

AtlantiCare

2009 Malcolm Baldrige National Quality Award Application



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GLOSSARY OF TERMS AND ABBREVIATIONS

5Bs: AtlantiCare’s five “Bests” or performance excellence commitments – Best People and Workplace, Best Quality, Best Customer Service, Best Financial Performance, Best Growth

A

AAHC: Accreditation Association for Ambulatory Health Care

AAI: AtlantiCare Administrators Incorporated

AAP: Annual Action Plan

ABCs: AtlantiCare’s Best Customer Service Standards– AtlantiCare’s customer service training program.

ABH: AtlantiCare Behavioral Health

ACS: American College of Surgeons

ACR: American College of Radiology

ADA: American Diabetes Association

AED: Automatic External Defibrillators

AIDET: Acknowledge, Introduce, Duration, Explanation, Thank You – the steps health care professionals should use when communicating to patients, customers, and family members to deliver the best customer service.

AHP: AtlantiCare Health Plans

AHRQ : Agency for Healthcare Resources & Quality

AHSvs: AtlantiCare Health Services

ALT: AtlantiCare Leadership Team – the group of 300+ executives, directors, managers and supervisors responsible for the leadership and management of the AtlantiCare system entities and businesses

AMI: Acute Myocardial Infarction (heart attack)

ANA: American Nurses Association

Annual Education (or Required Annual Education):

The AtlantiCare in-service (class) every staff member must complete each year. Annual Education may be e-Learning (online), classroom-based, or a combination of the two. Completion of Annual Education by October 31 is a requirement in order to receive any Board-approved employee bonus.

AP: Action Plan

APG: AtlantiCare Physician Group

APP: Annual Planning Process

ARMC : AtlantiCare Regional Medical Center

ASC: Ambulatory Surgery Center

ASPP: Annual Strategic Planning Process

B

BFP: Best Financial Performance

Big Dots: The system-level measurements or targets for each of the 5 Bs (performance excellence commitments). Business units (and their departments) have measurable action plans and goals that align with/support the Big Dots.

BMI: Body Mass Index

BOT: Board of Trustees

BP: Blood Pressure

BP/BW: Best People/Best Workplace

BS: Blood Sugar

BSN: Bachelor of Science in Nursing

B Team: System and BU teams aligned with each of the 5Bs that provide oversight, research and development, and technical support to the accomplishment of our performance excellence commitments. The B Teams also serve as an important deployment mechanism as well as a forum for best practice sharing, lessons learned, and critiques.

BU: Business Unit – the operating divisions of the AtlantiCare System (AtlantiCare Regional Medical Center, AtlantiCare Health Services, InfoShare, AtlantiCare Health Plans, and AtlantiCare Behavioral Health)

C

CAA: Customer Assessment Activity (ASPP, Step 3) – an annual, System-level customer assessment process that targets specific (but rotating) customer groups to ascertain “how” AtlantiCare can effectively partner with them around creating their definition of a healthy community. These assessments are deployed at varying levels in order to cut across as many of our customer groups as possible over a five year cycle

CC: Core competencies

CCO: Corporate Compliance Officer

CCT: Customer Comment Tracking

CDC: Center for Disease Control

CDE: Certified Diabetes Educator

Centers of Excellence: Clinical programs at AtlantiCare that have demonstrated clinical quality outcomes either through designation by external organizations (JCAHO, ASBS, etc.) or that have a regional designation as a clinical franchise. Examples include: Heart Institute, Level II Trauma Center, Neonatal Intensive Care Unit (NICU), Stroke Center, Joint Institute, and RNS Regional Cancer Center.

CEO: Chief Executive Officer

CHA: Community Health Assessment

Champions: A “train the trainer” model utilizing department representatives to become subject matter experts and share this expertise with co-workers

CHF: Congestive Heart Failure

CLAS: Cultural and Linguistic Appropriate Standards

CME: Continuing Medical Education

CMO: Chief Medical Officer

CMS: Center for Medicare Services – the federal agency that is responsible for administering Medicare, Medicaid, SCHIP (State Children’s Health Insurance), HIPAA (Health Insurance Portability and Accountability Act), and several other health-related programs.

Code of Business Ethics: All persons associated with AtlantiCare Health System have a responsibility to act in ways that merit trust and confidence of peers, as well as the general public. It is a basic operating standard of AtlantiCare Health System that all of its business affairs shall be conducted legally, ethically, and with strict adherence to the highest principles of integrity and propriety.

COO: Chief Operations Officer

COWs: Computers on Wheels

CPOE: Computerized Physician Order Entry

Creativity Champions: Individuals specially trained in brainstorming and idea generation techniques that work with teams to stimulate innovation

CRM: Customer Relationship Management

CSD: Customer Service Department responsible for providing system wide support to improve the customer’s experience by coordinating research and interventions as needed.

Customer Service Index: Weighted roll-ups of customer survey results.

Customer Service Standards

- I will say “please” and “thank you” in all customer/coworker interactions.
- I will say “is there anything else I can help you with?” at the end of customer/coworker interactions.
- I will always identify myself, my department, and say “may I help you” when answering the telephone.
- I will always wear my name tag in a visible location.
- I will smile, make eye contact, and address others who are near me.

CTR: Customer Tracking Research

D

DICOM: Digital Imaging and Communications in Medicine

DNR: Do Not Resuscitate

E

EA: Environmental Assessment

EAP: Employee Assistance Program

ED: Emergency Department

EHR: Electronic Health Record. The electronic recording of clinical data for an individual that has been gathered from multiple facilities.

MBA: Masters of Business Administration degree

Employee Voice: The online feedback tool (found on the intranet) that allows AtlantiCare staff to anonymously submit ideas, questions, compliments, concerns, or innovative ideas.

EMR: Electronic Medical Record. The electronic recording of clinical data for a patient within a single facility.

EMS: Emergency Medical Services

Engagement: The level of personal commitment given by employees, both heart and mind, toward advancing AtlantiCare’s mission and goals.

EOH: Epidemic of Health

EWR: Essential Work Requirements – The minimum licensing, certification and/or education each staff member needs to perform his or her job.

Excellence in Leadership: Part of the three tiered leadership development process, targeted at mature leaders who wish to enhance their skills

F

FDA: Food and Drug Administration

FQHC: Federally Qualified Health Care

FMEA: Failure Mode and Effect Analysis

Foundations in Leadership: Part of the three tiered leadership development process, targeted at new or recently promoted leaders

G

GPTW: Great Places to Work – the employee satisfaction survey used to create Fortune magazine’s Top 100 Companies to Work For list.

Green Team: A group of AtlantiCare staff members working together to improve environmental consciousness and efficiency in the workplace

H

HCAB: Health Care Advisory Board

HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems. CMS’s standard survey of patient’s hospital experiences, which measures key drivers of hospital patient satisfaction, such as how often nurses explained things in an understandable way.

HealthStream: AtlantiCare’s online learning system featuring hundreds of educational courses including Annual Education.

H.E.R.E.I.U.: Hotel Employees and Restaurant Employees International Union

HIE: Health Information Exchange – an electronic exchange of health records among caregivers and sometimes patients

HIPAA: Health Information Portability and Accountability Act

HOC: Hours of Care – A measure of nursing productivity that assists with determining staffing levels

Horizon Blue Cross/Blue Shield (Horizon): Joint Venture partner in health management and health insurance

Hourly Rounding: Visiting patients hourly allows staff to anticipate and meet patient needs before they have to ask.

HR: Human Resources

HRA: Health Risk Assessment

HR/OD: Human Resources and Organizational Development

HR Solutions: Employee satisfaction survey vendor selected in 2008

HVA: Hazard Vulnerability Assessment

I

iCare: AtlantiCare’s annual employee fundraising campaign that supports a number of AtlantiCare’s community benefit programs

IHI: Institute Health Improvement

Innovation

A change that creates a new dimension of performance.

Innovation Council: System based team whose charter is to define, prioritize, measure and integrate innovation processes across the system.

IPG: Internal Process Goal

IRS: Internal Revenue Services

IT: Information Technology

J

JCAHO (also Joint Commission): Joint Commission on the Accreditation of Healthcare Organizations – the independent agency that surveys and accredits healthcare organizations.

Just Culture: a framework for investigation and intervention, and education of ethical infractions

JV: Joint Venture

K

Keeping AtlantiCare Strong: System level team examining current economic and environmental considerations that impact AtlantiCare

Key Drivers: Attributes of the customer experience that have the greatest impact on the Overall Quality of Care question – our indicator for loyalty. They are determined by regression and discriminate analysis.

L

Leaders: Executives, directors, and managers across the organization.

Leadership Academy: A two year series of seminars designed to enhance the leadership skills of our management team. This program evolved into 2009’s three tiered leadership development process: Pathways, Foundations, and Excellence

Leader’s Toolbox: A section of the intranet containing resources to help leaders do their jobs and deploy information to their staff.

LEED: Leadership in Energy & Environmental Design

LLM: Listening and learning methods

Local 54: Union representing local casino, hotel and restaurant workers

LSP: Long-term Strategic Plan

LSPP: Long-term Strategic Planning Process

LTD: Long Term Disability

M

Magnet: Magnet status is an award given by the American Nurses' Credentialing Center (ANCC), an affiliate of the American Nurses Association, to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing. A Magnet hospital is stated to be one where nursing delivers excellent patient outcomes, where nurses have a high level of job satisfaction, and where there is a low staff nurse turnover rate and appropriate grievance resolution. Magnet status is also said to indicate nursing involvement in data collection and decision-making in patient care delivery.

Manager's Recognition Kit (MRK): Tools to help managers recognize their staff, including thank-you cards, Starfish Notes, and WaWa gift cards.

Managing Up: A term used to describe talking positively about co-workers, your department or other departments, to help patients/customers feel better about their experience and also promote teamwork.

Marketing Department: Corporate support department that includes Public Relations, Advertising, Website Design & Maintenance, the Access Center, the Foundation, and Customer Service.

MBNQP: Malcolm Baldrige National Quality Program

MCC: Medical Coordination Center

MD: Medical Doctor

MEC: Medical Executive Committee

MHCA: Mental Health Corporation of America

Mission: We deliver health and healing to all people through trusting relationships.

MRI: Magnetic Resonance Imaging

MSEC: Medical Staff Excellence Committee

MVV: Mission, Vision, Values

N

NAACP: National Association for the Advancement of Colored People

NAEYC: National Association for the Education of Young Children, an accrediting agency for preschools and day care centers.

NCHL: National Center for Healthcare Leaders

NCQA: National Committee for Quality Assurance

NICU: Neonatal Intensive Care Unit

NJDHHS: New Jersey Department of Health and Human Services

NJ-DHSS: New Jersey Department of Health and Senior Services

NJHA: New Jersey Hospital Association

NJHCFFA: New Jersey Health Care Facilities Financing Authority

NPs: Nurse Practitioners

NQF: National Quality Forum

NRC: Nuclear Regulatory Commission

O

OD: Organizational Development

OFI: Opportunity for Improvement

OR: Operating Room

OSHA: Occupational Safety and Health Administration

P

PACE: Patients Are the Center of Everything. Also, PACE is the name of the mid-year meeting for AtlantiCare leaders to discuss progress to date on annual organizational goals. The meeting is called PACE because it helps set the pace for our work in the second half of the year.

PACERS: The department-based champions used to provide annual and continuing education, and to deploy education related to Joint Commission surveys.

PACS: Picture Archiving Computer System

Pathways: Part of the three tiered leadership development process, targeted at staff individuals who aspire to leadership roles

PDCA: Plan, Do, Check, Act – Improvement methodology used for existing processes

PDMAI: Plan, Design, Measure, Assess, Improve – the steps we use to create new processes.

Peminic: AtlantiCare’s customer comment tracking system. Peminic is the vendor/tool used to capture and trend patient and customer comments (compliments and complaints).

Performance Excellence Commitments: This is another term for our 5 Bs: Best Growth, Best Customer Service, Best People & Workplace, Best Financial Performance, and Best Quality.

PHI: Protected Health Information

PMP: Performance Management Process

PRC: Professional Research Consultants, new loyalty research vendor

PSA: Primary Service Area

PSC: Patient Safety Committee

R

RD: Registered Dietician

RHIO: Regional Health Information Organization

RN: Registered Nurse

ROI: Return On Investment

Rolling Planning Process: Integration of the annual and three year planning processes that allows for adjustment in future direction based on current environmental or economic changes

R & R: Reward and recognition

RSA: Regional Service Area

RTP: Request To Purchase form

Rx: Prescription

S

Safety Net Hospital: A hospital or health system that provides a significant level of care to low-income, uninsured, and vulnerable populations. Safety Net Hospitals are distinguished by their commitment to provide access to care for people with limited or no access to healthcare due to their financial circumstances, insurance status, or health condition.

SAW: School At Work - a blended learning offering that assists high school graduate level employees in their preparation for pursuing a health care career or attending college

SCC: Special Care Center – an innovative method of primary care delivery aimed at lowering costs and improving quality for the highest cost patients, who have complex chronic conditions. Services are provided in three tiers which consist of “floors” of care. The “First Floor Team” performs

relationship-based care management, focused on intensive upstream cost and risk reduction. The “Second Floor Team” consists of MDs and NPs, whose primary care is delivered on an as needed basis. The “third Floor” is the referral stream to specialists and acute care settings, selected on a quality and cost-efficiency performance basis and provided on-site when possible. SCC is located at the HeathPlex.

Senior Leaders (SL): Heads of Business Units, campuses, and corporate functions.

Service Line: A group of services created around specific customer needs and consumption patterns that provide integrated programs including clinical services, community education and outreach, and in-patient and out-patient care. Examples include: Cardiovascular Service Line, Women’s and Children’s Service Line, Oncology Service Line, and Specialized Surgery Service Line.

Share the Success: A workforce gain sharing program piloted in 2008. This program links distribution of the annual staff bonus to specific annual accomplishments in accordance with our strategic objectives

SLT: Senior Leadership Team

S&P: Standard and Poor

SPP: Strategy Planning Process

SOs: Strategic Objectives

SSO: System Strategic Objective – the 5 B’s – 5 year objectives for the System

Starfish: The AtlantiCare intranet (website for staff).

Starfish Fund: A pool of money donated by AtlantiCare staff for co-workers in catastrophic situations.

Starfish Story: An abbreviated version of Loren Easley’s essay “The Star Thrower” that illustrates the power each of us has to make a difference, one person at a time.

STEPS: Staff & Technology Enhancing Patient Safety

STRAT: Strategy Group – Chaired by the System CEO, the group includes the Sr. VP Finance, Sr. VP Administration, VP Planning, VP Marketing, VP Clinical Development & Integration, President of AtlantiCare Health Services, and COO of ARMC. This group meets bi-weekly and focuses on strategic direction and long term issues for the System and its entities.

Strategy: By integrating our key services, providing exceptional value to our customers and achieving outstanding levels of performance excellence, AtlantiCare will continue to grow in order to achieve our vision.

Strategy Map: A visual depiction of the System’s Mission/Vision/Values and performance excellence commitments. Primarily used for communication internally and externally to our various constituencies. A “personal” version of the strategy map is used by AtlantiCare staff to align their individual goals with those of their department, Business Unit, and the System Big Dot goals.

SWOT: Strengths, Weaknesses, Opportunities, and Threats

T

TB: Tuberculosis

Transitional Duty Program (TDP): A Program to return injured employees to work in positions that meet their reduced capabilities.

TLT: Tight Loose Tight – TLT refers to how we strive to accomplish our Mission: T) clear goals and targets are established through the planning process and otherwise via the SLT/STRAT group to remain agile at the system level, L) consistent with our decentralized leadership, we intentionally give considerable freedom to the BUs and departments to design actions plans that engage and motivate the staff and that meet the needs of customers, and T) senior leaders actively hold the BUs accountable for meeting the goals through BU and individual performance reviews.

TQM: Total Quality Management

TTD : Also referred to as a TTS or TTY, telecommunication device for the deaf. A device allowing for communication over the telephone by typing messages back and forth. A TTD is either required at both ends of the conversation in order to communicate, or the speaker must call the TTD user via the national 711 relay system.

Town Meetings: Meeting where an entire BU area is invited to participate in information sharing.

V

Values: Integrity, Respect, Teamwork, Service and Safety

VAP: Ventilator Acquired Pneumonia

Vision: AtlantiCare builds healthy communities.

VOC: Voice of the Customer – AtlantiCare’s philosophy of involving actual patients and customers in the design and improvement of programs and services so their needs are understood.

VP: Vice President

VPMA: Vice President of Medical Affairs of ARMC

W

Wellogic: Information technology partner

Workforce Investment Board (WIB)

Regional government agency providing job readiness and skills training to ensure local job seekers have the knowledge and skills to meet the needs of employer

AtlantiCare Organizational Profile

Organizational profile preamble:

AtlantiCare has established a new construct in the continuing pursuit of excellence in healthcare delivery, one that reduces cost yet improves both quality and accessibility. Based on a belief that it is time to re-examine and challenge the fundamental principles upon which the healthcare industry has been built, AtlantiCare is inspired by the elusive goal of achieving optimal health for all members of the community by focusing on the prevention of illness and injury and the effective management of existing health risks and chronic disease.

AtlantiCare is committed to building healthy communities through partnerships with local organizations that share its interest in health (i.e., employers, unions, payors, physicians, churches, schools, community organizations, etc.). Through these organizations, relevant and trusting relationships with their constituents are established around the shared management of their individual health status.

AtlantiCare's primary service offering of Healthcare Delivery, integrated with the complimentary and strategic service offerings of Health Information and Health Engagement, formerly known as Epidemic of Health (EOH), is focused on delivering value at every stage of an individual's health (healthy, at-risk, episodically ill or chronically ill). Together, these services offer the elements necessary to achieve, maintain or return each member of the community to optimal health.

AtlantiCare believes that each of us can make a difference one individual at a time; and by doing so, build healthy communities. As an organization, we are confident we have the leadership, talent, resources and most importantly, the commitment to act as the catalyst in what we refer to as the Epidemic of Health (EOH) to produce truly healthy communities here at the Jersey Shore and our region.

P.1a (1) AtlantiCare's primary service offering is healthcare delivery (acute and chronic care). Complimentary and strategic service offerings include health engagement (preventative and at risk services), and health information. The integration of these three key service offerings is our core competency.

Delivery Mechanisms and Services

Healthcare Delivery: AtlantiCare Regional Medical Center (ARMC) is a 589-bed teaching hospital providing a full range of inpatient and outpatient services from perinatology to geriatrics. ARMC focuses primarily on the physical healthcare of the community. Services include: **Heart Institute ▪ Level II Trauma Center ▪ Center for Childbirth ▪ Neonatal Intensive Care Unit (NICU) ▪ Stroke Services ▪ Joint Institute ▪ Cancer Care Institute.**

AtlantiCare Behavioral Health (ABH) offers mental and behavioral health services. The main services include: **PIP, inpatient psychiatric, adult and child partial care programs, and school based interventional programs.**

AtlantiCare Health Services (AHSvs) offers a wide variety of healthcare and wellness services outside the hospital setting designed to complement those offered by ARMC and ABH. They include: the **AtlantiCare Surgery Center (ASC) ▪ Clinical Labs ▪ Urgent Care Centers ▪ Hospice**

Program ▪ Home Care ▪ Family Medicine ▪ Occupational Medicine ▪ Childcare and Early Learning Centers ▪ and Mission Healthcare (an FQHC caring for the homeless).

All programs within the healthcare delivery service offering of AtlantiCare are delivered directly by AtlantiCare staff in concert with medical staff physicians and, occasionally, in collaboration with a select number of partners whom we believe add value to our local service offerings.

Health Engagement: Health Engagement's focus is primarily on the prevention of injury and illness, the management of health risks, chronic illnesses and healthcare utilization in our community. The ultimate goal is to improve the overall health status of our community, thereby reducing unnecessary utilization and related expenditures, and increasing the likelihood of continued access to health insurance coverage for every member of our community.

Key delivery mechanisms for Health Engagement include the Special Care Center (SCC) and the LifeCenter (medically supervised health and fitness center). Under its Community Health initiatives, AtlantiCare partners with schools, businesses, social and governmental agencies, neighborhoods, churches and other community stakeholders to improve their health, social, and overall well-being. The Special Care Center located at the HealthPlex is an innovative approach to the integration of the three main service offerings into a new 'medical home model' of care which supports AtlantiCare's vision. Other health engagement delivery mechanisms include the AtlantiCare Health Plans and AtlantiCare Administrators' Incorporated (AAI).

Health Information: Effective Healthcare Delivery and Health Engagement require timely, accurate and comprehensive health information, delivered in real-time at the point of care or intervention. Working with community partners, **InfoShare**, AtlantiCare's technology company, has built a "Connected Community Health Information Exchange" (HIE) that shares health information seamlessly among all participating Healthcare and Health Management stakeholders. This innovative model dramatically improves patient safety and quality as clinical decisions are based on more accurate, comprehensive and timely health information. In addition, costs will be reduced through improved diagnosis, the reduction in duplicative testing and the adoption of evidenced-based medicine. This application of critical clinical systems is expected, over time, to yield improved community health status.

The Connected Community begins with AtlantiCare's commitment to automate organizational clinical processes and to capture and share all health information electronically. The model extends into the community through the offering of an outpatient complete electronic medical record (EMR) which is the electronic recording of clinical data for a patient within a single facility and practice management solution to community based physicians. The system addresses the physician's needs in the front office (electronic scheduling, eligibility verification), mid-office (clinical documentation), and back office (electronic coding and claims submission, accounts receivable management). Powered by an innovative health exchange engine, participating clinicians and AtlantiCare share real time clinical treatment data, creating a

continuum of care and a comprehensive picture of a patient’s care and health risks. A portal that patients can access to view test results, schedule appointments, refill prescriptions, pay bills, update insurance information, receive health alerts and reminders, and communicate directly with the physician is scheduled to come on line in early 2010.

AtlantiCare manages these delivery mechanisms under five Business Units (BU): AtlantiCare Regional Medical Center (ARMC), AtlantiCare Behavioral Health (ABH), AtlantiCare Health Services (AHSvs), InfoShare; and AtlantiCare Health Plans.

P.1a (2) AtlantiCare encourages and values each individual’s engagement in all levels of strategy deployment, beginning with a story adapted from the works of Loren Eiseley that resonates with AtlantiCare’s staff about a young man walking along a beach the morning after a storm. Coming upon a section of the beach covered with starfish that had washed ashore, and recognizing that the rising sun would soon spell their demise, the young man went quickly to work returning the starfish to the ocean. Along came the next beach stroller who questioned the usefulness of his effort by asking, “How could you possibly make a difference?” Undeterred, the young man selected the next starfish, threw it into the ocean, and promptly replied, “I made a difference for that one.” With that, the second beach stroller, and then others, joined in, making it possible for all of the starfish to be returned safely to a healthier environment. This story brings together the key characteristics of both individual and teamwork that are reflective of AtlantiCare’s culture.

AtlantiCare’s mission, vision, values, and strategy map create a focus on innovation and performance excellence and define the way it serves the community, conducts its business and relates to one another. They form the basis of the organizational culture. AtlantiCare believes each individual can make a difference one person at a time. This is reflected in, and validated by what are called “starfish stories.” AtlantiCare’s mission, vision, and values are listed below:

- Vision:** AtlantiCare builds healthy communities.
- Mission:** We deliver health and healing to all people through trusting relationships.
- Values:** Safety, Teamwork, Integrity, Respect, Service.

Four years ago, as part of its quality journey, AtlantiCare piloted work on the creation of an epidemic of health (EOH) in the local community. This evolved into the emergence of Health Engagement as a strategic bridge between mission and vision. The integration of the three key service offerings, Healthcare Delivery, Health Information and Health Engagement, is the core competency. It gives AtlantiCare a strong competitive advantage and supports the journey to achieve its vision.

P.1a (3) AtlantiCare, with its 4,911 employees, is the largest non-casino employer in the region. ARMC has a volunteer staff of over 170 people, and a total of 562 physicians. The employed workforce profile is represented in Figure OP.1.

The key factors that motivate the workforce include respect, trust in leadership, positive working conditions, recognition and feedback on performance, competitive pay and benefits, and opportunities for individual growth and

development. Key benefits have been shaped by workforce needs and desires and include flexible benefits (medical, dental, Rx, Life, and LTD), a defined benefit pension plan, meal subsidy, tuition reimbursement and 403B match. Flexible benefits are available to meet the differing needs of the employee population. These include health, transportation and dependent care spending accounts, vision, subsidized pharmacy benefits, subsidized legal support, discounted Life Center memberships, Health Risk Assessments (HRA), personal wellness coaching and flu vaccinations.

EMPLOYED STAFF PROFILE

Figure OP.1

Position		Diversity	
Clinical	31%	White	66%
Support	42%	Black or African American	15%
Professional / Technical	19%	Hispanic or Latino	8%
Management	8%	Asian	8%
		Other	3%

Tenure		Education	
0 - 4	47%**	High School	39%
5 - 14	33%	College / Technical	50%
15 - 24	14%	Graduate	7%
25 +	6%	Post Graduate / Physician	4%

Business Units	
System	1.5%
AAI / Health Plans	3.5%
InfoShare	3%
Health Services / Surgery Center / APG / HomeHealth	11.5%
ARMC	75.5%
ABH	5%

***The higher proportion of 0-4 years is reflective of staff required for new and expanded services .*

Workforce safety requirements across the system include a safe work environment (fire safety, smoke free environment, universal precautions, access to voluntary health and wellness offerings and personal safety), as well as special BU specific safety needs. These include safe driving, violence prevention, BU specific OSHA requirements and safe patient handling procedures. In addition, the workforce requires confidentiality of employee health information. There are no bargaining units in AtlantiCare.

P.1a (4) AtlantiCare has eight major campuses – the ARMC City Campus in Atlantic City, the ARMC Mainland Campus (12 miles to the west), a large ambulatory care facility in Atlantic City (the HealthPlex), a 30-acre ambulatory care campus at the center of the county (the Health Park), Delilah Road campus which houses InfoShare, Airport Commerce (Financial offices), Hammonton (AtlantiCare Health Plans and Health Engagement), and a satellite Emergency Department in Hammonton.

In 2007, AtlantiCare opened a new patient tower at the city campus, incorporating private rooms, state of the art equipment, and a community inspired healing environment. This included a new emergency center, radiology department,

and nursing floors, including a medical unit, surgical unit and ICU. This tower represents a \$130 million investment in the community. In addition, in the new patient tower in the city campus, a state of the art, “smart” OR was opened in January 2008. Features include: Boom technology, blade computer systems, bedside computers, Computers on Wheels (COWS), centralized cardiac monitoring, and DaVinci robotics. In 2009, the Mainland campus expanded its cardiac intervention capabilities with the Cardiac Catheterization and Rhythm Center. The Health Park opened a new wound center with hyperbaric capabilities in the 1st quarter 2009, and a Leadership in Energy and Environmental Design (LEED) Certified Cancer Center which opened in the summer of 2009, with cyber knife capabilities.

Other technology used to support healthcare delivery includes PACS, Linear Accelerator, electrophysiology labs, telepsychiatry, teleneurology, MRI, 64-slice CT scanner, biplane interventional suite, invasive and minimally invasive surgical equipment, digital mammography, and a complete EMR.

Health engagement is supported through a comprehensive inpatient and outpatient electronic health record (EHR), which provides access to health information from multiple visits at multiple facilities, and the AtlantiCare connected community which helps create a virtual medical home model for greater contiguous care.

P.1a (5) AtlantiCare operates in a highly regulated environment, governed by numerous federal, state and local agencies. Some agencies are specific to healthcare, such as the Joint Commission and the Centers for Medicare & Medicaid Services (CMS). Others oversee general business, such as the IRS, OSHA, and FDA. Bond rating agencies including Moody's, Fitch, and Standard and Poor's measure financial health in relation to the bond market. Many regulations are unique to specific entities and departments. For example, skilled nursing facilities and home health agencies have federal and state specific regulations, while the Nuclear Regulatory Commission (NRC) regulates the radiology department.

Numerous agencies grant accreditations, certifications and licenses to AtlantiCare. Major voluntary accreditation agencies include: Magnet, AAAHC, NAEYC, and JCAHO disease specific certifications in joint replacement and stroke. AtlantiCare maintains its own internal credentialing, safety and risk management functions, accreditation survey and regulatory readiness and corporate compliance processes. This standardized approach allows AtlantiCare to ensure regulatory requirements are met or exceeded consistently throughout the system and facilitates sharing of best practice or lessons learned. The Corporate Compliance Plan helps AtlantiCare fulfill its mission to patients and the community by ensuring consistent compliance with laws relating to business activities, such as the Health Insurance Portability and Accountability Act (HIPAA).

P.1b (1) AtlantiCare is governed by a System board of trustees (BOT). BU boards report up to the system board, as appropriate, with the exception of ABH which is a subsidiary of ARMC. The system board is composed of 17 members, and includes the chairs of BU boards with the exception of

ABH. The system board has 9 standing committees which report back to the board. The system board is responsible for setting overall business strategy and policy direction for the organization. BU boards are responsible for overseeing the successful implementation of the strategic and operating plans. The members of the Senior Leadership Team (SLT) report through the CEO, who, in turn, reports to the system board.

Fig. OP.2

Key Customer/ Stakeholder Segment	Key Requirements
<u>PSA Patients/Families</u> * Gender * Age * Acute * Chronic * At Risk	* Access/convenience * Safety/High Quality * Top Box Customer Service * Communication/information * State-of-the-art facilities/technology * Coordination, aggregation, navigation of services
<u>Other Customers</u> * Competitors' customers * Fitness/Wellness <u>Employers/Partners</u>	* Same as above plus cost * Same as above + low cost & targeted interventions * Access * Information/Communication * Resource and financial support * Customer service * Improved health status
<u>Community</u> * Schools * Churches	
<u>RSA Patients/Families</u> * Gender * Clinical Franchise (tertiary) hearts bariatric joints cancer <u>Other Customers</u> * Competitors' customers	* Access/convenience * Safety/High Quality * Top Box Customer Service * Communication/information * State-of-the-art facilities/technology * Coordination/aggregation/navigation of services * Same as above

P.1b (2) AtlantiCare’s regional market includes Atlantic, Cape May and the southern portion of Ocean Counties. The market is segmented by Primary Service Area (PSA) and Regional Service Area (RSA). The market segments are broadly prioritized within that construct for strategic planning purposes and then further segmented during annual BU planning cycles according to how care is managed (e.g., age, gender, specific geography, wellness/disease state) or how the business is managed (e.g., service lines, payor mix, engagement status). As a healthcare provider, AtlantiCare’s focus is on patients and families, but its core competency (integration of healthcare delivery, health engagement and health information) extends its reach to other customers and stakeholder segments in the regional and primary service areas. These include community and corporate partners such as schools, churches and other organizations as well as employers. Physician partners, both employed and voluntary,

represent a segment crucial to managing the business as well as managing the care of patients, families and other customers and are considered part of AtlantiCare's workforce.

Requirements are similar for some key groups, such as access, state of the art facilities and technologies and quality outcomes. Community and corporate partner groups are more focused on overall costs and preventive care.

P.1b (3) As an integrated health system, AtlantiCare maintains many relationships to obtain essential supplies, equipment and services. Key types of suppliers/partners include: medical surgical suppliers, pharmaceuticals, medical equipment, facility services and technology vendors.

Many of these partners assist AtlantiCare in achieving best practice and are critical to the provision of patient care. To promote innovation, vendor input is requested to identify leading edge, evidenced based processes and technology. Additionally, they collaborate with us to create innovative approaches such as HIE, SCC, Mission Healthcare, Horizon JV, and partnership with H.E.R.E.I.U.

Key supplier, partner and collaborator relationships and communication mechanisms include correspondence, email, web based information, individual and group meetings, formal advisory groups, newsletters, contracts and purchase agreements. Communication occurs on an ongoing basis, tailored to the needs of AtlantiCare and the individual supplier, partner or collaborator. The most important supply chain requirements are quality, cost and timeliness.

Physician partners participate in the strategic planning process, the strategic planning committee, and serve on the BU boards. They are also involved in operational and administrative committees such as patient safety, quality and discipline specific committees, such as trauma and ED leadership. Ongoing physician communication includes newsletters from the CMO, e-mail and Intranet access, and a dedicated physician liaison department.

P.2a (1) Healthcare Delivery – As the largest healthcare provider in the region, ARMC is one of two safety net hospitals in southern New Jersey, providing ninety percent of the free care in Atlantic County – more than the seven local hospitals combined. In the PSA, AtlantiCare is the sole acute care hospital with three competing hospitals on the fringe of the PSA and another in Cape May County. In the PSA, ARMC has 59% total and 70% local market share. In the RSA, ARMC has 10% total and 14% local market share.

Health Information – AtlantiCare is building a connected community of providers to meet the challenges of healthcare delivery and improve the quality and safety of patient care. The approach requires an electronic medical record or digital environment within the health system, and an electronic medical record in community based physician practices with the ability to share data among all parties. This integrated approach, coupled with advanced clinical information systems, produces a new, proactive, model of care and creates opportunities to reduce cost, improve access to essential clinical data, reduce patient risk, improve the quality of care and expand the physician referral base and physician loyalty. This is a unique approach used only by AtlantiCare as part of its core competency.

Health Engagement – AtlantiCare has entered into a joint venture with Horizon Blue Cross/Blue Shield. Through this joint effort, Horizon has worked collaboratively with AtlantiCare to pilot innovative approaches to lower cost and improve efficiencies. Their work in diabetes resulted in the only accredited diabetes education program in the primary service area.

Competitors are local hospitals that are general acute care hospitals. The primary outmigration competitor is located in Philadelphia, providing cardiology, open heart surgery and neurosurgery.

P.2a (2) Success in AtlantiCare's service offerings is dependent upon the journey to being the BEST (defined as top 10th percentile ranking) at Quality, Customer Service, People & Workplace, Growth, and Financial Performance (the 5Bs). In Healthcare, key success factors are tied to physician and patient perceptions of access, quality, and customer service performance. In Health Engagement, success is measured by the number of partnerships established (the journey with Horizon and H.E.R.E.I.U., largest payor and group of covered lives, respectively, in the region has started) and the quality of relationships established, as determined by the perceived value of the customers. Success in Health Information is reflected in the number of private physicians engaged in the connected community work. Integration of the service offerings enables the creation of better solutions and greater success in the future.

There are several key changes taking place in the local community. The first is a new found willingness of providers, payors and consumers to form partnerships/relationships aimed at improving overall health status while improving quality of care and managing costs. Second, increasing numbers of niche players are entering the market and attempting to ally themselves with AtlantiCare medical staff. This has resulted in increased opportunities for partnerships with physicians, and forces innovation and collaboration. Finally, the economic downturn nationally, casino downsizing, hospital closures within the state of New Jersey, and availability of federal health information technology dollars related to the 2008 presidential election is impacting the growth of the primary and regional service areas while also providing a funding source for work in Health Information. This increases the need for access to healthcare in an underfunded and uncertain environment.

P.2a (3) Although healthcare in general is increasing the focus on transparency in information, it remains in the early stages of identifying and sharing key indicators and benchmarks. Limitations to obtaining data from within and outside the industry include increasing financial challenges associated with obtaining the comparative/competitive data, as well as the current lack of transparency in healthcare indicators nationwide. As AtlantiCare works toward mastering the 5Bs, success will follow and therefore the focus is on achieving performance in the top 10th percentile over the next three years in the following comparative and competitive data.

Fig. OP.3

	Comparative Healthcare	Comparative Out of Industry
Customer Service	PRC, Jackson CMS	
Quality	CMS, NJDHHS, NJAMHA, NDNQI Quadramed, CAP	Baldrige winners
HR	NJHA, HR solutions	Baldrige winners
Finance	NJHA FAST Report Moody's, S&P, Fitch NJHCFFA Apollo Report	
Growth	Solucient	

P.2b Strategic CHALLENGES

Healthcare Delivery

1. Engaging physicians in new models of collaboration and partnership
2. Creating sustainable growth outside of the PSA
3. Identifying and prioritizing healthcare service opportunities for investment/recruitment

Health Engagement

4. Developing new business and care models to support and grow primary care
5. Identifying and improving critical success factors for community health and wellness

Health Information

6. Increasing quality of care through clinical communication and transparency
7. Using technology to improve patient safety and clinical quality

Operational

8. Recruiting, training, and retaining a highly skilled workforce
9. Succeeding in an environment of decreasing reimbursement and access to capital, and increasing uninsured population

ADVANTAGES – AtlantiCare has achieved market advantage with its diverse array of services delivered through the broadest and most comprehensive distribution network in South Jersey as measured by the number of locations and customer volumes. Its integrated network leverages the ability to improve the health of the community through access to services and information transfer. No competitors have AtlantiCare's higher end, regional designations. AtlantiCare's groundbreaking work in Health Engagement, specifically around chronic disease management, childhood obesity and diabetes, also sets it apart from other local competitors.

While size, market share and unique regional services alone do not guarantee organizational sustainability, when coupled with the MVV and strategies, AtlantiCare is a powerful regional force.

P.2c There is a culture of process improvement across the system coupled with an expectation of achieving the 5B goals. In the 1990s, the concept of PACE (patients are the center of everything), and the adoption and application of the total quality management (TQM) philosophy and tools led to sustainable improvements in customer service. They provided

a disciplined approach to process improvement. This has evolved into AtlantiCare's current performance improvement model which includes the systematic application of PDCA (Plan, Do, Check, Act), including rapid cycles of PDCA. Additionally, in 2000, the organization began to use the Malcolm Baldrige criteria as a management tool to further accelerate performance to even higher levels. Since that time, the organization's management team has been learning, applying, and executing plans based on these criteria. Feedback from the Baldrige application process provides management with additional opportunities to improve organizational performance and learning. New managers attend an interactive one day training session. Critical components of the improvement cycle are an ongoing focus on learning, researching best practice, team-based implementation processes and the development of scorecards to measure progress against benchmarks and to identify opportunities for continuous improvement. New tools and skills are introduced into the performance improvement process after careful vetting. Currently, skills in servant leadership are being adopted by the SLT, with cascaded deployment to the management team over the course of the next two years. Lean process improvement has been introduced in focused areas with a more thorough education and deployment plan in process for 2009.

Innovation is inherent in the organization's improvement processes. AtlantiCare has adopted Peter Drucker's definition of innovation: "a change that creates a new dimension of performance." A formal system level Innovation Council has been chartered to be the catalyst for breakthrough thinking, fostering a culture of innovation across AtlantiCare. Innovation goals have been set for 2009 as part of a larger three year plan. A small group of leaders (Creativity Champions) were trained in 2008 in creativity processes to support ongoing process improvement and innovation across the system.

At an organizational level, research on best in class practices inside and outside of healthcare in the 5Bs drives new services and quantum improvements in existing services and processes. AtlantiCare's idea management inputs provide a continuous source of ideas that may stimulate continuous improvement or innovation. Finally, the organization's team based culture inserts innovation in departmental PDCA processes through the inclusion of the thinking of many people.

Organizational learning is accomplished through multiple mechanisms. Bimonthly ALT meetings share best practices and key organizational knowledge. The cascading B Team infrastructure promotes sharing between the B Teams and the BUs. The annual awards process showcases the exceptional outcomes of team based improvements within the 5Bs. And the AtlantiCare Intranet houses BU or discipline specific portals, the Leader's Toolbox, policies, starfish stories and B team information in order to create access to information across all the BUs.

Category 1: Leadership

1.1a (1) Since its inception, AtlantiCare has nurtured and refined a decentralized leadership system designed to place authority to act and accountability for those actions in a TIGHT-LOOSE-TIGHT (TLT) process. Through AtlantiCare’s strategic planning process (*Tight*), strategic initiatives become operational at the BU level through the Annual Strategic Planning Process (ASPP) resulting in cascading annual Action Plans (AAPs) (*Loose*) and goals that align directly with System-level 5B goals (Big Dots) (*Tight*). This cascade continues through the development and deployment of a “personal” Strategy Map, further aligning efforts from the Big Dots, through the BUs to all AtlantiCare leadership and staff levels.

LEADERSHIP SYSTEM
Figure 1.1-1



The Mission, Vision and Values (MVV) are set by the senior leadership of AtlantiCare in collaboration with the BU boards, physicians, employers, customers, key external stakeholders, and staff, with periodic review by these same groups during strategic planning cycles. The Values were established in 1993 through a process that included the participation of the Board of Trustees (BOT), physicians, the workforce, and the community via focus groups. To reflect AtlantiCare’s firm commitment to safety, the Values were amended in 2004 to include it as an underpinning of organizational direction.

The BOT and Senior Leadership (SL) communicate and deploy the MVV through the AtlantiCare leadership system (Fig 1.1-1). This system begins with the service offerings, Healthcare Delivery, Health Engagement and Health Information, and achieves alignment and workforce engagement through an integrated approach to strategic and action planning to meet the performance excellence commitments (5Bs). This integrated approach enables every member of the workforce to understand their role in the accomplishment of AtlantiCare’s Vision. The leadership

system drives the way relationships are built with patients and customers, measures are set and reviewed, an engaged and high performing workforce is created, and design and innovation are incorporated into key processes.

AtlantiCare’s values create the context within which the leadership system exists. The values define how members of the AtlantiCare family relate to each other and to customers. AtlantiCare’s vision – *to build healthy communities* – is at the core of its leadership system. It provides direction to activities. Formal methods of MVV deployment include: the annual year-end Review/Preview management forum (presentation/discussion of accomplishments linking the 5Bs and the MVV), four half day leadership meetings for all 300 System leaders, Town Meetings, Leadership rounds and new staff orientation. The annual employee reward and recognition celebration showcases projects in the 5Bs and contributions to Vision achievement.

Prominent posting of the MVV throughout AtlantiCare provides reinforcement through visibility for the workforce, patients, physicians and customers. The performance management process reinforces the Values through a behavioral assessment component as well as annual education requirements. Most importantly, the entire workforce establishes individual and department goals that link to the 5Bs in support of the Vision.

Key suppliers and partners are introduced to the MVV in the purchasing process. This begins with vendor education and registration via the AtlantiCare website and is reinforced throughout the year with periodic meetings including attendance at AtlantiCare’s annual PACE and Review/Preview meetings. Key strategic partners are more deeply involved in the design and delivery of programs and services. These partners are engaged through regular briefings and discussions, and participate in the Long Range Strategic Planning Process (LSPP).

AtlantiCare deploys the MVV to customers through patient handbooks, marketing materials, displays in the facilities, and the Internet web site. MVV are deployed to the medical staff by the Senior Leadership Team (SLT) and senior physician leaders through their participation in the Medical Executive Committee (MEC) and Medical Staff Excellence Committee (MSEC). Senior Leaders also deploy and reinforce the MVV through the physician orientation process, quarterly Medical Staff meetings, biannual credentialing process, monthly newsletter, and at Medical Staff retreats.

Senior leaders’ create an environment that reflects a commitment to the organization’s Values by role modeling expected organizational behaviors and by aligned decision-making. These behaviors were developed at an AtlantiCare SL retreat where critical factors for successful leadership were identified through consensus and industry benchmarking. In 2008, the SLT identified specific behavioral competencies required for leadership derived from servant leadership concepts. This complements the understanding and integration of the NQP core values.

1.1a (2) The culture that provides the foundation for AtlantiCare’s MVV also creates an organizational environment that demands legal and ethical behavior. In addition to role modeling ethical behavior, senior leaders

provide oversight of ethics education which is incorporated into orientation, employee handbooks, and annual education requirements. Ethical behavior is reinforced during administrative rounds and is monitored through audits. Senior leaders participate in the review of these audits and oversee the process interventions that they might require.

All senior leaders and Board members, are required annually sign a conflict of interest affidavit in which they pledge to abide by national and state laws and regulations. The Board also established an Audit Committee which monitors the corporate compliance program and directs the activities of the internal audit department.

1.1a (3) AtlantiCare's senior leaders create a sustainable organization through the use of a decentralized and empowering leadership approach (TLT). TLT supports innovation, agility, and employee engagement through the development of BU specific action plans in support of the organizational strategic initiatives. To create organizational focus, the 5Bs are set by the senior leaders (Tight). Targets are set by each BU using the ASPP (Loose) and approved by SLT. The senior leaders of the BUs are accountable for achievement of performance targets (Tight). Accountability is not negotiable and is key to assuring AtlantiCare's sustainability. The Performance Measurement Process (Figure 4.1-1) creates a focus on performance improvement and organizational agility. The biweekly SLT meeting serves as a forum for learning and discussion of BU specific strengths and Opportunities for Improvement (OFIs) that drive high performance, responsiveness to opportunities and further system integration. Additionally, SLT devotes a portion of meeting time to group learning focused on key leadership competencies such as talent development, succession planning and change management.

Senior leaders co-chair System level, multidisciplinary teams organized around the five performance excellence commitments (B teams). These teams research best practices, identify resource needs, and provide internal support to the BU level B teams. These teams are responsible for deployment and local implementation of System level objectives throughout the BU. The cascading process from system to BU supports accomplishment and understanding of the MVV.

A subset of the SLT, the Strategy Group (STRAT), meets bi-weekly to assess strategic direction and plan for long term issues that impact the system and BUs. STRAT Group's work focuses on innovation, and opportunities to advance AtlantiCare's strategy. This group also regularly assesses State and National health policy initiatives and competitive trends and evaluates their impact on AtlantiCare.

Senior leaders chair and support the Innovation Council. This group was organized for the purpose of defining, prioritizing, measuring and integrating innovation processes across the system. The Council explores best practices within and outside of healthcare through a variety of research activities and learning opportunities and is developing an organization-wide approach to enhance innovation within AtlantiCare. The Council has set goals and associated action plans/timelines for 2009. Six members of the workforce (Creativity Champions) have received enhanced training in

brainstorming and idea generation. The Creativity Champions provide innovation facilitation support to teams across AtlantiCare.

Senior leaders create an environment supporting organizational and workforce learning through active participation in learning endeavors such as Pathways, Foundations, and Excellence in Leadership and the active incorporation of learning as an agenda item in SLT meetings, B team meetings and project teams. In addition, AtlantiCare's performance management system intentionally drives learning through competency identification and management. Finally, resource allocation to support learning endeavors or infrastructure is a senior leader responsibility throughout the annual budget process. Senior leaders develop and enhance their personal leadership skills together, such as the group learning in servant leadership, and individually. Individual growth and development plans are created and implemented by leaders and supported by their leadership. Examples include fellowship opportunities, professional organization participation and advanced educational opportunities such as executive MBA's or doctoral degree achievement.

AtlantiCare's approach to succession planning is multifaceted. The Board Executive Compensation Committee manages the succession planning process for the CEO and Senior VPs. Additionally, senior leaders identify high potential staff through observation and evaluation of skills and abilities of individuals as they function either in their roles or on teams. An assessment of identified candidates is completed by senior leaders and the OD Director based on defined competencies (performance/contribution grid). This is followed by a series of interviews and discussions. A smaller group of SLT identifies candidates for an accelerated learning pool. This pool is designed to build skills and ready them for additional future responsibilities. Participation in this pool requires them to take on additional developmental assignments as appropriate, participate in a 360° evaluation process, document accomplishments, and meet at least quarterly with a mentor from outside of their current areas of responsibility. And finally, a three tiered educational program is taught by SLT members which supports further growth and development across the organization for future leaders. 'Pathways' provides education for staff considering leadership opportunities in the future. 'Foundations' is an education program delivered to new leaders within the system and 'Excellence' in leadership is an opportunity for leaders to enhance existing leadership skills.

1.1a (4) To emphasize safety as a cultural norm, the SLT designated it as one of AtlantiCare's core values and directed the creation of the system wide Patient Safety Committee (PSC). The PSC concentrates on harm prevention, error reporting, and error reduction, and, consistent with TLT, highlights empowerment and personal accountability. Senior leaders designate the priorities of the PSC, and use a system of annually chartered subcommittees to effectively implement and monitor progress of the patient safety plan. Each AtlantiCare BU leader provides a quarterly update to the PSC on progress or issues related to safety, creating an opportunity for knowledge sharing across the BUs. Each meeting ends with a review of safety related best practices or lessons

learned that can be shared across the system.

To ensure safe patient interactions, SL adopted “A PATIENT’S BILL OF RIGHTS” which includes a comprehensive listing of what patients can and should expect from AtlantiCare in terms of their legal rights. The Bill of Rights, offered in English and Spanish, is also distributed at each point of patient access. Adoption of the culturally and linguistically appropriate standards (CLAS) for healthcare organizations also helps to reduce barriers to care and prevent poor health outcomes for individuals from different backgrounds, cultures and languages. All non-English speaking and limited-English speaking customers are made aware of their legal rights to language assistance services through medical interpreters as well as signage at all points of access. Hearing impaired patients are also apprised of their rights to assistive services through written communications and TTD equipment.

1.1b (1) SL’s approach to communication and workforce engagement is threefold: face to face meetings, written materials and Intranet based delivery methods. The various face to face methods create relationships and support two-way communication. AtlantiCare Leadership Team (ALT) meetings are a primary communication methodology. Each meeting consists of a learning segment around one of the 5Bs followed by breakout sessions facilitated by SLT to process the new information and get feedback. After each ALT meeting, the CEO communicates with the workforce by sharing a summary of the meeting and actions to be taken. Senior leaders make systematic rounds to reinforce key messages and provide opportunities for the workforce and volunteers to engage in dialogue. Senior leaders use these opportunities as a way of engaging the workforce for ideas on improvement and innovation.

Written correspondence, such as “Quest for the Best,” highlights priorities, progress towards organizational objectives, and reinforces key messages. Internet based methods, available to all staff, include Health Stream (AtlantiCare’s learning management system), intranet, Leaders’ Toolbox, “Tilton Talk” and blast email capabilities.

Senior leaders take an active role in reward and recognition (R & R) programs to reinforce high performance and patient/customer focus by recognizing individual and team achievements. SL chair the Best People (BP/BW) B team, which has the design of R & R processes as one of its responsibilities. Leaders are expected to use the “Manager’s Recognition Kit,” a toolkit to reward and recognize staff. This kit includes thank you notes, staff to staff acknowledgements and convenience store gift cards. Employee rounding and survey feedback verifies deployment and validates effectiveness of this approach. In 2009, a utilization tracking process was instituted to provide more timely feedback on recognition activities for SLT. The formal Annual Awards Celebration is a grand party where Senior Leaders celebrate the workforce in an “Academy Awards” setting. Senior leaders focus R & R on behavior supporting the Values, highlighting system-wide best practices and identifying improvement opportunities for communication, measurement and evaluation of the values.

SL emphasizes the importance of customer service by

identifying monthly customer service award winners in each BU. Winners are honored with a surprise award by a SL in the workplace and at a luncheon, joined by their family, friends and co-workers. Each is presented with a certificate and a cash award. SL dedicate annual employee celebration days and serve the workforce free meals.

AtlantiCare also reinforces high performance and creates a focus on achievement of organizational objectives through the ‘Share the Success’ bonus program for all staff. Bonus payments are contingent upon the achievement of organization financial objectives and customer service scores, and are subject to Board approval. Progress against the bonus targets is shared with staff throughout the year via the intranet, in an effort to foster open communication and manage expectations.

1.1b (2) Senior leaders create a focus on action through communication of the strategic goals and objectives, cycles of improvement, the workforce performance management system, and continually measuring progress to plan. Performance measures reviewed quarterly by SLT include BU specific quality measures, patient and customer satisfaction measures, financial performance, employee satisfaction and productivity, growth targets and safety measures (Fig. 2.1-2). These measures are reviewed in a scorecard format. The Performance Excellence framework (5Bs) is used to organize operational goals and improvement efforts. Incentive compensation at all levels is linked to accomplishment of strategic goals. Use of scorecards ensures SL focus on actions to accomplish the 5Bs, and progress is monitored and reinforced at quarterly SL reviews and semi-annual town meetings with the workforce. The Performance Excellence framework creates focus on balancing the needs and creating value for patients, other customers and stakeholders.

1.2a (1) The Board holds the SLT accountable for goal achievement through review of monthly management reports that monitor progress against the 5Bs, annual operating objectives, accreditation progress, and legal compliance. Fiscal accountability is ensured via annual external audits, ongoing operational audits of internal processes and functions, quarterly reviews of risk management reports submitted and discussed by legal counsel, and use of a compensation consultant.

The System BOT is a diverse, voluntary group of individuals representing the communities AtlantiCare serves. System Trustees are selected for the skill sets they possess, such as marketing, medical, legal, financial, and business. The BOT uses a structured and transparent method of identifying candidates for Board positions. Trustees and senior executives recommend candidates who are then vetted by a Board Nominating Committee which annually reviews board composition and current or anticipated vacancies. Interviews to assess potential candidates and outline board responsibilities are conducted by the board chairperson and president. This includes a prescreening of prospective board members using a new conflict of interest pre-disclosure questionnaire. Once a candidate accepts, board approval is obtained and the new trustee begins the full orientation process.

Independence of internal and external audits is achieved through direct reporting of these functions to the Board via its

committee structure. The Board’s Audit Committee approves and oversees an annual Internal Audit work plan and the Board Finance Committee reviews and approves the annual external financial audit.

Community stakeholder interests are represented by the Board and validated by town meetings in the communities served. To further engage Board members and the communities they represent, during the LSPP, Board members review and evaluate results from community focus groups, customer perception reports, reports of key stakeholders and hospital competitor information. Information gleaned from this process is cycled into the annual planning process that results in AtlantiCare’s strategic plan.

The Board’s voluntary adoption of many of the Sarbanes-Oxley performance standards reflects the desire to practice a higher standard of performance for governance than is currently required in not-for-profit organizations.

1.2a (2) Senior leader performance is evaluated in a formal process conducted at year-end. AtlantiCare’s CEO is evaluated annually by the System Board using a 13 item evaluation form divided into three sections – Operating Objectives, Basic Management Functions, and Executive Responsibilities. The same process is used by the ARMC, Health Services and Behavioral Health boards for the evaluation of those business unit presidents.

Feedback from the boards is complemented by peer evaluations that are conducted by SLT members to evaluate individual SL performance. Evaluations of senior leaders are based on accomplishments against plan and behavior in alignment with the values. Senior leaders also initiated a biennial 360° assessment in 2005. Results form the basis for senior leaders’ individual leadership development plans which focus on the improvement of specific skills and competencies. This information is used to improve personal leadership effectiveness through targeted behavioral activities and/or executive coaching and group sharing of individual action plans. This ongoing cycle of individual and team improvement systematically enables the SLT to improve both their personal leadership effectiveness and that of the leadership system as a whole.

Healthcare clinical leaders are evaluated by the Chief Medical Officer (CMO) for clinical performance, and in some cases, their senior administrative leader for administrative activities. Physician leadership development is achieved through the use of the Physician Leadership Development Plan, which focuses on the development of needed skills and organizational knowledge.

Board evaluation and development consists of four components: 1) Biennial board self evaluation; 2) development of an annual education agenda; 3) Board updates (Annual Report to Boards in January, Biennial board retreat or mid-year update in June); and 4) creation of a performance improvement plan. The Board’s self assessment tool allows Boards to assess their performance against current best governance practices. Findings are evaluated by the Board’s Governance Committee and action plans deployed through all Boards. The Governance Committee of the System Board evaluates recommended changes in the System’s governance structure and governance system.

1.2b (1) AtlantiCare addresses adverse impacts on society through efforts to minimize the impact of services on the surrounding community. The use of listening and learning methods (Fig. 3.1-2) applied to customer segments provides information about concerns and enables risk management while planning services. Systematic use of community advisory boards for new projects and initiatives, ongoing communication with and involvement of political leaders, and a system of volunteer boards that represent our community provide the opportunity to anticipate public concerns for current and future services and operations. AtlantiCare pursues performance that surpasses existing minimum standards, such as Magnet and MBQNP. Key regulatory agencies and measures are reflected in Fig. 1.2-1. All measures are expected to be at full accreditation, 100% compliance, or full certification. Examples of the ways AtlantiCare minimizes the impact of services on the surrounding community include: evaluation of the need for, and development of, a cogeneration facility to reduce the carbon footprint and ensuring construction projects account for traffic patterns by minimizing congestion.

KEY REGULATORY AGENCIES AND MEASURES

Figure 1.2-1

Process	Measure	Goal
Essential Work Requirements	Compliance level	100%
Staff Credentialing	Current Licensure	100%
JCAHO	Survey result	Full Accreditation
AAAHC	Survey result	Full Accreditation
Trauma	Survey result	Full Accreditation
Medical Staff Credentialing	Current Licensure	100%
Patient Privacy	HIPAA Violations	0 Violations

As the largest non-casino employer in South Jersey, AtlantiCare plays a significant role in the environmental, social and economic systems in Atlantic County. As such, it is incumbent upon AtlantiCare to be an active steward of resource consumption, maintain financial stability, provide needed and demographic appropriate services, train employees to standards, build relationships with partners and suppliers, and facilitate community collaboration. Environmental assessments, community engagement and system and BU scorecards provide insight into success in these endeavors.

1.2b (2) At AtlantiCare, ethics is not a program—it is a way of life. AtlantiCare promotes and ensures ethical behavior starting with new employee orientation where compliance and privacy presentations are reviewed. Every employee signs a code of conduct and annually completes a mandatory on-line education that addresses HIPAA, corporate compliance, patient rights, and our Values. Compliance is monitored and those who have not completed the education are suspended and annual gain sharing withheld. Breaches in ethical behavior are addressed through counseling, suspension or termination, depending on the nature and severity of the infraction. New BOT member orientation includes review of AtlantiCare HIPAA Policy and Board Conflict of Interest

Policy. Acknowledgement and disclosure forms are completed upon their acceptance to the BOT. Members of the BOT acknowledge conflicts of interest when they arise and refrain from participating in discussions and making decisions if they are judged to be material. Additionally, vendors are required to sign a Contractor Corporate Compliance Attestation as part of the contract administration process. This Attestation affirms that the vendor is aware of, and agrees to comply with, AtlantiCare's Code of Business Ethics and Corporate Compliance policies.

Senior leaders ensure adherence to policies and protocols for ethical behavior with the assistance of the Corporate Compliance Officer (CCO) and the General Counsel. These individuals monitor calls directed to the Compliance and Privacy hot line and communicate with senior leaders about compliance with legal and ethical issues. Compliance presentations occur at new employee and new leader orientations, and email reminders of ethical behavior on accepting gifts from vendors and handling protected health information are sent to the workforce. The General Counsel provides annual conflict of interest presentations to Board members and officers. When breaches are identified, corrective actions are immediately taken by the CCO and Human Resources. Written policies and protocols guide Board committees in assessing ethical and legal compliance issues.

ARMC's medical ethics committee, chartered in 1989, addresses issues ranging from interpretation of Advance Medical Directives to conflict resolution. In 2008, the committee performed an average of 18 case consultations per month. The committee also responds to requests from the Superior Court of New Jersey when court appointed guardians request do not resuscitate (DNR) orders on behalf of their charges.

1.2c (1) AtlantiCare's MVV drives the consideration of societal well-being and benefit in both strategies and daily operations in three ways. First, during the strategic and annual planning processes, environmental assessments provide information regarding gaps in services, demographic trends, and opportunities to improve the health of the community through increased access to care, information and services. Second, the development of most major services includes the seating of a community advisory group to assess operations and plans and provide recommendations to the leadership team. Third, the BU scorecards track customer loyalty and engagement, customer volumes, and quality measures as a proxy for societal well-being and benefit.

AtlantiCare addresses the well-being of the environmental, social and economic systems through community involvement at multiple levels. At the most basic level, AtlantiCare employs a large percentage of the local population, ensuring a biweekly paycheck from an organization that cares about the health and wellbeing of its workforce. The organization also collaborates in many community initiatives, including the Workforce Investment Board, Healthy Schools Initiative, and faith based initiatives. Finally, AtlantiCare maintains an indigent care fund which

reimburses physicians caring for uninsured patients. AtlantiCare is the only safety net hospital in southeastern New Jersey.

1.2c (2) AtlantiCare's core competency, the integration of Healthcare delivery, Health Information and Health Engagement, supports and strengthens its key communities through the provision of needed services, the information necessary to make informed health decisions, and collaborative processes designed to engage the community in active pursuance of optimal health. Key communities include patients and their families, employers and partners, community organizations and other customers in the PSA and RSA. Key communities are further segmented through designation as a primary or a secondary service area. They are stratified by zip code, utilization patterns, and community needs. These data serve as input to the LSPP and AAP where considerable attention is paid to expansion of community-based programs designed to challenge the long-standing principles of an industry focused on costly disease management.

AtlantiCare partners with schools, social and governmental agencies, neighborhoods, churches and communities to improve the health, social and overall well-being of the community. This is accomplished by taking a lead or collaborative role in support of numerous outreach programs and activities designed to address overall community health. Examples include immunization of school aged children, two federally designated Weed and Seed programs, gun buy back programs, seminars, mobile health programs and services, and screenings which annually touch thousands of community residents and, most recently, a program designed to address childhood obesity managed through the local school systems.

Consistent with the vision of building a healthy community, AtlantiCare leaders and staff are expected to demonstrate community involvement. Although personal choice guides much of the workforce, organizational sponsorships and participation are prioritized by AtlantiCare, based on key community needs and involvement. Senior leaders participate on local boards, and financial support is provided to organizations that support health or are congruent with AtlantiCare's mission. A small committee of SL evaluate requests in excess of \$2500, and make funding decisions based upon congruence with the strategy and objectives. Recent examples of both funding and staff participation include the American Heart Association's annual Heart Walk, the Susan Komen cancer walk, Gilda's Club activities, and other nationally sponsored health related events.

AtlantiCare is embracing efforts to become more environmentally conscious and eco-friendly. AtlantiCare is pursuing LEED certification on its new Cancer Care Institute which broke ground in April 2008, a first for AtlantiCare and for healthcare facilities in the region. AtlantiCare initiated a System-wide 'Green Team' in 2008, comprised of managers and staff across the organization to evaluate, develop and implement plans to improve conservation of the environment.

Category 2: Strategic Planning

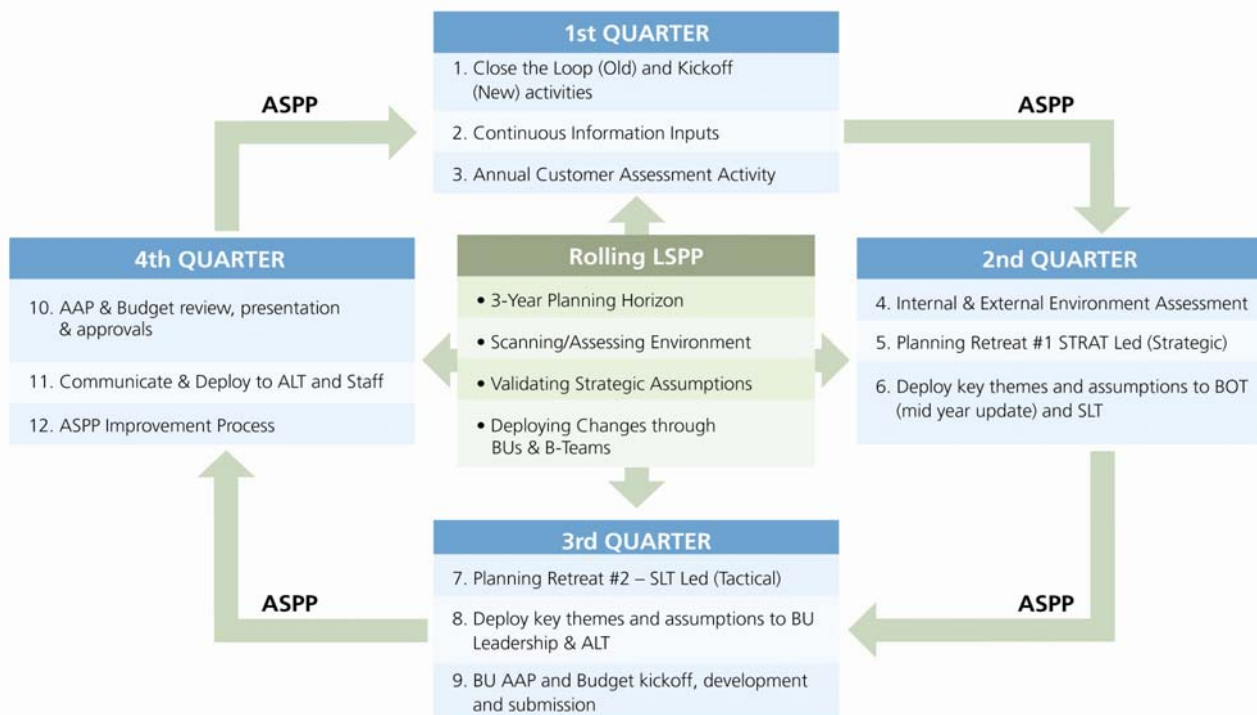
2.1a (1-2) *By integrating key services, providing exceptional value to customers and achieving outstanding levels of performance excellence, AtlantiCare will continue to grow in order to achieve its vision.* AtlantiCare’s strategy, developed through the 2008 Long-term Strategic Planning Process (LSPP), creates the foundation for the 2009-2011 Strategic Plan. AtlantiCare established this strategy through a multi-tiered, intentionally decentralized but integrated, continuous strategic planning process. The system-wide MVV, strategic initiatives and performance excellence criteria are set through a “rolling” three-year LSPP that is fully integrated with the twelve-step Annual Strategic Planning Process (ASPP) (Fig. 2.1-1). A change from a static 5 year to a rolling 3 year LSPP planning horizon was made in late 2007 by STRAT and considered to be a significant cycle of improvement. These dual planning horizons, running concurrently throughout the year, help focus all levels of leadership on both the future direction of healthcare and the organization, while fostering flexibility, innovation and agility in responding to a rapidly changing environment (competitive, regulatory, economic and technological). Going into 2008, one of the desired outcomes for the LSPP was to reach consensus around what role Key Service Offerings play at AtlantiCare. It was determined by STRAT and validated through SLT, that the integration of the Key Service Offerings is AtlantiCare’s core competency. Strategy is developed, and implementation planning organized, around the key service offerings to facilitate tighter integration across the system. Strategic initiatives become operational at the BU level through the ASPP, resulting in cascading annual Action Plans (AAPs) and goals that align directly with system-level 5B goals (Big Dots). Thus, the ASPP and resultant BU AAPs and

goals “operationalize” the Strategic Plan for the coming year. The LSPP is coordinated by STRAT with oversight provided by the Strategic Planning Committee of the BOT. Additionally, input by medical staff leadership, BU BOTs, and representatives of key stakeholder groups is also incorporated into the process. Input from outside consultants and research organizations is also routinely sought. For example, the LSPP conducted in 2008 used a consultant to review the development of the Environmental Assessment (EA) (Table 2.1) and SWOT processes in order to put ‘fresh eyes’ on the results and assumptions, and to validate strategic challenges, advantages, and the core competency. In 2008, the LSPP reaffirmed the Vision and Values, the revision of the Mission and Strategy, and the strengthening of Performance Excellence Commitments (5Bs) to better support Vision.

The 5Bs, originally developed as part of the 2004-08 Strategic Plan, were revised to include Growth, due to its critical contribution to sustaining AtlantiCare. Additionally, system-level, three-year ‘Big Dot’ targets were developed through an iterative process involving BU, B-Team, and corporate support leadership. These Big Dots are reflected in the system-level scorecard, as well as directly aligned BU AAPs and scorecards, developed through the ASPP. This cascade continues, culminating in the development of a “personal” Strategy Map, strengthening alignment through all levels.

The LSPP, integrated into the ASPP but with its 3-year rolling planning horizon, provides a process that fosters continuous scanning and assessing of the environment, regular validation and/or revision of strategic assumptions, and a mechanism for deploying changes through the BUs and B-Teams. It also provides the structure within which BUs develop their aligned AAPs and related goals.

PLANNING PROCESS
Figure 2.1-1



ROLLING EA - EXTERNAL AND INTERNAL DATA

Table 2.1

External Data	Internal Data
Competitor Intelligence Market share, outmigration, alliances, medical staff changes, new programs, awareness/perception	Financial Analysis BU/service line profitability, financial ratios, payor mix, efficiency measurements, downstream revenue contribution from new businesses
Consumer Information/Trends Customer satisfaction, market research, awareness/perception, customer assessments, market share	Human Resources Recruitment, satisfaction, retention/turnover, labor expenses, "Share the Success" trends
Demographic/Economic Population growth/stratification, labor supply/demand, income/employment, casino and other business development/trends	Infrastructure Capital requirements, facilities/equipment requirements, capacity, market projections, program growth
Emerging Technologies "Think Tank" organizations, Clinical Partners/collaborators, physicians and industry professional organizations	Physicians Supply/demand, recruitment, distribution by specialty/geography, loyalty, age, quality, satisfaction and utilization
Health Status Federal/State/Local health regulatory/payor organizations, partners/collaborators, industry professional and Think Tank organizations	Quality/Safety Service Line analysis, System/BU scorecards, best practices, PDCA reports and JCAHO progress
Policy/Regulatory/Legislative Federal/State/Local legal and regulatory mandates, publicly reported data, industry professional/Think Tank organizations, consultants	Utilization BU and product line statistics, trends and projections, downstream utilization efficiency measurements

The twelve-step ASPP results in a clearly defined and prioritized set of AAPs aligned with each of the 5Bs, including cascading goals and measures. Progress to plan is measured and analyzed on a monthly basis at the BU level and quarterly at the SLT level. For areas not progressing, 90-day modified action plans are developed for review at the SLT. The ASPP incorporates financial, clinical and information technology, human resources, marketing, facility and quality planning to ensure AtlantiCare's continued growth and enhance its position as southeastern New Jersey's healthcare provider of choice. This continuous process is based on an annual planning time horizon to coincide with the annual budget process, and to allow flexibility and agility to the BUs operating in an environment of rapid change. Steps 1-8 are driven primarily by the STRAT and SLT groups, Steps 9-10 are managed by each BU, and Steps 11-12 are a collaborative effort by SLT and ALT.

The ASPP starts in January by simultaneously closing out the year just ended and kicking off the new year. Actual 4th quarter BU scorecards are reviewed, along with scorecards for the new year, measurement definitions, and leadership responsibility assignments. The SLT formally delivers their annual report to the combined BOTs at the end of the month. The annual report contains year end results by BU, summarized EAs, and each BU's respective AAP for the coming year.

A robust set of sources provides a continual stream of information input to support AtlantiCare's planning activity. This information is synthesized and used to evaluate the environment to determine strategic challenges and advantages (Step 5). Relevant external and internal data inputs to the ASPP are collected, analyzed and deployed at the BU and system levels to ensure early identification of shifts in local and industry-wide trends such as competitor plans, market share shifts, new technology trends, changing regulatory requirements, market demographic and economic developments. The Corporate Planning Department updates a rolling EA on an annual, monthly and, at times, a daily basis as information changes and/or becomes available. An EA cycle of improvement was implemented in 2008 with the launch of a user-friendly website located on the intranet under the Leader's Tool Box available to all ALT and SLT members. This enhancement has increased access to top level EA data for all levels of leadership and also serves an educational role for use of such information in routine planning activities.

During the first quarter, the annual Customer Assessment Activity ((CAA) Step 3) is executed to keep AtlantiCare focused on patient, other customer, and partner preferences. This approach creates a system level perspective, utilizing a variety of techniques targeted at key stakeholder groups and conducted by both internal staff and external consultants.

A formal, extensive EA (Step 4) is prepared to be presented as part of Planning Retreat #1 (Step 5). The EA summarizes relevant data, plus any additional information required to create a solid foundation for development of the BU AAP for the following year. Planning Retreat #1, attended by all SLT members, is a STRAT led, 3-year comprehensive look at the issues and factors that could influence the long-term sustainability of the key service offerings. Presentations representing 3-year scans of each service are made in conjunction with the EA. BU and Service Line research, focused specifically on indications of major shifts in clinical and IT, is also presented.

The results of these presentations are considered during the SWOT portion of the retreat. The SWOT, organized by key service offering, is used to identify AtlantiCare's strengths (strategic advantages), weaknesses, opportunities, and threats (strategic challenges). During the summarization phase, results of the SWOT are considered from an integration perspective, as well as identification of potential blind spots. The results of the first retreat are reviewed with BUs as well as the BOT at their mid-year update scheduled in June (Step 6).

The steps executed in the third and fourth quarters represent primary preparation and AAP development activities (Steps 7-9), and review/deployment activities (Steps 10-12), respectively. Planning Retreat #2 (Step 7) is facilitated by SLT members and is focused on the tactical level in preparation for developing the following year's AAPs. The results of Retreat #1 are considered, along with any material changes identified by the rolling EA. Year-to-date progress measured by current BU scorecards is also reviewed. As in Retreat #1, a SWOT exercise is conducted focused on gaps, opportunities and threats related to the 5Bs. The goal of

Retreat #2 is to reach consensus regarding specific actions required in the coming year to ensure organizational sustainability and to maintain and/or accelerate progress on BU goals. The BU AAP development process kicks off in mid-July and allows for six weeks of plan development (Step 9). "Draft" AAP summaries by BUs are submitted to the Corporate Planning Department by Labor Day which coincides with the start of the capital and operating budget process. During the 6-week timeframe, corporate support department staff participate in the BU's AAP process, providing information and expertise as required.

AtlantiCare's assessment of its ability to execute strategic plans occurs routinely during the course of the year at bi-weekly STRAT and SLT meetings, but is initiated in Step 10 during the AAP and budget review processes. During September, System-level B Teams and corporate staff conduct detailed reviews of draft BU AAPs. After revision, each BU presents its AAP and associated measures to SLT for review and comment. Once BU presentations are completed, corporate support functions present their AAPs to demonstrate and validate their contributions on achieving BU goals. A final process of alignment, integration and refinement of APs takes place by the end of November. BU AAPs and budgets that represent the resources (human and financial) required to support them, are presented to the respective BU BOT for approval in December.

The annual Review/Preview event in mid-December, attended by ALT, is a major deployment mechanism for the new year's AAPs (Step 11). This meeting celebrates the current year's accomplishments while deploying the major plans and goals for the coming year, including the highlighting of significant and/or innovative initiatives. Hard copy and electronic media are used to facilitate the deployment of key messages through the ALT back to the entire workforce. Employee performance and goal setting takes place subsequent to this deployment process. As part of the annual process, the Strategic Planning Department performs internal surveys and interviews to ensure continual process improvement (Step 12). From the survey feedback, action plans are developed and implemented. Best-practice examples are sought out and researched in order to create cycles of learning focused on design, technique and deployment processes.

2.1b (1-2) Fig 2.1-2 displays AtlantiCare's key system-level goals, objectives and key measures. BU AAPs include goals that directly align with the system goals as well as those that implicitly align and address each BU's unique operating environment. The Big Dot goals and AAPs address key strategic challenges based on the output of the ASPP (Steps 1-7). Through the creation and review of their AAPs (Steps 8-10), each BU incorporates opportunities for innovation in service development and delivery, operations, and supporting business models. Strategic Objectives (SOs) resulting from the planning process are organized around key service offerings, the integration of which form AtlantiCare's core competency. This facilitates tighter integration across the system and allows for evolution to future core competencies as appropriate. The 5B goals and objectives, developed during the 2008 LSPP and assessed against the needs of key

stakeholders, are reviewed annually to ensure they continue to balance the needs of AtlantiCare and the people it serves.

2.2a (1) Key short-term action plans are identified in Fig. 2.1-2. Longer term action plans include achieving top decile/90th percentile performance in all 5Bs by 2011. The APs are deployed throughout the organization as part of the ASPP Steps 8-11. The process is driven by STRAT and SLT, with each BU creating AAPs. During Steps 9 and 10, the BUs draft AAPs for submission, review, and approval by the SLT. The AAPs consist of short- and longer term plans, measures, and resources needed to achieve goals. Action plans include timelines for results, targets, benchmarks, and if appropriate, volume projections, resource requirements, market share goals and capital requirements. Key planned changes include the increased focus on market growth and expansion in the RSA. In addition, each BU is focused on the recent economic downturn as part of its Best Financial Performance objective in an integrated initiative called Keeping AtlantiCare Strong.

2.2a (2) Annual BU plans are developed with inputs from key stakeholders, environmental assessments, and prior year results, and are aligned with the LSPP. Through inputs from stakeholder groups, BU leaders identify gaps in performance. If significant, further analysis is performed to identify root causes and specific action steps are developed. During this phase of planning, resources are identified and accountability is assigned. Subsequently, the processes are improved through the use of PDCA and PDMAI tools in conjunction with the Creativity Champions and Innovative Ideas program to assist in developing sustainable, innovative outcomes. Key changes are then integrated into the BU. Scorecard targets are based upon the LSPP and compared to benchmarks, peers, and competitors while considering the unique market characteristics. BU plans, along with quarterly results monitoring, are shared with managers, staff, key partners and physicians at regular intervals through BU rounding, ALT forums, newsletters and the new CEO Blog.

2.2a (3) Adequate financial and other resources are allocated to support the accomplishment of APs through a three-tiered budget process, initiated in Step 9 of the ASPP. First, the results of the capital planning process are presented to the BOT Finance Committee for review and approval of top level financial targets for operating and capital. The resultant ratios are compared to national bond-rating agency benchmarks to ensure alignment with short and longer-term "Best Financial Performance" objectives. Once the operating margins and capital funding pools are approved, the BUs develop their operating budgets, including human resource requirements, based on their respective AAPs. New program plans and capital equipment and facilities requests are developed and submitted to the respective BU senior leadership groups for review, revision and prioritization by SLT. In Step 10, SLT then makes final approval of all AAPs, balancing the requests for financing new programs with those services that already exist and need continued resource support. If an AP calls for an item that cannot be funded or pursued during the current fiscal year, it is reviewed by SLT and STRAT and evaluated for alignment with the LSPP and environmental changes. STRAT determines changing priorities as well as which programs will better benefit the

PERFORMANCE EXCELLENCE COMMITMENTS (5Bs)

Figure 2.1-2

Leading AtlantiCare by 2011 to:

System-Level Big Dot Goals & Action Plan (AP) Examples	Key Measures	Current Benchmarks (IPG=Internal Process Goal)	2009 Budgeted Targets	2011 Projected Targets	Strat. Chall.
Best People and Workplace <u>Fortune 100 Status:</u> AP: BU and unit based action plans to address respective key drivers from HR solutions (2008) survey	Turnover: Overall 90-Day Talent Management: Number of Employees Promoted Improved HR Solutions Scores: "All in all I am satisfied with my job."	NJHA IPG HR Solutions	<11% <15% Improve on baseline 79%	<10% <12% Improve over previous year 86%	1,3, 5,8
Best Customer Service <u>Top Decile in Loyalty:</u> AP: Key driver improvement plans to maintain top 90%ile or improve to 2009 target level	Customer Loyalty Overall Quality of Care	PRC	60.2	67.36	5,6,7
Best Quality <u>Baldrige Award Worthy:</u> AP: Action plans to maintain or improve top %ile in teamwork and explanation tests AP: Improve timeliness of critical test results AP: BU plans to address gaps in clinical indicators AP: Target interventions to facilitate patient flow as approp.	Clinical Communication Teamwork Tests and treatment Critical test results Clinical Excellence Index Length of stay (inpatient)	PRC PRC IPG CMS/AAHC NJHA Fast Report	55 52.2 97 75% of all 4.46	90%ile 90%ile 99 90%ile 4.3	1,3,6, 7,8
Best Growth <u>Sustaining our Organization:</u> AP: Implement BU specific strategies to increase patient origin from RSA and reduce outmigration	Case mix adjusted admission RSA Patient origin Case mix RSA index	IPG IPG IPG			1,2,3, 4,5
Financial Performance <u>Achieve/Maintain Bond Rating:</u> AP: Implement BU plans that improve revenue, increase efficiency and manage expenses	Bond Rating Operation Margin Days in Accounts Receivable	Standard & Poors	Maintain A+ Budget decrease by 10%	Maintain A+ Budget decrease by 10%	2,8,9

community as measured by the 5B framework. Financial and other risks associated with these plans are assessed by using the robust set of planning information gathered during Step 2. Lastly, a capital planning process is used to ensure adequate resources are available (without negatively impacting our “A” rating), and evaluate evolving technology for appropriate investment through the systematic process overseen by the Value Analysis Committee for both medical and information technology.

2.2a (4) Event-driven modified APs are developed as a result of unanticipated market changes requiring short-term action. Initially, a rapid assessment takes place which includes environmental, customers’ and providers’ needs and expectations. A SWOT analysis is performed to ensure that all opportunities and threats are considered. Next, a plan is developed which includes 30 day action plans and consideration of many factors such as facilities, providers, finances, communication, regulatory issues, resources (human, financial and IT) metrics, and education and training. Timelines for each are created with specific tasks assigned to

responsible individuals. An interdisciplinary implementation team is developed and timelines for each subcommittee are identified. These action plans are monitored closely and frequently by accountable BU leaders.

Modified action plans are created as a result of variances in the Annual BU plan. These APs are created when needed, based on quarterly performance reviews. Once developed, modified action plans are placed on bi-weekly SLT and/or STRAT agendas for review, revision if necessary, and approval. Modified APs are then deployed by the appropriate teams.

Undesignated strategic capital funding is maintained to support investment in new programs or shifting circumstances that require rapid execution. Key, short-term (2009) and longer-term (2011) AtlantiCare and BU APs are presented on Figure 2.1-2.

2.2a (5) AtlantiCare’s key human resource plans are driven by the Performance Excellence Framework, with action plans in place to address overall employee satisfaction, turnover and leadership development (Best People and

Workplace) (Fig. 2.1.2). These plans address factors critical to employee engagement and provide a clear line of sight from the strategic direction of the organization to the role of each individual in achieving those goals. In addition, HR needs are identified in planning for the achievement of the 5Bs, as well as responding to changes in the internal and external environment. As changing capacity and capability needs are identified through the ASPP and AAP (Fig. 5.2-1), action plans are developed through collaboration between the BU leadership and HR. Interventions may include education, development or recruitment of people with needed skill sets, and/or movement of people to new roles in the organization.

2.2a (6) The longer-term goals aligned with each of the 5Bs represent the top level performance measures for tracking progress on AtlantiCare's APs (Fig 2.1-2). The 5Bs set the organizational direction and serve as the foundation for developing each BU's AAP and associated goals, creating cascading alignment between the longer-term goals of the 5Bs and shorter-term goals of the BU APs. The ASPP process itself ensures that the scorecard measurement system covers all key deployment areas and stakeholders. One or more key

performance measures are defined by each BU for each goal on the action plan. Indicator definitions are completed by each business unit leadership team and reviewed by SLT when scorecards are finalized. Targets are established based on percentile rankings to ensure continual improvement to best-in-class levels. If percentile rankings do not exist, targets are set to applicable benchmarks with consideration given to competitor positions.

2.2b Determination of performance projections formally occurs during Steps 9-10 of the ASPP. This process includes 5B projections integrating data from the EA, comparative data, and the vision to set short and long-term targets. Figure 2.1-2 lists the Big Dot projections for the system.

AtlantiCare's performance in the key metrics of the 5Bs far exceeds the local competition. On a national level AtlantiCare compares favorably in many indicators across the 5Bs. For example, Hospital and Home Health Compare (Medicare Website) rates in the top 10% for clinical quality. Any observed or projected gaps are reviewed by appropriate stakeholders and APs for improvement are developed and implemented using our improvement methodology (6.2b).

Category 3: Customer Focus

3.1a (1) AtlantiCare identifies and innovates healthcare service offerings during the LSPP and ASPP processes. Marketing, Strategic Planning, and Customer Service Departments (CSD) conduct multiple VOC activities annually and at regular intervals in advance of key planning cycles. The Strategic Planning Department aggregates and shares market data with various planning and operating teams annually, and at the request of BUs, for use in the EA step of a specific project planning process. During the EA, data are aggregated, reviewed and analyzed by STRAT, BUs, CSD, Corporate Planning, and Marketing departments. Data are stratified by market segment (RSA, PSA), and/or by patient or customer profile (e.g. inpatient, outpatient), to evaluate the ability of current healthcare service offerings to meet the requirements and expectations of each patient/stakeholder segment. The information is prioritized according to the Strategic Plan's Big Dot goals and MVV. BUs develop action plans and strategies to address any new service needs.

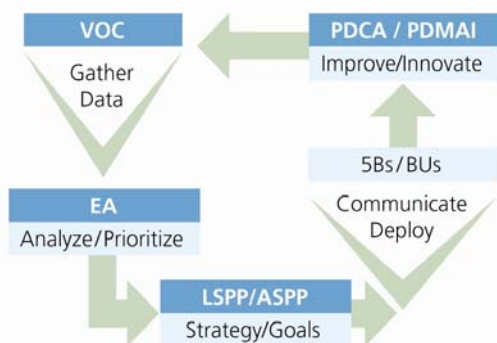
Tracking Research (CTR), a part of Step 3 ASPP (CAA), is used to assess the extent to which current service offerings meet or exceed prospective patients/stakeholders' needs including those of competitors' customers. BU tailored approaches, such as focus groups, are used by Marketing when needed, to provide greater insight into perceptions and needs to identify and prioritize opportunities for expanding relationships with new or existing patients/stakeholders. Various VOC tools are employed at regular intervals to identify and validate engagement strategies and/or to enhance them to expand relationships with patients/stakeholders.

3.1a (2) AtlantiCare queries patients and stakeholders to determine key mechanisms needed to support use of its services through multiple VOC activities (3.2-1). Informally, and during annual strategic planning, Marketing uses web user data, Access Center (call center) trends, and focus groups to evaluate and improve patient/stakeholder access mechanisms. Inputs are reviewed and prioritized by Marketing. During planning cycles, systems and mechanisms are improved to support customers' use of Healthcare services. For example, through focus group research during the 2006 EA, many segments identified the need for expanded patient/stakeholder access to and navigation through the healthcare system. The Access Center was developed to respond to this need.

The CSD uses BU/service area specific key drivers, which result from the correlation of customer satisfaction data, as a tool for identifying key support requirements. Key support requirements are communicated and deployed to all staff through employee orientation, annual education, and internal communications, and to specific groups as needed through training programs and partner meetings. BU or market segment specific support requirements are also deployed through the BU Best Customer Service teams as well as unit or service-line specific planning. For example, the ABCs (Customer Service Standards) are deployed to all staff through the annual education requirement and to new staff through the

VOICE OF THE CUSTOMER INQUIRY PROCESS

Figure 3.1-1



AtlantiCare STRAT, BUs, CSD and Marketing use the process in Figure 3.1-1 to identify new or improved healthcare service offerings to attract new patients and stakeholders. Formal and informal VOC methods provide inputs used to identify opportunities to attract new patients. Consumer

KEY CUSTOMER CONTACT MECHANISMS

Figure 3.1-2

Customer/ Stakeholder	Web	Advances/ e-Collateral	Navigator/ Health Coach	Rounding/ One-to-One	Access Center	Support Group	Outreach Education	Sites
Patients	x	x	Cancer pts	x	x	Cancer, joints, bariatric	Diabetes	x
Other customers	x	x	x		x	Kids 4 Life	Fitness, arthritis, children/ schools	x
Community	x		x		x	Hospice/Grief	Gender, age, at risk	x
Employers	x	x	x	x	x		x	x
Partners	x	x	x	x	x		x	x

orientation process. Completion of annual requirements is tracked and tied to individual merit bonuses.

3.1a (3) Annually, the BUs, the System Best Customer Service B team, CSD and Marketing review approaches for identifying and innovating healthcare services and for patient and stakeholder support. This is done in collaboration with select vendors who provide insight into new product development. The Innovation Council, B teams, and facility or project design teams, conduct site visits to learn about alternative approaches. The inputs are incorporated into innovation and planning processes, where they are evaluated, prioritized by the teams and, where appropriate, adopted or modified, implemented and measured for outcomes. As a result of a best practice analysis conducted by the Innovation Council, an Idea Management System was introduced, in 2009, to provide a more current approach for encouraging innovation of healthcare service offerings.

3.1b (1) AtlantiCare’s culture derives from the organization’s MVV and the concept that everyone can make a difference as illustrated by the Starfish Story. Creation of a patient and stakeholder focused culture is accomplished through the linkage of the strategic planning process, the annual planning process and the Performance Management process (PMP) (Fig. 5.1-1). The LSPP provides direction for this focus through the Performance Excellence Commitments (5Bs). During the PMP, all staff set personal goals that connect their work to the customer service strategic objectives. Training, reinforced with various communication methods, is used to provide necessary tools to support customer service.

The PMP annual review process for all staff includes evaluating customer service goal achievement. R & R systems provide formal incentives for customer service performance. Leader bonuses and Share the Success programs include a customer service component. Bonuses are determined by the level of the organization’s achievement, and increased if goals are exceeded. Awards are issued quarterly to individuals and annually to groups based on customer service achievements.

3.1b (2) Through the LSPP and ASPP, AtlantiCare reaches out to the PSA and RSA to better understand patient

and stakeholder needs. This provides the organization the opportunity to build new relationships with potential customers and increases new patient and stakeholder familiarity with the organization. New patients’ interests and basic health information are used to provide targeted information to prospective patients and customers about future events and health services. Information is also sent to those in the Access Center database who share similar characteristics as part of customer relationship management (CRM).

AtlantiCare has identified certain segments that are critical to system strategy — women, seniors and those living in certain geographies of the RSA. By organizing services around requirements and expectations common to the segment, engagement is increased through the following methods: outreach events, e-newsletters, targeted communications and affinity groups. The Spirit of Women affinity group, for example, provides education, support, advocacy and benefits of membership that are specific to women including sub segments of that affinity group. The Access Center calls prospective and current patients/stakeholders who have completed a health screening and offers healthcare options and referrals when needed. When a new service is created, the database is searched for patients/stakeholders who inquired about that service, and information is provided by phone or mail, based on the communication preferences and demographics provided by the patient. AtlantiCare provides support groups via ongoing meetings and on-line venues.

3.1b (3) Approaches for creating a patient and stakeholder-focused culture are kept current through best practice learning steps embedded in LSPP and ASPP. The ALT and B Team meetings also include best practice research and sharing as part of their agendas. The BP/BW Team and the Best Customer Service teams analyze best practices internally and externally. This includes reviewing best practices from high performers (Baldrige winners), readings of recognized thought leaders (Studer, Covey, etc.), competitive analysis, and attendance at conferences. This information is evaluated by the teams annually and during standing monthly meetings and piloted where practical, modified or adopted,

communicated, and deployed. Additionally, CSD, HR, and Marketing contribute to best practice learning to support the sharing and selection of approaches and practices that foster a patient and stakeholder focused-culture.

3.2a (1) Marketing, Strategic Planning, CSD and BUs use VOC tools across diverse patient and stakeholder groups to listen and obtain actionable feedback. These include customer loyalty surveys, the Customer Comment Tracking system, focus groups, community advisory committees, rounding, web and Access Center mechanisms. Customer Service surveys are customized by various patient and stakeholder segments and also administered in Spanish. Various modes are used to accommodate requirements by different segments: telephone, one-to-one rounding, web feedback and written surveys. Broad formal and informal research provides opportunities to obtain feedback from stakeholders and prospective patients, while Customer Service tools obtain feedback of current patients across the continuum of care.

Follow up with patients and stakeholders regarding the quality of services and support is accomplished in two ways. Key service areas call patients and stakeholders after visits to gauge quality of services and transactions. For example, Urgent Care and HealthRite staff call patients after each visit to determine if the patient is feeling better and to assess their level of satisfaction with the service. Data is analyzed and common themes identified by BU and B Teams. Where appropriate, PDCA plans are developed and implemented. Patient satisfaction surveys are also deployed in most service areas and provide key information regarding the patient's perspective on the service they utilized.

3.2a (2) AtlantiCare employs formal and informal methods for listening and obtaining actionable feedback from former and potential patients and stakeholders. Formally, annual VOC activity such as board-led community discussion groups and the annual CTR enable AtlantiCare Marketing, Strategic Planning, CSD, SLT and key service leadership to gather feedback. SLT, BUs and service lines review, summarize, aggregate and prioritize input during annual planning cycles. Common themes or trends are identified and incorporated into action plans. Informally, information is gathered at outreach events, through discussions with trustees, partners and community collaborators, and via the Access Center and the web. This information is shared at regular intervals, such as quarterly marketing meetings with service lines, and is used to adjust strategy or develop new strategies to address priorities.

3.2a (3) AtlantiCare uses a multi-tiered process for collecting, tracking, responding to and analyzing customer feedback, including compliments and complaints. Documentation of customer comments occurs in nursing and physician notes, patient records and the Call Documentation System at AAI. The first line of defense for complaints (all modes – mail, e-mail, public web site, phone, surveys, face to face) is the person who receives it. If a complaint is not resolved at the point of service it is logged into a Web based tool – Customer Comment Tracking (CCT). These escalated complaints are collected by the customer relations department at ARMC, the Access Center, the patient billing department,

and corporate offices. Alerts are sent via CCT to appropriate leadership for investigation and resolution. Leaders are accountable to ensure resolution and coach staff if necessary. System-wide standards define complaint resolution steps and timelines. Once complaints are received, the standard calls for resolution within three days if possible. More complicated issues may take longer but must be resolved within 30 days. The CSD and the ARMC and AAI customer relations areas monitor open cases to ensure they are resolved quickly and provide support when necessary.

In 2009, AtlantiCare is launching an enhanced process of responding to patient concerns to enable staff across the organization to capture and systematically respond. Staff is being trained to use this process: Listen, Recognize & Respond, Apologize, Correct the Failure, and Appreciate. Pre-approved business unit specific responses and tools are provided as part of the training to allow staff to respond without requiring manager approval. This results in more rapid service recovery by giving the person receiving the concern a consistent set of guidelines to follow. A simple tracking process will ensure that all comments are captured.

System wide use of CCT facilitates improved aggregation of complaint data. CCT enables reports to be generated at the business unit, facility or location/unit levels. Starting in 2009, these reports are reviewed by System and BU B Teams, BU leadership and operational managers to identify common themes. Improvement work teams are created, as appropriate, to develop PDCA plans which are reviewed by the B Teams and leadership for progress.

3.2b (1) Patient satisfaction and engagement are determined through AtlantiCare's customer loyalty research process, coordinated by the CSD. Based on the unique needs of the service area and customer, the most appropriate tool is utilized. The multiple inputs to this process include customer loyalty research, HCAHPS, MHCA, paper surveys, and focus groups. Customer loyalty surveys are conducted by an independent third party research company, PRC. Randomized samples of patients/families are surveyed by phone and results are accessed by AtlantiCare users via a real time website. HCAHPS, a national survey required by the Centers for Medicare & Medicaid Services (CMS), enables AtlantiCare to compare its patient satisfaction results to those of other hospitals. ABH uses a paper survey developed by the MHCA organization to evaluate their patients' experience. This survey is specific to behavioral health customer populations. For this patient population, paper surveys are the preferred mode of delivery, and are utilized to capture the patient's perception of their experience. Collection occurs via mail or point of care drop boxes. In addition, focus groups, board community groups, and surveys from outreach and special events are also in place. Other processes include discharge calls made within 48 hours of discharge or service for specific populations, leadership rounding on customers and feedback provided directly to staff. Engagement of current and potential customers is measured by monitoring attendance at outreach events.

Survey tools are customized by service lines (inpatient, ED, urgent care, etc.). Surveys are comprised of a core set of

questions, and service areas can add customized questions to address the unique needs of their customers. Surveys are offered in English, Spanish and other languages as appropriate.

The PRC web site (real-time results) and the Dashboard (monthly) provide results aggregated at various levels (unit/location, campus or overall service). The Dashboard also provides business unit Customer Service Indexes. A customer is deemed loyal and engaged if they rate the overall quality of their experience as excellent. All of AtlantiCare’s measurement reporting focuses on Top Box results – the percentage of Excellent (PRC, MHCA), or Always (HCAHPS). Key drivers of satisfaction are determined by regression analyses to identify attributes having the greatest impact on overall quality of care. Leadership develops targeted action plans for improvement based on these key drivers.

The Customer Service Big Dot measurement is the AtlantiCare Customer Service Index. This index of customer service scores provides rolled-up results for business unit and overall customer service results. Customer Service goals are set at the unit/location level and roll up to the AtlantiCare Customer Service Index. Best Practice sharing is promoted by the transparency of the results. Leaders have access to the Customer Service Dashboard and PRC website to see the organization’s top performers.

3.2b (2) AtlantiCare obtains information about competitors via the HCAHPS survey, focus groups and the annual consumer study. HCAHPS is updated quarterly and results can be compared to competitive hospitals, state and national averages. Focus groups and the annual consumer study provide both qualitative and quantitative information about local providers/healthcare systems. Out-migration and market share data is reviewed to monitor volumes and to identify potential reductions in market share or opportunities to offer new services or procedures. These inputs are incorporated into the LSPP and ASPP. HCAHPS scores are reviewed quarterly by BUs and B teams as part of the Customer Service Dashboard, and ARMC Scorecard.

3.2b (3) Patient dissatisfaction is determined by patient concerns expressed via the formal and informal customer loyalty processes described in 3.2a (3). They are tracked by the CCT system (Figure 3.2-1). In addition to customer complaints, PRC and in-house paper surveys use an Action Alert methodology. If the respondent is very dissatisfied or requests to be contacted, an Action Alert is generated and sent to that service area’s leader for resolution. Alerts are integrated into the customer comment resolution process for service recovery. Customer loyalty surveys capture feedback from customers when they do not rate a service process as excellent or very good by asking the follow-up question of “Why did you not rate it as excellent or very good?” To further understand customer dissatisfaction, AtlantiCare commissioned PRC to conduct a key driver analysis on dissatisfaction. The analysis validated that the key drivers of satisfaction and dissatisfaction are highly correlated.

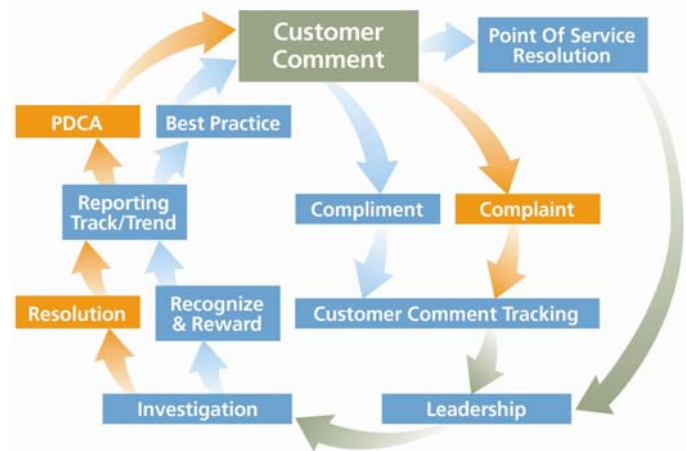
CCT Reports are generated at the business unit, facility and location/unit levels. These reports are reviewed by

System and Business Unit B Teams, business unit leadership and operational managers to identify common themes. When appropriate, improvement work teams are created to develop PDCA plans. These plans are reviewed by the B Teams and leadership for progress to goal.

3.2c (1) Market share data, particularly out migration data from the PSA and RSA, and VOC inputs are the sources used to identify future patients, stakeholders and market segments. These inputs are analyzed and prioritized during the EA step in LSPP and ASPP. When reviewed by the respective teams, specific criteria are used to prioritize and/or identify new market segments and/or groups of patients and stakeholders. Planning teams are commissioned to define a strategy to address the needs of the prioritized segments. Through this analysis, AtlantiCare identified seniors within the RSA as a dominant and growing segment. This was processed through planning cycles by STRAT, SLT and BUs, and an SLT member was assigned responsibility for implementing a strategy to attract potential new patients and stakeholders in this segment.

CUSTOMER COMMENT TRACKING PROCESS

Figure 3.2-1



3.2c (2) Determination of key requirements, changing expectations and their importance in decision making is accomplished by aggregating VOC data, analysis of key drivers of satisfaction and through correlation of the CTR research. This is done in collaboration with PRC, drawing on national benchmark data to determine and prioritize key drivers, requirements and their importance in decision making through the correlation of factors that drive satisfaction, loyalty and utilization. AtlantiCare also analyzes consumer research, market share data, demographic data, and CCT data over time to predict or anticipate trends. Trended information is shared at team leader, SLT, ALT, STRAT, BU and service line meetings for incorporation into BU planning. Environmental scans that may reveal changes in marketplace conditions are also considered during planning processes and at STRAT meetings. Market trends and legislation impacting segments or groups are also followed by Strategic Planning, Marketing, Service Lines, and by the Innovation Council for application and use in innovation processes. VOC data, reflecting feedback across stages of a customer’s relationship are used as inputs as described in the VOC process, Figure 3.1-1.

3.2c (3) Marketing tracks responses to advertising campaigns to determine how best to communicate services to patients and make information accessible. Through web user analyses and trending of Access Center data, Marketing can gauge its effectiveness and improve its services to build a more patient and stakeholder-focused culture. CTR demonstrates where advertising has been effective and where awareness, perception or utilization have been influenced (all measures of increasing engagement) over time. Marketing participates, and in some cases, leads patient/stakeholder advisory committees (VOC) to incorporate feedback into PDCA processes to improve, adjust strategy, or develop new approaches for building a patient/stakeholder focused culture. Data is also fed back to the Best Customer service teams for review and use in PDCA cycles. The CSD works collaboratively with Corporate Education and Internal Communication on messaging, process improvement and training to foster a more patient-focused culture. Ideas from the innovation management system to improve engagement and patient/stakeholder focused culture are triaged to

appropriate leaders, BUs or service lines for analysis and possible implementation through regular planning and improvement processes.

3.2c (4) AtlantiCare keeps approaches for patient and stakeholder listening, determination of satisfaction/dissatisfaction and engagement, and the use of this data current with healthcare service needs and directions through the use of the VOC Process (Fig 3.1-1) and information channeled through the Customer Service B Team and the CSD. Teams include annual environmental scanning and research of best practices through reading, networking and conference attendance. When appropriate, tools and best practices are incorporated into PDCA and PDMAI plans by these teams. One such cycle of improvement resulted from comparisons of the existing patient satisfaction survey with the products of other vendors. The result was the selection of a more robust product that provided immediate access to online data as well as action planning support through the identification of key drivers of patient satisfaction.

Category 4: Measurement, Analysis, and Knowledge Management

4.1a (1) AtlantiCare's approach to the selection, collection, alignment and integration of data and information is consistent with the focus on organizational performance review and management by fact, used to drive best practice and innovation (Figure 4.1-1).

Data is selected and validated by stakeholder groups, based on the strategic plan, and knowledge needed to manage the organization and support decisions related to patient care and healthcare operations. This occurs at the system level throughout BUs, departments and services (during the ASPP). Data selection criteria include: the value of the information to gauge progress towards achievement of patient/client care and strategic goals; balanced consideration of measures to reflect processes, outcomes, customer service/loyalty, and finances; the strategic value of the data balanced against the time/resources to collect and/or display the item; regulatory and accreditation requirements; and industry standards (availability of comparative data and accepted definitions, evidence based standards etc.).

Data collection may be manual or automated. Priority metrics (those most closely aligned with the strategic plan and reflected on the BU scorecards) have written descriptions of numerator and denominator definitions and collection method. A guiding principle is that staff closest to the data performs the collection. AtlantiCare is transitioning to an automated record, with significant amounts of patient results-reporting now displayed in the computerized medical record. Measures are collected at various intervals based on the decisions the data supports. Data collection of in-process measures may be as frequent as moment to moment, such as caring for a patient in ICU with unstable blood pressure. Collection frequency may be daily, such as running controls for machines that analyze blood specimens; or weekly/monthly such as aggregating the control findings to reflect a metric for Laboratory quality control.

Alignment is fostered via the SPP, where SLT uses a cascading process to ensure full deployment and alignment across the organization. The Performance Excellence Commitments (5Bs) translate to BU objectives and work plans. Work plans include measurable goals, populated as described above. Whenever possible, to further strengthen alignment, metrics that are shared by more than one function, department, or BU have a shared definition and common collection method, often sourcing the same primary computer report or manual collection activity.

Data integration is achieved through work design that incorporates input from process stakeholders in process design. Interlocking levels of performance measurement activities (regularly scheduled leadership meetings at the system, BU, department, and service levels) create alignment with MVV and strategic initiatives, from the system level through operations. This alignment is reinforced via deployment of the strategy map, which connects the work of each employee to BU and department action plans and achievement of strategic goals. When goals are met and a best practice identified, this internal best practice is shared at SLT/ALT.

Key organizational performance measures are represented in Fig. 2.1-2. The key performance measures listed in the referenced grid are the "big dot" goals, but also included are the action plans and measures that support their achievement. The big dot goals are a natural, multi-year progression of scorecard use, which formally culminates at a BU level.

The key long term financial measure is the bond rating. Key short term financial measures are profitability ratio and AR days

4.1a (2) Big dot goals, selected at the system/BU level, are deployed to BU's departments and performance improvement teams, for application of PDCA or PDMAI. To further innovation, national best practices are sought out by design teams as part of PDMAI. Top decile performance and/or the performance of a national best-practice site are

adopted as part of the check cycle.

AtlantiCare requires comparative data be selected to reflect targets that will yield excellent results. Selection of comparative data is made to support achievement of longer term vision and 5Bs. Top decile or 90th percentile is a guiding principle for goal selection (“green”) to reflect AtlantiCare’s commitment to achieve top box performance. Best in class (“blue”) goals are also specified. Comparative data sources include: evidence based literature; performance of key competitors; professional authoritative groups; best practice sites; and regional and national databases. To ensure the effective use of comparative data, AtlantiCare’s application of PDMAI/PDCA incorporates use of evidence based literature, best practice benchmarks and comparative data as a component of setting measures and choosing performance targets. When reports are made to steering groups, especially upon the initial presentation, performance targets are scrutinized to validate goals are sufficient to achieve best practice levels. Comparative data is an ongoing component of analysis.

4.1a (3) Measurements are determined or reaffirmed annually as part of the SPP. Measures are also reconsidered when a new process is designed, or when the environment shifts, internally or externally.

AtlantiCare’s performance measurement system is kept current through annual validation of the appropriateness of content as part of the business planning process by SLT. Each BU leader responsible for scorecard presentations seeks confirmation of measure selection (current, actionable, provide insight to process being assessed), comparative data, and performance relative to competitors. Changes in the economic and healthcare environment may be learned through the media, Quality and Legal Departments’ regular surveillance of newsletters and bulletins, or SLT and ALT participation in professional associations at regional and national level, where updates are often provided. Rapid or unexpected changes are triaged to the leader most closely associated with the topic for assessment, analysis, and PDCA as appropriate.

4.1b Organizational performance review occurs through an

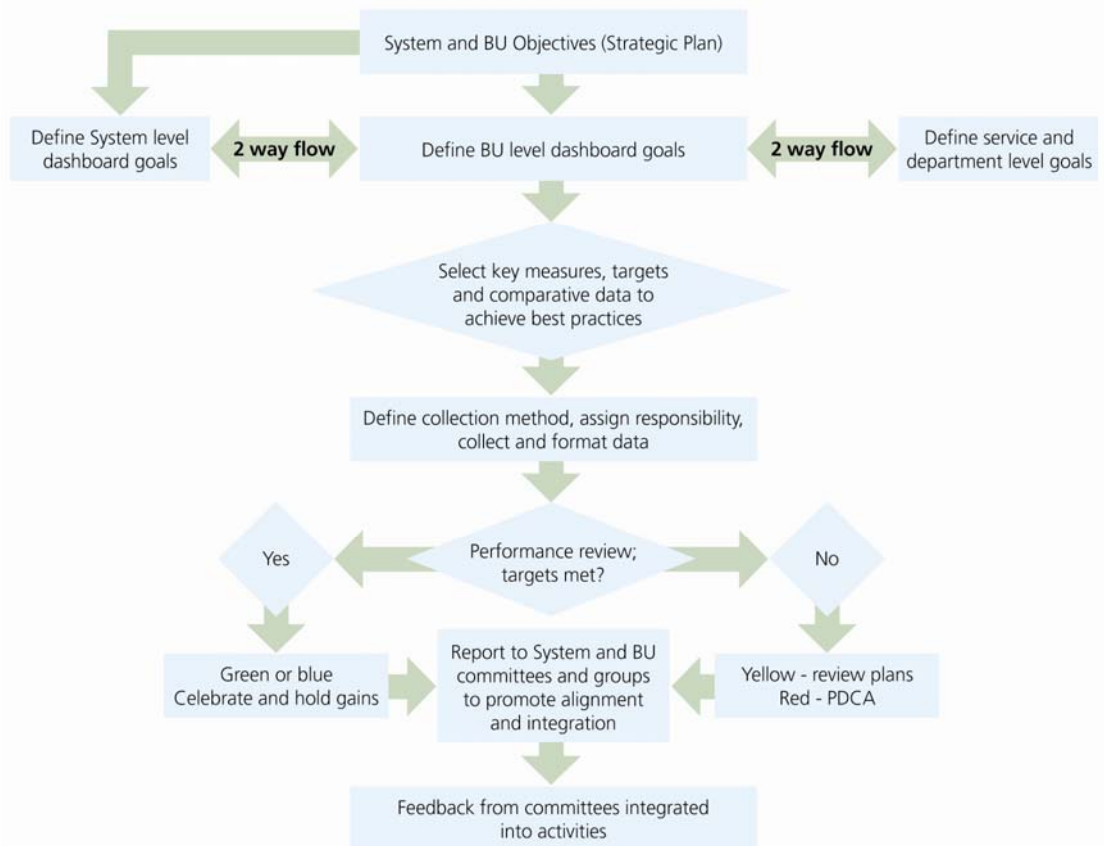
integrated system of formal and informal venues, led by Leadership at the department, service, BU, and system level. (Figure 4.1-2). Reviews occur on a monthly or quarterly basis, and consist of: internal performance levels compared to goals (top-box targets and the performance of competitors); trend identification; and analysis to determine or further define controllable causes. Analysis includes: displays in formats that provide information (such as color coded grids, bar, or run charts); FMEA, or RCA(Veterans’ Administration or Joint Commission method); and/or statistical analysis to determine significance.

Analysis is incorporated into stakeholder reviews held at regular intervals at system, BU, department, and service levels, to determine progress relative to SPP/action plans, competitors, and achievement of overall success. At the SLT level, reviews are used to assess progress on a relative basis, addressing barriers, and evaluating and adjusting action plans in response to possible changing organizational needs and challenges in the operational environment.

4.1c Organizational performance review results are analyzed at SLT, BU leadership teams and departmental level leadership teams. Using our scorecard methodology, measures not progressing to target can prompt action plans and PDCA development to address root cause. Deployment vehicles for improvement priorities include B Teams, ALT, staff meetings, the policy/procedure system, email updates, classroom offerings, on-line, self study education, and town meetings. At the most local level, information is also shared at shift changes, and report outs.

PERFORMANCE MEASUREMENT PROCESS

Figure 4.1-1



Deployment of priorities and opportunities to key suppliers, partners and collaborators occurs via RFP/contracting process, negotiations, improvement team membership, and/or ongoing, scheduled appointments and interactions. Physician partners lead the vision for clinical excellence through participation in committees and teams to address organizational priorities and opportunities. Suppliers of patient care services have specific measures outlined within their contracts which are reviewed at regular intervals to ensure effective performance. Other key suppliers, partners and collaborators participate in formal planning and updates.

4.2a (1) The accuracy of data, information, and knowledge is ensured through a process that begins with definition of the metric, and detailed testing with the user community, to establish data accuracy and validity (does it measure what it purports to measure). This process culminates with verification through audits, testing and the identification of trends.

AtlantiCare ensures integrity and reliability of data, information, and knowledge by correlating with external reference sources, conducting statistical analysis, performing mock surveys, and trending the consistency of data, all of which are shared, discussed and acted upon at multiple layers in the organization.

Timeliness of data, information, and knowledge is ensured by check cycles, which include measuring and reviewing system availability times, system response times, and usability metrics. These findings are reported and reviewed at IT Steering Team and shared with the user community to seek stakeholder feedback and identify opportunities for improvement or best practice. Electronic interfaces and information flow are monitored continuously throughout the day so that data and information flow from one system to another is not inhibited. A continuous check process across multiple information systems also occurs with key business partners. Anomalies in system behavior or unanticipated results are communicated to vendors and partners so appropriate changes can be made using PDCA. Quarterly reviews of systems and issues are conducted with

Figure 4.1-2

<i>Activity Agenda</i>	<i>Agenda</i>	<i>Frequency</i>	<i>Participants</i>
<i>Review/Preview</i>	YTD unit results, scenario planning, interdependencies with other units, strategic challenges, special topics.	<i>Annually</i>	SLT, ALT, all staff
<i>BOT Update:</i>	YTD BU results, strategic positioning, business operating model, and special topics.	<i>Semi-Annually</i>	BOT, Executives
<i>Leadership Team Meeting</i>	new goals (spring meeting), current STRAT issues, best practice	<i>Quarterly</i>	ALT
<i>BU Pres update to BOT</i>	current initiatives and key process metrics (5Bs)	<i>Quarterly</i>	BOT, Executives
<i>SLT review</i>	board planning, special STRAT topics, Corporate & Unit Initiatives, corrective action plans, review of 5B's.	<i>Monthly</i>	SLT
<i>BU operational review</i>	Check cycles for BU initiatives and key unit, department, process metrics (5Bs)	<i>Monthly</i>	BU and Service Leaders
<i>Project Team Review</i>	Check cycles. Team oversight provided by designated project sponsors	<i>As needed</i>	Project Sponsor, Project Lead
<i>Medical Executive Committee</i>	current medical staff initiatives and key department, process metrics (5Bs)	<i>Monthly</i>	Medical Executives

key clinical and financial partners. Issues, which have been resolved, are documented and shared across the user community and items requiring additional modifications are tracked and monitored until resolved. These changes are tracked in a formal change management control process. Vendor partners participate in root cause analysis and add to the process by injecting industry expertise.

To ensure security and confidentiality, AtlantiCare requires documentation of successful training for all staff, volunteers and vendors who will have access to information systems, and a two part access control requirement which includes a unique identifier and a password. Full-time Privacy and Security Officers consult in system design to enhance the confidentiality of patient data. The Privacy Officer also performs scheduled and random audits of patient records and information system access. Possible compliance violations are identified, and breaches remedied through hardware/software modifications, process changes, or re-education of personnel as required. IT security auditors randomly walk through AtlantiCare sites where they monitor paper documents and verbal conversations for privacy. AtlantiCare also performs an annual third-party security review of its systems and data. Findings are shared with IT Steering, SLT, and the BOD Audit committee. From these findings, action plans are developed, and steps taken to eliminate deficiencies. Mandatory, annual online training is provided for all employees on confidentiality and security of information. Systems are assessed against security and technical standards to prevent unauthorized changes or access.

4.2a (2) AtlantiCare information users access needed data/information from a comprehensive communication network which includes robust Intranet and Internet sites, departmental specific portals, secure EDI connections, and remote access through Citrix in a secure electronic environment. Non-electronic methods are also employed and include: education presentations, board postings, bulletin boards, newsletters, and participation in SLT, ALT, PACE, department meetings, and in-service training. Access to

clinical and administrative systems is available based on job requirements and state and federal privacy regulations using a “least needed” model of deployment established by role based access. This ensures individuals have access to appropriate levels of information. Information access can also be made accommodated by request. Such requests are evaluated on a case-by-case basis.

Credentials for access are validated each year through the Information Security Department, to ensure that Role Based Access continues to be merited and appropriate. Suppliers and partners, patients and other customers access data and information from the Internet site (*AtlantiCare.org*) and the Access Center provides 24-hour telephone information service for the community in multiple languages to answer questions, make appointments or pass along a compliment or concern.

Computer kiosks are available at convenient locations throughout AtlantiCare so staff that do not use computers for their daily job activities have access to appropriate knowledge and information as well.

4.2a (3) Organizational knowledge is collected via formal written documentation, process/outcome assessment, best practice fairs, communication in team meetings, and is stored and transferred via formal methods administered by departments of Corporate and Clinical Education, informal coaching activities, policies and procedures, departmental portals and incorporated into the SPP.

The transfer of knowledge between stakeholders occurs through a variety of media using both electronic and traditional methodologies such as SLT, ALT, PACE, newsletters, memorandum, and bulletin boards and best practice fairs. An electronic method is also in place including email and uploads onto AtlantiCare’s Intranet, Starfish. Annual education requirements, educational opportunities, policies and procedures, clinical guidelines, staff directories, on-call schedules, departmental scorecards and reference material as well as best practices are available to all staff, and shared freely via departmental portals which are the warehouse of business unit knowledge and expertise. These tools ensure that all specific knowledge can be cataloged and disseminated in a clear and concise manner across the organization.

Transfer of relevant knowledge to and from patients, physicians, customers, suppliers and collaborators is accomplished through Internet access, written documents, face to face meetings, focus groups, mailings, and VOC mechanisms. In addition, public educational forums, health fairs and an active outreach program are provided throughout the community. Disease specific education is available to patients and their families, via educational videos and private one to one instruction available in patient rooms.

4.2b (1) AtlantiCare ensures hardware and software reliability through a structured approach which incorporates technology standards, and steps to validate security, usability, and reliability. Technology standards establish a framework for the configuration for desktop devices, system servers, server configuration, network devices, security criteria, and mobile devices. A comprehensive testing plan is developed by both technology staff and end users. Products are deployed

only after passing rigorous testing.

Security measures are critical to reliability, and anti-virus software, firewalls, data backup systems, and intrusion surveillance activities are in place and monitored daily.

Surrounding these technical requirements is a structured governance model (IT STEER), a centralized IT management philosophy, an IT Project management office (PMO), and IT customer service group, which align to provide maintenance of current systems, explore and overcome obstacles to utilization, and to design and implement new systems driven by customer needs in an integrated fashion. IT Customer Service personnel conduct rounds in business units looking for opportunities to improve functionality, address problems, and follow up on help desk requests to ensure that end user problems and concerns have been addressed.

Hardware is updated and/or replaced on a four year schedule to ensure the most reliable infrastructure is available to users. Software is updated as needed to meet regulatory and performance/functional criteria. AtlantiCare has structured its’ application inventory into three tiers. Tier 1 applications represent those tools most critical to the ongoing operation of the organization. All Tier 1 Applications (enterprise critical systems) are made available via multiple data connections and a distributed clustered computer room to optimize uptime. This robust model was part of the original IT Plan and approved as part of the LSPP and consistent with the facilities emergency management plan.

Hardware is monitored by automated tools that trend the use of the capacity. Usage is reviewed monthly so that appropriate computing resources can be made available as usage increases. This also serves as an additional data point in planning for upgrades and replacement.

When acquiring a new system, a project committee consisting of key users and an executive sponsor, is formed to collect requirements and select the best system. Selection factors include functionality, usability, reliability, vendor’s financial stability and vision, regulatory compliance (as needed), compatibility with existing applications and infrastructure, cost, risk and usability. When changes are required to meet a metric or improve system performance, PDCA methodology is utilized to support the effort.

4.2b (2) AtlantiCare has a vigorous Business Continuity/Disaster Recovery model built around a high availability design that minimizes the risk of a disruption by having distributed clustered computer room function, redundant network connectivity within the buildings and multiple telecommunication carriers to provide telephone, broadband and cellular connection outside the organization. Data is also stored and backed up in multiple locations to reduce the risk of loss. The Disaster Plan documents priorities and procedures for restoring facilities, systems, and services in an emergency. Plans have been created and validated with the user community and are tested twice per year and at planned maintenance opportunities. Recommendations are solicited from users and technical staff after these tests and PDCA used for process improvement.

4.2b (3) Data, and Information availability mechanisms supporting hardware and software are kept current through a

two pronged approach. First, AtlantiCare has established requirements for healthcare IT system acquisitions that include interoperability standards such as HL7 and DICOM, technological alignment with the current environment as well as regulatory needs such as HIPAA compliance. Compliance to these standards and regulatory requirements are clearly stated in all Requests for Proposal documents and contracts for new information systems. Since technology changes quickly and new software and hardware frequently enter the market, prioritization of organizational needs must be balanced with the value created by the new technology. To achieve this balance, the IT governance/steering committee is in place to review and approve major system vendor recommendations, development of IT guiding principles, strategic IT planning oversight and project management. This process requires key user participation in selection, usability expectations and

integration both with other systems and with strategic initiatives. Secondly, a project team is chartered to take ownership of the hardware or software implementation and must help define the business need and process improvements expected by implementation. By tightly controlling the direction and technological changes in the operating environment, AtlantiCare is able to provide a stable and robust environment. Additionally AtlantiCare is an active participant in national and healthcare specific symposia, to help keep abreast with the newest technology and incorporate it where appropriate into the organization. Services are purchased from Gartner, KLAS, and HIMSS Analytics to help keep current in the issues and provide benchmarks to measure progress. AtlantiCare sends executives, end users and technologists to conferences to learn and adapt the latest delivery system tools.

Category 5: Workforce Focus

5.1a (1) Factors that affect workforce engagement and satisfaction are determined and validated using formal and informal methods. System wide formal methods include physician, nursing and workforce surveys, BU and B team meetings, the PMP and Employee Voice. These methods, plus BU scorecard results, provide inputs into this process. Key factors are determined through statistical analysis of the data and are stratified by BU to determine how these factors differ among various workforce groups and segments. Informal listening and learning methods (LLM) include daily operational activities, other meetings, rounds, and Coffee Talks/Socials and are used to validate the key factors. These are reviewed quarterly by the BP/BW Team to ensure accuracy.

5.1a (2) AtlantiCare's MVV and strategic plan create the foundation for the organization's culture. The alignment of every individual's goals with the vision, achieved by the cascade of Big Dot goals from the strategic plan through the BUs and departments, reinforces the importance of the role played by each member of the workforce. This approach builds pride and accountability, provides an emphasis on achievement of long term goals, and engages the workforce in goal achievement. Open communication, fostered by formal and informal LLM, enables the SLT to create ongoing feedback loops with the workforce. Leaders use daily interactions (rounding, coaching, and performance management), as well as formal staff meetings to create and sustain a culture of two-way communication and effective information flow.

AtlantiCare's team based approach to work leverages the diversity in ideas, cultures and thinking of staff. Members of the workforce at all levels are encouraged to provide input into daily departmental activities, join committees, B teams, task forces, focus groups and other formal and ad hoc groups to share knowledge and ideas. Formal LLM support stratification by selected workforce demographics to gather information from diverse workforce groups for inclusion in action plan development. Participation on teams and work groups enables the collection of ideas and thinking from all segments of the workforce.

PERFORMANCE MANAGEMENT PROCESS

Figure 5.1-1



5.1a (3) The Performance Management Process (PMP) (Fig. 5.1-1), supports high performance work and workforce engagement through its linkage to organizational goal achievement. Organizational goals are set based on the 5B strategic objectives. These goals cascade to the BUs and are deployed to each department. Individual goals are developed to support the departmental goals. During the PMP, employees are evaluated on their contribution to goal attainment. To further enhance workforce engagement and high performance at the leadership level, ALT performance goals are also linked to the 5Bs through the annual review process. Each B goal is given a percentage of the total bonus opportunity. Bonuses can potentially range from zero to 100% of projection based on individual achievement. Effective this year, staff bonuses are linked to customer satisfaction results and financial performance through a program called Share the Success. This program creates a range of bonus opportunities, from zero (did not meet baseline) to exceeds expectations (above target).

The PMP integrates compensation, reward, recognition, and incentive practices to support high performance and the achievement of organizational performance goals. During formal employee reviews, individual performance is compared to pre-established goals and requirements and future developmental plans and goals are created.

Employee surveys show staff consistently rank recognition as critical to job satisfaction. Each manager is given a Manager's Recognition Kit (MRK) which includes: thank you cards, StarFish notes, Wawa gift cards, and

discretionary funds for group recognition. Managers are required to deliver at least three formal recognitions per month. This process is supplemented by an online process enabling staff, as well as managers, to send electronic starfish notes. Other formal approaches are also used to celebrate and recognize high performance. Monthly or quarterly recipients of customer service awards receive surprise unit based recognition by the leadership team, cash bonuses, features in the biweekly newsletter, preferred parking, picture publicity and are honored at the annual awards dinner. The alignment of strategic, BU, departmental, and individual goals, and reinforcement of high performance through recognition, contributes to the achievement of organizational action plans.

5.1b (1) AtlantiCare's learning and development system addresses its organizational core competency, strategic challenges and the accomplishment of action plans by providing educational opportunities directly targeted to the needs of the organization. Organizational behavioral competencies (customer service and leadership skills) are derived from the 5Bs. Technical competencies are job specific and both are taught and measured through skill fairs, competency assessments, and online and blended learning processes. These educational offerings include formal classes, orientation processes, ALT meetings, and informal methods including the Starfish website and organizational communications. Individual goals are linked directly through the cascading deployment process of the 5Bs, supporting achievement of short and long term action plans. Individual and team performance is measured through both the PMP (annually) and departmental (monthly) and BU scorecards (quarterly).

Licensure and re-credentialing requirements of the Medical Staff are addressed by the learning and development system through support for meeting ongoing educational requirements. Requirements are determined by licensing and annual requirements reports, industry trends and organizations, such as the ANA and NCQA. In house and online CME offerings and a Physician Leadership Development Program support the delivery of information necessary to maintain licensure as well as topics critical to the achievement of the 5Bs. Licensure status for other clinical and allied health disciplines is monitored through HR and BU leadership and also supported by in house educational offerings and online classes.

During Step 10 of the SPP, workforce development and learning plans are developed in alignment with action plans, organizational core competency development, and areas of strategic challenges, to support achievement of short and long-term goals. BUs identify training needed to support performance improvement, the achievement of their specific action plans, and create alignment with the 5Bs. Formal classes in performance improvement and tools are part of the standing educational curriculum. In house consultative services are also offered to teams addressing opportunities for improvement in processes or behaviors. These may be linked to scorecard outcomes or identified by the team itself.

New employees are introduced to organizational improvement methodologies and 5Bs at orientation.

Managers are required to attend education on the use of the Baldrige framework to improve their outcomes as well as foster innovation. Innovation is supported through benchmarking against best in class organizations inside and outside healthcare. The challenges of improving systems and processes as compared to others often results in innovative initiatives. Leadership development offerings, which began with the Leadership Academy in 2004, and have since evolved into a three tiered development process, incorporate education on stimulating innovation within teams. Ethical healthcare and business practices are required of all employees as noted in 1.2b (2). Clinical leaders are taught medical ethical standards appropriate to their positions. AtlantiCare's commitment to a "Just Culture" provides a framework for investigation and intervention, and education as needed.

Personal and professional development is an AtlantiCare expectation of the entire workforce. The PMP focuses on role specific competency development and maintenance, and additional opportunities exist to support the growth and development of every employee outside their current roles. The breadth of development opportunities include generous tuition benefits for degree or certification opportunities, classroom or online seminars to build skills and competencies, peer mentoring in the nursing Professional Ladder program, and work-related experience such as internal and external fellowships through professional organizations. Special educational support exists for hard to fill positions, including nursing, radiology and pharmacy. In response to a recognized need to assist high school educated employees prepare for college classes, the SAW program provides the opportunity for attendees to sharpen their reading and math skills. A tiered leadership development process supports the growth of leaders inside the organization. Informal developmental opportunities include daily interactions by managers, supervisors, and experts who coach and provide on-the-job training. Attendance at external conferences and seminars to acquire specific skill sets and knowledge is also supported.

5.1b (2) Maintaining a highly skilled workforce is addressed through the annual PMP with input from the LLM. The formal evaluation process includes a self evaluation component in which employees and their managers identify specific learning and development needs on an individual basis. At an organizational and BU level, the annual employee satisfaction/engagement survey also provides insight into areas of interest and need. Learning needs assessments conducted in clinical areas identify both professional and technical development needs. Committees like the B teams, Quality and Safety Committees also forward learning and development needs to the corporate and clinical education teams. Learning needs of the leadership team are gathered during the bimonthly ALT meetings, as well as during the PMP. As appropriate, needs and desires of the workforce are analyzed for trends by HR/OD and deployed to clinical and corporate education for action planning and curriculum development. Informal information is gathered from semiannual Town Meetings, leadership rounds, BU/department requests, staff meetings, JCAHO hot topics lists and tracer rounds. Workforce development is offered

system-wide (ex. service recovery), or BU/department specific (Fall Prevention) as appropriate to the learning need.

The PMP, MVV, and 5Bs drive the AtlantiCare learning and development system. Personal leadership attributes derive from the values and are linked to the formal evaluation process as technical or behavioral skills. Educational opportunities focus on development of these skill sets.

AtlantiCare offers multiple opportunities for leadership development. Internal developmental classes are available for all leaders, as are opportunities for degree acquisition through formal school based programs. Team based project work provides opportunities for leaders to gain skills and experiences outside of their normal work requirements and participant selection consciously spreads these developmental opportunities across business units. Coaching and mentoring is provided by the employee's immediate superior.

AtlantiCare employs multiple methods to ensure the transfer of knowledge from departing or retiring workers. First, knowledge of processes is captured in department, BU, and system policies. This information is deployed to the workforce via an online policy system that allows easy access to information for all employees. Second, forums like the Leader's Toolbox and Clinical Applications located on the Intranet also support knowledge sharing and transfer. Third, programs such as nurse preceptors at ARMC and flexible schedules to retain semi-retired staff in pool positions also assist in knowledge retention. Fourth, use of system wide 5B teams allows for knowledge and skill sharing across the system, BU and departments. The HR Solutions employee survey website creates connections between high performing AtlantiCare leaders and leaders who are developing departmental action plans.

New knowledge and skills on the job are reinforced through pre and post testing, competency demonstration, precepting, and formal orientation processes. Adjunct processes include bi-monthly offsite ALT retreats which include a follow-up component that identifies specific actions managers must take to communicate information to staff as well as an online reference tool to reinforce the learning. Formal Essential Work Requirements (EWR) monitors compliance with all job specific work requirements and provides annual reinforcement of key organizational knowledge supporting the core competency. It also includes new customer service, and health and wellness components each year.

5.1b (3) The effectiveness and efficiency of the learning and development system is evaluated at two levels. At the system level, review of organizational performance via the BU Scorecards, patient and customer satisfaction results, the PMP, competency reviews, and select HR and quality indicators (internal promotions, patient safety goals) demonstrates the effectiveness of learning and developmental interventions. Subsets of these inputs are reviewed at the department, BU, and B Team level, and by the Learning Council, whose responsibility is to provide, inspire and align all AtlantiCare educational endeavors and share best practices in learning across the system. At the department level, learning effectiveness is monitored through pre and post testing, post

course evaluation, post training focus groups, assessments, PMP and achievement of goals. AtlantiCare uses the Kirkpatrick model of assessing the effectiveness of learning endeavors. This model assesses the impact of learning from satisfaction with the class to learning impact on behavior and its relationship to the achievement of organizational goals. Efficiency of learning and development initiatives is evaluated through post course assessments and feedback from both the attendees and others impacted by the initiatives.

5.1b (4) Career progression for the workforce is managed through the annual PMP, development opportunities and mentoring. Through self evaluation and management coaching, staff and managers identify OFIs in skills and competencies and collaborate on development plans based on individual and organizational needs. All full and part-time employees are encouraged to take advantage of generous tuition benefits and allied health fellowships. ARMC's on-site RN to BSN program, and the nursing clinical ladder support the development of additional skill sets within nursing and encourage the development of leadership skills. In non-nursing areas, career progression is accomplished through skills development, expansion of job scope and responsibilities, educational opportunities and committee participation, which provides work enrichment as well as exposure to the organization for individuals interested in furthering their careers. Vacant positions are posted internally to support promotion of internal candidates with the appropriate education and skill set.

AtlantiCare utilizes a tiered approach to accomplish effective succession planning for healthcare leadership positions, which is supported by a three tiered leadership development process (Pathways to Leadership, Foundations of Leadership, and Excellence in Leadership). Pathways introduces staff level participants to leadership competencies and organizational expectations of leaders. Foundations builds competencies and develops the skills of new leaders. Excellence is targeted at mid-level managers who wish to move into more senior positions. The program includes off-site classroom learning, online post assessments, skill application activities and mentoring processes. Biannually, high potential candidates are selected to participate in a developmental program providing a focus on personal skill development in preparation for potential senior leadership roles. Formal criteria are used to identify high potentials for inclusion in a fully sponsored Executive Master's in Business Administration (EMBA) program. Thirteen of the fourteen leaders sponsored in the EMBA program over the past 15 years are still employed at AtlantiCare.

5.1c (1) Assessing engagement and satisfaction is a critical leadership process in the pursuit of the BP/BW Big Dot. Data from LLM, scorecard results, HR Solutions results and HR indicators are analyzed by SLT, and segmented by BUs. Action plans and additional measures, if needed, are developed by the BP/BW Team or individual BUs and approved by SLT. Online planning support tools, provided by HR Solutions, support a focus on key drivers and provide internal and external best practices. Results from these measures are returned to the group that developed them for

further evaluation and intervention if required using PDCA.

The HR Solutions survey and a customized, voluntary staff physician survey are the primary tools used to assess engagement. These annual surveys have standard questions for comparative purposes and a qualitative comments section. Results are segmented to provide leaders actionable information relative to the needs of the workforce. SLT evaluates results at a system level to identify workforce trends. Results are cascaded through the workforce via Town meetings, bimonthly ALT meetings, and departmental meetings. Human Resources partners with department leaders to present and validate results with staff, resulting in department specific action plans to address OFIs. Action plans are linked to the business plans of each unit and department and are monitored quarterly.

Medical Staff engagement is assessed through the use of an annual physician survey. Results are reviewed and analyzed by the Physician Engagement team. Based on the 2008 survey results, three key areas were identified (Nursing, Administration, ED Services), teams were formed, opportunities identified, and plans developed. New members of the medical staff have the opportunity to select from existing committees within AtlantiCare, thus assuring continued medical staff participation.

The HR scorecard monitors additional indicators of workforce engagement and satisfaction on a quarterly basis, including safety measures and vacancy rates. This data is stratified by BU and reviewed on a regular basis by the BP/BW B Team as well as SLT and BU leadership to further assess satisfaction and engagement. All data gathered from formal and informal sources feeds the action planning process for enhancing employee engagement.

5.1c (2) Employee engagement is viewed as a primary driver of successful achievement of organizational goals. Findings from employee engagement assessments feed the ASPP and LSPP and influence the development of action plans at the system, BU and departmental levels. As opportunities are identified, action plans and measures are developed by the system BP/BW and BU B Teams, BU leadership or impacted departments. These plans are deployed, impact measured, and results reassessed by the appropriate team.

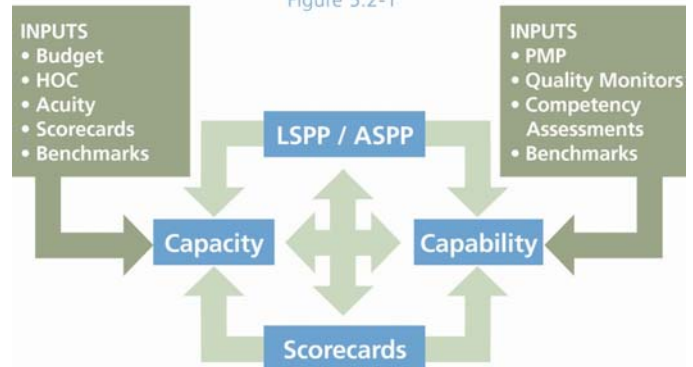
Other BU and departmental scorecard indicators, including adherence to budget, productivity measures, vacancy rates impacting business effectiveness measures and cycle time can also be impacted by employee engagement. Indicators that are coded red on the scorecards are subject to PCDA cycles of improvement. Internal examples of successful action plans around employee engagement that have resulted in overall excellence in other indicators include Environmental Services, Urgent Care, and NICU.

5.2a (1) An integrated system of processes including the SPP, budgeting, staff planning, performance reviews, and the PMP are used to assess workforce capability and capacity. Capability and capacity needs derive from the strategic and annual planning processes. Formally, staff capability is assessed through PMP, quality monitoring, skills and competency assessments, in-service training, and customer

service scores, establishing a baseline for the development of future competencies. Staff capacity is assessed annually during the budget process and monitored through the use of BU scorecards. BU staffing requirements are analyzed based on established criteria derived from national benchmarks. Future capability and capacity needs are identified during the strategic and annual planning processes, and plans developed to recruit or develop the required workforce and skill sets.

WORKFORCE CAPACITY AND CAPABILITY

Figure 5.2-1



5.2a(2) AtlantiCare’s processes for recruiting, hiring, placing, and retaining staff are designed to attract and keep staff who demonstrate the values and who will contribute to AtlantiCare’s success. Initial candidate screening occurs in the HR Department to ensure that candidates satisfy the position’s technical and behavioral requirements. Peer interviews are conducted in selected areas to further assist proper placement of a candidate. Candidates are eligible for hiring/placement if they satisfy all position requirements and demonstrate required behaviors. All individuals hired must meet established criteria for a criminal background check, reference check, physical and drug test. Selection occurs at the hiring manager’s discretion.

To ensure the workforce is reflective of AtlantiCare’s communities, a diverse pool of candidates is supplied by employee referrals, advertising, search firms and partnerships with local entities. Recruiters participate in job fairs, host open houses and actively recruit from colleges and universities. Partnership with the local community college offers specialized training programs and provides nursing and allied health fellowships to workforce dependants and through the Hispanic Alliance, NAACP and Asian Community Alliance. Throughout AtlantiCare, internships and externships are offered for local high schools, vocational technical schools and colleges. New hire retention begins with a three-pronged approach to orientation and onboarding. All new hires attend a one-day AtlantiCare organizational orientation where they meet senior leaders and learn about AtlantiCare’s culture, MVV and strategic goals. New hires then complete BU specific orientation presented by BU leaders and supported by HR/Education. The third phase of orientation is department and job-specific. All new managers attend a 3½ day New Leaders Orientation (Foundations) process, and all new nurses must attend Nursing Orientation. These organizational processes provide the structure needed to impart necessary information, assist with cultural adaptation and identify and remove barriers to success.

Physician recruitment begins with a comprehensive analysis of the voluntary and employed medical staff by specialty, and a comparison to projected patient volume, demographic, and medical needs. In selected specialties, the ARMC board approves a recruitment plan to attract a pool of physicians with the required skill sets to the community with the financial safety net of a corporate salary guarantee. Once a physician need is identified, the HR VP works with the CMO to generate a diverse pool of viable candidates nationwide. Prior to hiring, physicians must complete a rigorous qualification process that includes license and credential verification and background checks.

5.2a (3) AtlantiCare organizes and manages the workforce to meet the needs of patients and other customers through the BU based cascading planning process. This creates direct linkage of every member of the workforce to performance expectations in the areas of patient and customer satisfaction and financial performance. The workforce is organized in BUs and managed by BU based leadership teams. AtlantiCare’s core competency (the integration of Healthcare Delivery, Health Engagement and Health Information) creates horizontal integration across the BUs. System based corporate support functions like HR, payroll, quality management, strategic planning, and marketing provide standardization of workforce processes and measures of effectiveness. The PMP and BU scorecards assess the effectiveness of workforce organization, and the team based approach to organizing and managing work helps capitalize on workforce competencies and generate ideas. AtlantiCare’s ability to respond quickly to changing healthcare services and business needs is based upon quarterly review of BU scorecards indicators such as patient volumes, budget, vacancy rates and quality, coupled with continuous environmental scanning and action planning at the SLT and STRAT level. The strength of this approach is evidenced by the ability to respond quickly and appropriately to the closing of a local hospital in March of this year.

5.2a (4) The LSPP and ASPP identify capability and capacity needs. Action plans include an HR component that includes forecasting additional staff required for projected volume increases or new services that require new skills. Those needs are communicated to HR and Corporate and Clinical Education for additional planning. As strategic goals and plans are communicated through BUs, staff members are advised of projected changes and participate in the BU or department level planning process. This approach supports the consistent achievement of high levels of service and incorporates staff feedback while adjusting to changing capability and capacity as driven by organizational needs.

AtlantiCare has a limited history of staff reductions and no unionized labor. Most workforce reductions are avoided through disciplined budget and staff planning, attrition and formal staffing adjustment and redeployment processes. Workforce needs are handled through sound management practices, enforcement of values, competitive wages and benefits, and the workforce learning and development system. Staff is surveyed to provide critical feedback about the relationship and trust with leaders. Based on the survey results and dialogue with staff, action plans are developed,

implemented and continuously monitored by HR and BU directors to address the specific needs of each BU.

5.2b (1) AtlantiCare’s approach to ensure and improve workplace health, safety and security includes review of defined organizational indicators specific to the needs of the organization, location, BU or department.

Risk Management and Occupational Health partner to monitor workplace safety to minimize work related injuries and illnesses. When a workplace injury occurs, timely incident reports ensure environmental factors are corrected. A case manager partners with the injured employee to optimize care to facilitates an appropriate return to work. AtlantiCare achieves aggressive targets of 20% below industry norms for lost and transitional duty days.

WORKFORCE HEALTH, SAFETY AND SECURITY MEASURES
Figure 5.2-2

Workforce Factor	Performance Measure	Goal
Health	Pre-employment physical and annual TB screening	100%
	Voluntary Flu Vaccination Program	45%
	Injury Prevention – Safe Patient Lifting	↓10%*
	Respiratory Protection Screens	100%
	Training on obesity as health risk factor	95%
Safety	Injury Rates per Employee Population	↓20%**
	Lost Time – Work Injury/Illness	↓20%**
	Annual Education	100%
	Fire system testing & drills vs. plan	100%
	Blood-borne pathogens exposure cases	↓10%*
Physical Security	Monthly Vehicle Safety Checks	90%
	Min. necessary access to employee PHI	100%
	Reduce workplace violence severity	↓10%
	Monthly testing of panic alarms, elevator phones	100%

*Year over year comparison

**As compared to Regional Industry Data

Employees are educated on their responsibility for a safe work environment in the pre-employment process, via a candidate accountability brochure. Interviews identify applicants whose behaviors support the value of Safety. This process continues with the orientation where new employees learn about organizational, department, and job specific safety and security responsibilities. Managers reinforce safety and security on an ongoing basis through policy education, annual safety binder review, department specific training, and mandatory annual education. While some health, safety, and security factors, like those reflected in Fig. 5.2-2, cross a majority of the BUs, others are specific to one business unit or area (such as driver safety in EMS), and are identified at the BU level as necessary to meet regulatory requirements, maintain the safety of the workforce or promote wellness.

AtlantiCare maintains a strong focus on workforce wellness. Staff can complete an online Health Risk assessment (HRA), access on-site health screenings, wellness classes/activities, and join the LifeCenter at a discounted rate. In addition to the HRA, health screenings and classes, AtlantiCare provides health coaching and online resources for wellness related information.

A smoke free policy is in effect at all locations. This policy, directed to employees, patients, visitors and vendors, makes all buildings, vehicles and grounds smoke free areas.

5.2b (2) AtlantiCare supports its staff via policies, services and benefits intentionally structured to meet the diverse needs of the workforce. Benefit cost sharing is tiered based on staff earnings. Full-time and part-time staff receive medical, dental, and prescription drug benefits, disability, a fully employer funded pension plan, subsidized pharmacy benefits, voluntary 401K and 403B plans with employer match, and free parking. Employees also have access to subsidized meals, subsidized daycare, discounted LifeCenter memberships, free pre-retirement seminars, Employee

Assistance Program, and generous paid time off. Staff members with 25 or more years of service are offered free cafeteria meals or free LifeCenter membership.

In recognition of the diverse needs of the workforce, benefits are designed as a cafeteria style menu, enabling individuals to select those most reflective of their needs recognizing that different workforce groups and segments have different needs. Based on workforce feedback, voluntary benefits were expanded to include group legal, long term care, and Flexible Spending Accounts.

Category 6: Process Management

6.1a (1) AtlantiCare designs and improves its work systems to meet key customer requirements and to support achievement of the Vision to *build healthy communities*. Work system design decisions are made at SLT, and approved by the BOT. AtlantiCare's work system is a tiered, interconnected vertical and horizontal structure. The vertical structure is primarily the BUs. Work systems can be further identified within each BU, at different levels and care settings of the organization, culminating at the most granular level with individual departments or disciplines. The main horizontal elements are the key service lines and support services. Integration and connectedness occur via steering councils and committees at the system and BU level. The redesign of work systems, when indicated by a change in internal or external environment, begins with strategic planning, which incorporates feedback from multiple customers, suppliers, partners and market sources, as well as information from the Baldrige process. That input is used to validate or update the current work system design. When the need for a new work system is identified, a team is chartered. The team uses PDMAI as the framework for new system design.

AtlantiCare outsources processes when the service being considered is found to NOT be central to the MVV and Core Competency. These discussions occur at SLT, during SPP activities, and are also given consideration when targets are not being achieved or high performing vendors can be identified.

6.1a (2) AtlantiCare's work systems and key work processes capitalize on its core competency by leveraging the many synergies created between the BUs and disciplines. Synergy is created through the interconnected steering councils and committees and results in shared organizational learning and stronger brand performance. Multi-disciplinary teams are comprised of individuals from all areas of the organization. This approach capitalizes on the core competency by drawing on the expertise of the service offerings in the development of teams and also serves as a deployment mechanism, creating and sharing organizational knowledge.

6.1b (1) AtlantiCare's key work processes are listed in Figure 6.1-1. Value is created for healthcare consumers and other stakeholders through the availability of these products and services in the PSA and RSA. The processes facilitate the efficient and effective delivery of products and services

resulting in profitability for the organization. Relationships created in the delivery of these products and services to patients and other stakeholders contribute to organizational success and sustainability.

6.1b (2) Key work process requirements are identified by the multi-disciplinary B Teams and cross functional teams drawing on input from customer surveys, community focus groups, industry research, regulatory recommendations and audits, legal requirements, physicians, performance benchmarking and industry research. Through synthesis and analysis of this information, a balanced set of process requirements is identified. These are deemed the most important attributes in meeting the needs of the customers of a particular process, recognizing that customers have varying needs that require a variety of measures to assess performance from both the customer's and organization's perspective. The key requirements of AtlantiCare's work processes are safety, accuracy, efficiency, timeliness, effectiveness and respect. These requirements are identified by analyzing inputs gathered to support the SPP and through customer/stakeholder feedback. Key customer requirements are updated through the quarterly customer loyalty survey (PRC) which pinpoints key drivers of performance excellence within each BU's work processes.

6.1c AtlantiCare's Emergency Management Plan prepares the workplace and work systems for potential community-related emergencies such as pandemic influenza or organization-specific disasters such as loss of power or water. Emergency readiness is ensured through a process that involves the workforce, key suppliers and partners, contractors, and others delivering healthcare and other business services. AtlantiCare's process utilizes a vigorous Business Continuity/Disaster Recovery model, built around a high availability design that minimizes the risk for disruption of services through the following four phases: 1) Mitigation and Prevention; 2) Preparedness; 3) Response; and 4) Recovery. Phase one begins with a Hazard Vulnerability Analysis (HVA) of the organization within the operating environment. At the completion of the HVA, plans are developed for each type of hazard to provide response guidelines for activities related to medical needs of patients or victims, continuity of business operations (including supply management, human resource management, and financial asset management), surge capacity considerations, and staff and business unit responsibilities.

6.1-1 Key Work Processes and Requirements

Process	Key Requirements	I/O*	Process Measurements
HEALTHCARE DELIVERY			
Admissions/ Registration/ Scheduling	Timely	I, I	ABH 1 st Appointment Wait Times
	Respectful	I, O, I	C.L.A.S.; Translation; PRC questions; HIPPA Compliance
	Safe/Accurate	I/O, O	Patient I.D., ARMC Accuracy of Blood Specimen; Insurance Denied and Clean Claims
Assessment/ Diagnosis	Safe	O	ARMC – Use of Restraints
	Effective	I	Time Out Site (not included due to space limits)
	Timely	I, O, I/O,	MICU Response; EMS dispatch; Lab TAT; Breast Biopsy; Pain Assessment Hospice; Stroke
	Safe/Accurate	I, I/O, I/O	Heart Attack, CHF, Pneumonia, Surgical Infection
Treatment	Safe/Accurate	I, O, O, O	Antibiotic before Surgery; PICC Success Rates; Infection Rates; ASC; Falls
	Evidence Based	O, I/O	Home Care Wound, Heart Attack Measures
	Efficient	I/O, I, I, O	LOS; Home Care Discharge; Labor Epidural rate; ARMC Cash Flow & Improvement in Operations
	Timely	O, O	Radiology Turn Around; PCI times
	Effective	O, O, O, I, O	Pressure Ulcers; Met Team Codes; Mortality; Stroke PI; Hospice Pain Relief
Discharge/ Education	Safe/Accurate	I	ABH Medication Information & Consent
	Timely	O	Home Health Referral Volume
	Effective	O, O	Home Health Compare; Psych Inpatient Re-admission
HEALTH ENGAGEMENT			
Health Promotion	Respectful	I	Health education
	Equitable	O	JV Operating Margin
	Effective	O	Healthy Schools
Screenings	Safe/Accurate	O	Mission Health Diabetes
	Respectful	I	Mobile Screenings
	Equitable	I	Health Education Activity
Indiv/POP Health	Effective	O,O	Health Plans Diabetes Care; SCC Chronic care
	Efficient		Surgical Weight Loss /Wellness
HEALTH INFORMATION			
System Implementatio n/ Proj. Mgmt.	Effective	I	eCW License Conversion
	Efficient	O	User Satisfaction Survey Results
	Timely	I	System Response Time
Info Access	Effective	O	Physician Referral Calls, Access Center
Privacy & Security	Effective	O	Appointment Conversions
	Safe/Accurate	I	Privacy Audits
Health Information	Safe/Accurate	I	Security Audits (available, not included space limit)
	Effective	I	Medical Records Completeness
SUPPORT PROCESSES			
Revenue Cycle	Timely	I	Days in Accounts Receivable ARMC.ASC)
	Accurate	I	Claim Year Experience
Supply Chain	Timely	I	Fill rates McKesson
	Efficient	I	Pharmacy fill rates
	Safe/Accurate	I	Diet transcription accuracy
Work Force	Engagement	O,O,O, O	Turnover Rate; GPTW; RN Vacancy rate OSHA
	Customer Centered	O	PRC Results by Business
	Efficient	O	AAI auto adjudication, OSHA claims
Knowledge & Learning	Effective		Essential Education (Results available on site)
	Efficient	I	Leadership development
Partnerships	Effective	O	Horizon BCBSNJ Membership
	Efficient	I/O	Pathology, Lab TAT
	Engagement	O	Physician/Partners Satisfaction

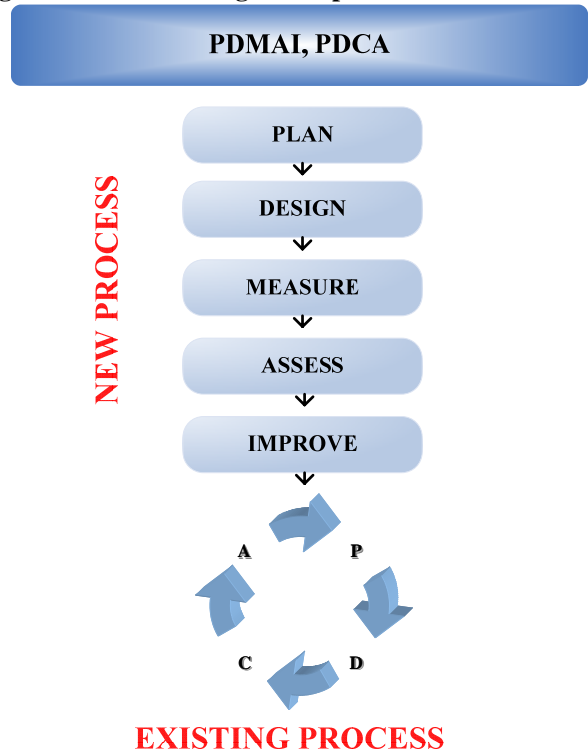
IT response and recovery are ensured with a disaster plan which documents priorities and procedures for restoring facilities, systems, and services in an emergency. Workforce training/education is a critical step in phase two of the Emergency Management planning process to ensure a consistent approach to response for emergencies, and allows AtlantiCare access to federal preparedness funding. The education plan is segmented into levels based on function within the organization. Select key partners and suppliers are included where appropriate. Drills are conducted at least twice annually, followed by a post-drill critique and development of an after action report. Information is shared with all participants of the exercise. By collaborating with local businesses, local, state and federal governmental agencies, and other healthcare organizations, the System has been able to effectively conduct organizational and community-wide emergency drills that have assisted in improving response and recovery plans, as well as developing effective partnerships with external resources. These partnerships have strengthened response and recovery capabilities on both a local and state level. Participation in state and federal grant offerings around community-wide disasters and emergencies has further enriched efforts to establish relationships with external agencies and healthcare systems, and has helped strengthen response efforts. A good example of this is ARMC's City Campus Medical Coordination Center (MCC), one of nine state designated centers, which reflects an innovative approach to interagency planning, communication, and coordination in healthcare during emergencies that impact the healthcare system in New Jersey.

6.2a Work Processes are designed within and across work systems to meet key customer requirements. A five-step approach, PDMAI, is used to design and innovate work processes (Fig. 6.1-2). PDCA is the primary work process improvement tool.

During the Plan step in PDMAI, a designated Team Leader from SLT communicates the work process vision and launches a detailed planning effort in accordance with key customer requirements, targeted timelines, cost/resources, and desired outcome. A representative, expert-based team, including physicians as appropriate, is selected by the Team Leader to assist with the process planning and to execute the remaining steps of the PDMAI process. In Design, the team's approach includes benchmarking with high performers, consulting with internal and external experts, and searches of published evidence-based practices, care and safety practices, regulatory requirements, industry trends, technology options and organizational knowledge. This information is analyzed and incorporated into the design process and the formulation of key process requirements. Cycle time, productivity, cost control and other efficiency and effectiveness factors are considered during design. Once key requirements are identified, the team specifies design parameters for scale and scope. After piloting, if the key requirements are met, the process is fully implemented by communicating and educating the workforce, including physicians as appropriate, and hiring new staff or training existing staff.

During the Measure step, performance data, which is specified in the plan phase, is collected and monitored. Data collection may be automated or manual. Priority results are displayed on quarterly scorecards, which incorporate best practice targets, and link analysis of progress to the AtlantiCare strategic goals. The results are reviewed and analyzed routinely as part of the Assess step for deviations in expected performance, which will lead to implementing the PDCA methodology. In the Improve step, observed variations in the process create refinement opportunities using PDCA that may potentially signal the need for agility, innovation and/or redesign in refining the work process.

Fig. 6.1-2 Process Design & Improvement Tools



6.2b (1) Work processes are implemented and managed through the work systems to meet design requirements. Implementation begins with communication and education of the workforce. Drawing on experience and learning from previous cycles of learning or pilots, process implementation is made flexible to accommodate the needs of various work systems while also ensuring that process requirements are met. Components of the work system, such as the BUs, with levels of leadership that culminate at the individual, department, discipline level, work together to manage daily operations using these processes.

Specific in-process and outcome metrics are developed by design/redesign teams with input from stakeholders (workforce, patients, suppliers, partners and collaborators, as appropriate), and managed through the leadership structure to culminate at SLT/BOT. Fig. 6.1-1 outlines the key performance indicators and in-process and outcome measures AtlantiCare uses to manage and improve its work processes. Steering councils and committees carry out performance reviews, reflecting the check step of the PDCA cycle. Process evaluations validate the effectiveness of processes in meeting specific design requirements. In addition, barriers may be

identified and addressed through process modifications.

To facilitate a consistent approach to work process management, AtlantiCare has organized teams around the 5Bs. The System Level B teams are comprised of representatives from each of the BU B Teams to capture internal expertise and experiences. Scorecards align with the 5Bs and provide the BU leader and the stakeholders a means to review metrics monthly or quarterly. Organization of these activities within AtlantiCare's 5B construct re-integrates performance improvement and the larger work system.

6.2b (2) AtlantiCare's effort to meet patient expectations occurs at multiple levels beginning with the incorporation of patients/customers into facility and work process design. Advisory Boards are established to provide feedback to senior leaders in the design and building phases of new clinical services. Early customer input and involvement assists AtlantiCare in designing patient friendly and functional healing environments. The patient assessment process includes the identification of individual customer expectations and preferences. Care teams create treatment plans that incorporate these preferences and insure communication across the various disciplines that provide care. A number of scheduled patient/caregiver communication opportunities insure that patients remain informed throughout the care continuum. Patient care conferences, pre- and post-surgical conferences and informed consent procedures provide an opportunity for direct patient involvement and to set realistic patient expectations. Treatment plans are developed taking patient needs into consideration. Clinical staff also provides patient education that is focused on both the condition that is being treated as well as follow up care the patient should engage in to manage their condition. Customer surveys (PRC) focus measurement on key elements of the patient experience. Results are shared with all staff with process improvement required when target scores are not achieved. The PRC survey also statistically identifies three key drivers of patient satisfaction for each business unit during each quarterly measurement cycle. Focus on these key drivers maximizes caregiver's attention on requirements that are most important to patients/customers. Quarterly measurement ensures responsiveness and agility in patient experience redesign.

6.2b (3) AtlantiCare's approach to cost control and prevention of rework and errors is: (1) Integrating regulatory, evidenced based standards, new technology and other key requirements into process design (with automation where possible); (2) Monitoring in-process measures on a daily, monthly or quarterly basis to proactively identify opportunities for improvement, in alignment with patient safety and efficiency objectives to reduce errors; (3) Conducting internal audits via a Corporate Compliance Department to provide early detection and prevention of errors in order to reduce rework. Internal audits of regulatory and financial standard compliance are conducted in response to external priorities and internal trends or patterns; (4) Surveying internal processes, where AtlantiCare standards experts' role play external surveyor visits. In response to the heavily regulated hospital and behavioral health areas, a task force structure is

used, providing internal experts for JCAHO, NJDHSS, CMS and other standards. These internal surveyors review changes in requirements and standards, revise policies and procedures, and develop and implement educational rollout for changes across the system as appropriate. (5) Leveraging relationships with other organizations in the community. AtlantiCare collaborates with partners to create innovative approaches to industry requirements. One such partnership between AHP and Horizon resulted in a successful pilot that improved AHP's ability to meet patient requirements and financial targets. This was adopted by Horizon for implementation statewide. (6) Establishing standardization and redundancy to reduce the potential for errors through decreased complexity and variation. Clinical care pathways, evidence-based protocols, and computer entered physician order sets are used across the system. Clinical standards are shared as appropriate across BUs, and best practice standards adopted.

6.2c AtlantiCare improves work processes to achieve better performance, reduced variability, and improve healthcare service/outcomes through use of PDMAI and PDCA and the adoption of the Baldrige Criteria. A key component of PDCA/PDMAI are specific measures of success, collected and analyzed at regular intervals, to proactively reveal opportunities to improve. Additionally, opportunities may be identified via stakeholder feedback and changes in the environment. These opportunities are prioritized, as part of SPP or in-process evaluations, and teams are chartered to make change. The Baldrige criteria provides a best practice framework in each of the six categories which is used to improve work processes across the system. A yearly system improvement cycle is initiated through the preparation of the Baldrige Application. Each of the six category teams identify opportunities for improvement. New work processes are deployed throughout the year with expert evaluation achieved through the Baldrige review process. The feedback report is also used as a plan for continuous work process improvement.

In addition to the Baldrige criteria, process performance is assessed using a balanced set of indicators, which are aggregated and reported in scorecards. The SPP and 5B teams drive the categories of metrics on the BU scorecards, which consist of indicators from employee engagement, customer loyalty quality, financial and growth. These scorecards are assessed by SLT and BOT meetings and shared with staff at regular intervals. Assessment and analysis of results reflects progress over time and to comparative "industry best" performance targets, when available.

When scorecard results are below threshold performance requirements as determined by senior management, PDCA is applied to the specific process(es). During the plan phase, current status is assessed. If the assessment reveals complex opportunities that go beyond incremental adjustment, innovation activities guided by creativity champions or PDMAI may be used to redesign the process rather than improve it through PDCA (Fig. 6.1-2). Best Practices are identified by BUs and B Teams and are shared within BUs (Quality Fairs) and throughout the system at ALT meetings.

7.1. BEST QUALITY

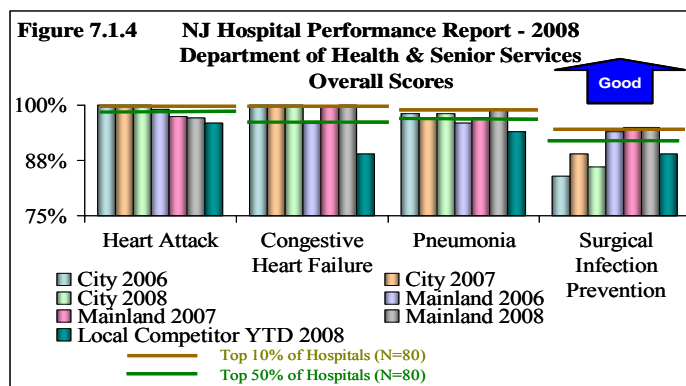
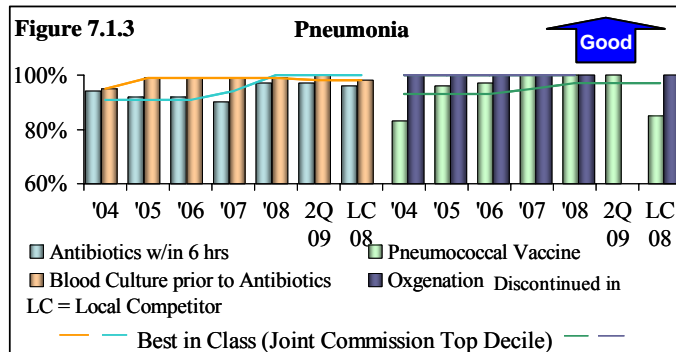
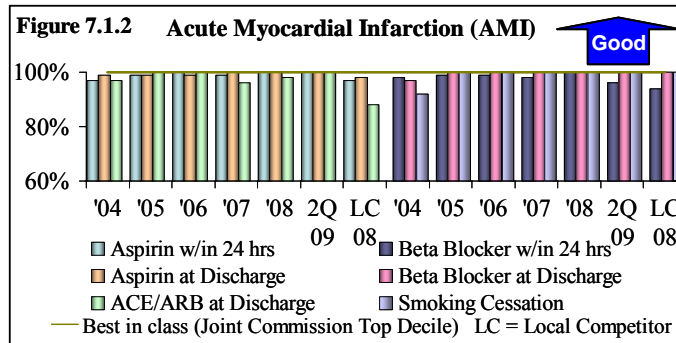
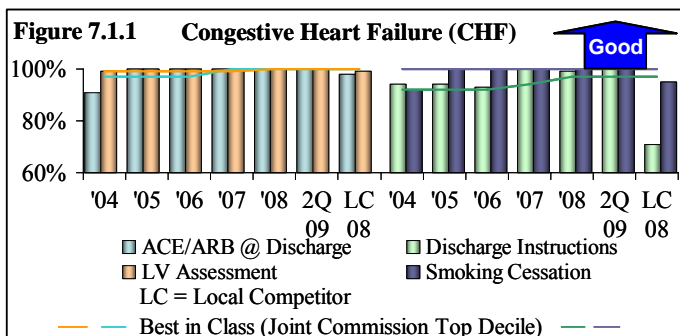
Health Care Outcomes

7.1a AtlantiCare participates in numerous quality improvement initiatives at the national and state levels. Recognizing the importance of information to the consumer's buy decision AtlantiCare has also adopted a philosophy of transparency by making quality outcome data easily accessible on the web.

Application of evidence-based care is a priority at AtlantiCare, and its core measure of performance is one example of this. Figure 7.1.1 depicts performance related to Patient Discharge education for heart failure. In 2005, Quality Care Champions (RNs who are the "content experts") representing all clinical units and shifts, were identified. The Champions were educated on the required elements of CHF discharge instruction – diet, activity, physician follow up, medication, weight monitoring and exacerbations of CHF signs and symptoms. They in turn educate and follow up with the staff on these key components. Time constraint was one factor identified as a barrier among nursing staff members that prohibited their ability to provide adequate patient education. A CHF education document was developed and deployed, concurrent review of the medical record and intervention was initiated, and a scorecard was developed for every clinical unit with weekly data collection.

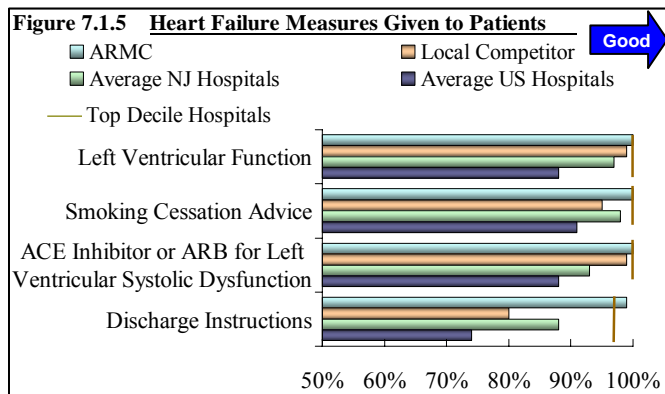
In 2006, The Commonwealth Fund used CMS data to rank ARMC 7th in the nation (4,200 total hospitals) for clinical results in the care of patients. ARMC has sustained this performance. CMS metrics for CHF, AMI and Pneumonia through 2008 are shown in Fig 7.1.1 – 7.1.3.

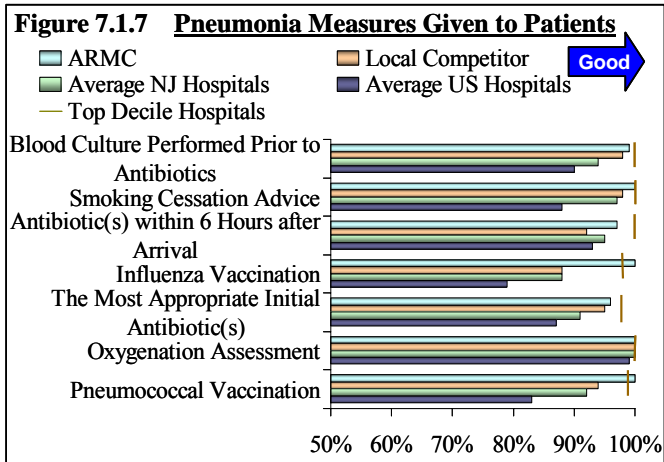
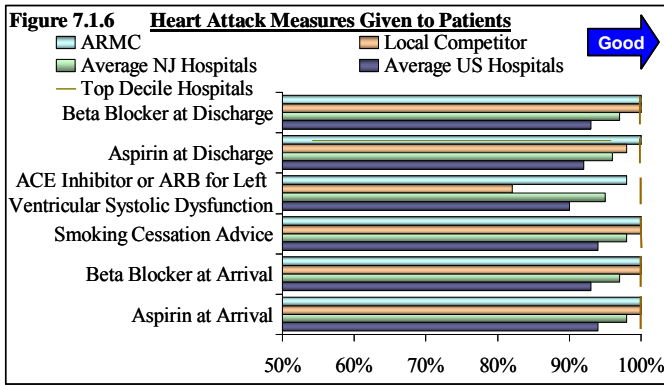
In September 2008, the NJDHSS published their fifth annual Hospital Performance Report rating hospitals on similar best practices to treat patients with specific conditions (Fig 7.1.4-based on 2007 data). ARMC scored at the top decile in three of the four areas. The ARMC City Campus ranked 1st in the state in Heart Attack (tied with four other hospitals) and ranked 1st in Heart Failure along with the ARMC Mainland Campus and four other hospitals. ARMC Mainland Campus ranked 1st in Pneumonia (tied with four other hospitals) with ARMC City Campus coming in tied for 2nd. All hospitals that ARMC has tied with are located outside both the PSA and RSA. Process redesign efforts continue to drive improvements in the fourth area, Surgical Care Improvement Project (Fig 7.5.11). Based on the overall results, the N.J. Commissioner of Health selected ARMC to act as a mentor hospital to other NJ health systems to work toward collaboratively improving the care provided in NJ.



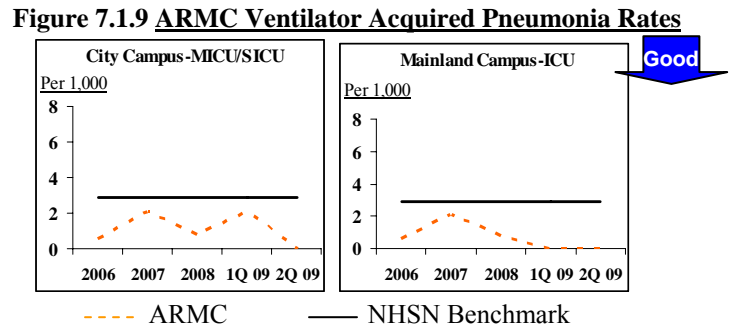
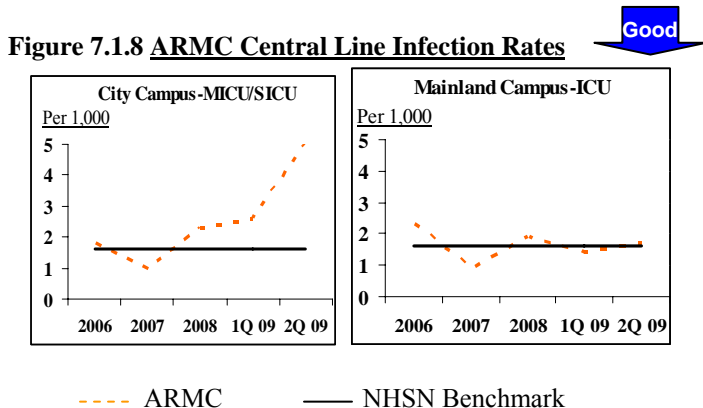
A quality report published by the Hospital Quality Alliance of the American Hospital Association provided comparative information on CMS metrics (Fig 7.1.5–7.1.7 – data from July 2007 – June 2008). This report provides a clear picture of benchmarked performance against local, state, national and Best in Class peer hospitals.

*Fig 7.1.5 – 7.1.7 Source: CMS Hospital Compare

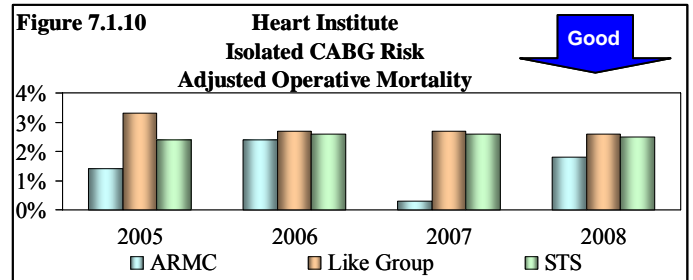




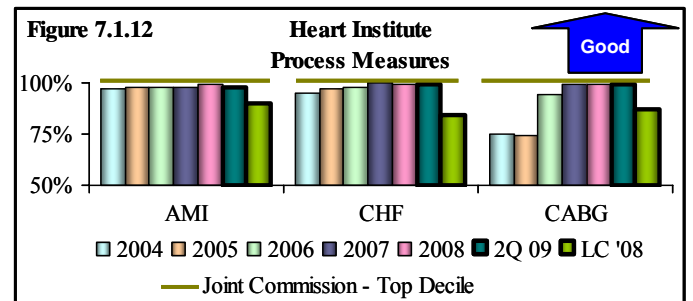
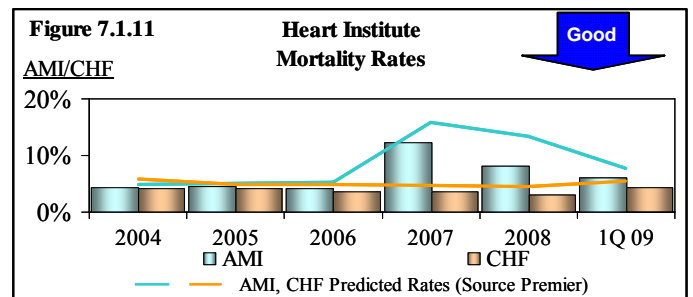
ARMC's Critical Care team focuses on evidence-based care to prevent nosocomial complications in the critical care units (Fig 7.1.8 & .9). There is an increasing focus on clinical outcomes from a wide range of authorities and regulators. The team maintains heightened awareness of these changes, and has made effective adjustments in care giving strategies, such as integrating bedside checklists into daily rounds and incorporating recommended care giving "bundles" into the daily care plan. The 2008 increase in VAP was due to a change in patient beds that caused an initial noncompliance to one element of the bundle requirement. The increased central line infection rate related to challenges with the use of femoral lines. The critical care team is addressing the trends identified in data analysis and the rate is expected to return to favorable in 2009.



The data in Fig 7.1.10 shows the risk-adjusted operative mortality rate for all major cardiothoracic procedures (CABG, Valve, Valve & CABG combined) compared to like groups and all STS database participants. Operative mortality includes all deaths occurring during the hospitalization in which the operation was performed, and those deaths occurring after discharge from the hospital but within 30 days of the procedure, unless the cause of death is clearly unrelated to the surgery. ARMC began to submit data to the Society of Thoracic Surgeons (STS) national database in 2005.

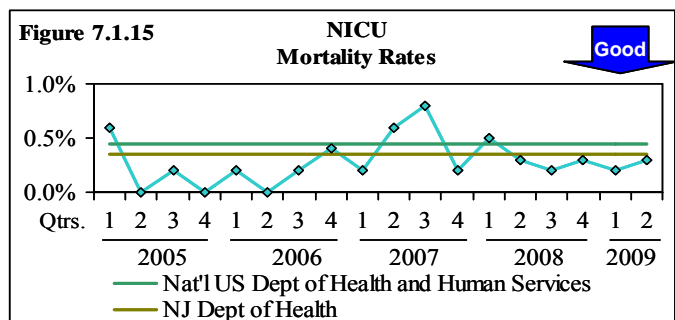
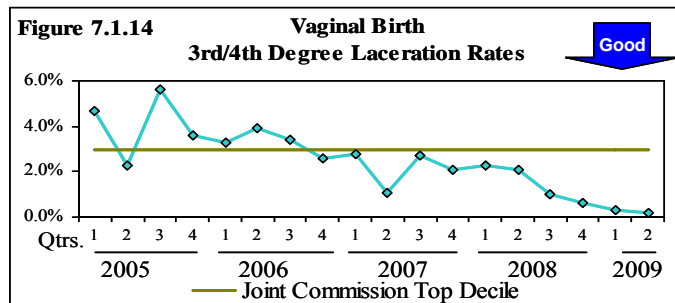
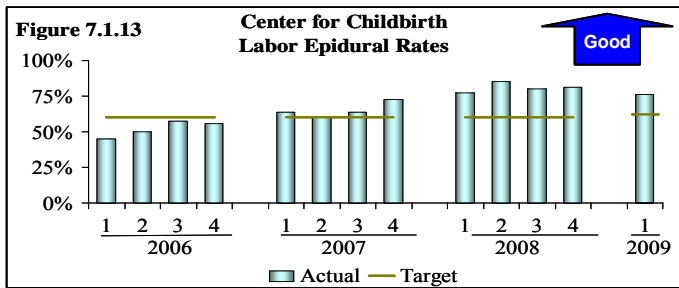


Heart Institute mortality rates and process measures are compared to predicted rates or benchmarks (Fig 7.1.11 & .12).

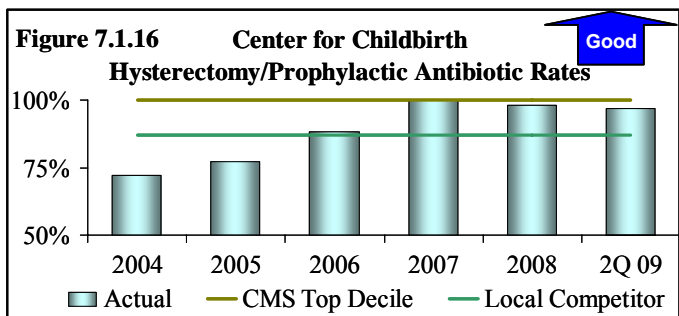


The new Center for Childbirth was opened in 2005, responding to the voice of the customer by offering 24/7 in-house OB coverage, significantly improving physician response time and patient safety (Fig 7.1.14 & .15), and

increasing the epidural rates (Fig 7.1.13), a significant issue for those women that prefer an epidural during labor.

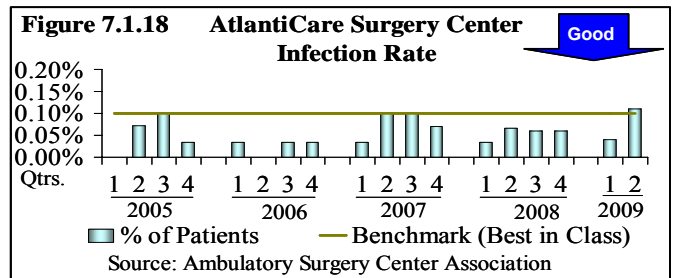
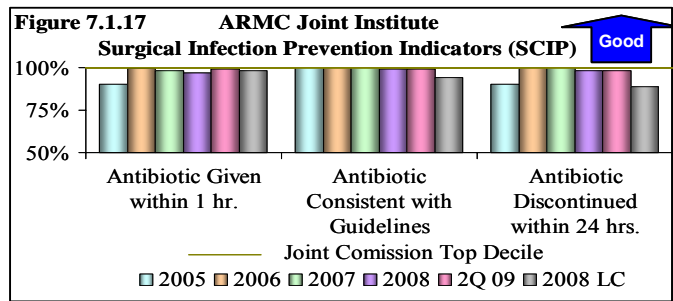


By adopting SCIP best practices, process improvements were implemented to increase compliance for appropriate prophylactic antibiotics (Fig 7.1.16).

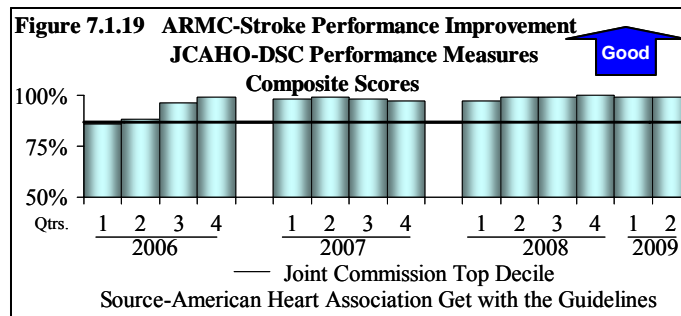


The Joint Institute incorporated best practices from the successful Medical Management model to improve processes for antibiotic management (Fig 7.1.17). The Joint Institute has achieved Joint Commission Disease-Specific certification.

Similar results (Fig 7.1.18) have been achieved by the AtlantiCare Surgery Center.



The NJDHSS has designated ARMC's City Campus Stroke Center as the regional comprehensive stroke center for southeastern NJ and Mainland as a Primary Stroke Center. The Centers at Mainland and City Campuses have achieved and maintained a level of excellence based on the Joint Commission Disease-Specific Care (DSC) accreditation process (accreditation with no recommendations). Over 60 physicians and over 95% of the nursing staff in the ED, critical care and certain other designated units across both hospital campuses have received advanced training on stroke care. Standardized order sets and protocols have been deployed and the composite DSC performance measures (consisting of 10-specific metrics) have improved steadily and sustained Best in Class performance (Fig 7.1.19).



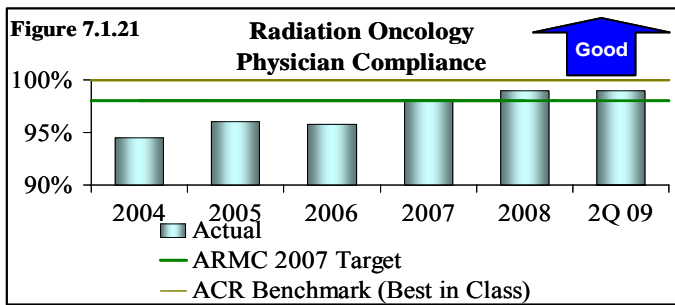
Obesity in the United States is a growing epidemic. ARMC's Center for Surgical Weight Loss and Wellness (Fig 7.1.20) offers a comprehensive, multidisciplinary approach, including weight loss surgery, for the treatment of morbid obesity. It also offers education for patients and their families. The quality service and outstanding outcomes delivered at ARMC have earned a Center of Excellence designation from the Surgical Review Corporation formed by the American Society of Metabolic and Bariatric Surgery, one of only 12 in the State. NJDHSS released the Health Care Quality Assessment report on Bariatric Surgery in April 2007. They obtained their statistics from 2005 Uniform Billing (UB) data. This 2007 report is the latest information available regarding trends in bariatric surgery in NJ. ARMC currently transmits data to **The Bariatric Outcomes Longitudinal Database**, as

required of all ASMBS Centers of Excellence by Surgical Review Corporation.

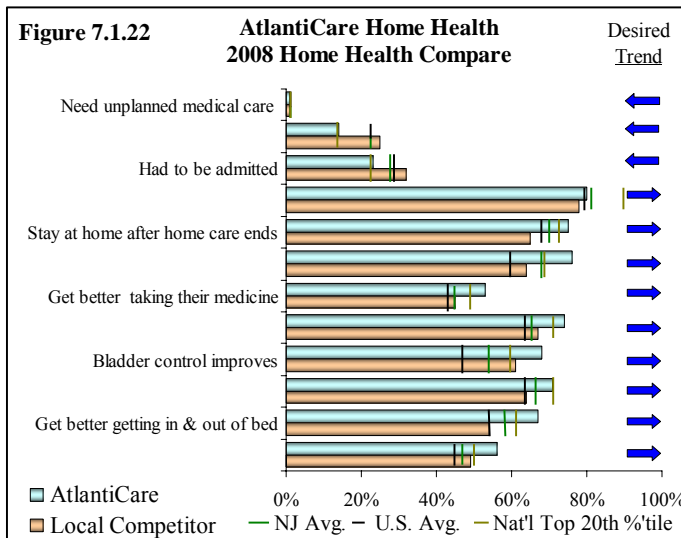
Fig 7.1.20 ARMC Surgical Weight Loss and Wellness

Measures	AtlantiCare				2005 Benchmarks		
	2006	2007	2008	2Q 09	Local Comp	State Avg	Hosp w/100 Cases Avg.
Cases	353	390	298	174	166	139	274
Average LOS	1.4	1.1	1.3	1.4	4.9	3.2	3.0
Mortality Rates	0.00%	0.00%	0.00%	0.00%	0.00%	0.29%	0.17%
Readmit Rates	2.83%	0.77%	1.30%	1.10%	10.24 %	7.10%	6.77%

The Oncology Program (Fig 7.1.21) has achieved a high rate for physician compliance with protocols as established by the American College of Radiology (ACR).



AtlantiCare Home Health participates in Medicare's publicly reported national outcomes (Fig 7.1.22) through a website called Home Health Compare. The report provides detailed information on all Medicare and Medicaid certified home health agencies. A private consulting firm provided the National Top 20% benchmark for this industry. The agency is also the recipient of the Home Care Elite for three consecutive years, a distinction that in 2008 places the agency in the top 100 agencies in the country out of 8,222 Medicare certified agencies. The Home Care Elite is calculated on the basis of quality outcomes, quality improvement and financial performance. The Home Care Elite is produced by OCS, a division of Decision Health; an industry publication.



The Healthcare Diabetes Collaborative (HDC) (Fig 7.1.23) is an integrated and collaborative national effort to eliminate disparities and improve health delivery systems sponsored by HRSA. Approximately 800 FQHC's are currently participating in the HDC, including AtlantiCare's Mission Health Care.

Providing health care for the homeless is a unique challenge. Many of these patients live in the shelter where food selection is extremely poor and has a high carbohydrate content. CDE and RD provide education to patients to guide selection of the healthiest food items offered. Many patients are transient and often they do not present back to the clinic for their second HbA1c within the twelve month period. These factors affect the results focused on the homeless population, considered more challenging than the typical FQHC.

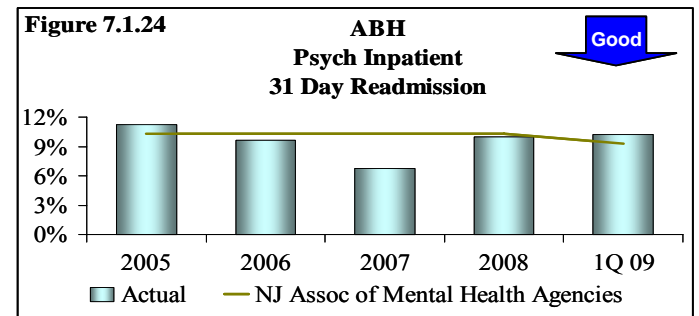
Fig 7.1.23 Mission Healthcare Diabetes Collaborative

Measures	AtlantiCare				LC 2008	Nat'l Goal
	2006	2007	2008	2Q 09		
Avg HbA1C	8.1%	8.7%	8.0%	7.9	8.7%	<7%
Pts w/2 HBA1C test w/i 12 mths.	4.2%	30%	33%	39%	2.7%	>90%
% with self mgn't goals	12%	50%	58%	63%	58%	>70%
% pts with BP < 130/80	48%	43%	31%*	40%	22%	>40%

LC = Local Competitor

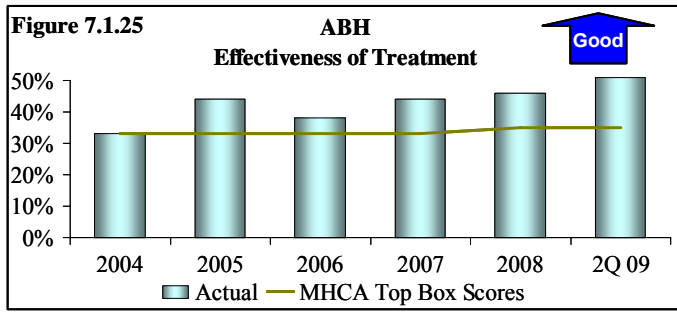
*Decrease due to transition of new medical staff in 1st and 2nd quarter. Training and re-education has been put into place led by certified diabetes educator.

ABH is an integrated clinical service line utilizing its continuum of services and programs to provide the appropriate care, in the appropriate setting. ABH operates numerous outpatient and partial day programs, and manages the ARMC inpatient psychiatric unit and psychiatric intervention (ED-based) program. ABH has been successful in reducing ARMC psychiatric inpatient readmissions (Fig 7.1.24) by providing follow-up care in more appropriate outpatient and partial day programs. A rise in 4Q08 readmissions was a result of an outpatient psychiatry shortage impacting availability of outpatient medication appointments for discharged patients. The ABH service line team is addressing the issues as part of the ABH patient flow and the ABH access and engagement initiatives.

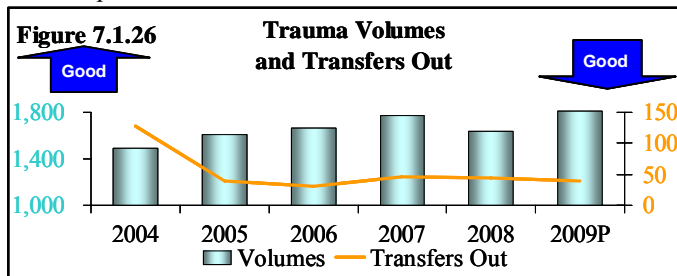


ABH has also achieved improvement in the client's perception of their "Effectiveness of Treatment" by

redesigning the care delivery approach by enhancing client participation in treatment and decision making, and by incorporating many of the best practices in the customer service training (Fig 7.1.25).



The ARMC Trauma Center approaches care with an interdisciplinary model, including a comprehensive scorecard. Overall trauma volume has increased, and trauma transfers out have continued to decrease over the past six years as a result of expanded specialized services available here at ARMC (Fig 7.1.26). The decrease volume in 2008 is attributed to a period of helipad closure while the city campus pavilion construction was completed.



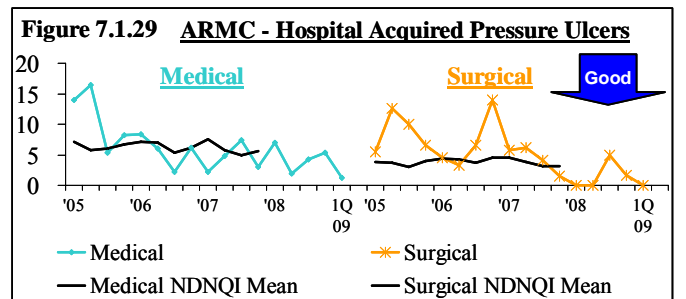
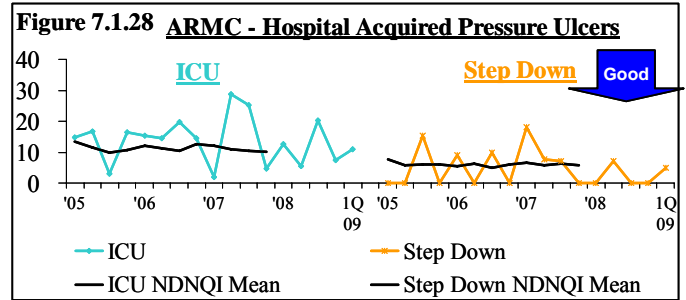
The mortality graph (Fig 7.1.27) reflects ARMC trauma mortality rate over last 5 years compared to the National Trauma Data Bank. The mortality rates are broken down by injury severity score ranges. ARMC has consistently met or exceeded the expected mortality target as indicated by the color of the mortality rates.

ISS Range	2004	2005	2006	2007	2008
1-8	1.4%	1.4%	1.4%	0.5%	0.4%
9-15	1.0%	1.3%	2.6%	2.1%	2.4%
16-24	5.3%	10.0%	15.4%	5.4%	5.7%
>24	16.7%	21.1%	36.7%	33.3%	27.5%

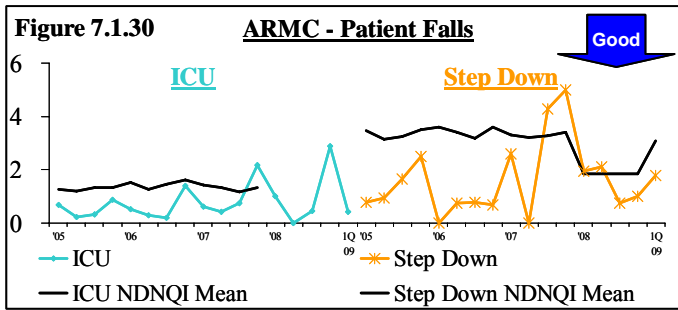
Green at Target; Gold = Exceeds Target

Hospital-acquired pressure ulcers are a patient-centered outcome measure reflective of nursing care which can be negatively impacted by a long hospital stay, multiple comorbidities, and physical debilitation. In 2008, ARMC was invited to participate in the CMS 9th Scope of Work pertaining to Pressure Ulcer Prevention providing clinical expertise and networking opportunities with area long term care facilities to enhance communication and prevention methodologies. This initiative is designed to reduce the number of both hospital and long term care facility acquired pressure ulcers through process improvements. ARMC also participates with the NJHA sponsored Pressure Ulcer

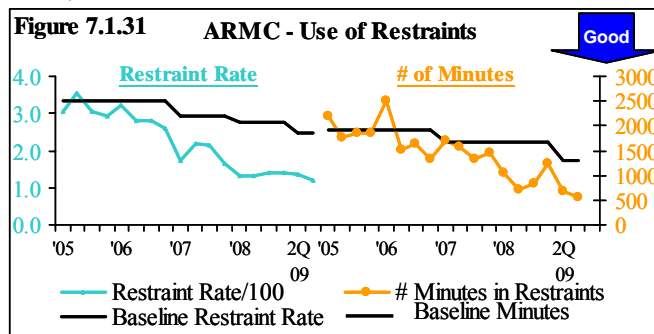
Collaborative and has established an internal Skin Care Committee and individual Skin Care Champions on the nursing floors who developed an assessment and documentation tool aimed at reducing pressure ulcers (Fig 7.1.28 & .29). Alternating pressure mattresses and rotational mattresses were purchased for the City Campus Critical Care Unit. Foam and gel mattresses were also purchased and are now being used for trauma beds for patients on spinal precautions. Critical care rounds now incorporate discussion of pressure ulcer prevention initiatives.



Patient falls (Fig 7.1.30) are both a serious patient safety and risk management concern along with an indirect contributor to poor outcomes and longer LOS. The overall ARMC fall rate has continued to decrease. Poster presentations at the 2008 National Database for Nursing Quality Conference generated interest in both documentation forms as well as post fall assessment processes. AtlantiCare participated in a Fall Prevention Collaborative with the NJDHSS and initiated internal education for (1) environmental, dietary, transport, administrative associates and security personnel on how to recognize at-risk patients and to prevent falls, (2) nurses and other bedside personnel on the proper use of bed alarms, (3) a newly developed fall assessment scale and task list for online documentation and (4) a post-fall assessment form to identify opportunities for improvement. Hourly rounding utilizing the "3P" process (position, potty, pain) has been incorporated to educate and solicit the patient and family's input in fall prevention. This "SBAR" report includes fall risk to alert the clinical colleagues for potential fall risks. The Fall Prevention Committee meets on the night shift (when most falls occur) to increase staff participation and knowledge and sponsors fall prevention sessions at our PCA Skill Fairs, Clinical Committee Awareness Days, Medical/Surgical Skill Fairs, and Back Injury Reduction Fairs. The Fall Prevention Committee members provide information at the unit level and throughout the organization to enhance staff and leader knowledge regarding risk assessment and prevention initiatives.



In the area of respect and caring, work has been accomplished to reduce restraint use, and when restraints are necessary, have limited the time of use. A multi-disciplinary team lead by a Psychiatric Clinical Nurse Specialist does performance review related to restraint use and patient care, and applies PDCA as may be indicated by findings (Fig 7.1.31).



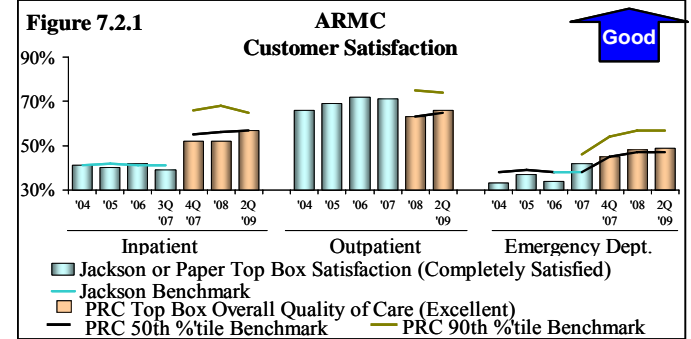
7.2 BEST CUSTOMER SERVICE

Patient and Stakeholder Focused Outcomes

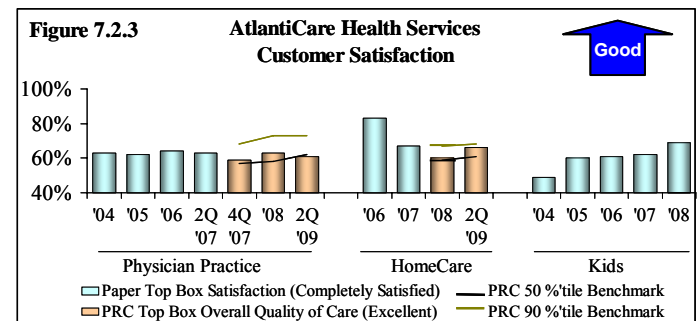
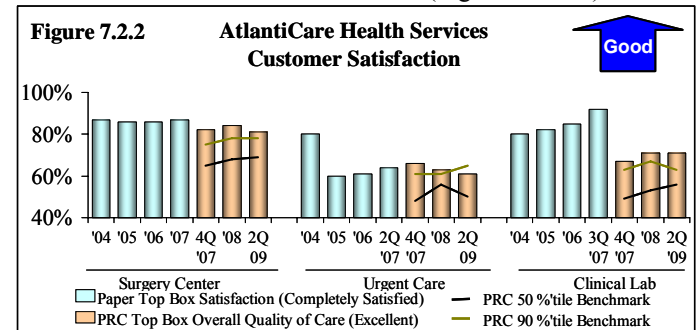
7.2a (1) AtlantiCare utilizes tailored customer research tools to monitor the level of customer engagement and loyalty. A variety of methodologies are employed, depending upon the needs of the BU and the nature of the customer population. Primary methodologies are telephonic surveys, conducted by an outside survey vendor, and paper surveys, created by the Customer Service Department. Additionally, focus groups and comment cards are utilized, as appropriate. In 4Q07, AtlantiCare changed vendors from The Jackson Organization to PRC as a survey partner. In addition to more real time access to relevant data, PRC's process was more rigorous and yielded richer, more actionable information in the form of "key drivers" of customer service. This change also resulted in more service areas utilizing PRC. Results from both survey vendor engagements (Jackson and PRC) are presented with respective benchmarks. Comparisons between Jackson/in-house paper results (light blue) and PRC results (bronze) should be made with care due to the change in vendor, questions and/or methodologies. Monthly reports are distributed to leadership detailing loyalty results stratified by individual units/location and, as of 2009, with results rolled up to the Big Dot goals.

Customer satisfaction results across the three primary business units that provide clinical services are presented in Fig 7.2.1 – .6. All results are percentage of "Excellent" (Top Box). Inpatient levels have increased due to improvement in bed availability by decreasing length of stay at Mainland Campus and by the opening of the Harmony Pavilion at the City Campus. Participation of all ARMC employees in the

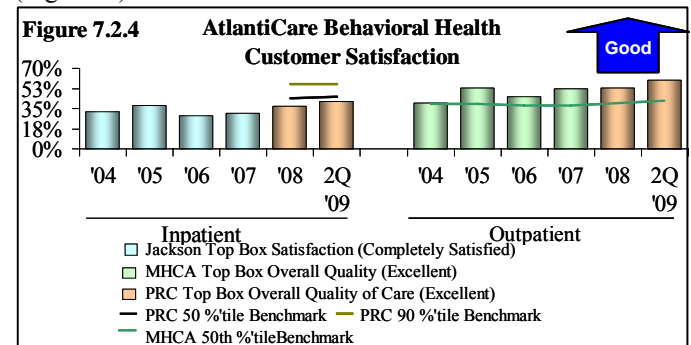
system-wide customer service training has also contributed to the improvement in scores in both inpatient and outpatient areas.



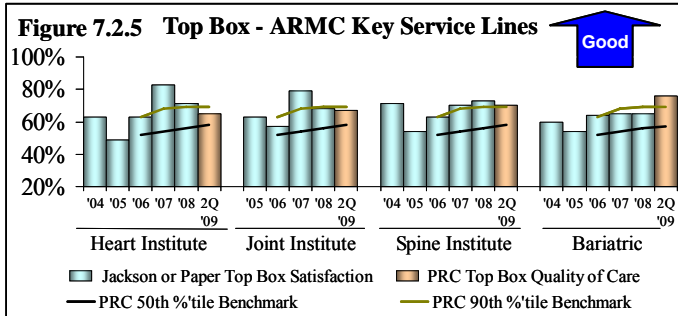
Since many of the AHSvs programs moved to PRC from in-house paper surveys in 2007, benchmark data is now available, showing that ASC, Urgent Care and Clinical Labs are all performing well above the 90th percentile. AtlantiCare Kids conducts an in-house paper survey twice a year and has seen a continuous improvement for the past four years as a result of their customer service efforts (Fig 7.2.2. & .3).



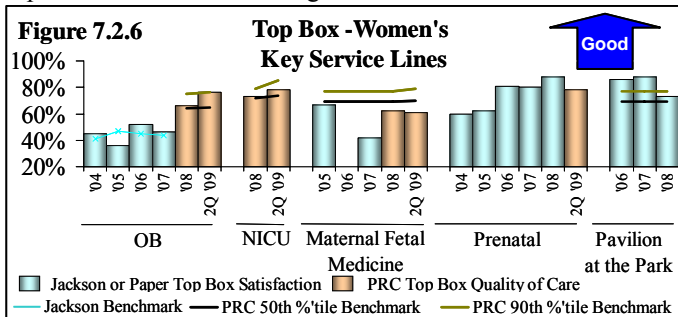
Patient satisfaction for ABH is assessed via paper surveys (Jackson/MHCA) and PRC. The inpatient ABH unit developed a robust line staff-based customer service team, focusing on the key drivers for their unit. As a result, team rounding, that includes the patient, was implemented in 2008 (Fig 7.2.4).



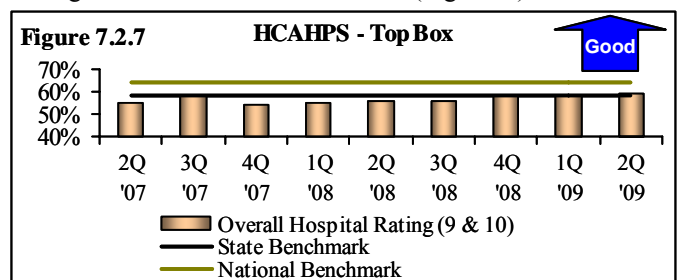
ARMC's key service lines moved to PRC in 2009. Top decile results in 2007 were due to PDCA improvement plans that focused on customer service and pain control (Fig 7.2.5). A subsequent decrease in scores in 2008 in the Heart and Joint Institutes, while still at the top decile level, were due to the change in how the customer returned the survey. Prior to 2008, they were handed in at discharge and starting in 2008, they were mailed back. Research supports the fact that individuals tend to be more critical when anonymity is further assured.



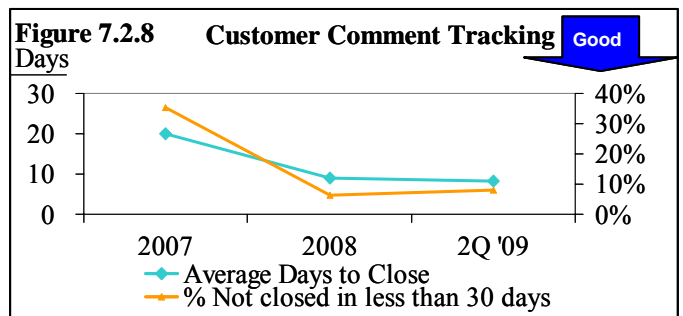
The Women's service line has also achieved very strong customer satisfaction levels as a result of deployment of a Code of Conduct to all employees defining behavioral expectations when interacting with customers.



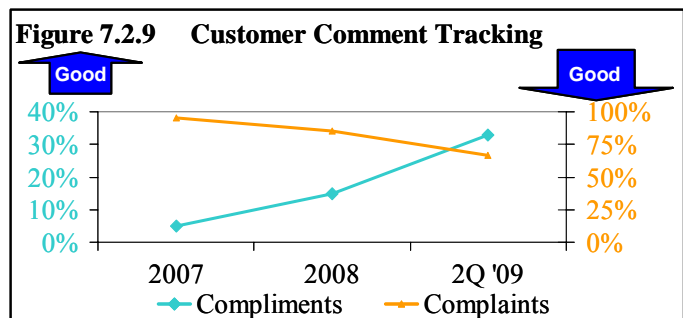
The HCAHPS results represent 12-month Top Box trailing averages. Improvement efforts enacted in late 2007 and 2008, such as the ABC's of customer service training, are starting to be reflected in these results (Fig 7.2.7).



A standardized tool for collecting and tracking escalated customer comments was implemented in 4Q07. The standard for resolution is within 3 days, but no longer than 30 days. In 2008, the 30-day goal was achieved 94% of the time versus 65% of the time in 2007 (Fig 7.2.8).

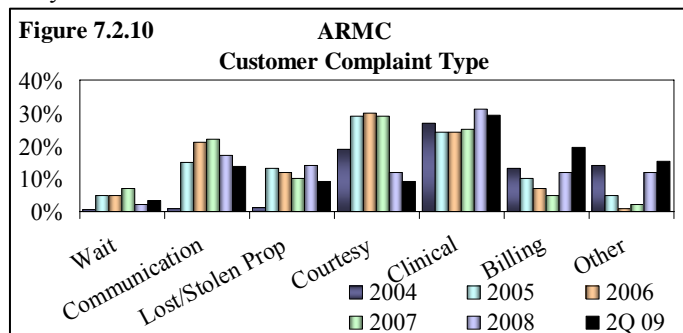


It is important to understand what patients like to reinforce and to also recognize good performance. AtlantiCare has seen an increase in number of compliment type calls versus complaint calls from 2007 to 2008 (Fig 7.2.9).



Improvements have also been realized in the nature of the complaints, especially in courtesy, wait times and communication – another indication of AtlantiCare's commitment to service excellence (Fig 7.2.10).

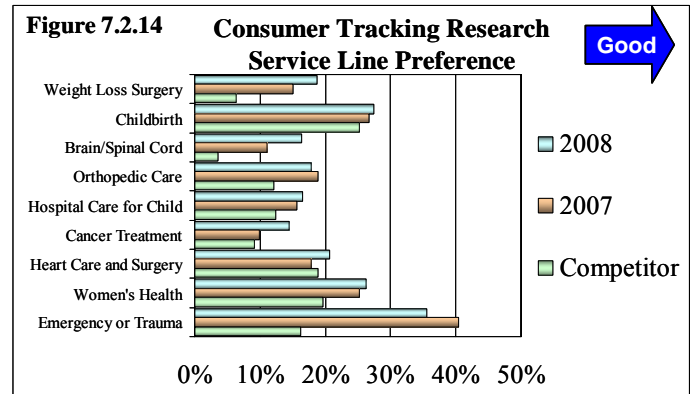
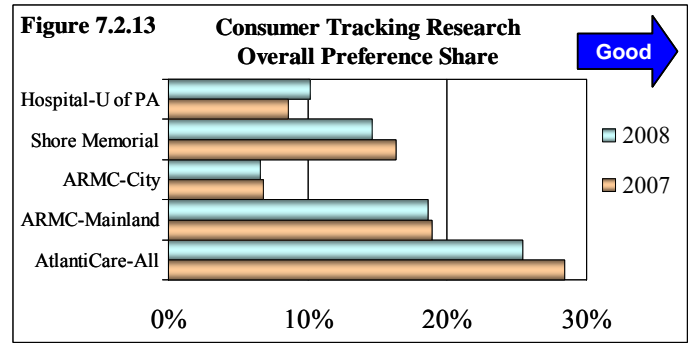
With the implementation of the Customer Comment Tracking tool in 4Q07, there has been a more focused effort to effectively collect customer comments. In 2009, work teams from each BU B Team reviewed 2008 data, identifying themes around wait times, communication discharge issues and call bell response. PDCA plans were developed in response to this analysis.



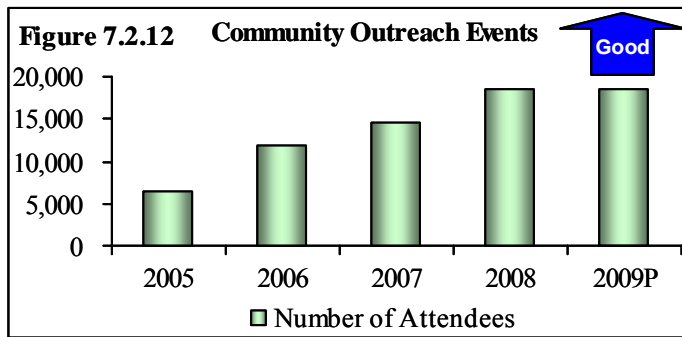
*Mainland results – 2004 and 1Q '05 only.

7.2a(2) The SCC, a medical home dedicated to complex, chronically ill patients, strives to meet the needs of patients by providing access to services and building trusting relationships with the patients which results in successful management of the patient's health status. A recent survey reflects the patient's perceived level of care and satisfaction as compared to their prior level of care (Fig 7.2.11)

Figure 7.2.11 Access to Care	Prior Care	SCC Care	+/-
Assistance Received	42%	93%	+52%
Same Day Response	58%	96%	+38%
Appt Scheduling	69%	98%	+29%
Prompt Emergent Care	63%	98%	+35%
Relationship with Doctor			
Personal Respect	74%	99%	+25%
Length of Appt	59%	94%	+35%
Appt Timeliness	23%	82%	+59%
Physician Communication			
Clear Instructions	69%	95%	+26%
Listening	71%	98%	+27%
Clarity of Information	69%	94%	+25%
Health Coaches/Front Desk			
Courtesy & Respect	67%	99%	+32%
Appropriate Assistance	51%	96%	+45%
Listening		95%	
Clarity of Information		95%	
Care Coordination			
Up-to-date Care	51%	93%	+42%
Medical History	56%	93%	+37%
Results Follow-up	49%	57%	+8%
Physician Rating (0 – 10)	7.75	9.62	+1.87



AtlantiCare performs numerous outreach events throughout the year as part of its vision to build healthy communities. The number of people who attend these events is seen as an indication of the engagement of current and prospective customers (Fig 7.2.12).



PRC also gauges preference for AtlantiCare's Centers of Excellence. AtlantiCare remained the market leader in 2008 over competitors by a statistically relevant margin. However, a marginal decline (margin of error 3.7% - statistically flat) was seen in overall hospital preference for the AtlantiCare composite score and for service line preference for emergency or trauma care. Marketing attributes the flattening of overall preference to a significant decrease in marketing of overall image. However, when survey respondents familiar with AtlantiCare service lines were asked about their preference for particular services, results showed a statistical increase in service line preference for weight loss surgery, brain/spinal cord, cancer treatment and heart care/surgery (Fig 7.2.13 & .14).

AtlantiCare also seeks feedback from the community through focus groups, periodically conducted by Board members. Additionally, the communities' overall opinion of AtlantiCare is seen as a strong indicator of the confidence in AtlantiCare's quality of services, values and culture (Fig 7.2.15).

Fig 7.2.15 Overall Opinion of AtlantiCare

	Desired Trend	2005	2006	2007	2008
Atlantic Co					
Positive	⬆	63%	65%	68%	72%
Neutral	⬇	30%	27%	26%	24%
Negative	⬇	1%	4%	7%	5%
Total Market					
Positive	⬆	58%	62%	63%	65%
Neutral	⬇	33%	30%	32%	31%
Negative	⬇	1%	3%	5%	5%

**Statistical Significance +/- 4% based on sample population.
It does not add up to 100% due to non responses.*

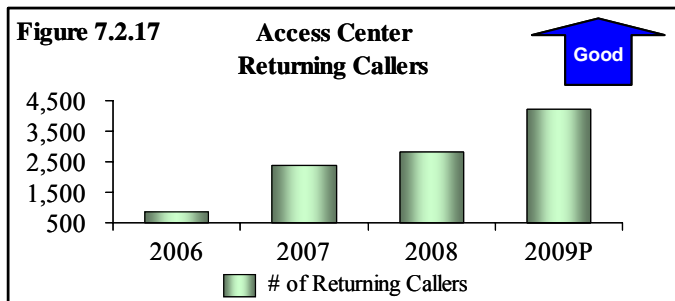
Community perception (Fig 7.2.16) of the quality offered by AtlantiCare is captured by PRC by asking how respondents familiar with AtlantiCare's services would rate the quality of those services. Respondents continue to identify AtlantiCare services as the market leader in the community except for pediatric services, which is dominated by the region's and country's number one children's hospital (CHOP).

Fig 7.2.16 Community Quality Perception Survey				
Hospital Preference Ranking	2005	2006	2007	2008
Weight Loss Surgery	1 st	1 st	1 st	1 st
Childbirth	1 st	1 st	1 st	1 st
Brain / Spinal Cord Surg***	2 nd	2 nd	1 st	1 st
Orthopedic Care	1 st	1 st	1 st	1 st
Hospital Care for a Child**	2 nd	2 nd	2 nd	2 nd
Cancer Treatment	1 st	1 st	1 st *	1 st *
Heart Care and Heart Surgery	1 st	1 st	1 st	1 st
Women's Health Services	1 st	1 st	1 st	1 st
Emergency and Trauma Care	1 st	1 st	1 st	1 st
Overall	1 st	1 st	1 st	1 st

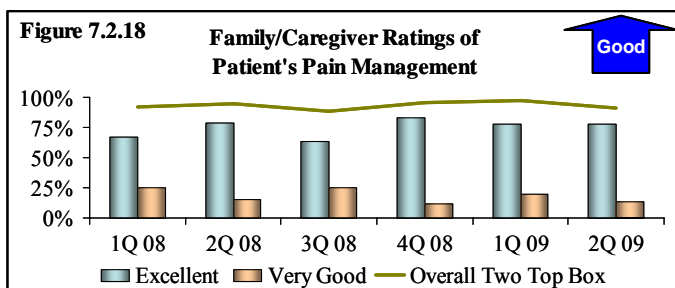
*Shared with our cancer care partner, Fox Chase Cancer Center
 **Children's Hospital of Philadelphia (world renowned pediatric tertiary hospital)
 ***Previously Hospital University of Pennsylvania

In order to maintain excellent service levels AtlantiCare decided to implement a self service feature via the web. In October 2007, AtlantiCare integrated the Access Center phone capability with new web capability to allow self service and 24 hour access. This allowed the Access Center the ability to handle expanded volumes without adding FTEs. Total web access and call center calls have increased seven-fold from 2006 to 2008.

The Access Center tracks the number of callers that have called multiple times as an indicator of loyalty and engagement with services provided. The number of returning callers has increased each year (Fig 7.2.17).



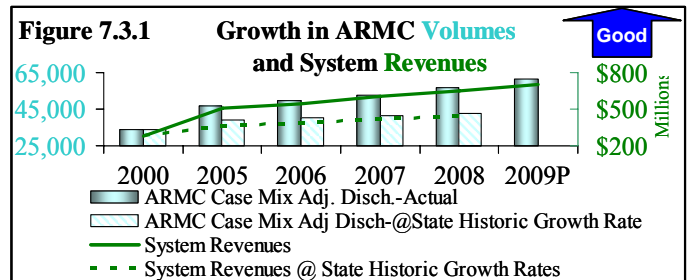
Understanding that an initial assessment of pain provides both a baseline measurement and the information from which to develop a personalized care and pain management plan, the Hospice team completes an initial (baseline) pain assessment on 100% of patients. Compliance is monitored for pain assessment subsequent to admission, pain is controlled within 48 hours and patient satisfaction, and re-education delivered when indicated to hold the gains. (Fig 7.2.18).



7.3 BEST FINANCIAL PERFORMANCE and GROWTH Financial and Market Outcomes

7.3a(2) Earlier this decade, ARMC concluded that while possible to survive at the average cash flow margin in the State, to truly “excel” would require superior performance that could only be achieved through a strong commitment to growth as a regional referral medical center. As such, we have elected to respond to 7.3a(2) first.

So far this decade, ARMC has grown its business (as measured by Case Mix Adjusted Discharges) by a compound annual rate of 6.7% (average 2.5% statewide) contributing significantly to an 11.0% compound annual growth rate in overall system revenues (average 5.6% statewide) (Fig 7.3.1). Had ARMC grown at statewide rates from 2000 to 2008, its volume (patients served) and revenues would have been 25% and 33% lower, respectively, than actual 2008 levels.



Contributing to the volume growth are factors including service line growth (Fig 7.3.2), market share gains and reversal of outmigration (Fig 7.3.3 & .4), RSA expansion (Fig 7.3.5,) and ambulatory service expansion (Fig 7.3.7 & .8).

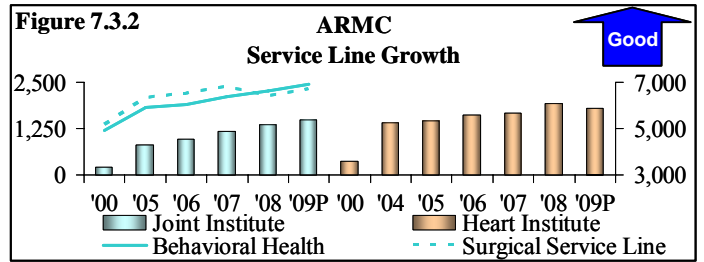
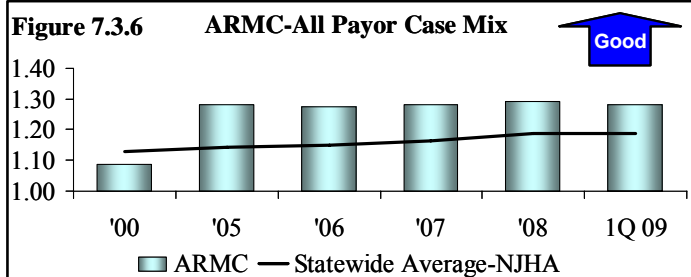
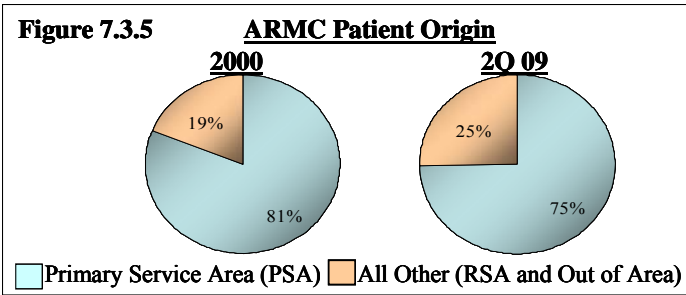


Figure 7.3.3 PSA - Outmigration
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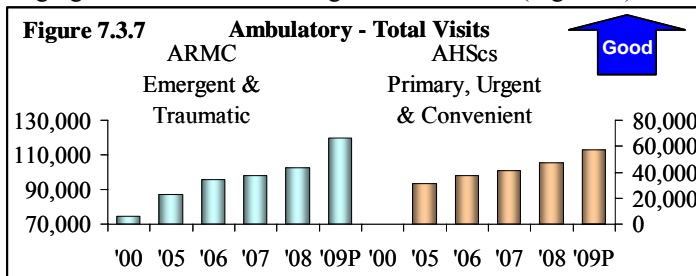
Figure 7.3.4 RSA - Outmigration
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Figure 7.3.4a ARMC Regional Service Area Growth
 Chart removed; proprietary information

Further evidence of progress is confirmation of an expanding reach into the community (beyond the PSA), and a declining reliance on the PSA for growth, as measured by patient origin (Fig 7.3.5). Additionally, growth in case mix index (increasing from 1.0768 to 1.2494, or 16%, from 2000 to 2004, with continuing improvement through 2008) as compared to statewide trends (Fig 7.3.6) confirm a continuing shift to a procedural-based, regional referral center status.

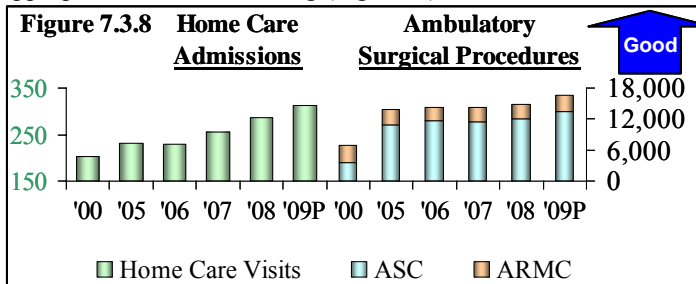


AtlantiCare has significantly improved the number of access sites, hours of care, service selections and populations served through a continuum of ambulatory care offerings ranging from convenient through traumatic care (Fig 7.3.7).

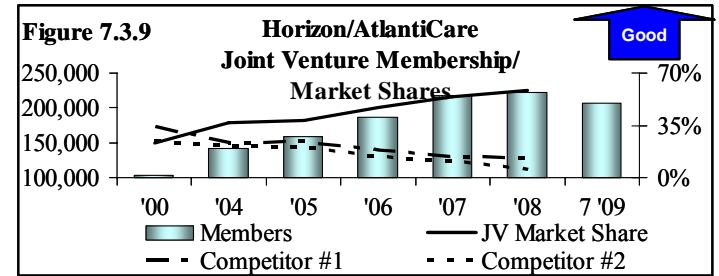


ARMC's ED market share has increased from 55% in 2000 to 61% in 2007 (2008 not yet available).

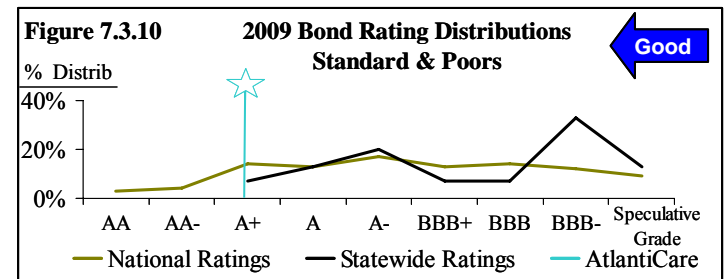
AHSvs was the first (and now the only) healthcare provider in the market to partner with its physicians in the development of a freestanding ambulatory surgery center and as a result, along with superior quality (Fig 7.1.18), top box patient satisfaction (Fig 7.2.2) and physician satisfaction (Fig 7.4.11), has realized significant growth through the decade (Fig 7.3.8). Ambulatory surgery volumes have leveled off recently due primarily to the fact that most surgeons have now committed to one center or another. AtlantiCare has developed new strategies to establish a second growth trend. AHSvs has also grown its home care business over the years (Fig 7.3.8), with the addition of dedicated home care coordinators in all of the area hospitals. Home care personnel worked closely with ARMC to reduce inpatient length of stay (LOS) by discharging patients more promptly to the more appropriate home care setting (Fig 7.5.6).



AHP, in its joint venture with Horizon Blue Cross/Blue Shield of NJ (largest payer in NJ) has grown its membership and market share significantly by collaboratively differentiating its product offerings from other insurers, utilizing their respective strengths and branding of the two JV partners (Fig 7.3.9). Differentiators include more effective medical management through (nursing) unit-based utilization management, local value-add offerings such as health and wellness, direct referrals to disease state management programs and the support of NCQA accredited physician through the Bridges to Excellence program.



Market share for the JV also compares very favorably to Horizon's "statewide" market share of 37%, illustrating the power of a payer/provider collaborating to offer a better product and service.

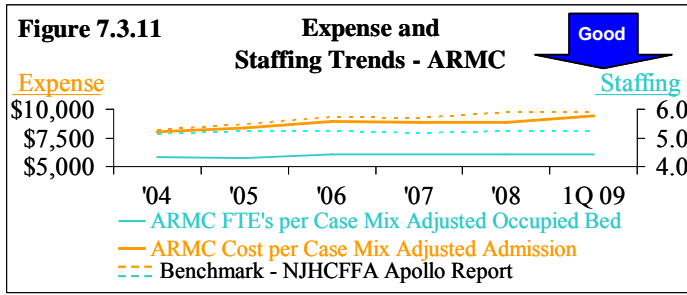


7.3a(1) AtlantiCare has designated its bond rating as the financial performance indicator for the system and, as such, critical ratios (profitability, liquidity and capital structure) are managed to ensure the maintenance and enhancement of that rating. AtlantiCare's credit status has improved from a non rated, FHA-backed credit in 1992 (requiring governmental credit enhancement just to access the capital markets) to the second highest rating in NJ today. AtlantiCare was upgraded in 2007 to the highest level of A rating (A+) by two of three rating agencies placing AtlantiCare in the Top Decile nationally (Fig 7.3.10).

A longer trend period (2000-08) is displayed in this section to more fully illustrate this credit transformation.

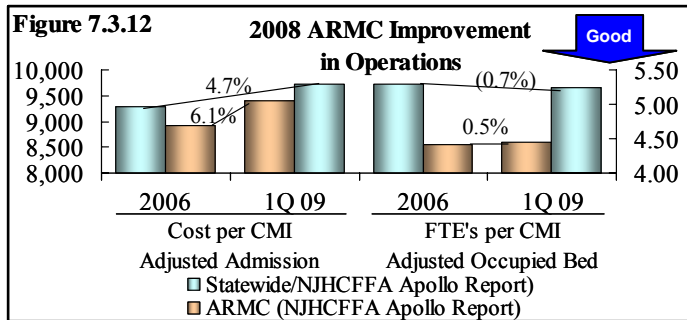
ARMC represents 88% and 86% of total system revenues and assets, respectively, and as such, is the primary contributor to overall financial results.

AtlantiCare recognizes the need to control costs to remain competitive and profitable (Fig 7.3.11). ARMC's expenses and staffing levels (productivity) compare favorably to statewide benchmarks.

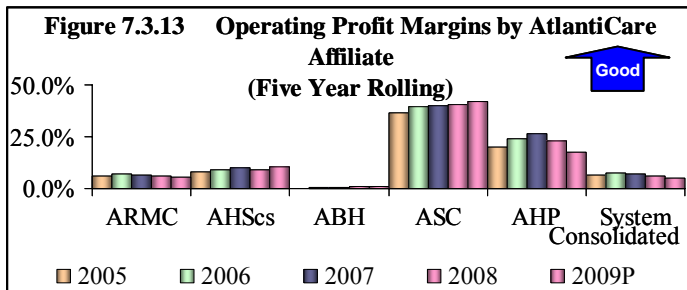


ARMC reduced its cost per CMI adjusted admission by focusing on LOS (Fig 7.5.6) and cost control across the system, including the rebidding of multiple contracts, redesign of workflows, restructuring of management oversight and span of control, etc. (Fig 7.3.12). This ongoing process has recently taken on the structure and title of “Keeping AtlantiCare Strong” in response to the downturn in the economy.

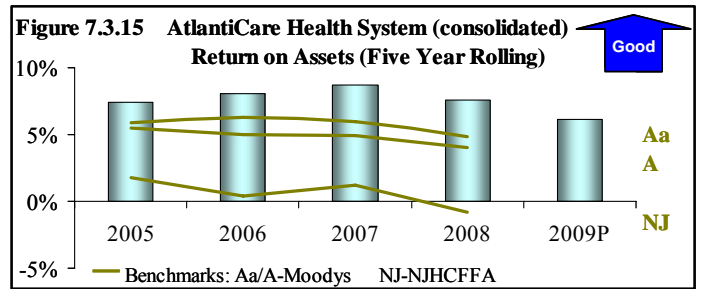
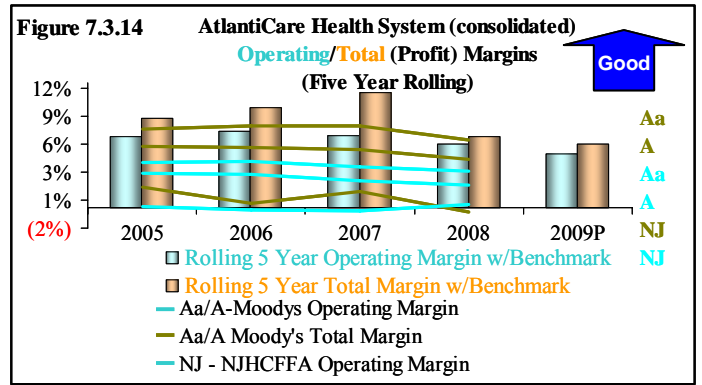
As a result of position control and management restructurings, ARMC’s staffing levels have remained constant since 2006 (Fig 7.3.12).



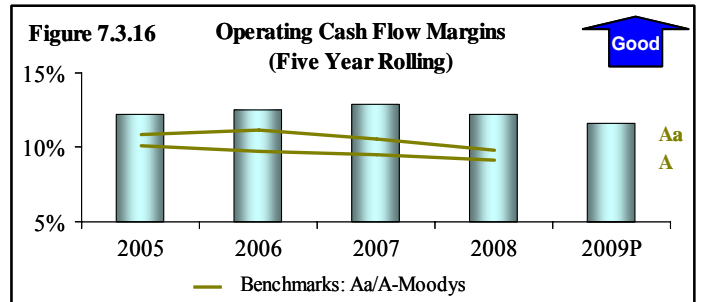
This focus on top line growth, coupled with effective cost structure controls, has driven superior “operating” profit margins (47% of NJ hospitals experienced an operating loss in 2008). Figure 7.3.13 represents operating profitability by AtlantiCare Affiliate (see Fig 7.3.14 for benchmarks). This performance is achieved despite the challenges of serving as one of two safety net hospitals in the eight-county southern NJ region, providing 90% of the free care in Atlantic County, more than the seven local hospitals combined (Fig 7.6.16).



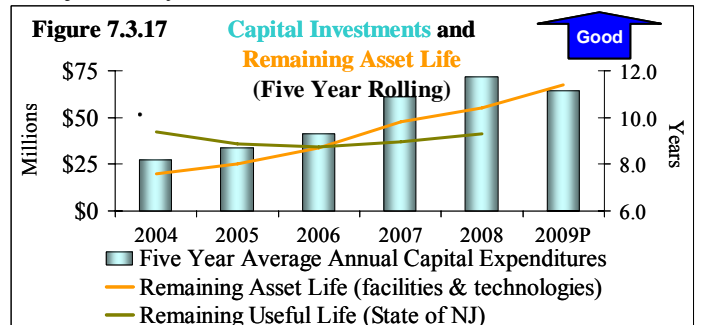
Given the severe deterioration of the economy and financial markets in late 2008, the “preliminary” 2008 national benchmark ratios supplied by the rating agencies for 2008 have not been utilized, since they generally represent financial performance for only a partial year. Should a site visit occur, the 2008 benchmark ratios for the full year will be available.



Positive trends in growth, revenues and profitability have also contributed to superior performance as measured by operating cash flows well above both national and state benchmarks (Fig 7.3.16).

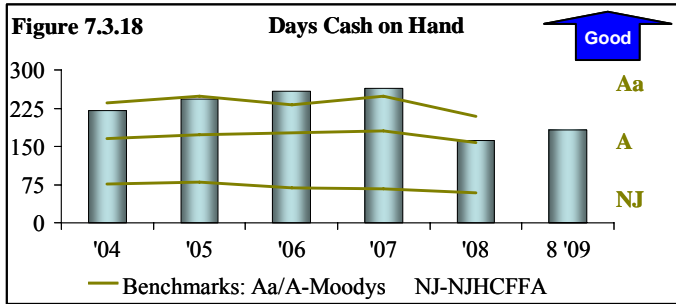


Strong cash flows have provided the opportunity to invest heavily in medical/information technologies and facilities thereby enhancing clinical capabilities and attracting/accommodating even greater growth. Additionally, these investments have positioned AtlantiCare to continue serving its community well into the future with new, state-of-the-art facilities and technologies (Fig 7.3.17). Capital additions are significant in recent years due to the construction of a number of major facility additions.



These capital investments have been conservatively financed with higher cash and lower debt commitments resulting in capital structure ratios at the “A” rated levels.

The most critical of all financial ratios is liquidity – Days Cash on Hand. Despite a strong commitment to capital investments, AtlantiCare has consistently grown its cash balances prior to 2008 (Fig 7.3.18).

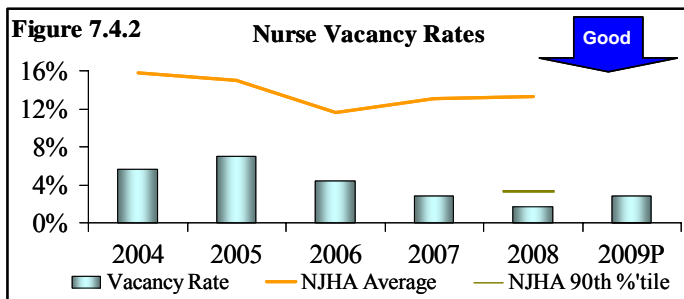
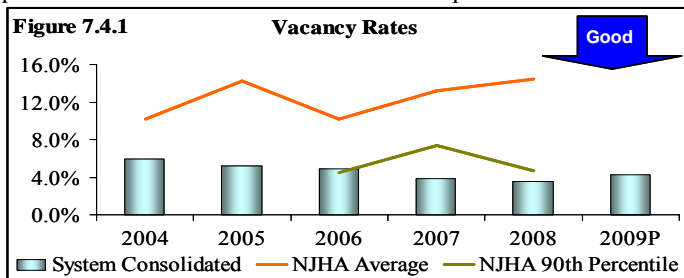


The decline in the Cash to Debt and Cash Days on Hand ratios in 2008 are a direct result of the deterioration of the financial and investment markets in late 2008. The comparable decline in industry-wide ratios is not yet available. As a result of that near once in-100-years event, the Investment Committee has reviewed (and reaffirmed with only slight revisions) its process, structure, guidelines and asset allocations. Capital spending plans have been revisited and management has empowered the Keeping AtlantiCare Strong Committee to thoroughly review the cost structure with the aim of achieving even greater cost efficiencies.

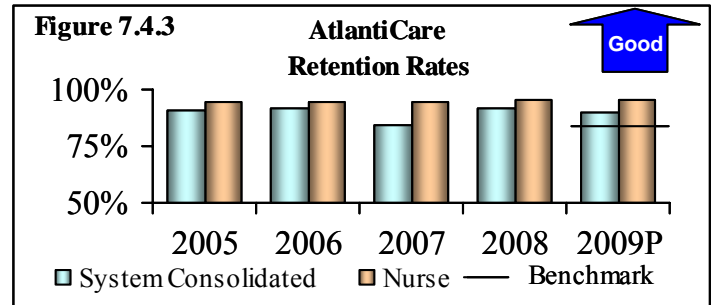
7.4 BEST PEOPLE AND WORKPLACE

Workforce Focused Outcomes

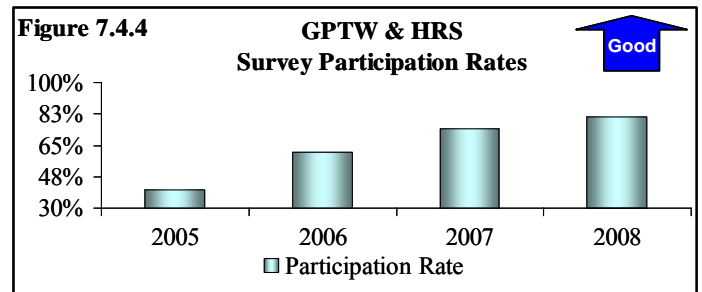
7.4.a(1) AtlantiCare’s staff has grown from 3,900 in 2004 to 5,042 in 2009, with each employee contributing to AtlantiCare’s ability to provide a high level of quality care and customer service to patients/customers and community. AtlantiCare maintains efficient staffing levels (Fig 7.3.11 & .12), and very low vacancy and high retention rates (Figs 7.4.1 – .3). This performance is even more meaningful considering the overall growth in services and volumes from 2004 through 2008. Year after year, impressive results are produced that continuously move this organization to higher levels of performance to meet current and future expectations.



In order to increase retention of good employees (Fig 7.4.3), multiple interventions were implemented both across the organization and in high turnover areas. AtlantiCare reapplied for Magnet status and received it in 2008, a great satisfier for nurses. EmployeeVoice was implemented as a way to ensure that feedback from the workforce is received and acted on appropriately. In addition, targeted programs were developed for high turnover areas, including a “nesting” process for new employees at AHP, and a “Keep in Touch” program in ARMC that touches base with new employees at 45 and 90 days. Perhaps the most powerful intervention was the implementation of the Manager’s Recognition Kit, which facilitates the formal acknowledgment of staff for extraordinary actions and results.

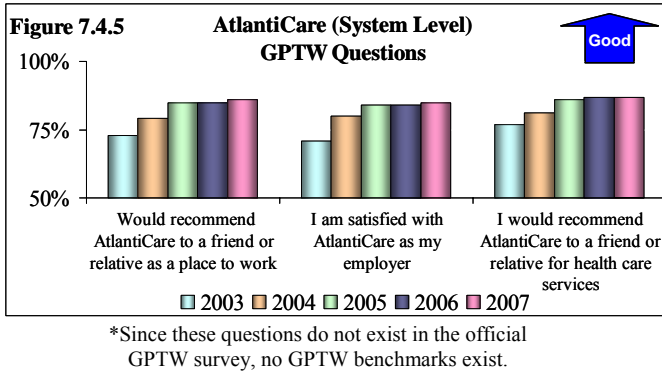


One way staff demonstrates engagement is by their participation in the annual satisfaction surveys (Fig 7.4.4). In addition to increasing the participation rate, in the 2008 survey staff rated “Survey Effectiveness” above the 90th percentile.



In 2005, AtlantiCare’s home grown employee survey was replaced with the Great Place to Work (GPTW) survey (also used by *Fortune* magazine each year to determine the 100 best places to work). In 2008, a move to a new survey tool HR Solutions (HRS) provided more robust action planning. The GPTW and HRS surveys pose questions differently, making it difficult to crosswalk results from both surveys. Accordingly, the following charts display the results separately.

The three critical questions that AtlantiCare added to the GPTW survey provide further evidence of an engaged workforce that would recommend AtlantiCare for employment or medical services, and are satisfied overall with working for AtlantiCare (Fig 7.4.5).



Segmenting data by employee demographics enables programs to be tailored to meet the needs of different groups. The graph below demonstrates improvement in overall satisfaction across the various employee demographic groups. The satisfaction level of the majority of employees is at or above the satisfaction level of the 100 Best nationally (Fig 7.4.6).

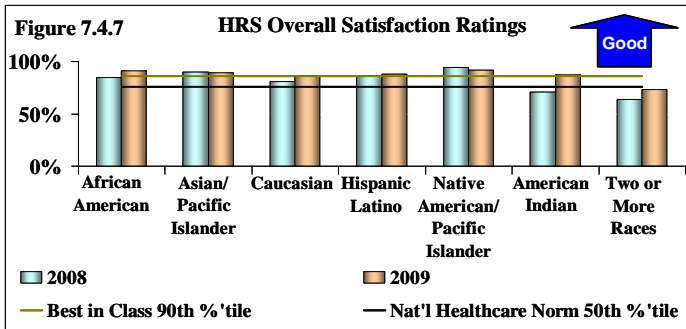
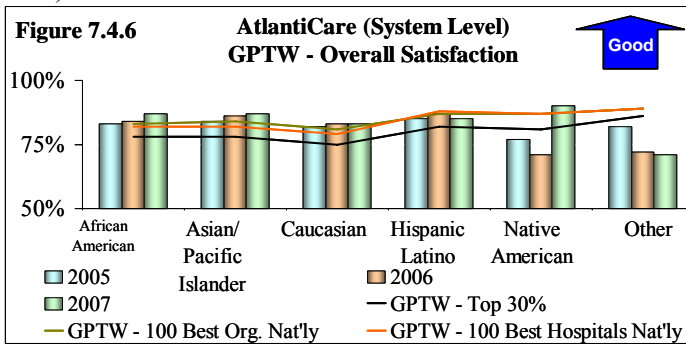


Fig 7.4.8 details the “Key Driver” questions from the HRS survey. Analysis indicated that those questions reflect the factors that have the most impact on improving overall engagement of AtlantiCare employees.

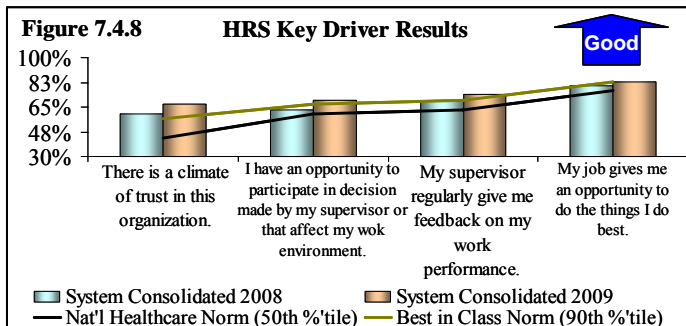
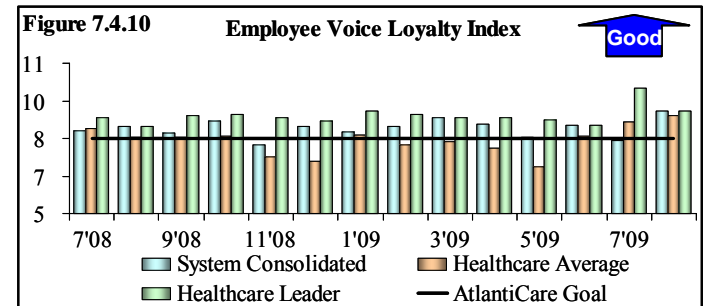


Fig 7.4.9 shows the 15 dimensions measured and benchmarked by the 2008 HRS survey. AtlantiCare compares very favorably to the other healthcare organizations and has reached Best in Class levels in several areas. The high scores in survey effectiveness reflect the AtlantiCare staff trust level that positive change comes from these surveys.

Figure 7.4.9 HRS Dimensions

Items	At or Above Nat'l Healthcare Norm	At or Above 75 th %'tile	At or Above Best in Class
Organizational Effectiveness	●	●	●
Recognition/Career Advancement	●	●	●
Supervisory/Mgm't	●	●	●
Coworker Performance/Cooperation	●	●	●
Overall Satisfaction	●	●	●
Pay/Benefits	●	●	●
Training & Development	●	●	●
Productivity/Efficiency	●	●	●
Communication	●	●	●
Job Stress	●	●	●
Image/Community Involvement	●	●	●
Respect and Trust	●	●	●
Diversity	●	●	●
Survey Effectiveness	●	●	●
Concern for Patient Care	●	●	●

In July of 2008, AtlantiCare implemented the EmployeeVoice system to enhance communication between staff and management. The system allows employees to submit feedback anonymously or by name to receive timely responses. One feature of this system is the built in loyalty survey. Fig 7.4.10 shows AtlantiCare's Loyalty Index (the vendor, Allegiance Technologies, considers anything above an 8.0 to be an organization with loyal employees).

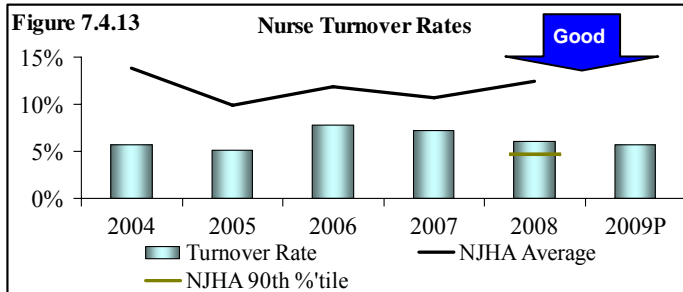
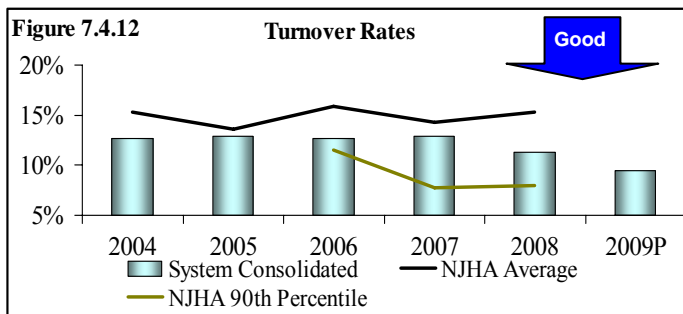


In 2007, a new physician satisfaction survey vendor and tool was selected and implemented, reflecting AtlantiCare's desire to raise the bar in terms of improving quality of care as perceived by physicians. As a result, overall satisfaction is no longer measured. The focus is now on Overall Quality of Care.

Figure 7.4.11 Physician Satisfaction

Year	Measure	% Rated "Excellent" or "Very Good"	Benchmark
2008	Quality of Care	85%	N/A
2007	Quality of Care	80%	N/A
2006	Satisfaction	68%	63%
2005	Satisfaction	58%	62%

Total turnover (Fig 7.4.12) is measured by each major BU against benchmark data that is available for ARMC. This data indicates that ARMC operates below the statewide turnover rate and is comparable to Best in Class. Any BU with a historically high turnover rate has been able to decrease those rates in recent years. Other units are either too small or no benchmark data is available. In these cases, trends are monitored from year to year with unit specific action plans to lower turnover. When spikes in turnover occur, HR partners with the BUs to identify root causes and develop appropriate action plans.

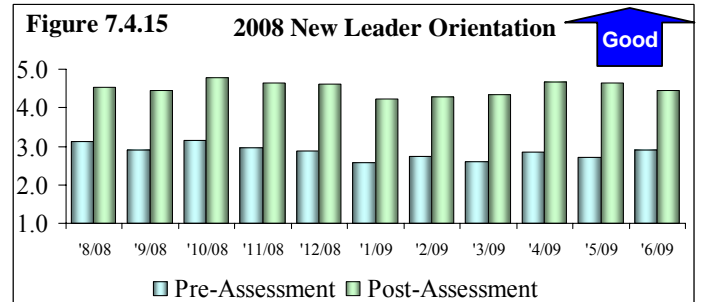
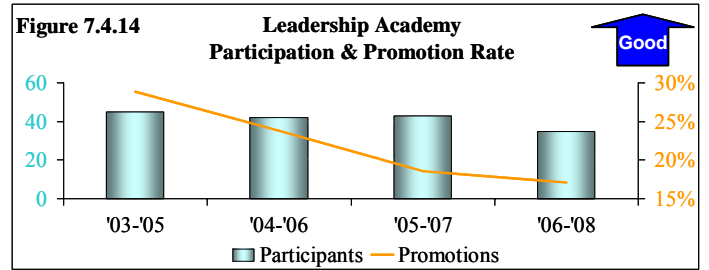


7.4a(2) AtlantiCare's 24-member Senior Leadership team is a great example of career progression. Over half the team has been employed for more than 16 years. Seven of those individuals began their careers at AtlantiCare as staff or front-line managers and rose through the ranks to the senior leadership positions they now occupy.

The AtlantiCare Leadership Academy, initiated in 2004, provided managers with exposure to exceptional training opportunities through The Healthcare Advisory Board (HCAB). To date, over 200 managers have participated in this outstanding program. Decreasing trends are a function of higher percentages of managers having already completed the Academy. Additionally, 12 high potential individuals have completed the Fellowship program conducted by HCAB.

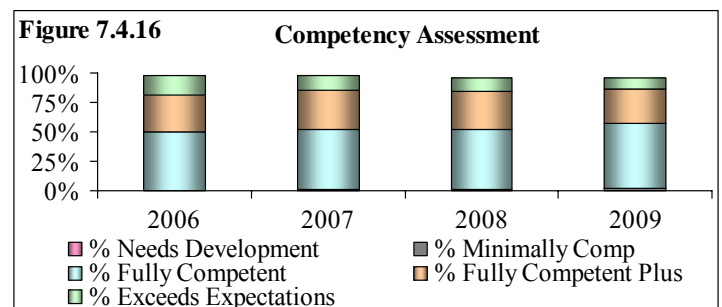
AtlantiCare uses the Kirkpatrick scale to measure learning effectiveness. New Leader Orientation is an enhancement to the internal leadership development process. Figure 7.4.15 demonstrates increases in skills as a result of class attendance (Kirkpatrick Level 2). Quarterly meetings with the CEO and new leaders validate behavior change related to learning

(Kirkpatrick Level 3). This approach is utilized for most significant classes and data used to evaluate class effectiveness and modify as needed. Outcomes are assessed on an individual class level, as the data do not support aggregation.

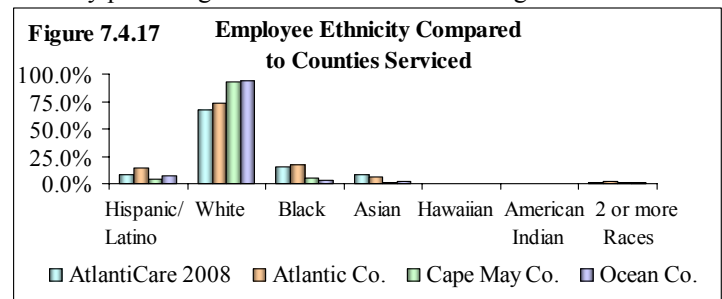


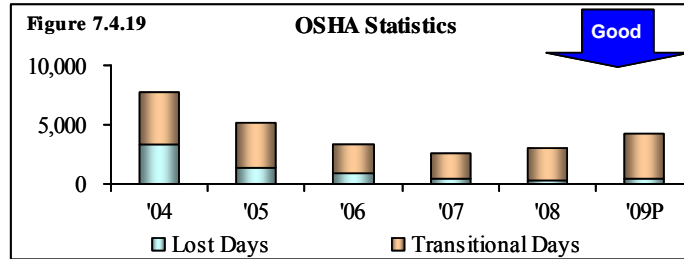
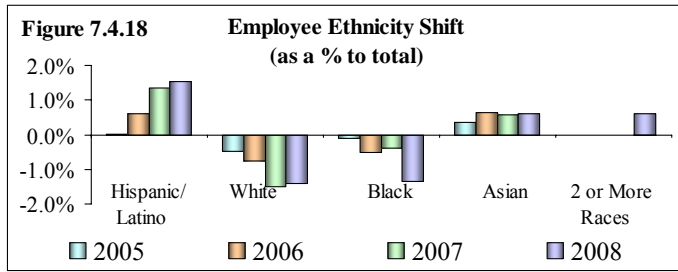
7.4a(3) AtlantiCare operates at efficient staffing levels (Figs 7.3.11 & .12), yet accomplishes outstanding results through the efforts of a committed, competent and well-trained workforce.

AtlantiCare requires annual performance reviews for all employees. These contribute to skills assessments as well as assist in measuring competency. Fig 7.4.16 shows that over 99% of staff were evaluated as fully competent or better over the past 3 years.



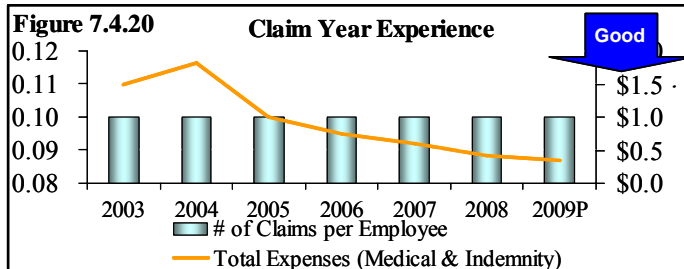
Diversity monitoring allows AtlantiCare to measure its capability of providing services to a diverse population. The goal is to mirror the community (Fig 7.4.17). The shift in the ethnicity percentages over time are shown in Fig 7.4.18.



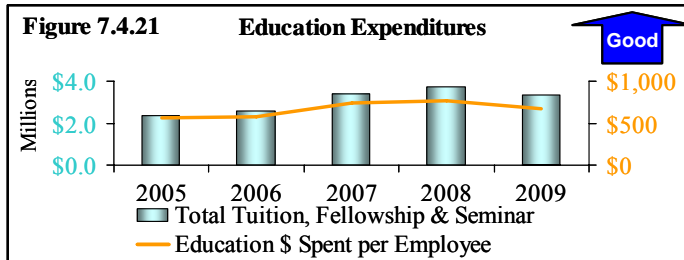


7.4a(4) Minimizing back injury accidents and resultant time lost is critical. Analysis of the number of lost days in 2004 identified a need for an enhanced back safety program. This initiative led to a dramatic decrease in lost days as a result of earlier intervention and case management and the promotion of light duty programs for those rehabilitating (Fig 7.4.19).

In order to control costs and expedite return to work AtlantiCare implemented customer focused case management for injured employees as well as focus on injury prevention. Additionally, flexible return to work programs were developed that are designed to meet the unique need of each individual and AtlantiCare.

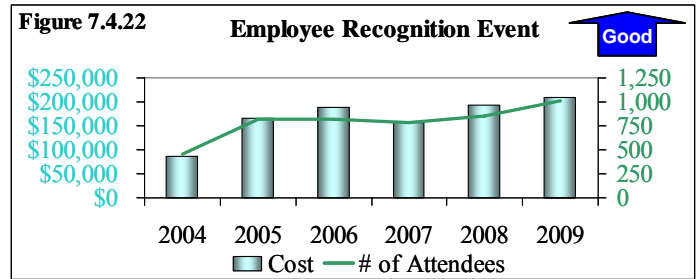


AtlantiCare's commitment to education and development is demonstrated by the significance and growth in organizational expenditures for staff education (Fig 7.4.21).



A centerpiece in AtlantiCare's reward and recognition system is its Award Celebration. Annually, the organization gathers to celebrate length of service, customer service and PDCA team accomplishments. Each year, the event grows in size, reflecting the increasing number of innovative projects that staff has undertaken, as well as the exceptional levels of personal customer service that employees deliver. Fig 7.4.22 shows the growth in both numbers of staff attending and

dollars spent. Physician and Board involvement is an integral part of the unique experience. Employees are encouraged to bring up to two guests to the dinner to enhance the family nature of the celebration.

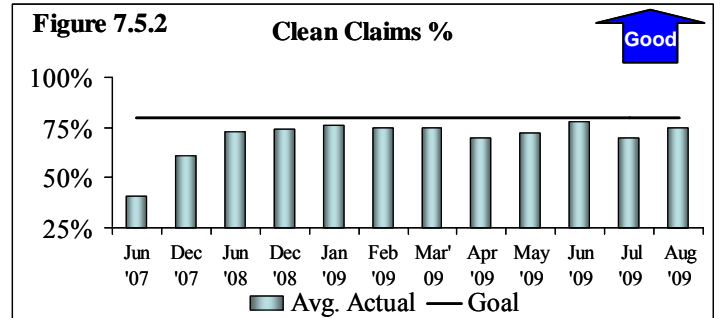
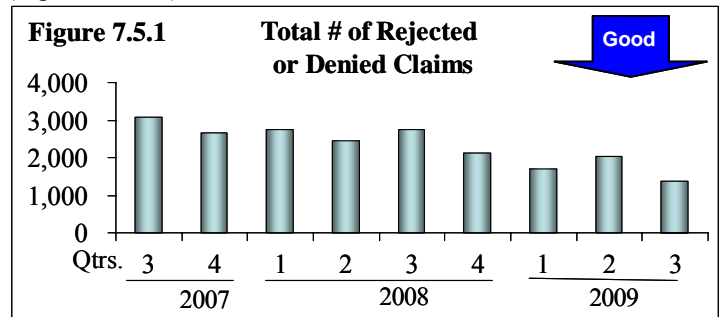


7.5. BEST 5 Bs

Process Effectiveness Outcomes

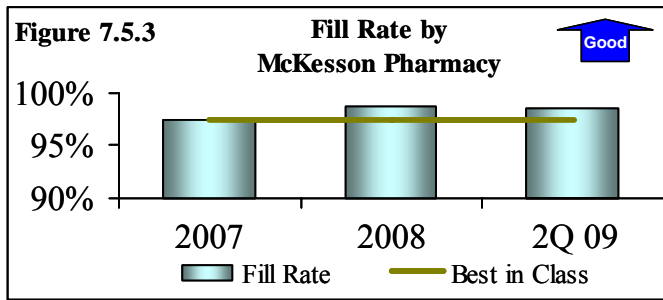
7.5a(1) The results shown in this section are the outcome of team-based, process improvement initiatives across AtlantiCare.

Realizing that the non clinical processes of registration; data collection and account follow up drive AtlantiCare efforts to remain financially viable, Patient Financial Services has been on a journey of financial excellence since 2007. Our goal was to reduce the number of claims denied or rejected, increase the rate of clean claims, and improve revenue recognition and cash collections. An interdisciplinary team analyzed and trended the denials to reveal three main root causes: front line registration/process errors, electronic claims processing system and insurance payer issues. These efforts have yielded great success with denials and claims. (Fig. 7.5.1 & .2)

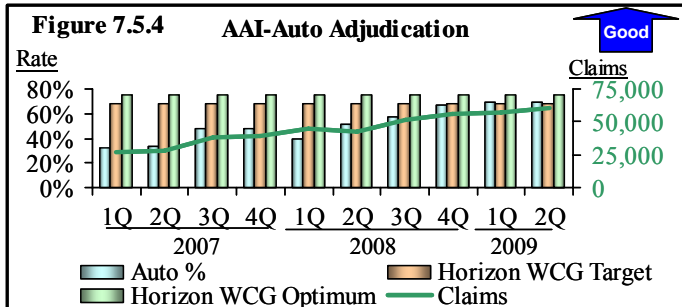


Tracking the fill rate for supplies is crucial to have the ability to supply adequate product(s) to clinicians when providing patient care. The absence or delay of supplies could delay care or treatment. Based on analyzing "par" levels of supplies on the various nursing floors, and supply availability, it was determined that a 97% fill rate from the distributor is ideal. The supplier is a collaborator in this work. A 97% fill

rate from the distributor supports effective use of space and other resources, without disruption to the supply chain or to care delivery. To maintain the integrity of the fill rate numbers, members of AtlantiCare and the distributor meet quarterly to review all fill rate numbers and to develop fill rate checks to make sure no supply falls below the designated required fill rate (Fig 7.5.3).



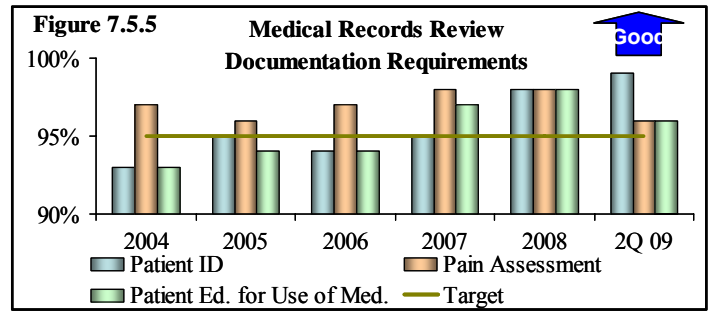
AtlantiCare Administrators, Inc. (AAI) strives to achieve timely claims processing while maintaining quality ratings. One critical component of the success is through auto-adjudication. This is the primary focus in reviewing the plan documents for employer groups. In 2008, AAI instituted a PDCA to assist with increasing the auto-adjudication rate and quality rating. In creating the PDCA, the team aligned the process with the 5Bs and the Horizon industry standard World Class Goals, target and optimum (WCG), focusing on benefit structure and system updates as well as addressing the following issues: provider, benefit design, accident claims, PPO contracts, system holds, dental and vision issues. The target of 65% adjudication rate was achieved in October of 2008 (Fig 7.5.4) and resulted in decreased cost, maintained quality rating and decreased claim turn around time.



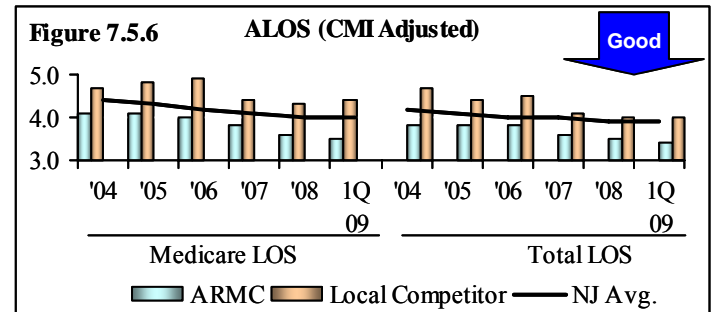
Each month, medical records are reviewed concurrently by the caregivers to assess compliance with documentation requirements. Concurrent review allows for immediate feedback and problem resolution. Results are tabulated for each nursing unit and distributed to managers, senior leaders, and Joint Commission task force leaders. Trends are identified and action plans developed to resolve issues. The criteria below are examples of items targeted for monitoring. The % represents annual compliance rates for ARMC. Target compliance rates = 95% (Fig 7.5.5).

As part of the medical management effort within ARMC, focus is placed on delivering the right care, at the right place, at the right time and for the right cost. This initiative led to innovative work with payors starting with AHP and Joint Venture partner (Horizon). The initial step in this process was the elimination (through contracting) of clinical denials by the payors (i.e. LOS denials). AtlantiCare replaced that option with a collaborative effort to manage length of stay to

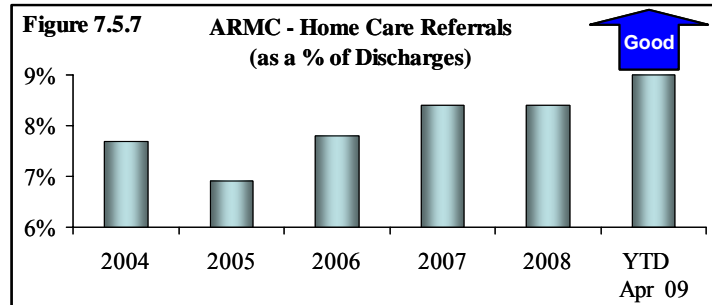
appropriate levels. Clinical denials are near zero and LOS has been reduced significantly (Fig 7.5.6).



Utilizing the 5-step PDMAI, further refinements were made in 2007. A plan was developed to design and innovate various work processes involved in patient flow from admission to discharge. Through the oversight of senior leaders, workgroups were assigned to redesign workflow processes by researching and leveraging new technology, benchmarking existing best practices, establishing metrics for measuring and monitoring compliance to plan. The Patient Flow Scorecard is used to assess progress. ARMC's Medicare and Total LOS (case mix adjusted) ranked at the 14th and 16th percentile, respectively, in NJ in 2008.



An effective process to properly utilize post-acute options at discharge is critical to achieving LOS reductions. The case management process was redesigned so that a home care nurse case manager was assigned to work with hospital case managers to assist in identifying patients that are appropriate for home care and to coordinate such a transition at the appropriate time. This home care case manager also provides education to physicians, nurses, patients and families in the appropriate use and benefits of home care. Referrals have been increasing steadily (Fig 7.5.7).

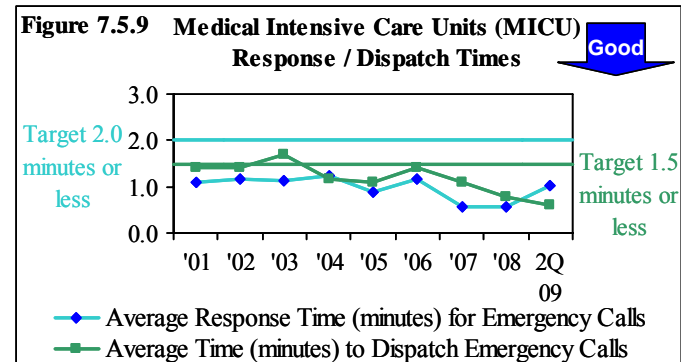


ARMC EMS has placed significant emphasis on working with the Dept. of Homeland Security for disaster response and has been designated a Special Operations Team to respond to large scale incidents. ARMC EMS has been the leader in regionalization, shared services, preparedness exercise and training and as such, NJDHSS designated ARMC EMS as the lead EMS disaster response service for Southern NJ. ARMC

EMS also operates a multi-county MEDCOM II Dispatch and Mobile Intensive Care Medical Service, providing vital pre-hospital delivery services, as well as maintains a mobile communications center equipped to emulate all of the services provide by the main communications center should it become compromised. ARMC has received many recognitions including a commendation from the City of Atlantic City for providing medical support and the 2008 TIIDE (Terrorism Injuries: Information Dissemination and Exchange Project) award for linking EMS and public health within the seven Southern NJ counties. The figure below depicts some of the numerous exercises and actual emergency events ARMC has responded to.

Figure 7.5.8

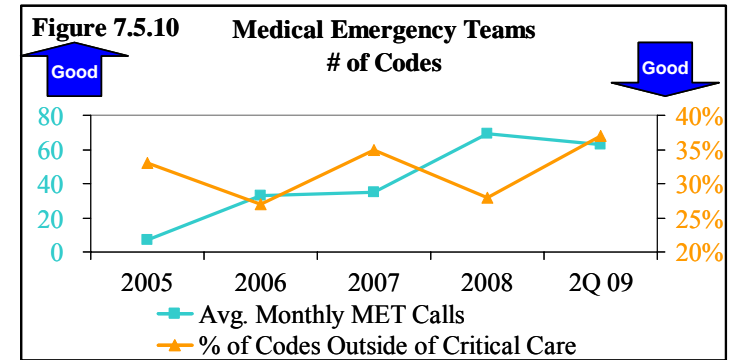
Regional/Local Emergency Exercises	Year
Pandemic Influenza Multi-Day	2009
Laboratory Chemical Terrorism	2009
Richard Stockton College of NJ	2009
Laboratory Bio-Terrorism Exercise	2008
Cape May County Pandemic Exercise	2008
Atlantic County Bio-Terrorism Exercise	2008
Atlantic City Airport Exercise	2008
Regional Pandemic Exercise	2007
Actual Emergency Coordination	Year
Whistle Stop – President Obama	2009
Ocean County Fires	2008
Hammonton Fires	2008
Jefferies Towers Fire	2007
Tropicana Collapse	2004



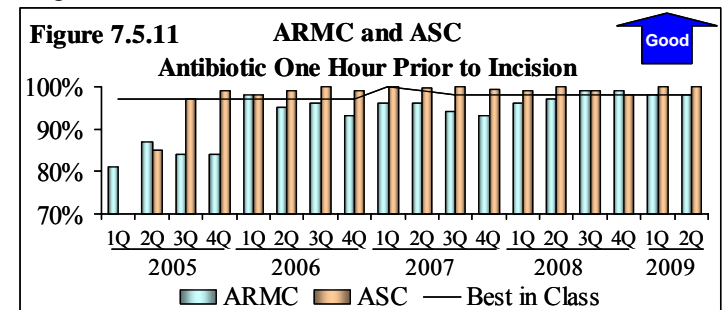
7.5a(2) The measure of the Mobile Intensive Care Unit has two key components. The first is to measure the time for the dispatch to respond to the emergency call. The second measurement is to determine the time required for a crew and vehicle to leave for the scene. Benchmarking from national EMS standards, time to respond to calls should 1.5 minutes or less. The time for staff and vehicle leaving for scene should be 2.0 minutes or less. Based on the ARMC EMS vigilance, the crews are able to outperform the established benchmark standards. These results are reviewed and shared with staff on an ongoing basis (Fig 7.5.9).

The development of the Medical Emergency Team (MET) in 2005 was an initiative from IHI's 100K Lives campaign. The MET is designed to decrease the number of codes outside of critical care by developing a process to proactively identify patients at risk for coding and to provide a team specialized in intervention, thereby avoiding the code. The goal was to increase the number of calls to the MET

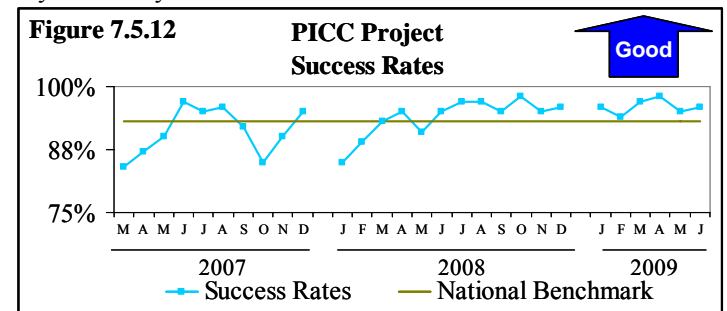
Team and to reduce codes (per 1,000 discharges) on units outside critical care (Fig 7.5.10).



The Surgical Care Improvement Program (SCIP) team used the PDCA process and IHI's theory of high reliability to redesign the process for delivery of antibiotics one hour prior to incision at both ARMC and ASC (Fig 7.5.11). The team redesigned the process to have the responsibility for administering the antibiotic delegated to anesthesia. Medication storage order forms and feedback flow were all adjusted to support the revised process. The anesthesiologists receive feedback on performance and compliance has been integrated into their annual evaluation.

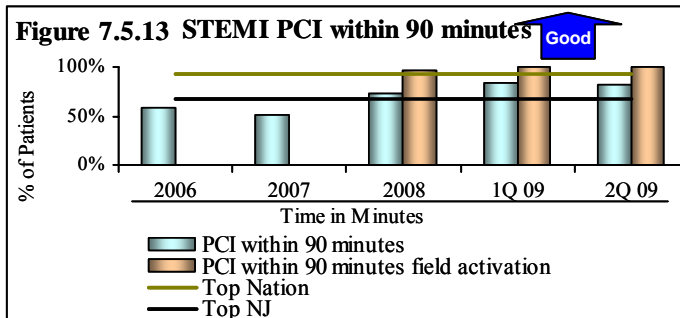


In March of 2007, ARMC and AtlantiCare Home Medical Equipment Company formed a collaborative effort to bring Peripherally Inserted Center Catheters (PICC) Insertions to patients at the bedside in the form of a pilot program (Fig 7.5.12). The PICC bedside placements utilize a highly trained Infusion Therapy nurse and portable, ultrasound guided technology. During the term of this pilot, AtlantiCare established protocols to address effective skills in determining placement appropriateness, elevated the prioritization of patients needing PICC line access, assisted in reducing length of stay by way of increased response time rates and deployed the education to the staff. As a result, the PICC Committee has documented the effectiveness of this integrated collaboration and has also produced a reduction in LOS by 20% from 14 days to 11 days.

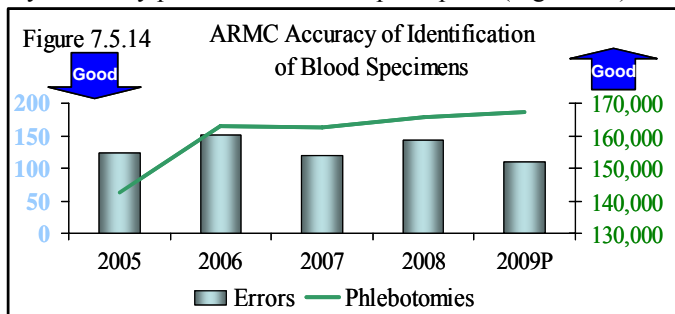


In 2007, ARMC began the LEAN process for improving PCI times for STEMI patients. Implementation of a One Call

System was implemented that is initiated by the ED physician upon noting the STEMI on EKG. This process includes activation of both the interventionist and cath team. By reducing the “phone call” minutes valuable time was saved. Extensive education was given to BLS/ALS squads in the area. Into 2008, field activation began on the One Call System, therefore improving the times for patients using 911 (recent 911 to balloon was 73 minutes). Times continue to improve for walk in clients. Individual cases are reviewed when identified and fallouts are sent to the responsible department for action. 2009 improvements have begun with the implementation of a cardiac supervisor to oversee all cardiac admissions (Fig 7.5.13).

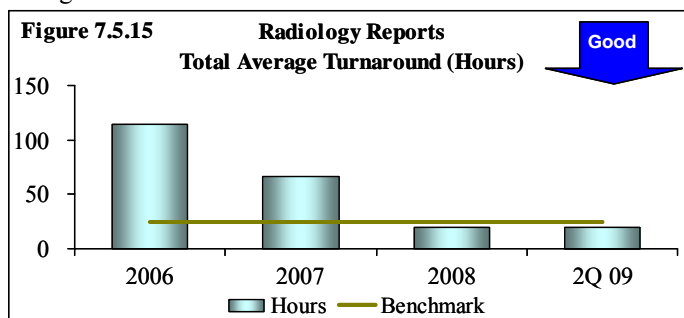


ARMC carefully monitors the accuracy of specimen identification. A detailed process has long been defined, and education, training and competency processes all support high performance. The error rate is low, but each individual mis-identification is taken very seriously, with an investigation and any necessary process refinements put it place (Fig 7.5.14).



ARMC improved turnaround time for radiology tests through the implementation of digital technology. The decision to purchase and implement voice recognition digital dictation in 2007 improved total radiology report turnaround time.

In 2008, new processes and performance tracking tools have been adopted to assure accountability and further reduce average exam turnaround time.



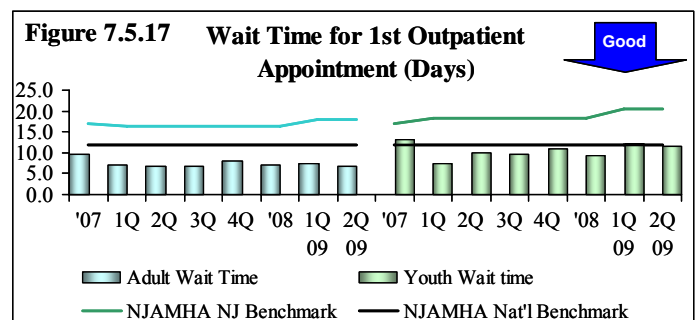
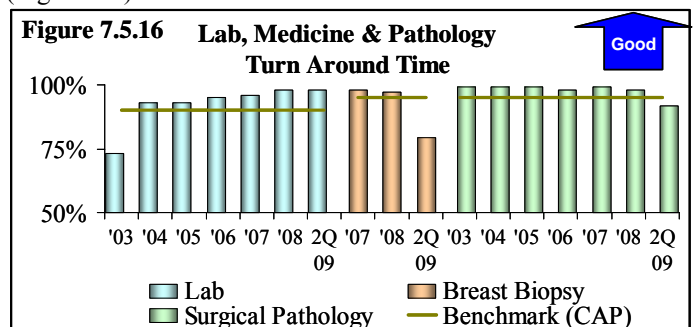
ARMC’s long term “best in class” goal over the next 18 to 24 months is to replace the current PACS and Radiology

Information System with one that integrates with the voice recognition digital dictation system, allowing a paperless work environment and average turnaround times of less than 4 hours.

Lab results are vital in the treatment of the patient and stat orders need to be completed quickly in order to help facilitate timely patient care. The laboratory monitors STAT turn-around-time (TAT) on a daily basis to ensure the needs of the physician partners are met. The laboratory added stat TAT terminals in the Core Lab area in order to help monitor TAT. This has helped the technologists improve the TAT significantly and get the results to the physician partners sooner.

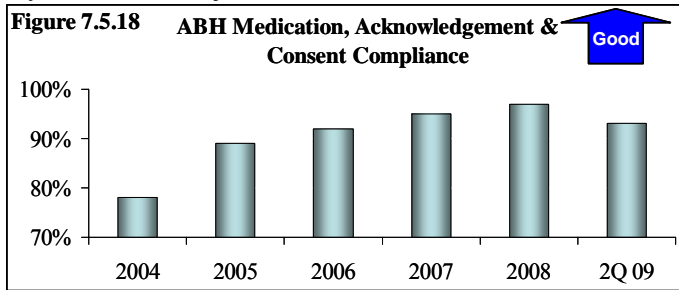
Timely TAT for breast biopsy is essential to the treatment of the patient. Patient anxiety is reduced and a treatment plan can be determined quickly when the physician obtains the biopsy result in a timely manner. The laboratory added a microwave processor which reduced the time needed to process breast biopsy specimens, with some results available within 24 hours.

Efficient treatment of the patient requires timely results regarding surgical pathology specimens. AtlantiCare contracts pathology services and monitors the efficiency of the services provided, including the TAT for surgical pathology specimens (Fig 7.5.16).



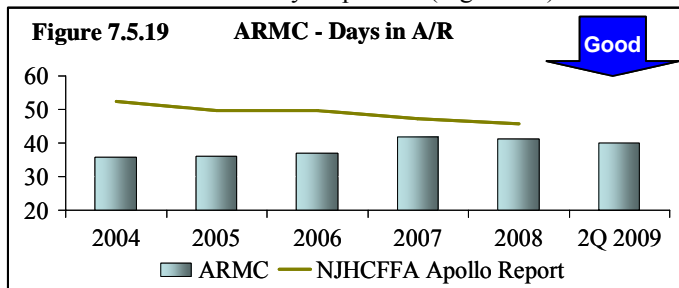
During 2007, ABH determined the need to allow greater access to appointments for priority clients. An Access Steering Committee was created to redesign the scheduling process for intakes by evaluating the first appointment wait times, timeliness of access to care and reviewing best practices procedures. They coordinated processes in the admission, registration and scheduling departments to provide enough availability for clients who required immediate attention. While there is a positive and stable trend to provide more immediate access to clients given the strategies employed, there is a significant ongoing demand in the community to access routine behavioral health services that remains an opportunity for improvement. Cycles of improvement continue with the design and implementation of an electronic prescreening tool, Utilization Management Dashboard, and in

2009, participation in a multi-faceted national Access & Engagement Initiative of which the reduction in wait times is a key measure and objective.



Based on record reviews of the prescribing of medications in 2005, ABH put work processes in place to revise the Medication Information Acknowledgement and Consent Documentation form. Medical staff was educated on the consistent use of the form and updated procedures were instituted to provide comprehensive education for the patients as well as family members. The documentation includes an attestation that the client understands the use, dosage, potential side effects, benefits, and alternative treatment. As a further refinement, the document was expanded in 2008 to include a section to reinforce medication education when specific atypical antipsychotic medications are prescribed.

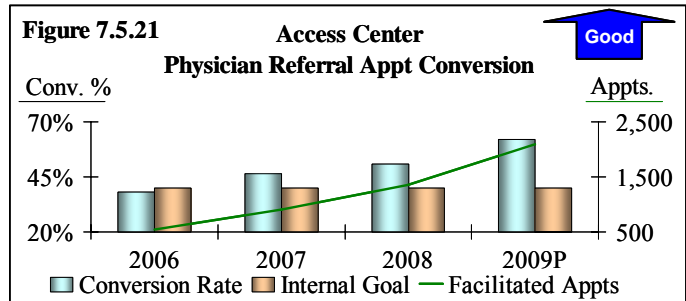
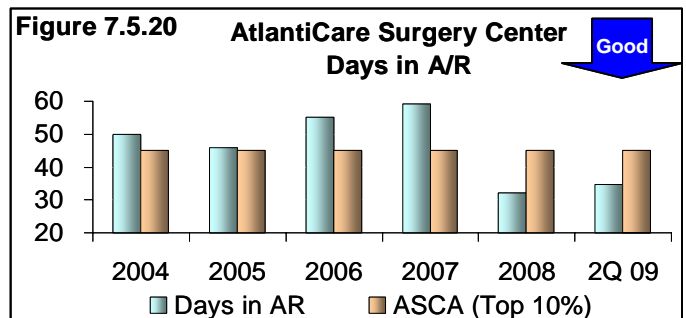
Being effective in non clinical processes such as collecting the revenues generated from operations is critically important to cash flow. In 2000, AtlantiCare undertook a comprehensive internal revenue cycle process improvement initiative to redesign both the front-end (registration) and back-end (collection) processes and to implement new tools to assist in the total revenue cycle process (Fig 7.5.19).



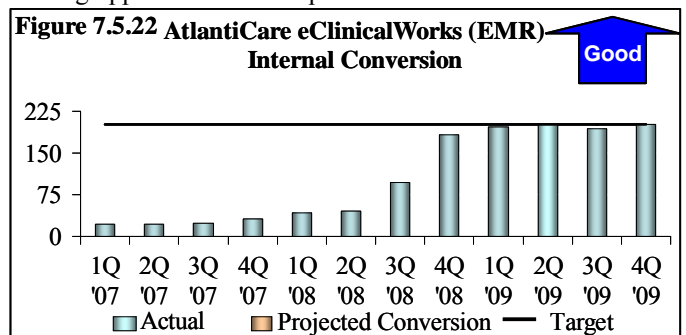
Cash collections is another area that has remained a key focus on the journey to financial excellence. In 2008, the AtlantiCare Surgery Center (ASC) Best Financial Performance B Team implemented a PDCA to increase revenue and reduce collection follow-up on claims. The team goal was to reduce days in A/R to <43 days by identifying the barriers to cash collections by evaluating contract opportunities, examining work process and software program, reviewing claims, analyzing electronic submission options and evaluating industry trends regarding co-pays and deductibles. This process has resulted in a favorable impact to ASC's days in A/R (Fig 7.5.20)

The Access Center's primary purpose is to provide physician referrals and to facilitate appointments with staff physicians. It was identified that not all calls for physician referrals were converted into facilitated appointments. A PDCA was created to increase the conversion rate to greater than 40% by sharing best practices amongst the staff. This includes, incorporating the conversion rates into the key

performance measures for annual reviews and instituting education on proper database documentation. Best practices are included in the education and orientation process for new hires to insure continuity. The results are monitored monthly on an individual and team basis. This metric was incorporated into the department Scorecard as a goal for 2007-2009.



In an effort to support AtlantiCare's commitment to automate organizational clinical processes and to capture and share health information electronically, InfoShare began the process of implementing the EMR throughout AtlantiCare sites (Fig 7.5.22) (see 4.1 for additional info.) In 2007, front-end processes and procedures were redesigned in the physician practices to adhere to the change from paper to electronic formats. Education and training was provided to all staff, including providers on the EMR system as well as front office policies. The Physician Billing Department undertook back office procedure changes and a system conversion from an older billing system in order use the same integrated practice management and EMR system being used in the practices. E-Practice Manager teams were established to assist in the system conversion. The managers have monthly site visits to each practice and identify process, system and training opportunities for improvement.



7.6 BEST 5 Bs

Leadership Outcomes

7.6a(1) AtlantiCare maintains focus on its key strategic objectives by establishing specific goals and targets in each of the 5B categories (Fig 7.6.1), deploying and monitoring those

goals through the use of affiliate and department level balanced scorecards and by pursuing independent, validation of long-term results (Fig 7.6.2). A sample of external validations received by AtlantiCare including:

Figure 7.6.1 AtlantiCare Performance Excellence Commitments

Big Dot Goals	Key Measures	Results
Best People & Workplace	Turnover Talent Management Improved HR Solution Scores	7.4.7; 7.4.9 7.4.12-7.4.13 7.4.14-7.4.15 7.4.21
Best Customer Service	Customer Loyalty	7.2.1-7.2.6; 7.2.14
Best Quality	Clinical Communication	7.1.1-7.1.7; 7.1.19; 7.1.20; 7.5.6
Best Growth	Case Mix Adjusted Discharges	7.3.1; 7.3.5; 7.3.6; 7.3.7; 7.3.9
Best Financial Performance	Bond Rating	7.3.10; 7.3.13; 7.3.14; 7.5.19; 7.5.20

Figure 7.6.2 EXTERNAL VALIDATION

BEST Quality

Quality NJ JCAHO CMS Hospital NJDOHSS Compare

BEST Customer Service

PRC J.D.Power Three-peat

BEST Financial Performance

Moody's Investors Service STANDARD & POOR'S Fitch Ratings KNOW YOUR RISK

BEST People & Workplace

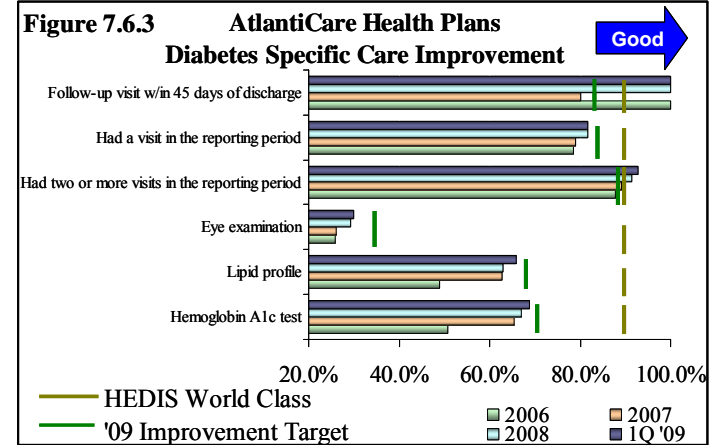
Nurse Magnet

BEST Growth

THOMSON REUTERS THE MARKET PLANNER PLUS

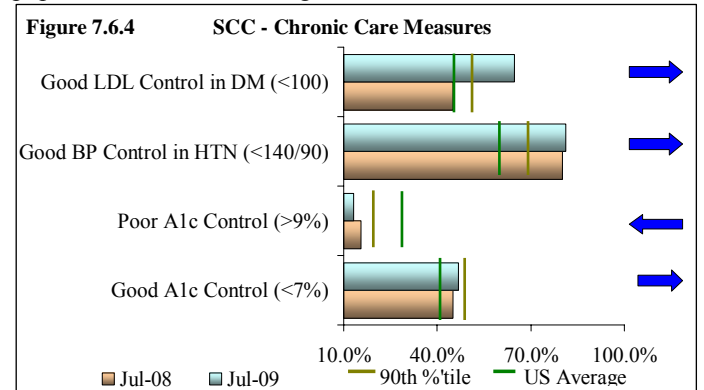
Health Engagement, through a partnership with Pfizer, has focused on diabetes care improvement through analysis of AtlantiCare Health Plan claims data beginning in 2005. Significant opportunities were identified to improve adherence to best practice guidelines in outpatient monitoring of this sentinel chronic condition. Continuous improvement in these measures has been realized since inception through a multipronged approach including educating physician offices, implementing programs such as the NCQA/ADA Physician

Recognition Program, and a focus on diabetes education throughout the organization.



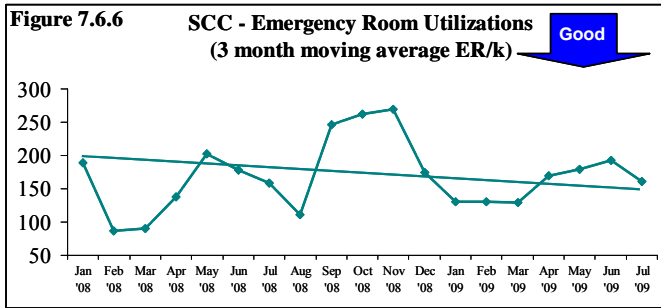
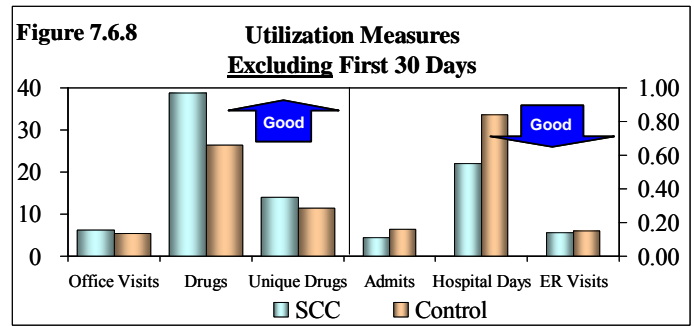
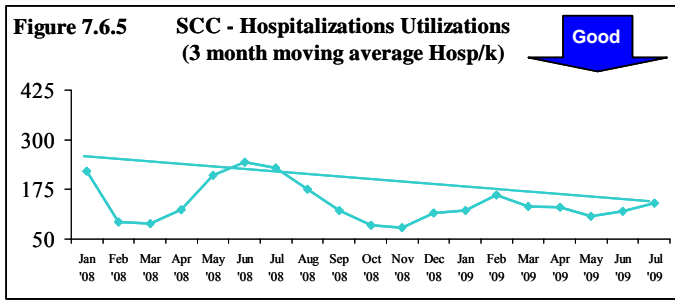
In one of the most significant efforts in Health Engagement, AtlantiCare established a medical home dedicated exclusively to the complex, chronically ill, formally known as the Special Care Center (SCC) and located in Atlantic City. Patients typically cope with multiple chronic illnesses including hypertension, diabetes, CAD, COPD/asthma, depression and CHF and are high users of all medical services, including hospital based inpatient and ED services. Membership in the SCC has grown to approximately 1,000 and plans are currently underway to add additional capabilities on the mainland (off the barrier islands) to increase patient access and convenience.

Results in Chronic Care measures most applicable to this population are shown in Fig 7.6.4.



At the outset of the SCC Program, 16% of the patient population responded affirmatively to the statement "My health is poor." Upon subsequent (SF 12) surveys, which measures the eight domains of health pertaining to a patient's perceived physical and mental wellbeing, the percentage of SCC patients still believing their health was poor declined to 7%. In the same pre/post survey, functional status improved 12% and 4% for physical and mental functional status, respectively. The mental aspect would likely have been even stronger if it were not for the economic times. Days missed from work improved by 19% and days not productive at work improved by 98%.

Improved chronic care SCC/self management resulted in decreasing (inpatient) hospitalizations and ED visits, two of the most expensive and preventable settings for the well managed, chronically ill population (Figs 7.6.5 & 6).



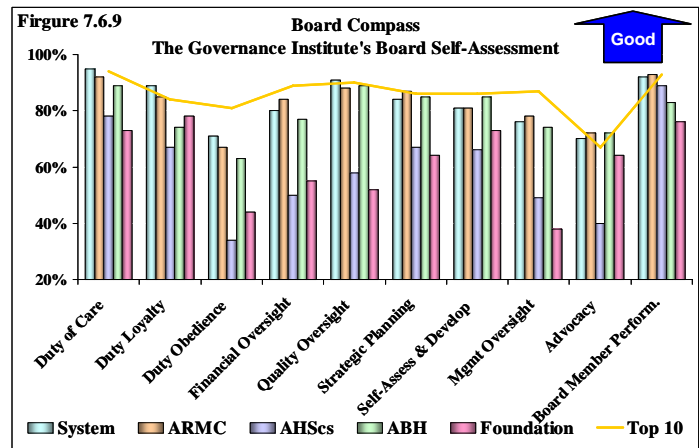
7.6a(2) In 2008, the HR Solutions employee survey included questions that gauged the employees' perception of AtlantiCare's company image and community involvement. The results revealed a favorable score of 82 placing AtlantiCare on the top decile, Best in Class.

The Boards of the various AtlantiCare companies underwent a Governance Self Assessment and benchmarking exercise (Fig 7.6.9) through NCHL ("best practice" within not-for-profit healthcare governance) with the following results:

Despite the apparent decreasing inpatient and ER utilization, initial cost measures indicated a 36% increase in overall costs for SCC patients versus the control group, mainly due to a spike in the costs during the first 30-days as an SCC patient. Re-running the same data, "excluding" the costs incurred during the first 30-days, indicated quite the opposite, a 17% decrease in overall costs for SCC patients versus the control group.

Upon further investigation, the first 30-day spike in costs was attributable to the discovery of a number of previously undiagnosed and/or unmanaged conditions (including cancer and cardiac issues). These were discovered upon intake to the SCC and were promptly addressed resulting in improved health status (including life saving interventions) and the expected avoidance of even more serious health issues and costs in the future. Additionally, the longer term results indicate rather significant ongoing costs savings. Figs 7.6.7 & .8 depict the utilization trends inclusive/exclusive of the first 30 days of treatment.

The SCC continues to be a learning journey and there have been a number of process redesigns regarding the most appropriate use of SCC physicians and coaches and the effective use of hospitalists for inpatient care.



The Boards chose the lowest four scores for performance improvement:

Board Agenda Management – adopted a consent agenda format, leaving more time for strategic/community benefit discussions and the use of Executive Summaries to prepare Board for upcoming meeting issues.

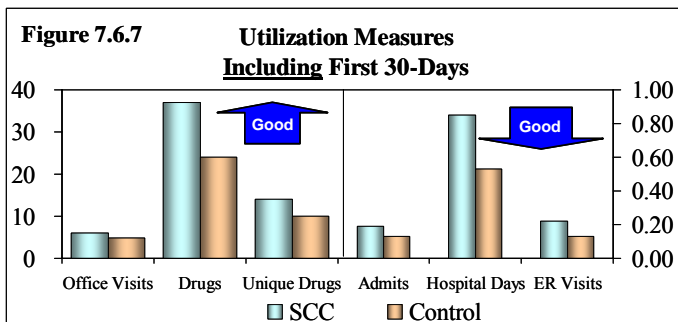
Voluntary SOX Compliance – Audit Committee revisited (and reaffirmed) current approach. Since there were a large number of "don't know" responses, posted the SOX Requirements/AtlantiCare Compliance grid on the trustee portal and delivered trustee education.

Board Strategic Planning & Evaluation – incorporated appropriate Board participation throughout the revised strategic planning process (Category 2).

Use of Performance Scorecards – formalized use of Balanced Scorecards at each Affiliate Board. Quarterly scorecards are posted on the Trustee Portal for all board members review.

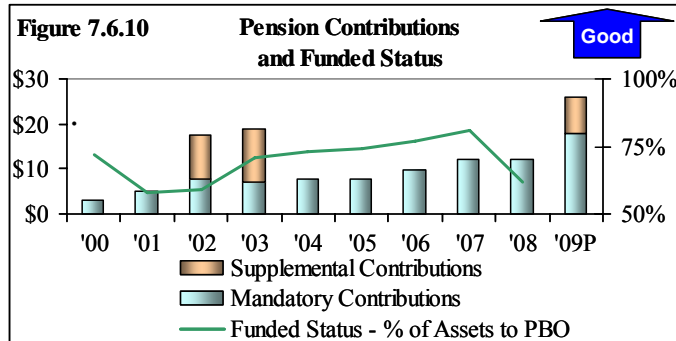
AtlantiCare also seeks feedback from the community through focus groups (Fig 7.2.15), oftentimes conducted directly by Board members.

AtlantiCare undergoes an annual external financial audit by Ernst & Young which has consistently resulted in few, if any, adjustments, along with unqualified opinions and "no material weakness" letters on internal controls. Over the past



four years, AtlantiCare has undergone one routine audit of AHP by the IRS. Prior to that encounter, the Audit Committee commissioned a mock IRS review as part of internal control/compliance work. AtlantiCare has not been sanctioned or had any adverse action taken by any regulatory, accreditation or other agent.

The financial commitment to employees is taken very seriously and AtlantiCare believes that any future benefit obligations, such as pension, should be well funded. Despite the pension funding crises that has occurred for some organizations, AtlantiCare has maintained a well funded plan, making contributions in excess of those required by actuarial calculations placing AtlantiCare in a current “prepaid” position (Fig 7.6.10).



Additionally, AtlantiCare maintains a strong capital planning and budgetary process that ensures appropriate resources are available to invest in quality, safety, facilities and technology (Fig 7.3.17) and that appropriate margins are achieved for capital reinvestment while maintaining a bond rating at the highest “A” rating in the state (Fig 7.3.10). AtlantiCare also provides a yearly strategic capital fund to support innovative, new services.

7.6a(3) AtlantiCare regards accreditation and regulatory compliance as a baseline expectation for performance. A culture of “holding the gains” during non-survey years ensures that survey readiness at all times.



AtlantiCare received the “Gold Seal of Approval” from Joint Commission for compliance with standards. ARMC, ABH, Home Care and Hospice have received continuous Joint Commission accreditation for over twelve years.

Beyond the baseline accreditation, AtlantiCare pursues disease state recognition for higher level validation of key clinical processes. We have received the “Gold Seal” of approval from the Joint Commission for the Joint Institute and Comprehensive Stroke Center Designation. Additionally, AtlantiCare has been designated a Magnet hospital, widely considered the gold standard for quality in the nursing profession.

The ARMC City and Mainland campuses have been designated as Accredited Chest Pain Centers by the Society of Chest Pain Centers. ARMC’s Center for Surgical Weight Loss & Wellness has received full approval status as a “Bariatric Center of Excellence” from the American Society of Bariatric Surgery and the Surgical Review Corporation (Fig 7.1.20).

Figure 7.6.11 Accreditations	
Measures	Results
ARMC	
Joint Commission Disease Specific Certifications	Full Accreditation
Joint Commission Survey, CAP Survey, ACS, SCPCP, ACGME	Full Accreditation
CMS	Full Participation
NJDOH	Full Licensure
ASBS	Full Certification
Training on Corp Compliance, Code of Conduct & HIPAA	100%
Hospice and Home Health	
Joint Commission Survey	Full Accreditation
CMS	Full Participation
ABH	
Joint Commission Survey, NJ DYFS	Full Accreditation
DMHS , NJDOH	Full Licensure
Surgery Center	
AAAHC	Full Accreditation
AtlantiCare Health Services	
NJDOH-Mission & AtlantiCare Labs	Full Licensure
HRSA-Mission; NJDEP-AtlantiCare Labs, Local DOH-Life Center	Full Certification
NJ DCF-AtlantiCare Kids	Full Licensure
NJDOE-AtlantiCare Kids	Full Approval
ADA Diabetes Self Mgm’t Program	Full Recognition

AtlantiCare’s annual Audit Work Plan, developed by the Corporate Compliance and Internal Audit Department, is designed to provide assurance of compliance with government laws and regulations, and proactive in risk avoidance. Each year, a system-wide compliance and business risk assessment is conducted, encompassing AtlantiCare and its affiliate organizations. The risk assessment process targets areas of compliance and business risk that result from either the nature/scope/complexity of operations or the perceived lack of an internal control structure (Fig 7.6.12).

Figure 7.6.12 Corporate Compliance & Internal Audit				
Audit Type	2006	2007	2008	2009
Compliance	16	16	18	21
Internal	12	14	14	16
IT	0	7	13	18
Physician/Resident Billing	0	Annual	Annual	Annual
IP & OP Billing	0	Annual	Annual	Annual
Clinical Lab Billing	0	Qtrly	Qtrly	Qtrly
Physician E & M Coding	0	Annual	Annual	Annual

AtlantiCare also established a separate unit to audit and monitor patient privacy issues related to HIPAA. Specific actions were taken (Fig 7.6.13) in response to issues encountered. The number of issues encountered increased due to volume growth and continued enhancement to the monitoring functions.

Figure 7.6.13 HIPAA Related Issue Resolutions			
	2007	2008	07/09
Totals	131	162	101
Counseling	41	60	24
Notification	30	45	14
Process Improvement	19	10	12
Revoke Access	2	2	0
Suspension	4	0	0
Written Warning	5	18	7
Termination	6	1	4
Unsubstantiated – No action taken	24	36	23

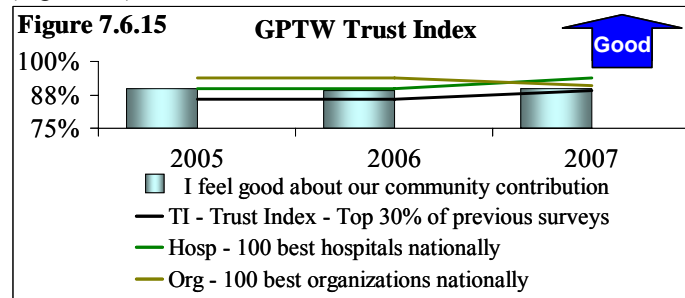
7.6a(4) AtlantiCare places a strong emphasis on ethical behavior, establishing high expectations at all levels of the organization. AtlantiCare has a formal, written Code of Ethical Behavior and has achieved 100% compliance with the disclosure and proper handling of any actual, or perceived, conflicts of interest. Calls to the “Hotline” are primarily related to privacy and security issues and the continued receipt of calls is viewed positively as it reflects employee’s ongoing commitment to ethical behavior (Fig 7.6.14).

Figure 7.6.14 AtlantiCare Hotline
of Calls/ Total # of Employees

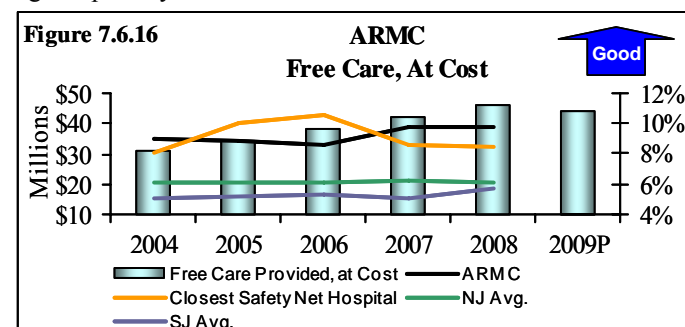
	2004	2005	2006	2007	2008	7/09
ARMC-City	3.1%	2.8%	2.7%	1.8%	2.5%	2.0%
ARMC-Mnld	3.1%	3.1%	2.9%	3.3%	3.1%	1.8%
ABH	5.2%	2.5%	1.9%	1.1%	3.8%	0.9%
AHP	6.2%	5.2%	2.0%	2.3%	2.7%	0.8%
AHScs	4.8%	4.2%	3.7%	3.1%	4.5%	5.0%
ASC	10.0%	9.2%	6.8%	3.3%	1.4%	0.0%
Other	15.0%	9.3%	3.9%	7.8%	7.1%	6.9%

AtlantiCare, although not required to do so, has also adopted the Sarbanes Oxley (SOX) principles of auditor independence, financial reporting and overall corporate responsibility. There is an Audit Committee of the Board and additional investments have been made in the Internal Audit and Compliance Department (reporting directly to the Audit Committee).

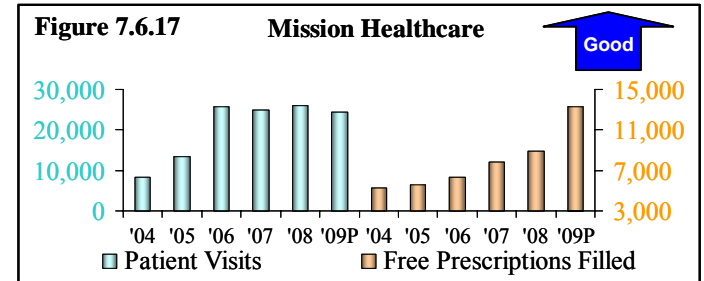
AtlantiCare’s strong market share is one indicator of community trust. However, the more critical acid test for trust is how employees feel about AtlantiCare and the work it does (Fig 7.6.15).



7.6a(5) – One of AtlantiCare’s most critical roles is that of the only safety net hospital in the region, providing \$46M of free care per year (at actual cost, not at inflated charges) (Fig 7.6.16), 90% of the free care in Atlantic County, more than the seven local hospitals, combined. In 2008, ARMC’s charity care exceeded, by 15%, the only other safety net hospital in southern NJ, a hospital located in Camden, NJ, a city with the highest poverty rate in the nation.



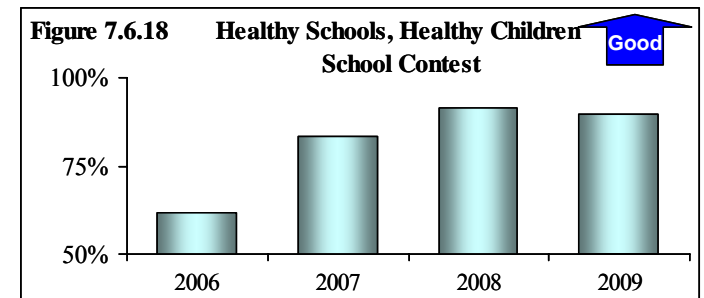
Recognizing that one of the most vulnerable populations, the homeless, required improved access to quality healthcare, AtlantiCare established a Federally Qualified Health Center (FQHC) Mission Health Care, focused almost exclusively on the homeless pediatric, adult and geriatric health care needs of the homeless in Atlantic County. Operating out of three sites: Rescue Mission (homeless shelter), Covenant House (youth shelter) and the HealthPlex in Atlantic City, Mission Health Care provided an opportunity to make an impact for those most in need of improved access to health care (Fig 7.6.17).



More importantly, the clinical outcomes have made a real difference in health status for the homeless, especially those with diabetes (Fig 7.1.23).

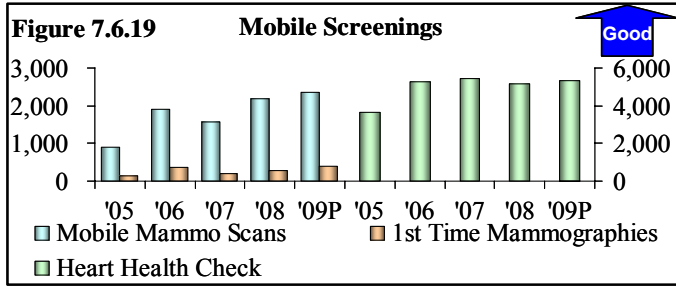
ARMC is one of nine hospitals in the nation to participate in the Youth Obesity Learning Collaborative to explore and recommend best practices in reducing the epidemic of childhood obesity. AtlantiCare’s Healthy Schools, Healthy Children Program has attracted 38 schools representing 11 districts and 2 private schools.

AtlantiCare’s Healthy School Contest encouraged area schools to look at their current health-related environment and policies and make changes which would create and sustain a healthier environment, not only for students, but also staff, families, and the community at large. As part of the contest, each year schools were asked to complete a pre-test measurement of the CDC’s evidence-based Health Schools Index (HSI) and from the results, institute innovative ways to create a “Healthy School.” With the support of AtlantiCare’s school health coordinator and school-based health committees, school menus have been revised, the level of in-school physical activity has been increased, and fruit and vegetable gardens, student and staff walking programs and healthy lunch contests began popping up in the participating schools. Ten months later, the schools were asked to reassess their school environment via a post-test. Since 2006, the mean scores for all participating schools continue to be positive (Fig 7.6.18). The slight drop in 2009 is attributable to two additional schools that achieved a score of 100% and, therefore, graduated from the program.



Community outreach is the responsibility of all the AtlantiCare affiliates and staff. AtlantiCare’s mobile mammography van provides screening mammograms at

community locations on a sliding scale, based on ability to pay. In an effort to reach more women, the uninsured population as been sought out and totally free care has increased from 15.1% to 18.1% from 2007 to 2008. A second van, the Healthmobile, provides blood sugar, cholesterol and blood pressure screenings along with individualized education regarding risk factors (also at community locations). Mobile screenings are reflected in Fig 7.6.19.



AtlantiCare is committed to ensuring access to physician-based ambulatory services. AtlantiCare was the first in the market to compensate physicians to provide ED calls to ensure access to specialists in emergency situations (\$12.2M in 2006-2008) and to provide support to private physicians to recruit in areas where there was a community need (\$3.4M in 2006-2008). AtlantiCare has also recently made a commitment to support local physicians in the acquisition of ambulatory EMRs in recognition of the value to the community to have their medical information readily available at point-of-care. The two year commitment is \$2.2 million; as of December 2008, 202 providers have implemented the EMR.

In addition to screenings on the vans, a tremendous amount of education, programming and screening takes place in the community, sponsored through individual business units, service lines or centers of excellence (Fig 7.6.20).

Figure 7.6.20 – Health Education Activity

	2006	2007	2008	2009P	
Community Health Events	60	99	108	103	Events
Community Education Lectures	7,372	7,365	***	***	People
Parent Education Class	331	490	538	547	New moms
Healthy Lifestyle Lectures	5,982	4,705	2,607	5,091	People
Women’s Health Lectures	1,640	2,647	3,858	2,520	People
Senior Events				885	People
Cardiovascular Lectures				2,441	People
Child Safety				4,899	People

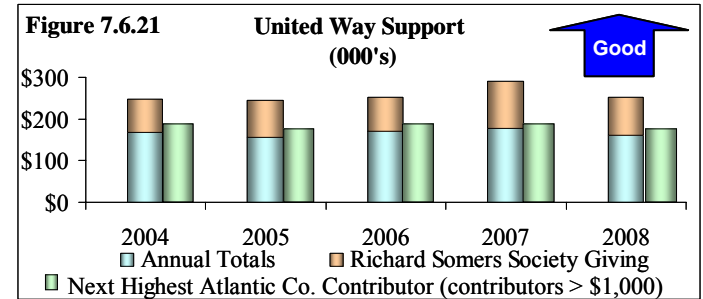
Individuals deemed at risk, based on findings from screenings or lectures, are provided information and, if appropriate, referrals to appropriate providers.

In 2007, Health Engagement, formally known as the EOH initiative, partnered with local businesses to improve the health of their employees (Partnerships 2007 = 6; 2009 = 20). The engagement begins by first understanding the specific needs and goals of AtlantiCare’s partners and employees. A worksite-based health and wellness committee, consisting of representatives from various roles and positions within their organization is formed and is a key element to the overall health and wellness strategy and plan implementation. The

worksite-based programs consist of biometric screenings, individual education, pre and post knowledge retention measures and ongoing worksite-based activities.

In addition to the Health Engagement initiative, AtlantiCare also provides the AtlantiCare Employee Health & Wellness Program to assist employees in improving their health status. In 2008, 323 employees enrolled in the coaching program and completed an intake assessment. Eighty-six percent of the enrollees attended at least one coaching session and approximately half met with their wellness coaches four or more times throughout the course of the year. In a random sampling of the clients enrolled, trends have indicated an improvement of health status and awareness for those clients in the areas of nutrition behavior, exercise behavior, stress outcomes and perceived health status.

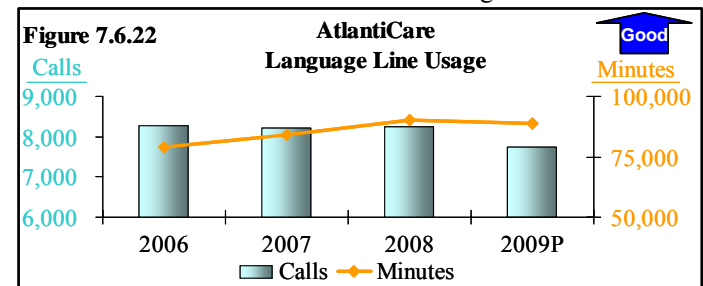
AtlantiCare employees also take their social responsibilities seriously. They represent leadership in the community for civic organizations, boys and girls scouts, PTAs, board participation, faith-based organizations and sporting activities. They actively participate in heart walks, cancer walks, community clean ups and blood drives, supporting community needs and giving freely to the United Way (Fig 7.6.21).



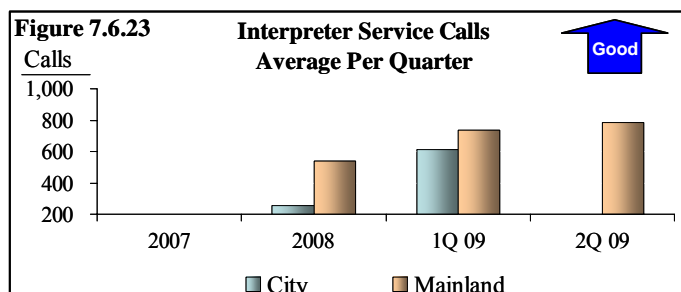
AtlantiCare has consistently led all major county corporate contributions to the annual United Way Campaign, typically by 40-45%, even when compared to larger corporations with a more significant employee base.

AtlantiCare went “green” in 2007 with its announcement that the new, 40,000 sq. ft. Cancer Center would be a LEEDS certified green building (based on specifications for sustained sites, water efficiency, energy and atmosphere, materials and resources, indoor environmental quality and innovation in design) and the establishment of a system-wide “green team” to research, recommend and implement best green practices. AtlantiCare went smoke free on all of its campuses in 2006.

AtlantiCare made an organizational commitment to ensure equitable health care for all its patients by instituting the C.L.A.S initiative throughout the system. The Language Line program provides the necessary means of communication between the patient and their provider(s) by way of telephone. The results for 2006 – 2008 are shown in Fig 7.6.22.



In April of 2008, AHP/Center for Community Health began a pilot program for Interpreter services in the Mainland Campus of the hospital; the City Campus program was kicked off in July of 2008. The service was instituted to provide a comfortable and convenient face-to-face communication for the patients and was provided as an alternative to Language Line. All interpreters are screened for proficiency, certified and trained in medical interpretation. The results for this new program at ARMC were as follows (Fig 7.6.23).



AtlantiCare is also the proud recipient of a number of community awards and recognitions (Fig 7.6.24).

Figure 7.6.24

Community Awards & Recognitions	Year	Sponsor
HealthCare's Most Wired 2009 – Top 100	2009	Hospitals & Health Networks
The Paul Aiken Encore Award	2009	SJ Cultural Alliance
Aster Award for Newspaper Advertising - Single	2009	Nat'l Aster Awards Excellence in Medical Marketing
Silver Get With The Guidelines Heart Failure Achievement Award	2009	American Heart/ American Stroke Assoc
Heart Failure Bronze Award	2008	Robert Wood Johnson Foundation
Magnet re-designation	2008	Magnet
Top 100 Home Care Agencies	2008	Home Care Elite
Organ Donation Medal of Honor Meritorious Achievement 2005-2008	2008	USDHHS
Hospital Recognition – quality and safety initiatives 2007-2008	2008	Horizon BCBSNJ
Governor's Award for Performance Excellence – Bronze	2007	Quality NJ
Freedom Fund Award	2007	NAACP
Appreciation Award	2006	Atlantic City Metropolitan Business & Citizen's Assoc.
Thomas J. Kohler Founder's Award	2006	United Way of Atlantic County
Outreach Award-Mission Health (for reducing healthcare disparities)	2006	NJ Hospital Association
"One of the Best"-AtlantiCare Kids -Life Center	2006 2006	Atlantic City Press Atlantic City Press
Chelsea Neighborhood Assoc. Award	2005	Chelsea Neighborhood
State Cancer Registry Award for Excellence	2005	NJDHHS
Humanitarian Award	2004	National Conference for Community & Justice
Valor Award-Tropicana Garage Collapse	2004	Atlantic City Fire Dept.
Outstanding Organizational Effort Award	2004	Mental Health Assoc. of Atlantic County

While there are numerous examples of community involvement (including awards and recognition), the most compelling testimonial to community commitment came when we requested a \$15 million, taxpayer funded (Atlantic City's average per capital income is 63% below the state average) grant from the city of Atlantic City toward the expansion of the City Campus (seven-story patient tower). Given the sensitivity of the issue and the potential impact on local tax rates, City council held three nights of public comment during which local residents came forward to recount personal stories of how they and their families had been treated by AtlantiCare with respect, service and quality care, regardless of ability to pay. City council approved the grant unanimously providing a true validation of our community worth.

In all, employees take pride in the role they and AtlantiCare play in the community and in building a healthy community here at the Jersey Shore.