ORGANIZATIONAL PROFILE

Figure 0-1

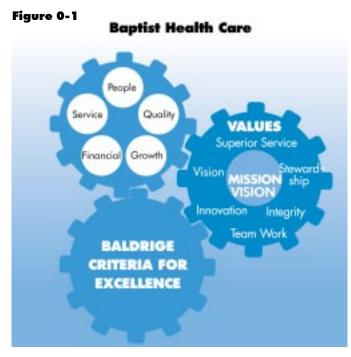## P.1. ORGANIZATIONAL DESCRIPTION

P.1(a) Organizational Environment: Baptist Hospital, Inc. (BHI), the applicant for the Baldrige National Quality Award, has created a culture that is spirited in quality and service excellence. This is demonstrated by BHI's best-in-industry patient and employee satisfaction and its devotion to clinical excellence. The First Baptist Church of Pensacola initiated the effort to secure widespread community support to establish and open Baptist Hospital (BH) in 1951 as a community-owned hospital based on Christian Values. In the ensuing years, BH evolved into the region's largest, most comprehensive and geographically diverse health care system known as Baptist Health Care (BHC), of which BHI is a subsidiary. BHI includes two hospitals, BH and Gulf Breeze Hospital (GBH), and a large ambulatory care complex, Baptist Medical Park (BMP). Through these facilities, BHI delivers inpatient, outpatient and emergency services.

P.1(a)(1) Main Health Care Services: Baptist Hospital of Pensacola: BH is a 492-bed tertiary care and referral hospital located in the urban city limits of Pensacola, Florida. The Hospital delivers a wide array of acute inpatient, outpatient and emergency services. BH provides comprehensive inpatient programs in general surgery and neurosurgery, oncology, cardiology and open-heart surgery, orthopedics, general and pulmonary medicine, women's and obstetrical services, and skilled nursing, among others. The hospital is the market area leader in the provision of hospital-based behavioral medicine services for adults, adolescents and children. BH operates a state-designated Level II Trauma Center and an air ambulance service, the third program of its type in the nation. The Hospital also delivers a broad range of diagnostic and outpatient services, with advanced programs in oncology and radiation therapy, cardiology, ambulatory surgery, pain management, outpatient rehabilitation, and women's services, among others.

Gulf Breeze Hospital: GBH is a 60-bed medical and surgical hospital located in Gulf Breeze, Florida, a suburban community in the Pensacola

metropolitan area. Gulf Breeze is separated from Pensacola by a three-mile span of bridge crossing Pensacola Bay, and the hospital is approximately nine miles from the BH campus in Pensacola. Because of its relationship and proximity to BH, GBH is able to deliver a variety of services not typically found in a smaller facility, including a wide variety of inpatient and outpatient medical and surgical services, along with providing emergency services. Many members of the BH medical staff are also members of the medical staff of GBH.

Baptist Medical Park: In January 2000, BHI opened BMP, an ambulatory care complex in the northern Pensacola area. BMP, which is operated as a department of BH, delivers a wide array of outpatient and diagnostic services, including MRI and CT, cardiology, rehabilitative and women's services.

Figure 0-2

P.1(a)(2) Organizational Culture: BHI has established a culture of care that is pervasive throughout the organization. BHI is truly a mission-driven, values-centered, and customer-focused organization (Figure 0–1) with clearly defined principles built on quality and leadership. Health care companies benchmark BHI, and parent BHC, as a role model on how to create and sustain a culture such as this organization's.

Parent BHC and BHI's Mission is *to provide superior service based on Christian values to improve the quality of life for people and communities served*. Its Vision is *to become the best health system in America*. While this Vision Statement may seem lofty for a community-based health system, the real intent of the Vision is to be the best to those the organization serves – the members of the community. BHI's Values are clearly defined and used to recruit, orient and train employees, to reinforce the culture of excellence, and to guide decision-making.

- **Integrity:** Maintaining the *highest* standards of behavior; encompassing honesty, ethics, and doing the right things for the right reasons.
- **Vision:** The ability and willingness to look forward to the future and make decisions necessary to accomplish important goals.
- **Innovation:** Capable of extraordinary creativity and willing to explore new approaches to improving quality of life for all persons.
- **Superior Service:** Committed to providing excellent service and compassionate care.
- **Stewardship:** Dedicated to responsible stewardship of the organization's assets and financial resources, and to community service.
- **Teamwork:** An abiding respect for others, and a sustaining commitment to work together.

As represented in Figure 0-2, the organization has identified five "Pillars of Operational Excellence," which serve as critical success factors. The organization's Mission, Vision and Values are the foundation for these Pillars, and all of BHI's activities are driven by and centered around them.

The Christian values upon which BH was founded continue to sustain BHI's culture, serving as a reminder that the organization's charitable purpose to prevent, diagnose and cure illness for people in need is the principle reason for its existence. This belief in purpose guides key decisions including a key one to remain in downtown Pensacola while other health care providers, including BHI's principle competitor in 1965, abandoned their downtown facilities to relocate to more affluent neighborhoods. Although BH could have abandoned its downtown core location to pursue higher financial margins, BHC leadership decided to keep the core hospital in the older and less economically enriched downtown area. As a result of this abiding commitment, BHI continues to provide services to large numbers of uninsured or under-insured patients and carries a disproportionate bad debt load compared to its principle competitors. BHI continues to invest heavily in supporting the health care needs in downtown Pensacola – BHI's Mission compels it to do so.

P.1(a)(3) Staff Profile: With 5,374 employees across all its subsidiaries, BHC is the largest non-governmental employer in the market area. BHI employs a total of 2,270 employees, 42% of the entire BHC staff.

Employees represent a wide range of disciplines, as might be expected in a health care delivery setting. Over 36% of full-time employees are licensed professionals, including, among others, RNs, LPNs, and pharmacists, and another 25% are technicians for such services as radiology and laboratory. Both groups are engaged in providing direct patient care. Other full-time staff is employed to provide ancillary and support services, such as administrative/clerical, dietary, and plant operations personnel. Some staff members, including housekeeping and dietary, are employed through a contract agreement with BHI. However, these staff members are considered the same as any other BHI employee. The ethnic mix of BHI's employee group is more diverse than that of Escambia and Santa Rosa counties as a whole. Seventy-eight percent of the workforce is female. No employees be-

long to unions. The average tenure of employees at BHI is 7½ years. The health and safety requirements for BHI employees include life safety, hazardous material management, emergency preparedness (including the recent emphasis on bioterrorism preparedness), ergonomics, medical equipment management and security.

P.1(a)(4) Major Technologies, Equipment, Facilities: BH is located on a 30-acre campus. In addition to the main hospital facility, BH facilities also include three medical towers, housing a variety of outpatient services and approximately 120 physicians. The main hospital building was originally completed in 1951 and has since been renovated and expanded. Opened in 1985, GBH is a relatively new facility. GBH has a fully equipped intensive care unit, emergency room, and operating rooms; facilities for outpatient services; and a medical office building. BMP is a modern ambulatory care facility. An attached medical office building includes time-share offices available to physicians.

BHI has invested in an extensive array of surgical, diagnostic, therapeutic and information services equipment and technology to deliver high quality health care services to the organization's patients. To meet the needs and expectations of patients, physicians, staff and other stakeholders, BHI continually evaluates and selectively acquires the most current equipment and information technology available. Medical equipment includes MRIs (including an open MRI at BMP), CTs, PET Scan and other Radiology equipment; equipment and technologies for performing Cardiac Catheterizations and Open Heart Surgery; equipment and technologies for cancer services, such as Linear Accelerators for IMRT (Intensity Modulated Radiation Therapy), among others. LifeFlight is BHI's helicopter air ambulance service, with large capital requirements. Technologies for BHI's information systems include clinical, operational and financial systems along with the infrastructure to connect systems company-wide, which includes Intranet and Internet. In recognition of its superior Information System Technologies, BHI was given HealthCare's Most Wired Award for Effective Use of Technology from *Hospitals and Health Networks* magazine.

P.1(a)(5) Legal/Regulatory Environment: Figure 0-3 details the legal and regulatory environment in which BHI operates. BHI considers regulatory compliance a minimum standard of performance and strives to exceed the requirements.

P.1(b) Organizational Relationships

P.1(b)(1) Organizational Structure and Governance System: BHI is a Florida not-for-profit corporation, and a subsidiary of parent BHC. BHC currently includes in addition to BHI:

- Three rural hospitals in Northwest Florida and South Alabama;
- A nursing home located in the greater Pensacola area;
- A comprehensive range of residential and outpatient behavioral medicine, substance abuse and vocational facilities and programs operated under the auspices of Lakeview Center, Inc. (rated best in the industry in customer satisfaction by the Mental Health Corporations of America);
- A for-profit subsidiary with such operations as mobile diagnostics, pharmacies, Walk-In Care and Occupational Medicine clinic, ambulatory surgery and outpatient facilities, property management and the Baptist Leadership Institute (BLI).

Figure 0-3

Agency/Organization	Requirement
State of Florida	Hospital Licensure
HCFA/AHCA	Medicare & Medicaid
AHCA	Certificate of Need; Construction/ Renovation approval; Data Reporting
Florida Department of State	Business Regulations
Florida Department of Environmental Regulations	Land use
OSHA	Employee Safety
EPA	Environmental Issues
IRS	Not-for-profit corporation
HIPAA	Federal regulations for privacy and security of data
Florida Emergency Services Program (EMS)	Certification for Level II Trauma Center & Spinal Cord Treatment Center
JCAHO	Accreditation
Florida Cancer Data System	Standards/Certification
American College of Surgeons (ACS)	Standards for national program
College of American Pathologists (CAP)	Standards for national program

BHC affiliated providers form a synergistic network of accessible health care services that meet health care needs in six counties in Northwest Florida and South Alabama. BHC is governed by its Board of Directors, with oversight by the Members of the Corporation. Al Stubblefield is the CEO of BHC and directly reports to the BHC Board of Directors. John Heer, the President of BHI, reports to Al Stubblefield. BHI is governed by BHI's Board of Directors. The Directors of both Boards serve the company on a voluntary basis and are independent members of the community.

P.1(b)(2) Key Patient/Customer Groups and/or Market Segments: BHI's primary market includes Escambia and Santa Rosa counties in Northwest Florida. BH is the tertiary hub of the BHC network and draws patients from a larger geographic area consisting of four counties in Northwest Florida as well as two counties in South Alabama. GBH primarily serves residents of the southern portion of Santa Rosa County, although the hospital also draws patients from the greater Pensacola area. BMP primarily serves residents of north Pensacola and portions of Santa Rosa County, both of which have rapidly growing populations. The combined primary and secondary market area is growing rapidly, with approximately 835,000 residents and a projected growth rate of 9.4% between 2002 and 2007, compared to the national rate of 4.8%. BHI primarily serves an adult population with the highest utilization, over 70%, from the age group 45 and over. Thirty-eight percent of the population is over age 45. This age group is expected to grow to 40% of the total population in the next 5 years, reflecting the national trend. The Gulf Coast is a tourist destination, with inland areas becoming increasingly rural. BH is located in an area of Pensacola with predominantly low income households and a high percentage of uninsured and under-insured residents.

BHI segments the market based on several customer types: patients and family members, active and inactive patients through the community at large, BHI employees, area employers, and referring physicians. A comprehensive multifaceted listening and learning methodology is used to determine key requirements. The primary requirement and loyalty metric for all customer groups is providing world-class service. The ability to access services is another important requirement, both by location and by type of service. Requirements do vary among customers depending on the type of service provided, such as inpatient, outpatient, surgery or emergency. Top requirements by service setting are listed in Figure 0-4.

Figure 0-4

Inpatient	Staff includes patients in decisions regarding their treatment, Quality of care given, Staff's response to concerns and complaints, Staff worked together to care for patients.
Emergency	Quality of care given, Staff caring about patients, Informing patients / family about delays, Nurses' attention to patient's needs.
Ambulatory	Concern for privacy, Information and instructions given to patients & family.
Outpatient	Quality of care given, Staff working together to care for patients, Staff's sensitivity to patient's needs.

P.1(b)(3 & 4) Supplier and Partnering Relationships: BHC is a founding member of VHA, the nation's largest not-for-profit hospital cooperative, which operates a national buying group for supplies for participating member hospitals and negotiates purchasing contracts on their behalf at favorable terms. While VHA does not manufacture supplies, they do arrange for private label products for member institutions. Supply chain requirements include providing BHI with timely deliveries of high quality supplies at the most efficient cost to BHI.

Essential service contracts include food services and housekeeping services. BHI also has contractual relationships with several physician groups to provide services such as BHI's hospitalist program and staffing the Emergency Departments at BH and GBH. These organizations are BHI's partners, and it considers the individuals each provide to be part of BHI's staff. Requirements are placed in contracts with these service providers, such as maintaining a high level of patient satisfaction and certain quality measures.

Physicians on BHI medical staff are considered essential partners. Over 260 physicians serve on the active medical staff for BH and GBH, including primary care physicians, specialists and subspecialists.

Physicians are integral to the governance and operations of BHI and are involved in the organization's health care delivery processes. Consequently, BHI has a comprehensive approach that assures that the medical staff is involved in strategy development, operating performance and ongoing clinical improvement. Requirements for this group

include providing referrals to BHI services while providing the highest quality service with efficient resource usage. Communication with any supplier and partner groups takes place in a variety of forms, including regular meetings, one-on-one meetings with BHI leadership, telephonic or written communication, or communication via the Intranet.

P.2. ORGANIZATIONAL CHALLENGES

P.2(a) Competitive Environment

P.2(a)(1) Competitive Position: Primary competitors in the market area are not-for-profit Sacred Heart Hospital (SHH), with 431 beds and owned by Ascension Health of St. Louis, Missouri, and for-profit HCA West Florida Hospital (WFH) with 531 beds. While both competitors operate full-service hospitals, neither maintains provider networks comparable in scope to BHI and parent BHC. WFH offers the area's only intensive rehabilitation unit. SHH is the area's only provider of neonatal intensive care services and the leading provider of pediatric and obstetric services. BHI, through its parent BHC, is the primary market area's only community-based hospital system, and BHC must compete against hospitals that are part of national systems with larger resources. Annual inpatient market share as a percent of admissions for BHI and its two principal competitors is SHH 39.9%, BHI 31.0%, and WFH 19.4%. BHI's market share has grown over the past 5 years. Freestanding ambulatory centers provide additional competition in the area.

As the area's not-for-profits hospitals, BHI and SHH have collaborated for the benefit of the community, including *Escambia Community Clinics* providing primary care services for patients unable to pay for their care. Area hospitals and other community organizations formed the *Partnership for a Healthy Community* that performs community health assessments among other activities. Most recently, the Escambia Health Care Task Force, composed partly of representatives of the area hospitals, is addressing the health care needs of the community, including the problem of a growing population of those patients who are unable to pay for health care services.

P.2(a)(2) Principal Factors Determining Success: BHI's Mission, Vision, Values and Pillars (MVVP) would be little more than words and posted placards if not for the top-level commitment and staff of BHI who believe in and live them. The Pillars of Operational Excellence are principle success factors and along with the Mission serve as both BHI's points of focus and pathways to achieving its Vision. The organization's employees are the reason for its success. BHI's culture of service excellence focuses on world-class service as a key patient/customer requirement and satisfier, not only for patients and their families, but also for the organization's employees and for physicians using BHI facilities. This commitment to service excellence has resulted in BHI leading the industry in patient and employee satisfaction. For the second consecutive year, BHC was ranked in the top 15 in *Fortune*'s 100 Best Companies to Work for in America. In 2001, BHC was awarded the first Press, Ganey Preceptor Award for its dedication to improving patient satisfaction throughout the industry. BHI continues to define and achieve role model customer satisfaction for all customer groups. Keys to role model employee satisfaction are an emphasis on employee empowerment and sense of ownership along with a culture of open communication and continuing education. Leadership Development of BHI's employees

is also a strong focus for BHI, and the organization has been recognized as an industry leader in this arena. This national recognition has led to the formation of BLI, which is now operating under a for-profit subsidiary of BHC.

P.2(a)(3) Key Available Sources of Comparative Data: The health care industry has long experienced difficulty in attaining comparative clinical data, particularly best in class data. Difficulties include unwillingness of providers to share data and the lack of standards for calculating measures. Sources that are available to BHI for comparison include VHA, *Solucient™ Action* and Explore, CareScience Clinical Management System (CMS), and National CDC Information Repository for clinical and operational comparisons. BHI gets comparative patient satisfaction data for other hospitals nationwide through its use of Press, Ganey and Associates surveys. For employee satisfaction, BHI uses national survey tools, such as Sperduto and Associates, the VHA Employer of Choice program, and *Fortune's* Top 100 Places to Work for in America as comparisons. BHI is able to benchmark its financial performance against similar companies through Moody's. The AHCA inpatient database is available for market share comparison. Outpatient comparison data is not as readily available; however, some ambulatory surgery is now being submitted to AHCA. BHI has also benchmarked other industries to improve processes, such as the Ritz-Carlton to implement the Daily Line-Up.

P.2(b) Strategic Challenges: BHI's core strategic challenges focus on its identified Pillars with challenges inherent in each. Each of the five Pillars is equally important, yet BHI recognizes that everything it does flows from the People Pillar. Maintaining a balance among the Pillars is a constant focus and in total represents the challenge the organization faces in sustaining its culture that has enabled BHI to implement and sustain industry-leading processes and achieve industry-best results.

People: The health care industry is facing growing labor shortages for nurses and other health care professionals. The health care professional labor market in this market area is highly competitive among area providers. BHI's ability to sustain low turnover and to recruit skilled staff suitable to its service excellence culture remains a key challenge. It has become even more critical to ensure the satisfaction of the organization's skilled employees and to take the appropriate steps to retain them, while also balancing the resource requirements of other customer segments. Developing BHI's leaders is also crucial to its success, and BHI continues to innovate its leadership development program.

Service: BHI must continue to provide world-class service to all of its customer types. Each year, sustaining the organization's position as industry leader in patient satisfaction is a challenge. The bar to service excellence continues to be raised throughout the industry, in part thanks to BHI's commitment to sharing its knowledge with other health care providers. BHI also continues to move beyond high customer *satisfaction* to customer *loyalty.* For the organization's physician customer/partner group, as with the majority of the health care industry, BHC has modified its previous strategy of employing physicians to strengthening its partnering relationships with independent physicians.

Quality: Achieving and sustaining significant improvements in clinical processes are crucial to success. Throughout the health care indus-

try, there is a focus on patient safety issues. BHI's hospitalist program is a key clinical improvement strategy intended to halo over the rest of the medical staff. BHI's CARE provides a uniform measurement tool with established targets to assist in improved clinical quality.

Financial: BHI must continue to focus on reducing costs and improving revenue. Managed care and governmental payment reductions, including threats of federal and state budget cuts to the Medicaid program, along with Medicare reform, have placed declining pressures on reimbursement rates industry-wide. In addition, managed care providers have slowed payments or increased routine denials to area providers in recent years, placing further pressures on revenue. Costs for providing care are rising throughout the industry, including malpractice insurance, pharmacy costs, costs involved in meeting privacy and security regulations through HIPAA, and the rising costs involved in serving an aging population. BHI must balance its Mission to serve all patients, regardless of their ability to pay, with financial stability. Fulfilling this Mission becomes more difficult as the population of those persons who are unable to pay for health care services continues to escalate, *particularly* in the downtown area where BH is located.

Growth: There are valid human service and business reasons for BHI's continued growth. The organization is committed to meeting the ever-expanding health services access and needs of the downtown area population and seeks to secure the financial resources to do so by expanding its services in the population growth areas served by GBH and BMP. BHI's Growth challenges and plans for the future include the addition of inpatient beds at BMP and an extensive renovation project at GBH, which includes expansion of operating rooms and the Emergency Department. Growth of the organization's clinical product line volumes throughout the market area is also a challenge with strong market competition from hospitals and other health care providers.

P.2(c) Performance Improvement System: BHI leadership, by their own actions, make improvement and learning iterative parts of the soul of the organization as described throughout this application. The performance improvement system at BHI is not a single improvement process or methodology. Instead, ever-improving performance is pervasive throughout the BHI culture and includes several integrating components including: (1) the planning function which ties departmental 90-day action plans to annual and longer-term organizational goals and objectives; (2) employee satisfaction, trust and empowerment in a non-punitive environment; (3) rapid-return patient satisfaction findings and teams; (4) the use of Evidence-Based Clinical Improvement (EBCI) methodology and CARE reports for improving health care performance outcomes and reducing variation; (4) BHI's culture of open communication and additional learning and sharing through Baptist Traditions, Serv-U (post-orientation reinforcement of culture), Employee Forums, Daily Line-Up and Baptist University (BU); and (5) using the Baldrige criteria and Feedback Reports as a platform for continued improvement.
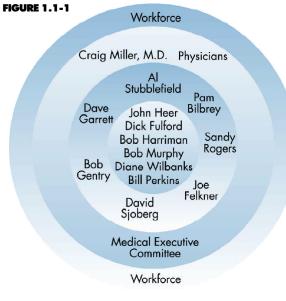
At the heart of BHI's value-centered culture is customer service. In all planning and management activities, the focus on service is maintained. BHI leaders recognize that, to achieve the organization's Mission, BHI must be the provider of choice and employer of choice in the market area. BHI regularly practices listening and learning to determine all customer satisfaction levels and implements action plans based on results to improve performance.

Key to BHI's principle success factors and ability to meet its challenges is organizational pride. It is an intentional strategy to strive for national achievements and recognitions. In the past few years, BHI has received the *VHA Leadership Award,* the *Marriott Service Excellence Award* from Marriott and *Modern Healthcare* magazine, *USA Today/RIT Quality Cup Award, VHA's Employer of Choice* along with *Fortune*'s 100 Best Places to Work in America. BHI has received benchmarking site visits from over 5,800 persons representing 589 organizations from 47 states across the country. These providers visit BHI to benchmark for best practices, leadership development, and patient satisfaction achievements. The staff, physicians and volunteers of BHI are proud to be recognized nationwide by their colleagues, but what really counts is caring for patients… it's BHI's focus and reason for being.

1.1 ORGANIZATIONAL LEADERSHIP

1.1(a) Senior Leadership Direction

1.1(a)(1) Senior Leadership Direction: In 1995, after recognizing a trend of less-than-desirable results in patient and employee satisfaction, BHI began a journey to energize the new Mission Statement for BHC *to provide superior service based on Christian values to improve the quality of life for people and communities served.* BHI leaders decided that they and the entire organization no longer had permission to be just average or good that the impact of health care on the lives of the people in the organization's community demanded excellence. Accordingly, BHI's senior leaders inserted renewed passion about the organization's founding and future objectives to create an extraordinary workplace for talented people to deliver services that improve health status and quality of life for people and communities served. One of the first actions was to create a new leadership system in which leaders operate in a carefully aligned strategic and decision-making environment, where achieving and sustaining very high, if not industry role model, levels of performance in selected areas dominate the leadership agenda. Although there is a traditional organizational chart, Figure 1.1-1 is a more accurate depiction of how leaders collaborate to create the system of leadership. The shading of the color between circles depicts a flat, fluid and open leadership system. BHI senior leaders focus on sustaining a nurturing and engaging environment in which *each* member of the staff is permitted and expected to contact anyone in the organization, regardless of position, at anytime to achieve targeted results.

FIGURE 1.1-1

The leadership system for BHI includes senior *leaders* represented in the center circle, BHC senior *officers* in the second ring, and *leaders*, who are division and department-level managers and supervisors for BHC and BHI. Al Stubblefield, President and CEO of BHC, and only the third CEO since the organization's inception 51 years ago, delegates leadership responsibility of BHI to John Heer, President of BHI. Mr. Heer is also responsible for day-to-day operations of Baptist Hospital, main campus, and delegates day-to-day operational responsibility for GBH and BMP to their

respective administrators, Dick Fulford and Bob Harriman. Included in the third circle are employed and admitting physicians involved in medical staff leadership. Physicians are involved in the strategic and operational direction through formal and informal mechanisms. Formal mechanisms include membership on the BHI Board, the Medical Executive Committee (MEC), paid medical directorships in select service lines, and the annual Medical Leadership Retreat. Informal mechanisms are systematic, intentional management strategies in which leaders seek out physicians and are visible where physicians congregate and work, such as discussions in the physician lounge, daily rounding by senior leaders during which physicians are engaged in conversations, and an "open door" policy in which physicians are encouraged to provide feedback to senior leaders. The outer circle represents employees and BHI's reliance on teams in how we lead and work. Employees enjoy the same open door access to leaders as management and physicians.

BHI senior leaders believe that the responsibility of leadership is to serve as role models of a culture devoted to excellence. They demonstrate this in two principal ways: (1) by their personal actions, and (2) by the decisions they make that reinforce organizational values, performance expectations and commitment to patients and stakeholders. BHI senior leaders are personally engaged in assuring that knowledge is shared through carefully designed two-way communication methods. Senior leaders:

- organize all formal meeting agendas around or in reference to the expectations set forth in BHI's Pillars;

- lead around the clock employee forums at least three times per year at each facility. These meetings reinforce the Mission, Values and Vision and address goals and results relative to the Pillars. Senior leaders discuss in an interactive format key performance results, upcoming organizational initiatives, new clinical initiatives, competitor information, local, state and national health care changes, survey results and other information obtained from customers and staff;

- give detailed Pillar-based updates and targets at each session of Baptist University;

- select a "Standard of the Month" in which one of BHI's Values, *Standards of Performance* or any other critical success topic is highlighted and consistently reinforced by senior leaders through games and special events planned by the Standards Team, culminating in a leader-led celebration;

- participate in Daily Line-up, a practice adapted from Ritz-Carlton Hotels in which all BHC leaders and employees gather at each shift to review the *Baptist Daily*, a key knowledge management packet distributed weekly with daily scripts for leaders;

- are visible to enable personal contact and communication about MVVP;

- design and teach quarterly BU sessions;

- are trained in the skills needed for effective employee relations including performance evaluations, the value of reward and recognition, open communication, and a "no secrets" environment;

- are trained in proper hiring techniques to help assure the right people are hired for the job; and

- study weekly patient satisfaction results by department and by key drivers—they know them, talk about them, and highlight them in meetings and reports as one measure of BHI's pursuit of its Mission.

Senior leaders' personal commitment to communication extends beyond the workforce to the organization's most important customer—patients. Every inpatient receives a letter from the BHI President welcoming the patient to the hospital and stressing the importance of their satisfaction with the services and which includes his work *and* home phone numbers. In terms of decisions made that reinforce MVVP, BHI leaders:

- personally and continually explore how to model themselves on and promote the Values as BHI's most basic human, charitable motives;

- consistently remind staff of the organization's Mission; systematically structure leadership initiatives around the organization's Pillars;

- provide for over 75 communication boards throughout the organization in which BHI-wide and departmental performance information organized by Pillar are posted;

- encourage employees to guide patients or families to their destination in BHI facilities and positively reinforce this behavior;

- establish industry breakthrough methods of scripting to systematically deliver best practices in customer contact requirements;

- design and fund focused service recovery processes to rapidly and effectively address patient and family complaints;

- enable BHI to conduct patient satisfaction surveys to virtually all patients within a few days of their treatment with results compiled weekly to provide timely information so that leaders can quickly take corrective action or appropriately reward and recognize;

- recognize that commitment to continuous improvement and distinctive culture begins with the recruitment process. Therefore, they established the requirement that every applicant, *prior to* completing a job application, is required to read BHI's mission-focused "*Standards of Performance*" and *sign* a statement indicating that they understand them and commit to abide by them if hired; and

- require that all new staff attend "Baptist Traditions," a two-day orientation and education session for new employees *prior to* beginning work. The first 1.5 hours of orientation, led by BHI's President, is a discussion of the organization's culture, MVVP, and expectations. Employees then work in groups to provide senior leaders with feedback on their impressions of the type of environment in which they want to work and the characteristics of good leaders. This information is shared bi-weekly with all leaders via e-mail.

Following receipt of employee input, senior leaders adopted the MVVP in 1998. Each year BHC senior officers evaluate the MVVP during Steps 1-3 of the Strategic Planning Process to ensure that they continue to guide and inspire the work of the organization. BHI senior leaders communicate and deploy them throughout BHI through both formal and informal methods, as previously addressed, and through the development of 90-day and departmental action plans. Senior leaders set and deploy short-term plans to systematically reinforce the organization's culture and MVVP. In addition, senior leaders, based on its 2000 Baldrige Feedback Report, established a Strategic Measurement Team and process to strengthen the approach to setting and deploying longer-term (3-5 year) objectives and performance expectations compared to health industry and other industry benchmarks. Short-term goals are reset each quarter as leaders create 90-day action plans that delineate specific activities they will undertake during the subsequent quarter to achieve their goals. At the end of each 90-day period, each department director meets with his/her Vice President to discuss progress related to 90-day plans consistent with priorities that cascade from the organization's Strategic Plan.

Senior leaders assure that the BHC and BHI Boards of Directors support the organization's longer-range goals. The BHC Board, which includes members from the BHI Board, meets three times a year as the Strategic Planning Committee for the organization, to review progress toward accomplishment of goals and evaluate developments and anticipated trends in health care. Both Boards participate in an annual board member retreat conducted off-site for educational and strategic planning purposes. Agendas include sessions on national, regional, and local changes in health care, and help to identify longer-term areas of focus with board member participation.

Effective setting, communicating and deployment of MVVP in a health care organization require the alignment and active involvement of the medical staff. The Pillars serve as focal points for the medical staff and medical staff leadership just as they serve as a focus of excellence for the rest of the organization. In addition to the previously mentioned MEC, medical staff leaders contribute in three principle ways including: (1) the Professional Review Committee (PRC) serves as the physician-led clinical operational forum also attended by BHI senior leaders in which agenda items are tied to MVVP; (2) Dr. Craig Miller, Senior VP Medical Affairs, reinforces MVVP at quarterly medical staff meetings and monthly section meetings of clinical departments; and (3) the MEC meets monthly, and an annual Medical Leadership Retreat is held to provide educational opportunities and a forum for feedback into the organization's strategic planning.

Above all, BHI focuses on providing world-class service to its patients and their families (as evidenced by its extended 99th percentile ranking in the Press, Ganey & Associates database) and by creating a culture that is focused on employee satisfaction (as evidenced by the organization's 2nd consecutive year of top 15 ranking in *Fortune* magazine's "Top 100 Best Companies to Work for in America" list).

1.1(a)(2) Empowerment, Innovation and Organizational Agility: BHI senior leaders believe that high performance flows from an empowered, satisfied and safe work environ-

ment and workforce. Accordingly, consistent with the People Pillar, empowerment and innovation throughout the workforce are fostered in numerous ways: (1) Employees are empowered and innovation is encouraged through the organization's open environment of extensive sharing of the organization's strategies and results. Monthly financial statements, weekly patient satisfaction results and many other documents are copied and made available to any and all staff members, on the patient care units, on bulletin boards in public areas, and via e-mail. Overall organization results are shared with leaders, physicians, and employees, and opportunities to provide input are extended through employee forums, physician leadership meetings, daily rounding, and leadership development sessions; (2) Extensive reliance on cross-functional teams puts many employees in decision-making roles; (3) BHI's "no secrets" policy fosters an environment of openness and eliminates fear of retribution; (4) Empowerment begins at orientation, during which BHI's newest staff members are asked to advise us on how we can improve the orientation process; (5) Senior leaders are intentionally, systematically visible throughout the organization. Senior leaders practice open-door management and make daily rounds to listen to employees, patients, and physicians, to discover potential issues that need to be addressed without blame. Senior leaders also eat lunch with employees 2-3 times each week to provide an opportunity to listen, learn and dialogue with employees concerning their questions, concerns, and issues; (6) Employee forums and communication boards facilitate communication and employee empowerment; and (7) The *Bright Ideas* program gives every employee an opportunity to submit ideas to improve customer service or operational performance. This program is actively managed and an organization-wide goal of achieving 2.2 *implemented* ideas per employee is in place for FY 2003.

BU and the sheer volume of educational programs testify to the extensive commitment of resources dedicated to organizational learning for leaders and employees. In addition, senior leaders demonstrate their commitment to learning by serving as instructors at BU, *Firestarters* meetings, employee forums and Serv U.

Agile decision-making is a point of emphasis and inherent in the leadership system process. Senior leaders meet weekly to report and address key issues and information. In addition, senior officers meet off-site quarterly to address key strategic issues and to address progress compared to 90-day plans and take action. As a reflection of empowerment, innovation and agility through to the front-line employee, *each* employee is provided a "blank check" to provide service recovery, including those that may have a cost up to $250 per month per employee. This may include something as simple as buying lunch for a service delay, replacing lost glasses or dentures or other on-the-spot actions to meet customer-focused service goals.

Senior leaders have a long, explicit track record in reinforcing the importance of ethical behavior throughout BHI consistent with the faith-based and values-based principles of BHC. However, despite long adherence to ethical practices, we recognized that an even more robust approach to ethics was needed in light of recent highly publicized corporate scandals. Accordingly, the senior leader approach to reiterating and ensuring an environment that fosters legal and ethical behavior operates at two levels: 1) focus on senior leadership ethics via a policy of zero tolerance and conflict disclosure; and 2) reinforcement throughout the entire workforce via

persistent reference to our Values, a commitment to Baptist's *Standards of Performance* required of all existing and prospective employees, a pervasive compliance program, and devotion of several sessions of the Baptist Daily on the imperative of ethical conduct.

1.1(b) Organizational Governance: Management is held accountable for the organization's actions and financial performance through monthly CARE, BAR, and *Dashboard Reports* to the Board. The Board analyzes and discusses items relative to these performance reports with leaders. Additionally, the Board and leaders discuss items of ethical or regulatory importance. Yearly independent, third party audits are performed by a national accounting firm, and BHC has its own staff of two independent internal auditors who report directly to the Finance Committee.

In March 2003, the BHC Board of Directors, in response to growing concerns about national corporate responsibility and the Sarbannes-Oxley Act, created an Audit Subcommittee of the Finance Committee. This subcommittee is responsible for the reliability of the financial statements and financial reporting process, the systems of internal accounting and financial controls, the internal audit function, the annual independent audit, and the legal compliance and ethics programs. This act was not required of non-profit organizations, but BHI felt this step was necessary and consistent with its values of Stewardship and Integrity.

1.1(c) Organizational Performance Review

1.1(c)(1) Senior Leader Review of Performance: The review of performance compared to plan and competitive performance is a systematic, cascading process that is anchored in senior leadership monthly review of three key performance reports that focus on achievement of shorter-term goals: (1) the *Dashboard Report*; (2) the Budget Accountability Report (BAR) that reports departmental financial performance; and (3) the internally developed Clinical Accountability Report of Excellence (CARE), which enables BHI to aggregate and compare clinical quality improvement results and trends. Each of these tools has the ability to aggregate results for single departments, multiple departmental roll-ups, divisions, facilities and organization wide results.

Baptist's 90-day plan methodology is a distinctive method that combines both a focus on our long-term future, as expressed by the Pillars, a management by fact review of performance, and ability to take action to achieve that future. It is the principle method used to translate findings into priorities for improvement and is fully deployed since all leaders develop 90-day plans. Even contracted services such as food services and housekeeping are subject to strict performance expectations such as 99th percentile patient satisfaction scores, and contractors pay penalties when results fall below this high target.

1.1(c)(2) Key Performance Measures: Baptist Hospital maintains a monthly *Dashboard Report* of key performance indicators. These indicators provide "at-a-glance" results for leaders and are reviewed at the monthly department head meeting. This one page Report is aligned with the Pillars and tracks and trends indicators such as employee turnover, aggregate CARE score, patient satisfaction scores, cost per admission per month, productivity and market share.

1.1(c)(3) Translating Performance Review into Action: Senior leaders continually monitor key performance indicators via the monthly *Dashboard Report*, BAR, CARE and 90 day plans in order to discover opportunities for improvement, (i.e., the "F" in FOCUS-PDCA stands for *Find*). If a result varies negatively compared to historical, budgeted, or best practice targets in cross-departmental areas, a standing team such as one of the satisfaction, clinical performance improvement, or revenue cycle teams or a new team is assigned to analyze the variance and develop a plan of action acceptable to senior leadership. This team is responsible for assuring that results are achieved by the "CA" steps of PDCA. A change in process may involve a number of staff members who must be fully engaged for the change to be successful. If this is the case, a problem-specific educational program may be developed and round-the-clock sessions held to educate staff on the need for the change and the effect the change will have on their daily responsibilities. A result that primarily affects one department will usually be redressed by using FOCUS-PDCA. Key partners, including dietary and environmental services vendors, submit and comply with 90-day plan requirements. Key physician partners under contract, including emergency room physicians and hospitalists, are also subject to 90-day performance expectations of their respective departments.

BHI uses FOCUS-PDCA to effect cross-departmental change. One example is the organization's *Revenue Cycle Process Improvement Initiative*. In 2000 it was determined that BHI's net revenue, bad debt, and days outstanding in accounts receivable were trending in a negative manner, compared to benchmarks. A steering committee was formed that appointed several teams to address each step of the "revenue cycle." Indicators were developed for each team and changes to processes were implemented to achieve targets. The revenue initiative results were so successful that nine teams remain in place to rapidly respond to any revenue related results or short-term trends that may be symptoms of a larger issue. In another example, BHI recently conducted a Failure Mode and Effectiveness Analysis on Small Pox in response to the recent national threat of bioterroism. This initiative involved extensive educational sessions, including a monthly department head meeting and round the clock meetings with departments most affected.

1.1(c)(4) Improving Leadership System & Effectiveness: Learning is a constant theme that helps mold BHI's culture. BHI senior leaders are both learners and teachers. The organization invests heavily in the ongoing improvement of the entire leadership system, including physician leaders. Senior leaders make explicit use of biannual 360^0 feedback surveys, BHI performance compared to 90 day plans, employee, physician and patient satisfaction results, input received at employee forums, Baldrige Feedback Reports and constant surveillance of emerging industry issues and trends. For example, senior leadership and leadership system effectiveness improvement during the past year has focused on business strategies, servant leadership concepts, a deeper understanding of the Baldrige Criteria, and identifying high performance targets, benchmarking where available. The benchmarking of Ritz-Carlton led to BHC's adaptation of "Line-Up." Leader performance evaluations aligned with strategies are completed annually and identify specific opportunities for improvement for each leader.

Figure 1.2-1	
JCAHO	Full Accreditation
CAP	Full Accreditation with Distinction
Commission on Cancer/ACS	Community Cancer Center
Medicare 7th Scope of Work	Full Participation
Florida Trauma Designation	Level II Trauma Center
Radiation Safety	Full Licensure
OIG	No Sanctions
OSHA	*No Violations*

1.2 SOCIAL RESPONSIBILITY

1.2(a) Responsibilities to the Public

1.2(a)(1) Addressing Impact on Society: BHI consistently goes beyond basic state and federal regulatory requirements, consistent with the organization's commitment to excellent corporate citizenship as embedded in the MVVP. Targets for regulatory and accreditation results are established by senior leadership with endorsement of the Board and are consistently based on the threshold of best-in-class performance. Teams are routinely created by senior management to address those areas of critical importance through monitoring compliance with the MVVP. Each team initially reviews objective hospital performance data to determine where the organization should devote resources to best impact the needs of the community. Appropriate indicators are then selected which support management by fact to appropriately respond to the community's needs and the organization's public responsibilities. Compliance with basic requirements is not enough. Each team is challenged to create a goal that stretches their intellectual ability to provide the best possible service to our community. A sample of these teams are listed above in Figure 1.2-1.

The JCAHO Team, for example, works to meet and exceed all requirements of JCAHO by assuring that each clinical department has two or more clinical indicators that are measured, monitored, and reported to leaders and the medical staff through the CARE Report. Each department's indicators are coordinated with focused studies of clinical core businesses as well as with appropriate staffing indicators to assure that our patients are receiving care of high quality and safety.

Risks associated with the provision of healthcare services through patient safety and risk management indicators by the Patient Care Subcommittee of the PRC and the Risk Management Department

Figure 1.2-2 *Sample* list of Patient Safety and Health Outcome Indicators

- Medication Events
- Catheter-Related UTI Infections
- Central Line-Related Blood Stream Infections
- Beta Blockers at Arrival for AMI Patients
- Blood Cultures Obtained within First 24 hours for CAP Patients

which manage by fact through the use of comparative data indicators provided by external benchmarks. A sample of patient safety and risk management indicators are provided in Figure 1.2-2. Information is reviewed by a physician-led Risk Management Committee and/or appropriate BHI leaders. When results are not consistent with targets, a Focus PDCA process is initiated.

1.2. (a)(2) Anticipating Public Concerns: BHI systematically anticipates public needs and concerns at two levels: the national/state level and the local markets that we serve. To stay abreast of emerging health care concerns, BHI has designated certain key staff to review literature from such multiple sources as the AHA, FHA, VHA and other state or national groups that provide timely and focused information regarding issues of concern to the healthcare community and the people and communities that BHI serves. Designated staff members review literature, identify information and report findings to BHI leaders for appropriate action that will then be used for educational purposes or to determine and validate benchmark targets. The Office of Inspector General report highlighting focal areas of concerns for Medicare is reviewed annually and disseminated to appropriate leaders. The Institute of Medicine's 1999 and 2002 report on hospital deaths due to medical errors was reviewed, disseminated, and BHI's Patient Safety Initiative was created to guide BHI's response to this important document.

Locally, information is received through a variety of sources. BHC has a total of nine Boards and two Advisory Boards comprised of more than 100 area community leaders and physicians, all of whom serve as information conduits for the organization on issues and concerns. The Press, Ganey Patient Satisfaction Survey is another excellent source for score-based and narrative feedback from patients which may also provide information on the need for a new program or service. BHI's *Listening and Learning* program enables BHI leaders and managers to interact with various businesses, consumers and others as appropriate to determine additional needs which may be present in the market area. This program is a component of the planning process, providing a systematic approach to understanding and addressing public concerns. At annual off-site retreats with members of the Board of Directors and separately with medical staff leaders, attention is focused specifically on addressing actions BHC should take to address emerging national, state, and local health care issues. Information from these and other sources become part of the external assessment for the strategic planning process. Issues of a more urgent nature are incorporated in 90-day plans for the leaders closest to the matter, thus assuring that concerns are addressed and tracked.

The organization also develops plans for issues of palpable interest to the community. For example, to be prepared in the event of terrorist action, BHI has proactively evaluated protocols for risk regarding the use of chemical or biological weapons. Another example is advanced preparation for potential cases of SARS.

BHI also participates in market needs assessment and use various sources to gather comprehensive information on the healthcare needs and concerns of its market area. Memberships in organizations like the AHA (including its Reality ✔ Series) and FHA, also provide information on emerging patient and customer concerns

relative to healthcare coverage or access to care. Information is also obtained, abstracted and trended through BHI's HealthSource Medical Call Center Program which allows members of the community to call and talk to a nurse about a specific health care problem. BHI's internal Institutional Review Board (IRB) functions in compliance with federal regulations and serves to proactively identify and manage clinical research. The IRB meets monthly and is comprised of volunteer physicians, BHI employees and community leaders. The IRB evaluates any protocol in which a physician on the BHI medical staff requests use of an investigational device or drug. All protocols must address patient and public concerns and provide an informed consent form that lists all risks and benefits, in a manner that can be understood by a lay person.

1.2 (b) Ethical Behavior: BHI's mission and values define the organization, its culture, and complete dedication to meeting the health care needs of communities served. The ethical foundation of BHI is enunciated in our core value of Integrity. "Maintaining the highest standards of behavior and doing the right things for the right reasons" is a non-negotiable component of our culture. Ethics and integrity are critically important in the provision of health care where the lives and livelihood of many are dependent upon the ethical behavior of care givers.

In 1997, BHI created a Corporate Compliance Department to provide oversight and coordination of state and federal laws and regulations and to provide a sounding board for any concerns regarding conflict of interest or any inappropriate behavior by BHI staff. A 20-year senior level executive was appointed to the role of Corporate Compliance Officer to staff this important function. BHI created a Code of Conduct to affirm the day-to-day practice of complete and consistent understanding of all standards throughout the organization. Every applicant is required to read and sign a summary of the Code at the time the application is accepted. Upon employment, education regarding the full Code is mandatory as is signature of a Commitment Statement to comply with this important document.

Multiple avenues for hospital staff to express questions or concerns are available which include access to the Compliance Office, the Compliance Officer, or anonymously through the 1-800 "Hotline" which is run by an outside organization. The Compliance Office operates independently and reports to the Senior Officers of the parent organization, though the Compliance Officer has direct access to the Executive Committee of the parent Board and to the Board Chairman. Programs to assure ongoing staff awareness of the organization's commitment to integrity, ethical behavior, and compliance are presented at least annually through a weekly focus for the "Baptist Daily," annual focus on "Integrity" as the Standard of the Month, and through the recently created newsletter, "The Standard."

1.2(c) Support of Key Communities and Community Health: BHI has been a part of the market area's health care delivery system for over 50 years. This history and the organization's values and culture undergird a strong and inspired commitment to communities served. The disbursement of BHI resources to improve the health status and quality of life of community residents is based on needs identified through the strategic planning process.

The organization sponsors the *Partnership for a Healthy Community*, which in 2001 released a comprehensive 5-year assessment of the health status of residents of the primary market area, and leaders serve on and staff a task force appointed by the Northwest Florida Legislative Delegation to study and address problems with providing access to care for the area's uninsured and medically poor.

BHI remains firmly committed to its *not-for-profit* mission and provides services to all who need care even though it results in BHI providing a disproportionate amount of free care within the service area. BHI and parent BHC are the leading provider of uncompensated care in the market area with an uncompensated care as a percent of gross revenues of 8.6%. BHI also works with other health care providers to address community needs, including a joint partnership with local competitor Sacred Heart Hospital to fund and operate *Escambia Community Clinics*, which provides primary health care services to area residents who are unable to pay. BHI and area physicians are partnered in the *We Care* Program which coordinates the delivery of health education, primary care, and specialty physician services for the indigent, which also compliments the program at ECC. The BHC Foundation serves as the philanthropic arm for the entire organization and donates funds raised to meet community health needs and provide additional funds for indigent care. BHI's pharmacy also works with pharmaceutical suppliers to secure needed medication for indigent patients.

Leaders are encouraged and supported in their efforts to provide leadership on community boards, including health care and non-health care related organizations, or to serve as volunteers in general, to improve quality of life for area residents. BHI and parent BHC also sponsor or participate in other non-health care related events or programs. For example, BHI established a partnership with two innercity elementary schools, and has provided more than 110 mentoring hours over the past three years, permitting employees to volunteer and assist, motivate, and support students. For its involvement, BHI received the Business Recognition Award from the Florida Commissioner of Education.

BHI supports or sponsors many other community recreational and cultural events which include, for example, health screenings for a variety of conditions, individual risk profile assessments, sports exams for high school athletic programs and other screening programs for area businesses.

Located on Florida's Gulf Coast, BHI responded to a surge of drownings and near drownings in 2001 by supporting a local beach safety initiative, which includes the use of colored flags to warn of rough water. Also in 2001, Baptist introduced *Get Healthy Pensacola*, a program to encourage healthier lifestyles and better healthcare choices by community residents. In this program, enrollees can earn prizes or discounts arranged with local businesses for activities related to smoking cessation, weight loss, stress reduction, cholesterol reduction, enhanced parenting skills and other actions to improve the health and lifestyle of the enrollee and the community.

Representative of our commitment to ever-increasing community health initiatives, BHI is a beta site for Women's Heart Advantage, a new national VHA initiative to address female heart disease, the number one cause of death in women. BHI is participating in the design and roll out of this initiative in recognition that the causes and care regarding women's heart disease have long been overshadowed by research on male heart disease. The principal objective of this initiative is to improve awareness of heart disease among women, provide education on heart healthy lifestyles, and to provide women easy access to cardiac testing and treatment.

2.1 STRATEGY DEVELOPMENT

2.1(a) Strategy Development Process

2.1(a)(1) Strategic Planning Process: BHI has a well-defined strategic planning process that is integrated with BHC's process. BHI goals are based on the organization's *core strategies* and *system goals* that flow from Mission/Values/Vision through to individual *leader goals* to *90-day action plans* and standardized HR performance evaluations for each leader. The strategy development process is designed to ensure the systematic alignment of goals and cascading action plans throughout the organization, and to enable and support agility in decision-making. The clearly articulated strategies and goals direct current-year and longer-term actions.

The planning process is coordinated by senior leaders and supported by the Strategic Measurement Team (SMT), which was formed in part in response to BHI's Baldrige Feedback Report for 2000. The Team is responsible for assisting in the development of one- to five-year goals linked to the organization's core strategies, and to set performance targets with clearly measurable results. The BHC Board, which serves as the final planning authority for BHI, has adopted a five-year, longer-term horizon as the most appropriate balance between lead time needed to plan for major capital commitments and being able to anticipate advances in medical technology and practice. The human resources director, nurse executives, planning and financial planning departments, and clinical quality improvement staff serve actively on the SMT, identifying goals, indicators and targets. The components (and *flow*) of the strategic planning process are presented in Figure 2.1-1.

Each year, in a time frame that coincides with the budget development process for the entire organization, BHC adopts or revises *core strategies* (#3). BHC/BHI senior officers and SMT members then assume responsibility for preparing more specific, measurable, and actionable *system goals*, to support the accomplishment of the *core strategies* in the upcoming fiscal year. The *system goals* are also aligned with the Pillars (#5). The *core strategies* and *system goals* are then presented for consideration and approval by the BHC Board of Directors, which serves as the Strategic Planning Committee for all BHC affiliated providers. The Board meets three times a year in extended sessions as the Strategic Planning Committee to guide organizational development and performance over a time span of three years or more. BHC and BHI senior officers meet quarterly in off-site *Senior Officer Retreats* to address strategic planning issues, and in one of these sessions each year, to adopt *core strategies* and *system goals* to be presented for board approval. Approved *core strategies* and *system goals* are then used by BHI's senior leaders and the leaders of other BHC affiliated providers to develop facility-specific *goals* (#6). The facility-specific *goals* for BHI are deployed to BHI leaders on a schedule which coincides with the beginning of the budget development for the next fiscal year. BHI leaders develop their individual departmental *leader annual goals* in alignment with *system goals* and the BHI *goals* (#7).

The *leader annual goals* are then linked to both the *operating* and *capital* budget development processes for BHI (#8), helping to ensure that resources are strategically allocated to accomplish organizational goals. *Leader annual goals*, upon concurrence by the responsible BHI senior leader, are translated into *90-day action plans* to facilitate goal accomplishment (#9). The BHC *core strategies, system goals, facility-specific goals, leader goals* and *90-day action plans* are all organized according to the Pillars. *90-day action plans* for BHI leaders are formulated or updated each quarter. This process for updating or reevaluating *action plans* on a quarterly basis enables the organization to be flexible and agile in accomplishing or reassessing longer-term goals and objectives. The 90-day action plan process is the fundamental and fully deployed method used to evaluate progress toward accomplishment of goals and address other strategic issues. Senior officers for BHC and BHI also maintain 90-day action plans, which are called *senior management priorities* (#10). At quarterly retreats, the senior officers evaluate progress toward accomplishment of their own goals and formulate changes as appropriate.

Finally, BHC and BHI utilize standardized *leader performance evaluations* (#11), which are derived from all the preceding steps and serve to align and assess the leader's performance and level of goal accomplishment at the end of each fiscal year.

2.1(a)(2) Strategic Planning Process Considerations:
External inputs, accumulated on both a formal and informal basis, include, *for example*, market data and research performed or obtained by staff, external clinical data and financial data, including data for competitors and other peer or comparable health care organizations, Press, Ganey and Associates patient satisfaction results reported weekly, monthly and quarterly, results from the organization's physician surveys, information on new technologies or changes in technologies or health care delivery, HIPAA requirements, customer listening and learning program feedback, market economic and manpower data, and BHI's Baldrige Feedback Report.

BHI has access to powerful databases to generate information used in strategy development, both external and internal. The Florida Agency for Health Care Administration (AHCA) maintains comprehensive utilization and financial data for all Florida hospitals, as public information. Accessing this data, and using it in combination with other internal information systems, provides information about the market area, including market share and financial data for the applicant's hospitals and for competitors. BHI planning, financial planning and decision support staff serve as the subject-matter experts for the various databases and perform detailed analyses of market area segments, which are especially useful in evaluating new service opportunities. BHI purchases the *INFORUM* database, which provides extensive demographic and socioeconomic data for the market area, and in combination with the AHCA data provides information used to project health care need/demand for specific future planning horizons. This system is also used to identify target market segments for a variety of services. Planning and market analysis functions are also supported by the organization's *Trendstar* internal utilization and cost accounting system, which provides information on actual operating costs and utilization of services by demographic segments across *all* services, and *Solucient Action* systems which permit productivity benchmarking comparisons for key indicators to other out-of-area hospitals that are the same size and scope of BH and GBH.

Internal inputs include, *for example*, information on key clinical indicators monitored via the CaduCIS system and CARE, results of internal employee satisfaction surveys and employee forums, comprehensive cost and financial performance data (such as the BAR and productivitiy reports), *Trendstar* internal utilization and cost accounting system, staffing and productivity data, including reports on turnover rates, information on regulatory and ethical issues identified by BHC's Corporate Compliance Programs or from changes in BHC's standards of conduct, suggestions generated through the *Bright Ideas* program, and, as appropriate, information on goal accomplishment from prior year leader performance evaluations.

Information from internal and external sources is regularly reported or

Figure 2.1-1

External and Internal Inputs:
Performance Evaluations Ô
Human Resource Issues Ô
Clinical Quality Requirements Ô
New Technologies/Innovations Ô
Values/Standards of Conduct Ô
Regulatory Environment Ô
Corporate Compliance Issues Ô
Customer Satisfaction Results Ô
Customer Listening and Learning Ô
Community Needs Assessment Ô
Market Analysis Ô
Competitive Environment Ô
Financial Performance Ô
Physician Requirements Ô
Key Partners Ô
Baldrige Feedback Reports Ô
Others Ô

Figure 2.1-2 Examples of Reports

Type of Report	Frequency
Patient Satisfaction Results	Weekly
Patient Satisfaction Results	Monthly
Patient Satisfaction Results	Quarterly
Productivity Results	Bi-Weekly
FTE Comparison Report	Bi-Weekly
Financial Status Reports	Monthly
Stop Light Report (Solucient)	Quarterly
CARE Reports	Monthly

provided to BHC and BHI officers to proactively support decision-making and facilitate goal development, with summary information provided for the planning retreat session each year when the organization's goals are formulated (#3). Much of the external and internal information referenced is compiled, formatted and provided to BHC on a weekly, monthly, or quarterly basis, according to type of report, and evolves based on current situations to facilitate agile management by fact. A sample of a few of these types of reports are provided in Figure 2.1-2. Data generated in a number of these reports supports the annual development or revision of sytems goals, facility-specific goals, and leader annual goals (#5-#7).

Specific types of information are gathered and analyzed by senior leaders in preparation for the Strategic Planning Committee meetings held three times a year. These analyses are presented in a systematic method to build upon current strategies and to assure consistency with the strategic planning methodology. Customer needs are identified through feedback from patient satisfaction and employee surveys, and through the listening and learning strategies used for all key customers. Market segment and competitor assessments are provided by planning staff, with health needs assessments supported by the *INFORUM* system. Future goals for the organization, assessments of community health needs, and physician input assist senior leaders in determining need and setting priorities for acquisition of new technologies being considered during the planning process. Data generated from internal clinical performance reports (CARE, for example), the tracking of Core Measures for clinical quality developed in conjunction with JCAHO requirements, vouluntary participation in the Medicare 7th Scope of Work program, and feedback from CAREMAP development processes are used in setting targets for clinical quality improvement goals.

There are two principle markers of BHI strengths and weaknesses: (1) performance compared to plan, BAR and CARE reports, and 90-day status updates on goals at senior officer retreats, and (2) BHI's annual Baldrige Feedback Report. Opportunities for improvement identified from the organization's 2000, 2001 and 2002 Feedback Reports were incorporated in and helped to drive the development of goals for the subsequent fiscal years (#5-#6). BHI's systematic input and planning processes and Baldrige Feedback results have contributed to a number of key innovations, such as the use of 90-day plans, frequency of results reporting for patient satisfaction, the development of CARE reports, the continued evolution of Baptist University, and many others.

Consultants, suppliers, and other partners also play key roles in the goal development process for BHI. *Sodexho* is a partner who provides

dietary services at BH, GBH, and BMP, and is a full participant in food service planning. Even competitor Sacred Heart Hospital is a collaborator/partner in a joint venture, Escambia Community Clinics, which provides primary care services to market area residents unable to pay for care. Community health status is assessed and initiatives developed and supported to improve quality of life through the *Partnership for a Healthy Community*.

Reimbursement and managed care specialists on staff track changes in federal, state, or managed care payors, and in requirements for the Medicare, Florida and Alabama Medicaid programs, military TRICARE program and other managed care programs. Internal BAR reports, individual leader responsibility reports, summary financial reports prepared monthly for officers and board members and cost data from the *Trendstar* system are systematic inputs to steps #5 - #8. Planning and corporate compliance staffs also have governmental relations responsibilities, and continuously track changes in regulatory requirements and legislative activities at the state and federal levels. Both Florida and Alabama have Certificate of Need (CON) programs and staff members also factor those requirements in needs assessment activities. CON activity also provides advance and detailed information on competitor strategies.

2.1(b) Strategic Objectives

2.1(b)(1) Strategic Objectives: The *core strategies* are presented in Figure 0-2, and a selected sampling of BHI FY 2004-2008 *system goals* and key performance measures and time frames, which are aligned with the *core strategies* and are cascaded from BHC *system goals*, are presented in Figure 2.1-3.

2.1(b)(2) Linkage to Challenges: BHI *system goals* include strategies which have been developed to address key challenges. *For example*, an organization focus on retaining satisfied employees, reducing employee turnover, and utilizing innovative recruitment strategies has been developed to deal with labor shortages by sustaining an outstanding work environment. Clinical improvement is a comprehensive initiative, based on BHI's Baldrige Feedback Report and the compelling findings of the two IOM reports on medical errors released several years ago. The hospitalist program is one of the interventions to improve clinical processes, strengthen physician relationships, and improve financial performance. The Revenue Cycle Process Improvement Initiative is a continuing program designed to address costs and reimbursement, financial stability challenges, and relationships with payors. Increased volume is projected as a result of enhanced services to the region including BMP, GBH renovation, and product line focus. Sustaining the organization's unique culture, which has achieved industry-leading results in patient and employee satisfaction, is an ongoing challenge that is addressed through programs such as service teams, Serv-U, Baptist University and the Baptist Daily Line-Up.

2.2 STRATEGY DEPLOYMENT

2.2(a) Action Plan Development and Deployment

2.2(a)(1) Action Plan Development and Deployment: Figure 2.1-1, Steps #6-#10, illustrate BHI's approach to systematic development of BHI-wide departmental and short-term *90-day action plans*. *90-day action plans* enable leaders to closely and

systematically monitor performance compared to plan and also to flexibly change course based on changes in the external and/or internal environments. The agility inherent in 90-day review of performance gives BHI an advantage in its highly competitive environment. Longer-term *core strategies* and *system goals* guide the preparation of individual *leader goals* and *90-day* actionable implementation plans. While strategic plan development is a process that cascades down from the Pillars and *core strategies*, the budget preparation and resource allocations processes are bottom-up, and grounded in *leader goals*. Departmental budgets cascade up to BHI leaders and then to senior leaders for review and endorsement prior to BHC completing the top down and bottom up aligned preparation of the strategy-aligned budget, or financial plan. The resource allocation process begins in May of each year, and concludes in August with board approval, prior to the October 1 start of the organization's fiscal year. While leaders strive to achieve financial performance targets set for each fiscal year, budgets at BHI are flexible, within limits, if changes are needed to achieve targets, as long as financial integrity of the organization is not diminished. BAR, CARE and other key reports, 90-day plans, educational programs deployed through Baptist University, employee forums, the Daily Line-Up, and ongoing benchmarking efforts are *examples* of methods used by BHI to assure that high levels or performance are sustained.

2.2(a)(2) Short- and Longer-Term Action Plans: The key health care, market and operational changes that BHI has dealt with and continues to address include population shifts out of the downtown market area, workforce shortages, medical liability insurance availability and cost, downward reimbursement pressures, the need to continuously improve clinical outcomes, higher service expectations of patients, and a high level of competition in the market area.

2.2(a)(3) Human Resource Plans: People is the organization's first Pillar - always listed *first* among performance measures, addressed *first* each week in Monday's *Baptist Daily*, based on the belief that virtually all performance is a lagging indicator of success in securing a highly skilled, well-trained, motivated, safe and

highly satisfied staff. Human resource planning is fully integrated into the development of core strategies and system goals and is in alignment with the People Pillar. An HR representative is a member of the SMT. As part of the planning process, HR has participated in planning sessions with senior officers to identify key short- and long-term action steps in response to current and projected national, state and local health care staffing shortages. The HR action plan, which addresses recruitment, retention, compensation, safety and training of health care workers, has been rolled out at a Baptist University leadership development session. Key HR results and updates are provided to the senior officers and members of the Personnel Committee of the Board of Directors each quarter. In response to a national nursing shortage, the organization's nurse recruitment and retention strategy addresses revamping the clinical ladder program, pay adjustments to recruit graduate nurses, increasing the number of scholarships to nursing students, and involving experienced nurses to speak to high school students to raise interest in the field. Leaders report and are held accountable for results of the goals and targets for HR annually. Components of the organization's staffing plan beyond nurse retention are derived from system goals which include Human Resource/People Pillar goals. If 90-day process reviews indicate that adjustments or course changes might be needed to achieve desired results, appropriate actions are taken.

2.2(a)(4) Key Performance Measures and Alignment: Sample of key performance measures are in Figure 2.1-3. Alignment is assured throughout the cascading process, is deployed to all departments, and addresses all stakeholders. The organization's planning and action planning processes are consistently evaluated in quarterly Senior Officer Retreats, SMT, and other meetings, to assure that targets are set to help achieve or sustain industry-leading performance.

2.2(b) Performance Projections: Key measures and indicators are directly linked to the organization's *Core Strategies* and *System Goals* and cover one- to five-year planning horizons, as appropriate. Competitor data is evaluated in goal development and

PILLAR	Strategies/Tactics by Pillar	System Goals by Pillar	FY 2004-2008	Bench-mark
Figure 2.1-3: Strategies/System Goals - *Selected* Key Performance Targets				
People	Support BHC's existing stakeholder culture Recruit and retain top industry talent	Maintain industry-leading positive employee morale Improve and maintain employee turnover rates	xxx xxx	xxx xxx
Service	Maintain/improve customer satisfaction for all areas	Industry-leading results in patient satisfaction Improve results for physician/referral source satisfaction	xxx xxx	xxx xxx
Quality	Improve clinical outcomes for consistent high quality of care	Decrease Medication Event Rates Decrease Pressure Ulcer Rate Achieve targets for CARE scores	xxx xxx xxx	xxx xxx xxx
Financial	Further improve revenue cycle processes to maximize new and existing revenue streams Decrease unit operating costs	Achieve targets for Days Total Cash on Hand Achieve Operating Margin Target Meet targets for Implemented Bright Ideas per FTE	xxx xxx xxx	xxx xxx xxx
Growth	Achieve or exceed system goals for growth and expansion	Achieve targets for Operating Revenue Achieve targets for Adjusted Admissions Complete expansion project for Gulf Breeze	xxx xxx xxx	xxx xxx xxx

target-setting processes. Where applicable and available, best performance benchmarks or targets are used.

3.1 PATIENT, OTHER CUSTOMER AND HEALTH CARE MARKET KNOWLEDGE

3.1(a) Patient/Customer and Health Care Market Knowledge

3.1(a)(1) Patient/Other Customer/Market Segments:
Despite declining reimbursement throughout the health care industry and an intense focus on cutting costs, BHI continues its non-negotiable and unique commitment to patient care and service excellence. BHI has developed a customer-centered culture obsessed with patient care and customer satisfaction, a culture that treats customer satisfaction as a much higher priority than is typical for health care providers. The applicant's parent, BHC, has made, and continues to make, a significant resource investment, including both

money and time, to understanding patient/customer preferences and market trends. These resources are used by BHI to continuously improve the satisfaction of its customers, to drive customer loyalty, and to understand the unique needs of each customer segment. This commitment to the various customer groups pervades BHI's core strategies. Based on its commitment, BHI has been the recipient of several national service excellence awards, including most recently the *Fortune* Magazine's 100 Best Places to Work for in America and the *USA Today*/RIT Quality Cup award. In fact, BHI has become a role model for health care organizations around the country continually seeking ways to improve in the area of service excellence. Over 5,800 health care providers have visited Pensacola, Florida, to learn how BHI achieves service and operational excellence.

BHI has taken quality functional deployment a step beyond by establishing a stringent listening and learning system to determine key customer requirements, expectations and preferences, and their

FIGURE 3.1-1

CUSTOMER GROUP	LISTENING AND LEARNING ACTIVITY—FREQUENCY	
Active Patients and Family Sub-segments for women, seniors, geographic location, disease type	n Press, Ganey satisfaction survey—daily n Service recovery database—daily n *Nursing discharge follow-up calls—daily n *HealthSource (medical call center)—daily n *Letters, phone calls—daily	n Trendstar databases—daily n Preference database—as indicated n *Personal contact—daily n *Centralized scheduling—daily n AHCA database—daily
Potential or Inactive Patients/ Community at Large No services received within the past two years. The total community served by BHI in its drive to create a healthy community	n Image survey—annually n *Baptist HealthSource—daily n Focus Groups—as indicated n CRM database—as indicated n INFORUM database—as indicated	n Web site survey—quarterly n Event evaluation/survey—as indicated n Membership program evaluation—annually n WellSource database—as indicated n Focus Groups—as indicated
Referring Physicians Physicians referring patients to BHI facilities	n Satisfaction survey—annually n Hospital/Physician Accountability Report—quarterly n Shared expectation sessions—as indicated n *Action line—daily n Physician call program—monthly	n *Personal contact—daily n Physician Loyalty Team—monthly n *Centralized scheduling—daily
Employees Different departments within the organization including employees with direct patient contact	n Attitude survey—every 18 months n Employee forum surveys—quarterly n Focus groups—as indicated n *Bright Ideas—daily n Training needs analysis—as indicated	n *Meeting/committee feedback—daily n Employee Loyalty Team—weekly n *Exit interviews—as indicated n Departmental surveys—annually
Employers Employers who contract with managed care payors or who contract with Business Health for occupational health services *Real Time	n Satisfaction survey—annually n Needs analysis—annually n Focus groups—as indicated n Advisory Council—quarterly n Aegis survey—monthly	n Seminar evaluation—monthly n *Personal contact—daily n *A.C.T. database—daily

importance. The five major customer groups identified in Figure 3.1-1 represent the spectrum of BHI's customers and stakeholders. BHI then identifies sub-segments within each of these groups based upon several key factors, including geographical location, age cohort, disease group, payor status, and last use of BHI services. In addition to these five customer groups and their sub-segments, BHI has an established listening and learning methodology utilizing qualitative and quantitative research such as focus groups and telephone surveys to obtain information on customer satisfaction relative to satisfaction with competitors. In addition to the use of these methods, BHI utilizes approaches which permit the organization to "listen and learn" directly from customers. This information is used to identify the key requirements from each customer group as input into the BHI's Service Design Process, and FOCUS-PDCA process. For example, BMP was built to take advantage of growing population in the northern Pensacola area and identified need for additional services in that area. In focus groups conducted, employers with locations in the northern portion of the city were particularly adamant in stating the need for occupational medicine services. Those employer groups also cited a need to reduce the costs of health service provided to their employees and further voiced the desire for a way to encourage healthy lifestyle behavior choices among employees. BHI responded with the development of *Get Healthy Pensacola*, an incentive-based program to encourage the community to get and stay healthy. Gaps in services available in the market area are also identified and analysis has resulted in continued health care service expansion in growing areas such as to the north side of Pensacola by BMP, and the south end of Santa Rosa County by GBH.

The organization's Marketing Department commissions market research such as the Customer Value Analysis and Awareness, Attitude and Usage studies to determine consumer perceptions and requirements. Additionally, BHI has gone beyond satisfaction to test patient loyalty attributes. This Customer Value Analysis research identified those features/attributes that are expected by patients (basics); those features/attributes that are general dissatisfiers (irritants); and those features/attributes that drive patient loyalty (value drivers).

Category-specific attributes are identified and shared with staff that have responsibility for assuring that they are met. This information has been used to set organizational priorities for determining improvement opportunities with the patient population based on their individual requirements for health care, and to determine the appropriate level of resources to devote to such initiatives.

To advance the goal of enhancing hospital/physician collaboration, BHI surveys physicians annually and holds periodic interviews to determine any unmet needs or new requirements. In addition, senior leaders interact systematically with physicians through medical staff board meetings and committees. Part of each meeting is a forum that allows members of the medical staff to give BHI leaders feedback. To enhance opportunities for listening and learning from physicians, BHI established the Physician Action Line, which allows members of the medical staff to call a centralized number in order to provide positive and negative feedback on BHI operations. Action Line calls are tracked and must be addressed by a BHI leader. Through this interaction with physicians, BHI has discovered physician irritants and taken steps to correct them based on physician input. For example, when it was discovered that one physician irritant was the inability to contact nurses as quickly as they felt was appropriate, BHI responded by providing nurses with wireless phones with numbers given to physicians, patients and key family members. Physicians are no longer frustrated about being placed "on hold" while nurses find a patient chart during calls, since nurses are required to have charts in hand before calling physicians and have established a behavior expectation on this point. Physician concerns with direct inpatient admissions were also addressed as follow up to an identified irritant. The practice of calling the Emergency Department after 5:00 p.m. and on weekends for admissions caused delays and dissatisfaction when the physician was put on hold or transferred several times to reach the ADON. Staff enacted a FOCUS-PDCA process and the resulting improvement was to transfer the responsibility to HealthSource so that call center staff could collect all the pertinent patient information and contact with ADON for the physician.

FIGURE 3.1-2 Examples of Features/Attributes Identified in Customer Value Analysis

VALUE		BASIC	
Understands my needs	Emotional	Integral part of community	Emotional
Helpful phone representative at hospital	Care/Service	Information desk was helpful	Care/Service
Waiting time for tests and treatments is reasonable	Care/Service	Shows concern for family and visitors	Care/Service
Concern was shown for your comfort during tests & treatments	Care/Service	Up-to-date equipment and advanced technology	Location/Environment
Your pain was controlled well	Care/Service	Business office made things easy for you	Business Office
Gives patients sufficient personal attention	Care/Service	Person who admitted you was courteous	Admissions/Discharge
Kept sufficiently informed about your condition/treatment	Care/Service	Physicians are well qualified	Physicians
Patient needs are met promptly	Care/Service	Nurses are attentive	Nurses
Overall quality of health care is excellent	Care/Service	Staff members act professionally	Staff
Shows concern for patients' well-being	Care/Service	Staff is courteous and friendly	Staff
Convenient parking	Location/Environment		
Physician answers questions to your satisfaction	Physicians	**IRRITATION**	
Overall quality of care provided by physicians is excellent	Physicians	Innovative organization	Emotional
Physician explained test or treatment to your satisfaction	Physicians	Convenient location	Location/Environment
Nurses showed good attitude toward your requests	Nurses	Business office makes a real effort to keep costs down	Business Office

3.1(a)(2) Listening/Learning and Using Patient/ Customer Requirements: BHI has made multiple systematic and well-deployed investments to enable it to remain close to all key customers and stakeholders in real-time and immediately following the hospital experience. The most frequently used is Press, Ganey patient satisfaction survey results for multiple BHI service units. *Every* BHI inpatient is surveyed within a week of discharge and one out of every eight outpatients per day. Every leader in surveyed areas reviews results of patient satisfaction surveys weekly, exceeding the industry standard of quarterly analysis. While a small number of providers are beginning to review data on a weekly basis, BHI has been the industry leader in this practice. Accuracy, agility, rapid action to improve customer focus, and understanding of customer purchase and repurchase decisions are cherished and reinforced elements of the organization's culture. BHI is devoted to finding and taking immediate action on patient comments, including process improvement measures for negative comments and reward and recognition for positive comments. Leaders in surveyed areas are held accountable for correcting deficiencies. The Service Recovery Process also provides BHI with a tool to learn more about patient requirements. Although there is a distinct service recovery process, service excellence is not a process separate from care delivery—it is automatic, woven and indistinguishable from BHI's health care service. The service recovery database tracks complaints and measures taken to address them, and reveals patients' requirements for superior service. The Physician Action Line tracks both positive and negative comments from members of the medical staff, and is linked to the Service Recovery Process. There is an extensive focus on understanding and taking action on physician expectations. Problems are addressed, and the database is used by leaders in affected departments to assist in designing better processes and may, at the leaders' discretion, be incorporated into 90-day plans. Based on analysis of complaint tracking, key dissatisfiers identified include delays in wait time and lost items. To address these key features, BHI staff members either develop an action plan or focus on a particular *Standard of the Month* to address a specific issue.

HealthSource, the organization's 24-hour medical call center, is a key tool for identifying market opportunities and customer requirements, and for identifying potential patients. By trending call data, *HealthSource* can identify health care features that are a high priority for past, current and potential patients. Calls made to the center can also be segmented geographically by zip code, or by age and gender. For example, *HealthSource* has performed outbound campaigns for senior citizens to join *GoldenCare* and to women for annual mammogram reminders. Data is accumulated for calls requesting types of services that may have low availability or are not available in the market, as well as complaints about deficiencies in existing services.

The Marketing Department uses additional methods to gather information on key service features, including Customer Value Analysis research, its Business Health Advisory Council (comprised of community business leaders), the *HealthSource* medical call center, information from its membership programs, a CRM database which is used in analyses performed for various membership programs, and through the organization's Internet website (which includes interactive material).

3.1(a)(3) Improving Listening and Learning: BHI continues to make improvements to its listening and learning approaches. In 1996, BHI moved to weekly tabulations of patient satisfaction survey results and implemented surveys for Emergency Services and other outpatient services. In 1997, BHI implemented surveys for ambulatory surgery and home health services, consistent with the organization's dedication to customer service. In 2000, the Business Office implemented a satisfaction survey to delve deeper into issues related to patient billing procedures. Each year the Loyalty Teams make recommendations to senior leaders for improvements in, or the development of, new processes for listening and learning. In response to its Baldrige Feedback Report, BHI has implemented a systematic approach to listen and learn from each customer segment which assures the extensive customer market and satisfaction data are ef-

FIGURE 3.1-3

Customer Group	Listening & Learning Activities	Opportunities for Improvement	Best Practices	Future Emphasis
Active Patients and Families	Press Ganey Satisfaction Surveys	Comfort of patient rooms and waiting areas; Response to concerns and complaints	Information given to family	Scripting
Potential or Inactive Patients/ Community at Large	Women's HeartAdvantage Survey	Many respondents unaware of any hospital heart awareness campaigns; BHC is not the preferred heart care provider	Significant opportunity to influence women at risk for heart disease in areas served by BHC	Focus on education and building awareness
Referring Physicians	Satisfaction survey	Hopital's strategic planning and direction; Physician's rating of their patients' satisfaction with ED services provided	Services provided by Baptist LifeFlight; Depth of Radiologists' reports; Ease of communication with Pharmacy and Radiologists	Communication with physicians
Employees	Reward and Recognition Survey	Not placing emphasis on strategies that are unimportant to employees	Ability to customize Reward and Recognition strategies used for each employee	Make better use of verbal words of thanks given privately
	Administrative/Clerical Employee Focus Groups	Training opportunities in computer skills/BU topics/motivational opportunities	Reward and recognition; Challenging work	Develop training or continuing education program for administrative/clerical staff

ficiently analyzed and disseminated to maximize the value of the information collected. This enhanced listening and learning process produces a quarterly Customer Snapshot Report which assimilates the information collected through all of the listening and learning activities by customer group, identifies opportunities for improvement, and identifies conflicting needs and desires among the various customer groups.

One-to-one marketing methods were introduced to target patients who, based on usage and satisfaction, may be converted into loyal customers. BHI's new CRM database is providing the organization with a powerful tool for listening to and learning from individual customers. This system permits documentation of individual customer interaction, with data collected on that customer's health care needs, areas of interest and past behavior patterns. This information then creates an individual profile to meet the specific needs of that individual.

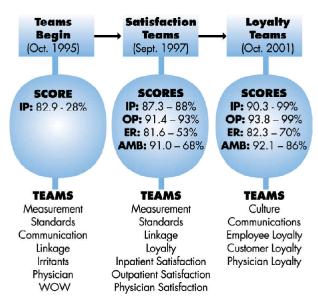## 3.2 PATIENT AND OTHER CUSTOMER RELATIONSHIPS AND SATISFACTION

3.2(a) Patient/Customer Relationship Building

3.2(a)(1) Building Customer Relationships: BHI has a multi-faceted, systematic approach to customer relationship management that goes beyond measures of satisfaction to more telling measures of loyalty. Customer satisfaction/loyalty pervades the organization, is a persistent focus, and is considered a determinant of excellence. Service excellence is the responsibility of everyone at all levels throughout the organization, with employees encouraged and empowered to make it work. BHI is committed to being the health care industry role model in service excellence, and has sustained national leadership in Press, Ganey survey results for six years. BHI has also found that sharing this success with over 5,800 health care providers from 589 organizations in 47 states, who have traveled to Pensacola, has helped others achieve stunning results. This activity recently earned Baptist the Press, Ganey *Preceptor Award for Leadership in Improving Health Care Across America.* In addition, this attention from outside benchmarking organizations has motivated the staff to continue to seek new ways to please customers.

The Service Pillar is BHI's key to achieving its goal of becoming not only the health care provider of choice, but employer of choice in the market area. To this end, BHI engages employees through multiple cross functional teams, composed of leaders and staff, that give direction and guidance to its customer satisfaction/loyalty initiatives. These teams have evolved through the years to meet the ever-changing needs of BHI's customers. Most recently these teams have moved beyond a focus on customer service to a more sophisticated focus on customer and market environment.

BHI's *Standards of Performance* provide employees with guidelines to promote patient and physician loyalty. BHI is an innovator in the health care industry in scripting, used by employees to systematically address internal and external customer requirements in a manner consistent with BHI standards. For example, any employee upon seeing a visitor who appears lost asks, "May I take you to where you are going?" Anyone who leaves a patient's room always asks before leaving, "Is there anything else that I may do for you? I have the time." Front-line staff and management, in response to satisfaction results, develop

FIGURE 3.2-1

scripts and many individual departments also have their own scripts. When patient privacy was identified as an opportunity for improvement, the following script was developed, "I am closing the curtain for your privacy." Scripting ensures that all patients receive the same high level of personal interaction from everyone.

Within 12 hours of admission BH inpatients receive a "Welcome" letter from the BHI President. This letter informs patients and their families that it is the intent of BH to "exceed their expectations" in meeting their health care needs and invites patients or families to call him directly, any time of the day or night, if they have an issue and lists his home and work phone numbers. If a patient or family member calls, the issue is dealt with immediately and the President receives a follow-up of the resolution of the problem from staff. In addition, the clinical leader of each nursing unit visits each inpatient following admission and also informs them of the intent to exceed service expectations, and provides a card with his/her office phone number and pager number.

Figure 3.1-1 depicts the various sources of data that allow BHI to know its customers and develop its relationship with them, thereby adding value to their health care experience. Each department obtains information in various ways that assists in focusing on individualizing their customer contact. The organization as a whole has programs in place to build relationships with customers in specific market segments. For example, BHI builds loyalty with employers on a one-to-one basis through the Business Health Services program, which provides a single point of entry for over 90 area employers. Their account representatives are familiar with the unique needs of each employer group and provide customized health care resources. Each visit and/or discussion with an employer is documented in an electronic contact management system. Business Health also offers the employer a series of educational programs and services to further enhance their employees' health and wellness and to contain or reduce health care costs. This department has contracted with area businesses to provide health risk assessments to employees.

BHI has programs in place to maintain positive physician relations. As

a new initiative to strengthen physician relationships, BHI is helping physicians improve patient satisfaction and loyalty in their office practices. The Marketing Department has adapted a national satisfaction survey tool for physician offices and provides training for the physician office staff. Several times a year, BHI offers a 2-day training on service excellence in the physician's office for the office staff of all the organization's physicians. This initiative is unique in the industry. Most recently, BHI initiated a physician leadership study group which meets weekly to explore leadership best practices.

3.2(a)(2) Access to Services and Customer Contact Requirements: Customer interaction requirements have been and continue to be developed by the Standards Team, a subcommittee of the Culture Team. This Team has benchmarked many successful organizations, within the health care industry and outside, with the latter group including Ritz-Carlton, Disney, Neiman Marcus, Nordstrom, and Saturn. Using this information, the Standards Team defined specific behavioral expectations for all staff, in a document entitled *Standards of Performance*. The *Standards of Performance* are a road map for customer contact interaction and as needed are reinforced with all employees.

BHI has also responded to customer feedback for improved access to services. Normal business hours for urgent care and some diagnostic services have been extended. A "fast track" urgent care component has been added in the BH Emergency/Trauma Center. The BMP outpatient complex was opened in northern Pensacola. *HealthSource* is available 24/7 to provide health information and nurse triage services. BHC's website (www. *e*BaptistHealthCare.org) provides information about the organization, and helps users find physicians, question a *HealthSource* nurse, search a complete medical library, check out BHI's services and register online for upcoming programs. Weekly patient survey results are used to determine key contact requirements, with five survey questions identified as the most highly correlated

with overall patient satisfaction. Weekly review of results continuously reinforces cycles of improvement for customer contact staff. The Culture Team uses these to refine scripting and *Standards of Performance* deployment and reinforcement. Individual units use the weekly results to implement *Bright Ideas* and reward and recognize employees as positive feedback.

3.2(a)(3) Complaint Management: The Customer Loyalty Team focuses on making things right in responding to complaints. BHI realizes that no matter how hard staff tries, there will be times when the expectations of its customers are not met. When less than excellent service has been provided, every employee in the organization has access to a fund that can be used to immediately solve a customer's needs. BHI's applicable acronym is A.C.T. - for Apologize with no excuses, Correct the situation that caused the problem as soon as possible, and Trend the concern/take action by calling a special hotline set up by the organization to log specific complaints and document corrective action taken. The Service Recovery Program includes educational sessions in which employees are trained and provided tools for effective complaint management. The key to service recovery is to listen to the customer. Under this program, the primary caregiver or employee involved in patient contact at the time a complaint is received is charged with the responsibility for reporting the complaint and recommending possible solutions. Employees are authorized to spend up to $250 for the resolution of problems, such as lost items, delays, or complaints concerning physicians. For more immediate resolution, employees are authorized to spend up to $20 in in-house gift shops for the purchase of gifts such as flowers.

The Service Recovery Program has adapted the *Respond* database used by major hotels to document and aggregate patient complaints and actions taken. Results are trended and distributed to the BHI leaders in monthly reports. The report lists the department affected, the date that the complaint was received, and the actions taken.

FIGURE 3.2-2

Standard of Performance	Description
Attitude	The commitment to providing the best possible service is reflected in staff behavior.
Appearance	Addresses personal appearance and appearance of facilities and environment.
Communication	Calls for compassionate, attentive communication with standards for initial impressions, telephone etiquette, providing directions, providing customer information and education, for confidentiality, and follow-through.
Call Lights	Requires prompt response to call lights to demonstrate care, courtesy and respect that customers deserve.
Commitment to Co-workers	Stresses teamwork and link between employees based on common goal of serving patients and community.
Customer Waiting	Emphasizes the value of customers' time.
Elevator Etiquette	Links good elevator manners and helpful behavior to customer satisfaction.
Privacy	Concern for customers' privacy is a key satisfier and stress-reducer for patients. Addresses confidentiality.
Safety Awareness	Addresses responsibility of all employees to ensure a safe and accident-free patient care and work environment.
Sense of Ownership	Encourages pride in results achieved and responsibility for outcomes and customer experiences.

Following a review of results and trends, processes are established to address potential future problems. For example, an employee in one nursing unit, after dealing with an incident in which a patient lost an item, submitted a *Bright Idea* to list personal items in a patient's possession in the chart immediately upon admission. This idea has now been implemented in other nursing units. Complaints are processed immediately upon receipt with resolution expected within 24 hours. The major criteria for resolution is whether BHI regains the confidence of the patient and is given a chance to retain the patient's loyalty and trust. Most recently, BHI has become more proactive in determining service recovery situations. Nurse leaders contact the post discharge patients by telephone and have been trained to pull out service recovery situations, if any, during the conversation. Discovered service recovery opportunities are handled and then added to the *Respond* database for further analysis. BHI is proactive in encouraging patients and their family to voice complaints. Through a centralized phone number, patients can call for any concern from housekeeping to food service. This service is available 24 hours a day with a goal response time of 10 minutes or the department supervisor will be paged.

3.2(a)(4) Improving Approaches to Building Relationships: BHI uses feedback on customer needs and requirements from internal and external sources to continuously challenge existing processes and operations and as inputs in strategy and goal development for the organization. The Marketing Department also uses this information to keep patient relationship practices current with evolving needs. Examples include 1:1 marketing, INFORUM data that identifies shifting demographics of the market area, analyses of the Customer Value Analysis survey, the CRM database, and scripting. The Customer Loyalty and Employee Loyalty Teams' primary responsibility is to implement processes and systems which will make patients and employees more loyal to BHI. For example, in 2002 the Culture Team identified the need for a more robust approach to service recovery and, in conjunction with Baptist University, held a daylong training program for 500+ leaders. Leaders, in turn, took the training to each department via a cascade learning kit.

3.2(b) Patient/Customer Satisfaction Determination

3.2(b)(1) Patient/Customer Satisfaction Determination: The Press, Ganey national survey is a principal method used to determine patient satisfaction. This survey is the largest comparative database in the country and has 49 questions dealing with direct and subtle patient satisfaction indicators. BHI's target is to achieve results in the 99th percentile. All inpatients receive the survey and results are segmented by direct patient care unit and by support services. Outpatient surveys are segmented by visit type, such as Emergency Services, Outpatient, and Ambulatory Surgery. BHI has also implemented surveys for the Business Office and Baptist LifeFlight. In addition to results analysis of patient satisfaction surveys, focus groups of former patients and families are held for situation-specific needs.

The service recovery database, in addition to any low scores in patient satisfaction, measures dissatisfiers for patients. The results are distributed monthly to leaders and included in the Customer Snapshot report to trend for potential organization-wide problems. System-wide processes may be developed for those issues. Individual units use the information to develop action plans to improve processes for that specific unit.

The Physician Loyalty Team, comprised of physicians and non-physician members, is focused on physician satisfiers. Physician Action Line results are analyzed and trended to identify needs for process improvement. An internal Marketing team performs surveys of referring physicians. This team of two employees makes approximately 120 calls per month to referring physicians, systematically inquiring about service needs and service experiences of their patients. The calls are tracked through an electronic contact management database and are used to identify needed improvements in service delivery.

BHI realizes that patient satisfaction starts with employee satisfaction. Extensive employee satisfaction surveys are performed every 18-24 months and used to drive improvement and a subset of the satisfaction questions is included at each Employee Forum. New Leader Lunches, Lunch with the Administrator, and employee committees also provide continuous feedback on the satisfaction level within the organization. Employer surveys are also distributed in the community every 18 months. These surveys, along with data collected from periodic focus groups, are indicators of employer groups' satisfaction with services provided by BHI. Results of these services are used by senior leaders and leaders as input during the Strategic Planning Process.

3.2(b)(2) Receiving Prompt and Actionable Feedback: The weekly satisfaction survey results enable staff to promptly identify areas for improvement and enable action plans to be developed and deployed quickly. To get additional feedback, a deeper look at satisfaction and to promote loyalty, discharged inpatients receive a phone call at home from a nurse leader. The employee uses a script and inquires about the patient's progress as well as the service experience. Following outpatient surgery, patients receive a "Get Well" card. When a patient calls *HealthSource* for triage, a scripted follow-up call is placed the next day.

3.2(b)(3) Satisfaction Compared to Competitors: The Customer Value Analysis survey and the Awareness, Attitude and Usage survey, through calls to a random sampling of market area households, reveal how market area residents view BHI and major competitors. This survey is conducted by an outside market research firm, and issues addressed include name awareness of hospitals, awareness of hospital advertising and promotion, predisposition to use specific medical facilities, reasons for preferring one facility over another, perceived strengths and weaknesses of BHI and other competing providers, and whether area providers are perceived to be meeting the health care needs of the community.

BHI is continually learning from the more than 5,800 providers that have benchmarked BHI as the service excellence best practice organization. Leaders share the organization's methods with each organization that visits, and in return those organizations make a presentation on one of their own best practices, enabling BHI to observe a cross-section of strong health industry performance.

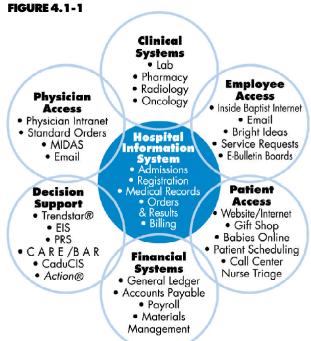**3.2(b)(4) Keeping Satisfaction Methods Current:** BHI makes substantial investments in its approaches to achieving its Service Pillar. BHI is committed to being a learning organization, seeking

continuous improvement in customer service, and going beyond satisfaction to loyalty. One of the Service system goals for fiscal year 2002 was to identify and implement systematic learning and listening protocols for all non-patient customer types, with performance measures to continually and consistently assess and improve BHI's service delivery process. Additionally, advanced training was provided to all staff on "customer win back/service recovery" to take this initiative to the next level.

4.1 MEASUREMENT AND ANALYSIS OF ORGANIZATIONAL PERFORMANCE

4.1(a) Performance Measurement

4.1(a)(1) Data Gathering/Alignment to Support Operations and Decision Making: The use of data to support daily operations and measurement to enable the achievement of high performance is ingrained in BHI's culture, which views that information is essential to the effective delivery of services. BHI's approach to data management and performance measurement is driven by senior leaders who understand the importance of managing by fact using appropriate and timely information, and who make resource commitments to assure that technology is available to empower the workforce to access information, align processes, and take action to improve performance at the highest possible levels. BHI's performance measurement management and information analysis systems are state-of-the-art in customer responsiveness as validated by internal IT customer satisfaction surveys conducted each time a service request is closed. BHI and BHC utilize a centralized Hospital Information System (HIS) model to collect, align, and integrate data. Although the HIS is comprised of discrete components, it functions as a single integrated measurement, analysis and information management system from the user's perspective. All system resources (technical staff, hardware, and software) are located in the corporate data center on the BH campus. All technology projects are initiated and tested at one site prior to implementation at other sites. This approach ensures adequate testing and facilitates sound quality management, to reduce the number of problems experienced in implementing new technologies or systems. Figure 4.1-1 depicts the high level integration of six interlocking data-gathering and information components of the BHI information management system. HIS provides BHI with the ability to gather, connect and correlate virtually all data and information sources to strengthen analysis and to serve as the foundation for measuring clinical quality effectiveness, cost analysis, trending and reporting. The organization's technology strategy is based on a hub and spoke approach. In the center, or hub, is the *HIS*. This system is a central collection point for tracking a patient from pre-registration through discharge. *HIS* contains information on patient demographics, clinical orders and results, medical records, billing and collections. All departmental systems (clinical, financial, operational) interface with *HIS*, ensuring reliable, timely, consistent, and accurate information. Within HIS, patient care and support staff collect and integrate data to perform patient registration, online order entry, results reviewing, charge posting, medical records, utilization review, and billing/collections. This functionality allows staff to have timely and accurate information for the delivery of care to patients served.

Financial, clinical and operational data and information supports or-

FIGURE 4.1-1

ganizational decision-making and innovation and is aligned with the Pillars. Turning data into actionable knowledge at a department and organization level within the Pillars fosters fact-based decision-making and innovation. Financial data is converted into actionable information by use of the BAR, an innovative financial tool designed to focus the leaders on performance improvement opportunities under the Financial Pillar. Departmental Responsibility Reports are deployed monthly to each leader, providing departmental financial and statistical information. Leaders use this data to produce the BAR, which grades departmental performance on revenue per department statistic, operating expense per departmental statistic, gross margin percentage, and monthly statistics per FTE. A BAR score of 80 indicates the departmental performance meets budget. The BAR is produced monthly to provide leaders a rapid cycle assessment of performance, the tools to anticipate and prevent performance problems, and the ability to be agile in performance enhancement. Senior leaders review the BAR results monthly with the leaders and discuss opportunities for improvement if the score is below 80. Leaders prepare 90-day plans that align with the Pillars and facility goals, and include action items to improve BAR results. A complete alignment of financial and operational performance results to strategy, with action plans and re-measurement, provides input back into the strategic planning process. Clinical quality data is converted into actionable information via the CARE Report, an innovative and unique clinical quality measurement tool designed to focus leaders on performance improvement opportunities under the Quality Pillar. The CARE Report is completed monthly by clinical department heads and submitted to Quality Improvement for summarization and distribution. Action plans, which are FOCUS-PDCA based, are also submitted with the CARE reports for individual indicators performing under a numeric score of 80. A roll-up report of all department scoring is prepared that provides a facility quality score. Customer satisfaction data tracked pursuant to the Service Pillar is also converted into actionable information by use of weekly,

FIGURE 4.1-2

PILLAR	SOURCES	DATA COMPARISON	USES
PEOPLE	*Fortune* Magazine Employee Attitude	Comparative data on Top 100 Companies to Work for in America Industry Norms	Look for improvement opportunities
SERVICE	Press, Ganey and Associates	Comparative database for Hospitals Nationally	Drives patient satisfaction result
QUALITY	CARE CMS NNIS NTDB VHA Reports	Internal comparisons to target Clinical Decision Report Tool National CDC Information Repository National Data Repository for Trauma VHASE projects comparisons	Clinical Performance Tracking Facility/State/Medpar comparative data; Physician comparative data; Re- credentialing Infection Control Benchmarks Comparative Trauma information for benchmarking process inprovement & safety initiatives 7th Scope of Work; Operational Performance Improvement
FINANCIAL	Financial Indicators BAR Productivity Graphs Action Explore	Trending financial indicators Monthly results compared to flex budget Bi-weekly Trending National Departmental Benchmark National Facility/Physician Benchmarking	Drives action plans to improve financial results Analysis of departmental productivity and supply costs Analysis with facility/physician costs
GROWTH	Trendstar AHCA Data	Internal tool used for fact-based decision making Florida hospital comparison	Trend analysis, product line profitability, physician utilization Market share

monthly and quarterly patient satisfaction survey results reports. Departmental turnover tracking information provides focus on the People Pillar, as well as employee attitude surveys and employee forum feedback.

4.1(a)(2) Comparative Data and Information Selection: BHI employs three methods of comparative data acquisition: (1) visits to, and research of, leading companies from several industries; (2) through best practice exchanged discussions with the large number of health care organizations that site visit BHI to learn about the organization's Service Excellence; and (3) through use of multiple data sources. Comparative data is available throughout the organization that helps to support fact-based decision-making. Figure 4.1-2 summarizes some of the major benchmarking tools used within BHI. In addition to the internal systems and software utilized, extensive literature and Internet information searches are done to seek out comparative and benchmark information.

4.1(a)(3) Keeping Performance Systems Current: BHI continually evaluates and adjusts its performance measurement processes. The discussion of what measures are needed to track performance and to drive higher performance begins with the SMT, which presents its recommended measures during steps two, three and five of the strategic planning process. The SMT's recommendations include information from Baldrige Feedback

Reports, which has, for example, resulted in improvements such as the development of the CareScience Clinical Management System (CMS) clinical reports and CARE. Improvement opportunities are identified, resolved and monitored using BHI's FOCUS-PDCA Performance Improvement Model.

BHI improves how it collects and integrates information to support daily operations and financial and clinical performance based on user and customer needs. BHI has established a rapid response approach via weekly/monthly IS Operations Group (ISOG) meetings to anticipate and determine information needs and effective resource usage. ISOG members ensure that BHI's systems are sensitive to changes in the health care environment. User needs are expressed annually through the strategic planning process in which leaders, based on the external and internal inputs, formally identify information needed to support and improve daily operations

and to evaluate performance. These inputs are key considerations for the Information Management Plan. BHI has established a response capability within the IS department that enables any leader to request analysis to address an information management related problem or to leverage an information-related opportunity.

4.1(b) Performance Analysis

4.1(b)(1) Analyses to Support Performance Review and Strategic Planning: BHI's principal method of analysis is based on performance trending compared to targets, and intentionally uses a decentralized approach by campus and department to empower leaders with meaningful information. When performance is trending in the wrong direction at the aggregate level, detailed analysis is performed to identify causes for performing below targets. Figure 4.1-3 represents some of the more frequently utilized trend analyses for BHI.

Analyses of quality and performance measures are completed and reported. A document titled "Board Report" is prepared monthly, providing senior leaders and Board members with an operational performance review. The Board Report is generated with a report card that includes performance measure indicators that are aligned with the Pillars, and compared to budget and the prior year. In addition, budgets are prepared yearly and incorporate the strategic goals that have been aligned throughout the organization, based on the Pillars. In this approach, leaders are empowered to make decisions that will bolster the organization's overall performance. Budgets are then reviewed and approved by senior leaders and, in aggregate form, by the Board of Directors. Thereafter, monthly variance analysis to budget is performed. Action plans are prepared to address unfavorable results and thus support the strategic planning process. As another example of how results are addressed, the *HIS* feeds selected information into management systems that produce management reports. The organization's Executive Information

tion System (*EIS*) is monitored closely by senior leaders and provides daily report updates on utilization, data on inpatient length of stay, revenue, and monthly information on admission and discharge statistics by physician and payor groups. The organization's clinical cost accounting system is updated monthly from data that accrues in the HIS. BHI also maintains a contract reimbursement management system that is updated through HIS, permitting the organization to compare expected payment for a case to actual payment received. The HIS system also produces a variety of daily operational statistics for use in management reports for specific departments or units. These reports are used by the leaders to monitor key performance indicators and identify actions necessary to improve processes and services provided to BHI's customers. Also, results of financial and clinical analyses are used in fact-based decision-making for setting and aligning organizational directions and resource usage, including human resources. The BAR report is the principle aligning vehicle for system-wide financial and operational measures and is reviewed monthly by senior leaders and is subject to 90-day action plans based on grade received. The CARE report is the principle-aligning vehicle for clinical quality measures and requires FOCUS-PDCA based action plans from department leaders on under-performing indicators. The CARE roll-up and department reports are distributed to and reviewed by senior leaders, and action plans are discussed. The CARE performance summaries are presented to the PRC and the Continuous Quality Improvement (CQI) Committee, a BHC board committee comprised of members of the Boards of Directors, Medical Staff, and Administrative Staff. The Committee's role is the oversight, review, and reporting of clinical performance improvement and quality initiatives and measurement.

4.1(b)(2) Communication of Results: Multiple methods are used to communicate information throughout the organization to support empowerment and effective decision-making. BHI provides a "no secrets" environment with organizationally educated, knowl-

FIGURE 4.1-3

PILLAR	SOURCES	DATA COMPARISON	USES
PEOPLE	Turnover	Used to measure turnover results	Distributed to leaders
SERVICE	Patient Satisfaction	Leaders use to monitor results and make improvements	Weekly distribution to leaders on communication board
QUALITY	Quality Dashboard	Tool prepared monthly and reflects trends in key quality indicators	Distributed with the monthly communication packets for posting on all communication boards
	Core Measuring Report	Performance bar and pie charts, patient detail analysis, and run charts for the projects from the Core Measures data collection tool	Utilized by the 7th Scope of Work teams' performance improvement trends
FINANCIAL	Board Report	High level financial summary and narrative	Distributed to Board Members
	Finance Dashboard	Report card of results compared to budget and prior year	Employee forums, Board meetings, medical staff meetings
GROWTH	Market Share by Discharges	Trend changes within the service area	Board members, leaders and employees

edgeable employees. Processes used to communicate results are deliberate and systematic. Results of key indicators selected, which are aligned with the organization's goals and pillars, are tracked monthly on the BHI *Dashboard Report* and are communicated at the employee forums, department head meetings, board meetings, and medical staff meetings. The communication of these key measurement results enhances and supports fact-based decision making throughout BHI. Additionally, results that affect decision-making are made available on communication boards, at employee forums, on Inside Baptist, and as appropriate, addressed in the *Baptist Daily*.

4.2 INFORMATION AND KNOWLEDGE MANAGEMENT

4.2(a) Data and Information Availability

4.2(a)(1) Data Availability and Accessibility: Accurate, timely clinical data must be accessible at each nursing station or clinical site and in the form expected to meet the requirements of clinicians, enabling them to make timely clinical decisions ensuring a continuous versus fragmented health care process. Timely information is essential to reduce health care cycle times, waste, and to assure high patient and physician satisfaction. With HIS, the clinical systems work in conjunction with the other financial and operational systems, ensuring timely order entry, diagnostic testing and imaging, reading and interpretation of test results, transcription, and patient follow-up. Clinicians are able to directly input physician orders and the order information is sent to the various clinical systems, such as laboratory, radiology, and pharmacy. BHI's two-way instantaneous electronic process is agile, providing faster and more flexible response that allows for more information to be generated and transmitted timely to support fact-based decision making in daily operations. As an example, in treatment units where mobility is required, mobile terminals using radio frequency transmission are provided, which allows for immediate bedside registration. This "ease of registration" is further enhanced by BHI's commitment to a user-focused, integrated measurement and analysis system, enabling the registrar to validate that information is current and accurate. The HIS is interfaced on a real-time basis with other systems in the organization, including those in central patient scheduling, clinical laboratory, radiology, and pharmacy. BHI established MIDAS, permitting members of the medical staff to interface with the organization's systems from their offices and further integrating their ability to provide care, track organizational performance, monitor patient condition, and make timely diagnostic and treatment decisions. Results from clinical laboratory tests and transcription may also be accessed through MIDAS. The system is used by physicians online in their offices, on hospital units, or from their own home. Information is secured so that only the attending physician or physician on call is able to access a patient's records.

BHI maintains an extensive yet rapid, reliable, and secured electronic communication system for all employees and credentialed medical staff who have access to a personal computer. In the event an employee does not have access, they may utilize the employee kiosk located in the cafeteria. They are also empowered to seek out information from their supervisor, co-worker, or administrator. This communication system consists of electronic bulletin boards, e-mail, project tracking, policies & procedures, physician standard order sets, a physician-only Intranet, and an employee-only Intranet called *Inside*

Baptist. The system also provides rapid and effective communication with persons and organizations outside of BHI through a secured website that ranked in the *CIO Magazine* Top 50 Websites in the country for all industries, not just health care. For example, patients and family members can access the latest in health related information and disease management via the Baptist website. In the event they are not comfortable using computers, they can call HealthSource and speak with a live clinician. Through this flexible and easy to use process, BHI is able to better inform patients prior to and after providing services. While in the hospital, patients and family members have access to the Internet via a kiosk located in the surgery waiting room. Patient education is also provided through the closed circuit television in each patient room in addition to personal education provided by staff providing the service to the patient.

4.2(a)(2) Reliability/Security of Hardware and Software: Reliability and user friendliness of hardware and software is assessed prior to acquisition in a systematic and thorough evaluation of vendors as follows: (1) identification of users and definition of the software system; (2) appointment of a cross-functional Project Team; (3) three to ten potential vendors based on trade journals, personal experience, trade shows, etc. are identified by the Project Team; (4) a brief but accurate Request for Information (RFI) to be sent to the list of vendors is created by the Project Team; (5) an interactive, question and answer conference call is made to all vendors, ensuring consistency of information to all; (6) the Project Team evaluates the RFIs received and the list of vendors is narrowed down to a maximum of four; (7) the remaining vendors are required to come to BHI for a "product fair" which is conducted over one or two days and is a time for all potential users from the facilities and departments that will use the system to "kick tires;" (8) the Project Team narrows the list to two vendors; (9) the Project Team conducts site visits to look at each of the remaining two vendors; (10) contract terms and conditions are reviewed. Negotiations occur with both vendors to achieve favorable results for BHI in regards to price, delivered functionality, implementation process, education/training, and support; (11) the Project Team reviews all the information gathered and selects the one vendor, based on criteria such as user functions; vendor reputation with stability, training, and support; and price; (12) any last minute negotiations are completed and the contract is signed; and (13) implementation begins according to the schedule outlined in the contract. Reliability, user friendliness and overall user satisfaction with the IS department are systematically tracked. In the process of addressing information technology needs for BHI, systems are selected based on specific goals, which enable the organization to provide the best possible patient care, improve capabilities for resource management, enhance strategic planning and business development processes, support sound management and financial decision-making, and improve access to data for performance monitoring. Customer satisfaction is measured in IS on a real-time basis. Upon closure of any IS service, the customer is sent, via e-mail, an on-line survey. The response is automatically sent to IS and tabulated. If any answer is 3 or less (on a scale of 1-5), an IS leader is instantly notified for immediate service action with the customer.

4.2(a)(3) Keeping Availability Mechanisms Current: To achieve the goals of developing an integrated system, continuously evaluating future needs, and matching information technology to

those needs, BHI has developed an *Information Management Plan* (IMP) with intent to improve: (1) access to automated information throughout the organization; (2) accuracy and integrity of data; (3) security and confidentiality of information; and (4) capability for integrating financial, operational, and clinical data. The IMP is developed with input from all of the organization's clinical and support service departments and is updated every year. Quarterly reviews are conducted by the ISSC.

BHI goes beyond simply working with its own systems and reviews. As an active member in the VHA Information Technology Affinity Group, BHI takes the important task of evaluating emerging trends and systems to the next level. This group of 50 health care information technology executives from around the country meets every quarter to discuss and evaluate best-demonstrated practices in financial and clinical delivery systems. Industry experts from within health care and sectors outside of health care present the latest best-in-industry benchmarking information to this forum. This systematic evaluation and improvement process results in an extensive organizational learning and sharing opportunity used at BHI as a significant management tool. Through active participation and regular presentations with VHA, BHI ensures its ability to identify emerging trends and maintain excellent performance.

Every information system acquisition involves a project team with members from the requesting department, IS, physicians (if appropriate), the Finance Department and senior leaders. The entire team participates in the needs assessment, selection, purchase, installation, and on-going process improvement for that system. For example, a recent acquisition was for home health. The team that selected the Home Health System was the same team that implemented it over a 90-day period and is now the team that provides day-to-day support and makes decisions regarding operational improvements through weekly meetings.

BHI's Information Services Steering Committee (ISSC) consists of the entire BHI Senior Management team, and the IS Operations Group

(ISOG) consists of key department leaders. The ISSC meets monthly, for the purpose of ensuring that BHI goals are the basis of the IMP. When anything changes in the organization's strategic plan, the Steering Committee will ensure it is reflected in the IMP. Another responsibility of the ISSC is to ensure appropriate representation on the ISOG. The ISOG meets at least monthly, and more frequently if necessary, to ensure that the IMP is being implemented to meet user and operational needs. The ISOG decides the most effective way to use resources (people, time, and money) and that the IS Strategic Plan (ISSP) moves forward according to the planned budget and time frames. By utilizing this two-tiered approach, BHI ensures that all departments of the organization are aware of and have input into the ISSP. Decisions to make tactical changes in the IMP are the responsibility of the ISOG.

4.2(b) Organizational Knowledge

4.2(b)(1) Managing Organizational Knowledge: The enhancement and management of the knowledge assets of the organization is a priority of all BHI leaders and a principle component of the People pillar. The management of knowledge at BHI extends beyond the communication of data and information, it requires identification of knowledge that resides within the organization and knowledge gaps that may exist which could impede performance compared to target for the organization's principle success factors. Leaders manage organizational knowledge through multiple collection and transfer processes as depicted in Figure 4.2-1.

BHI is an organization that values learning and is a role model for the industry. The resources committed for leadership development through Baptist University, the *Baptist Daily*, cascading learning and others are a testament of its commitment to building and managing BHI's knowledge assets. Sharing customer knowledge with staff is an integral part of the service and operational excellence culture of BHI. Managing and improving BHI's knowledge assets is crucial to sustaining the organization's culture.

4.2(b)(2) Ensuring Organizational Knowledge: Through the coordinated efforts and measurement feedback pro-

Figure 4.2-1

cesses of the ISSP and ISOG, BHI stays focused on what matters, ensuring the integrity, timeliness, and accuracy of data and information for the organization. Through security and privacy gap assessments that continuously look for opportunities to improve, BHI ensures the security and confidentiality of data and information is maintained at the highest of standards. Combining best practice sharing among departments and facilities, Inside Baptist (employee Intranet), employee forums, Baptist University, and employee communication boards, organizational knowledge is appropriately identified, fulfilled, and shared.

Data reliability and integrity is of paramount importance with any decision support system. Data analysts perform scheduled quality checks to ensure data integrity and the reliability of information deployed on systems, like Explore, *Trendstar*, Care Management System, and the National Cancer Registry. Reliability of software and delivery systems is the responsibility of IS and is monitored through their help desk deployment. Performance quality and reliability is assessed by measuring factors, such as time to close calls, unplanned system downtime, system file availability for users, and number of help desk calls.

Confidentiality is the responsibility of every employee, all of whom are made aware of this from the moment they read the *Standards of Performance*. The non-negotiable requirement of confidentiality by every employee begins at recruitment through the *Standards of Performance* that includes Standards on Communication and Privacy. Each employee is then trained regarding the importance of, and their responsibility for, confidentiality during Baptist Traditions. Reinforcement is provided as confidentiality is also addressed by the organization's value of Integrity. All *HIS* security is tightly controlled by the corporate security officer who strictly adheres to the written corporate security policies and procedures. IS goes a step further by conducting an annual audit through an independent auditor to ensure appropriate security and confidentiality practices are in place. HIPAA requirements regarding privacy, transaction and code sets, and security are effectively coordinated through the HIPAA Program Office.

5.1 WORK SYSTEMS

5.1(a) Organization and Management of Work

5.1(a)(1) Organization and Management of Work:
The clarity and strength of focus on BHI's Pillars, Values and *Standards of Performance* provide the foundation for the design of work and teamwork at BHI. The organization reinforces cooperation and sharing by commitment to the organization's Teamwork Value and to the Commitment to Co-workers Standard, which stresses

teamwork and links employees based on a common goal of service excellence. With that goal, job design is organized around two principles: (1) responsibility should be delegated as close to the front lines as possible to encourage individual initiative and empowerment; and (2) teamwork is how staff cooperates, solves problems, coordinates work, and improves. Although BHI is organized along divisional/departmental lines, the persistent focus on Pillars by leaders as the common thread for all employees is the enabling factor that creates and sustains an effective and rewarding team-based culture. The teamwork philosophy of BHI is evident in team design, decision-making, and job design. The organization uses, and its success is a direct result of, interdisciplinary teams of leaders and employees to accomplish key goals and initiatives.

Interdisciplinary process improvement teams have been utilized at BHI since the early 1990s. When an opportunity to improve performance in one of the Pillar categories is presented, process stakeholders are identified and a work team established. Team membership is carefully evaluated to assure that team dynamics provide cooperation, individual initiative, innovative thinking and skill sharing across departments and entities. Six components make up the process used for team selection: (1) identification of team objective or goal; (2) identification of team administrator; (3) determination of skill sets necessary on the team; (4) evaluation of other required resources (space, research, outside consultant/coach); (5) verification of availability of these skill sets and resources; and (6) establishment of timelines pertaining to goal completion/progress. For BHI, teams represent empowerment and agility woven throughout the organization. A sample listing of currently active interdisciplinary teams is provided in Figure 5.1-1.

In addition to teamwork, BHI believes that those closest to the work are in the best position to know what is needed in job design. Managers have been trained in job design methods to identify the maximum responsibility in each job by asking the question: "Does this job description provide for the maximum amount of responsibility and authority as possible?" Job design is decentralized and authority delegated to department leaders. In designing jobs for their areas of responsibility, department leaders take into account all factors graphically presented in Figure 5.1-2.

5.1(a)(2) Capitalizing on Diverse Ideas/Cultures/Thinking:
The approach to work at BHI is based on key principles that enable the organization to capitalize on the ideas, perspectives, and thinking of all staff. The first principle, which is purposefully an element of the organization's culture, is the permission and expectation that all staff have open-door access to anyone in the organization to discuss work design and improvement opportunities. BHI is not a hierarchical culture in which ideas and suggestions must follow a

Figure 5.1-1 Examples of Interdisciplinary Teams

People	Service	Quality	Financial	Growth
Baptist University Board Education Planning Committee Employee Benefits Team Bright Ideas Diversity Council Faith in Action Operation Teen	Patient Loyalty Teams: ▪ Culture ▪ Communication ▪ Customer Loyalty ▪ Physician Loyalty ▪ Employee Loyalty	Clinical Excellence Teams: ▪ Acute Myocardial ▪ Congestive Heart Failure ▪ Pneumonia Skin Care Integrity Team Medication Event Team Environment of Care Committee	Revenue Cycle Teams: ▪ Payment Compliance ▪ Patient Registration ▪ Billing and Collections ▪ Managed Care Pricing ▪ Documentation & Coding ▪ Late/Lost Charges ▪ Charge Master	Service Lines: ▪ Oncology ▪ Cardiology ▪ Orthopedics

Figure 5.1-2

defined path to be heard. For example, front-line staff have access to John Heer and all other leaders on an open and equal basis in their offices, and during administrative rounds. BHI also captures the diverse ideas and thinking of the workforce through the widely supported *Bright Ideas* program, inclusion of staffing FOCUS-PDCA teams and around-the-clock employee forums attended by the full spectrum of staff. The diverse ideas of staff are also represented in staff recruitment. Peer interviewing is used and front-line employees participate in the interviewing of their prospective supervisor.

5.1(a)(3) Effective Communication and Skill Sharing:
Communication and skill sharing are systematically accomplished in a number of ways: (1) mentoring by senior staff in patient care and other units; (2) participation on interdisciplinary teams; (3) quarterly BU sessions by providing leaders with an opportunity to spend time together out of the workplace building a common understanding of goals and purpose in a venue which provides systematic skills training; (4) the *Baptist Daily*; (5) cascade learning experiences; (6) e-learning modules; (7) employee forums; (8) annual education days; (9) department head meetings; (10) communication boards throughout the organization; (11) staff and leadership meetings; (12) electronic updates, reports, and information sharing; and (13) staff and unit orientations. Clinical departments utilize formalized and very structured preceptor programs for the sharing and development of skills. All Baptist University leaders are expected to be teachers and bring back to all levels of staff the learning received at quarterly BU sessions.

5.1(b) Staff Performance Management System: The performance evaluation method has been designed as a key component for the achievement of the organization's People Pillar. BHI's approach to performance management is carefully designed to motivate and guide employees to high performance. The job performance of each staff member is initially assessed at the end of the first 90 days of employment, and at least annually thereafter. Beyond formal evaluations, leaders are specifically taught and encouraged to provide ongo-

ing coaching to staff based on feedback from patients, physicians, and others relating to job performance. Leaders evaluate staff performance on essential requirements of the job, competency skills, and behaviorally based on the *Standards of Performance*. The annual evaluation includes a discussion between the employee and leader regarding strengths *an*d opportunities for improvement. Performance evaluations are results-based, aligned with the Pillars and tied specifically to the department's 90-day plans. Training is provided to supervisors on effective methods of performance review and coaching. The evaluation form is designed to focus on motivating employees to self-improve in alignment with the Pillars. Enabling employees to understand how their work relates to the Pillars is a key staff retention strategy.

BHI's salary administration plan is based on both performance and tenure. An employee's performance is formally reviewed, *on time*, each year, and he/she is awarded a merit increase based on performance review rating and position in the pay range. In order to align compensation with commitment to service excellence, the performance review score is based on how well the employee met communicated job competencies and on compliance with the *Standards of Performance*. Team participation is also discussed and reviewed during the annual performance evaluation process. In order to facilitate skill building, every effort is made to design jobs to motivate employees to stretch to the next level through the use of position ladders. For example, a phlebotomist who has good attendance, has an outstanding performance review, actively participates on one or more employee teams, and contributes *Bright Ideas* is eligible for promotion to a higher level. Staff have been awarded "Thank You" checks in the amounts of $100, $72, and $50 as hallmarks are attained by BHI for ongoing excellence in patient satisfaction on the national level.

BHI recognizes the value of its employees by assuring that performance reviews and merit increases are provided at the scheduled time, and has a "no late evaluations" policy. To promote compliance, any leader who is not up to date with performance evaluations is reported at quarterly Employee Forums, which has served as an effective incentive to keep performance evaluations current. Senior leaders send personal notes to staff in recognition of great performance. Each week, unit leaders submit to the BHI President the name and a brief description of something specific a staff person has done during the previous week that warrants special recognition. A personal letter or note is sent to the employee's home, providing a win for the employee, the department leader, and senior leadership.

Several processes exist to reward and recognize individual initiative. The WOW award, developed by the Employee Satisfaction Team, is given when a staff member performs an act that exceeds standards or expectations, demonstrates one of the organization's values in an extraordinary manner, or takes an action that inspires or raises morale for other staff. Peers, patients, family members, or leaders can recommend staff for a WOW award. Five accumulated WOW awards can be exchanged for gifts. In cases where performance or behavior is so exceptional that WOW awards seem inadequate, individuals are recognized as *Champions*. Their leader presents them to all leaders gathered at monthly Department Head Meetings and to the Board of Directors at their monthly meeting, and the employee's picture is posted on a special board in a highly-trafficked hallway. *Legend*s, role-model employees, are selected from among the *Champions* and are recognized at the annual BHC Directors Retreat, and their story is

published in a *Legends* booklet. Employees can also be recognized with a *You Made It Happen* certificate when they are considered the driving force for local/community programs. This certificate is presented to the employee at the monthly Department Head Meeting. Team performance is recognized by trophies when nursing units achieve 99th percentile patient satisfaction scores. Other team recognitions include thank-you certificates, recognition at staff and/or department meetings, and recognition of team accomplishments by leaders via e-mail correspondence. Staff who participate on one of the loyalty teams are recognized for their diligent service by being invited to an annual off-campus event   the Blue Angels Air Show at the Pensacola Naval Air Station.

The *Bright Ideas* program solicits innovative suggestions for improvement from all levels of the organization. Leaders track each idea to completion. Implemented ideas are categorized according to one of the Pillars. Monthly celebrations, hosted by a senior leader, are held to honor all implemented ideas. Leaders are provided monthly reports on the number of ideas submitted, under consideration, and implemented as a percent of paid FTEs. The number of implemented ideas is also considered in annual performance evaluations.

Other mechanisms for reward and recognition include Employee of the Month and an Employee of the Year. A Nurse of the Year is celebrated annually at the nurse reception during National Nurses Week. Nurse of the Year, LPN of the Year, and Nurse Manager of the Year are recognized and honored in collaboration with a local college of nursing. Employee morale is also boosted by frequent celebrations of positive results. Patient or employee satisfaction results, accomplishment of key organizational goals, and award or recognition received by BHI or BHC are celebrated with banners, gifts, luncheons, special promotions and in other ways, demonstrably and often.

5.1(c) Recruitment and Career Progression

5.1(c)(1)&(2) Recruiting, Hiring, Retaining Staff: BHI goals related to its People Pillar require that the organization sustain its position as the market area's employer of choice and use this advantage to select only the most qualified staff to become part of and contribute to the richness of the organization's culture. This approach to recruitment enables BHI to sustain an energized workforce, to reduce staff turnover, and to lessen the impact of health professional shortages. Characteristics and skills needed by potential staff are identified via BHI's decentralized job design process. Screening of potential employees includes a review of the organization's *Code of Conduct* (ethics) and *Standards of Performance*, and a statement of commitment that must be signed and attached to job applications *prior to* consideration of an applicant's credentials. BHI uses a peer interview process that requires all potential employees who pass an initial interview to have a second conducted by peer employees. This empowers current staff, helps them structure their work environment, and motivates them to help new employees succeed. BHI's peer interviewing training classes for staff and leaders teach employees how to identify technical and performance skills required by the job. Once the essential skills are identified, the behavioral-based interview questions are selected. In addition, no one begins work until he/she has attended BHI orientation, Baptist Traditions. In analysis/consideration of needed skills for leaders, the human resources management team has studied opportunities for skills enhancement and has constructed classes that will improve these

skills. Examples of these classes include how to recruit, the employment/hiring process, how to conduct performance reviews, compensation college, dealing with disciplinary issues, and new leader orientation. The education committee and curriculum committee of the BU Board also provide inputs into learning needs.

BHI uses career recruitment processes. The Internet as well as local and regional advertising in newspapers and publications are used, and BHI is often represented at area job fairs. BHC and BHI created a team called Operation Teen whose mission is to get teenagers interested in health care as a career choice. Each member is assigned to a local school. The organization invites nurses, respiratory techs, radiology techs, ultrasound techs, and other caregivers to talk to high school students about the merits of the profession. In addition, the organization participates in area school programs that encourage students from diverse backgrounds to consider health-related vocations. Offerings include educational sessions at area schools, job shadowing opportunities in the health care environment, and potential scholarship and employment opportunities after graduation. BHI has taken several actions to address the current nursing shortage, including sign-on or referral bonuses, group or one-to-one presentations on the added value of the organization's culture and work environment, and recruitment lunches and dinners honoring recent graduates in health care-related fields.

5.1(c)(3) Succession Planning/Career Progression: Leadership succession planning at BHC/BHI is a comprehensive, conscious process of senior leadership. Senior leader and leader positions are first filled by capable BHI staff, secondly by BHC staff, and lastly by recruitment of new talent. A key purpose of BU is to nurture mid-level managers, enhancing skills and core competencies, preparing them to accept increasing responsibility within the organization. In addition, Sperduto & Associates have had a relationship with BHI for over 20 years and advise senior leadership on key senior leader succession strategies and selections. Senior leaders also participate in rich discussions with the BHC CEO annually to review the available talent pool, developmental activities, and others. At BHI, leaders role model expected behaviors and use four principle methods to enable mid-level management and employees to achieve their maximum potential: (1)Top- level commitment to provide employees with growth opportunities and to reinforce objectives through reward and recognition motivates staff to develop and utilize their full potential; (2) the People Pillar is founded on the belief that it is only possible to have empowered staff if they are skilled; (3) senior leaders focus intently on mid-level management, who are considered leaders at BHI, as a principal deployment link to front-line staff and extensive resources are expended in the form of Life-Long Learning and BU to reinforce the importance that all staff should be inspired to achieve full potential; and (4) as a result of the Baldrige Feedback Report, a section on Individual Development Objectives has been added to annual performance evaluations, giving employees the opportunity to formally identify their career plans and to serve as inputs into training curricula. Application of the career goals to the training needs is achieved through the BU Curriculum Committee's annual strategic plan. Courses are created through BU that assist employees in meeting those objectives. BHI promotes internal hiring, transferring, and promotion whenever possible, to provide employees with the opportunity to reach their full potential. Ca-

reer development/progression at staff and line levels is also achieved via internal promotional opportunities, well-defined progression paths and clinical ladders, cross-training, career coaching sessions during the annual performance review, and individual sessions with department head or HR management as requested.

5.2 STAFF LEARNING AND MOTIVATION

5.2(a) Staff Education, Training and Development

5.2 (a)(1) Training to Achieve Action Plans: Achievement of *People* goals requires highly qualified, empowered and motivated staff at all levels. Comprehensive, systematic, short- and longer-term education and development programs are key strategies. BHI invests substantially in employee and leadership development, with education and training programs provided by the Education Department, the Patient Care Quality Improvement Department, the Human Resources Department, the organization's Employee Assistance Program, and at the unit level by unit leaders and staff. Through BU, BHI makes substantial commitments to leadership training and development in key core competencies and skills necessary to enable individuals within the organization to improve and thereby, improve the organization.

All employees receive mandatory Education Day annually. This education includes content required by JCAHO, OSHA, and professional regulatory boards, other topics based on feedback from staff from prior Education Days, input from leaders who participate in planning each year's Education, performance improvement activities, and external health care issues identified during the strategic planning process. Continuing education programs are provided to assist with updates for licensure, re-credentialing and training purposes, with classes covering a broad range of topics such as AIDS updates, domestic violence, and prevention of medical errors. Physician CME programs are offered at least twice per week based on needs assessments of the physicians, individual physician requests, morbidity and mortality reports, performance improvement issues identified by physicians and/or hospital administration, and a review of current medical journals. Physician CME programs are also developed to assist the physician in meeting credentialing requirements. Further, the Education Planning Committee (EPC) meets regularly to review the organization's needs so that the appropriate learning can occur. For example, when the organization had a need to train all employees in FOCUS-PDCA, classroom sessions were held, e-learning was made available, posters were created, and leaders were given information to "cascade" to all staff. The department of Patient Care Services (Quality Improvement) is charged with meeting the educational and training needs of the patient care division. The clinical ladder is designed to provide incentive for nurses to continue to develop their knowledge and skill. One requirement to stay on the ladder is to provide in-service education to co-workers, thereby further empowering and expanding the skills of front-line staff. Educational and training needs are also accomplished through the use of the Skills Lab, unit-specific skills check-offs, educational modules and Videotape Library that consist of both purchased materials and in-house tapings of various educational topics. BHI's Life Long Learning program was developed to encourage all staff to participate in formal educational programs at local colleges to assist with career progression.

5.2(a)(2) Staff Education to Address Key Organizational Needs: Seeing a key organizational need for a leadership development program, the organization began a comprehensive initiative in 1996, which led to the creation of BU in 1999. Approximately 285 BHI leaders attend quarterly sessions designed to facilitate skill acquisition or improvement, personal development, and teamwork. Past session topics have included management versus leadership, time management, stress management, effective communication, employee retention strategies, effective meeting skills, giving and receiving feedback, and the use of 360° feedback reports. BU has introduced cascade learning, whereby leaders are provided with scripted education materials recapping their training session that must be conveyed to staff. The impact of learning and teaching sets expectations for leadership behavior and reinforces learning. The requirement for 60 hours of leadership development annually, linked to each leader's leadership development plan and individualized based on strengths and weaknesses identified by the 360° feedback report and supervisor comments, is an example of the substantial commitment to leadership training and development through BU. Completion of the 60 hours commitment has been added to leaders' performance evaluations. In response to the Baldrige Feedback Report and to keep BU current with changing health care needs and key organizational needs, BU is expanding its influence by organizing into three "colleges:" The College of Leadership Development, The College of Performance Excellence, and The College of Clinical Excellence. This structure will allow BU to more effectively reach more employees, and allows for better record-keeping, less duplication of training, and the ability to "drill down" to reach entry-level staff members. Participation in many special training sessions has already been extended to physicians, such as BHI-hosted special evening presentations to physicians by well-known speakers who have just presented to BU attendees.

BHI maintains a strong commitment to the organization's diversity mission statement by providing educational programs on the importance of diversity in the workplace, beginning with Baptist Traditions and reinforced at Education Day. Diversity training includes understanding diversity, benefits of a diverse workplace, changing demographics, confronting belief systems, acknowledgment of prejudice, managing diversity, resolving conflict, and communication in the work place. A diversity training program that addresses cultural issues relating to dietary preferences, beliefs, communication awareness, approaches to patient care, and coping with death has been developed and made available to all employees providing direct patient care.

BHI uses a systematic process to orient and integrate new employees and physicians into the organization, and to reinforce its MVVP. Every new employee attends Baptist Traditions. Senior Leaders begin every session with an introduction to the culture of BHI through impassioned presentations on MVVP, organizational goals, the *Standards of Performance, Code of Conduct* and value of diversity. This interaction with the new employees provides senior leaders with a forum to communicate key information, build solid stakeholder relationships, and reinforce BHI's high performance culture. As part of Baptist Traditions, new employees are asked to identify characteristics they believe to be important in a culture and value in a leader. Their responses are compiled and shared with all leaders via e-mail. Orientation also addresses requirements for employee and workplace safety, hazardous materials, risk management, OSHA, AIDS education, in-

fection control, corporate compliance, ethics, and many other issues. Following orientation, employees of patient care units attend an *additional* one to three days of classroom orientation. Patient care division orientation is designed to communicate direct patient care knowledge, relevant policies and procedures, applicable skills, and how to access key support departments. During the classroom orientation, all new employees in the Patient Care Division are given a copy of their job description and allowed time to do a self-rating of their skills on each item in their job description. Following this orientation, the employee is assigned a preceptor to support and encourage development.

BHI also provides an orientation process for new physicians, in small group or one-on-one sessions. The orientation materials include: (1) the organization's mission, vision, values: (2) organizational structure; (3) medical staff roster and committee structure; (4) description of available medical staff services and physician benefits, including the Physician Action Line, and (5) plan for the provision of patient care. Physicians are given a tour of the facility and, based on their specialty, are introduced to the appropriate hospital personnel and procedures.

Educational programs on performance improvement are provided on an ongoing basis through annual Education Days, self-study modules, in-service programs, employee forums, Daily Line-Up, internal publications and communications, unit meetings and communication boards, and for leaders through BU sessions. In the Patient Care Division, staff receives credit toward the clinical ladder for participating in performance improvement activities.

5.2 (a)(3) Staff Input into Training Design: The Training Design Model (Figure 5.2-1) is based upon the idea that the modalities of training require a variety of inputs due to the variety of experiences and knowledge assets within BHI. The organization relies on information gained through benchmarking information, input through BU, and information gleaned from the performance evaluation process. The Education Planning Committee (EPC) works from a 5-year plan and meets monthly to monitor training program activity and to assure that training is systematic, effective, current, and linked to the Pillars. It documents and aggregates training needs derived from steps 5-9 of the strategic planning process as well as the *Bright Ideas* program, needs assessment surveys, individualized development plans, and from managers, physicians, regulatory agencies, performance improvement results, feedback from existing training program evaluations, journals and professional boards. Performance evaluations are a critical tool for identifying individual learning needs. If a learning or competency need is identified, the leader and the employee meet to develop a plan. The employee may practice a skill with their leader or in a skills lab, complete a self-study module, or attend an in-service session. A guiding principle of BU is "a rich student feedback environment is critical to success." To support this, all four BU committees are charged with gaining learner feedback through various surveys. At the beginning of each year, a BU representative attends the Senior Officer meeting to ask "What are the critical business needs in the organization this year?," "What performance needs to change to meet those needs?," and "What do employees need to learn to change performance to meet the organization's business needs?" This information is then shared with the BU Curriculum Committee in order to plan the curriculum for that year. Employee Attitude survey results broken down by department are used by each unit leader to identify specific areas of improvement. More specifically,

Figure 5.2-1

Training Design Model

BU has taken an active role in managing the knowledge assets of BHI by facilitating training on "Cross-Providing" so that all employees can be knowledgeable regarding the ways that other departments contribute to the overall business and strategies for alerting current customers to those areas by "cross-providing" services. BU has also grown its curriculum offerings by asking leaders to share the competencies in which they were rated highly by their co-workers and gauge their interest in joining the BU faculty as a subject-matter expert in that competency. This supports an improvement cycle which enables BU to sustain industry-leading performance.

5.2 (a)(4) Delivery of Staff Education/Training: A variety of approaches are used for education and training, including direct lecture, group presentations, interactive teaching, hands-on skills demonstration, videos, and self-study and e-learning modules. For example, in 2002, BHI implemented a module for clinical staff on needle stick prevention. After an exposure, employees receive one-on-one counseling and education from both Infection Control and from their manager. Since this program was implemented, needle stick exposures have decreased 17%. Other less formal mechanisms for communication and teaching include employee forums, on-unit educational sessions, the use of employee publications and information provided using communication boards when appropriate. *All* education and training are evaluated using one or more methodologies including evaluation forms, outcome measurement assessments, return demonstration techniques, testing, and/or monitoring for compliance. For example, return demonstration requires that, when a skill is being taught, the student must demonstrate competency when instruction is completed. The organization has installed a computer-based education program that is available on the organization's Intranet to enable employees to call up any of 35 different skill training modules for learning or reinforcement on a variety of topics such as giving feedback, handling complaints, managing stress, problem solving, and teamwork. The organization has also invested resources in a Learning Management System designed to effectively track all employee learning.

5.2 (a)(5) Reinforcing Skills: Reinforcement of knowledge and skills is pervasive, crucial to BHI's learning culture, and accomplished using a variety of approaches as previously addressed. These include 90-day and annual performance evaluations, Daily Line-Up,

monthly unit meetings, unit communication boards, annual mandatory Education Days, in-service presentations, specialized education and training programs, skills labs, computer-based training, BU sessions, BU Cascade Learning Kits and unit/department-specific orientation programs that follow Baptist Traditions. ServU, a program developed as a refresher for Baptist Traditions, is offered to all new employees 90 days after Baptist Traditions, and any employee is welcomed to attend.

5.2 (a)(6) Evaluating the Effectiveness of Training:

At BHI, the effectiveness of training is evaluated on several levels, following Kirkpatrick's model of return on learning investment. At the first level, reaction, all courses sponsored by BHC utilize feedback evaluations in order for learners to give feedback and for instructors to make appropriate changes to course content and flow. At the second level, learning, pre- and post-tests are utilized to test knowledge. Learners are also asked on evaluations to give feedback on what knowledge they have gained. In Nursing Education, a nurse educator visits every nursing unit to observe in real-time the competency level of every nurse after education has occurred. At the third level, transfer, feedback is captured at all BU functions. This information is then used to plan further course offerings or make adjustments to content. Finally, at the fourth level, business results, BHI is very disciplined regarding return on learning investment at a financial level. For instance, one BU program on quality process improvement, "Sacred Cow Hunting," yielded almost $2 million in submitted Bright Ideas and cost about $7,000 to conduct. BHI's best-in-class return on learning investment tracking and research led to its being named one of *Training* magazine's "Top 50" learning organizations in 2003.

5.2(b) Staff Motivation and Career Development:

Staff motivation and career development at BHI is promoted through a number of formal programs, namely, Project Jump Start, a program designed to promote diversity within BHI by facilitating opportunities for advancement and in-house promotions, Life-Long Learning which subsidizes formal education for staff members, BU courses and e-learning, Employee Forums at which employees learn the basics of the BHI health care business, and the clinical ladder in which nurses are financially rewarded for growing and developing themselves. In addition, BHI believes that the requirement that all employees receive 60 hours of learning annually will serve as motivation to staff to enroll in learning programs. The succession planning process and tracking of employee career goals based on yearly performance evaluations also serve as powerful vehicles for staff career development. BU also makes a marked commitment to staff development, and this is exhibited by the $20,000 in scholarships BU gave in 2002 to employees to pursue degrees in hard-to-recruit health care vocations.

5.3 STAFF WELL-BEING AND SATISFACTION

5.3(a) Work Environment

5.3(a)(1) Workplace Health and Safety: BHI is highly committed to protecting the safety and health of its employees. The *Code of Conduct* incorporates expectations vital to maintaining a safe environment and the *Standards of Performance* reinforces safety-related behaviors. The BHI Safety Officer chairs the Environment of Care Committee, a multi-disciplinary team of employees dedicated to addressing safety issues in a timely and proactive manner. The Committee monitors the work environment and meets monthly to assess the effectiveness of safety measures and programs and to make changes as necessary. The BHI Safety Management Program, guided by the Environment of Care Committee, is supported by seven subcommittees: life safety, utility systems management, hazardous materials management, emergency preparedness management, general safety management, medical equipment management, and security management. The goal of the subcommittees is to improve workplace health, safety, security and ergonomics. Each of the plans has performance measures that are monitored quarterly by the Environment of Care Committee and reported annually.

Designated members of the Environment of Care Committee, department managers and staff participate in work environment assessments with a walk-through audit of their department. If an issue or concern is identified, a corrective action plan is implemented. The audit indicators are set by the Environment of Care Committee to assure consistency in all areas of the hospital.

The organization's *Environment of Care Safety Handbook* was written by employees and in-serviced to all staff. Periodically, a month is designated as Safety Awareness Month and features programs and educational offerings, culminating in a Safety Fair. Safety awareness slogans/banners are posted throughout BHI facilities, with slogans such as "Think Safe, Act Safe, Be Safe, Stay Safe," and "Practice Safety as a courtesy to co-workers, your patients, and others."

5.3(a)(2) Emergency Preparedness: Emergency Preparedness is addressed with an annual hazard vulnerability analysis conducted by the Safety Officer and participation in community wide drills. The emergency preparedness plan is written to provide for continuity of operations during a disaster. Based on the analysis of the hierarchy of potential threats after the events of 9/11, the plan was modified. Because of the potential for a disaster related to the use of biological weapons, BHI's disaster response plan has been updated with a Biological Threat Response. BH has been selected by the state government as one of seven hospitals in the state to receive a cache of state-funded equipment and specialized training to be prepared to respond to the needs of the region in response to a disaster related to Weapons of Mass Destruction. The Safety Officer and Director of Emergency Services are responsible to assure that this equipment remains in a state of readiness and that staff are appropriately trained for its use. The Safety Officer is an active member of the Northwest Florida Domestic Security Task Force. This is a multi-disciplinary group that meets monthly and brings together all the region's assets to plan, train, and network in preparation for response to an event.

5.3(b) Staff Support and Satisfaction

5.3(b)(1) Factors Affecting Staff: BHC and BHI conduct a very comprehensive survey of employee satisfaction every other year, and use other tools to measure and monitor satisfaction between biannual surveys. The 2001 employee attitude survey provided external validation showing exceptional results in staff satisfaction. The data revealed that employee morale was the highest ever, even across all demographic categories such as job classification, age, race, gender, children at home, and married/unmarried status. According to Sperduto & Associates, the BHI ratings are the best in their entire database that covers multiple industry groups. The BHI Diversity Officer reviews

these results, looks for trends and reports the trends to the Diversity Council and the CEO. The Council plans and coordinates appropriate action steps to address any opportunities for improvement, based on long- and short-term goals.

5.3(b)(2) Staff Benefits for a Diverse Workforce: BHI's Human Resources Department stays abreast of service and benefit plan offerings by participating in a number of commissioned benefits surveys, through employee attitude surveys that specifically address satisfaction with BHI employee benefits, and utilizing an Employee Benefits Team (EBT) to tailor its benefits package to the needs of employees. The EBT, formed in 1997, is comprised of supervisory and front-line employees. The EBT serves as a conduit for questions and information between senior leaders and employees regarding benefits. The EBT meets as needed to address issues raised by employees or surfaced from performance reports. It compiles and analyzes available information, conducts employee focus groups when necessary, and integrates information to develop recommendations to senior leaders. Based on improved understanding of employee needs, a number of benefit enhancements have been adopted in recent years, including improved company-paid long term disability insurance, a BHI match for employee 403(b) retirement savings plans, the establishment of health care and dependent care reimbursement accounts, a three-tier enrollment option for health coverage, and availability of long-term care insurance. All on-site benefit program vendors are required to go through a peer interview process with BHI staff to assure the representative is compatible with the organization's culture. BHC does not by intent tailor benefits and services for different categories and staff.

5.3(b)(3) Determining Staff Satisfaction: Because BHI's culture encourages open communication and empowers employees, senior leaders believe that the most effective way to identify factors affecting employees is to ask employees. The organization uses a widely accepted instrument and guarantees confidentiality for responding employees. BHI has surveyed employees four times since 1996, and now conducts the comprehensive survey every two years. There are 86 satisfaction/dissatisfaction ques-tions, for which responses are grouped into 17 categories. Following the organization's 2001 survey, Sperduto & Associates reported the organization's results were the best they had ever recorded, regardless of industry. These results were further supported by subsequently conducting three other employee attitude instruments. Two of these, one conducted by VHA, Inc., and one conducted by Proctor and Gamble, showed BHI to be best in class in employee morale. The other, conducted by The Great Place to Work Institute for *Fortune* magazine, placed Baptist Health Care as the #15 Best Place to Work for in America, and the best in the health care class. To assure more frequent feedback as a "temperature check" between surveys, BHI solicits responses to questions related to employee satisfaction at every quarterly Employee Forum. In addition, all staff leaving BHI are asked to participate in an exit interview. Summaries of results are reported quarterly to appropriate senior leaders and reviewed for trends that might present an opportunity for improvement. The Employee Relations Team in Human Resources holds monthly meetings to assess and discuss employee grievances, outcomes, and results. Leaders are informed of any concerns or corrective actions that should be considered to improve employee satisfaction. In Figure 5.3-1, organizational approaches to determining staff satisfaction and well-being, measures used, and key results are depicted.

5.3(b)(4) Improving Work Environment: Selected employee satisfaction results are regularly reported as key performance measures to BHI leaders. In addition, employee survey results are communicated initially to leaders, with scripts developed to aid in their presentation of results to staff. Leaders are given a maximum of 30 days to hold departmental meetings and communicate organization-wide and unit-specific results. From the unit-specific results and feedback, leaders are required, with the assistance of employees, to identify the three highest dissatisfiers for their unit staff, and develop a specific plan of action based on the FOCUS-PDCA model to address them, which is then incorporated into the leaders' 90-day plans.

6.1 HEALTH CARE PROCESSES

6.1(a) Health Care Processes

FIGURE 5.3-1

STAFF WELL-BEING AND SATISFACTION - PEOPLE PILLAR

Tailoring Needs	Measures	Key Results
Ask Employees	Employee Attitude Survey	Reduced Employee Turnover
•Formally	Employee Forum Evaluation Form	Increased Employee Satisfaction
•Informally	Exit Interviews	Decrease in Worker's Compensation Experience Modifier
Reports	Safety Inspections	
Surveys	Staff Meetings	Decrease in Unemployment Compensation
Benchmarking	Environment of Care Committee	
	Employee Benefits Team	Decrease in Recruitment Expenses
	Benefits Diversity Questionnaire	Increase in Internal Promotions
	Baptist Traditions	
	Leaders' 360° Form	
	Diversity Council	

Figure 6.1-1

BHI High Level Health Care Process
Inpatient Health Care Services as a System Model

1. Patient Needing Health Care Services

2. Pre Admission
. Pre-Testing
. Educate Patient/Family
. Outpatient Procedures

3. Admission
. ER/Direct
. Begin UR

4. Diagnosis/ Treatment
. Diagnosis & Treatment
. Nurse Care Plan
. Continue UR

5. Discharge
. Discharge Plan
. Educate Patient/Family

6. Follow-up Beyond IP Episode

Business and Support Processes

6.1(a)(1) Key Health Care Services and Processes: Decisions regarding health care services provided by BHI are anchored in the organization's Christian founding and mission to provide superior health care to those in need. BHI combines this fundamental reason for its existence with fact-based analysis of regional and community needs, the organization's ability to attract clinical talent, opportunities to increase market penetration in existing services and in population growth areas, and the financial performance needed to keep BHI viable. Each year the Board of Directors, serving as the Strategic Planning Committee, reviews analyses performed as part of the strategic planning process to reach consensus on health care service composition and any significant proposed changes in delivery processes. Particular attention is paid to those services that are loss centers due to inadequate reimbursement, but are essential to the community, and would not be available were it not for BHI's commitment to its charitable purpose. BHI's key health care service processes are depicted in Figure 6.1-1.

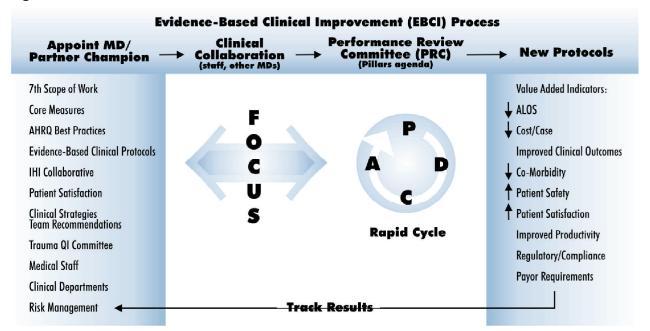Although determination of value is an inexact science in the health care industry, BHI uses several metrics for value. Value indicators are developed as part of existing and new protocols or services as shown in Figure 6.1-2. These include such indices as improving patient safety; decreasing ALOS and co-morbidity; improving clinical outcomes, and/or meeting regulatory requirements. All clinical service improvement efforts are led by a physician/partner who works collaboratively with appropriate clinical team members to design and develop new protocols. New protocols are developed and reviewed/approved by the Performance Review Committee (PRC) which reports directly to the MEC. Results are monitored, tracked, and reported to the PRC, a physician-driven group, on a regular basis. If metrics fall below targets, a rapid-cycle PDCA team is created to address process deficiencies. As a result of the organization's Evidence-Based Clinical Improvement (EBCI) Process, over 22 cross-functional physician and front-line employee-populated PDCA teams have been formed to make use of BHI's organizational knowledge and to monitor and improve clinical ser-

Figure 6.1-2

Evidence-Based Clinical Improvement (EBCI) Process

Appoint MD/ Partner Champion → **Clinical Collaboration** (staff, other MDs) → **Performance Review Committee (PRC)** (Pillars agenda) → **New Protocols**

7th Scope of Work

Core Measures

AHRQ Best Practices

Evidence-Based Clinical Protocols

IHI Collaborative

Patient Satisfaction

Clinical Strategies Team Recommendations

Trauma QI Committee

Medical Staff

Clinical Departments

Risk Management

FOCUS

P A D C

Rapid Cycle

Value Added Indicators:
↓ ALOS
↓ Cost/Case
Improved Clinical Outcomes
↓ Co-Morbidity
↑ Patient Safety
↑ Patient Satisfaction
Improved Productivity
Regulatory/Compliance
Payor Requirements

Track Results

vices. Eleven best clinical practices have been identified through AHRQ and other evidence-based sources. Additionally, an ICU transformation strategy has been developed in partnership with the Institute for Healthcare Improvement (IHI) to improve clinical management and achieve best and most productive use of BHI's most costly clinical service.

Pursuant to its 2000 Baldrige Feedback Report, BHI has undertaken an extensive effort to accelerate engagement of the medical staff to achieve distinctive improvement in clinical processes and outcomes. Three years into this intensified effort, BHI has established several clinical processes that enable the organization to achieve high performing patient and operational requirements and to better ensure patient safety. Through these efforts, the organization has significantly reduced medication errors, surgical site infections, and other clinical improvements that increase value by reducing variation and improving service to key stakeholders including patients and employers.

6.1(a)(2) Key Health Care Process Requirements: BHI's six-step team-based health care service design process (SDP) is depicted in Figure 6.1-3. BHI uses the SDP to assure that all design requirements are identified and incorporated into new services and technology. Potential new services are identified from the strategic planning process or as a result of unexpected opportunity, such as the recruitment of a unique specialist who becomes known to BHI leaders. Recent examples include specialists in bariatric surgery for severely obese, high risk patients. BHI senior leaders determine which major opportunities warrant evaluation by cross-functional product line teams (PLT) using the SDP. Projects in areas other than those identified as product lines, or that do not warrant the time of a larger team, are managed by either the department most involved in providing the service or by a small group of leaders and employees. Operational requirements are derived from the Pillars, assuring alignment between strategy, new services, and organizational requirements during Step 4 of the SDP. Input from patients received via focus groups, satisfaction results, and other methods noted in Figure 3.1-1, along with changing patient and market requirements are addressed in Steps 2 and 4 of the SDP. Detailed market data derived from services described in 3.1 are introduced during Step 2. Teams, either PLT or other teams, identify and prioritize stakeholders by segment and by requirements for inclusion in the initial review by senior leaders following Step 2. An updated and more detailed examination of customer requirements is completed during pre-implementation (Step 4) through a comprehensive evaluation of customer requirements and market/demographic data. Teams focus on aligning service specifications

to known customer expectations. Teams incorporate emerging loyalty strategies developed by the Loyalty Team to attract potential patients to the proposed service, to incorporate cycles of improvement into the design process. Additional patient input is received during Step 5 in which patients are queried to determine if the implemented service is meeting established expectations. BHI secures the direct input of key suppliers and partners including Sodexho, Aramark, and Cogent since they are on-site and actively participate on SDP Teams. The value metrics described above and in Figure 6.1-2 serve as the design process requirements. BHI's physician/partners are engaged in determining and designing key health care process requirements and serve as champions for new or emerging technologies and services.

6.1(a)(3) Designing Processes to Meet Key Requirements: Regulatory, accreditation, and payor requirements are addressed in Steps 2 and 4 of the SDP and during development of value-added indicators in the EBCI process. Payor sensitive reimbursement scenarios are built for each service. Proposed new technology in Step 2 of the SDP is considered for contribution to productivity, cycle time, cost impact, diagnosis and treatment accuracy, and waiting time. For example, the newly acquired multi-slice high speed CT scanner triples patient throughput, staff productivity and increases diagnostic precision. Financial performance targets require projects to carry an internal rate of return (IRR) of at least 15%, unless senior leaders conclude that other considerations (such as Mission) render the project approvable at a lower IRR. The 15% IRR is used since new revenue sources are key to BHC's long-term goals related to the Financial and Growth Pillars. Newly implemented processes and services become subject to BAR and/or CARE reports and the rigor of 90-day plans to ensure design requirements are met and sustained.

6.1(a)(4) Addressing Patient Expectations: Patient expectations are addressed and considered two ways: (1) based on extensive analysis of patient preferences from an industry-leading approach to determination of patient satisfaction which enables the organization to standardize care delivery processes to meet these documented expectations; and (2) at each stage of the delivery process for each patient as an individual with unique needs who will have multiple interactive sessions among the clinician, caregiver, and the admissions process. Standardization to determine and meet patient expectations begins with the admissions staff script, like all other staff, who inquire, "Is there anything else I can do for you? I have the time." This allows the staff to begin clarification and verification processes and address immediate and longer-term needs of patients and families consistent with the Service Pillar. Understanding individual patient expectations begins during the pre-admis-

Figure 6.1-3 Service Design Process

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
CONCEPTION	FEASIBILITY	APPROVAL	PLAN FOR IMPLEMENTATION	IMPLEMENTATION	EVALUATION
n Idea generation/ screening n Concept Development	n Financial n Productivity n Cycle Tune n Volume n Regulatory n Capital Sourcing	n Senior leaders and, if necessary, Board	n Create a team n Develop strategies and goals n Develop action steps n Develop monitoring and evaltuation targets n Develop exit or decline strategy	n Execute Plan	n Evaluate and monitor actual performance to goals n Develop corrective action plans if necessary

sion process, where each patient's expectations and preferences are identified during the clinical assessment and education sub-processes performed by the primary nurse. Each clinical service has identified key clinical expectations, important to specific processes, that are used to guide conversations during pre-admission, admitting, or on a daily basis with the primary nurse, other caregivers, and social workers. For example, orthopedic services focus on patient expectations dealing with mobility, pain management, and decubitus ulcer prevention. The communication board in each patient's room at BHI is a focal point for staff to be explicit and consistent about the patients' care processes.

The methods used to assure that patients and families have realistic expectations of likely outcomes and to assure staff understanding of patient preferences are systematically and fully deployed as follows: (1) every patient or key family member is asked to respond to scripted questions. For example, the question, "Is there anything else I can do for you, I have the time?" is asked at each step of the delivery process described in Figure 6.1-1 and is asked at the conclusion of admitting, continuously by nursing, and by other clinical therapeutic staff who visit or treat each patient; (2) If the nurse, based on professional observation, believes the patient or family member is unclear or confused about expectations, immediate clarification is provided that includes questions on how their care is to be tailored; (3) Patients are requested to actively participate in their medical care through "Patient Participation in Safety" instructions in each patient room. This document encourages each patient and family member to ask about any questions or concerns they may have and to actively inquire about medications and clinical processes; and (4) the discharge planning process is also systematic and fully deployed and serves as a pre-departure opportunity to ensure that the patient's preferences have been factored into the delivery of health care services. Patients or family members provide feedback regarding the discharge process through their responses to nurses' inquiries. Staff assess whether each patient understands what will happen once they are discharged from the hospital. The scripted query is "Has the doctor given you instructions?" If not, they respond, "Let me have your case manager/social worker/appropriate individual stop by to see you." The primary nurse will immediately contact the social worker or appropriate individual to provide further instructions.

6.1(a)(5) Daily Operational Requirements: The day-to-day monitoring of care at BHI occurs at the individual patient level. The head nurse, nursing staff, and admitting physician or hospitalist participate in the preparation of a Plan of Care for each patient. An in-process method of shift reports is used in which the patient's progress is evaluated against the Plan of Care at each shift change. For example, a patient's Plan of Care will include processes for pain management when appropriate and the process of pain management will be evaluated during shift reports. On a broader basis, to ensure that day-to-day operations meet process requirements, data reflecting clinical care are collected and monitored on a scheduled basis with certain key clinical indicators reported to the Patient Care Subcommittee and the PRC. The Subcommittee and/or the PRC can authorize action to be taken by a FOCUS-PDCA team or a department when metrics fall outside of expectations. Real time patient/customer input is sought several ways: (1) by the daily rounding of the nurse leaders and other pertinent department leaders; (2) calls by the patient or family member via the wireless telephone that allows calls directly to the nurse for assistance; (3) Daily Line-Up when all employees have the oppor-
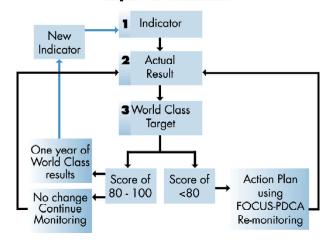
Figure 6.1-4

Sample List of FOCUS-PDCA Teams
Cancer Registry Abstraction Improvement
Physical Medicine Response Time for PT/OT
Physical Medicine Improvement of Documentation
Clinical Laboratory Results Receipt Times
HealthSource Length of Calls/After Work Calls
BMP Registration Wait Times

Figure 6.1-5

Clinical Accountability Report of Excellence

tunity each day to raise customer or operational concerns or improvement opportunities; and (4) through Case Management staff responsible for in-process, day-to-day management and tracking of established quality indicators on a concurrent basis. The case managers follow every patient admitted and report all concerns about quality of care to the Senior VP for Medical Affairs, who reviews the information with the appropriate medical staff leader for action. Each day clinical leaders receive reports on pressure ulcers and restraints, and each Friday receive the weekly patient satisfaction results summary, and monthly receive complete performance indicator results. To assure systematic improvement consistent with the organization's belief in empowerment, the leader enacts necessary corrective actions to address scores falling below targets. The CARE report promotes agility since it is computed monthly and requires corrective action if a score below eighty is achieved by any clinical department or unit.

6.1(a)(6) Minimizing Overall Costs, Preventing Errors: BHI has reduced reliance on and costs of inspection, tests,

Figure 6.1-6

Indicator	Perfect Score
Hospital-Wide Indicators	
Hospital-Acquired Decubitus (%ADC)	0.0
Medication Events (Per 10,000 Doses)	0.0
Compliance with Restraint Policy	100.0
Departmental Indicators	
Medication Events During Transcription	0.0
Presence of Typenex Band	100.0
Access Site Checked Every 15 Minutes	100.0

and audits through increasingly systematic use of the BAR and CARE reports which provide monthly tracking of performance. The organization's investment in performance measurement and reporting technology enabling the monthly preparation of these reports diminishes the need for special or routine inspection. BHI's principle initiatives in prevention address patient safety and include the following activities: (1) "Patients Participation in Safety"; (2) reduction in use of abbreviations that are known to lead to misinterpretation; (3) pharmacy order entry check or redundancy systems; and (4) Medical Events Team review of reports that track delivery accuracy and possible causes of medical errors.

6.1(a)(7) Process Performance Improvement: BHI is passionately committed to providing excellent health care to its customers through continuous performance improvement. The Evidence-Based Clinical Improvement (EBCI) methodology and the CARE reports are the two principal methods used to improve health care performance and outcomes and to reduce variation. EBCI is a comprehensive cross-functional physician-led process using rapid cycle FOCUS-PDCA to improve key health care processes. Several of the processes subject to EBCI are listed in Figure 6.1-4. The principal improvement activity occurs during the clinical collaborative stage in which the cross- functional team, led by the physician champion, prepares clinical protocol, and policy and procedure recommendations to the PRC. Approved recommendations are forwarded to the MEC for final authorization for implementation. The inputs considered by the PRC and the EBCI Teams include advances in medical practice methods, technology, and other factors necessary to keep health care at BHI at the leading edge. In terms of the CARE reports, each clinical department leader has ownership of quality performance in his/her department using the CARE report and is responsible for assuring that employees are aware of the hospital-wide daily performance requirements. CARE is an industry-leading, and only, comprehensive tool that uses an index scoring methodology to compare departmental and hospital-wide results against both best-in-class targets and prior year results. The diagram in Figure 6.1-5 shows how information flows through the report. BHI has chosen to generally set a result of 100% attainment or "zero" incidents as the "best-in-class" score. CARE is deployed throughout BHI. If a CARE score is less than 80%, the department leader must complete a FOCUS-PDCA cycle for improvement and submit to their reporting senior. Figure 6.1-6 includes a brief sample of the some 50+ indicators measured by CARE and the current "world-class" targets that must be achieved to earn a score of 100.

FOCUS-PDCA is introduced during employee orientation and serves as the clinical improvement model for the PRC, subcommittees, and performance improvement teams. Annually, it is the subject of at least two weeks of Daily Line-Up training as well as a focus of Employee Forums. Additionally, the CaduCIS system, a clinical performance measurement tool, is utilized to further assess variables that may have an impact on an indicator falling below target. Six FTEs, previously located in different areas, were reorganized and placed under the Quality Improvement/Patient Safety Department, overseen by the Vice President of QI/Patient Safety. This department is dedicated to the systematic application of clinical improvement methodologies through coaching and mentoring, supporting leaders and quality improvement teams, and coordination of best practice sharing throughout BHI. BHI's key business

Figure 6.2-1

Support Service	Sample Measures
Admitting	Patient Satisfaction Front End Collections Registration Accuracy Registration Wait Times
Business Office	Days in Accounts Receivable Cash Collected Net Revenue
Dietary	Patient Satisfaction Cafeteria Customer Survey
Environmental Services	Patient Satisfaction Department Leader Survey
Information Services	Calls to Help Desk—Total Calls to Help Desk—Closed System Availability
Materials Management	Supply Fill Rates Monthly Inventory Turns
Medical Records	Dictation Compliance Rate Transcription Turn-Around Time
Plant Operations	Patient Satisfaction Response Time to Help Calls

partners actively participate on performance improvement teams.

6.2 SUPPORT PROCESSES

6.2(a) Business and Other Support Processes

6.2(a)(1) Key Support and Business Processes: BHI considers business and support services as a single category of service. Several business processes, such as investment portfolio management, property management, and mergers, typically associated with health care operations are the responsibility of parent BHC. BHI's support services are traditional health care support services essential to assist staff directly involved in patient care, and additional services as appropriate based on patient satisfaction and results from clinical quality indicators. To distinguish BHI as a leading customer-focused health care provider, the organization has created support services such as free, no-tipping-permitted valet parking service and an internal communications center that maintains in-house mobile phones assigned to each nurse providing patient care.

6.2(a)(2) Key Support Processes: Figure 6.2-1 lists BHI's key support processes and performance indicators. Support process key requirements flow up and down from the departmental level to ensure alignment with system goals. For example, the targets established by BHI's Revenue Cycle Teams are linked to financial performance targets. Support processes are subject to the same 90-day plan process requirements used throughout the organization. Inputs for the design of processes are based on key results and feedback from support department customers. Support service requirements are determined from patient, physician, and employee satisfaction results, 360° evaluations, and input from BHI's part-

ners. Admitting, Finance, Environmental Services, and Information Services departments, for example, all conduct internal satisfaction surveys to determine employee and/or physician satisfaction with performance.

6.2(a)(3)&(4) Process Design and Key Performance Measures: BHI does not differentiate in design, process management, or performance expectations between health care delivery and support processes. The management of support processes are subject to the same performance expectations and FOCUS-PDCA requirements addressed in 6.1. The development and management of key support processes is guided by fact-based decision making and is based on the Service Development Process. All outsourcing contracts contain specific performance criteria tied to the Pillars. For example, questions pertaining to the quality, presentation, and delivery of food are included in the BHI's patient satisfaction survey. Sodexho forfeits a portion of their fees if established criteria are not met. In Aramark's contract, there are specific standards relating to cleanliness of rooms, timeliness, and the courtesy of the housekeeper. The Cogent contract for physicians serving as hospitalists include financial incentives dealing with patient satisfaction, medical staff satisfaction, admission and discharge notification rates, post discharge home call rates, and 30-day readmission rates. Other Cogent performance measures included reductions in length of stay and complications rates.

The BHI technology evaluation and acquisition process is a defined sub-process within the SDP. New technology is evaluated by internal experts using a systematic approach that also includes an external benchmarking component. Team members are responsible for contacting vendors and conducting or updating research in Step 2 in support of alternative analysis in Step 4. One objective is to assure that rollout of new technology or services will meet, if not exceed, benchmarked practices. Team members attend conferences and network with their peers to identify or assess new technologies. Benchmarking visits are also conducted to other hospitals or health care facilities that have new technologies, programs, or innovative processes in place. When making major purchases, teams are required to take bids from at least three vendors. Performance, cost, productivity and other factors are reviewed using comparison data from VHA and other sources. The team determines if site visits to best practice programs, identified through VHA or from organizations that visit BHI each month, or through its own investigation, are necessary to assure that a new program, service, or technology contributes to achieving the organization's mission.

BHI's relationships with suppliers function as mutually beneficial partnerships. The Materials Management Department includes suppliers and service providers in goal and action plan development processes. Materials Management holds regularly scheduled and ad hoc meetings with strategic suppliers to address performance goals and concerns. BHI is a *founding member* of VHA, the nation's largest cooperative of not-for-profit hospitals. VHA maintains a national buying group for supplies and services for member hospitals. VHA incorporates clinical, logistical, and procurement expertise from BHI and other member hospitals to establish industry-leading performance criteria essential to meeting its needs in contract supplier certification and selection processes, through the formation of multidisciplinary supplier selection teams made up of VHA staff and hospital clinical and procurement staff. Key performance requirements used in selecting suppliers include identification of quality products and/or services,

savings in acquisition costs and/or resource consumption, competitiveness, value-added services, high ethical practices, open communications, product and/or service reliability, electronic data interface, product utilization, product standardization, complaint resolution processes, and timeliness. This formal step-by-step process is incorporated in the VHA Contract Supplier Certification Process. Further, BHI tracks supplier performance in four primary areas: product reliability, product availability, billing practices and complaint resolution. BHI's computerized procurement system tracks product availability and billing errors. Suppliers are notified immediately if their supply order fill rate is outside the established acceptable range. If warranted, ad hoc meetings are scheduled to seek a quick resolution.
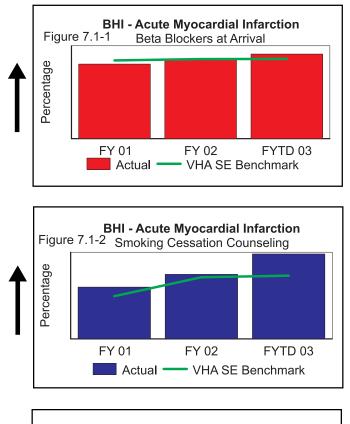
6.2(a)(5) Minimizing Overall Costs: BHI makes a concerted effort to minimize costs associated with audits, errors, and rework. Key audits and inspection methods include bio-engineering to prevent equipment failure, medical record audits for billing accuracy and clinical process verification, risk management audits, and others. Support processes are subject to the same systematic and frequent accountability reporting requirements as clinical services to reduce the need for after-the-fact audits. For example, customer satisfaction is regularly measured, BARs are provided monthly, 90-day action plans are created to address deficiencies and plan corrective action, and PDCA cycles are used to address system failures. Errors and re-work are prevented or minimized through active measurement and feedback of key results from support department customers. Patient satisfaction measures are available for several support processes such as food services, housekeeping, billing and admitting to reinforce the importance of patient satisfaction throughout BHI. For example, Dietary Services receives weekly feedback from patients and families through the patient satisfaction surveys, from a survey designed to solicit comments from employees, and through periodic use of employee or patient focus groups. Admitting, Environmental Services, and Information Services departments all conduct internal satisfaction surveys to determine employee and/or physician satisfaction with performance. If process changes are required, based on results received from one or more sources, 90-day plans and process action steps are prepared and implemented.

6.2(a)(6) Improving Support Process: Support services are managed with the same vigor and expectation of performance as all other processes. Department leaders are required to submit 90-day plans with specific targets established under each Pillar. Through monthly review of the 90-day plans and the BAR, and weekly review of patient satisfaction, leaders are required to complete an action plan if departmental performance falls below targets. Achieving a score of 80% or above on BAR applies here also. FOCUS-PDCA teams or other improvement methodology is used to improve support processes, reduce variation and waste, and provide consistent support to direct caregivers and other customers. Recent support service PDCA teams have addressed a new hire handbook, staff recruitment, and revenue enhancement. Results of performance are shared via the BHI Intranet, through monthly Department Head meetings, through quarterly Employee Forums, and through communication boards. Monthly results are included in the 90-day action plan reports and are discussed with each department manager's reporting senior. Organizational learning and open access to information is at the core of BHI's culture of quality.

7.1 HEALTH CARE RESULTS

Throughout Category 7, arrows are provided to indicate favorable direction of results. BHI strives to continually improve its clinical performance, with emphasis on such programs as CMS 7th Scope of Work / Core Measures, pressure ulcer reduction, patient safety, and infection control. The 7th Scope of Work is the Center for Medicare and Medicaid Services (CMS) 7th quality initiative program, which began in July 2002. The goals of the 7th Scope of Work is to strengthen the appropriate care processes in order to improve quality of care and outcomes. For the CMS 7th Scope of Work / Core Measures indicators, BHI is performing above the benchmark level. In addition, individual departments track performance indicators unique to their own daily work. CARE is an internally-generated, industry breakthrough, proprietary clinical management system designed to enable clinical accountability, both hospital and departmental-wide. Accordingly, no comparative data would be available for the CARE score.
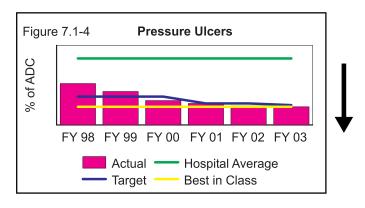
BHI's inpatient management, or Hospitalist, program has experienced great success since its inception in 2001. The most recent data for 2003 demonstrates a continued substantial reduction in average length of stay (ALOS), a 34% decrease in variable cost per day, and an improvement in re-admissions. These results are due to clinical pathways (Caremaps) being followed.

For BH's open heart program, VHA Southeast comparison data shows BH's Elective CABG mortality rate is 0%, or equal to the best of the benchmarked programs. Another designated product line is BH's cancer program. This program has been granted approval by the Commission on Cancer of the American College of Surgeons. Only one of four hospitals with cancer programs receives this special designation.

Figure 7.1-1
BHI - Acute Myocardial Infarction
Beta Blockers at Arrival
(Percentage; FY 01, FY 02, FYTD 03; Actual, VHA SE Benchmark)

Figure 7.1-2
BHI - Acute Myocardial Infarction
Smoking Cessation Counseling
(Percentage; FY 01, FY 02, FYTD 03; Actual, VHA SE Benchmark)

Figure 7.1-3
BHI - Community Acquired Pneumonia
Blood Cultures Obtained within First 24 Hours
(Percentage; FY 01, FY 02, FYTD 03; Actual, VHA SE Benchmark)

Figure 7.1-4
Pressure Ulcers
(% of ADC; FY 98, FY 99, FY 00, FY 01, FY 02, FY 03; Actual, Hospital Average, Target, Best in Class)

Figure 7.1-5
Medication Event Rate
Rate per 10,000 doses dispensed
(Med. Event Rate; FY 00, FY 01, FY 02, FY 03; Actual, Target)

Figure 7.1-6
Compliance w/ Restraint Usage Policy Hospital-Wide
(Percentage; FY 00, FY 01, FY 02, FY 03; Compliance %, Minimum Required, Target)

Figure 7.1-7
Ventilator-Related Pneumonia for ICCU
(Rate; 2000, 2001, 2002, YTD 2003; ICCU Actual, NNIS Rate)
Rate = # / device days x 1000

Figure 7.1-8

**Ventilator-Related Pneumonia
for SINU**

Rate = # / device days x 1000

Figure 7.1-9

**Central Line-Related
Blood Stream Infections for SINU**

Rate = # / device days x 1000

Figure 7.1-10 **Catheter-Related UTI
for ICCU**

Figure 7.1-11 **Catheter-Related UTI
for SINU**

Figure 7.1-12 **Rates of Seclusion
for Behavioral Medicine Patients**
Incidences per 1,000 Patient Days

Figure 7.1-13 **Rates of Restraints
for Behavioral Medicine Patients**
Incidences per 1,000 Patient Days

Figure 7.1-14 **BH CARE Overall Score**

Hospitalists Significantly Impact ALOS
ALOS Across High Volume DRGs at BH

Figure 7.1-15

Hospitalists Mitigate Costs of Inpatient Care
Variable Cost per Case at BH

34% Decrease

Figure 7.1-16

Figure 7.1-17 **Open Heart Program
Elective CABG**
Mortality Rate

7.2 PATIENT/OTHER CUSTOMER-FOCUSED RESULTS

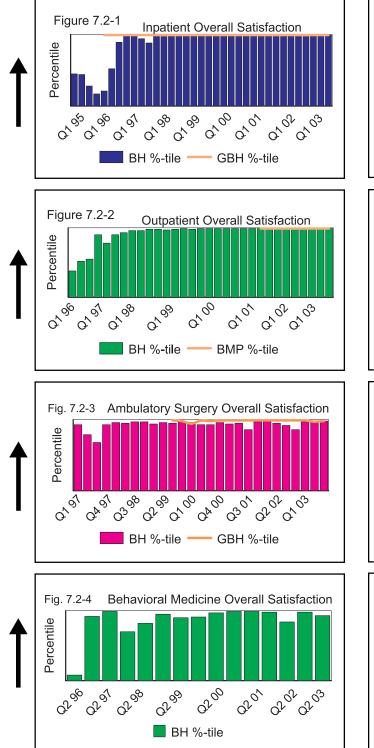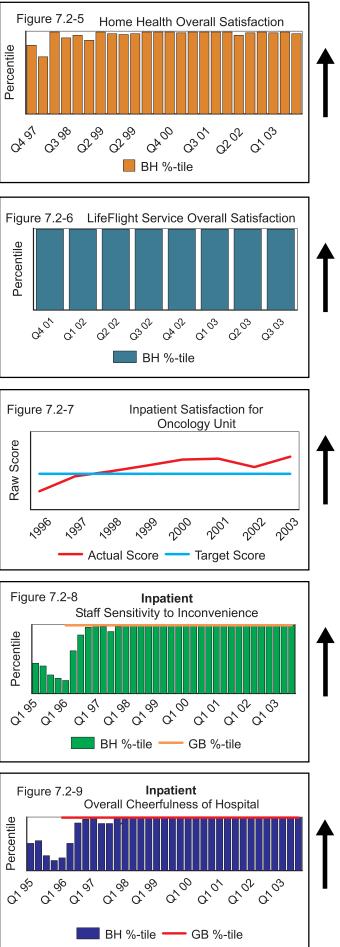BHI targets the industry-leading 99th percentile in Press, Ganey Patient Satisfaction Surveys. For nearly 8 consecutive years, GBH has maintained its position as the *top* hospital in the inpatient database. GBH also consistently remains in the 99th percentile for Emergency Department and Ambulatory Surgery. BH has also consistently ranked among the top percentile for the inpatient database over *5 years*. During the past year, GBH's ER, BMP's Outpatient, and BH's billing services, home health and LifeFlight air ambulance were ranked as the *top* facilities in those respective databases.

Figure 7.2-5 Home Health Overall Satisfaction

BH %-tile

Figure 7.2-1 Inpatient Overall Satisfaction

BH %-tile — GBH %-tile

Figure 7.2-6 LifeFlight Service Overall Satisfaction

BH %-tile

Figure 7.2-2 Outpatient Overall Satisfaction

BH %-tile — BMP %-tile

Figure 7.2-7 Inpatient Satisfaction for Oncology Unit

Actual Score — Target Score

Fig. 7.2-3 Ambulatory Surgery Overall Satisfaction

BH %-tile — GBH %-tile

Figure 7.2-8 **Inpatient** Staff Sensitivity to Inconvenience

BH %-tile — GB %-tile

Fig. 7.2-4 Behavioral Medicine Overall Satisfaction

BH %-tile

Figure 7.2-9 **Inpatient** Overall Cheerfulness of Hospital
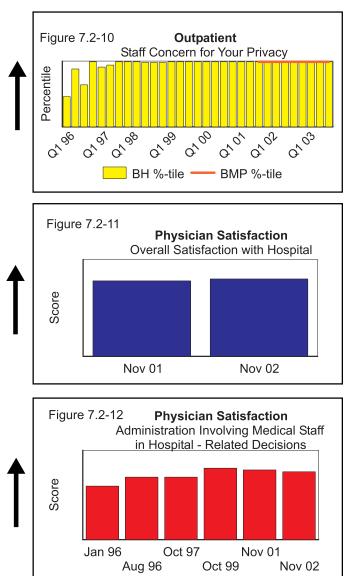
BH %-tile — GB %-tile

The inpatient surveys may be broken down by individual nursing units. In addition, Press Ganey correlates certain questions to the overall patient satisfaction score.

Results for physician surveys are provided for selected indicators. The overall score for the physicians' satisfaction with their primary hospital was a 4.0 in the latest survey, an increase from 3.9 in the previous survey.

In addition to the annual survey, physician issues are tracked through the Physician Action Line. In an analysis of calls received by the Physician Action Line in FY 2003, 11% of the calls were, in fact, compliments, which was the 3rd largest category of calls received. Similarly, BHI tracks Service Recovery issues and the dollars associated with Service Recovery to its patients and visitors. In an analysis of service recovery issues in FYTD 2003, the largest categories of issues concern Room, Tests & Treatment and Nursing issues. On average, over $2,100 per quarter is spent for service recovery.

BHI uses several methods to measure customer loyalty. One of these is the Customer Value Analysis research study, which determines value drivers and how BHI compares to our local competitors. BHI ranked significantly higher than its competition in many areas. Another method used to measure customer loyalty is the Customer Attitude,
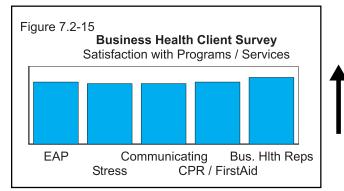
Awareness and Usage pattern survey, which is conducted every 2 to 3 years. BHI's loyalty ratings were competitive with or higher than those of other local hospitals in the 2002 survey. In this survey, loyalty indicators included the respondents' likelihood of reusing a hospital and likelihood of recommending a hospital.

Relationship building with various customer groups has been accomplished through various membership programs. *Get Healthy Pensacola* began in 2001 and has seen significant growth. BHI-sponsored events, such as the Senior and Family Expos, build relationships with the community. The 2003 Family Expo featured more vendors and had more people participate in the activities than the previous year.

Figure 7.2-13 Customer Value Analysis Survey

Issue	BHI	A	B
Care/Services			
You are kept sufficiently informed about your condition/treatment	+84	79	76
Your pain was well controlled	84	80	77
Shows concern for patients' well-being	+88	78	73
Overall quality of health care provided is excellent	+83	78	74
Helpful phone representative at hospital	+84	77	73
Gives patients sufficient personal attention	+83	77	70
Patient needs are met promptly	+79	73	70
Waiting time for tests and treatment is reasonable	+77	71	68
Emotional			
Understands my needs	+78	71	62
Location/Environment			
Convenient parking	+76	62	49
Nurses			
Nurses showed good attitude toward your requests	+89	79	78
Physicians			
Overall quality of care provided by physician is excellent	83	80	80
+ = Significantly above competition			

Figure 7.2-10 Outpatient Staff Concern for Your Privacy

Figure 7.2-11 Physician Satisfaction Overall Satisfaction with Hospital

Figure 7.2-12 Physician Satisfaction Administration Involving Medical Staff in Hospital - Related Decisions

Figure 7.2-14 Membership Programs

Figure 7.2-15 Business Health Client Survey Satisfaction with Programs / Services
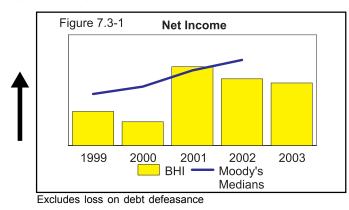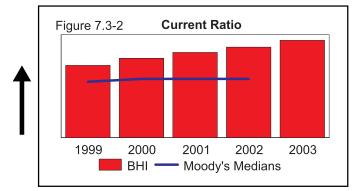
This year, Golden Care members completed a loyalty study and results indicated a strong degree of loyalty to BHI hospitals.
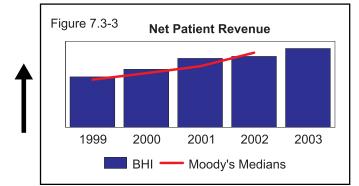
Area employers' satisfaction level with Baptist's Business Health Services is measured in a Business Health Client Survey. Employers were surveyed on various programs and services provided by Business Health.

7.3 FINANCIAL AND MARKET RESULTS

The health care industry has been confronted with major financial challenges in the past few years, including declining reimbursement and increased costs for providing health care services. In 1999, health care industry credit rating downgrades exceeded upgrades at a rate of five to one. However, BHI's credit rating was upgraded to A3 in May 1998 and has remained unchanged. Moody's reaffirmed BHI's A3 credit rating in 2002. BHI has reported strong financial performance since FY 2001 due to a number of factors, including the Revenue Cycle Process Improvement Initiative. Results since FY 2001 were not only substantially improved from the previous years, but also trended better than Moody's Medians for several indicators. BHI has been able to maintain financial stability despite increasing costs for the industry, lower reimbursement from payers, and despite providing a higher percentage of uncompensated care than our competitors. In a
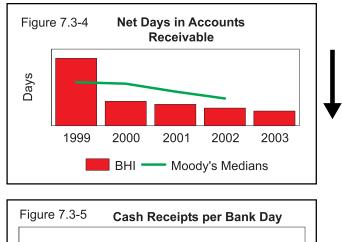
comparison of FY 2002 financial data, the most recently available, BHI's uncompensated care was 6.1% of total revenue while other competing hospitals' were 5.3% and 4.1%. BH alone had 6.7% in uncompensated care.

The Revenue Cycle Process Improvement Initiative targeted areas such as net days in accounts receivable and cash receipts per bank day. Net days in accounts receivable have improved and cash collections have increased steadily over the past three years. Net patient revenue has steadily increased, while bad debt as a percentage of net revenue has declined overall since FY 1999.

BHI has several initiatives to control costs, including a recent one, the Grand Slam for supply costs, using a consulting group. Since April 2002, this program has resulted in $1.9 million implemented savings with projected savings of almost $2.3 million. The Hospitalist program contributes to cost savings through the reduction of average length of stay, which in turn reduces resources consumed during a hospital stay. In a comparison of Hospitalists to Non-Hospitalists, the length of stay and cost per case are all significantly lower, resulting in significant savings.

Figure 7.3-1 **Net Income**

Excludes loss on debt defeasance

Figure 7.3-2 **Current Ratio**

Figure 7.3-3 **Net Patient Revenue**

Figure 7.3-4 **Net Days in Accounts Receivable**

Figure 7.3-5 **Cash Receipts per Bank Day**

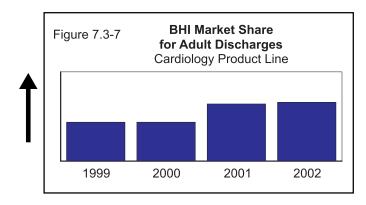| Figure 7.3-6 Utilization Statistics			
Year	**Admissions**	**Outpatient Cases**	**ER Visits**
1997	15,144	167,499	46,637
1998	16,210	192,348	52,730
1999	16,465	213,914	58,731
2000	16,981	253,961	61,884
2001	17,830	292,501	65,482
2002	18,319	300,032	71,731
2003	17,998	334,484	67,915
6-Year Growth	18.8%	99.7%	45.6%

While achieving financial successes, BHI also experienced growth in our services, such as admissions, outpatient cases and ED visits over the past 6 years. Admissions declined slightly from FY 2002 levels, mostly due to a new process in the Emergency Department that is intended to route cases to the most appropriate level care after being seen in the ER. With this process, potential inappropriate inpatient admissions, which might have resulted in denials by payors, are averted to the more appropriate setting, such as outpatient observation, home health, skilled nursing or nursing home. This process is improving BHI's efficiency.
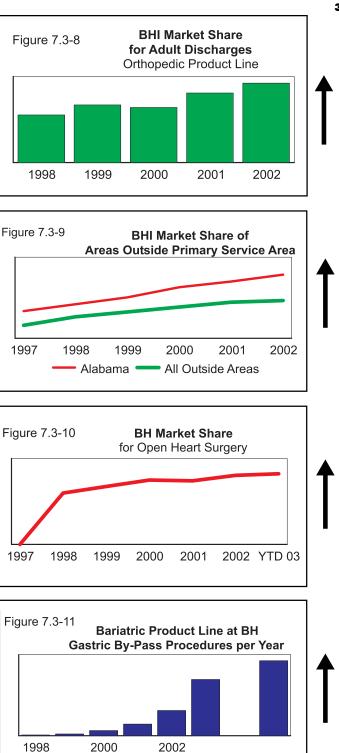
BHI experienced this growth not only through increases in the area population and use rate, but also through increased market share. Data from AHCA verifies growth in the inpatient market share of adult discharges. BHI has increased its adult market share from 1999 to 2002. Since BHI primarily serves an adult population, this indicator is the most appropriate for market share.
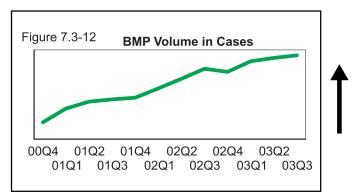
Data from AHCA is used to further analyze market share data into DRG product lines. As the market leader in behavioral medicine, BHI has a market share of 56%. Shown are market share trends for several key product lines targeted for growth.

BH is a tertiary hospital and, as such, draws patients from the entire region. BHI has increased its market share in areas outside the primary area. Included in this graph is the annual market share of discharges from Alabama residents. Since Escambia County borders Alabama, these residents are an important referral source.

BHI has seen significant growth in its new products or services. In 1998, BH began operating its Open Heart program in a highly competitive environment. Since that time, BH's market share has increased to almost 25%. Bariatric medicine is another recent service that BH is offering. BH has seen a tremendous growth in Gastric By-Pass procedures since 1998. BMP, the newest BHI facility serving the residents of northern Pensacola, has also experienced significant growth in overall cases.

Figure 7.3-8 **BHI Market Share for Adult Discharges** Orthopedic Product Line

1998 1999 2000 2001 2002

Figure 7.3-9 **BHI Market Share of Areas Outside Primary Service Area**

1997 1998 1999 2000 2001 2002

—— Alabama —— All Outside Areas

Figure 7.3-10 **BH Market Share** for Open Heart Surgery

1997 1998 1999 2000 2001 2002 YTD 03

Figure 7.3-11 **Bariatric Product Line at BH Gastric By-Pass Procedures per Year**

1998 1999 2000 2001 2002 YTD 03 2003 ann

Figure 7.3-12 **BMP Volume in Cases**

00Q4 01Q1 01Q2 01Q3 01Q4 02Q1 02Q2 02Q3 02Q4 03Q1 03Q2 03Q3

Figure 7.3-7 **BHI Market Share for Adult Discharges** Cardiology Product Line

1999 2000 2001 2002

7.4 STAFF AND WORK SYSTEM RESULTS

Results of the Employee Attitude Surveys are provided by deviations from industry norm in a range of -1 to +1 where +1 is the highest for each survey topic. After the 1999 survey, Sperduto and Associates reported that our results were the best they had ever recorded, regardless of industry. After the 1999 survey, future results were expected to fluctuate within each individual topic's score, but the target was to increase employee morale. In 2001, BHI received even higher levels of employee positive morale than the 1999 best in class score. In addition, response rates to the survey, which can be an indicator of engaged positive employees, have risen each year at BH and remain much higher than best competitor. BHI's rise in employee satisfaction can be correlated to BHI's increase in patient satisfaction over the past seven years, demonstrating that highly satisfied employees create a better atmosphere to have highly satisfied patients.
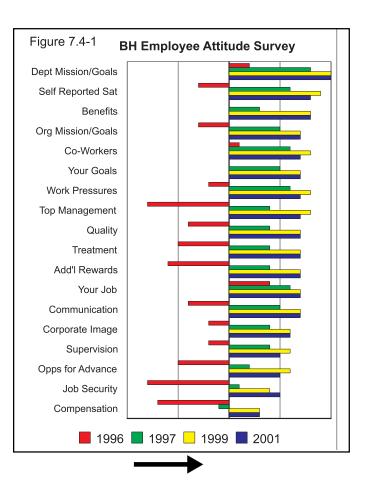
In 2001 BHC participated for the first time in *Fortune* magazine's assessment of the nation's most outstanding employers. Two thirds of the scoring is based on how our employees feel about their workplace, per a *Fortune* survey distributed to a random group of 250 employees. The other part is an audit of our culture, practices and benefits. The February 2002 *Fortune* issue reported that BHC was ranked *10th* among the 100 Best Companies to Work for in America; in 2003, BHC was ranked *15th*, still the highest ranking health care organization. For more frequent measures of employee satisfaction, the results of the survey administered by *Fortune* were correlated with the Employee Attitude Survey. Results show an increasing trend in employee satisfaction.
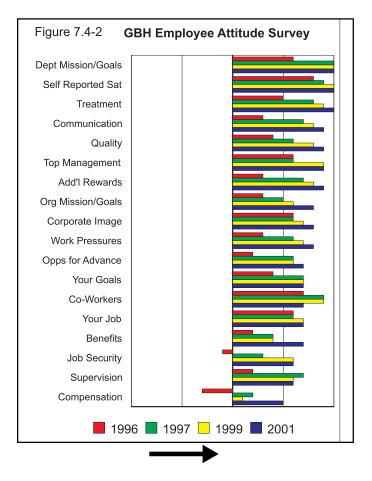
In December 2002, BHC was designated an Employer of Choice, the first health care system to achieve this designation from the Herman Group. This designation recognizes organizations that exemplify best practices including attracting, developing and keeping the best employees and is based, in part, on results of an employee survey.

Workforce shortage is a major challenge in the health care industry, and BHI must be able to retain our employees in this tough workforce environment. BHI has reduced employee turnover every year since 1997. The employee turnover rate for BHI is best in class for hospital systems. BH's RN vacancy rate has also declined. These low vacancy rates have been maintained despite aggressive recruiting attempts last year from one of BHI's main competitors.

The Bright Idea Program stimulates employee empowerment and motivation. The program, in place since 1998, has grown each year in the number of ideas generated and implemented. In FY 2003, the goal was to have 2.2 Implemented Ideas per FTE. BHI surpassed this goal by attaining 2.44 implemented ideas per FTE.

The WOW program rewards and recognizes employees. The policy for this program was audited and modified in FY 2002, which resulted in somewhat fewer WOWs given that year. BHI has rewarded staff for their contributions to sustaining outstanding customer satisfaction through the distribution of "thank you" gift certificates or bonuses. Providing feedback on employee performance through yearly evaluation is crucial for employee performance improvement and to allow for timely payroll increases. BHI has focused on reducing the number of employees who receive late evaluations.

Figure 7.4-1   **BH Employee Attitude Survey**

Figure 7.4-2   **GBH Employee Attitude Survey**

Educating our employees is a major initiative. Leaders are surveyed at the end of each Baptist University session. The survey scores are consistently above 4.5 on a 5 point scale. *Training* magazine ranked BHC #50 in its 2003 Top 100 learning organizations. There was only one other health care organization in this list, which was ranked below BHC. Shown in BHC's ROI tracking on Employee Training based on the Kirkpatrick model. BHC performs higher than the Top 100 list on all ROI levels. In the summer of 2002, BHC was invited to join a leadership study initiated by a large national corporation (not health care related). BHC employees rated their satisfaction with their leaders higher than the overall survey group on all 47 leadership

attributes included in the study. This indicates positive results of BHI's leadership development efforts.

The Florida Self-Insurers experience ratings for the workers compensation program at BHI have significantly decreased each year. Other measure of employee safety includes Needle Sticks.

Figure 7.4-3 **Staff Reporting Positive Morale**

Figure 7.4-7 **Employee Turnover for BHI**

Figure 7.4-4 **Response Rate** Employee Attitude Survey

Figure 7.4-8 **RN Vacancy Rate**

Figure 7.4-5 Patient Satisfaction Correlated to Employee Morale

Figure 7.4-9 **Bright Ideas**

Employee Satisfaction Surveys Results and Fortune Survey Results
Figure 7.4-6

The key to the questions in this figure are as below:
A = Employee's Confidence in Top Management
B = Employee has the resources required to do his/her job
C = Employee feels that he/she is treated fairly regardless of race
D = Employee feels proud to be part of the organization
E = Employee feels comfortable in this environment

Figure 7.4-10 — WOW Certificates
Number Given / Dollars Paid — 1997 1998 1999 2000 2001 2002 2003

Figure 7.4-15 — Employee Safety / Needle Sticks
Per 100 ADC — FY 01, FY 02, FY 03 — BHI Actual / EpiNet Avg

Figure 7.4-11 — Late Employee Evaluations
FY 98, FY 99, FY 00, FY 01, FY 02, FY 03

Figure 7.4-12 — Baptist University Survey
Survey Score — Jan 01 Aug 01 Jan 02 Aug 02 Jan 03 Aug 03 / Apr 01 Nov 01 May 02 Nov 02 April 03

7.5 ORGANIZATIONAL EFFECTIVENESS RESULTS

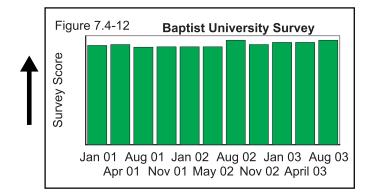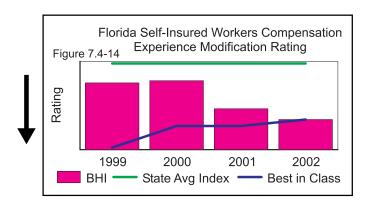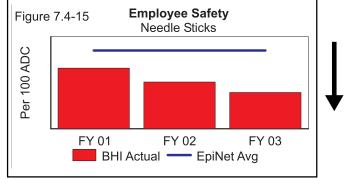Support departments monitor their efficiency and effectiveness based on indicators relevant to their department. These figures also include the performance of partners. Support departments also monitor their effectiveness to their customers, which in many cases are other employees. Clinical departments also monitor and strive to improve their processes in such indicators as turnaround times.

The Productivity Graph allows leaders to make more informed decisions concerning staffing based on our volume. The goal is to maintain the budget line. Another initiative to monitor expenses and productivity is the BAR with a target to score above 80. An excerpt from the Stop Light report is also shown, which is also an indicator of productivity. Unlike the Press Ganey rankings, the 1 - 5% Percentile Range for Solucient is the highest ranking for the Stop Light Report.

Figure 7.4-13 ROI Tracking on Employee Training		
	BHI	**Top 100**
Level 1: Reaction	100%	52%
Level 2: Learning	60%	50%
Level 3: Transfer	50%	44%
Level 4: Business Results	30%	26%

Figure 7.5-1 — Owens and Minor Supply Fill Rate
Fill Rate — FY98 FY99 FY00 FY01 FY02 FY03 — Actual / Target / Benchmark

Figure 7.4-14 — Florida Self-Insured Workers Compensation Experience Modification Rating
Rating — 1999 2000 2001 2002 — BHI / State Avg Index / Best in Class

Figure 7.5-2 Cafeteria Customer Survey					
Survey Topic	**1999**	**2000**	**2001**	**2002**	**4-yr. Incr.**
Overall rating	3.80	4.00	4.12	4.26	10.8%
Flavor of food	3.70	3.90	3.93	4.15	10.8%
Appearance & presentation of food	3.90	4.00	4.06	4.19	6.9%
Helpfulness & friendliness of food service personnel	4.00	4.10	4.29	4.38	8.7%
Professional appearance of food service personnel	4.00	4.20	4.28	4.34	7.8%
Cleanliness of utensils, trays, etc.	3.90	4.00	4.20	4.29	9.1%
The value of the meal purchased	3.80	4.00	4.10	4.18	9.1%

Figure 7.5-3 **Patient Satisfaction for Food Service**

Percentile vs. Q1 95, Q4 95, Q3 96, Q2 97, Q1 98, Q4 98, Q3 99, Q2 00, Q1 01, Q4 01, Q3 02, Q2 03

— Target Percentile — Actual Percentile

Figure 7.5-8 **Admitting Front End Collections**

FY 99, FY 00, FY 01, FY 02, FY 03

Avg. Monthly — Target Monthly

Figure 7.5-4 **Plant Operations Patient Room Work Orders**

Work Orders / % Responded

Oct 00, Feb, June, Oct 01, Feb, June, Oct 02, Feb, June

— Generated Work Orders — Best in Class
% Responded w/in 10 Min.

Figure 7.5-9 **Admitting Registration Accuracy**

% Accuracy

Jan 01, Mar, May, July, Sept, Nov, Jan 02, Mar, May, July, Sept, Nov, Jan 03, Mar, May, July, Sept

— Actual — Target — Industry Average

Figure 7.5-5 **Information Services Enterprise System Availability**

% Available

Jan 00, Apr, Jul, Oct, Jan 01, Apr, Jul, Oct, Jan 02, Apr, Jul, Oct, Jan 03, Apr, Jul

Actual — Best in Class

Figure 7.5-10 **Medical Records Dictation Compliance Rate**

Compliance Rate

April 01, July, Oct, Jan 02, April, July, Oct, Jan 03, Apr, July

— Actual — Target

Figure 7.5-6 **Information Services Help Desk Calls**

Calls

Jan 00, Apr, Jul, Oct, Jan 01, Apr, Jul, Oct, Jan 02, Apr, Jul, Oct, Jan 03, Apr, Jul

— Total — Closed

Figure 7.5-11 **Radiology Turnaround Times ER Diagnostic Exams - Chest**

Minutes

Jul 00, Sept, Nov, Jan 01, March, May, July, Sept, Nov, Jan 02, Mar, May, July, Sept, Nov, Jan, Mar

— Actual — Target

Figure 7.5-7 **Web Site Usage**

Avg Qtrly Total Hits / Avg Qtrly User Sessions

FY 99, FY 00, FY 01, FY 02, FY03

Total Hits — User Sessions

Figure 7.5-12 **Laboratory Annual Early Bird Results**

% by Target Time

FY00, FY01, FY02, FY03

Actual — Target

Figure 7.5-14 Productivity - Baptist Hospital By Pay Period

Figure 7.5-13 Laboratory Productivity Paid Hours per Procedure

Figure 7.5-15 BHI BAR Scores

Figure 7.5-16	Excerpts from Stop Light Report
Department	**Actual Percentile Range**
Medical Unit 1 (BH)	1% - 5%
Cardio Ultra Sound (BH)	5% - 10%
Emergency Room (BH)	1% - 5%
Laboratory (GBH)	10% - 15%
Medical/Surgical Unit (GBH)	15% - 20%
Note: Worked Hours per Primary Workload Unit; Benchmark is 25th Percentile	

7.6 GOVERNANCE AND SOCIAL RESPONSIBILITY RESULTS

BHI's fiscal accountability is assured through BHC's internal audit department and by the independent CPA firm of Ernst & Young. The internal audit department regularly performs tests to ensure the appropriateness of the internal controls present and compliance with policies and procedures. Annually, Ernst & Young audits the organization's financial statements. Throughout BHI's history, BHI has received non-qualified, clean audit opinions from independent auditors. There are no unresolved audit issues relating to audits performed annually by third party payers, such as Medicare, Medicaid and Blue Cross / Blue Shield.

BHI's parent, BHC, operates the only community-based health system serving the market area. BHI is governed by an *independent* Board of Directors with membership broadly representing the community. The Board is surveyed periodically, and overall, the Board's rating has increased.

BHI has pro-actively worked with its Board to establish an Audit Subcommittee to address issues in the Sarbannes - Oxley Act and to further ensure accurate reporting and ethical behavior. While this was not a required act for a not-for-profit organization, BHI felt it was consistent with its Values.

The Compliance Department requires every leader to attest that they have no knowledge of violations of BHI's high standards of business practices. One hundred percent of all BHI leaders have responded to this Leadership Compliance Attestation. *Every* applicant is required to read BHI's summary of the Code of Conduct and agree to abide by these standards before submitting the application. Upon employment, *every* employee is educated on the Code and signs a Commitment Statement.

BHI strives to exceed the minimum requirements set by accrediting and regulatory organizations. Last year, BHI introduced a new system for hazardous material handling. Eighty percent (80%) of all BHI employees were trained on this system, MaxCom. BHI remains prepared for disasters. In light of the national bioterrorism threat, BHI has completed the 1st Phase of administering small pox vaccines.

BH administered vaccines to physicians and health care workers, and the organization had the best employee turnout of all area hospitals.

Unlike BHI's major competitors, BH is located in close proximity to downtown Pensacola. This area is an economically-disadvantaged part of the market. Nearly 39% of the residents living in the zip code in which BH is located have annual incomes of $15,000 or below. BH has a market share of over 63% for this zip code, 32501, making BH the market leader in the area. This zip code is the 2nd largest in volume of cases for BH. The zip code with the largest volume, 32505, also has a large number of households with average income under $15,000 (30.2%). BH is the market leader for adult discharges in this zip code also. Over 20% of Escambia County's population does not have health insurance coverage, above state and national averages. The zip codes 32501 and 32505 have uninsured populations that are much higher than Escambia County as a whole. Part of BHI's mission is to serve these economically disadvantaged residents. BHI is the highest volume provider of uncompensated care in the market area. BHI has made the decision to trade higher profits in exchange for fulfillment of our mission to serve this disadvantaged population.

BHI is also a partner in operating Escambia Community Clinics (ECC). In FY 2002, ECC had 26,000 visits from 16,000 patients. The clinic also had 610 indigent pre- and post-operative surgical care visits. In addition to primary care, ECC provided more than 2,700 prescriptions with a retail value of more than $550,000. In 2002,
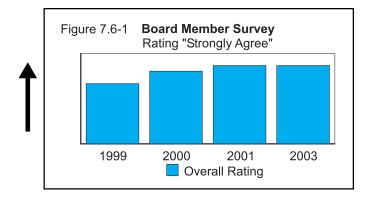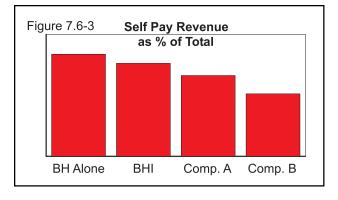
Figure 7.6-1 **Board Member Survey** Rating "Strongly Agree"

Figure 7.6-2

Organization	Outcome
JCAHO	Full Accreditation for BHI
College of American Pathologists	Full Accreditation with Distinction for BH Lab
Commission on Cancer from the American College of Surgeons	Designated Community Cancer Center for BH
State of Florida EMS	Florida Trauma Designation as Level II Trauma Center/Head & Spinal Cord Injury Center
OIG	No Sanctions
OSHA	No Violations
Nuclear Regulatory Committee	Full Licensure for Radiation Safety
HCFA/AHCA (Medicare/Medicare)	Full Participation in Voluntary Quality Projects; Full Billing Compliance
AHCA	Full Licensure Compliance
HIPAA	Full Compliance with HIPAA Regulations

Figure 7.6-3 **Self Pay Revenue as % of Total**

BH provided *We Care* / Escambia County with $250,000 in outpatient services and almost $190,000 in inpatient care, and GBH worked with over 1,100 *We Care* / Santa Rosa County patients for a total of $116,000. With BHI's Med-Assistance Drug Program, BH's pharmacy worked with pharmaceutical companies to assist 35 indigent patients with almost $200,000 in medications in 2002.

BHI is extremely active throughout the community. BHC sponsors many local organizations. Organizations that received sponsorship contributions from BHC included 100 Black Men of Pensacola, American Cancer Society, American Heart Association, Council on Aging, Front Porch Florida, among many others.

HealthSource, a 24 hour medical call center, provides a valuable community service. HealthSource has maintained a high volume of calls each year, including nurse calls and calls for Health Information Requests. Nurses not only perform triage from in-coming calls, but they also perform follow-up calls.

Sports physicals are provided annually to Escambia County student athletes. In addition, physicals are provided to students who did not attend the annual event. These physicals are part of BHI's overall sports medicine outreach program, which provides every high school in Escambia County with a Certified Athletic Trainer for coverage at athletic events. With this free community service, BHI evaluated and managed 1,360 injuries this year. This program targets timely assessments of injuries and timely referral for further medical care by physicians, if necessary. This timeliness in referrals reflects the ability of BHI's trainers to work with physicians in the community.

BHI conducts health screenings and physicals throughout the community. Through the HeartFirst program, BHI provides heart risk screenings for heart disease. With the new program Women's Heart Advantage, BHI's goal is to provide 2,500 screenings to women in 2003. BHI has also provided peripheral vascular disease screenings with its Legs for Life program. In 2002, community members were screened at BHI facilities. Of those screened, 20% of the people were classified as "Borderline" and 10% were "At Risk." Therefore, 30% of those screened were referred for follow-up physician visits. BHI also provides free speech and hearing screenings.

The Family and Senior Expos, sponsored by Baptist, also allows BHI to make free screenings available. At the 2003 Family Expo, there were heart risk assessments, glucose tests (with several people diagnosed with diabetes), osteoporosis scans, child car seat inspections, among others. At the most recent Senior Expo, events included heart risk screenings, vision screenings, and oral cancer risk assessments.
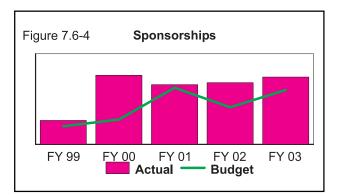
Get Healthy Pensacola, which promotes healthy living and wellness in the community, has provided a variety of classes for its members throughout the year. Subjects of classes include healthy cooking, smoking cessation, and yoga. The program also encourages healthy activities, such as walking with the BHI's Trailblazers club, a walking program for health conscious, mature adults.
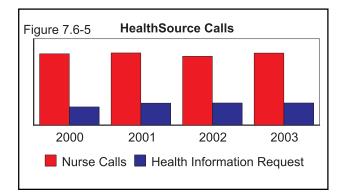
BHI employees are also active in the community providing education on safety awareness. Over 200 community members were trained at a mass CPR Training Day in 2002. LifeFlight crew members performed many Public Relations missions in 2002 at various events, such as the Naval Air Station Safety Training, Solutia Safety Training and the Langdon Beach Safety Training. BHI employees started the Pool Safe and Three Flags for Life Programs. These programs focus on water safety. Through these programs, beach safety cards were distributed at beach toll booths, and rack cards and beach safety videos were distributed to various tourist locations. BHI has held seminars on pool safety and drowning prevention in area swimming pools.

BHI employees contribute their time and money to various community organizations. With Laps for Life, sponsored by the BHC Foundation, over $30,000 was raised in both 2002 and 2003 for the above mentioned Water Safety Programs. In 2002, BHC's team in the American HeartWalk raised over $40,000 in walker donations, ranking as the 47th largest walk company nationwide. The recent 2003 HeartWalk raised an estimated $55,000.
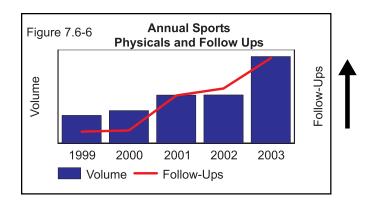
BHI is not content to just help its local community. BHI has sponsored benchmarking visits by various organizations throughout the nation. To date, 6,263 people representing 1,464 organizations from 49 states and have visited BHI to learn about our culture.
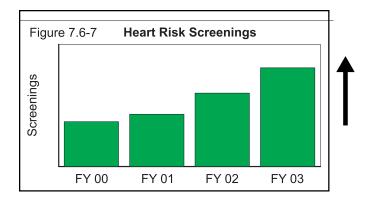
In the past few years, BHI has been recognized by many different organizations including, among others, USA Today / RIT Quality Cup Award for Service Excellence, 2001 Press Ganey Preceptor Award

for Leadership in Improving Health Care Across America, *Fortune*'s Best Places to Work in America in 2002 and 2003, VHA Employer of Choice, Partner in Education of the Year for 2000 by the Escambia County School District, Institution of Promise from Pensacola Promise - The Alliance for Youth, Gold Star Award from Solucient, Corporate Honor Roll from the Governor's Mentoring Initiative, National Leadership Award for Excellence in Patient Care from VHA, Marriott Service Award from Marriott and *Modern Healthcare* magazine, and the Bronze Award for Best Internet Health Information from the Health Information Resource Center.

Figure 7.6-6 Annual Sports Physicals and Follow Ups

Figure 7.6-7 Heart Risk Screenings

Figure 7.6-4 Sponsorships

Figure 7.6-5 HealthSource Calls

GLOSSARY OF TERMS AND ABBREVIATIONS

7th Scope of Work (Medicare) - The 7th quality initiative program from the Center for Medicare and Medicaid Services; this 7th program began in July 2002

360' Feedback Survey - Survey tool enabling a leader to be evaluated by peers, subordinates and direct leaders

90 Day Action Plans - Quarterly action plans developed by leaders in support of efforts to achieve the strategic goals of the organization; Step # 9 in the Strategic Planning Process of Figure 2.1-1

ACS - American College of Surgeons

ACT - Apologize, Correct and Trend; Baptist Hospital Inc.'s service recovery program

Action® - See Solucient Action®

Acute - A condition that is typically of short duration and an abrupt onset. For Baptist Hospital, Inc., this references any inpatient care that is not Skilled Nursing or Psychiatric services

ADC - Average Daily Census

ADON - Administrative Director of Nursing

AHA - American Hospital Association, a national association of hospitals, of which Baptist Hospital, Inc., is a member

AHCA - Agency for Health Care Administration, the agency responsible for regulating most aspects of health care in the State of Florida, including the Certificate of Need Program, health care facility licensure, architectural plans and construction review, and the Florida Medicaid Program

AHRQ - Agency for Healthcare Research and Quality

ALOS - Average Length of Stay

Ambulatory - Medical services provided on an outpatient basis

AMI - Acute Myocardial Infarction; a clinical focus for improvement under the Medicare 7th Scope of Work

Baptist Traditions - The new employee orientation program at Baptist Hospital, Inc.

BAR - Budget Accountability Report

BH - Baptist Hospital

BHC - Baptist Health Care; the charitable parent and sole corporate member of Baptist Hospital, Inc.

BHI - Baptist Hospital, Inc.; the applicant

BLI - Baptist Leadership Institute

BMP - Baptist Medical Park

Bright Ideas - A Baptist Hospital, Inc., program that encourages employees to contribute innovative suggestions for improving operational processes, customer service, or reducing costs

BU - Baptist University; a Baptist Health Care corporate-wide leadership development program

CABG - Coronary Artery Bypass Graft; a cardiac procedure

CaduCIS - From CareScience, a web-based clinical and administrative decision support information system

CAP - College of American Pathologists

CAP - Community Acquired Pneumonia; a clinical focus for improvement under the Medicare 7th Scope of Work

CARE - Clinical Accountability Report of Excellence; a comprehensive tool, unique in the industry, that uses an index scoring methodology for departmental and hospital-wide results

CAREMAP - A set of standard guidelines for the provision of treatment for patients with specific diagnoses

Champion - Recognition program; an individual whose behavior is so exceptional that a WOW award is inadequate; Champions are chosen monthly

CME - Continuing Medical Education; a credit for attending and participating in educational programs for physicians who are required to meet ongoing education criteria

CMS - CareScience Clinical Management System; a decision support tool

Code of Conduct - a publication which defines ethical conduct and practices for BHC and BHI employees

CON - Certificate of Need; a program operated by the Florida Agency for Health Care Administration in which specified health care services defined by the State of Florida must receive approval before beginning operations through a rigorous application and approval process

CQI - Continuous Quality Improvement

CRM - Customer Relationship Management; the database is one of the systems for Listening and Learning customer requirements and needs

Daily Line-Up (or Baptist Daily Line-Up) - Organizational practice adapted from Ritz-Carlton Hotels in which all leaders and employees get together each day to review information included in the Baptist Daily communication packet

EBCI - Evidence - based clinical improvement

EBT - Employee Benefits Team

ECC - Escambia Community Clinics; primary care clinic operated in partnership by Baptist Hospital, Inc., and competitor Sacred Heart Hospital

ED - Emergency Department

EIS - Executive Information System; a management tool used to produce operational reports on-line

EKG - Electrocardiogram

EMS - The Florida Emergency Services Program

EPA - Environmental Protection Agency

EPC - Education Planning Committee

ER - Emergency Room

Explore - See Solucient Explore

FCD - Florida Cancer Data System

FHA - Florida Hospital Association; a state-wide association of hospitals, of which Baptist Hospital, Inc., is a member

Firestarter - The weekly leader meeting at Baptist Hospital, Inc.

FOCUS-PDCA - A performance improvement process model; acronym for Find an opportunity for improvement, Organize a Team; Clarify; Uncover the cause, Start the improvement cycle, Plan, Do, Check, Act

FTE - Full Time Equivalent

FY - Fiscal Year

GHP - Get Healthy Pensacola!, a Baptist Health Care membership program encouraging healthy lifestyles

GoldenCare - A Baptist Health Care membership program for senior citizens

Grand Slam - Newly initiated Baptist Hospital, Inc., program to reduce supply costs

HCFA - Health Care Financing Administration; the federal agency that administers the Medicare, Medicaid and Child Health Insurance Programs

HealthSource - A 24-hour comprehensive nurse call program operated by Baptist Health Care

HIPAA - Health Information Portability and Accountability Act of 1996; a portion of this legislation concerns the simplification and standardization of health care administrative requirements and privacy of health information

HIS - Hospital Information System; the main Information Management System that a hospital uses to track patient care, medical records, registration and billing

HMO - Health Maintenance Organization; a type of Managed Care Organization

Hospitalist - An Inpatient Management program; a physician who solely attends patients who are admitted to the hospital

INFORUM - Decision support system providing demographic and socioeconomic factors of population and utilization trends

ICCU - Intensive Cardiac Care Unit

ICU - Intensive Care Unit

IHI - Institute for Healthcare Improvement

IMP - Information Management Plan

InsideBaptist - An employee-only accessed Intranet web site.

IOM - Institute of Medicine

IRB - Institutional Review Board

IRR - Internal Rate of Return

IS - Information Services

ISOG - Information Services Operations Group

ISSC - Information Services Steering Committee

ISSP - Information Services Strategic Plan

IT - Information Technology

JCAHO - Joint Commission on Accreditation of Healthcare Organizations; a not-for-profit organization that evaluates and accredits health care organizations

Legend - Recognition program; role model employees selected annually from Champions

Life-Long Learning - College tuition reimbursement program made available to employees of Baptist Hospital, Inc.

LMS - Learning Management System

LPN - Licensed Practice Nurse

MEC - Medical Executive Committee

Medicaid - State programs of public assistance to persons whose income and resources are insufficient to pay for health care

Medicare - Health insurance provided by the federal government for the elderly and disabled; Medicare Part A covers inpatient hospital stays while Medicare Part B covers physician and outpatient services

Medicare 7th Scope of Work - See 7th Scope of Work

MIDAS - Medical Information Data Access System; information management system used by Baptist Hospital Inc.'s medical staff to allow access to patient information

MINU - Medical Intensive Nursing Unit

MRI - Magnetic Resonance Imaging

MVVP - Mission, Vision, Values and Pillars

NNIS - National Nosocomial Infection Surveillance; a national benchmark

OIG - Office of Inspector General

O/P - Outpatient

OSHA - Occupational Safety and Health Administration; located within the US Department of Labor, its purpose is to promote the reduction of workplace injuries and fatalities; OSHA has developed standards for safety and health programs in the workplace

OT - Occupational Therapy

Patient Care Division - The departments or units within Baptist Hospital, Inc., that provide direct care to the patient, as opposed to those that provide support and administrative functions

PT - Physical Therapy

Physician Action Line - Listening and Learning activity for physicians; tracking system whereby physicians may call to give feedback, including complaints

Pillars - The 5 Pillars of Operational Excellence: People, Service, Quality, Financial Performance, and Growth

PLT - Product Line Team

PPO - Preferred Provider Organization; a type of Managed Care Organization

PRC - Performance Review Committee; a committee within Baptist Hospital, Inc., that ensures that the quality of patient care is continuously monitored and appropriate actions are taken to improve performance; composed of members of the medical staff and senior leaders

Preceptor - Mentorship program within Baptist Hospital, Inc., where existing employees assist and train new employees

Press, Ganey and Associates - The largest comparative database of patient satisfaction in the nation; provides Baptist Hospital, Inc., with satisfaction survey tools for a variety of inpatient and outpatient health care services

QI - Quality Improvement

Readmission Rate - The rate at which a previous inpatient case is admitted again to the inpatient setting within a certain time period as compared to all admissions

Respond - The database used to track patient service recovery issues and results

RFI - Request for Information

RN - Registered Nurse

ROI - Return on Investment

SARS - Severe Acute Respiratory Syndrome

SDP - Service Design Process

ServU - A post-orientation program for culture reinforcement

SHH - Sacred Heart Hospital; a not-for-profit hospital located in Pensacola and a principle competitor of Baptist Hospital, Inc.

SINU - Surgical Intensive Nursing Unit

Skilled Nursing - A unit within Baptist Hospital, Inc., providing inpatient services to patients requiring services of lesser intensity than acute care

SMT - Strategic Measurement Team

Solucient Action® - A comparative data source used to benchmark on a department level to peer hospitals; formerly called HBSI

Solucient Explore® - A comparative data source used to benchmark facilities and physicians

Sperduto & Associates - Industrial psychology firm that conducts Employee Attitude Survey for Baptist Health Care

ST - Speech Therapy

Standards of Performance - Guidelines defined by Baptist Hospital, Inc., for the provision of superior customer service by employees

StopLight Report - Allows departmental productivity performance comparisons across the organization and ranks department performance against regional and national benchmarks

TMR - Transmyocardial Revascularization Laser

TNCC - Trauma Nurse Core Course

Trendstar® - A decision support system provided by McKesson HBOC; a clinical and financial management tool, including clinical cost accounting and resource utilization analysis

UTI - Urinary tract infection

VHA - Voluntary Hospitals of America, the nation's largest not-for-profit hospital cooperative, including founding member Baptist Hospital, Inc.

VHASE - VHA Southeast

WAN - Wide Area Network

WFH - West Florida Hospital; a for-profit hospital located in Pensacola and a principle competitor of Baptist Hospital, Inc.

WOW Program - A Baptist Hospital, Inc., reward and recognition program which allows an employee to be recognized for behavior that exceeds the Standards of Performance, illustrates the Values in an extraordinary manner or raises the morale within the organization