectiveness of NMHS leader communication. NMHS continues to excel achieving the 99<sup>th</sup> percentile and Best in Class scores in 15 of 18 dimensions in the 2012 survey placing NMHS in the 99<sup>th</sup> percentile of the HRS national database (7.3-17).

7.4a(2) Governance



7.4-5a&b: Consistent with our belief in top-down empowerment, the NMHS BOD assigns significant responsibilities to CH BODs to secure local governance, strategic input and sense of ownership. In 2009 the board of every CH met or exceeded the Governance Institute benchmark.

7.4a(3) Law, Regulations, and Accreditation



7.4-6: NMHS provides high quality and safe care to its patients, as reflected in malpractice claims frequencies. NMHS' malpractice claims frequency has declined since 2007 remaining well below state and national levels for five consecutive years.

Accreditation, Regulatory, Legal Compliance	
Current results	
<b>Required accreditations and certifications</b>	
TJC - Eupora, Hamilton, Iuka, Pontotoc, NMMC, West Point	Fully accredited
ACR - MR, Mammography	
ICAVL - Vascular Lab	
MSDH	
NCQA - HealthLink, Clinics, FMRC	Accreditation with commendation
AASM - Iuka, NMMC, West Point	
CARF - NMMC Inpatient Rehab	
ACCME - NMHS Continuing Medical Education Program	Gold Seal of Approval
<b>Surpassing requirements</b>	
TJC - Stroke Center	Zero sanctions 1st level accreditation
OIG	
SRC - Bariatric Surgery	Fully accredited
SOX	
CAP - FMRC, NMMC	Full compliance
ACS - Cancer Center	
Data Source: Accreditation Dept.	

7.4-7: We possess a long history of surpassing basic requirements by seeking a large number of voluntary accreditations and securing the validation of numerous performance recognition programs and organizations (1.2b(1)).

Awards	
	Year(s)/Entity
MBMQA	2006 NMMC
MNA & MNF Hospital of the Year	2006 NMMC
Verispan Top 100 IHN	2002-2007, 2011 NMHS
100 Most Wired Hospitals & HC Systems	2001-2012 NMHS
PGA Compass Award	2007 NMMC ESD; Iuka Outpt & ESD
H&HN 25 Most Wireless	2004-2006, 2008-2009 NMHS
USHHS Medal of Honor Organ Donation	2006-2010 NMMC
TR 100 Top Hospitals, Everest	2008 NMMC
Modern Healthcare's 100 BPWA	2009 NMHS
VHA Leadership Award	2009 Iuka; 2009 Hamilton
HRS EE/OS Award	2010-2011 NMHS
Premier Quest Award	2010-2011 Iuka
VHA Leading Practice Hospital	2011 Hamilton
TR 100 Top Hospitals	2011-2012 NMHS
Data Source: Marketing Dept.	

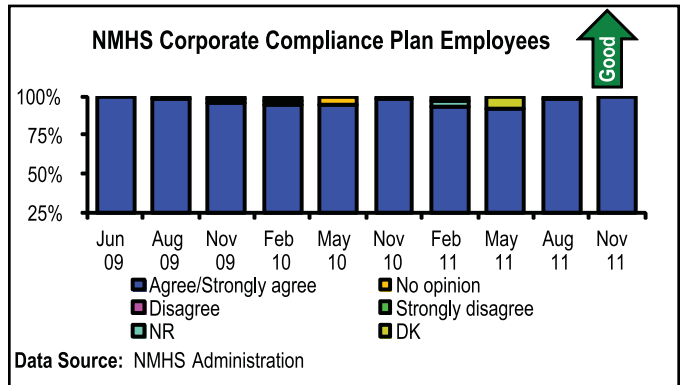
7.4-8: Our commitment to surpass basic regulatory expectations has been recognized as is evidenced by the myriad of awards received. In the last five years we've had several hundreds of visitors from across the U.S., as well as from England, Japan and New Zealand. We've also shared our practices with hundreds more via webinars, teleconferences, publications and live presentations.

7.4a(4) Ethics

NMHS' Ethics Measures

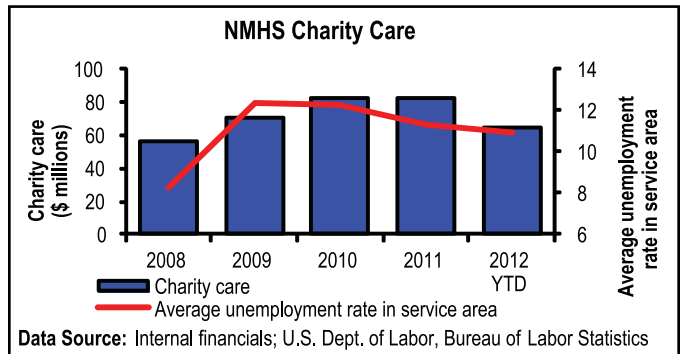
Internal Assessment	Dates	Results
Employees trained: Corporate Compliance	2007-2010	100%
Employees trained: Ethical Behavior	2007-2010	100%
Compliance hotline calls/investigations	2006-2010	71 calls
Ethical and legal violations	2007-2010	0 violations
Internal audits	2007	81 audits
Data Source: NMHS Administration	2008	88 audits
	2009	84 audits
	2010	88 audits
	2011	81 audits
	2012 YTD	80 audits

7.4-9: Ethical decision-making is the cornerstone of NMHS culture. Ethical training, responses to employees ethical concerns and a robust audit process have resulted in fewer EEOC filings (7.3-26).



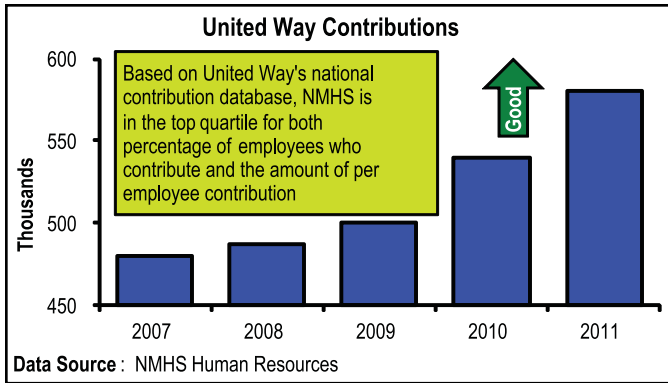
7.4-10: The NMHS Corporate Compliance Plan summarizes the virtues and principles that should guide each employee, physician, agent, consultant, contractor, representative, and supplier actions in carrying out the NMHS MISSION and VISION. In addition to the external assessments, we perform extensive, systematic internal assessments.

7.4a(5) Society

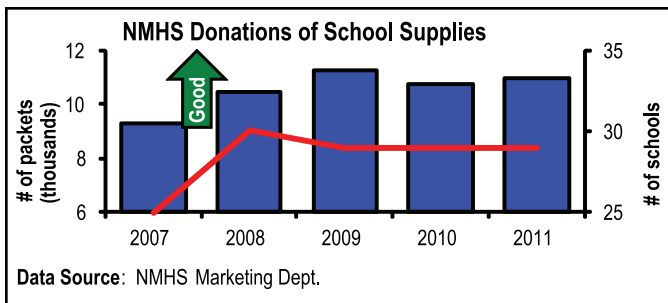


7.4-11: Charity care includes accounts written off due to the patient's inability to pay or their lack of insurance. Our levels of charity care have grown over the period shown as the unemployment rate in our service area has increased dramatically. We consider the charity care we provide a significant benefit to the community, understand it is a part of our tax exempt purpose and consider it one commitment to PFC.

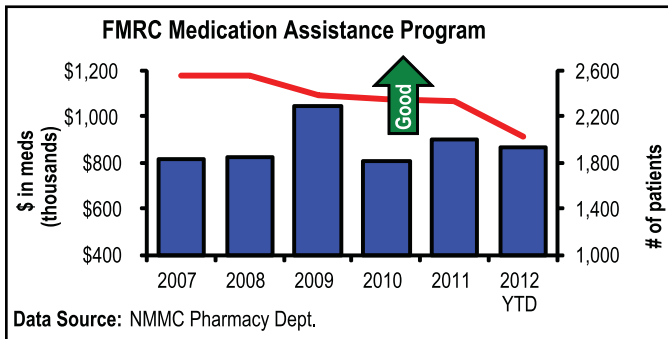




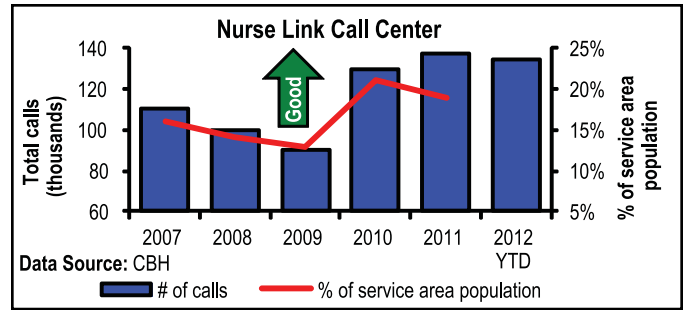
7.4-12: Over the last five years, NMHS has contributed more than \$2.6 million to United Way of Northeast MS. These employee contributions helped United Way agencies provide 107,870 meals, 14,416 prescriptions, clothing for 3,093 people and utilities assistance for 994 families.



7.4-13: NMHS has donated more than 46,000 packets of school supplies since 2006 to elementary students in 30 public schools in 10 school districts in eight counties. Many other organizations receive sponsorships and in-kind support, including \$350,000 for Project Hope and \$130,000 for Race for the Cure.



7.4-14: FMRC provides the MAP as a safety net to patients who cannot afford their medications. In addition, eight patient assistance funds, maintained through employee and community contributions, have provided over \$1.7 million in assistance over the last five years to purchase medication and other services for needy patients. \*The decline in assistance in 2010 is attributed to increased Medicare and Medicaid prescription assistance programs.



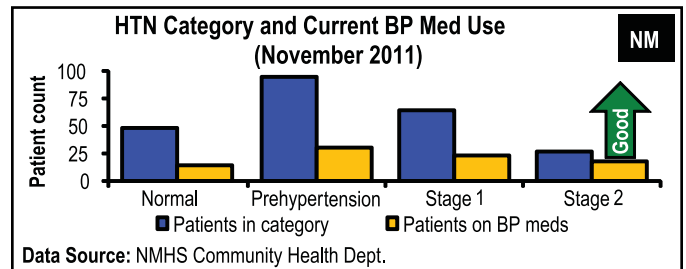
7.4-15: NURSE LINK CALL CENTER is a free community service that triages symptom-based calls and utilizes physician-approved, computerized protocols and reference material (3.2a(2)) (7.2-15).

**Live Well Community Health Initiative**

	2008	2009	2010	2011	YTD
Participants	246,805	214,066	255,692	212,704	138,546
Screening mammograms	10,073	10,812	10,760	12,055	10,911
SHC treatments	62,795	64,074	56,140	66,294	25,273
Free flu shots	6,242	1,640 *	4,746 **	4,450 **	N/A
WC members	7,321	6,862	6,929	7,150	7,204
WC visits	435,702	448,519	456,046	459,467	388,296

\* National vaccine shortage resulted in delayed arrival of supply  
 \*\* More community sites are offering the vaccinations earlier

7.4-16: Through the LIVE WELL COMMUNITY HEALTH INITIATIVE, NMHS touches the lives of hundreds of thousands of individuals each year. Since 1995, NMHS has provided more than 50,000 free influenza vaccinations and more than 40,000 free childhood immunizations. Remarkably, the number of people who attend one of our free health fairs equates to almost 1 out of every 3 residents in the region (7.2-17; 7.4-17).



7.4-17: LIVE WELL Health Fair participants' BP screening results were analyzed as part of a new collaborative effort with Pfizer to identify areas of opportunity to increase awareness about risk factors of hypertension, improve medication use compliance, enhance knowledge regarding a healthy lifestyle and provide early detection of disease (1.2c(2)).

**Community Health Assessment Indicator – Adults Reporting**

	Good	NMHS		
		2004	2007	2010
Current smokers	↓	21.6%	18.2%	15.6%
Blood cholesterol test	↑	61.1%	75.1%	79.0%
Blood glucose test	↑	44.0%	57.0%	58.0%

Data Source: MSU-SSRC

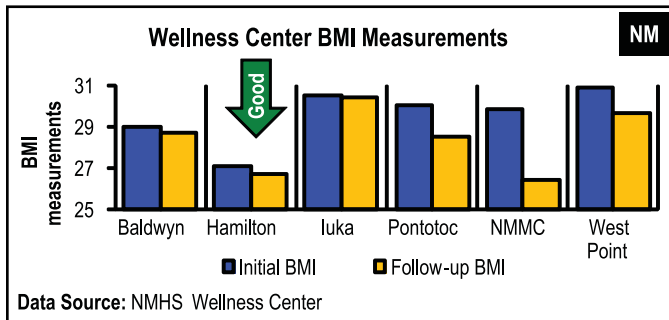
7.4-18: The triannually repeated CHA confirms NMHS' commitment to prevention and wellness. While the rest of MS is well above the national smoking rate average of 17.3%, the NMHS service area at 15.6% is below the national rate over a six-year

downward trend. The rate of individuals having blood cholesterol tests in the NMHS service area has increased to now being higher than the rate in the rest of MS. There is no data available for the blood glucose test for MS or the U.S.

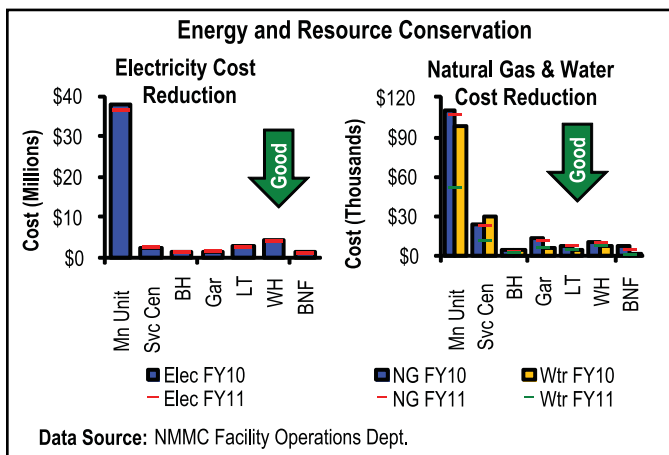
HealthWorks! (2010-2012) <span style="float: right;">NM</span>		
Learning Assessment Questions	Correct Answers	
	Pre-test	Post-test
A serving of butter should be about the size of tip of thumb	38.6%	72.5%
What do whole grains do for the body	42.9%	83.2%
When choosing fruits and vegetables, choose many different colors	32.0%	71.4%
Which food gives you energy the longest amount of time	48.4%	72.6%
Our pulse tells how fast our heart is beating	73.1%	87.0%

Data Source: MSU-SSRC

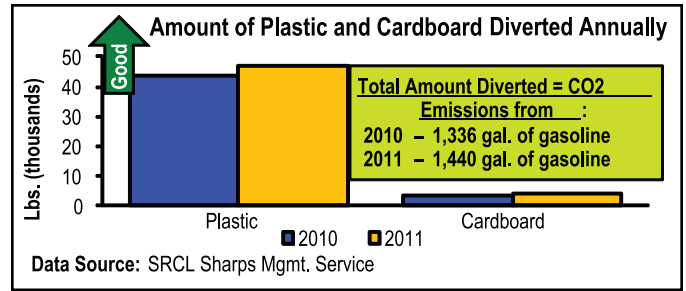
7.4-19: Student knowledge of nutrition increased significantly following HEALTHWORKS! BAFG and LSLs programs. All of sampled teachers agreed that the classroom programs enriched or reinforced their students' knowledge (7.2-16).



7.4-20: Mississippi is one of the most obese states in the U.S. with the most residents having a BMI over 30. We proactively measure the BMI of all new Wellness Centers' members at their initial visit and again in six months and 12 months and follow up with exercise and nutrition programs (7.2-17).



7.4-21: From 2010 to 2011 electricity costs were reduced by 6% and natural gas costs were reduced by 20% in seven major buildings.



7.4-22: NMMC participated in the Shred-it™ shredding and recycling program and saved 4,746 trees from destruction in 2010. NMHS was the first hospital system in the nation to use ozone applications in laundry operations.

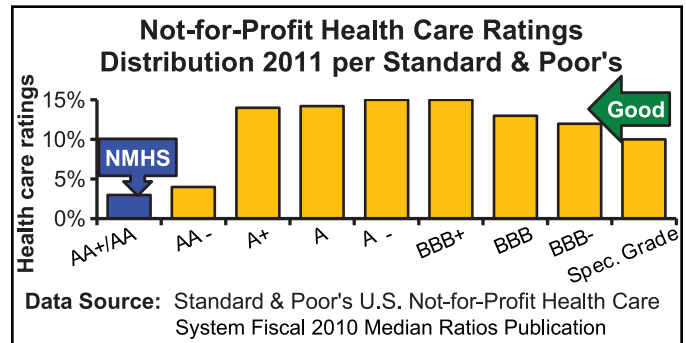
### 7.5 Financial and Market Outcomes

#### 7.5a(1) Financial Performance

NMHS has a long history of strong stable financial results in one of the most economically compromised regions in the country. The components of the NMHS system came together in the mid-1990s as a hub and spoke system that provides easy access and efficient operations that benefit patients and stakeholders. Prudent planning and stewardship of the funds created from those financial results over the years as well as a dominant market position have resulted in significant accumulated cash reserves that provide flexibility and INNOVATION.

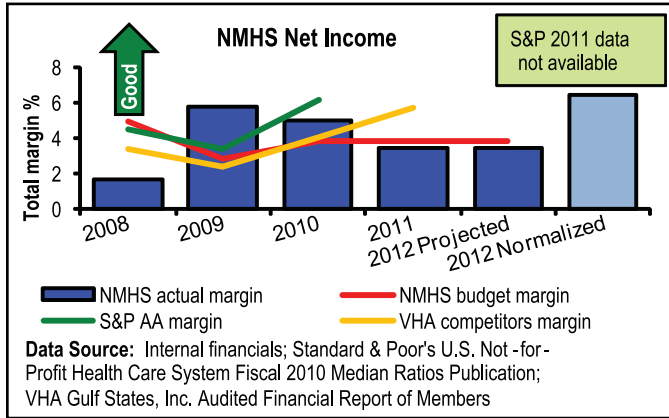
Since the State of Mississippi requires minimal HC data reporting, we have no timely or valid benchmark data for our direct competitors. Therefore, in the results that follow, we use financial data from the VHA Gulf States organization as a proxy for competitor benchmarks. VHA is a network of not-for-profit HC organizations that work together to discover performance improvement opportunities including sharing benchmarking data. VHA Gulf States is comprised of 29 member hospitals within Louisiana, Mississippi and Tennessee. Our results are generally significantly stronger than the rest of the VHA network; therefore, we are only presenting this data as a reference point for our competition.

A crowning achievement of our financial results was the attainment of an AA bond rating in 1993, an accomplishment achieved by only 4% of HC organizations. AA rating represents the industry benchmark which we use for comparative purposes in Category 7.5.



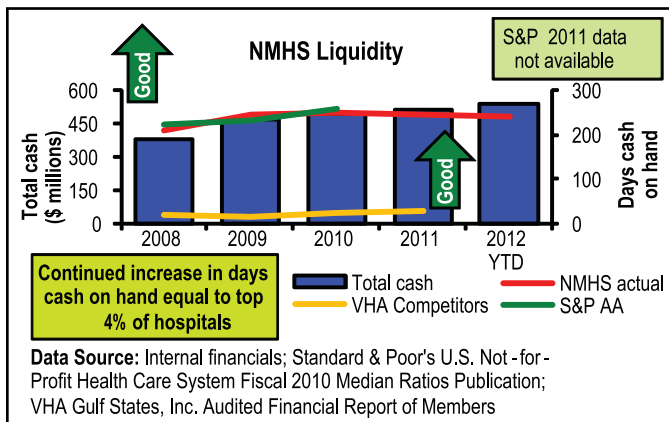
7.5-1: The 1993 upgrade occurred during a time when there were a significant number of HC industry downgraded ratings. The primary factors for the reaffirmation were continued favorable improvement in operating profitability and operating cash flow,

significant cash reserves resulting from positive past results, a strong balance sheet, historic strong financial performance, and a dominant position in our market. The AA credit rating is a clear, objective measure of our financial strength compared to other HC organizations. NMHS is the only AA rated HC organization in Alabama or Mississippi.

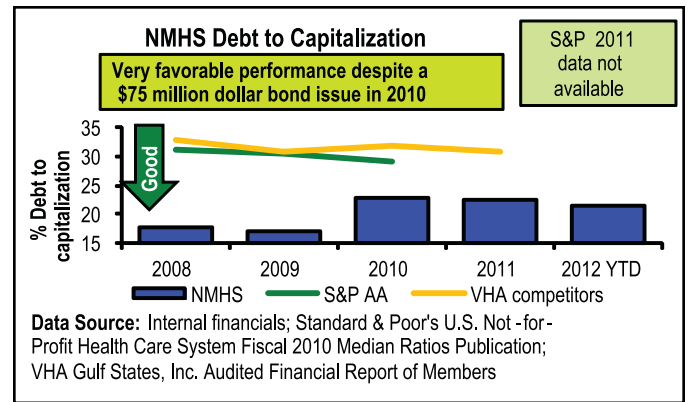


7.5-2: NMHS' profitability results from strong operations as well as significant investment income. This combination gives us the ability to overcome reductions in reimbursement, operational challenges or depressed investment markets. Although we strategically grew our investments over the past two decades in order to provide a means to offset declines in operational margin, we continue to make operations our top priority in the financial arena and intend for operations to always provide a significant portion of our net income. The HC industry continues to deal with minimal patient growth, decline in reimbursement from payors and increasing expenses. These issues have put pressure on the entire industry's margins. \*The decline in 2011 was due to lower investment earnings and not a result of below targeted financial results of operations.

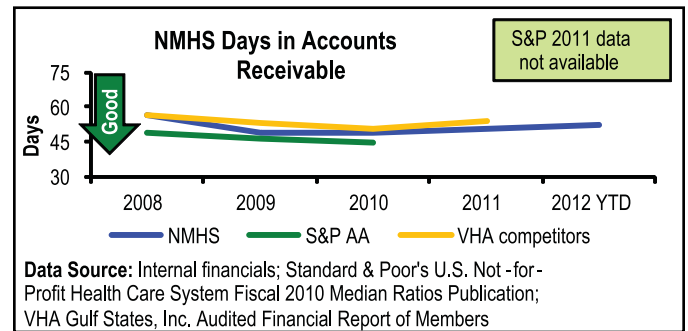
We have 2 months left in the 2012 fiscal year and we anticipate significant increase in net income. Reduction in net income in FY2012 is due primarily to the economy: with a \$10 million pension plan expense due to reduced interest rates from actuaries; and \$16 million in additional expense in bad debt.



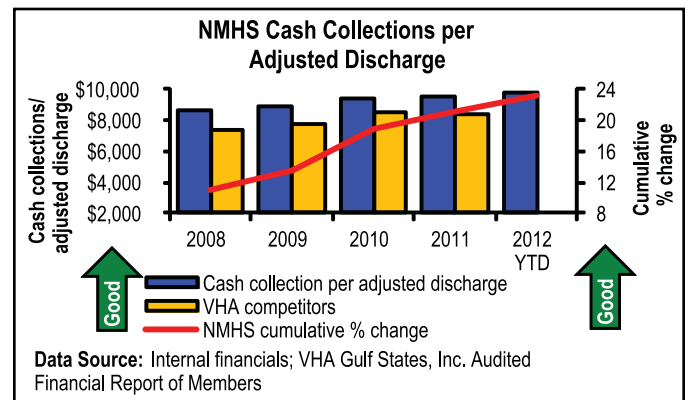
7.5-3: Liquidity is measured by the number of days cash on hand. NMHS has tracked very close to the Standard and Poor's AA median historically and has exceeded that metric for the past two years. We attribute this success to prudent financial management, including strong revenue cycle processes, significant attention to clinical documentation and coding, and management to our expense and capital spending budgets.



7.5-4: Debt to capitalization measures the proportion of total capitalization provided by debt. Clear evidence of NMHS' financial performance is demonstrated in our ability to issue \$75 million in bonds for a new patient tower (2.2a(1)) and still remain well below debt to capitalization at the AA level.



7.5-5: The improvement in days in accounts receivable since 2008 is a result of these improvements: coding, the timing of billing and centralization of patient accounting functions from our CH to our central billing office in Tupelo. These changes produced a six day (11%) decrease in days in accounts receivable over the four-year period shown. A slight increase in 2011 and 2012 is attributable to conversion to a new patient accounting information system and a continued weak economy.



7.5-6: Cash collections as measured against adjusted discharges have steadily improved over the past five years and exceed our VHA competitors with the gap widening over the time period. This improvement is the result of intensive efforts within the revenue cycle including documentation, coding, billing, and collection. Centralization of billing and collection for NMHS hospitals in 2010 was another strategy to exploit economies of scale and maximize collections ensuring we continue to serve our patients.

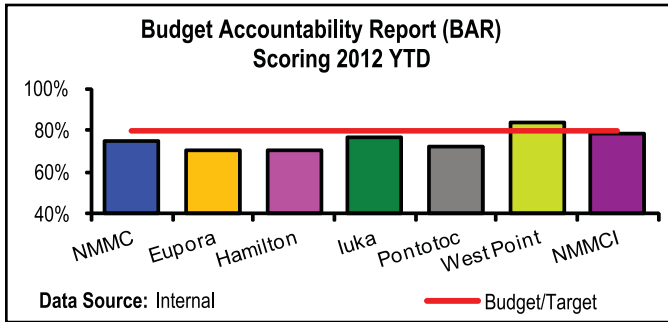


Gross Patient Revenue				
	2009	2010	2011	2012 Annualized
NMMC	\$1,193,000,400	\$1,287,875,936	\$1,359,874,204	\$1,461,160,463
Eupora	45,948,679	50,281,857	52,120,649	51,074,169
Hamilton	52,425,004	52,525,969	57,098,000	59,965,174
Iuka	36,498,613	36,452,555	42,979,287	44,654,872
Pontotoc	31,303,107	31,656,507	35,616,429	33,575,040
West Point	60,831,185	61,052,304	62,799,335	69,414,806
NMMCI	85,697,542	87,953,439	97,528,459	105,341,833

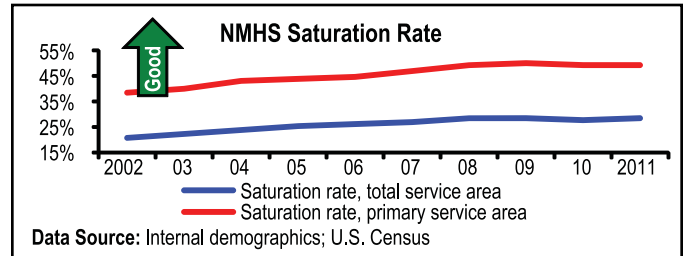
Data Source: Internal financials

(7.5-7: see below)

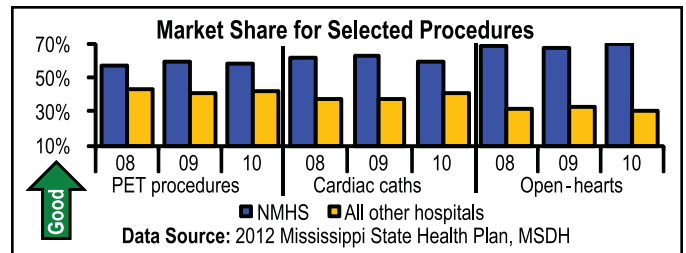
7.5-8: Gross revenue across the system has grown over the past five years due to a combination of annual price increases as well as increasing outpatient revenue that has offset declines in inpatient volumes. NMMCI also acquired some additional physicians during this period.



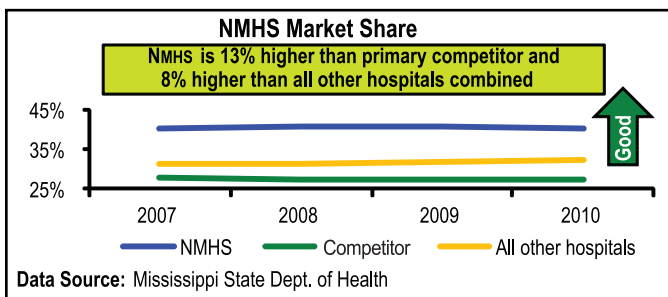
7.5-7: The BAR measures each department against a flexed budget based on their budgeted volumes. If the volumes are up, the BAR allows for more staffing and supplies budget. If the actual volumes are down, the BAR flexes the budget dollars for these expenses in line with the volume decrease. Based on a unique formula, a score of 80 results if the department is on target based on the budgeted volumes, associated revenue, cost and productivity measures. A score below 80 indicates measures are out of line with the budget and an AP is required to be submitted to the responsible SLT member. This measurement tool provides each facility with a clear focus on keeping cost in line with volume changes. This tool has been in use at NMMC since 2006 and for shorter periods at our other facilities. It has changed our cost culture in that all department managers now clearly understand the need to adjust cost to volumes. This tool, refined by NMHS, is a leading edge tool for budget control for which there is no comparative competitive information.



7.5-10: NMHS tracks its "Saturation Rate" which matches up our patient database against population by county in our area and tells us the percentage of the total population that has accessed our services. We match patient demographic data by county to the census for that county to determine the saturation rate. Each clinical encounter with an individual patient is counted once in each year. The saturation rate has increased significantly with the rate for the primary service area increasing by 26% and for the total service area 35% (F.P.1-4). We believe this is an innovative response to the limitations of the state data that allows us to evaluate the market's loyalty to our services and system.

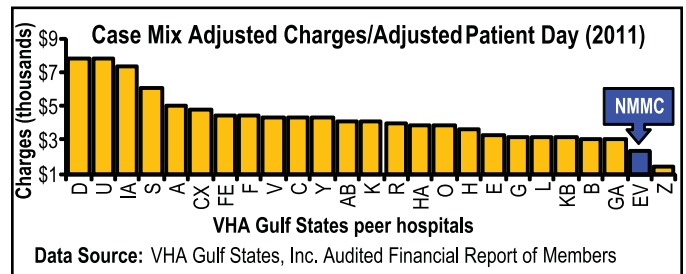


7.5a(2) Marketplace Performance



7.5-9: NMHS' service area has slow population growth with a weak local economy. However, we have sustained our dominant market position in our service area. Market share data are available on an annual basis from the MSDH. Our major competitor has four community hospitals in our service area. Our sustained dominant position in overall market share suggests that the patient experience we offer has been embraced by the citizens within the service area.

7.5-11: The MSDH also gathers a variety of data on particular procedures performed by hospitals across the state. The chart above shows our dominant market position in PET scanning, a key cancer diagnostic procedure, and in cardiac care as demonstrated by the cardiac cath and open heart surgeries we do compared to all other hospitals in our region.



7.5-12: Our efficient cost control as well as strong cash collections has allowed us to keep our charges lower than other hospitals in our area. The combination of lower charge structure and ability to maintain cost increases below that of other hospitals demonstrates our commitment to maintaining comparatively lower HC costs, thus enabling our regional businesses and industries to remain competitive (7.1-26-28).

## Glossary & Summary of Terms

**12 Steps to Success: Relentless Pursuit of Excellent Customer Service** - NMHS' formula to achieve satisfied and engaged patients

**360° Feedback Sessions** - Multi-level feedback from subordinates, peers and supervisors that assesses an individual's performance and used to improve performance and/or set goals.

**3M** - Coding and severity rating database

**90-day AP** - 90-day Action Plan

### A

**A1C** - A form of hemoglobin that is measured primarily to identify the average plasma glucose concentration over prolonged periods of time

**A4** - The electronic charting system in the ESD

**AARC QRC** - American Association of Respiratory Care Quality Respiratory Care

**AASM** - American Academy of Sleep Medicine

**AB** - Antibiotic

**AC** - Acute Care

**ACC/NCDR** - American College of Cardiology National Cardiac Data Registry

**Acclaim** - Health Link's claims administrator

**ACCME** - Accreditation Council for Continuing Medical Education

**ACEI** - Angiotensin converting enzyme inhibitor (cardiac medication)

**ACLS** - Advanced cardiac life support

**ACR** - American College of Radiology

**ACS** - American College of Surgeons

**Active Staffer** - NMHS' API Time and Attendance System is linked to Active Staffer, which provides a real-time view of census and staffing.

**ADA** - Americans with Disabilities Act of 1990

**ADLI** - Approach, Deploy, Learn, Integrate is NMHS' performance improvement model.

**AHA** - American Hospital Association

**AHP** - Allied Health Professional

**AHRQ** - Association for Healthcare Research and Quality

**AIDET** - (Acknowledge-Introduce-Duration-Explanation-Thank You): five steps that all NMHS employees use to help promote satisfaction and engagement.

**AMI** - Acute myocardial infarction

**AMS** - Advance Medical System - Materials Management information system

**AnRev** - Annual Review - Required education for all employees

**AOS** - Available onsite

**AP** - Action plan

**API** - Time and Attendance System

**Appointment Desk, The** - Toll-free appointment and information service

**AQAF** - Alabama Quality Assurance Forum

**ARM** - Attract, Retain and Motivate

**ARRA** - American Recovery and Reinvestment Act

**ASTD** - American Society for Training and Development

**ATGSFC** - Antone Tannehill Good Samaritan Free Clinic - This clinic provides medical care to the area's working poor and NMMC has supported it since it was established in 1992.

### B

**BAFG** - Be a Food Groupie - HealthWorks! classroom program

**BAR** - Budget Accountability Report

**BB** - Beta blocker - heart medication

**BC** - Blood culture

**BH** - Behavioral Health

**BLS** - Bureau of Labor Statistics - unit of the U.S. Department of Labor that provides statistical information to the government and the public

**BOD** - Board of Directors

**BOLD Database** - Surgical Review Corporation's proprietary longitudinal outcomes database that monitors Centers of Excellence in bariatric services

**BP** - Blood pressure

**BPr** - Best practice

**BPWA** - Best Places to Work Award

**Budget Manager** - Budgeting, responsibility and productivity reporting system that is web based and accessible by all managers

### C

**CABG** - Coronary artery bypass graft

**Canopy** - The leading software program used by case managers. It is an Allscripts product.

**CAP** - College of American Pathologists; Community Acquired Pneumonia

**Capability** - Refers to organization's ability to accomplish its work processes through the knowledge, skills, abilities and competencies of its people

**Capacity** - Refers to organization's ability to ensure sufficient staffing levels to accomplish its work processes, successfully deliver health care services and meet varying levels

**Careline** - A free phone line for NMMC customers to offer complaints, compliments or comments

**CARES** - NMMC values: Compassion, Accountability, Respect, Excellence, Smile; NMMC customer service model

**CareScience** - Internet-based software company with risk-adjusted patient outcomes (now Premier)

**CARF** - Commission on Accreditation of Rehabilitation Facilities

**CATS** - NMHS' automated Competency and Assessment Tracking System

**CBCM** - Care-Based Cost Management

**CBH** - Center for Business Health - NMHS subsidiary corporation that operates Health Link health plans

**CBT** - Computer based training

**CC** - Core competency. Our CC is people who provide a caring culture.

**CCU** - Critical Care Unit

**CDC** - Centers for Disease Control & Prevention

**CDF** - Community Development Foundation

**CE** - Continuing education

**Centricity** - Electronic health record used by NMMCI

**CEO** - Chief Executive Officer

**CFO** - Chief Financial Officer

**CH** - Community Hospital affiliated with NMHS

**CHA** - Community health assessment

**CHAd** - Community hospital administrator

**Checkup** - Biweekly in-house newsletter

**CHF** - Congestive heart failure

**CIDS** - Cost Information Decision Support  
**CIO** - Chief Information Officer  
**CLABSI** - Central line blood stream associated infection  
**Clinic at Walmart, LLC** - Innovative retail clinic designed to give enhanced access to primary care patients in medically under-served areas  
**CME** - Continuing medical education  
**CMI** - Case mix index - Medicare's resource allocation methodology and represents the relative cost of caring for the average patient  
**CMO** - Chief Medical Officer  
**CMS** - Centers for Medicare and Medicaid Services  
**CN** - Coagulation negative  
**CO** - Clinical Outcomes  
**Code Adam** - Child abduction alert  
**COG** - Clinic Operating Group  
**COI** - Conflict of interest  
**Community Advocate Helpline** - Toll-free telephone line offered by DOS.  
**Community Health** - Community health programs and screenings that are offered free or at low-cost  
**Community Relations Representative** - Department of Strategy (DOS) staff visit with key constituents, stakeholders and competitors throughout the service area.  
**Community report** - Annual report to the community that is available online on the NMHS Web site and is printed in Vim & Vigor magazine  
**Compliance Hotline** - A phone line used by NMHS employees to voice concerns and report possible wrongdoing  
**Contact Us** - Online function of the NMHS Internet Web site that enables patients and stakeholders to contact NMHS with questions, comments and concerns  
**COPSS** - Culture of Patient Safety Survey: A nationally validated, annual survey tool from AHRQ  
**Core Measure** - Core Measures are evidence based, standardized and nationally accepted performance measures.  
**CPA** - Clinical practice analysis  
**CPR** - Cardio-pulmonary resuscitation  
**CQ** - Clinical Quality  
**CQO** - Chief Quality Officer  
**CSF** - Critical Success Factor - People, Service, Quality, Financial, Growth  
**CSF Rewards** - Employee recognition program that aligns recognition and reward with critical success factors  
**CSO** - Chief Strategy Officer  
**CSP** - Central Sterile Processing  
**CST** - Customer Service Team - NMHS team focused on customer service  
**CT** - Computerized tomography  
**Culture Day** - This day is devoted exclusively to engaging all new staff members in the NMHS system with our corporate culture, mission, vision and values.  
**Culture of Safety** - A culture whereby leaders enable staff to openly share safety information and readily act to ensure safety.  
**CUSP** - Comprehensive Unit-Based Safety Programs  
**CWGs** - Collaborative Work Groups that share best practices during monthly and quarterly meetings, and via Intranet

## D

**D2B** - Door-to-balloon - The time from a patient entering the

ESD with signs/symptoms of an AMI until the guide wire crosses the blocking lesion in the cardiac cath lab.

**Dashboard Report** - A one-page high level tracking and alignment tool arranged by CSFs

**Davies Award** - An annual award sponsored by Healthcare Information and Management Systems Society that recognizes excellence in the implementation of Electronic Health Record Systems

**DC** - Discharge

**DH** - Department head and nurse manager

**Discharge Phone Calls** - systematic process where staff place phone calls to discharged patients using approved clinical protocols to determine patients' understanding of their discharge instructions and to perform service recovery, when necessary.

**DME** - Durable medical equipment

**DoD** - Department of Defense

**DOS** - Department of Strategy

## E

**EA** - Environmental assessment

**E-Careline** - Compliment/Complaint Management System

**ECS** - Employee communication sessions - SLT conducts periodically every year for all employees.

**EE/OS** - Employee Engagement/Opinion Survey

**EEOC** - Equal Employment Opportunity Commission

**EEPS** - Employee Evidence-Based Planning Survey is an annual online survey that all employees have the opportunity to participate in as part of the EPP.

**EHR** - Electronic health record

**Emplink** - Internet portal for NMHS employees that provides access to NMHS Intranet links

**Employee E-News** - Weekly communication that is sent out to all NMHS employees

**Employer Roundtables** - Sessions scheduled three times per year by NMHS as a listening forum for employer/payor feedback

**Entity/Entities** - Any facility/facilities within NMHS' continuum of care

**EOC** - Environment of Care

**EOP** - Emergency Operations Plan

**EOS** - Employee Opinion Survey

**EPP** - Evidence-Based Planning Process

**EPSI** - Budget Management System

**ESD** - Emergency Services Department

**EXCEL** - NMMC's performance management system

## F

**FEMA** - Federal Emergency Management Agency

**Financial - Fourth CSF** - Produce financial resources required to support mission and vision

**FMEA** - Failure Mode and Effect Analysis - A pro-active performance improvement methodology

**FMLA** - Family Medical Leave Act

**FMRC** - Family Medicine Residency Center

**FMRP** - Family Medicine Residency Program

**FTE** - Full-time equivalent

**FY** - Fiscal Year

## G

**GHX** - Global Healthcare Exchange

**Good Catch** - Program that encourages reporting any variance that results in harm or risk of harm to a patient or visitor



**Green Initiatives Group** - identifies way to enhance the organization's environmental policy.

**Growth - Fifth CSF** - Expand access to health services

## H

**HAI** - Hospital Acquired Infection, an infection not present or incubating prior to hospital admission.

**HC** - Health care

**HCAHPS** - Hospital Consumer Assessment of Health Care Providers and Systems - the first national, standardized, publicly reported survey of patients' perspective of hospital care.

**HCF** - Health Care Foundation of North Mississippi

**Health Link** - Preferred provider organization offered through NMHS' Center for Business Health

**HealthWorks!** - An innovative interactive children's health center, developed in a partnership between the HCF and NMHS.

**Healthy People 2020** - federally established set of goals and objectives with 10-year targets designed to guide national health promotion and disease prevention efforts for all people in the U.S.

**HHC** - Home Health Care

**HIPAA** - Health Insurance Portability and Accountability Act

**Hospitalists** - Physicians whose primary professional focus is hospital medicine

**HR** - Human Resources

**HRA** - Health Risk Assessment

**HR-FWP** - Human Resources Future Workforce Plan

**HRS** - HR Solutions

**HW!** - HealthWorks!

**Hybrid OR** - A surgical suite that combines OR capabilities with the most advanced imaging systems available, enabling physicians to diagnose and then quickly treat.

## I

**IC** - Infection Control

**ICAVL** - Intersocietal Commission for the Accreditation of Vascular Laboratories

**ICHR** - Integrated Community Health Record

**ICU** - Intensive Care Unit

**IFE** - Ideas for Excellence -employees submit suggestions for improving service, productivity or effectiveness

**IHI** - Institute for Healthcare Improvement

**IHI Triple Aim** - IHI initiative to simultaneously accomplish three critical objectives: 1) improve health of the population; 2) enhance the patient experience of care; 3) reduce, or at least control, the per capita cost of care

**IHN** - Integrated Health Network

**Innovation** - Making meaningful change to improve health care services, processes, or organizational effectiveness and to create new value for stakeholders.

**IOM** - Institute of Medicine

**IQH** - Information and Quality Healthcare - Mississippi's Medicare quality improvement organization

**IS** - Information systems

**IS-SRP** - Information Systems Strategic Resource Plan

**IT** - Information technology

## J

**Just Culture** - An environment of trust & fairness where it is safe to report and learn from mistakes

## K

**Keys to Success Card** - A small card employees carry with their name badge which lists NMMC's Mission, Vision, Values, Critical Success Factors, Department/Unit goals and personal goals.

**Knowledge Board** - Staff education tool

**KSA** - Knowledge, skills, abilities

**KWP** - Key work processes

## L

**LD** - Leadership Development

**LD/SP** - Leadership Development/Succession Planning

**LDI** - Leadership Development Institute

**LDL** - Low-density lipoprotein

**Leader Rounds** - SLT, department heads and nurse managers round on workforce and patients

**Leadership** - Senior leaders, department heads and key supervisors

**LEAN** - A process improvement approach that centers on preserving value with less work

**LEED** - Leadership in Energy & Environmental Design (LEED) is an internationally recognized green building certification system.

**Live Well Community Health Initiative** - A series of health education programs, health screening and support groups offered free of charge to the public and staff

**Live Well Employee Incentive Plan** - A program that provides a monetary incentive to employees who meet healthy lifestyle criteria

**LOS** - Length of stay

**LPR** - Leadership Planning Retreat - held annually in the spring with participants from the Board of Directors and senior leadership of administration/medical staff/supplier

**LRP** - Long Range Plans

**LSLS** - Learning Smart, Living Strong - HealthWorks! classroom program

**LTC** - Long-Term Care - Also known as nursing home

**LVSD** - Left ventricular septal defect

**LVSF** - Left ventricular systolic function

## M

**MAP** - Medical Assistance Program

**MBNQA** - Malcolm Baldrige National Quality Award

**MDEQ** - Mississippi Department of Environmental Quality

**Meaningful Use** - Use of a certified EHR for electronic exchange of health information to improve the quality of health care with the ability to submit clinical quality and other measures

**MEC** - Medical Executive Committee

**Meridios** - Web-based health registry application enabling health care providers the ability to manage health care data.

**MESC** - Mississippi Employment Security Commission

**MIFP** - Management Index Feedback Process

**MIS** - Management Information Systems

**Mission** - NMHS - To continuously improve the health of the people of our region

**MKT SAT** - Market saturation

**MNA** - Mississippi Nurses Association

**MNF** - Mississippi Nurses Foundation

**MOD-10 Check Digit** - Used for error detection (transposition errors) and is calculated from an algorithm.

**MOS** - Measure of success

**Most Wired Award** - An annual award by Hospitals and Health Networks that ranks the 100 Most Wired Hospitals based on a survey that emphasizes the use of online technology

**Most Wireless Award** - An annual award by Hospitals and Health Networks that ranks the 25 Most Wireless Hospitals based on a survey that emphasizes wireless technologies

**MRI** - Magnetic resonance imaging

**MSDH** - Mississippi State Department of Health

**MSU SSRC** - Mississippi State University Social Science Research Center

**MVV** - Mission, Vision, Values

## N

**NCQA** - National Committee for Quality Assurance

**NDNQI** - National Database of Nursing Quality Indicators

**NEO** - New Employee Orientation

**NFP** - Not-for-profit

**NHSN** - National Healthcare Safety Network

**NICU** - Neonatal Intensive Care Unit

**NM** - New Measure

**NMHS** - North Mississippi Health Services

**NMMC** - North Mississippi Medical Center

**NMMCI** - North Mississippi Medical Clinics

**No Excuses/Results Orientation** - Relentless focus on achieving desired outcomes

**No Secrets Culture** - Information is shared with all staff.

**NPSG** - National Patient Safety Goals

**Nurse Link** - A nurse triage/medical information phone line

## O

**OFI** - Opportunity for improvement

**OIG** - Office of Inspector General

**OPA** - Organizational Performance Administrator

**Open Door Policy** - Culture of encouraging frank, two-way communication among leaders, physicians, employees, patients and stakeholders

**OR** - Operating room

**Order Sets** - Comprehensive group of orders for a diagnosis or surgical procedure

**OSHA** - Occupational Safety and Health Administration

## P

**PACS** - Picture Archive and Communication System

**PAT** - Pre-admission testing

**PCC** - Patient-Centered Care - Collaborative effort of health care workers closely aligned with and responsive to patients' wants, needs and preferences

**PCI** - Percutaneous Coronary Intervention

**PDCA** - Plan-Do-Check-Act - Performance Improvement model

**People - First CSF** - Maintain high quality workforce

**PFC** - Population-Focused Care

**PFID** - Patient-Focused Improvement Department

**PGA** - Press Ganey Associates, the nation's largest comparative database of patient satisfaction

**PHI** - Personal Health Information

**PI** - Performance improvement

**PLI** - Physician Leadership Institute provides an opportunity for physicians to gain a greater understanding of our health care system, its mission and its actual operation.

**POC** - Plan of care

**POD** - Post-op day

**PPO** - Preferred Provider Organization

**Practice Notes** - Monthly newsletter for physicians and nurse practitioners

**Premier** - health care support company, from which NMHS contracts software with risk-adjusted patient outcomes (formerly CareScience)

**President** - Title for chief officer of NMMC and NMMCI

**Priority Index** - Top drivers of patient satisfaction and care

**PSC** - Performance scorecard

**PT SAT** - Patient satisfaction

**PU** - Pressure ulcer

## Q

**QCC** - Quality Compliance Committee

**QCCR** - Quality Care Control Report

**QD** - Quality Dashboard - NMHS uses Premier's Quest format to present internal performance data to physicians and leaders.

**QED** - Quarterly educational sessions for leaders systemwide

**QMS** - Quality Management System - Database for Good Catch

**Quality - Third CSF** - Improve prevention and health education services as well as health outcomes

**Quest** - A comprehensive performance in Quality, Efficiency, Safety and Transparency tool developed by Premier.

## R

**RAC** - Recovery audit contractors

**RCA** - Root Cause Analysis - A problem-solving method aimed at identifying the root causes of problems or events

**Reptrax** - Platform that helps track and manage hospital vendor credentials, vendor activity and vendor behavior

**RFP** - Request for proposal

**RN** - Registered nurse

**RRC** - Retention and Recruitment Committee

## S

**Safety Surveillor** - Software program from Premier to manage and eliminate infections

**SAN** - Storage Area Network

**School Health Center** - NMMC provides 18 school nurses to 22 schools in seven counties serving 16,000 K-8th grade students.

**Senior Leaders** - Leaders who are members of the Senior Leadership Team

**Sentinel Event** - An unexpected occurrence involving unanticipated death or serious physical or psychological injury or permanent loss of function to patients, visitors or others

**SEPC** - Safety and Emergency Preparedness Committee

**Servant Leadership** - A leadership approach that includes the following behaviors: humility, patience, kindness, respectfulness, selflessness, forgiveness, honesty, commitment, results orientation, and ego directed toward team accomplishments

**Service - Second CSF** - improve customer service

**Service Recovery** - The process we use to correct any dissatisfaction from a patient or family member

**SHC** - School Health Center

**Shining Stars** - SLT-recommended potential future leaders and "leaders" in non-leadership positions

**Sim Lab** - Simulation laboratory - where manikins are used to train health care providers in a simulated environment

**Sixty Second Housecall** - Twice daily health information segment on local TV station featuring an NMMC physician

who is past president of the American Medical Association

**SL** - Service Line

**SLA** - Service Line Administrator

**SLOG** - Service Line Operating Group

**SLT** - Senior Leadership Team

**SOX** - Sarbanes-Oxley

**SP** - Succession Planning

**Spirit of Women** - An innovative and comprehensive program that boosts service line volumes, physician engagement and patient loyalty by focusing on women as the primary healthcare consumer and decision maker.

**SRC** - Surgical Review Corporation - SRC's International Center of Excellence for Bariatric Surgery (ICE) program, helps ensure safe, high-quality bariatric care is delivered.

**SRCL** - Stericycle Sharps Management Service

**SRP** - Strategic Resource Plan - Rolling five-year plan for strategic resources, including facilities, clinical technology, information technology, human resources, medical staff manpower and capital

**SSI** - Surgical site infection

**Stars On-Line** - Recognition program that provides employees the opportunity to nominate fellow employees for exceptional service

**Stat Facts** - Communication of real-time results

**STS** - Society for Thoracic Surgery

**SWOT** - Strengths, Weaknesses, Opportunities, Threats

## T

**T-doc** - Instrument tracking system used by CSP

**Tecsys** - Warehouse management system

**The Desk** - NMMC's toll-free appointment and information number (1-800-THE DESK)

**TJC** - The Joint Commission, accrediting agency for health care organizations

**TJC Core Measures** - Outcome and process measures developed by TJC in collaboration with CMS

**Top Box** - Excellent, the best

**TPA** - Third party administrator

**TR** - Thomson Reuters - A company with the largest health care comparative database in the U.S. provides clinical, operational and financial data and benchmarks.

**Transparency** - NMHS' culture promotes openness, communication and accountability with its employees as well as patients and stakeholders.

## U

**USHHS** - United States Health and Human Services

## V

**Verge** - Database used to capture environment of care and national patient safety goals

**Vim & Vigor** - A family health magazine mailed to 38,000 households, using "calls to action" to prompt customer inquiries about NMMC services

**Vision** - NMHS - To be the provider of the best patient-centered care and health services in America

**VOC** - Voice of the Customer

**VON** - Vermont Oxford Network database on NICU performance

**VP** - Vice President

**VPN** - Virtual Private Network

**VSW** - Variance Submission Website - Intranet Web site that

details who and how to notify when something unusual occurs

**VTE** - Venous thromboembolism

**V-Tel** - Video-Teleconferencing capabilities available at designated sites throughout NMHS that enhance employee communication and educational programs

## W

**WC** - Wellness Center

**West Bed Tower Project** - A major construction and renovation project at NMMC-Tupelo

**WF** - Workforce - People actively involved in accomplishing the work of NMHS

**WS** - Work system

## Y

**YTD** - Year to date