

Advocate Good Samaritan Hospital 2010 Malcolm Baldrige National Quality Award

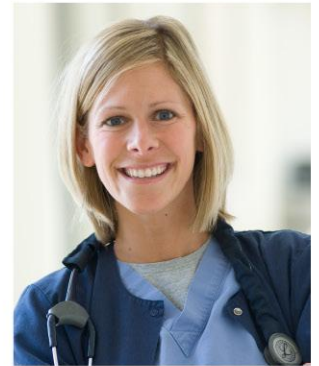


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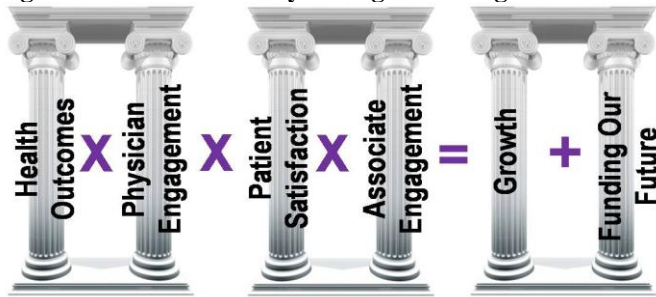
“Welcome all to this place of healing”

It’s the difference between hearing a heartbeat and listening to a suffering heart; it’s the difference between being cured and being healed. What makes the difference is a deep commitment to *living* our values and vision. We, the associates of Advocate Good Samaritan Hospital (GSAM), believe that human beings deserve excellent, compassionate, and holistic care supporting their physical, emotional, and spiritual needs. This belief holds deeply rooted meaning for us, and as health care associates, it gives our work purpose. As one physician turned patient remarked, “when I was a patient at a teaching hospital, they treated my disease; when I was a patient at GSAM, you treated me as a whole person while treating my disease”. This ultimate compliment gives life to the words posted inside our front door, *welcome all to this place of healing*. Our aim is to cure and to heal; the difference rests in the depth and quality of our relationships.

Here in Downers Grove, IL, a suburb of one of America’s great cities, Chicago, we dedicate ourselves to achieve, sustain, and redefine health care excellence. We do so because of our faith-based calling and because we believe that our innovations and role model performance will inspire greater performance in our industry.

In 2004, an epiphany that we could do better in fulfilling this calling prompted a cultural-transformation of *Moving from Good to Great* (G2G). Success of this journey, enabled by our core competency of *Building Loyal Relationships* with all stakeholders, is measured by our achievement of superior clinical and service outcomes. Sustainability is attained through our integrated approach to achieving results across six (6) pillars [Figure P.1-1]. These pillars create the framework for the alignment and deployment of our strategic plan and the tracking of key result areas (KRAs).

Figure P.1-1 Sustainability through Six Integrated Pillars

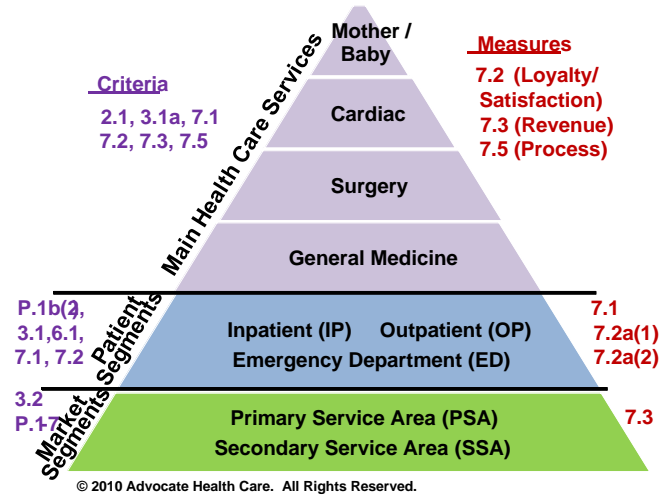


Our pillar results and numerous external awards validate integrated success, that we are fulfilling our mission, being a *place of healing*, and building loyal relationships.

P.1a(1) Main Health Care Services / Delivery Mechanisms: GSAM offers a broad spectrum of health care services to our communities. Our main service offerings are general medicine, surgery, cardiac, and mother/baby care. Figure P.1-2 illustrates GSAM’s market and patient segments and main health care services. Diagnostics (e.g. lab, x-ray) span across all main services. The mechanism to deliver health care to patients and stakeholders is through the collaboration between patients, families, multi-disciplinary teams, and physicians. GSAM is a regional Level I Trauma Center; this program

represents 1% of our total volumes. Our Women and Children’s division includes a Perinatal Level III program, highest state designation, with a state-of-the-art Neonatal Intensive Care Unit (NICU).

Figure P.1-2 Market/Patient Segments and Main Services



P.1a(2) Organizational Culture: The G2G culture is characterized by a collective effort to continuously challenge the status quo. We strive to create a culture where everyone lives the values and feels ownership for the pursuit of the vision. The cultural shifts of our G2G journey are fostered through processes and behaviors integrated into our *Leadership System* [Figure 1.1-1]. G2G cultural shifts include:

- **Integration** at all levels, from department to individual associates through the cascading of pillar goals [2.2a(2)];
- **Accountability and transparency** of results through the Performance Management System [Figure 5.1-2]
- **Service** embodied in Standards of Behavior [3.1b(1)];
- **Patient Safety** driven by goals and training [1.1a(4)];
- **Continuous improvement** driven by the performance improvement system [P.2c] and systematic review of measures [Figure 4.1-3]; and
- **Engagement** of patients, associates, and physicians, fostered through our leadership competencies and defined relationship-building strategies [Figures 3.1-3; 3.1-4].

Our culture is grounded in our Mission, Values, and Philosophy (MVP), and in our Vision. Our **core competency** is essential to fulfilling our **mission** of healing through holistic care. Our **values** serve as an internal compass to guide relationships and decisions. Our core beliefs, along with our heart-felt **vision**, result in a culture where exceptional outcomes are achieved [Figure P.1-3].

Figure P.1-3 GSAM’s Vision, Values, Mission

Mission (our purpose of being a place of healing): serve the health needs of individuals, families, and communities through a holistic approach.
Values: Compassion, Equality, Excellence, Partnership, and Stewardship
Philosophy: care is rooted in the principles of human ecology, faith, and community-based health care believing that human beings are created in the image of God
Vision: to provide an exceptional patient experience marked by superior health outcomes and service
Core Competency: Building Loyal Relationships

P.1a(3) Workforce Profile: Building loyal relationships with GSAM’s workforce of associates and physicians is a strategic priority. There are no unions. The 2727 Associates (1740 FTEs) represent clinical and support staff, other professionals, and leaders. Sixty-three percent of our nursing staff with direct patient care responsibilities have achieved BSN or above.

Figure P.1-4 GSAM Workforce Segments & Profile

Segments	2727 Associates		RN - 34%		Non-Nursing – 66%	
	953 Physicians	Independent; 59 Specialties				
500 Volunteers	88% Adults		12% Teens			
Gender	18% Male		82% Female			
Tenure (years)	< 1 =16%		1–5 = 31%		5-10 =24%	
	10 - 20 = 18%		>20 =11%			
Status	39% FT		43% PT		18% registry	
Ethnicity	White 69%	Asian 14%	African American 8%	Hispanic 7%	Other 2%	

Nine hundred and fifty three (953) dedicated independent physicians make up the medical staff. This includes contractual arrangements for physician services in the Emergency, Pathology, Anesthesia, and Radiology Departments. GSAM’s Advocate Physician Partners Clinical Integration Program (APP), described in P.2b, represents a national best practice. The APP contracts for and collaborates with physicians to provide clinically integrated care for a broad base of patients. In addition to working through APP, GSAM collaborates with its physicians through its medical staff committee structure and credentialing process.

More than 500 volunteers contribute time and energy to serve patients and families. They provide non-clinical services such as concierge, assisting in fundraising, and supporting the operations of the Gift Shop and Resale Shop.

Key factors that engage the workforce and motivate them to accomplish the mission are summarized in Figure P.1-5 and were determined through the approaches described in 5.1a(1).

Benefits. GSAM offers its associates a broad array of benefits [Figure 5.2-4] including an on-site Wellness Center and the award-winning *Good Health for Good Life* wellness program.

Health and Safety. Job descriptions outline position-dependent health and safety requirements [5.2b(1)], and the creation of a safe environment is addressed through the deployment of health and safety standards practices.

P.1a(4) Major Facilities, Technologies & Equipment: GSAM is located on a 76-acre campus. The 5-story main hospital occupies over 520,000 square feet. An 89,000 square foot state-of-the-art Health and Wellness Center is also located on the main campus. The hospital’s main campus facilities also include a joint venture surgery center and two Physician Office Buildings (POB) connected to the hospital. Off-campus facilities include two (2) outpatient/immediate care centers and a second joint venture surgery center.

P.1-5 Key Workforce Satisfaction & Engagement Factors

Workforce Segments	Satisfaction Factors	Engagement Factors	Results
Associate: Nursing	Fulfilling Work	A caring patient environment	Satisfaction - 7.4-4
		Fulfilling work	Engagement- 7.4-5, 7.4-7
	Commitment to quality improvement		Both - 7.4-6
All Other Associates (Non-Nursing)	Confidence in Senior Leaders	A Caring patient environment	Satisfaction-7.4-8, 7.4-9
		Fulfilling Work	Engagement - 7.4-11
	To be treated with respect		Both - 7.4-10
Physicians	Quality and consistent nursing care Administration skill Patient safety Efficient operations	Quality and consistent nursing care	Satisfaction – 7.4-13, 7.4-14
		Administration skill	Engagement - 7.4-15
Volunteers	Personal satisfaction- contribution Flexible scheduling		Both - 7.4-3

In addition to building a stronger culture, an essential component of the G2G strategy included a capital reinvestment in facilities, technology, and equipment. The capital reinvestment of \$136M [Figure P.1-6] was driven by the strategic imperatives of long-term organizational sustainability, the priority of physician engagement, and the vision to achieve outstanding clinical outcomes. Additional major investments in technology include an electronic medical record (EMR), remote computer access for physicians, and a campus that is wireless for associates, patients, and visitors.

Figure P.1-6 G2G Reinvestment Strategy Summary

Year	Investment
2005	101,000 sq foot, 44-bed, all private room, state-of-the-art Critical Care Pavilion (CCP) and e-ICU
2006	27-bed, private room, mother baby unit
2008	90,000 sq foot Surgical Pavilion with 15 fully integrated/technologically advanced operating suites
2008	2 nd Outpatient Center in South Downers Grove Centralized telemetry monitoring
2009	17,000 square foot Endoscopy and Ambulatory Center with 30 private rooms and seven (7) state-of-the-art procedure rooms

P.1a(5) Legal/Regulatory Environment: GSAM operates in the heavily regulated health care environment. Processes are in place to keep current with, comply with, and exceed the required laws, regulations, and standards established by key regulatory organizations [Figure 1.2-2]. GSAM has never been fined or sanctioned by any regulatory agency. In our pursuit of excellence, GSAM also has achieved voluntary accreditations through The Joint Commission (TJC) (Advanced Primary Stroke Center), American Nurses Credentialing Center (Magnet), and American Society for Metabolic and Bariatric Surgery (ASMBS). Results are shown in 7.6-6.

P.1b(1) Organizational Structure and Governance System: GSAM is one of Advocate Health Care’s (AHC’s) ten (10)

acute care hospitals. A guiding principle of AHC/GSAM is that health care needs are best met through local governance and management and enhanced through system collaboration. The governance system for GSAM [1.2a(1)] is integrated with the governance of AHC. GSAM's governance system includes, 1) a Governing Council (GC) with responsibilities to: a) oversee the quality of care, b) function as the final authority for medical staff credentialing, and c) provide input into strategic/tactical plans and budgets; 2) GC committees with oversight of finance, clinical excellence, and executive/board affairs. Processes from the top down and audits at both the AHC and GSAM level ensure governance effectiveness. GSAM works synergistically with AHC to optimize resources and achieve economies of scale. AHC provides supply chain services, IT, finance, legal/risk, and system HR policies/programs.

P.1b(2) Key Patient/Customer Groups and Market Segments: GSAM's market consists of 28 communities in DuPage County and western Cook County, broken into the Primary Service Area (PSA) and Secondary Service Area (SSA) [Figure P.1-7].

Figure P.1-7 Key Market Segments

Key Market Segments	# of Communities / Residents	Annual Admissions
Primary Service Area (PSA)	17 / 681,000 +	75%
Secondary Service Area (SSA)	12 / 417,000 +	25%

Key customer segments and stakeholder requirements for our health care service offerings, support services, and operations are obtained from listening posts [Figure 3.2-1]. Figure P.1-8 summarizes these requirements determined by the processes described in 3.1a(2) and 5.1a(1).

P.1b(3) Suppliers, Partners & Collaborators: GSAM depends on strong, synergistic relationships with suppliers, partners, and collaborators. Their roles in GSAM's key work systems, health care offerings, and support services, affect the quality of care and the effectiveness of care delivery. An established systematic mechanism for communicating and managing relationships with these key groups contributes to

Figure P.1-8 Key Market Segments, Patient and Stakeholder Groups & Requirements

	Segment	Requirements	Performance	Satisfaction Dissatisfaction	Loyalty
Patients	Inpatient (IP)	High quality/safe care	7.1-(1,6,10)	7.2-(1-15) 7.2-17	7.2-19
		Friendly staff	3.1b(1)		
	Outpatient (OP) Emergency (ED)	Prompt services	7.5-(16,18)		
		Inform/Involve in care decisions	6.2b(2)		
Other Stakeholders	Associates	Fulfilling work	5.1a(2)	7.4-11	P.1-4 (tenure)
		A caring patient environment	7.2	7.4-11	
		A commitment to quality	7.1	7.4-6	
		Confidence in Senior Leaders	1.1b(1)	7.4-9, 7.6-8	
		To be treated with respect	1.1a(1)	7.4-10	
	Physicians	Quality and consistent nursing care	7.1-17	7.2-17, 7.4-15	7.2-22
		Patient safety	7.1-(6,10)	7.2-17, 7.4-12	
		Administration skill	7.6-13	7.2-17, 7.4-15	
		Efficient operations	7.5-7	7.4-14, 7.5-8	
	Third Party Payors	Efficiency	7.1-(1-2)	7.1-5, 7.1-2	7.1-5
		High quality care	7.5-23		
	Community	Access to care	7.5-12	7.2-10	7.3-11
High quality care		7.1-(1,4)			

This highly competitive environment creates intense and beneficial competition between hospitals in DuPage County to provide superior health care outcomes and service. It also results in large competitive capital expenditures. Yet despite this intense competition, GSAM:

- Continues to be the market share leader in its primary service area (PSA) and has grown market share over the last three (3) years [Figure P.2-1]. 'Market Share' measures the increase, decrease, and total number of inpatient cases in our PSA for each hospital.

P.1-9 Key Types of Partners, Suppliers & Collaborators

	Key Strategic Partners (E.g. Cerner, ACL Lab)	Suppliers (E.g. AHC Supply Chain, vendors)	Collaborators (E.g. Schools, key consultant groups)
Role in Work Systems	<ul style="list-style-type: none"> Care delivery Process improvement Information management 	<ul style="list-style-type: none"> Delivery of products and supplies 	<ul style="list-style-type: none"> Care delivery Process improvement Facility design
Role in Innovation	<ul style="list-style-type: none"> Early adopters of cutting-edge technology & practices 	<ul style="list-style-type: none"> New products & services 	<ul style="list-style-type: none"> Brings expertise
Mechanisms to Manage Relationships and Communicate	<ul style="list-style-type: none"> Transparency of data Meetings Shared goals Shared risk 	<ul style="list-style-type: none"> Contracting Meetings & business reviews Email, phone, web Vendor guidelines 	<ul style="list-style-type: none"> Participation in task forces / committees Progress reports Scorecards

GSAM exceeding customer requirements. These roles and mechanisms are outlined in Figure P.1-9. AHC Supply Chain requirements include on-time delivery, electronic communication, savings for the organization, and accuracy.

P.2a(1) Competitive Position: GSAM serves patients in a highly competitive market with eleven (11) hospitals within 20 miles of GSAM; three (3) of these hospitals are considered primary competitors [Figure P.2-1]. The primary competitors are all not-for-profit hospitals ranging from 311 to 427 licensed beds and either have, or have plans to add, private rooms. Private rooms have become a differentiator in our marketplace; however, GSAM is constrained by limited availability of private rooms in the Medical/Surgical areas. To respond to this disadvantage, we leverage our core competency of *building loyal relationships* and have launched a redesigned model of care both of which create an environment that makes GSAM the hospital of choice. While each of these competitive hospitals has a stronghold in the community in which they are located, many of the surrounding communities have loyalties that are shared with at least one other hospital. In addition to hospitals, large multi and single specialty physician groups provide competition for outpatient and ambulatory services throughout the market.

- Has grown overall physician loyalty. Physician loyalty is tracked on a monthly basis to determine the percent of medical staff admissions that come to GSAM compared to our three (3) competitors. This percentage increased from 57.8% in 2007 to 62.2% in 2009, a 7.6% increase in new volume directed by the physicians on our medical staff.

This growth has been accomplished through significantly improving health outcomes, engaging and building loyal relationships with physicians, and offering exceptional service to patients making GSAM their hospital of choice.

Figure P.2-1 Primary Service Area Market Share & Key Competitors

Hospital	Bed Size	2006 Market Share	2009 Q2 Market Share	Variance	
GSAM	333	20.0%	22.3%	11.5%	
Competitors	Hospital A	354	12.6%	10.5%	(16.6%)
	Hospital B	311	18.8%	17.5%	(6.9%)
	Hospital C	427	10.1%	9.6%	(4.9%)

P.2a(2) Principle competitive success factors, shown in Figure P.2-3, are aligned with our pillars and address our strategic challenges. These success factors help us identify our strategic advantages, which in turn drive our strategic objectives. Each objective is also linked to our core competency of *building loyal relationships* as shown in the last three (3) columns of Figure P.2-3. Figure 7.6-13 reports our success in building loyal relationships with patients and key stakeholders.

Key changes taking place that effect our competitive situation and could potentially impact our business, include:

- **The current national economic crisis and looming health care reform initiatives.** With the job loss in the double-digits and individuals and families losing health insurance, charity care and bad debt are increasing. Health care reform is likely to transform reimbursement by putting hospitals and physicians at greater financial risk for readmissions and adverse events in addition to increased cost of care.
- **‘Stand alone’ hospitals in our market continue to secure and spend capital**, as demonstrated by a competitor replacement hospital within eight (8) miles of GSAM.

These changes are opportunities for collaboration, leveraging our core competency, and innovation. Examples include:

- **Collaboration.** GSAM collaborates with current and potential surgeons to implement block scheduling. This resulted in increased physician satisfaction and increased surgical volumes [7.3-14].
- **Leveraging our core competency.** Systematic relationship building between our ED and local EMS has increased the volume of ambulance-driven patients to our ED [7.2-21].
- **Innovation.** The external economic crisis constrained capital spending, prompting our workforce to identify innovative ways of securing funds for properly timed, required capital re-investment. The G2G journey, including the integration of the Baldrige criteria, identifies opportunities to deploy approaches and improve processes

that address these market changes. AHC system opportunities for innovation include a more comprehensive electronic medical record, the development of community health records, the launching of a ‘Medical Home’ strategy, and system service line development.

P.2a(3) Key sources of comparative and competitive data:

GSAM’s key sources of comparative and competitive data are listed in Figure P.2-2. A benchmark selection process is utilized [Figure 4.1-2] to select the most appropriate performance comparisons. Two primary limitations in data integrity include the aging of the data and the inconsistency in reporting data. The inconsistency with reported data is high, as many of the sources are self-reported and are inaccurate due to provider subjectivity. Typically, most information displayed to the public or available internally is six (6) months to one (1) year old.

P.2-2 Key Health Care Data Sources

Data Sources	Type of Data	Results
ACOG	Health outcomes	7.1
AHRQ	Health outcomes	7.1
CMS (HQA)	Health outcomes	7.1
		7.5
Commonwealth	Health outcomes	7.1
CompData	Utilization, clinical, physician, financial, demographic, market share, quality	7.1
		7.3
		7.6
HealthStream	Physician satisfaction / engagement	7.4, 7.5
Midax	Health outcomes-core measures	7.5
Morehead	Associate satisfaction / engagement	7.4
NDNQI	Nursing sensitive indicators (falls)	7.1
NHSN	Health outcomes-infection control	7.1
NSQIP	Surgical outcomes	7.1
Press-Ganey HCHAPS	Patient satisfaction	7.2
PwC	Financial	7.5
Saratoga	Human Resources metrics	7.4, 7.5
Thomson Reuter	Health Outcomes	7.1

P.2b Strategic Context: Key Challenges & Advantages:

Figure P.2-3 summarizes GSAM’s key health care services, operational, and human resource challenges and advantages. One critical challenge, associated with sustainability, is the aging physician workforce and resulting forecasted shortage, particularly among primary care physicians. Without sufficient numbers of engaged and aligned primary care physicians, the increased demand for health care services cannot be fulfilled, and GSAM’s future desired growth in patient volumes cannot be achieved. One of GSAM’s key advantages in addressing this challenge is its innovative, world-class APP Clinical Integration program (CI). The APP CI has been approved and lauded by the Federal Trade Commission since 2006. The program’s structured processes have achieved best-in-class health outcomes by following best practice guidelines while lowering cost. Thirty-seven initiatives with 107 measures track clinical outcomes, efficiency, use of medical and technological infrastructure, patient safety, and patient satisfaction. The CI model is impacting the health care industry as other institutions across the country benchmark with us and implement similar structures.

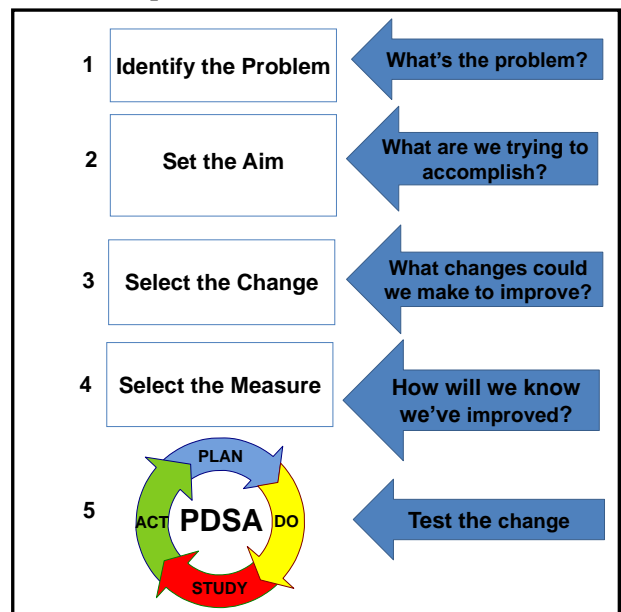
Figure P.2-3 Alignment of Pillars, Strategic Challenges, Success Factors, Advantages, Strategic Objectives

Pillars (Key Result Areas)	Strategic Challenges (External)	Key Success Factors (Healthcare)	Strategic Advantages (GSAM)	Strategic Objectives	Link to Core Competency Building Loyal Relationships			
Health Outcomes	High Expectation for Always Safe Care	Achieve Exceptional Health Outcomes	Excellence in Health Outcomes	Eliminate Preventable Harm to Patients	★		★	★
			Quality Infrastructure	Sustained Excellent Health Outcomes	★	★	★	★
Associate Engagement	Recruitment and Retention of Talent	Create an Environment Where Associates & Volunteers Feel Valued	Engaged Workforce	Sustain Loyal Associate Relationships	Customers	Associates	Physicians	Stakeholders
			Outstanding Reputation					
Patient Satisfaction	Higher Patient Expectations	Provide Exceptional Service	Culture of Service	Sustain Loyal Patient Relationships				
			Superior Patient Satisfaction Results					
Physician Engagement	Physicians as Partners & Competitors	Be A Hospital Where Physicians Feel Valued	APP Clinical Integration	Sustain Loyal Physician Relationships				
Growth	Heavy Competition within the Market	Expand Needed Services for Our Communities	Patient/Physician Loyalty	Grow Service Area Overall Net Revenue				
			Historic Infrastructure Investment					
Funding our Future	Inadequate Government Reimbursement	Generate Resources Needed to Achieve Vision	AHC Managed Care Contracts	Generate Financial Resources to Fund Our Future				★
	Availability of Capital							

Continued in 2.1

P.2c Performance improvement system: Performance improvement is a priority in the GSAM culture. Improvement is driven by aligned organizational goals, deployed through the GSAM Leadership System [Figure 1.1-1, steps 6 and 6a], and is required in the leadership competency to ‘manage, improve, and innovate.’ The key elements of GSAM’s Performance Improvement System include defined improvement tools, training of leaders and associates in the use of those tools, the use of criteria for the selection of improvement projects applied during the Strategic Planning Process (SPP), the establishment of metrics for accountability, and a monthly platform for sharing results. The model serving as a roadmap for improvement is PDSA (Plan, Do, Study, Act) [Figure P.2-4]. The G2G initiative triggered an evaluation of this model’s potential to support a more rigorous improvement culture. The result was a decision to continue use of the model due to its ease of understanding and its history of effectiveness at GSAM. The evaluation also resulted in the adoption of additional improvement tools such as LEAN, Six Sigma, and DMAIC methodology for more complex improvement initiatives. This system is deployed through LDIs, Performance Improvement (PI) Showcase preparation with each unit, orientation, and the leadership competency development curriculum.

Figure P.2-4 GSAM’s Performance Improvement System – The Five Step PDSA



Learning and innovation. Our challenges and our goals get tougher every year. Meeting those challenges and achieving the ever-increasing stretch goals require continual learning and a focus on innovation.

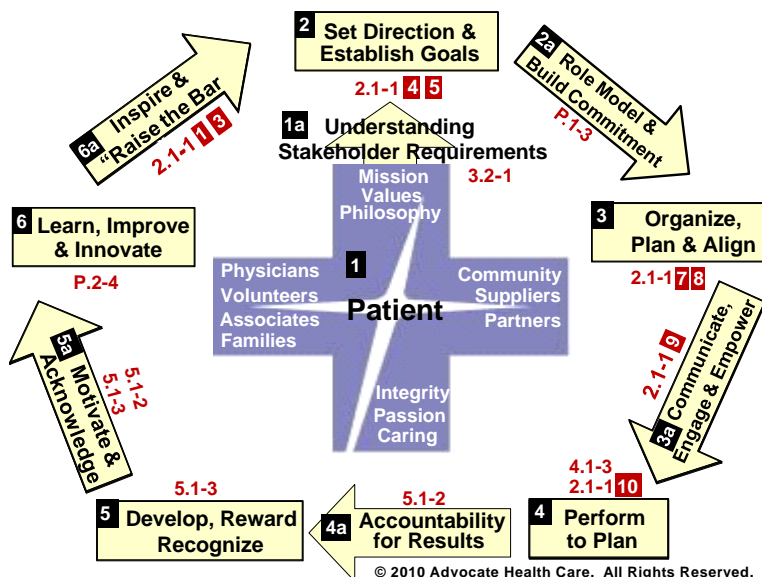
Leadership

1.1 Senior Leadership

The *GSAM Leadership System* (GSLs) [Figure 1.1-1] ensures that all leaders at every level of the organization understand what is expected of them. The GSLs is reviewed annually and has undergone multiple cycles of improvement, the most recent of which mapped the system to our leadership competencies and supporting leader development. The GSLs aligns and integrates our leaders at all levels by providing them with the tools to model the GSAM values and lead consistently. The GSLs is deployed to every leader through the on-boarding process, Leadership Development Institutes (LDIs), and in monthly 1:1 supervisory meetings.

Our patients and stakeholders are at the center of our Leadership System 1. Driven by our Mission, Values, and Philosophy (MVP) all leaders must understand stakeholder requirements 1a. At the organizational level, these requirements [Figure P.1-8] are determined in of the *Strategic Planning Process* (SPP) [Figure 2.1-1, step 3] and used to set direction and establish/cascade goals 2 2a. Action plans to achieve the goals are created 3, aligned, and communicated to engage the workforce 3a. Goals and in-process measures are systematically reviewed and course corrections are made as necessary ensuring that we perform to plan 4. This focus on performance creates a rhythm of accountability 4a and leads to subsequent associate development through the *Capability Determination/Workforce Learning and Development System* (WLDS) [Figure 5.1-4] and reward and recognition of high performance [Figure 5.1-3] 5. Development and recognition ensures associates feel acknowledged and motivated 5a. Stretch goals established in the SPP and a discomfort with the status quo prompts associates to learn, improve, and innovate 6 through the *Performance Improvement System* (P.2c). As leaders review annual performance, scan the environment, and re-cast organizational challenges, communication mechanisms [Figure 1.1-2] are used to inspire and ‘raise the bar’ 6a.

Figure 1.1-1 GSAM Leadership System (GSLs)



1.1a(1) Setting vision/values. Our parent company (AHC) sets the enterprise vision and values incorporating inputs from GSAM leaders. AHC sites are encouraged to re-shape and define the vision to fit their culture and business environment. The GSAM EXECUTIVE TEAM (ET) / Senior Leaders (SL) evaluate our vision annually at the beginning of the SPP, step 4, and deploys it through the GSLs. In 2007, the ET, through a cycle of improvement, refined the vision [Figure P.1-3] to strengthen the focus on excellent outcomes and service ensuring an even greater alignment with G2G.

Deploying vision/values. The vision and values are deployed through the GSLs ensuring that the requirements of all stakeholders are addressed. Examples of deployment mechanisms are listed in Figure 1.1-2. Every leader at every level is responsible for role modeling our MVP and Standards of Behavior. ET members are evaluated against their personal demonstration of the values in their individual performance reviews. We validate deployment of the vision and values through a specific question on the associate survey [Figure 7.6-8], the number of MVP nominations, and leader rounding.

Senior Leaders’ personal actions. SL reflect a commitment to the organization’s values through modeling our Standards of Behavior. ET members also are personally engaged through their service on community boards and broad participation in community organizations and initiatives.

1.1a(2) In step 2a of the GSLs SL utilize the *Legal and Ethical System* (LES) [Figure 1.2-3] to personally and proactively promote a legal/ethical environment that requires and results in the highest standard of ethical behavior. These processes and SL behaviors include:

- The participation of five (5) SL on the BUSINESS CONDUCT (BC) COMMITTEE,
- Legal/ethical discussions through communication mechanisms [Figure 1.1-2],
- Internal legal/ethical audits,
- Taking personal responsibility for follow up and response to any/all ethical issues identified through the BC Hotline, and
 - Ensuring all associates are trained in and review the BC Program and HIPAA Privacy Disclosure during the *Performance Management System* (PMS) [Figure 5.1-2]. In addition, in healthcare settings, complex ethical issues often deal with life and death issues for those delivering care at the bedside. To address this, the CNE established a NURSING ETHICS COUNCIL to provide a forum to discuss, evaluate, and understand these issues.

1.1a(3) Senior Leaders systematically create short- and long-term sustainability by:

- **Planning through the SPP.** SL utilize identified factors essential to our sustainability: finance, data needs, people (capacity), critical skills (capability), facilities, equipment, regulatory requirements, safety, strategic growth, leadership development, community needs, and innovation/performance improvement priorities. These factors are considered during the SPP and are reflected in our strategic objectives.

Figure 1.1-2 Sample Senior Leader Communication Mechanisms

	Patients	Associates	Volunteers	Physicians	Key Suppliers & Partners	Community	Deploy Vision & Values	Key Decisions Communicated	2-way	Measure of 2-Way Effectiveness
President Welcome Letter	X	X	X	X			X	X		
Staff Meetings / PI Showcase		X	X	X	X		X	X	X	Evaluations and changes
Pillar Boards / email / website	X	X	X	X	X	X	X	X		
Community Report / Patient Handbook	X	X	X	X	X	X	X			
Community Board Participation						X	X		X	
MVP Recognition / Auxiliary Luncheons		X	X	X		X	X		X	Number of nominations
Orientations / LDI / All Aboard Training		X	X	X			X		X	Evaluation & check for understanding
Associate Forums / Nursing Unplugged		X	X				X	X	X	Evaluation; Shared Governance rounding
SL Rounding	X	X	X	X	X		X	X	X	Monthly SL debrief
GC Retreats				X		X	X	X	X	

- **Deploying through the strategic objectives.** Strategic objectives are linked to pillars and our core competency [Figure P.2-3] and deployed through defined short- and long-term action plans [Figure 2.1-4] and the goal cascading process [2.2a (2)].
- **Validating/achieving through goal performance review.** The rhythm of reviewing goal performance across all pillars is a part of the GSLS [Figure 1.1-1, step 4; Figure 4.1-3], and making necessary course corrections ensures target performance is achieved.

The ET further fosters sustainability as they create an organizational environment for:

Continuous performance improvement through the annual identification/review of hospital-wide priorities for performance improvement during the SPP; ET members functioning as executive sponsors for required annual PI projects and Rapid Improvement Events (RIEs); ET members/Directors serve as the audience at each PI Showcase where frontline staff present department PI project results; and the systematic review of the organization’s performance.

Accomplishment of the mission and strategic objectives through, 1) the selection of goals aligned with our mission and strategic objectives during the SPP [Figure 2.1-1]; 2) the cascading of goals through the GSLS [Figure 1.1-1] to each leader; 3) the systematic review of results at the organizational level [Figure 4.1-3] and monthly during 1:1 supervisory meetings; and 4) through the online transparency of each leader’s goal performance.

Innovation and role-model performance leadership is expected and achieved through the GSLS, steps 2a, 6, and 6a, where leaders engage the workforce in achieving annual stretch goals set during the SPP reflecting top decile performance. Innovation is fostered through benchmarking with high-achieving organizations during the design and improvement of work systems/processes [Figure 6.1-1; Figure 6.2-1], equipping the workforce with performance improvement tools, and the utilization of the Baldrige criteria.

Organizational agility. SL achieve organizational agility through understanding the competitive environment. The ongoing review of both internal and external data and the

analysis of GSAM’s performance compared to similar organizations occur systematically and alert SL to potential and real time necessary changes.

Organizational-wide decisions can then be made at weekly ET meetings or emergency huddles where critical issues are surfaced, discussed, and action plans created.

The ET creates an environment for organizational and workforce learning through the GSLS steps 5 and 6. The ET also fosters organizational learning by establishing forums and mechanisms for systematic sharing of process improvements and industry-wide best practices. Forums include bi-annual associate forums, monthly RIE report-outs, and monthly PI

Showcases. The systematic collection of patient/stakeholder knowledge and mechanisms for using that knowledge [Figure 4.2-2] also promotes learning across the organization. A workforce learning environment is also created through the ET encouraging associates to achieve certifications and advanced degrees and allocating resources for their professional and continuing education. In addition, systematic leadership development (e.g. LDIs), and the establishment of the Lipinski Center for Learning which provides/coordinates workforce development, have been part of the ET’s approach to create a learning environment at GSAM.

Personal leadership skills. ET members develop and enhance their own personal leadership skills through the WLDS [Figure 5.1-4], part of the GSLS, step 5. ET members, as well as all leaders, develop individual learning plans during their performance review [1.2a(2)]. ET members meet monthly with the hospital President to discuss progress on performance goals and leadership behaviors. Leadership skill development occurs through quarterly LDIs, annual state/national Baldrige trainings, national certifications, and professional organization seminars. Through a cycle of improvement, all ET members now participate in executive coaching and a stakeholder feedback process to support their leadership development.

Participation in learning. The ET systematically participates in learning events such as bi-monthly orientations, All Aboard Training, and LDIs. They actively engage in forums designed for sharing organizational learning such as PI Showcase, RIE report outs, and the CLINICAL PRACTICE IMPROVEMENT COMMITTEE (CPIC).

Succession planning and future leadership development. ET members participate in succession planning by, 1) annually identifying key positions for succession, 2) selecting potential candidates through use of a ‘nine block process’ which assesses both performance and potential, and 3) being stakeholders for these candidates in an executive coaching process, as a part of step 5 of the GSLS. The ET also develops future leaders by teaching at LDIs, serving as stakeholders/mentors, and hosting divisional retreats.

1.1a(4) The ET passionately creates, promotes, and measures the culture of patient safety through defined processes and a systematic review of metrics. This approach to patient safety has resulted in lower mortality and complication rates, which translates into deaths avoided and less harm to patients receiving care at our hospital [Figures 7.1-6, 7.1-10].

Creating a Culture of Safety (COS). As a part of the GSLS, step 2, the ET systematically communicates [Figure 1.1-2] that patient safety is the number one priority of all associates. During the SPP goal setting/deployment processes, SL develop and cascade patient safety goals, and performance is monitored through the *Performance Measurement System (PMS)* [Figure 4.1-1], which includes the review of the Patient Safety dashboard.

Promoting a Culture of Safety (COS). The ET promotes a COS by requiring all 2727 GSAM associates participate in COS training. The training includes 10 Behavioral Based Expectations (BBEs) and safety tools that associates learn and then utilize in their daily work. The content from COS training also integrates with executive led orientations, ongoing development and daily reinforcement at the bedside. The ET also encourages all associates to participate in the annual COS survey so we can measure our progress toward our goal of achieving an even greater culture of patient safety. ET members participate on the COS STEERING COMMITTEE, the PATIENT SAFETY COMMITTEE, and the CLINICAL EXCELLENCE COMMITTEE of the GOVERNING COUNCIL (GC) where a review of safety results takes place and strategies are determined. A systematic Root Cause Analysis (RCA) process is required for sentinel events. Lessons learned from RCAs are reviewed and incorporated into new or existing protocols and processes.

1.1b Communication and Organizational Performance

1.1b(1) SL communication to and engagement of the workforce is an expectation of the GSLS [Figure 1.1-1, 2a, 3a, 5a]. The ET believes that setting a compelling context for decisions creates a deeper understanding for communications with the entire workforce and context setting has become a tenet of the GSAM leadership philosophy. The ET systematically provides opportunity for frank, two-way communication with the workforce [Figure 1.1-2]. For new associates, this begins in orientation when President Dave Fox introduces the GSAM culture in the first two (2) hours. Through a cycle of improvement the communication in select events (associate forums, LDIs) is now evaluated for understanding through post-event questions and/or follow-up rounding. ET's ability to engage the workforce is monitored through specific questions on workforce surveys [Figure 7.4-9]. ET's accessibility and approachability allows the workforce freedom to discuss 'bad news' and 'good news' in an impromptu manner.

The ET communicates key decisions through the formal cascading process (ET to directors to managers to frontline staff) embedded in the GSLS [Figure 1.1-1, 3a]; and through management meetings, email, electronic and printed newsletters, the intranet, and letters to associates' homes. As a part of the GSLS step 5 and 5a, the ET takes an active role in systematic approaches [Figure 5.1-3] to recognize associates, physicians, and volunteers to reinforce high performance 4a.

The hospital President hosts quarterly MVP celebrations, monthly frontline leader breakfasts, and all SL sending thank you notes to associates to recognize outstanding performance. This maintains a focus on patients/stakeholders, and fosters the achievement of organizational goals.

1.1b(2) The ET creates a focus on action to accomplish GSAM's objectives, improve performance, and attain its vision through,

- The deployment of the organization's strategy and goals to every leader and the MEDICAL EXECUTIVE COMMITTEE (MEC) through GSLS step 2 and strategy deployment process [2.2a(2)];
- The PMS [Figure 5.1-2] which ties leader evaluations to annual goal results;
- Monthly 1:1 supervisory meetings as a part of the GSLS, step 4a,
- The *Performance Improvement System* [P.2c] and the measures SL review regularly to identify needed action measures related to achieving our strategic objectives. This includes the monthly review of measures on the Quality Close, Patient Safety dashboard, and Growth report. In weekly ET meetings, a review of the measures for patient satisfaction and financial performance occurs. Examples of our systematic review of organizational performance measures aligned with strategic objectives and action plans are outlined in Figure 4.1-3.

The ET creates and balances value for patients and stakeholders during the SPP, step 4 [Figure 2.1-1] by,

- Confirming patient/stakeholder requirements [Figure P.1-8],
- Planning for short/long-term sustainability factors [1.1a(3)], and
- Assigning specific goal weightings during the SPP step 7 and deploying them to each department during step 8.

Evidence that we are balancing value for patients and stakeholders is reflected in our organizational report card [Figure 7.6-2], and in over 35 awards received since 2006 representing all stakeholder groups [Figure 7.6-3].

1.2 Governance and Societal Responsibilities

1.2a(1) GSAM has a systematic 8-step governance process [available on site (AOS)] which cascades guidance from the AHC GOVERNING BOARD/AHC Senior Leadership to the GSAM GOVERNING COUNCIL (GC)/Senior Leadership Team and to all associates. Guidelines and procedures at all organizational levels ensure that the overall intent of governance is achieved and tracked through measures and goals [Figure 7.6-4]. The process ensures transparency and equity for all stakeholders via GC committee oversight, independent audits and through the diverse composition of the board. Annual GC review of metrics, our MVP, and Standards of Behaviors ensures accountability and compliance. We ensure:

Accountability for management's actions through monthly review of goal performance and annual performance evaluations [1.2a(2); Figure 5.1-2];

Fiscal accountability through external independent audits reported to the AHC AUDIT COMMITTEE and quarterly internal audit findings made to the BC COMMITTEE. All internal and

external audits are ongoing and include both scheduled and unscheduled activities [Figure 7.6-5].

Transparency and disclosure through conflict of interest statements signed by the GC and ET, annual training, and posting of organizational results on the GSAM intranet; and

Protection of stakeholder interest is ensured through the diverse composition of the AHC/GSAM GOVERNING COUNCILS. In a cycle of improvement, the board expanded physician membership to 25% provide greater representation of this key stakeholder group.

1.2a(2) Evaluation of Senior Leaders. The workforce at all levels, including the ET, is evaluated annually as part of the PMS [Figure 5.1-2, 4]. Prior to the annual review, the President meets with his direct reports monthly to review their goal performance and expected leadership behaviors as described in steps 4 and 4a of the GSLS. All SL evaluations include development/learning goals to improve leadership effectiveness for the following evaluation cycle. An executive coaching process, a result of a cycle of improvement, integrates with development goals and leadership competencies and tracks progress. Each ET selects two (2) stakeholders to provide ongoing feedback during the coaching process. AHC SL and the GSAM GC conduct the President’s evaluation with input from the Medical Staff President. The President voluntarily shares his self-assessment with the ET and seeks their input.

Governing Council. To ensure the continuous improvement and evaluation of the GC, each member completes an annual self-evaluation and rates the effectiveness of the GC (Figure 7.6-4). These evaluations have initiated cycles of improvement such as expanded engagement of GC members on hospital committees and focused board development.

Leadership System (GSLS). The GSLS is evaluated annually during step 4 of the SPP. Feedback and input from both internal and external sources is used to evaluate and improve the system. Specific questions from the workforce and COS surveys measure the performance of the GSLS. Low-scoring areas of importance trigger the development of action plans. For example, the COS survey revealed a need for leadership to more effectively engage associates in a ‘blameless’ culture to increase the reporting of ‘near misses’. The action plan focused on leadership behaviors linked with steps 2a and 3a of the GSLS and a “Just Culture” matrix was created and deployed as a cycle of improvement. Progress is measured through audits, surveys, and in-process measures and the number/quality of events reported.

1.2b Legal and Ethical Behavior

1.2b(1) Addressing adverse impacts begin in the SPP when the ET identifies potential impacts of action plans and develops strategies to address the effects in step 8. Figure 1.2-1 provides examples. The ET also addresses adverse impacts through policies on medical waste disposal [Figure 7.6-11] recycling/green processes and environmental considerations when building new facilities. The ET also conducts systematic tracking of government and regulatory measures, and invites the community to participate in planning. In addition, during

the design of new work systems and processes, a step is built into the approach [Figure 6.2-, 1] to identify and mitigate potential adverse impacts /public concerns.

Anticipating and responding to public concerns occurs

Figure 1.2-1 Examples: Identifying, Anticipating, & Preparing for Concern and Minimizing Adverse Impact

Potential Impact/Concern	Process / Response to Minimize
Disaster Preparedness	<ul style="list-style-type: none"> Leads and participates in county and regional task forces [6.1c]
Community	<ul style="list-style-type: none"> Community members invited to planning sessions for new facilities/expansions Participation in local Chambers of Commerce / Boards of Directors
Environmental	<ul style="list-style-type: none"> Policies for medical waste disposal Recycling/energy conservation initiatives Leader in Global Health and Safety Green Initiatives (<i>Partner in Change Award</i>) Environmentalists review plans and assist in design of planned structures,
Cost	<ul style="list-style-type: none"> Utilizes AHC supply chain processes Most generous charity care policy Access DuPage
Patient Safety	<ul style="list-style-type: none"> Equipment registered with RASMAS to secure information to reduce legal risk, improve patient safety

by, 1) tracking government/regulatory measures through AHC legal, risk, government relations and reviews by appropriate ET members, 2) working closely with public health agencies, emergency responders, community/civic organizations, and 3) review of customer listening and data [Figure 3.2-1]. In addition, environmentalists are invited to review facility plans so GSAM can proactively anticipate and respond to public concerns.

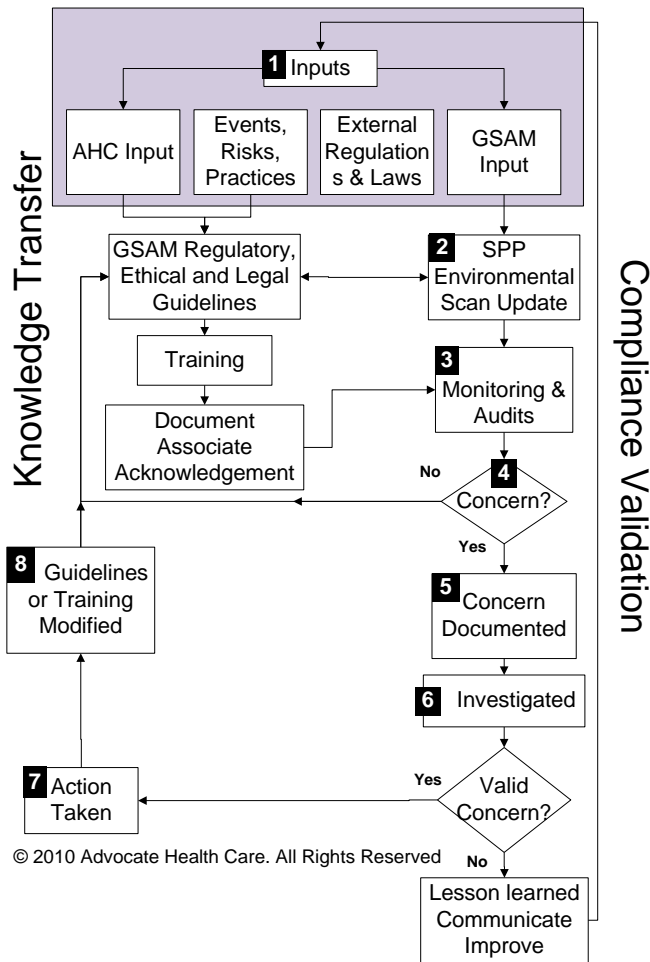
Preparing for concerns. We proactively prepare for

Figure 1.2-2 Key Process, Measures, & Goals for Compliance & Addressing of Risks

Requirement	Process	Measure	Goal
Regulatory	State Licensure	IDPH Licensure	Full
Legal	Audits	Recommendations	None
Accreditation	TJC, CAP, CLIA, CMS, ACS, IEMA, IDPR, FDA	Accreditation	Full
Physicist Survey	Annual Review	Compliance	100%
Physician Contract Review	% signed current contracts	Compliance	100%
Risk Management	Patient Safety	Patient Safety Event Reporting	7.1-21
		Falls	7.1-26
		Complications	7.1-24, 25, 27
		Hand Hygiene	7.1-28

concerns through the key data gathered during the SPP, steps 2 and 3, benchmarking prior to the adoption of new products or equipment, and utilizing patient/stakeholder input in the design of new systems, processes, and facilities. We proactively engage in energy conservation. GSAM has reduced its consumption of both electricity and natural gas and recently improved our energy star rating. We develop contracts to improve our recycling of paper, glass, plastic, cans, sharps, and medical waste. Through the AHC supply chain, we negotiate with vendors who support and document their recycling.

Figure 1.2-3 Legal & Ethical System (LES)



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Key processes, measures and goals. Key processes, measures, and goals for compliance and addressing risks associated with our services and operations are listed in Figure 1.2-2 and results are reported in Figures 7.6-6 and 7.6-8.

1.2b(2) Integrated with our MVP, ethical behavior in all interactions is promoted and ensured through the *Legal and*

Figure 1.2-4 Support of Key Communities

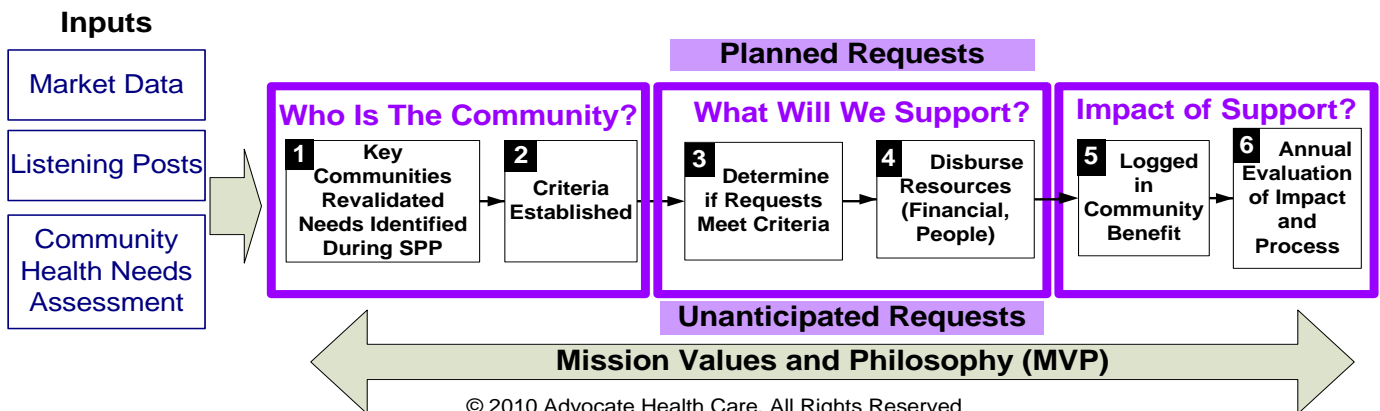
Ethical System (LES) [Figure 1.2-3] and monitored through defined indicators [Figures 7.6-6, 7.6-8]. The hospital is influenced by, and must comply with, numerous legal, ethical,

and regulatory rules, laws and guidelines. These originate from both external and internal sources **1**. During the SPP, the ET reviews and considers the potential impact that both new and ongoing laws and regulations will have on its operations **2**. Compliance is monitored through bi-annual detailed audits, and annual mandatory BC and HIPAA training. AHC’s confidential BC Hotline is deployed to all associates and reinforced annually during annual associate performance reviews **3**. Concerns are investigated and resolved by the appropriate ET member, team, or committee **4-6**. As appropriate, corrective action, changes to policies/procedures and practices are made, and annual training is up-dated **7-8**. Ethics standards are also applied during the SPP to balance stakeholder interests [1.1b(2)].

1.2c Societal Responsibilities, Support of Key Communities and Community Health

1.2c(1) We use multiple stakeholder and community listening posts as inputs into the SPP, steps **1-3**, to address the societal well being of our community. GSAM considers environmental impact on the community as evidenced though activities discussed in [Figure 1.2-1]. GSAM’s GREEN TEAM implements multiple strategies to conserve energy and recycle through means that assures the protection of the environment. In keeping with our mission, we also view societal well-being and community health as providing care for those without the ability to pay. In addition, GSAM actively participates in Access DuPage, an innovative community health approach through which GSAM primary care physicians and specialists provide care to the uninsured population and GSAM provides all diagnostic tests and treatment without charge. Community fairs, screenings, immunizations, a hospital food pantry for associates, and financial/in-kind gifts also support environmental, social, and economic systems [Figure 7.6-12].

1.2c(2) GSAM’s systematic *Support of Key Communities* process [Figure 1.2-4] is used to determine key communities and prioritize the areas of support. We revalidate our community selection during the SPP based on market information, listening posts, and a community needs assessment **1** and determine the aligned criteria that will be used to support our involvement **2**. We define our key community as the 17 communities in our Primary Service Area. Criteria aligned with community health needs and



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GSAM priorities is applied to needs and requests **3**. We solicit requests from service line leaders to ensure that we identify what we want to support and evaluate additional unanticipated requests for support from the community **3** **4**. All requests are screened against the established criteria with additional consideration given to ensure that we utilize our core competency of *building loyal relationships* with those who are critical to delivering care in our communities. The impact of

support is determined through the community benefit database **5**, analysis of disbursements, and an annual process review **6**. GSAM contributes to improving our communities by all ET members having multiple involvements on local boards; as well as the professional nursing staff, medical staff, and other members of the workforce actively participating in numerous service and professional organizations.

Strategic Planning

2.1a Strategy Development Process

2.1a(1) GSAM's ET is responsible for conducting the 11-step *Strategic Planning Process* (SPP) which occurs in four phases [Figure 2.1-1] over the time period aligned with our fiscal year (January–December). The SPP has undergone multiple cycles of improvement including narrowing the focus of our organizational challenges, defining process handoffs (Nursing, Finance, IT), clarifying outputs of each phase, and more formally engaging physicians and GC members in the process. Figure 2.1-1 defines the SPP steps. Figure 2.1-2 summarizes the participants, data inputs/outputs for each phase/step.

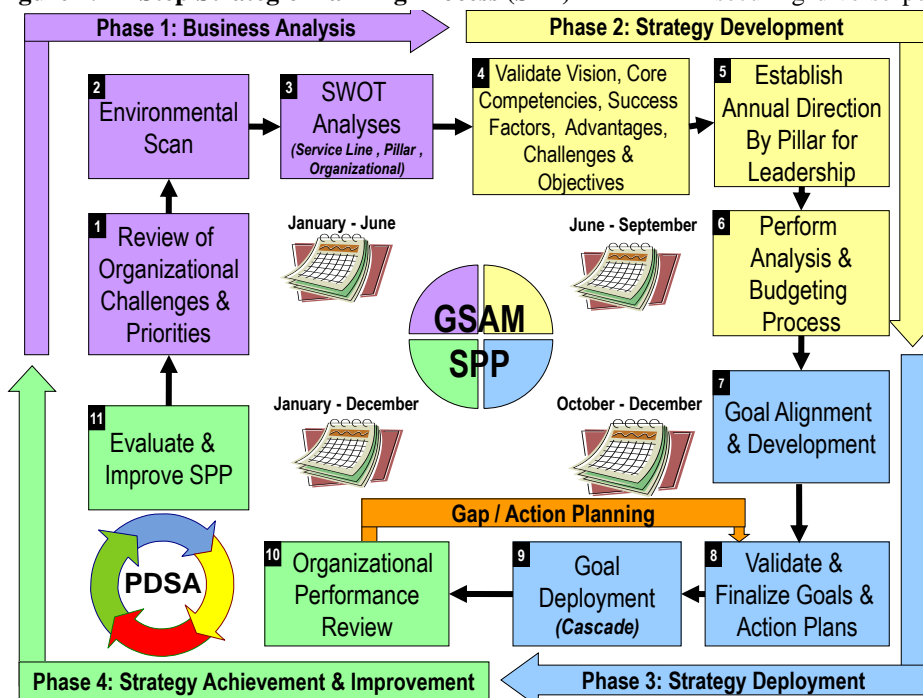
analysis outputs become inputs into Phase 2 of planning – Strategy Development.

Strategy Development (Phase 2) occurs from June through September. During this phase, the ET reaffirms our MVP, our core competency, organizational challenges and advantages, and our success factors **4**. Strategic objectives by pillar are set and goals are outlined **5**. These outcomes set the context for communicating GSAM's short- and longer-term direction to all stakeholders in order to develop more effective annual operating budgets during step **6**.

Blind spots are identified throughout the SPP by, 1) securing diverse perspectives (including physicians, GC, and AHC); 2) multiple levels of SWOT analysis; and 3) our environmental scan. The ET evaluates these blind spots and takes action accordingly.

During step **4**, the ET systematically reviews, and revalidates our core competency. Our core competency is determined and revalidated through, 1) reviewing our MVP; 2) brainstorming our organizational strengths; 3) evaluating our strategic advantages (historical, current, and future) and determining if they are short- or longer-term, and 4) reviewing our competitive offerings. Finally, we ask ourselves *what is the 'one thing' that has helped us achieve success?* Once our core competency is determined or reaffirmed we test its validity by asking, 1) Does this competency allow us access to a variety of markets? 2) Does it make a significant contribution to our patient and stakeholders? and 3) Is it difficult

Figure 2.1-1 Step Strategic Planning Process (SPP)



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Every January, the formal Business Analysis (Phase 1) for the next calendar year begins. During this phase, the ET reviews the previous year's performance, organizational challenges, and priorities **1**. A comprehensive environmental scan **2** ensures our patient/stakeholder interests are identified, evaluated, and addressed in our strategic planning cycle. Directors and the ET complete three levels of SWOT analysis: 1) the ET for each pillar, 2) directors for their respective service lines; and 3) the ET for the hospital as a whole **3**. The completed SWOTs are merged and reviewed to confirm (and validate) the alignment with our key strategic challenges and advantages [Figure 2.1-4]. The business

for our competitors to replicate? Following these repeatable steps has resulted in revisions and reaffirmation of our core competency.

Strategic challenges are identified in the Business Analysis phase, steps **1-3** of the SPP. Data inputs [Figure 2.1-3] guide the ET to create a comprehensive list of challenges. This list is then prioritized and becomes the organizational challenges that drive the strategy development for our future sustainability [Figure P.2-3].

Figure 2.1-2 SPP Phases: Inputs, Outputs, Participants

Phase	Business Analysis	Strategy Development	Strategy Deployment	Strategy Achievement & Improvement
Steps (Activities)	1 2 3	4 5 6	7 8 9	10 11
Timeline	January - June	July – September	October - December	January - December
Inputs to Phase	<ul style="list-style-type: none"> VOC Stakeholder analysis Patient requirements Competition Markets Regulatory Technology Sustainability 	<ul style="list-style-type: none"> Business analysis outputs A-H (Figure 2.1-3) 	<ul style="list-style-type: none"> Strategy development outputs AHC recommendations GSAM specific needs 	<ul style="list-style-type: none"> Leading indicators by pillar Monthly report card Timely assessment of results
Outputs of Phase	<ul style="list-style-type: none"> Customer needs Pillar trends SWOT analysis Competitor issues Environmental scan 	<ul style="list-style-type: none"> Validation of vision Service line priorities Strategic advantages & challenges Possible goals 	<ul style="list-style-type: none"> Goals established by pillar and by leader Financial plans by leader/department PI projects developed and approved 	<ul style="list-style-type: none"> Results Improvements identified in all pillars Monthly scorecard Gap plans
Participants	AHC / Service Line Directors / ET	ET / GC / MEC	ET / Leadership	All Associates

Our strategic advantages [Figure P.2-3] are also determined in the Business Analysis phase of the SPP when we review our internal capabilities and the data inputs.

Planning horizons. Our short-term planning horizon is 1-3 years. Our longer-term planning horizon is 3-5 years. The short-term horizon was set based on AHC’s planning cycle, and our need to integrate the plan with ever-changing healthcare and financial environments. Longer-term horizons are based on the need to allow adequate timeframes for the implementation of projected new projects/facilities. 3-5 years also coincides with the Centers of Excellence renewal cycles.

2.1a(2) We address key SPP factors that result in our comprehensive strategic plan. These factors are listed in Figure 2.1-3, A-H, and represent the data and information

Figure 2.1-3 Data Inputs / Analysis into SPP

	Key SPP Factor	Who	Collection Process	Analysis
A	SWOT Analysis	<ul style="list-style-type: none"> ET Service Line Directors (SLD) 	Surveys, Research, Industry Scans, Relationships, Market Intelligence, Vendors	Trend Analysis, Benchmark & Statistical Comparisons, Blind Spots
B	Technology	<ul style="list-style-type: none"> ET SLD AHC IT Vendors 	Data Availability & Access System [4.2a(2)] (AOS)	Various, Technology Blind Spots
C	Markets	<ul style="list-style-type: none"> ET SLD 	Figure 3.1-1 Program / Service Identification Process Figure 3.1-2 Listening Posts	Zip Code Market Analysis, Marketplace Blind Spots
D	Services Patient / Stakeholder Preferences	<ul style="list-style-type: none"> ET SLD 	Figure 3.1-1 Program / Service Identification Process Figure 3.1-2 Listening Posts Figure 3.1-3-4 Patient / Stakeholder Relationship System	Service and Program Analysis, Listening Post Analysis
E	Competition	<ul style="list-style-type: none"> ET SLD 	Figure 3.1-1 Program / Service Identification Process Figure 3.1-2 Listening Posts	Trend Analysis, Physician Splitter Analysis, Competitive Blind Spots
F	Regulatory	<ul style="list-style-type: none"> ET SLD Vendors 	Figure 1.2-2 Key Process, Measures, and Goals for Compliance and Addressing of Risks	Gap Analysis, Statistical Sampling, Audits & Review, Mock Surveys, Concurrent Review, Regulatory Blind Spots
G	Sustainability	All Stakeholders	1.1a(3) Sustainability factors Figure 4.1-3 Organizational Performance Reviews	Balanced Scorecard, Trend Analysis, Sustainability Blind Spots
H	Ability to Execute	All Stakeholders	Figure 2.1-3 Data Inputs / Analysis into SPP Figure 4.2-2 Knowledge Management Mechanisms	Balanced Scorecard, PDSA, Trend Analysis, Operational Blind Spots

collected and analyzed during Strategy Development (Phase 2). We evaluate our ability to execute the strategic plan during steps 7-8 of the SPP as goals are developed. Organizational leaders give feedback on the proposed targets/stretch goals to ensure that they are realistic. Ongoing evaluation of our ability to execute the strategic plan occurs through SL systematic reviews of organizational performance and any necessary course corrections, step 10 of the SPP.

2.1b Strategic Objectives

2.1b(1) Our key strategic objectives, the most important goals associated with those objectives, and the timetable for accomplishing them are summarized in Figure 2.1-4 (2009) and Figure 2.1-5 (2012).

2.1b(2) GSAM’s strategic objectives are linked to our strategic challenges

and advantages as shown in Figure P.2-3 and Figure 2.1-4. Our **Strategic Challenges** identified during the SPP are aligned to the ⇒ **Success Factors** that drive how we identify our ⇒ **Strategic Advantages** that assists us in identifying what distinguishes us in our market leading to the identification of our ⇒ **Core Competency** and our ⇒ **Strategic Objectives** which drive our ⇒ short/longer term **Action Plans and Measures**.

GSAM’s strategic objectives address opportunities for innovation through the SPP process. First, SPP goals at the hospital and department level increase and become more challenging every year. We must continually improve and innovate our processes, programs, services, and business model in order to achieve the stretch goals.

Core Comp	LT Strat	Strategic Challenges	Key Success Factors	Strategic Advantages	Strategic Objectives	Short Term Goals (2009)	Short Term Action Plans (2009)	Indicators	2009 Perf Targ	2009 Strch Targ
<p>Figure 2.1-4 2009 Strategic Plan</p>										
<p>Building Loyal Relationships</p>										
<p>To provide an exceptional patient experience marked by superior health outcomes and service.</p>										
Operational Excellence	Health Outcomes	High Expectation for Always Safe Care	Provide Excellent Care With the Best Health Outcomes	Excellence in Health Outcomes	Reduce Preventable Harm to Patients	<p>Inc % of CPOE orders Maint AMI Bundle Maint CHF Bundle Imp PN Bundle Imp SCIP Bundle Imp (OP) ABX Tmng Imp (OP) ABX Sel Imp AHRQ Bundles</p>	<p>Target high volume MD/ leverage APNs Rehab RN Daily Rndng / Addl AMI case review Daily review s/ HFNurse Consults/72 hr f/up St of Unit report/MD to ED feedback/ABX avail Improve MAR/imp Temp Control/PostOP Orders PST&SCP Staff Inservices Update ABX select tool VTE: Est Rding Team / BSI:Hsw ide Bundle Imp/ Birth: Dev Coding gdlines/Ulcers:Educ re:POA Staffing & MD educ / Ensure approp order sets</p>	<p>% CPOE Orders AMI Score CHF Score PN Score SCIP Score OP ABX Tmng OP ABX Sel AHRQ Mets (4)</p>	<p>45% 100% 96% 91% 88% 94% 90%</p>	<p>55% 100% 100% 96% 93% 97% 95%</p>
				Quality Infrastructure	Sustained Excellence of Health Outcomes	<p>Achv ICU Protocols</p>	<p>ICU Prot Mets (4)</p>	<p>3 3</p>	<p>4 4</p>	
Associate Engagement	Patient Satisfaction	Recruitment and Retention of Talent	Create an Environment Where All Associates & Volunteers Feel Valued	Engaged Workforce	Sustain Loyal Associate Relationships	<p>Acheive & Sustain Assoc Satisfaction</p>	<p>Achieve Magnet designation Staff Model of Care & Imaging Center Imp new onboarding process RN Residency Program redesign Tier III process improvement</p>	<p>Assoc Sat %ile Volun T/Over</p>	<p>80 10.3%</p>	<p>90 9.3%</p>
				Outstanding Reputation	<p>Improve IP HCAHPS Maintain OP sat Maintain ED sat</p>	<p>IP (HCAHPS) %ile OP %ile ED %ile</p>	<p>65 75 70</p>	<p>75 85 85</p>		
Physician Engagement	Physician Engagement	Physicians as Partners and Competitors	A Hospital Where MDs Feel Valued & their Pts Receive Exceptional Care	APP Clinical Intregation	Create Loyal Physician Relationships	<p>Maintain / Improve Physician Satisfaction</p>	<p>Up-date Medical Staff Development Plan Enhance Physician recognition Integrate major cardiology group into APP CI Program Implement new nursing care model</p>	<p>Phys Sat %ile</p>	<p>75</p>	<p>85</p>
				Culture of Service Superior Patient Satisfaction Results	<p>Increase % of Net Revenue</p>	<p>Implement service line leader group Open additional imaging site Increase imaging sales Grow ortho service line</p>	<p>Service area Net Revenue (\$)</p>	<p>\$402.4M \$414.4M</p>		
Growth	Funding our Future	Heavy Competition within the Market	Grow & Develop Needed Services for Our Communities	Patient /Physician Loyalty	Grow Service Area Overall Net Revenue	<p>Achieve : Service Area Operating Margin Expense/volume adjusted Philanthropy target</p>	<p>Manage controllable costs Increase Net Revenue Improve Revenue Cycle Nursing Matrix implementation Expand donor base / Capital Campiagn prep</p>	<p>Service area Operating Mgn CPAD Philanthropy target</p>	<p>4.10% \$7,998 \$1.1M</p>	<p>4.70% \$7,838 \$1.5M</p>
				Historic Infrastructure Investment	<p>Strategic Growth</p>	<p>Other Pillar Success Well Positioned for Pay-for-Performance</p>	<p>Service area Net Revenue</p>	<p>Service area Net Revenue (\$)</p>		

Figure 2.1-5 2009 Strategic Plan								
Vision	Core Comp	LT Strat	Pillar	Long Term Goals	Long Term Action Plan	Indicators	2012 Targets / Projections	
To provide an exceptional patient experience marked by superior health outcomes and service.	Building Loyal Relationships	Operational Excellence	Health Outcomes	<p>Achieve 100% CPOE on qualified orders</p> <p>Achieve 90% overall hand hygiene compliance</p> <p>Eliminate avoidable patient harm</p>	<p>Fully Integrated EMR / MD Liaisons / Increase MD Housewide implementation/Accountability/Monitoring</p> <p>Eliminate falls/Reduce DVTs/Top Decile Complications</p>	<p>% CPOE Orders</p> <p>Hand Hygiene Compliance</p> <p>Mortality and Complications</p>	<p>100%</p> <p>90%</p> <p>Top Decile</p>	
			Associate Engagement	<p>Sustain Associate Satisfaction Results</p>	<p>Refine HML process</p> <p>Expand Leader Competency Development</p> <p>Refine Succession Planning process</p>	<p>Assoc Sat Percentile</p> <p>Voluntary T/Over</p>	<p>Top Decile</p> <p>Top Decile</p>	
			Patient Satisfaction	<p>Achieve Patient Sat at the top decile</p>	<p>Consistent service culture/EPEC Redesign/Senior Strategy/ongoing monitoring/staffing accountability</p> <p>Develop strategies for diverse/aging population</p>	<p>IP (HCAHPS) Percentile</p> <p>OP Percentile</p> <p>ED Percentile</p>	<p>Top Decile</p> <p>Top Decile</p> <p>Top Decile</p>	
		Physician Engagement	Physician Engagement	Physician Sat at the top decile	<p>Sustain Physician Sat at the top decile</p>	<p>Address issues / Admin Involvement</p> <p>Mgmt Infrastructure/Update Plan/Execute Strategy</p> <p>Fully implement Medical Staff Development plan</p>	<p>Physician Sat Percentile</p> <p>Physician Loyalty Percent</p>	<p>Top Decile</p> <p>65.0%</p>
					<p>Increase Overall Net Revenues</p> <p>Increase Surgical Volume (IP & OP)</p>	<p>Execute Amb Strategy/Develop new srvcs or locations</p> <p>Identify opportunities / Support Profitable Growth</p>	<p>Tot Net Rev (% increase)</p> <p>Surgical Admission % (of total admissions)</p>	<p>9.00%</p> <p>33.0%</p>
		Strategic Growth	Strategic Growth	Future Funding our	<p>Improve Service Area Operating Margin</p> <p>Achieve top decile revenue cycle outcomes</p> <p>Achieve Philanthropic Target</p>	<p>Est Real-Time Staffing Mgmt / Utilize Technology</p> <p>Streamline processes / Continued use of Technology</p> <p>Expansion of Grateful Patient Program/Capital Campaign</p> <p>Greater deployment LEAN</p> <p>Reduce costs through waste reduction</p>	<p>Srvcs area oper margin</p> <p>Exp as a % of Net Rev</p> <p>Philanthropic Target</p> <p>CPAD</p>	<p>5.00%</p> <p>Top Decile</p> <p>\$3.0M</p> <p>40th %tile</p> <p>in Solucient</p>
					Mission, Values and Philosophy (MVP)			

Improvement and innovation are requirements of leaders as a part of the GSLS [Figure 1.1-1, 6] and includes ongoing benchmarking to identify best practices. As we implement innovations and they influence our results, they often are adopted by other AHC facilities, and/or become national showcases. Innovations, and their scope of impact, are systematically inventoried and some examples are shown in Figure 2.1-6, additional examples and details are available on site (AOS).

Every strategic objective is linked to and addresses our current core competency [Figure P.2-3]. For example, our achievement of excellence in health outcomes builds relationships with our physicians and patients. Annual revalidation in the SPP of our strategic advantages ensures that our core competency is relevant and any additional future core competencies that are important to our customers/market are identified. Future core competencies are also considered during the Business Analysis phase of the SPP when past performance, competitor/market data, and the environmental scan is reviewed.

We ensure that our strategic objectives balance short- and longer-term challenges and opportunities by closely aligning each strategic objective to an individual strategic challenge. Strategic challenges are identified through a systematic scanning of the market and adjusted to future needs as they emerge. We ensure that our strategic objectives consider and balance the needs of all key stakeholders through our pillar structure, the annual ‘balancing of stakeholder needs’ during the SPP process (step 7) when weights are attached to goals, and through our balanced report card.

Figure 2.1-6 GSAM Innovations & Level of Impact

Innovation (type: health care services, operations, business model)	Impact		
	GSAM	AHC	All HC
Advocate Physician Partners (P.2b) (business model)	X	X	X
Cardiac Alert (health care services)	X	X	X
Peer Interviewing (operations)	X		
Communication, Collaboration, Critical Thinking physician/nurse learning event (operations)	X		X
Revenue Cycle Compass (operations)	X	X	X
Goal Setting Process (business model / operations)	X	X	

2.2 Strategy Deployment



2.2a(1) Figures 2.1-4 and 2.1-5 list GSAM’s key short- and longer term action plans associated with our short- and longer-term goals. A planned short-term change includes a collaborative agreement to establish more robust cancer treatments for our patients based on their research-based protocols. Key longer-term changes include the expansion of our ambulatory services. This change deploys our services through additional OP facilities into the communities that we serve; it addresses our organizational challenge of ‘heavy competition within both our primary and secondary markets.’ Another anticipated longer-term change is the retirement of physicians in our market, particularly primary care physicians. To address this need and our strategic challenge of ‘physicians as partners and competitors,’ we are implementing a Medical Staff

Development Plan. This plan identifies current and future needs for medical, surgical, and primary care physicians based on the populations we serve and the inevitable health care changes of the future.

2.2a(2) Developing action plans. Once goals are finalized during step 8 of the SPP, short-term action plans to achieve the goals are developed by the ET/pillar leaders with input from key leaders. Longer-term action plans are reviewed at this time and modified as necessary. Individual departments and/or key functions (HR, IT, Nursing) then develop plans to support the overall hospital goals and objectives.

Deploying action plans. Hospital goals and corresponding action plans are deployed (cascaded) throughout the organization during step 9 of the SPP. This cascading process from AHC down to the GSAM’s frontline leaders and departments is tailored to reflect each leader/department’s ability to impact the goal results. Final goals and weightings are electronically deployed to each leader through the Leadership Goal Deployment Worksheet. Leaders then populate the electronic goal achievement database, the Advocate Management System (AMS), with the goals/weightings for monthly and annual review. Department leaders create action plans that will assist them in achieving their specific goals. Both hospital and department goals and corresponding action plans are then communicated to frontline staff through departmental meetings, standardized pillar boards, ongoing manager communication, and annual performance evaluations with staff. Strategic objectives, goals, and action plans are communicated to key stakeholders, such as physicians, during the monthly MEC meeting, via the physician newsletter, Medical Director meetings, and the APP board meetings. Key partners (ACL Labs) have specific goals and targets. Collaborators, such as schools who provide candidates for positions, receive information about actions plans (e.g. hiring needs) through meetings as appropriate.

During Phase 4 of the SPP – Strategy Achievement and Improvement, we ensure that the key outcomes of our action plans can be sustained through our systematic organizational performance reviews in our *Performance Measurement System (PMES)* [Figure 4.1-1]. As a part of the PMES, the ET meets weekly and reviews in-process and outcome indicators of performance to evaluate action plan effectiveness. In addition, our President distributes the organizational report card monthly to all leaders, the MEC, GC, and AHC SL. Action plans are required when performance falls short of targets at either the organizational and unit level.

2.2a(3) To ensure that financial and other resources are available to support the accomplishment of our action plans while meeting current obligations, the hospital incorporates its action plans (both short term and long term) into the development of the annual budget and five-year financial plan during step 6 of the SPP. These budgets are established at income levels that will support current obligations, future capital spending requirements, and AHC’s current “AA” bond rating. Financial and budget requirements are then reconciled with action plans to determine what resources can be attributed to the action plans each year.

The ET annually reviews and prioritizes action plans in terms of financial feasibility, human resource needs, regulatory requirements, and operational achievability. Those of highest value are allocated budgetary resources. A full risk assessment (financial, operational, and regulatory) is included in the ET review of the proposed components of the action plans through the PMES [Figure 4.1-1]. Ongoing managing of risks occurs through regular updates to the ET from the sponsoring vice president and/or director. Any variances and gaps are reported, and corrective steps are taken to bring the initiative back to the planned performance.

We fund our priorities via the operating budget and our long-term operating plan. This process has allowed us, even in a very challenging economy, the ability to fund Baldrige initiatives, expand our executive coaching, fund an anti-coagulation team, engage in a NSQIP annual contract, and provide donations to key partners. Budgets are tight yet we are continuing to fund investments for our future while achieving a respectable operating margin.



2.2a(4) Systematic reviews (daily, weekly, monthly, quarterly) of organizational performance measures [Figure 4.1-3] directs the ET to establish modified action plans. Rapid deployment and execution of new plans or key decisions occurs through the cascading/deployment process [2.2a(1)] and through SL communication mechanisms [Figure 1.1-2].

2.2a(5) Key HR/workforce plans to accomplish our short- and longer-term strategic objectives and action plans are listed in Figures 2.1-4 and 2.1-5. These workforce plans include: the implementation of the new on-boarding process, Residency Program redesign, staffing for the care model and new imaging center, charge RN boot camp, nursing matrix implementation, and leadership development. The workforce

plans are created in step 8 of the SPP and support the hospital goals and action plans. The workforce plans include any changes to staffing (capacity) and training (capability) that are required to achieve hospital goals/plans.

2.2a(6) Figures 2.1-4 and 2.1-5 outline the key performance measures (indicators) for tracking the achievement and effectiveness of our action plans. The measures are selected during the SPP utilizing a systematic process [Figure 4.1-1, step 1 & 2]. The action plan measurement system reinforces organizational alignment through our balanced pillar approach for goal setting. The systematic sharing of results with all key deployment areas occurs through monthly updating of department pillar boards, the hospital President’s monthly email of the organizational report card, posting of results on the G2G intranet, presentations at LDIs and associate forums, and through other established communication mechanisms [Figure 1.1-2].

2.2b Figures 2.1-4 and 2.1-5 indicate GSAM’s performance projections for both short- and longer-term planning horizons. These projections are determined through, 1) analysis of current performance and projecting stretch improvement targets, 2) establishing targets at top decile performance, where applicable, 3) through AHC requirements, 4) industry/regulatory changes, and/or 5) market research, benchmarking, and other comparative data. We compare our projected performance to that of our competitors through scanning available, publically reported information (e.g. clinical and financial). Key benchmarks, goals and the review of past performance are utilized when setting projections. Any current or projected gaps in performance against our competitors are addressed by modifying action plans, launching improvement teams, and allocating necessary resources.

Customer Focus

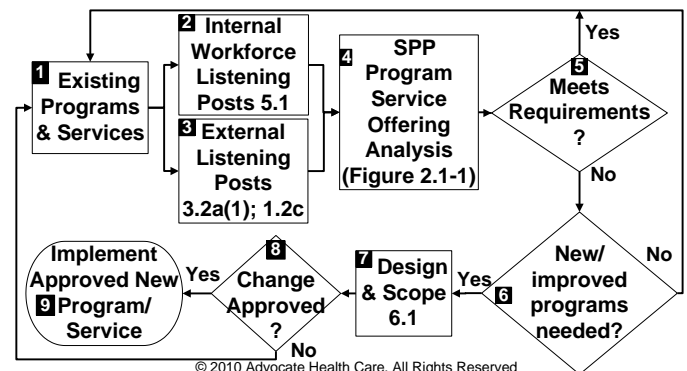
3.1a Health Care Service Offerings and Support

3.1a(1) Health care service offerings and programs to meet the requirements and exceed the expectations of our patients, stakeholder groups, and market segments are identified through the *Program/Service Identification Process* [Figure 3.1-1]. Listening post data 2-3, an analysis of our existing programs and services, and the SPP environmental scan are used to determine if patient/stakeholder requirements are being met, and to identify opportunities for new services/programs 4-6. The use of both internal and external listening post data ensures that we identify offerings to attract new patient/stakeholders and opportunities to expand relationships with existing patients/stakeholders. Innovation of health care service offerings begins with our openness to any/all ideas followed by extensive benchmarking and engaging a diverse group of stakeholders in the design of the new programs/services 7. The process of identifying and innovating new programs and services is reviewed annually during SPP.

3.1a(2) Key mechanisms to support the use of our health care services and enable patients/stakeholders to seek information are systematically determined through analysis of data from

our listening posts [Figure 3.2-1]. Data are aggregated by listening post owners and utilized by service line leaders and the ET during the SPP SWOT analysis. Our key means of patient/stakeholder support, including key communication mechanisms, are summarized in Figure 3.1-2 and vary for

Figure 3.1-1 Program / Service Identification Process



different patients, market segments, and stakeholders. Patient and stakeholder support requirements are also determined through the analysis of listening post data. The key mechanisms and support requirements are reviewed annually

during the SPP by service line leaders [Figure 2.1-1, 3]. Support requirements are deployed to all people involved in patient/stakeholder support through:

- **Standards of Behavior.** Our standards integrate support requirements of patients/stakeholders. For example, one support requirement is easy navigation through our facility. This requirement is a behavior standard requiring the workforce to walk those in need to their destination.
- **Training and orientation.** Key words in specific interactions (caregiver introductions, blood draws, transporting of patients, communication with physicians) which meet patient/stakeholder requirements are taught;
- **Postings on bedside whiteboards.** During the admission process, inpatients identify their expectations/needs (requirements) which are written on their bedside whiteboards. Caregivers use them to meet individual patient needs. During nurse leader rounds, patients are asked how well their requirements are being met.
- **Process design.** Support requirements are also integrated into work and support processes. Patient/stakeholder input is obtained when processes are being designed [Figure 6.2-1, step 1] to ensure the overall process meets support requirements.

Figure 3.1-2 Key Communication & Support Mechanisms

Seek / Receive Information About the Organization	Utilize Services	Make Compliments and Complaints
<ul style="list-style-type: none"> ▪ Pre-op classes, calls (IP,ST) ▪ Letter / fax / e-mail / phone (All) ▪ Community education (All) ▪ Brochures, press, billboards, website (All) ▪ Public-reporting web sites (All) ▪ Physician Sales/Marketing(ST) 	<ul style="list-style-type: none"> ▪ Strategically placed outpatient facilities ▪ Centralized Scheduling (IP,OP) ▪ Health Advisor (All) ▪ Emergency responders (ED) ▪ Access DuPage (ST) ▪ Medical interpreters (All) ▪ Telecommunication ▪ Device for the Deaf (TDD) (All) ▪ Language lines (All) 	<ul style="list-style-type: none"> ▪ CARE line (All) ▪ Patient Relations (All) ▪ Clinical Liaisons (All) ▪ Letter / fax / e-mail / phone (All) ▪ Post visit card (OP) (All) ▪ MVP nominations (All) ▪ Discharge calls (IP,ED) ▪ Press-Ganey survey (IP,OP,ED) ▪ Rounding (All)
IP=Inpatients OP=Outpatients ED=Emergency Department ST = Stakeholders (families, insurers, health care providers)		

3.1a(3) Our approaches to identify and innovate service offerings for providing patient/stakeholder support are kept current through: 1) the annual analysis of the listening posts during the SPP, 2) internal teams that conduct benchmarking, monitor local press, and review professional literature, 3) the identification of best practices through attendance at conferences, and 4) continual up-dates with our partners and vendors who provide information on innovative products and programs.

3.1b(1) Our core competency of *building loyal relationships* requires that we create a organizational culture that ensures a consistently positive patient/stakeholder experience and contributes to customer engagement. This culture is created through:

- **Our Standards of Behavior** that address patient requirements such as ‘friendly staff’ and ‘prompt service’. All job candidates are required to sign a commitment to

these standards. The standards are taught in orientation and reinforced during annual performance reviews.

- **Orientation** when our President introduces new associates to our vision to provide an exceptional patient experience, shares stories of superior service/care, and sets the expectation of customer engagement.
- **The GSLS** in which all leaders spend time understanding stakeholder requirements, role modeling, and motivating associates to provide an exceptional patient experience.
- **Patient satisfaction targets** and stretch goals at the hospital/unit level and weekly review of satisfaction data at all levels.
- **Integrating patient/stakeholder requirements** into the design and evaluation of work systems and processes [Figures 6.1-1 and 6.2-1].
- **Collaboration** between caregivers (including physicians) on the delivery of patient-focused care. The care team works to integrate processes (e.g. patient handoffs between departments) to ensure a continuity from the patient’s perspective.
- **Specific patient and stakeholder-focused techniques** have been adopted which include the Five Fundamentals of Service (AIDETSM), ‘key words at key times,’ hourly rounding, discharge calls, and leader rounding. These techniques enhance the engagement of our customers in every interaction.

The *Performance Management System* (PMS) [Figure 5.1-2] reinforces our patient/stakeholder-focused culture by evaluating each workforce member on their demonstration of the Standards of Behavior during his/her annual performance review and during High-Middle-Low (HML[®]) conversations. The achievement of patient satisfaction goals are an objective part of each leader’s performance evaluation. In addition, recognition practices are used to acknowledge patient/stakeholder-focused behaviors [Figure 5.1-3].

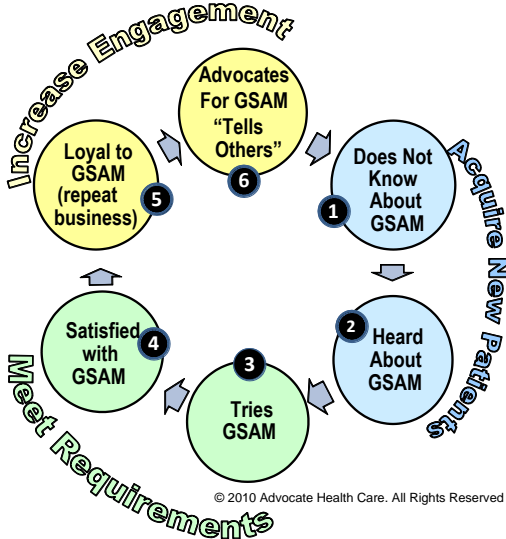
The *Workforce Learning and Development System* [WLDS] [Figure 5.1-4] also reinforces our culture of service. Associates are trained in specific patient/stakeholder-focused techniques (e.g. hourly rounding, AIDETSM, SBAR) during orientation, and leaders develop the competency of building and managing relationships. Tools and job aids are utilized as a part of the training and as reminders when on the job. Refinements to these approaches and formal refresher courses occur in response to patient/stakeholder satisfaction data.

The approach to building a patient/stakeholder culture is reviewed annually by the ET and the EXCEPTIONAL PATIENT EXPERIENCE COMMITTEE (EPEC). EPEC, comprised of leaders (physician, nursing, non-nursing), analyzes the aggregated data, and develops strategies to make improvements throughout the organization. The evaluations of our approach have resulted in multiple cycles of improvement including the adoption of physician bookmarks (professional profiles) used on inpatient units to introduce and foster confidence in physicians, the refining of the hourly rounding approach, and improvements to the shift report.

3.1b(2) Relationships with patients and stakeholders are built and managed systematically through the *Patient/Stakeholder Relationship System* [Figure 3.1-3]. Steps 1-2 focus on acquiring new patients/stakeholders, steps 3-4 gives us the

opportunity to meet their requirements, and steps 5-6 focus on increasing patient/stakeholder engagement through repeated

Figure 3.1-3 Patient /Stakeholder Relationship System



service excellence visit after visit. Defined tools, practices, and behaviors help us move customers from one stage to the next. Figure 3.1-4 outlines specific practices to build relationships with patients. For example, we begin building relationships with those who have not heard about or have not yet tried GSAM through billboards, community education, and screenings. The effectiveness of our relationship building techniques is determined through defined measures at each

stage. This approach is also utilized to build relationships with associates, physicians, and donors (AOS). The *Patient/Stakeholder Relationship System* is deployed through LDIs, workshops, frontline leader training, orientation, and team meetings.

3.1b(3) Approaches for creating a patient/stakeholder-focused culture and building relationships are kept current through an annual review during the SPP patient satisfaction pillar SWOT. New approaches are identified and considered through, (1) affiliations with large consultative groups who have access to ideas and national best practices for building patient loyalty, and (2) partnerships with national organizations that provide benchmark practices such as IHI, Press-Ganey, the Advisory Board, and HealthStream.

3.2 Voice of the Customer

3.2a(1) GSAM understands and listens to patients through our established *Listening Posts* [Figure 3.2-1]. The collection and analysis of a wide-spectrum of listening post data provides actionable information to support changes in our health care services and patient/stakeholder support. For example, feedback from families of surgery patients indicated that they wanted ongoing access to information about their family member and that they did not want to wait for hours in the confines of the waiting room. In response, we implemented an electronic board for instant access to information on the status of the surgery and an accompanying pager giving family members the freedom to leave the waiting area. To obtain feedback on new or changed programs/services specific questions are crafted and integrated into our systematic rounding.

Figure 3.1-4 Patient/Stakeholder Relationship System: Tools, Practices, Behaviors, Measures for Building Relationships with Patients * = Listening Post

Stage	Tools/Practices to Move Patients to the Next Level	Measure	How Level is Determined
1 – Doesn't Know GSAM	<ul style="list-style-type: none"> Billboards, newspaper articles, ads Mailings Parish nursing GSAM website 	<ul style="list-style-type: none"> # of direct mail sent (AOS) # of direct calls to Health Advisor (AOS) # of website hits [7.2-23] Consumer Tracking measures [7.2-25] 	<ul style="list-style-type: none"> Increased volumes for targeted populations Increase Health Advisor calls
2 – Heard about GSAM	<ul style="list-style-type: none"> 'Stories' of exceptional care & services Health Fairs, screenings, community education Mission & Spiritual Care quarterly Newsletter 1-800-ADVOCATE (Health Advisor) Efficiency improvements: physicians encourage their patients to choose GSAM Partnership practices with local EMS 	<ul style="list-style-type: none"> # of calls to Health Advisor (AOS) # of formal communications (e.g. local newspaper articles (AOS) # of health fairs, screenings, community education hours [7.6-12] # of ambulance runs to GSAM [7.2-21] 	<ul style="list-style-type: none"> Increases in all measures
3 – Tries GSAM	<ul style="list-style-type: none"> Hourly & leader rounding AIDETSM, 'Key words at Key Times' Standards of Behavior / service recovery Centralized Scheduling Admission team 'Managing Up' of physicians and staff Room service (patient meals) / valet service Utilize previous medical record # 	<ul style="list-style-type: none"> Satisfaction survey scores [7.2-1 through 7.2-15] 	<ul style="list-style-type: none"> Increased # of compliment letters Growth in market share
4 – Likes GSAM	<ul style="list-style-type: none"> Consistent use of the above, plus Key services: Pampered Pregnancy OP reminder cards for annual services Discharge / follow-up calls Patient liaisons (Cardiac, Oncology, Bariatric) 	<ul style="list-style-type: none"> HCAHPS – 'Would you recommend' rating [7.2-20] Likelihood to recommend (PG) [7.2-19] Total philanthropic donations [7.6-10] 	<ul style="list-style-type: none"> Increases in loyalty question on Consumer Tracking Survey (Brand Commitment Score) % of HCAHPS – 'recommends' (9-10)
5 – Loyal to GSAM	<ul style="list-style-type: none"> Same as above, plus 'Reunions' of key populations (e.g. Neonatal, Bariatric, Big Boomin' Heart Fair) 'Donor' designations at registration 	<ul style="list-style-type: none"> Total philanthropic donations [7.6-10] 	<ul style="list-style-type: none"> ROI: Big Boomin' Heart Fair
6 – Advocates for GSAM	<ul style="list-style-type: none"> 'Reunions' of key populations (e.g. Neonatal, Bariatric, Big Boomin' Heart Fair) 'Donor' designations at registration 		

Figure 3.2-1 Patient/Stakeholder Listening Posts

Listening Method	Patients									Stakeholders				
	Segments			Main Services			Types of Patients			Physicians	Partners	Others		
	IP	OP	ED	Cardiac	Surgery	W&C	Medicine	General	Former Patients				Potential Patients	Competitors of Patients
National Survey	X	X	X	X	X	X	X	X				X		
Rounding	X	X	X	X	X	X	X					X		
At Your Service	X	X	X	X	X	X	X					X		X
Health Fairs & Screenings								X	X	X		X		
Discharge Calls	X	X	X	X	X	X	X	X						
Comment Cards		X												
Health Advisor								X	X	X				
Whiteboards	X		X	X	X	X	X							
Website	X	X	X					X	X	X	X			
Community Organizations								X	X	X				X
Consumer Tracking Survey								X	X	X				
Community Education								X	X	X	X			X
Patient Relations, CARE line	X	X	X					X	X	X				
Community Involvement								X	X	X				
Governing Council								X	X		X			X
Physician Sales & Marketing	X	X	X	X	X	X	X				X			
Medical Staff Office											X			
Meetings / surveys												X		
Workforce	X	X	X	X	X	X	X	X	X	X	X	X		X

The listening posts vary for different patients, groups, and segments as shown in Figure 3.2-1. Listening posts are utilized during each stage of the patient/stakeholder relationship as shown in **RED** in Figure 3.1-4. Leaders utilize listening post information/data to understand stakeholder requirements as a part of the GSLS, step 1a.

We proactively follow up with patients and stakeholders on the quality of services and support to obtain real time information through systematic leader rounding and caregiver rounding. Post service follow up occurs through discharge calls and calls to patients who had less than an exceptional experience if indicated on PG survey or OP comment cards.

3.2a(2) Actionable information and feedback from former and potential patients/stakeholders, as well as patients/stakeholders of competitors, is obtained through the established listening posts [Figure 3.2-1]. The Consumer Tracking Survey is generally conducted every two (2) years with a cross section of our Primary Service Area (PSA) population. The survey results provide actionable information on how our health care services are viewed in comparison to our competitors by former and potential patients/stakeholders and patients/stakeholders of competitors [Figure 7.2-25]. Participation in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) provides information about the support and transactions patients receive at competitor hospitals [Figure 7.2-20].

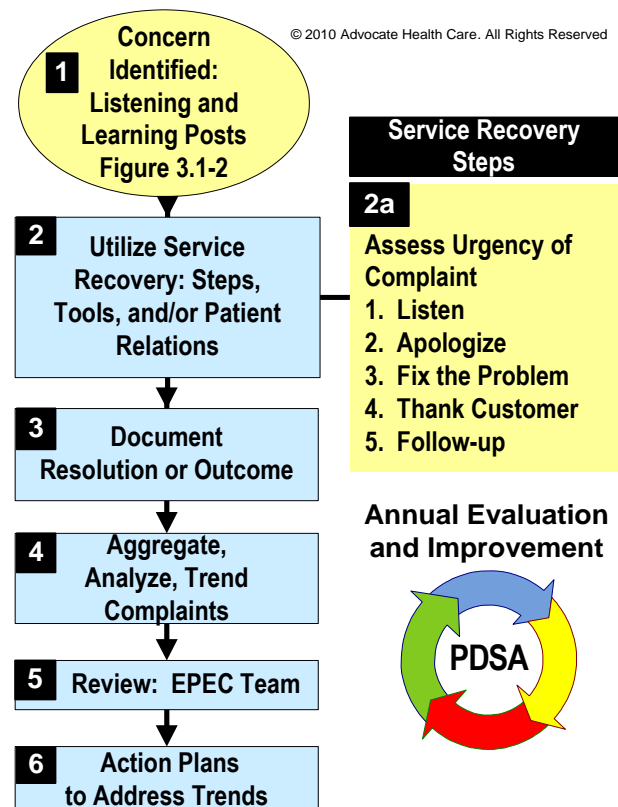
3.2a(3) Patient and stakeholder complaints are managed and resolved through the 6-step *Complaint Management Process* [Figure 3.2-2]. To resolve complaints promptly and effectively, associates are trained and empowered to ‘own’ a

complaint they receive and resolve it in ‘real time’ utilizing the five (5) step service recovery process 2a. To recover patient confidence and enhance satisfaction and engagement, all associates have the ability to access financial resources up to \$250 and/or request additional assistance through their supervisor or Patient Relations 2. Patient Relations is a central point for the receipt of complaints, escalated complaints, and any complaints that cannot be resolved at the point of care. They electronically log the complaint which sends an immediate alert to the appropriate leader(s), coordinate the inter-functional responses, and document the resolution 3. A formal appeal process exists for patients if typical resolution strategies do not recover patient confidence.

The database classification systems allows us to aggregate, trend, and analyze complaints which are reviewed at monthly EPEC meetings 4-5. The classification system allows us to aggregate complaints by key partners (physicians, ACL labs). This allows focused improvements throughout our organization and by our partners. Trended complaints are also reviewed along with satisfaction measures. This allows us to develop a more complete picture of patient and stakeholder levels of satisfaction and dissatisfaction and

begin identification of root causes of dissatisfaction.

Figure 3.2-2 Complaint Management Process



3.2b(1) Patient/stakeholder satisfaction and engagement are determined through a systematic 10-step *Customer Satisfaction Measurement Process* (AOS). Our primary formal quantitative assessment, the Press-Ganey (PG) national survey, is tailored for each patient segment (IP, OP, ED) and used across all main services. In addition, HCAHPS is utilized for IP [3.2a(2)]. In steps 1-2, results are reported and emailed weekly to all leaders through satisfaction / engagement scorecards that compare our results to targets for the hospital and each unit. Unit-targets are addressed through unit-specific initiatives while house-wide targets are addressed through initiatives determined by EPEC and service teams/task forces in steps 5-8. Initiatives are monitored for effectiveness, and we review our survey approach annually when customized questions on the survey are revalidated or changed in steps 9 and 10. This process is augmented by other listening post data that differ by patient/stakeholder group and market segment as illustrated in Figure 3.2-1. This provides both qualitative and quantitative information to ensure a more comprehensive understanding of what is important to our patients and stakeholders. Information from these analyses are shared through systematic communication and knowledge sharing mechanisms [Figure 1.1-2; Figure 4.2-2] enabling its use for improvement throughout the organization and with our partners.

3.2b(2) We obtain information on our patients' satisfaction relative to their satisfaction with our competitors through the Consumer Tracking Survey, community health events, and other listening posts. The satisfaction of our physicians relative to their experience at our competitor hospitals is obtained through the annual physician survey [Figure 7.2-17]. Physicians also provide qualitative information about their satisfaction with GSAM relative to our competitors through the physician support staff, Medical Directors, VP of Medical Management, ET, and during systematic meetings with our PHYSICIAN SALES AND MARKETING TEAM. The comparative patient and stakeholder satisfaction information is used to make improvements to meet requirements and exceed expectations.

We obtain information on our patient/stakeholders' satisfaction relative to the satisfaction of patients/stakeholders of other organizations offering similar healthcare services and healthcare industry benchmarks through the PG survey which measures satisfaction relative to other healthcare organizations in the large PG national database. Raw scores and percentiles are utilized to understand our performance level and how it compares with other organizations providing similar healthcare services. The HCAHPS survey compares GSAM on nationally standardized survey questions for inpatients enabling us to track performance relative to our competitors. Quarterly, we also compare GSAM's satisfaction results with other AHC hospitals. GSAM uses this comparative satisfaction data for setting stretch goals during the SPP and in improvement initiatives.

3.2b(3) Patient and stakeholder dissatisfaction is determined through the analysis of the PG survey (including comments), the pareto analysis of aggregated complaints, and a comparison of the number of complaints to compliments

[Figure 7.2-18]. Our dissatisfaction measurements are enhanced with qualitative information received through other listening posts such as rounding. Trends in dissatisfaction through these measurements are used to create action plans to better meet our patient/stakeholder requirements and exceed their expectations in the future. EPEC analyzes the aggregate data and develops strategies to make improvements throughout the organization.

3.2c(1) Current and future patient/stakeholder groups and market segments are identified and anticipated through the environmental scan, data inputs, and the pillar/service line SWOTs during the Business Analysis of the SPP [Figure 2.1-1, 1-3]. The outputs of the Business Analysis phase [Figure 2.1-2] include identification of competitor issues and a clear VOC. Input from our physicians who admit patients to GSAM and to competitor hospitals also guide the identification of groups and segments. In addition, our PHYSICIAN SALES AND MARKETING TEAM meets with targeted physicians from other hospitals to discuss moving their business to GSAM and explore additional patient groups/market segments that should be considered.

We determine which patient, stakeholder groups and market segments to pursue for current/future services through,

- **the environmental scan** during the SPP when we identify socio/demographic changes, growing areas, current service usage, areas where health care is needed or there are medically underserved, and through reviewing listening post data to identify potential new OP locations for expanded access; and
- **learning what our competitors are doing** through stakeholder feedback, certificate of need applications, and the press. Communications and Government Relations review the press daily for competitor updates. AHC business development provides up-dates on any state applications for expansion of services or new facilities by others in our market.

Our analysis during the SPP of market data, patient demographics, physician referral patterns, and an understanding of household dynamics in healthcare literature help us systematically select target groups.

3.2c(2) Patient requirements are determined through a regression analysis of three years of the Press-Ganey data for each patient segment. Once determined, these requirements are validated through existing listening posts (e.g. rounding) and through market and service offering information. This analysis occurs annually during the SPP when the patient satisfaction pillar SWOT is conducted by EPEC. Market information is utilized to identify and anticipate requirements. For example, market data and health care service offering information indicated that expectant mothers were selecting other facilities based on their requirement for private rooms. This led to GSAM's action plan to build 25 private rooms in our Family Care Center.

We identify and anticipate changing requirements and expectations important to health care purchasing and relationship decisions through: 1) data inputs into the SPP [Figure 2.1-3]; 2) literature reviews; 3) conferences and professional associations; 4) partnering with national

associations; 5) engagement of stakeholders in planning new facilities; 6) interviews and conversations with patients and associate/physician stakeholders; 7) regulatory/technology updates; and 8) benchmarking to identify best practices.

Changes in requirements and expectations for different patient/stakeholder groups and those in different stages of relationships with us are anticipated through, 1) the ongoing quantitative and qualitative analysis of our listening post data; 2) the measures associated with our *Patient/Stakeholder Relationship System* [Figure 3.1-4], and through 3) physician input obtained from practice utilization, the MEC, and Medical Directors.

3.2c(3) Patient/stakeholder, market, and health care service offering information from SPP data inputs are utilized to create focus in our marketing strategies. This includes targeted mailings, engagement in specific community outreach programs, and sponsoring needed health fairs. For example, market information identified the growing number of individuals over the age of 55 in our PSA. A targeted mailing to these individuals with health information about colonoscopy screenings was utilized as we opened our new GI Program; this marketing strategy resulted in greater than expected numbers of new and previous patients [Figure 7.2-24]. Physicians, as stakeholders, collaborate in the

development of our community education offerings, which provide the community with critical health information while partnering with them in marketing their physician office practices. Patient and stakeholder information also assists GSAM in assessing and validating our patient/stakeholder-focused culture. We use this information to: reinforce our Standards of Behavior, ensure the questions during peer interviewing effectively screen for service, offer targeted service training and improve processes to meet patient/stakeholder requirements [3.1b(1)]. Innovative ideas from physicians and associates are triaged to appropriate leaders for exploration and possible implementation.

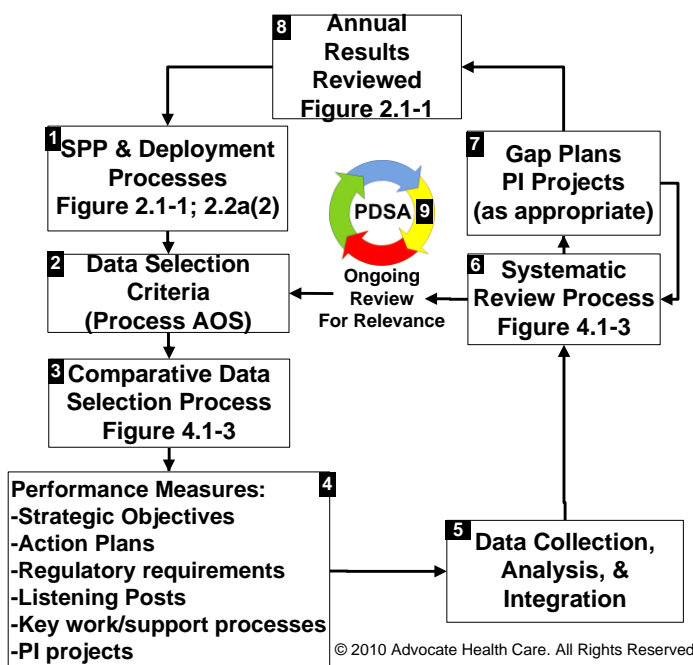
3.2c(4) Our approaches for patient/stakeholder listening, determination of satisfaction, dissatisfaction, engagement, and how we use data are kept current through the data reviews during the SPP, literature reviews, Baldrige workshops/conferences, our networking, partnership with the national associations, additions/changes to questions in our listening posts, and through AHC resources. We leverage PG to analyze the survey questions to ensure that the right questions are being asked. A cycle of improvement has included the addition of customized questions to our inpatient survey.

Measurement, Analysis and Knowledge Management

4.1 Measurement, Analysis, and Improvement

4.1(a) Data and information for tracking daily operations and overall organizational performance, including progress relative to strategic objectives and action plans are selected, collected, aligned, and integrated in steps 2 and 5 of the *GSAM Performance Measurement System (PMES)* [Figure

Figure 4.1-1 Performance Measurement System (PMES)

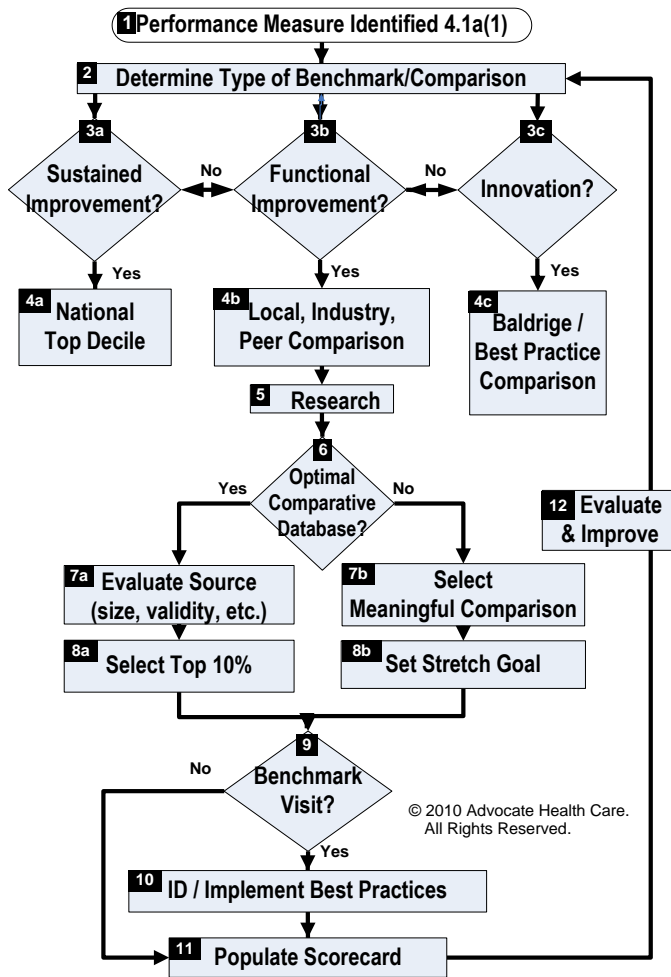


4.1-1]. The goals and expected levels of performance determined during the SPP drive the selection of data, information, and measures based on criteria. The criteria for selection ensure that measures: 1) meet regulatory and stakeholder requirements; 2) are actionable; 3) support breakthrough performance aligned with our strategic plan; and/or 4) are critical to run the business. Selected measures then populate the online Advocate Management System (AMS), department dashboards, and other scorecards. Data are collected through multiple venues including internal patient, clinical, financial, and HR electronic systems such as Lawson, Allegra, Care Connection (EMR), Midas+, and Sentac. External systems utilized to collect data include Nursing Compass, Revenue Cycle Compass, Press-Ganey, and Solucient®. Data are aligned and integrated through our balanced scorecard, the AMS, and various clinical/HR/financial/process dashboards, which allow us to track overall organizational performance including progress relative to our strategic objectives and action plans.

Key organizational performance measures, including key short- and longer-term financial measures, are outlined in Figures 2.1-4 and 2.1-5. Measures, determined annually through our SPP, are linked to our strategic objectives and organizational goals. Systematic review of data and information by pillar support organizational decision-making and innovation; examples are provided in Figure 4.1-3.

4.1a(2) Once measures are selected, appropriate comparisons to support operational and strategic decision-making and innovation are selected through the *Comparative Data Selection Process* [Figure 4.1-2]. The type of performance

Figure 4.1-2 Comparative Data Selection Process



measurement helps identify the benchmark to pursue 1-4. Research is conducted in evidence-based literature, regulatory and publicly reported databases, with competitors and suppliers, professional organizations, and within AHC to identify the most appropriate comparison 5-8. A cycle of improvement includes GSAM's investment and expansion of participation in national databases (e.g. NSQIP, Solucient®, Morehead, Press-Ganey, NDNQI) to obtain comparisons. Once selected, the comparison is translated into target and stretch targets and included in appropriate dashboards 11. Typically, top quartile goals are set for target performance and top decile goals are set for stretch targets to drive innovation. Effective uses of comparative data are ensured through integration of comparisons into the goal setting process during the SPP, the development of scorecards, and required department performance improvement projects.

4.1a(3) Our PMES is kept current with health care service needs and directions through, 1) annual/ongoing review and evaluation of performance measures for relevance; 2) ongoing application of the Baldrige criteria, benchmarking with Baldrige recipients, Baldrige/Lincoln feedback reports; and 3) use of data from partners who benchmark nationally to secure best in class measures (e.g. The Advisory Board).

We ensure that our PMES [Figure 4.1-1] is sensitive to rapid or unexpected changes by, 1) monitoring of the health care environment through external organizations and partners, and 2) daily/weekly/monthly and quarterly monitoring of performance across all pillars to look for trends and create gap plans as necessary [Figure 4.1-1, 7].

4.1b Annual review of organizational performance takes place in Phase 4, step 10 of the SPP. Organizational performance and capabilities are reviewed systematically as outlined in Figure 4.1-3. The ongoing review and analysis of various pillar dashboards, PI indicators, action plan measures, as well

Figure 4.1-3 Examples: Organizational Performance Review / Fact-based Decision-Making

	Daily 1	Weekly 2	Monthly 3	Quarterly 4	Annual, Bi-Annual 5
	What (Who)	What (Who)	What (Who)	What (Who)	What (Who)
A Pillar Performance Data	<ul style="list-style-type: none"> Clinical State of the Unit Report (M,F) Volumes (ET, D) Revenues (ET, D, M) Unit hourly rounding (M) 	<ul style="list-style-type: none"> Revenues (ET, D, M) Cash Collections (RCT, ET) Productivity (ET, D, M) Financial (GC, MEC, ET, D, M) Patient Satisfaction (ET, D, M, F) 	Weekly data, plus: <ul style="list-style-type: none"> Clinical Outcomes (GC, P, ET, D, M) Mortality/Complication (GC,P,ET, D) Patient Safety Dashboard (GC,ET,D) Growth Dashboard (ET, D) Org Report Card (GC, P, ET, D, M) 	<ul style="list-style-type: none"> Monthly data, plus: <ul style="list-style-type: none"> Patient Satisfaction (ET, D, M, F) Leadership action plans (ET, D, M) 	<ul style="list-style-type: none"> Associate Satisfaction – (GC, ET, D, M, F) Physician Loyalty Survey (GC, P, ET, D,M)
B Analysis	<ul style="list-style-type: none"> Variations (e.g. daily activity vs. planned) Trending 	<ul style="list-style-type: none"> Gap analysis Trending Variations Results from PI tools 	<ul style="list-style-type: none"> Budget to Actual Statistical / Comparative Action plan evaluation 	<ul style="list-style-type: none"> Same as monthly, plus Value Stream Analysis Rapid Improvement Events (Innovation) 	<ul style="list-style-type: none"> Statistical Gap Analysis Regression
C Decisions Made / Use	<ul style="list-style-type: none"> Operational Business Development Service Recovery Safety /Regulatory 	<ul style="list-style-type: none"> Reinforce action plans and associated behaviors Staffing Recognition 	<ul style="list-style-type: none"> Modify action plans Charter new teams Gap plans Resource allocation Recognition 	<ul style="list-style-type: none"> Modify action plans Charter new teams Gap plans Resource allocation New growth strategies Opportunities for innovation 	<ul style="list-style-type: none"> Unit/hospital interventions / action plans Recognition Opportunities for innovation
GC=Governing Council ET=Executive Team P=Physicians D=Director M=Manager F=Frontline Staff					

as qualitative feedback allows us to obtain a true picture of our performance and capability to achieve our short- and longer-term goals. Organizational reviews are conducted weekly by the ET, monthly by directors at the CLINICAL INTEGRATION COUNCIL (CIC), the physician MEDICAL EXECUTIVE COMMITTEE (MEC) and the Governing Council (GC). The established communication mechanisms [Figure 1.1-2] support the dissemination of the organization’s performance results. Monthly the President emails the organizational scorecard to the GC, physician leaders, and all hospital leaders. In turn, hospital leaders post organizational results on pillar boards to deploy results to frontline staff.

Figure 4.1-3 B outlines examples of analyses we perform (or have vendors perform) to ensure that our conclusions are valid C. The systematic review of performance (daily, weekly, monthly, quarterly, and annually) and accompanying analysis are used to assess organizational success and progress relative to our strategic objectives and action plans by comparing our performance to established targets and stretch goals. We actively seek out and utilize comparisons of our performance relative to competitors and comparable organization.

Our organization’s ability to respond rapidly to changing organizational needs and challenges in our operating environment results from the frequent review of data critical to our success and our ability to quickly initiate gap/action plans [Figure 4.1-1, 7]. Decisions made at weekly ET meetings are cascaded to the Directors who work with their division leaders or process owners to create a plan, make a change, monitor, and report back. Measures are adjusted as needed and reflected in the ongoing GSAM performance review cycles.

4.1c As a part of the PMES [Figure 4.1-1, 6] organizational performance reviews translate into priorities for continuous and breakthrough improvement when results for established goals fall short of target. Opportunities for innovation are often identified when reviews reveal gaps between targeted and stretch goals or when performance falls short of best in class. These priorities and opportunities are deployed through the GSLS [Figure 1.1-1] to ensure alignment and enable effective support and decision-making. Methods include 1:1 monthly supervisory meetings, monthly division meetings, staff department meetings, and LDIs. Following annual review of performance, the priorities and opportunities are incorporated into the next year’s SPP and deployed to work groups and functional-level operations through the cascading of goals. Suppliers are briefed on priorities and opportunities through the AHC Supply Chain meetings and processes. Priorities, opportunities, and scorecards are presented monthly to our physician stakeholders through the MEC, various physician committees, and the Medical Directors who utilize the results in their areas and determine strategies to improve or support achievement.

4.2a Data, Information, and Knowledge Management

4.2a(1) The key properties of accurate, reliable, timely, secure and confidential information are ensured through the approaches and processes outlined in Figure 4.2-1. Safeguards

during data input A exist ensuring that the information B and knowledge C obtained from the data possess the same properties. For example, our data is kept accurate through database design, which includes drop down menus, check boxes, task lists, and standard forms. High levels of accuracy at the point of data entry results in the prevention of medication errors, adverse drug events, and fewer reimbursement denials. Those results translate into higher quality decisions, improved patient safety, and positive financial returns.

4.2a(2) Needed data and information are made available to

Figure 4.2-1 Examples: Data, Information, & Knowledge Quality System (details AOS)

	A Data	Information B	Knowledge C
Accuracy	<ul style="list-style-type: none"> Drop down menus Task lists Standard forms 	<ul style="list-style-type: none"> # and type of denials Adverse drug reactions 	<ul style="list-style-type: none"> Quality of decisions Improved patient safety
Integrity	<ul style="list-style-type: none"> Validation processes 	<ul style="list-style-type: none"> # and type of denials 	<ul style="list-style-type: none"> Reduced rework
Reliability	<ul style="list-style-type: none"> Database back-ups Disaster recovery plans 	<ul style="list-style-type: none"> Tracking 'up-time' vs. 'down-time' % workstations > 5 years 	<ul style="list-style-type: none"> Continuity of care Improved patient safety
Timeliness	<ul style="list-style-type: none"> Immediate transmission of data 	<ul style="list-style-type: none"> Response time monitoring 	<ul style="list-style-type: none"> Continuity of care Quality of decisions
Security	<ul style="list-style-type: none"> Login, password Access needs identification process 	<ul style="list-style-type: none"> Network firewall protection Monitoring of duplicate logins 	<ul style="list-style-type: none"> Identity theft protection
Confidentiality	<ul style="list-style-type: none"> System-level access rights assignments 	<ul style="list-style-type: none"> HIPAA compliance 	<ul style="list-style-type: none"> Confidentiality of patient and associate records

associates, physicians, and other stakeholders through the 11-step *Data Availability and Access System* [AOS]. Needs are identified through various sources including our SPP (regulatory, clinical, HR, patient, financial), physician IT surveys, and innovations. The GSAM PROJECT MANAGEMENT OFFICE (PMO), comprised of physicians, the President, ET members, IT leaders, clinical informatics leaders, and other key leaders, determines if an identified data/information need has AHC implications or if it is specific to GSAM. System needs are brought to the AHC PMO which includes GSAM PMO members and are considered for inclusion in the AHC IT Roadmap for patient information systems, HR systems, Clinical Management systems, or Financial systems. Data/information needs unique to GSAM are integrated into the GSAM IT Roadmap and monthly work plans. Future needs for new applications are met through purchases and/or development.

Needed data and information are available through network attached and wireless computers, Voice Over Internet Protocol (VOIP) telecommunication devices, a WiFi connection, a secure internet portal, and secure hardware-based business-to-business virtual private network computers. This state-of-the-market framework allows GSAM to offer all stakeholders 24/7 real-time availability of appropriate data and

information. GSAM/AHC has received national recognition for its innovative use of information technology to improve patient care and safety for the past 8 years through Hospitals & Health Networks®.

Figure 4.2-2 Examples of Knowledge Management Mechanisms

Knowledge Useable by...	A How Knowledge is Collected	B Transfer Mechanisms	C Forces Use of Knowledge	D Evaluation/ Measures
Workforce	<ul style="list-style-type: none"> ▪ Rounding ▪ Satisfaction Surveys ▪ Policies & procedures 	<ul style="list-style-type: none"> ▪ Orientation ▪ Department meetings ▪ Unit huddles 	<ul style="list-style-type: none"> ▪ Standards of Behavioral ▪ Performance Reviews 	<ul style="list-style-type: none"> ▪ Regulatory compliance ▪ Measures of engagement
Patients	<ul style="list-style-type: none"> ▪ Listening posts ▪ Rounding ▪ Personalized white boards 	<ul style="list-style-type: none"> ▪ White boards ▪ Rounding 	<ul style="list-style-type: none"> ▪ Satisfaction metrics ▪ State of the Unit 	<ul style="list-style-type: none"> ▪ Regulatory audits ▪ Scorecard measures / dashboard
Suppliers, Partners, Collaborators	<ul style="list-style-type: none"> ▪ Contracts ▪ Contract reviews 	<ul style="list-style-type: none"> ▪ Contract reviews ▪ E-mail / phone calls 	<ul style="list-style-type: none"> ▪ Contracts ▪ Product reviews 	<ul style="list-style-type: none"> ▪ Contract performance evaluation
Stakeholders	<ul style="list-style-type: none"> ▪ Community assessments ▪ Community involvement 	<ul style="list-style-type: none"> ▪ Exec Team meetings 	<ul style="list-style-type: none"> ▪ Proposed facility changes or outreach 	<ul style="list-style-type: none"> ▪ Market assessments
Rapid Identifying & Sharing of Best Practices	<p><u>To meet organizational needs:</u></p> <ul style="list-style-type: none"> ▪ PI Showcase ▪ Shared Governance <p><u>To meet patient needs:</u></p> <ul style="list-style-type: none"> ▪ Patient education 	<ul style="list-style-type: none"> ▪ RCAs/ACAs ▪ RIE summaries ▪ Staff, divisional, leadership meetings ▪ Education materials 	<ul style="list-style-type: none"> ▪ Accountability process 	<ul style="list-style-type: none"> ▪ Changes to processes ▪ Adoption of best practices
Use in Strategic Planning	<ul style="list-style-type: none"> ▪ Environmental scan ▪ Data reviews from external and internal sources 	<ul style="list-style-type: none"> ▪ Pillar / hospital SWOT's 	<ul style="list-style-type: none"> ▪ Strategic Planning timeline 	<ul style="list-style-type: none"> ▪ Services / offerings aligned with customer requirements

Needed data and information are accessible to end-users (workforce, physicians, patients, suppliers, partners, collaborators and stakeholders) through postings such as unit-based pillar boards and through electronic means such as:

- **Decision support tools/resources** including electronic scorecards on the GSAM G2G intranet, the AHC data warehouse (CHIS), the Advocate Learning Exchange (AleX), Nursing Compass, Revenue Cycle Compass, AMS for individual leader goal tracking, Manager's Desktop with up-to-date information on associate salary/performance review data, and shared drives.
- **Our electronic medical record (EMR) system**, which allows the capture and dissemination of clinical patient data and information on a real-time basis to multiple end-users simultaneously.
- **e-ICU® technology** used in our Critical Care Pavilion (CCP) that features around-the-clock, simultaneous audio and video monitoring of CCP patients from one central off-site command center.
- **Centralized telemetry system** that allows for real time monitoring of all patients requiring telemetry care no matter where they are in the hospital.
- **Electronic bed board information system**, an innovative technology to effectively manage patient flow and placement.
- **External GSAM website** provides patients, families, and the community the ability to find a doctor, research an illness, register for various health programs and screenings,

send flowers to a patient, register for continued education, or read health news/articles.

- **Communication mechanisms** which allow the access and transfer of information and data include email, 'My Advocate' (for patients), remote meetings, instant messaging, wireless phones, and the GSAM intranet. Cycles of improvement include the adoption of Microsoft Online Services which allows the workforce access to email and calendars from any internet connected computer.

4.2a(3) Organizational knowledge is collected, transferred, and managed through mechanisms outlined in Figure 4.2-2 (details AOS). Knowledge is collected from the workforce, patients, suppliers, partners, collaborators, and other stakeholders through systematic practices **A**. Relevant knowledge is transferred/shared through mechanisms listed in column **B**, and implemented through mechanisms that ensure the use of the knowledge **C**. The effectiveness of the transfer / implementation of knowledge is evaluated through measures **D**.

Rapid identification, sharing, and implementation of best practices to meet the needs of our workforce,

patients, and stakeholders occur through a variety of ways. Best practices are identified and shared during PI Showcase, division/ leadership meetings, SHARED GOVERNANCE COUNCILS, and quality teams. Director or ET sponsorship for these groups/team allows for rapid implementation in appropriate areas. An example of this was when one nursing units identified that associate satisfaction on the night shift was lower than the day and evening shifts. The unit manager decided to work nights for a month positively impacting the night shift. This best practice was shared in the weekly inpatient manager team meeting and other managers implemented the practice experiencing the same results.

Relevant knowledge for use in our SPP is assembled through AHC/GSAM reports, community reports, regulatory communications/reports, and the environmental scan. As we follow the SPP timeline, this knowledge is transferred into our SPP through the pillar/hospital/service line SWOTs resulting in accurate projections and services aligned with customer requirements.

Improvements to our knowledge management system include the leveraging of technology such as, 1) computer-based training modules allowing us to disseminate critical information and education consistently throughout the workforce and 2) Sharepoint technology to support the consistent transmission and availability of critical knowledge.

4.2b(1) GSAM ensures that hardware and software are reliable and secure through,

- environmentally controlled facilities,
- equipment redundancy,
- disaster recovery planning,
- scheduled and emergency security software and operating system updates,
- computer life cycle replacement process,
- uninterruptible power supplies including generator back-up,
- the enforcement of organizational policies,
- biometric device implementation,
- utilizing anti-virus and anti-spyware utilities, and
- implementation of system firewalls.

User-friendliness is ensured through users being involved in the selection of systems through the PMO, design of the system, and implementation and post-implementation activities. The design and build of a system’s functionality is accomplished by relying on frontline user teams to determine best-practice processes and workflow. For major system changes/ enhancements, there is a ‘one site at a time’ rollout allowing conversion issues to be resolved and solutions hardwired before additional sites receive the new system. Following implementation, end-user involvement is sustained through on-going system/site where the focus is on refinements to enhance associate and physician use and

workflow. Multiple cycles of improvement to the EMR have been made based on frontline feedback to enhance communication and patient safety. An example was the addition to the nurse’s task list to include reminders to administer influenza and pneumonia vaccinations.

4.2b(2) In the event of an emergency, the continued availability of hardware and software systems and the continued availability of data and information is ensured through our infrastructure that incorporates state-of-the-market hardware (server and network component redundancy), communications channels (Wide Area Network), backup and monitoring tools. The infrastructure is monitored in real-time. For the main clinical electronic medical system, GSAM has contracted with the Cerner Corporation to shift its operations to their facility, in case of catastrophic loss of this mission critical system. This ensures an even greater assurance of the continuity of patient care.

4.2b(3) Our availability mechanisms, including software and hardware, are kept current with health care service needs, directions, and technological changes through the *Data Availability and Access System* (Figure 4.2-1) described in 4.2a(2).

Workforce Engagement

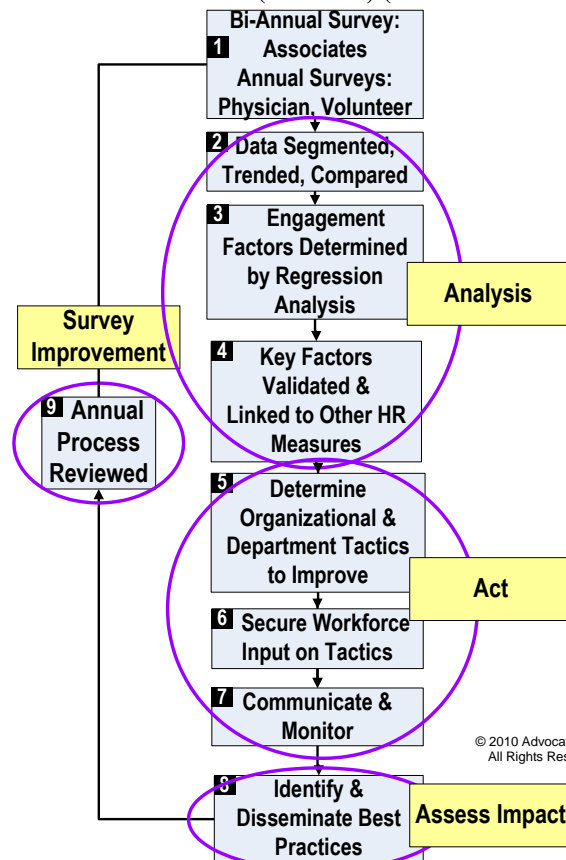
5.1a Workforce Enrichment

5.1a(1) GSAM determines the key factors of workforce engagement and satisfaction in step 3 of the systematic *Workforce Satisfaction and Engagement Measurement Process* (WSEMP) [Figure 5.1-1 – detailed version AOS]. We conduct a regression analysis against key questions in our associate satisfaction survey to systematically determine the most important factors that affect engagement and satisfaction [Figure P.1-5]. This analysis is conducted for our RN associates and non-RN associates, two of our workforce segments. These factors are then validated through rounding and two-way communication approaches [Figure 1.1-2] and are linked to other human resource measures such as turnover during Figure 5.1-1, 4. Action plans, based on the results, are developed at both the organizational and department level with input from the workforce during steps 5-6. The effectiveness/impact of the action plans is systematically assessed in step 7 through specific rounding questions, forum evaluations, and 30/90-day conversations. Best practices are disseminated in step 8 through LDIs and other knowledge sharing mechanisms [Figure 4.2-2]. This process ensures that we are focusing on the most important factors to effectively *build loyal relationships*, our core competency, with our associates.

We utilize the same approach in the analysis of our physician survey to identify physician key factors of satisfaction and engagement. These factors enable us to more effectively *build loyal relationships* and have resulted in physician satisfaction ratings in the top 3% nationally. Annually, the WSEMP is reviewed during step 9 of the SPP as part of the associate satisfaction pillar SWOT. Multiple cycles

of improvement include who is surveyed (the addition of volunteers) and how we analyze and use survey results.

Figure 5.1-1 Workforce Satisfaction & Engagement Measurement Process (WSEMP) (detailed version AOS)



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5.1a(2) Our culture is driven by our Mission, Values, Philosophy (MVP), our vision, and our core competency [Figure P.1-3]. The ET defines and models the expected leadership behaviors through the GSLS [Figure 1.1-1, 2a]. This fosters an organizational culture of open communication, high performance, and an engaged workforce that values diverse ideas, culture, and innovative thinking. Open communication is systematically achieved through:

- **Established communication mechanisms** [Figure 1.1-2], team meetings, monthly 1:1 supervisory meetings, knowledge sharing [Figure 4.2-2], and our commitment to transparency.
- **The engagement of leaders in the SPP**, steps 3 and 7.
- **Cascading of organizational messages through rounding**, a required practice of every leader down to the frontline leader, and through daily huddles on the nursing units.
- **Division, unit, and inter-disciplinary teams** such as SHARED GOVERNANCE COUNCILS, RAPID IMPROVEMENT TEAMS, taskforces, EPEC, the Director CLINICAL INTEGRATION COUNCIL, quality teams, and teams utilized in design and construction projects.
- **Culture of Safety communication tools** [1.1a(4)] which includes, 1) SBAR, an IHI best practice - a checklist of information that must be gathered before calling a physician, and 2) asking ‘clarifying questions’ enabling associates to appropriately challenge coworkers, leaders, and physicians to ensure accuracy and safety.

High Performance is fostered through our approach to goal setting including established stretch goals [Figure 2.1-1, 7], a systematic review of results [Figure 2.1-1, 10; Figure 4.1-3] and holding associates accountable for goal achievement [Figure 5.1-2]. Additionally, within our culture there is an expectation to challenge the status quo. This expectation is demonstrated by a requirement that all departments identify and participate in a performance improvement project annually and present at the monthly PI Showcase [P.1.1a(3)].

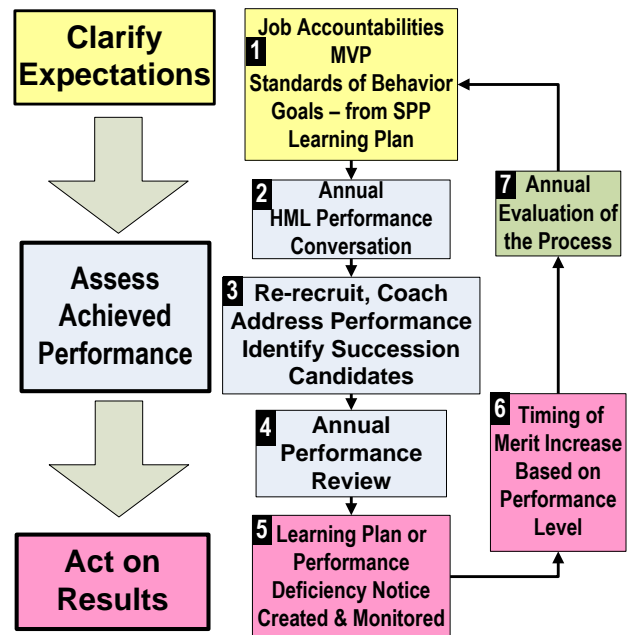
Engagement of the Workforce begins with the selection of associates who share our values through peer interviewing and through implementing strategies based on the factors of engagement [Figure P.1-5]. For example, 1) fulfilling work, a key factor of engagement for associates, is often the result of associates feeling that they make a difference in a patient’s care. One of our recognition practices, the Impact Award [Figure 5.1-3], recognizes associates who have made a difference within their first 90 days of employment. 2) Efficient hospital operations, a key factor of engagement for our physicians, are addressed through strategies such as block scheduling and dedicated support for computerized order entry.

Benefiting from diversity is ensured through the use of peer interview teams comprised of associates with different backgrounds and perspectives. When multi-disciplinary teams are created, the leader ensures that the membership includes diverse perspectives such as varied shifts, positions, tenure, gender, and skill set. At the ET and Director level, we use the DiSC® and People-Mapping assessments, as a part of our coaching process, to ensure we recognize, appreciate, and capitalize on our diverse styles.

5.1a(3) GSAM has a systematic process for evaluating, compensating, rewarding, and recognizing its workforce. The *Performance Management System* (PMS) [Figure 5.1-2] is reviewed annually in the associate satisfaction pillar SWOT during the SPP, step 3. Multiple cycles of improvement include the strengthening of accountability for goal achievement.

The PMS supports high performance and workforce engagement through accountability for annual goal achievement and the demonstration of behaviors aligned with our MVP, Standards of Behavior, and leadership competencies. New associates are reviewed after 90 days; all associates are reviewed annually. We use High-Middle-Low performance conversations [Figure 5.1-2, 2], apart from performance reviews, to identify and re-recruit high-performers, raise the bar for those meeting expectations (middle), and provide coaching and performance deficiency notices for those who are not meeting expectations (low) [Figure 5.1-2, 3]. Learning needs identified in the PMS are met through the *Workforce Learning and Development System* (WLDS) [Figure 5.1-4].

Figure 5.1-2 Performance Management System (PMS) (detailed version AOS)



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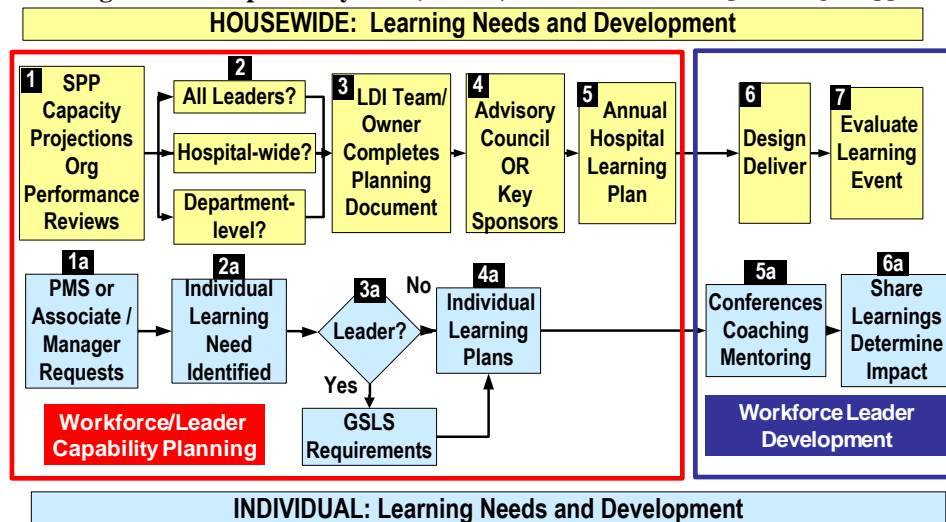
Compensation and incentives. Compensation ranges for each position are systematically determined by annual market surveys. The timing of salary increases are tied to the annual performance review 6. The annual Management Incentive Plan, determined by AHC, is based on GSAM’s annual pillar performance. A formal Clinical Advancement Program (STEPS) for nurses and nursing assistants incentivizes additional education and responsibility. Physicians, who are part of APP, are incentivized through their performance on specific clinical and efficiency measures.

Figure 5.1-3 Reward & Recognition Approaches

Rewards & Recognitions	Nurses	Non-Nursing	Physicians	Volunteers	Given by	Frequency
Service Awards	X	X		X	ET	Annually
PI Superbowl	X	X		X	ET	Annually
Good Samaritan of the Year	X	X	X	X	ET	Annually
Associate / Volunteer / Doctor Appreciation Weeks	X	X	X	X	ET	Annually
Nurses' / Doctors' Week	X		X		ET	Annually
Holiday Celebrations / Gifts	X	X	X	X	ET	Annually
Nurse of the Year	X				Nursing	Annually
Impact Awards: New Hires	X	X			ET	Quarterly
Pillar Leader Awards	X	X	X		ET	Quarterly
MVP Nominations /Awards	X	X	X	X	All	Quarterly
Life Saver Award	X	X	X	X	ET	Quarterly
Physician Recognition Wall			X		All	Monthly
Thank You notes	X	X	X	X	All	On-going
Meal Coupons	X	X	X	X	Leaders	On-going
Above & Beyond	X				Nursing	On-going
Standards of Behavior Awards	X	X	X	X	Peers	On-going

Reward and recognition is an ongoing element of our PMS that energizes the workforce, reinforces our culture, and elevates performance. We recognize our workforce on a daily, monthly, quarterly, and annual basis. Recognition comes from the ET, peers, patients, and stakeholders. We celebrate and recognize performance, the demonstration of our standards/MVP, and the provision of an exceptional experience for our patients/stakeholders. Leaders at all levels consistently write thank you notes to associates, volunteers, and physicians recognizing their contributions and reinforcing high performance. A list of our reward and recognition

Figure 5.1-4 Capability Determination & Workforce Learning and Development System (WLDS)



Annual Evaluation and Improvement



approaches is shown in Figure 5.1-3 and integrated with the GSLS, steps 5 and 5a.

Focus on patients/stakeholders and achievement action plans. Pillar goals (and associated action plans) deployed through the SPP are tailored across departments/functions to ensure and reinforce our patient, stakeholder, and health care service-focus. Goals are reviewed monthly (at a minimum) during 1:1 supervisory reviews, and action plans are created when performance does not meet target. Frontline associates support the goals of the unit leadership team, and each associate is held accountable in their review for their demonstration of the Standards of Behavior, which focus on serving patients and stakeholders.

5.1b Workforce and Leader Development

5.1b(1) GSAM utilizes a combined *Workforce Capability Determination/Learning and Development System (WLDS)* [Figure 5.1-4] to ensure associates are equipped with the needed skills (capability) to achieve our goals and action plans. This process is fully deployed, integrated with our SPP, and is reviewed annually during the associate satisfaction pillar SWOT during the SPP. As a cycle of improvement, we have established an EDUCATION ADVISORY COMMITTEE to assure we meet all stakeholder development needs in a timely and coordinated manner.

Our **core competency, strategic challenges, and action plans (short- and longer-term)** are utilized annually to identify organizational learning needs [Figure 5.1-4, 1]. These needs are segmented into learning needs of all leaders, all associates hospital-wide, or associates at the department-level. An annual education plan is developed and up-dated as new education needs are identified throughout the year 5. Based on the identified needs, curriculum is designed, delivered, and evaluated 6-7. Examples of workforce development that support our core competency or address strategic challenges and action plans are outlined in Figure 5.1-5.

Licensure and re-credentialing requirements. The WLDS addresses licensures and re-credentialing through, 1) providing approved continuing education and CME (classroom and online) [Figure 5.1-5], 2) financial support for continuing education, 3) providing physician re-credentialing every 24 months through a system-wide credentialing office, and 4) email reminder notifications of pending expirations.

Organizational performance improvement. All leaders and associates are trained in the use of PI tools beginning with the on-boarding process. Annually (every November), department teams are educated in PDSA after PI projects are approved during the SPP and prior to the beginning of PI Showcases. Leaders attend Change Acceleration Process (CAP) training to ensure they can facilitate and sustain changes resulting from improvement projects.

Innovation. The stage for innovation is set through annual stretch goals. The WLDS enables innovation through, 1) training on PDSA and PI tools, 2) engaging all levels of the workforce in learning and participating in RIEs and workouts to develop innovative strategies, 3) sending all levels of the workforce to external learning events or benchmarking visits to learn methodologies and best practices that can be implemented at GSAM, and 4) education on Baldrige criteria.

Figure 5.1-5 Examples: Development Supporting Core Competency, Strategic Challenges, & Action Plans

Core Competency (CC, Strategic Challenges(SC), Action Plans	Sample Education, Training, Development Programs
CC: Building Loyal Relationships	Five Fundamentals of Service, PCA Enrichment Series, <i>Sensitivity Training</i>
SC1: Increased focus on medical errors	Culture of Safety training *, Patient ID Training, Event Reporting Training
SC2: Recruitment / retention of talent	Peer Interviewing *, Rotational Nurse Residency Program *, <i>All Aboard Training</i>
SC3: Higher patient expectations	Hourly Rounding, Model of Care training, AIDET SM
SC4: Physicians: as partners & competitors	CPOE training, <i>Communication, Critical Thinking, and Collaboration (CCC) *</i>
SC5: Heavy market competition	Service Line Director development in strategic planning for growth
SC6: Inadequate reimbursement & availability of capital	Compass Training, Expense Management discussions, Finance Workshops
Action Plans (LT / ST)	Model of Care training (ST), Hand Hygiene Campaign (ST), Leadership Competencies (ST, LT), Falls Education (LT)
Licensure / Re-credentialing	Physician Re-credentialing, <i>CE Direct</i> , CME offerings (e.g. The Gut Club - gastroenterology)
Performance Improvement	Quality Tool trainings, PDSA, QI Macros, Control Charts, Project Management
Innovation	Baldrige/Lincoln Trainings, CAP training, Rapid Improvement Events, Workouts
Ethical Health Care and Business Practices	HIPAA training, OSHA modules, Business Conduct Training, HR Workshops

Ethical health care and business practices training occurs systematically through annual, mandatory, online training for all associates related to Business Conduct and HIPAA compliance. This education is refined and improved as new or changing compliance requirements surface. Targeted, ‘just in time,’ training occurs to ensure we are compliant with emergent changes in laws/regulations or operational issues.

A breadth of development opportunities is available through the WLDS. Besides offering development to support organizational goals and action plans, the WLDS provides leadership development, orientation, clinical skills and competency development, technical training, and professional development. Over 150 courses are offered annually. A wide variety of learning approaches address all learning styles (e.g. job shadowing, classroom, online, coaching, clinical simulation). Development occurs through the Lipinski Center for Learning, unit-based educators, on-site degree programs, AHC, outsourced online learning, external learning events, and a formal coaching process for Directors and the ET.

5.1b(2) Identified learning needs. Organizational learning and development needs are identified through the WLDS [Figure 5.1-4, 1]. Specific sources of learning needs include the SPP (e.g. training required for new products, equipment, and technology), organizational performance reviews [Figure 4.1-3] which identifies knowledge or skill deficiencies, regulatory/legal/ethical requirements, and patient safety events. Individual associate learning needs are also identified through the WLDS [Figure 5.1-4, 1a] specifically through the PMS [Figure 5.1-2, 5] (including co-worker feedback/peer reviews), competency needs assessments, skills days, manager requests, learning plans, career progression plans, style assessments (e.g. DiSC®), coaching stakeholder feedback, and associate-identified requests for training [Figure 5.1-4, 1a].

Transfer of knowledge systematically occurs through, 1) defined standard work documents, 2) a comprehensive system of policies, procedures, and protocols documenting the organization’s knowledge base so critical information does not reside solely with one person, and 3) preceptor programs. Transfer of knowledge for specialty positions (e.g. one of a kind position, hard to recruit for, positions requiring extensive training) occurs through shadowing, succession planning, transition plans, cross training, and cross-facility training.

Reinforcement of new knowledge and skills occurs through, 1) new hire checklists and competency verification sheets, 2) a formal preceptor program (mentoring of new nurses), 3) return demonstrations on the job or in clinical simulations, 4) ‘LDI Linkages’ requiring leaders to apply skills/concepts learned at LDIs, 5) post tests, and 6) questions leaders use during rounding on patients which ensures service skills are conducted properly (e.g. hourly rounding).

5.1b(3) The effectiveness of the WLDS is evaluated qualitatively and quantitatively annually by the Education Advisory Committee and Lipinski Center for Learning team. Effectiveness is evaluated through the review of organizational metrics, course evaluations, return demonstrations, and stakeholder feedback. Efficiency is evaluated through cost analysis of external vs. internal delivery and stakeholder surveys.

5.1b(4) Our 13-step approach to career progression (AOS) is fair and equitable to all associates. Associates discuss their career goals during their performance review or with HR and review the requirements for the desired position, which may be at GSAM or within AHC. If a position is available (all positions are posted online) and qualifications are met, associates are encouraged to apply. If additional training and/or certifications are required, associates create a plan to fill requirement gaps. This plan might include nursing advancement programs, college degree programs, or vocational training. Educational funding is available through GSAM’s benefits program. Job shadowing of desired positions is encouraged. For example, the ‘Look before You Leap’ program allows RNs to shadow in an area before making a decision to move to another position. Those interested in leadership positions may attend leadership

training classes or LDIs for exposure to our leadership philosophy and responsibilities.

GSAM utilizes a four (4) step approach to succession planning. 1) ET identifies key positions – positions critical to our success or ones that are hard to fill, 2) the ET conducts a fact-based consensus discussion to determine potential candidates, 3) an individualized ‘gap assessment’ occurs to determine the potential successor’s competencies relative to the potential position and the GSAM leadership competencies, and 4) a structured development program including on-the-job experiences is outlined. Additional candidates for succession are identified through the HML® process (associates identified as ‘high performers’) which is part of the PMS [Figure 5.1-2, 2]. We evaluate our succession planning process annually, which includes the review of best practices within AHC and from external best-in-class organizations. A recent cycle of improvement is the addition of a ‘9-block approach’ to more objectively identify succession candidates.

5.1c(1) Workforce satisfaction and engagement are assessed through the WSEMP [Figure 5.1-1]. Associate satisfaction and engagement is evaluated through a bi-annual, statistically validated national survey (Morehead). Physician satisfaction and engagement are determined annually through a national survey (HealthStream). Volunteers are surveyed annually utilizing an in-house survey. Survey data are analyzed by workforce segments [Figure P.1-5] and other workforce groups such as nursing assistants and new graduate nurses. Informal approaches used to understand workforce satisfaction and engagement include leaders rounding on associates, focus groups, and our two-way communication approaches [Figure 1.1-2]. Other indicators to assess and improve workforce engagement include overall turnover, RN turnover, and turnover within the first year. Review of these indicators in 2009 resulted in cycles of improvement that included a revamping of the on-boarding process and refinement of peer interview training. New hire turnover in 2009 significantly reduced due to these improvements. A workforce safety indicator related to back injuries has resulted in planning for implementation of a Safe Patient Handling Program.

5.1c(2) One workforce engagement assessment finding is that the organization’s ‘commitment to quality’ is a key factor of engagement. We monitor key quality indicators and form improvement teams involving associates at all levels to build their engagement, ensure diversity of thinking in health care and business processes, and improve our overall quality outcomes reported in category 7.1. A similar analysis of physician survey results determined that ‘quality and consistent nursing care’ was a driver of physician satisfaction and engagement. This driver is systematically measured, reviewed with nursing leadership, and improvement strategies for building nursing competence and consistency have resulted. As we have compared satisfaction/engagement metrics to overall clinical outcome achievement there appears to be a ‘cause and effect’ relationship.

5.2 Workforce Environment

5.2a(1) Workforce capability is projected annually and throughout the year through the WLDS [Figure 5.1-4]. The

WLDS, as a part of the GSLS step 5, assesses both organizational and individual capability needs and facilitates the workforce and leader development required to meet those needs. Organizational and individual associate learning needs (capability) are identified annually and throughout the year through the approaches described in 5.1b(2).

Workforce capacity is assessed and projected through the *Workforce Capacity Process* [Figure 5.2-1]. Annually during SPP, we project staffing needs based on new services, facilities, or new products 1-3. Staffing needs are also projected through annual volume/acuity projections 5-6. The approved Full Time Equivalent (FTE) projections are then recorded in the online position control software 7 which becomes the basis for sourcing and hiring. For nursing and clinical staff, we evaluate capacity needs daily and weekly to ensure we maintain clinical staffing ratios to meet industry standards, our nursing model of care matrix, and patient safety requirements (full process AOS).

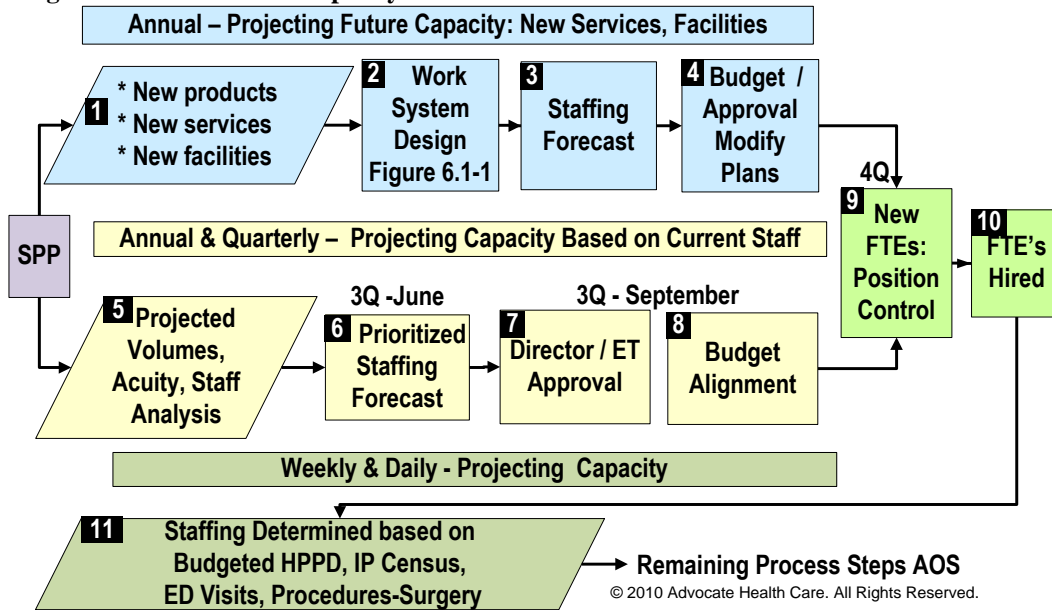
Physician capacity. Physician data in GSAM’s PSA and SSA relative to factors such as population growth, healthcare utilization, physician admissions, and physician age are analyzed annually during the SPP Business Analysis phase to determine if there is a need for additional physicians (capacity) or specific specialties (capability). A recent analysis identified the need to recruit primary care physicians in response to an aging physician workforce. A Medical Staff Development Plan was created to address this need. In addition, leaders recruit physicians with the appropriate capability and build relationships with existing physicians to increase their referrals to GSAM.

Volunteer capacity. Volunteer hours and the number of internal service requests are tracked and trended to project the number of needed volunteers. Volunteer job descriptions identify the required skill sets and capabilities required for the various roles they assume. Volunteer capacity is projected annually.

5.2a(2) Recruiting, hiring, placing. GSAM utilizes a 19-step systematic *Hiring Process* (AOS) to recruit, hire, and place new associates. In steps 1-4 needed positions (from positions listed in position control from the *Workforce Capacity Process* [Figure 5.2-1]) are posted. Internal candidates from across AHC, including candidates from the *Career Progression Process* [5.1b(4)] are given priority through first access to open positions. Applicants are screened during steps 5-8. The screening process includes the AHC proprietary ‘Patient Experience Profile’ (PEP) which assesses the candidate’s fit with our values and our focus on customers. In steps 9-14 the best candidate is hired and placed. The associate hiring process is reviewed annually during the SPP, ‘associate pillar’ SWOT. Multiple cycles of improvement have included the addition of the innovative peer interview process. Volunteers are recruited through a 14-step *Volunteer Recruitment and Retention Process* (AOS) that evaluates their skills and fit for the organization.

We recruit needed physicians to join our Medical Staff and support key services in two (2) ways. 1) by leveraging the Advocate Medical Group recruitment services and processes, and 2) by identifying potential physicians through existing relationships, networking, and the PHYSICIAN SALES AND

Figure 5.2-1 Workforce Capacity Process



Examples include patient liaisons or nurse navigators, greeters in the ED, chaplains dedicated to specific areas such as pre-op and the ED, and volunteers who escort and provide concierge services. In addition, the new Clinical Nurse Coordinator (CNC) role works Monday-Friday AM and PM (overlapping shifts) and provides coordination of care for the same block of patients. This structure builds a strong relationship with patients, physicians, and families; it also provides oversight for the patient’s care and specifically ensures the treatment plan is monitored and communicated to patients

MARKETING TEAM. Income support agreements are offered to physicians best suited to meet our need.

Retention. Our associate retention strategy begins with the peer interview process by ensuring that newly hired associates are ‘good fits’ in our culture. GSAM’s innovative on-boarding process is designed to address the key requirements of workforce satisfaction and engagement [Figure P.1-5] and help new workforce members validate their choice to work for GSAM. Our Standards of Behavior create a work environment that retains high performers, and our leadership’s responsive action to workforce concerns promotes associate loyalty. Other retention strategies represent cycles of improvement and include competitive benefits/services for all workforce segments [Figure 5.2-3], a robust Shared Governance structure, a New Graduate Nurse Residency Program, and a wide variety of development opportunities.

Ensuring diversity. We ensure that our workforce represents the diverse ideas, cultures, and thinking of our community through, 1) considering a wide spectrum of candidates, 2) peer interviews conducted by a cross-section of our diverse workforce, and 3) partnerships with local schools / universities for clinical rotations, job shadowing, and internships.

5.2a(3) The GSAM workforce is managed, organized, and aligned with our strategic objectives and the overall work and support systems [Figure 6.1-1]. Service lines are utilized to grow our main services and support functions/services are centralized in order to best meet the needs of our patients and business. Functional teams and multi-disciplinary teams are utilized to accomplish work and provide focused patient care. Review and evaluation of organizational performance and the current structure of the care delivery process resulted in a new model of care on our medical/surgical units.

Capitalize on the core competency. To capitalize on our core competency of *building loyal relationships* with patients, we organize and manage the workforce around patient needs

and their families.

Reinforce a patient, stakeholder, and health care service focus. As described in 5.1a(3), the PMS manages and drives a patient/stakeholder focus at all levels. The workforce is trained in, held accountable for, and recognized for demonstration of the Standards of Behavior, Five Fundamentals of Service (AIDETSM), hourly rounding, and other relationship building practices. The composition and assignments of the care delivery team on each unit reinforce the patient/stakeholder focus. On the inpatient medical/surgical units each nurse is paired with a nursing assistant for a defined group of patients that provides opportunity for focused attention of their personal, emotional, and physical needs. Support staff (e.g. patient liaisons, nurse navigators, greeters, chaplains) is also assigned in high volume areas or areas of high acuity to ensure patient/stakeholder needs are met.

Exceed performance expectations. The workforce is managed through the PMS [5.1a(3)] to exceed the performance expectations established from the cascaded goals of the SPP. Performance reviews and HML® discussions create a linkage between every associate and the performance expectations across all pillars. The workforce is organized in a departmental or functional team structure creating a focus on the cascaded department target and stretch goals.

Address strategic challenges and action plans [Figure 2.1-4]. Annually during the SPP, the ET determines how to manage and organize the workforce to best meet our challenges and achieve action plans. One of our strategic challenges is ‘higher patient expectations.’ We have organized a dedicated ‘admission team’ (IHI best practice) to streamline the admission process to meet our challenge of ‘higher patient expectations’ specifically ‘prompt service.’ The workforce is also organized and managed through teams to achieve both short- and longer-term action plans. For example, one action plan is to improve compliance with preventative measures for blood stream infections (BSI) house wide. A BSI TEAM was organized to oversee the compliance with the preventative measures, follow-up on measures that do not meet target,

conduct in-services, and collaborate with physicians and leaders to achieve the action plan outcomes.

Agility. Our workforce is managed and organized to achieve agility to address changing health care service and business needs through, 1) the annual projecting of the number of staff (capacity) and critical skills (capability) needed to achieve our strategic objectives, short-/longer-term action plans, and the challenges identified in the SPP; 2) an internal float pool; 3) cross training; 4) standardized work for key positions; 5) unit-specific internal registry positions; and 6) ‘closed units’ where staff is committed to fill any open shifts. Agility is also enabled through the monthly organizational performance reviews [Figure 4.1-4] when changes are made based on those reviews.

5.2a(4) The annual and ongoing assessment of capability and capacity [Figure 5.1-4; 5.2-1] proactively identifies any changes in workforce needs. Before posting, every new or replacement position must go through a multi-step approval process through position control. This process ensures that the workforce is sized appropriately at all times to safeguard against the need for workforce reductions. Before eliminating positions (in accordance with policies and procedures) open positions are frozen, temporary and agency staff is eliminated, and other cost-cutting approaches are taken. Policies and procedures are in place for severance, potential transfer to other AHC sites, and outplacement services if a workforce reduction is required.

5.2b(1) Figure 5.2-2 describes the strategies GSAM utilizes to ensure and improve workforce health, safety and security. Employee Health provides a resource for staff on work-related health issues. New staff and volunteers are screened for proper vaccinations. Annually, mandatory TB tests and voluntary, free flu vaccinations are offered to all staff, volunteers, and physicians. The 13-step *Workforce Work Environment System* (AOS) ensures systematic identification, tracking, and improvement of the key work environment areas. In step 2 of

Figure 5.2-2 Workplace Health, Safety, & Security

Area	Strategies (unique workforce environment)	Key Measure	Result
Health	<ul style="list-style-type: none"> ■ Pre-employment physicals ■ Fitness for duty testing ■ Flu shots ■ Titers (blood tests) * ■ Annual safety modules 	<ul style="list-style-type: none"> ■ % physicals ■ % TB testing 	7.4-24 7.4-24
	<ul style="list-style-type: none"> ■ Infection control procedures ■ Hazardous materials procedures ■ Environmental tours ■ Ergonomic assessments + ■ Annual safety fair ■ Annual safety modules ■ Chemical inventory process ■ RASMAS recall system ■ Blood borne pathogen incident review 	<ul style="list-style-type: none"> ■ Fire drills ■ Hand hygiene ■ % chemical inventories 	7.5-11 7.1-28 7.4-25
Security	<ul style="list-style-type: none"> ■ 24-hour campus security ** ■ Associate/vendor ID badges ■ Escorts and car assistance** ■ Code grey: combative help ■ Card readers for access ■ Surveillance cameras 	<ul style="list-style-type: none"> ■ Associate satisfaction question 'My working conditions are safe.' 	7.6-8

* Direct care givers ** Night shift + Non-clinicians

the process, the ENVIRONMENTAL CARE COMMITTEE (EOC) conducts an annual assessment of our risks based on a wide spectrum of inputs. The EOC rates and prioritizes these risks, and a defined rating threshold is set, above which action plans are required. These plans address and mitigate risks and set milestones for review of progress in steps 3-6. Plans are presented to the seven (7) safety committees who determine performance goals/indicators and review/ implement the plans. Activities and events associated with the plans are tracked and deviations are addressed in steps 7-9. Steps 10-13 monitor the work environment to ensure it remains safe utilizing systematic drills, and environment tours (audits) [Figures 6.1-4; 7.5-11]. As issues arise, they are sent to the EOC for remediation; quarterly reporting to Directors and ET occurs. Safety training occurs annually, and as needed, and includes disaster preparedness. The safety program ensures compliance with relevant OSHA, EPA, and TJC standards.

Figure 5.2-3 Benefit/Service Policies Highlights by Workforce Segment

Benefit / Service	Nurses	Non-Nursing	Physicians	Volunteers
Various types of medical, dental, vision	X	X		
Employee Assistance Program (EAP)	X	X		
401k + AHC Retirement Fund	X	X		
Life, disability insurance	X	X		
Additional life, disability, homeowners, care insurance	X	X		
Flex / Medical Savings Accounts	X	X		
<i>It Pays to Stay</i> – premiums based on tenure	X	X		
<i>Advocate</i> + – 50% of co-insurance paid for AHC care	X	X	X	
Associate Benevolent Fund–PTO/Financial Support	X	X		
Education Assistance	X	X		
PTO with increasing levels of coverage with tenure	X	X		
Adoption assistance	X	X		
Lactation accommodations	X	X		
Wellness fairs / screenings	X	X	X	X
<i>Good Health for Good Life</i> (GHGL)	X	X		X
Domestic partner coverage	X	X		
Advocate Integrated Health Advocacy Program	X	X		
Long-term care insurance, Hyatt legal, auto / homeowner insurance, un-taxed commuter benefits	X	X		
Clinical Advancement Program	X			
15% off in Gift Shop, Daisy Basket, Pharmacy	X	X		X
Hospital education (e.g. CPR, Medical Terminology)	X	X	X	X
= Optional: allows for tailoring to diverse needs				

5.2b(2) The GSAM workforce is supported by a full scope of policies, services, and benefits to enhance engagement, satisfaction, and retention. These services and benefits are developed through the 9-step *Workforce Support and Benefit Process* (AOS). Comprehensive feedback and input from various internal and external sources initiates a discussion of a new policy or benefit change. An analysis by the GSAM ET or AHC of potential impact, affordability, and alignment with our core competency is made prior to approval. We develop implementation and communication plans to ensure the workforce understands the policies and benefits and sees that their input is considered. Key benefits for workforce groups are listed in Figure 5.2-3.

Process Management

6.1a Work Systems Design

6.1a(1) GSAM's *Enterprise Systems Model* [Figure 6.1-1] shows the integration of our guiding organizational systems 1, key work systems 2, key work processes 3, key support systems 4, and our core competency 7.

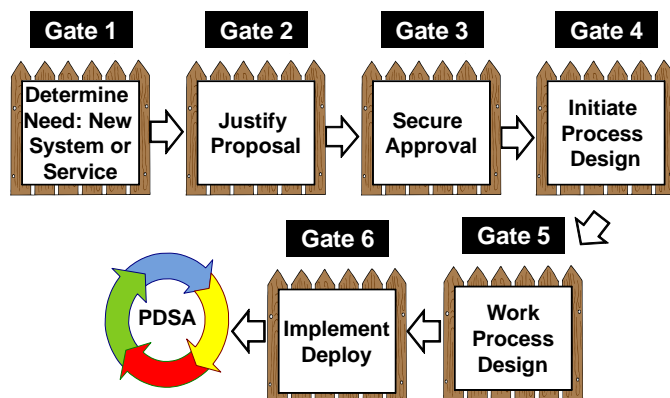
Voice of the customer (VOC) inputs 5, are utilized to determine work system and process requirements. VOC input also drives the design and improvement of our key work systems and key work processes 2-3. All elements are integrated and result in the achievement of our vision, the living out of our mission 6, and contribute to accomplishing our core competency of *Building Loyal Relationships* 7.

Figure 6.1-1 GSAM Enterprise Model



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Figure 6.1-2 Work System Design Approach



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The *Work System Design Approach* [Figure 6.1-2], is a 6-gate process utilized to design and innovate GSAM's work systems. Each gate requires specific data inputs, the use of performance improvement (PI) tools, completion of activities, and tangible outcomes (AOS). The process to determine and justify the need for a new system/service is accomplished in Gates 1-3. A multi-disciplinary team is convened in 4 to determine the processes in the new system. The design and deployment of those processes within the new work system are completed in 5 and 6.

We evaluate which processes will be internal or external to the organization using specific criteria in step 5 of the *Work Process Design Approach* [Figure 6.2-1]. The ET also annually reviews the need for external resources during step 4 of the SPP utilizing criteria that includes cost/ benefit analysis,

internal availability of the expertise (capacity and capability), availability of external expertise with the quality we require, and the potential opportunity to *build loyal relationships*.

6.1a(2) All GSAM key systems and processes are influenced by and focused on the achievement of our core competency [Figure 6.1-1, 7]. Our *Work System Design Approach* requires an evaluation to ensure a fit and alignment of the proposed system with our core competency [Figure 6.1-2, Gate 2]. Designing work systems and processes that meet and exceed the requirements of our key stakeholder groups helps to ensure that we are *building loyal relationships*.

6.1b(1) GSAM's key work processes, creating value for our patients and other stakeholders, are: 1) patient access, 2) assessment and diagnostics,

3) care treatment and delivery and 4) discharge [Figure 6.1-1, 3]. Each of these processes takes place within the key work systems: Emergency Care (ED), Inpatient Care (IP), and Outpatient Care (OP). Patients move through one or more of the key work systems via the four key processes. The key processes are designed to deliver patient/stakeholder value by being focused on meeting or exceeding stakeholder process requirements. Figure 6.1-3 and 6.2b(1) both summarize the in-process and outcome measures as they relate to process requirements.

Profitability/ financial return. The effectiveness and efficiency of our processes impact patient safety, productivity, and organizational profitability. 'Never events,' in particular, are avoidable and will eventually not be reimbursed, so must be eliminated in order to avoid unnecessary patient harm and expense. Eliminating rework is also critical to profitability and financial return. Consistent use of our PI approaches to

improve processes and remove waste provides both direct and indirect savings.

Organizational success. Our ability to design work processes to achieve top decile performance ensures the fulfillment of our mission and vision. Consistent high performance impacts our reputation in the community, our ability to attract and build loyal relationships with patients, physicians, and associates and become the hospital of choice.

Sustainability. Elements of our approach to sustainability [1.1a(3)] require that each of the four key work processes are efficient and ‘value added’ to our stakeholders.

6.1b(2) Key work process requirements are determined during the SPP, step 3, using the processes described in 3.1a(2) and validated through analysis of listening posts [Figure 3.1-2]. These requirements are reviewed in the *Work Process Design Approach* [Figure 6.2-1], in steps 1 and 3. The key process requirements include high quality, safety, timeliness, effectiveness, and efficiency.

Figure 6.1-3 Key Work Processes, Requirements & Measures

Key Work Process	Process Requirements	Process Measurement	I/O	Results
Patient Access	Timely	Patient satisfaction with wait time in registration	O	7.2-6
	Timely	Patient satisfaction with wait time to noticed arrival	O	7.2-10
	Timely/Safe	ED arrival to triage	I	7.5-13
	Timely/Safe	Patient Satisfaction with Wait time to see MD	O	7.2-10
	Efficiency	Length of Stay	O	7.1-14
Assessment Diagnostic	Timely	Central Scheduling abandoned calls	I	7.5-12
	Effective	Blood cultures prior to antibiotics	I	7.1-18
	High Quality Safe	Code Blue outside CCU/RRT volumes	O	7.1-23
	Effective	MD satisfaction with scheduling diagnostic test	O	7.5-14
	Safe	OSA screenings to identify high-risk patients	I	7.5-15
Care Delivery / Treatment	Timely, High Quality, Safe	Average Door to Balloon times	I	7.5-16
	High Quality Safe	Risk adjusted mortality, Complications, 30 day Medicare readmissions	O	7.1-6, 10, 15
	Timely	Timeliness of ab <6 hrs for PN patients	I	7.5-18
	Safe	CPOE orders	I	7.5-20
	High Quality	Core Measure Bundles	I	7.1-17
	Timely	Timeliness of VTE prophylaxis in surgical patients	I	7.5-4
	Effective	Cardiac patients 6 a.m. glucose	I	7.5-4
	Effective	Discontinuation of antibiotics within 24 hrs	I	7.5-4
	Effective	PN appropriate antibiotic selection	I	7.5-1
	Efficient	Uptime of electronic medical record	I	7.5-26
	Timely	H&P transcribed within 4 hours	I	7.5-28
	Safe	3 rd and 4 th degree lacerations	I	7.1-19
	High Quality/ Safe	VAPs , Decubitus Ulcers, Deep Vein Thrombosis, Falls, Bloodstream Infections	O	7.1-22,24, 25,26,27,
	Safe	Overall Hand hygiene	I	7.1-28
	Effective	Staff worked together to provide care	O	7.2-6
High Quality	Staff provides quality/compassionate care	O	7.4-11	
Safe	Patient Safety Event reporting	I	7.1-21	
Discharge	Effective Safe	CHF discharge instructions	I	7.5-22
	Efficient	Social worker dc screens- 24 hours of admit	I	7.5-21
	Efficient	Length of Stay vs. CMI	O	7.5-7

I = in-process measures; O = outcome measure

6.1c GSAM ensures work system and workplace preparedness through implementation of a comprehensive Emergency Operations Plan (EOP) in compliance with the National Incident Management System (NIMS) and Hospital Incident

Command System (HICS). Our systematic emergency preparedness plan is developed and reviewed annually by a cross-functional EMERGENCY PREPAREDNESS COMMITTEE (EPC), and integrated into the Environment of Care (EOC) processes. Processes are in place to exercise readiness and evaluate plan performance. Cycles of improvement have resulted from the evaluation of exercises/ actual events and the testing of a potential disaster through every phase of the plan.

Prevention in our emergency and disaster preparedness system is ensured through:

1. A hazard vulnerability assessment (HVA) of our operations and environment.
 2. The Environment of Care Plan (EOP) created based on the HVA priorities and risks.
 3. Large-scale drills and exercises based on our vulnerabilities as well as those that are required by regulatory agencies.
- GSAM also participates in community exercises to support prevention efforts.

Management / continuity of operations for patients and the community.

GSAM ensures continuity of operations in the event of a disaster or emergency through the processes and procedures defined in the EOP, which is available on site.

Evacuation. GSAM has entered into the Illinois Hospital Emergency Mutual Aid Memorandum of Understanding (MOU) to facilitate cooperative planning within our community in the event an evacuation is necessary.

Recovery tactics for each vulnerability risk are outlined in the EOP.

Figure 6.1-4 Emergency Preparedness: Drills

Drill	Frequency
Code Pink	Quarterly
Fire Drills	Monthly
Safety Officer / EOC Tour	Weekly
Utility Testing	Monthly (and as needed)
Disaster Exercises	Bi-annually
Safety Fair	Annual
Safety CBTs	Annual
Hazard Vulnerability Analysis (HVA)	Annual
HICS Training	With program changes

6.2a Work Process Design

6.2a(1) Work processes are designed and innovated through a 10-step *Work Process Design Approach* Figure 6.2-1. Key requirements of patients and stakeholders (payors, regulatory agencies, physicians, associates) drive the design and are determined in steps 1 and 3. Multi-disciplinary teams include an IT or Clinical Informatics member to evaluate current and future technology solutions and to assist with the integration of new technology in step 6 of the design. The

teams also include a cross-section of stakeholders who provide in-depth organizational knowledge, which is integrated into the design. The potential need for agility is specifically addressed in step 7 when the FMEA is conducted and solutions for potential failure modes are brainstormed and

integrated. Cycle time, productivity, cost control, and other efficiency and effectiveness factors are incorporated into the design through the establishment of in-process and outcome measures in step 8. Examples of measures related to process effectiveness are listed in Figure 6.1-3, the measures are used to manage the processes and identify needs for improvement. The design of key work processes is integrated in Gates 5 and 6 of the *Work System Design Approach*.

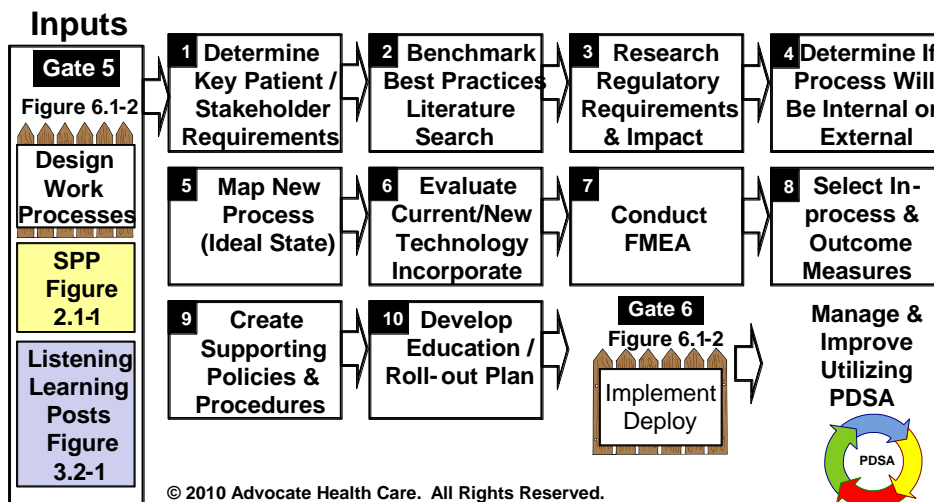
6.2b(1) Work processes are implemented/deployed following the development of an education and roll out plan. An implementation team is formed, a pilot is conducted, and education occurs prior to broader deployment. Work processes are managed through the *Performance Measurement System* [Figure 4.1-1] to ensure that they meet the design requirements through, 1) the assignment of an ‘owner’ for each process, 2) the establishment of in-process and outcome measures and 3) an expectation that if process measures do not meet set targets, PDSA is utilized to improve.

Day-to-day operation of each key work process is monitored through in-process measures that are directly linked to process requirements.

Ongoing input and feedback from key stakeholders about our key work processes is secured through established listening posts [Figure 3.2-1] in addition to information gathered from associates on the Culture of Safety surveys and staff input during the causal analysis process related to process breakdowns when errors occur. This continuous input is used by quality councils, task forces, Rapid Improvement Event (RIE) teams, leaders, and process owners to determine if the patient/ stakeholder requirements are being met, to monitor indicators to determine if the process is ‘in control’, and to determine if improvement is required.

Key performance measures/indicators and in-process measures used for the control and improvement of our work processes are outlined in Figure 6.1-3.

Figure 6.2-1 Work Process Design Approach



6.2b(2) At GSAM each patient’s expectations are addressed and considered through:

- the collection of information during the registration process (e.g. religious/cultural preference, financial concerns),
- the admission process where patient preferences and expectations are identified, mutual goals are set between the patient, family and RN; and then all are incorporated into the patient’s individualized plan of care,
- daily patient care where every caregiver asks upon leaving the patient’s room or following treatment: Is there anything else I can do for you?

Explanations and the setting of patient expectations occur and are factored into the delivery of our health care services through each key work process:

- **Patient access.** Pre-admission surgical classes are held to explain to patients what to expect once hospitalized regarding pain, length of stay, and recovery following surgery. The centralized scheduling process provides specific instructions to patients/stakeholders about what to expect, how to prepare for a test/treatment, where to park, and location of test/treatment.
- **Assessment/diagnostics.** Caregivers set expectations by providing a thorough explanation of the test, the discomfort that may be experienced, and the process for obtaining results.
- **Care delivery / treatment.** All associates are trained in the Five Fundamentals of Service (AIDETSM). During steps ‘D’ (duration) and ‘E’ (explain) of AIDETSM, expectations for care and treatment are communicated to patients.
- **Discharge.** GSAM performs screening for potential discharge needs within 24 hours of admission where social workers and nurses set the expectations for the discharge process.

Patient decisions and preferences are factors into the delivery of health care services through,

- **IP.** Patient expectations are identified and documented on bedside whiteboards, which allows all caregivers to utilize patient preferences in the daily delivery of care. Patients are asked for their advanced directives so their preferences for decision-making and end of life care are known to all staff.
- **OP.** When patients call to schedule a test or treatment, they are asked about preference and convenience of location.
- **ED.** Patient and family care conferences and 1:1 discussions with physicians and nurses are held to ensure patient decisions and preferences are factored into care.

6.2b(3) We control the overall costs of our work processes through, 1) work process design where new technology and evidence-based practices are integrated wherever possible; 2) the monitoring of efficiency through established in-process measures, and 3) the use of RIEs,

LEAN tools, and Six Sigma to improve and reduce waste in processes. Our focus on creating safer processes has lowered medical costs. For example, reducing falls, blood stream infections, and ventilator-associated pneumonias has impacted bottom line financial results.

Rework and errors are prevented through:

- **Systematic proactive use of quality and safety tools** including LEAN tools to remove waste and Failure Mode and Effect Analysis (FMEA) to identify and then avoid potential process failures that may lead to medical errors.
- **Safeguards in our electronic data systems.** Our electronic medical record (Care Connection) design provides medication alerts to caregivers to ensure medications do not negatively interact. Automatic task lists ensure caregivers assess and treat to achieve maximum outcomes and prevent errors.
- **The use of culture of safety behavioral based tools** such as SBAR, peer checking, 3-way read repeat back, and red rules proactively prevent medical errors.
- **Computerized Physician Order Entry (CPOE)** [Figure 7.5-20] ensuring legible physician orders for medications, tests, and treatments.
- **State of the unit reports** are created on IP units three times a day to ensure that proper treatments are given in a timely manner throughout a patient's stay.
- **Systematic root cause analysis (RCA) and apparent cause analysis (ACA)** which result in implementation of risk reduction strategies including changes in protocols and processes to prevent future errors.

Costs of inspections, tests, and process/performance audits are minimized through tight process control via in-process measures. Through the monitoring of in-process measures, we are able to make process changes before any adverse impact on outcomes occurs.

6.2c. Processes are improved through the deployment of our *Performance Improvement System (P.2c)*. Annually PI projects are identified and reviewed during the SPP (Phase 3) based on the coming year's strategic objectives. PI projects are also selected based on patient requirements; partner, supplier, and collaborator feedback, and associate suggestions. Project results are monitored through the PMES [Figure 4.1-1]. The frequency of monitoring and measurement, and listening and learning, provides GSAM with the ability to keep processes

current with service and business needs. Associates keep abreast with industry changes through their professional associations and organizations, attendance at conferences, journal subscriptions, and participation in national initiatives such as the IHI campaigns.

The ET's weekly and monthly review and analyses of organizational performance metrics [Figure 4.1-3], may also spur the identification of targeted areas requiring process improvement. The ET and quality councils determine an improvement project's priority using criteria including the alignment with strategic objectives, potential impact on patient safety, patient satisfaction, compliance with regulators, and cost. Once determined, the appropriate type of improvement approach is selected, a team is formed, stakeholders are identified, and quality tools are used to make improvements.

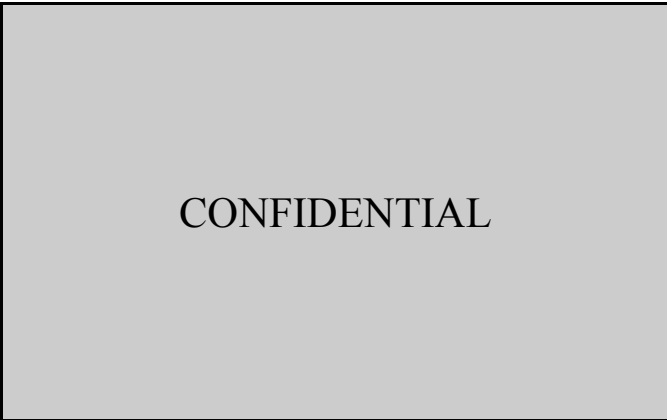
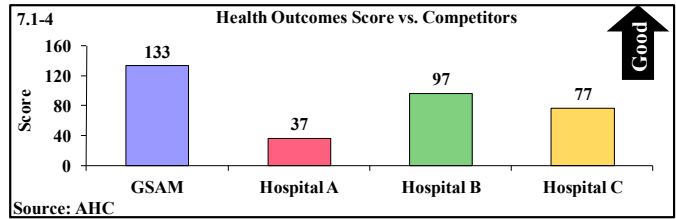
Work process improvements and lessons learned are shared across the enterprise through multiple venues including:

- **The innovative monthly PI Showcase** where departments share progress on their selected annual improvement project. This approach to showcasing project results includes systematic training on PDSA and the utilization of specific quality tools. A cycle of improvement includes the addition of a SL evaluation following each showcase to provide feedback to every presenter on both the project and presentation. Annually, 3-4 departments are selected to present the results of their projects that have resulted in significant improvement at the January PI Super Bowl.
- **Monthly RIE report outs** for leaders are held to highlight changes to processes that have been improved and tested and are ready for broader deployment throughout the organization as appropriate.
- **The CLINICAL PRACTICE IMPROVEMENT COMMITTEE (CPIC)** made up of Physician department chairs, where physician leaders provide updates to their colleagues on clinical process improvements and projects taking place within their departments.
- **Patient Safety lessons learned.** Monthly, AHC summarizes learning from all Advocate sites ACA/RCAs. The AHC patient safety lessons are reviewed by the CRITICAL EVENT REVIEW TEAM (CERT) and taken to the monthly CLINICAL INTEGRATION COUNCIL to determine who in the organization will evaluate our risk for a similar situation. AHC system wide lessons learned are also monthly agenda item on the CPIC agenda for physician learning as well.

7.1 Health Care Outcomes

GSAM is first and foremost a clinical enterprise. The majority of our key health care outcomes compared at the local, state and national level perform at or near the top decile. **Figure 7.1-1** illustrates external validation of excellence of our overall quality outcomes for hospital care, surgery and general medicine compared to 151 hospitals in the state and 4,200 hospitals in the nation. These measures include risk adjusted mortality, complications, quality, patient safety, and core processes. GSAM ranks 1st in the state of Illinois and 4th in the nation for overall hospital care.

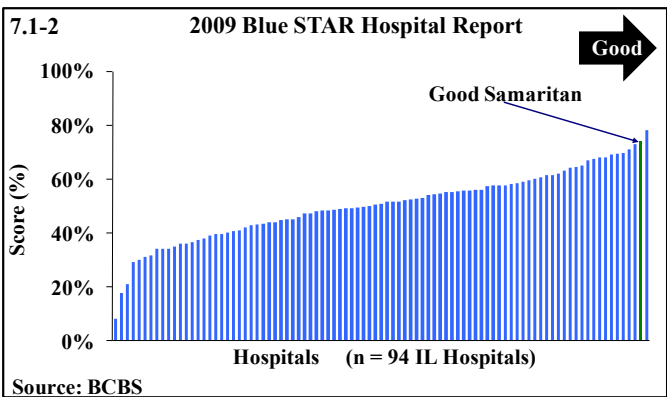
competitors and validates that the quality of the clinical outcomes we provide is adding stakeholder value for our patients, physicians and payors.



Advocate Physician Partner’s (APP) innovative Clinical Integration Program (CI) is designed to improve health outcomes and increase the value received for the dollars spent by employers on employee health benefits. The program is made possible by funding from all the major health insurance plans in the Chicago area as well as the Advocate system. These CI measures serve as the gold standard for evaluating provider performance and managing population health status. Pursuit of these benchmark performance levels results in fewer medical errors, quantum reductions in health care costs and improved patient outcomes. **Figure 7.1-5** demonstrates the growth of the CI measures over the last four years (116 measure in 2010) and GSAM’s outstanding achievement level of 96.7% in 2009 representing the best performance among all Advocate hospitals.

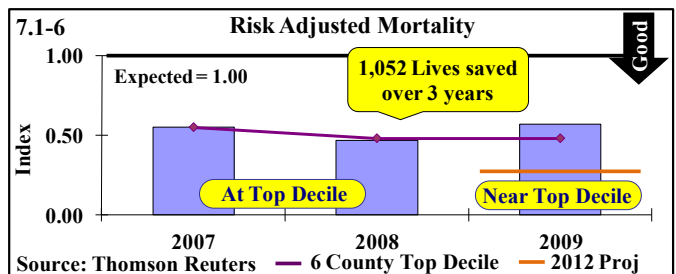
Another important external validation of our performance comes from our number one payor, Blue Cross Blue Shield. (BCBS). BCBS represents 72% of all commercial insurance in Illinois. The Blue Star Hospital Report compares GSAM with 94 Illinois non-rural hospitals on 10 domains of quality and efficiency (AOS). As **Figure 7.1-2** illustrates, GSAM ranks 2nd in the state of IL. Our performance relative to our closest competitors on these quality domains is illustrated in **Figure 7.1-3**.

7.1-5 APP– Clinical Integration Measures/GSAM Scores				
CI Program Categories	2007	2008	2009	2010
Med & Tech Infrastructure	7	7	8	9
Clinical Effectiveness	46	63	73	72
Efficiency	10	11	13	21
Patient Safety	2	12	10	11
Patient Experience	3	3	3	3
Total Measure Count	68	96	107	116
Good Samaritan Results	95.3%	92.6%	96.7%	97% proj



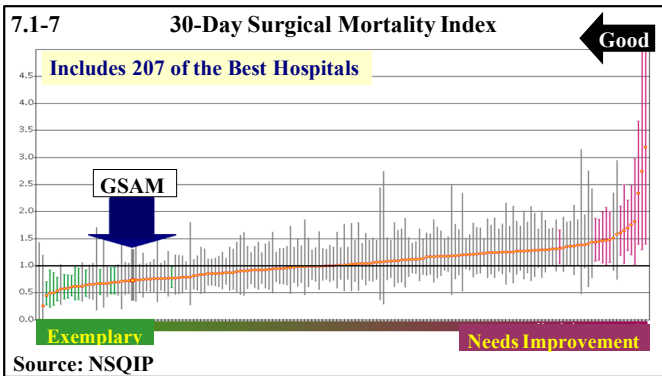
MORTALITY AND COMPLICATIONS: Key health outcome indicators for all hospitals include mortality and complication rates as an overall measure of safe, high quality care. GSAM utilizes the Thomson Reuters database to compare our performance on these key indicators against the performance of hospitals in the six county Chicago area. The database is used to calculate the observed over expected mortality and complications to create an index score where 1.00 represents the risk adjusted expected rate and below 1.00 represents better than expected performance. **Figure 7.1-6** shows GSAM’s overall mortality index has been significantly below the expected rate and at or near top decile performance, ultimately contributing to 1,052 lives saved over the three year period.

7.1-3 Blue Star Hospital Report Good Samaritan vs. Competitors				
Hospital Name	GSAM	Hospital A	Hospital B	Hospital C
Total Stars	10	6	8	6
GSAM Outperforming Competitors				

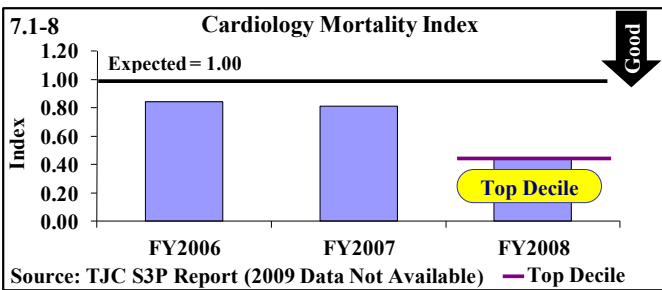


Internally, AHC has calculated a Health Outcomes Score based on core measure performance combined with AHRQ select patient safety indicators (including risk adjusted mortality and complications) that allows us to compare our performance against our competitors. **Figure 7.1-4** shows GSAM’s Health Outcome Score far exceeds that of our local

SURGICAL MORTALITY: GSAM participates in the National Surgical Quality Improvement Project (NSQIP) database made up of the top hospitals in the nation. **Figure 7.1-7** represents GSAM's near exemplary performance for 30 day surgical mortality.



CARDIAC MORTALITY: The Joint Commission has calculated expected cardiac mortality indices based on MedPAR data. **Figure 7.1-8** illustrates GSAM's performance for expected cardiac mortality at top decile and 56% better than expected in 2008. 2009 data is not yet available.



MOTHER/BABY MORTALITY: GSAM cares for some of the most critically ill of all infants. **Figure 7.1-9** shows GSAM's mortality for neonates outperforming the state for the last 2 years.

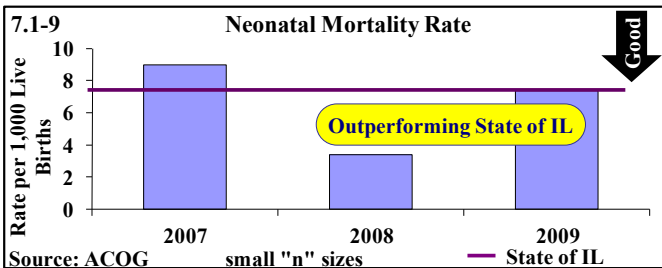
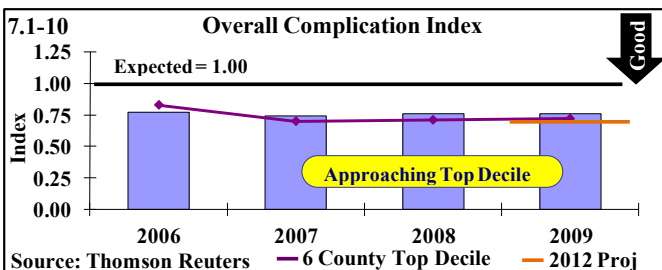
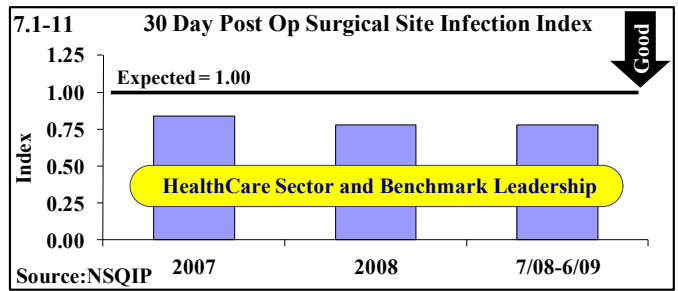


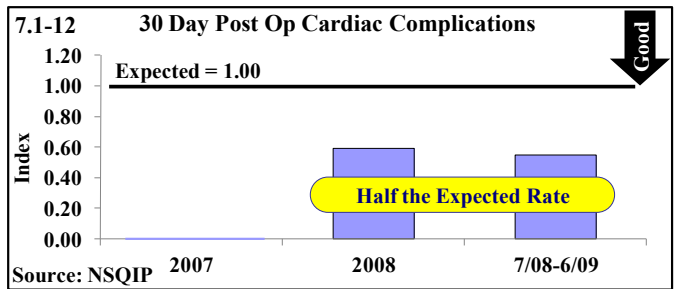
Figure 7.1-10 demonstrates that GSAM's patients experience less overall complications than expected with performance at or near top decile for the last four years. Surgical, cardiac and mother/baby all perform at levels better than expected as seen in **Figures 7.1-11 through 13**.



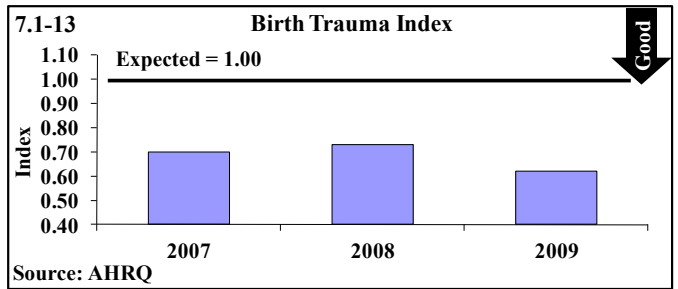
SURGICAL COMPLICATIONS:



CARDIAC COMPLICATIONS:

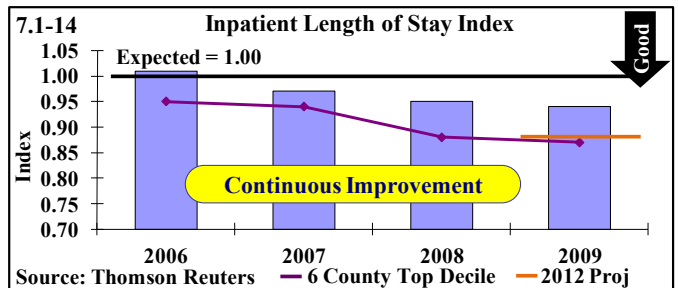


MOTHER/BABY COMPLICATIONS:

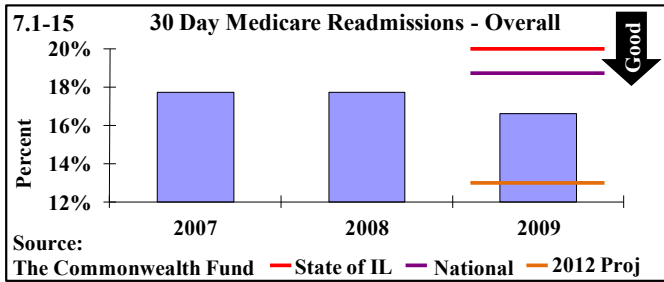


Health Care Process Results

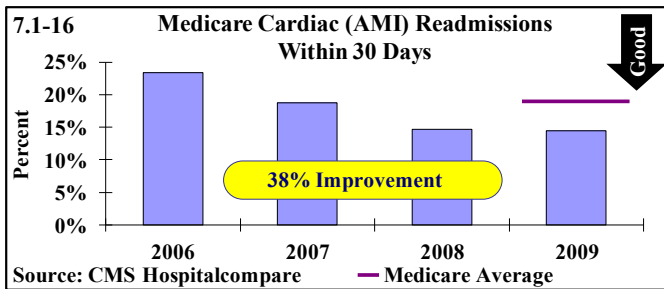
LENGTH OF STAY(LOS): GSAM's ability to efficiently and effectively manage patient's treatment while maintaining benchmark performance in mortality and complication outcomes is measured by LOS metrics. **Figure 7.1-14** shows GSAM's continuous improvement in the expected length of stay.



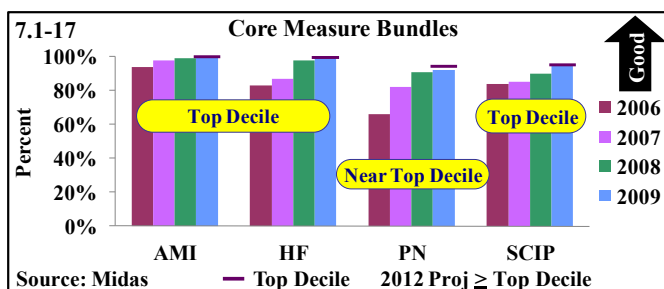
30 DAY READMISSIONS-GENERAL MEDICINE: **Figure 7.1-15** This important measure of effectiveness has been identified as a key result area within the Health Outcome Pillar for 2010. A Readmission Team has been put in place to focus on reducing unnecessary returns to the hospital even further.



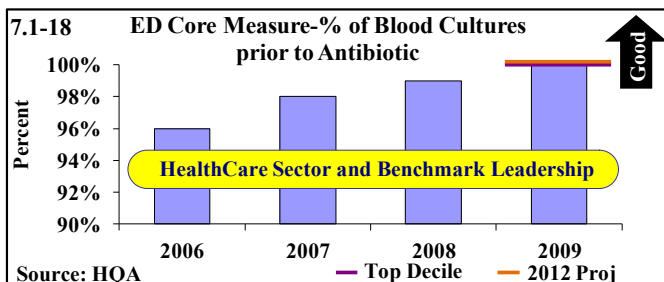
30 DAY READMISSIONS-CARDIAC: Figure 7.1-16 shows the readmission rate for Medicare patients who experienced heart attacks has improved 38% over a four year period and are less than the Medicare national average.



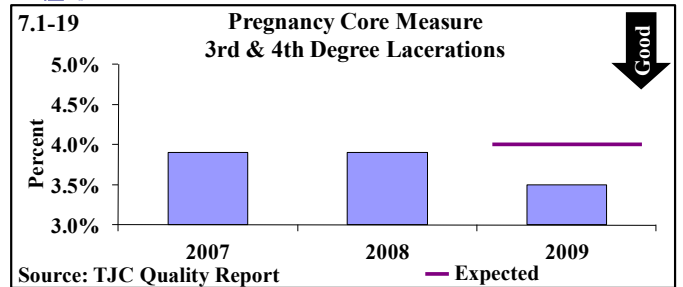
CORE MEASURE RESULTS-INPATIENT: Hospitals are required by CMS and TJC to report compliance with the core measure sets including: Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN) and Surgical Care Improvement Project (SCIP). Figure 7.1-17 shows GSAM's performance in 3 of the 4 bundles at the top decile.



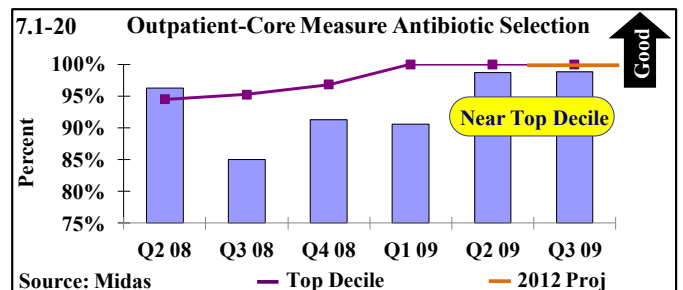
CORE MEASURE INDICATOR-ED: The core measure indicator in the Emergency Department indicates the percentage of time a pneumonia patient receives blood cultures prior to the administration of antibiotics. In 2009, GSAM's performance was 100% for this indicator, representing top decile performance as shown in Figure 7.1-18



CORE MEASURE INDICATOR MOTHER/BABY: Figure 7.1-19 In the pregnancy core measure set the percentage of 3rd and 4th degree lacerations during delivery is measured. Although this event is usually unavoidable, it is an indicator the OB CQC monitors closely.



CORE MEASURE-OUTPATIENT: An outpatient surgical core measure set was developed by CMS in 2008 with reporting effective in the 2nd quarter of 2008. Figure 7.1-20 shows GSAM's performance at near top decile performance in the MIDAS database since the measures inception.



Patient Safety

PATIENT SAFETY EVENT REPORTING: GSAM has focused on creating a greater culture of patient safety and a key indicator and goal is to increase the amount of patient safety events reported, giving the organization an opportunity to learn from events and in turn decrease medical errors. Significant increases have occurred at GSAM and are shown in Figure 7.1-21.

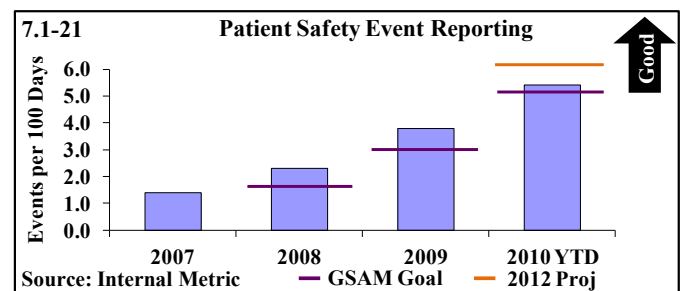
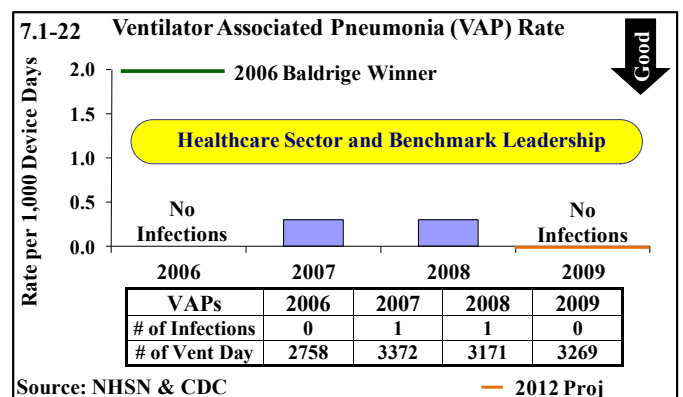
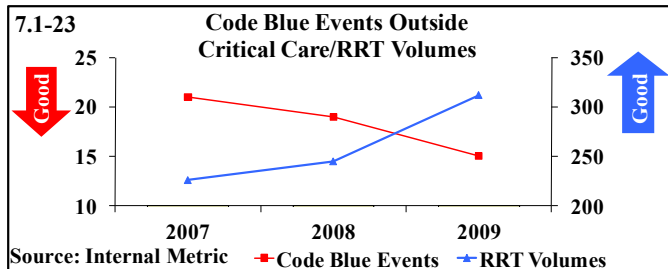


Figure 7.1-22 The GSAM IHI Team implemented improvements that took our rate from 18 VAPs in 2004 to two VAPs in the last four years. Our pursuit of perfection is zero VAPs year after year.



Another IHI initiative embraced by GSAM was the creation of the Rapid Response Team (RRT) to identify patients who, through earlier intervention, can avoid cardiac or respiratory arrest. The RRT core team is made up of critical care nurses and respiratory therapists who can be called to the bedside by any concerned associate or family member. The success has been monitored by measuring the number of decreased code blue events outside of the critical care unit as the use of the RRT has increased as shown in **Figure 7.1-23**.



Hospital acquired deep vein thrombosis (DVT) is often a preventable complication. **Figure 7.1-24** shows the steady decline in the number of DVTs even with the increasing number of complex surgical procedures being performed. GSAM is deploying an innovative approach to DVT prevention utilizing a vendor who offers a predictive software to alert physicians and nurses of the highest risk patients so that timely interventions can proactively be put in place to prevent an occurrence.

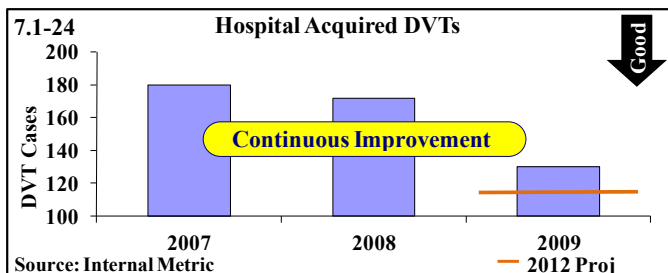


Figure 7.1-25 reflects performance in the top decile for the effective assessment, documentation, prevention & treatment of patients with pressure sores (decubitus ulcers) at a rate of 80% less than expected. These outcomes are accomplished through the work of the Wound Care Team driving focused improvements in the assessment and appropriate care and treatment for our inpatients.

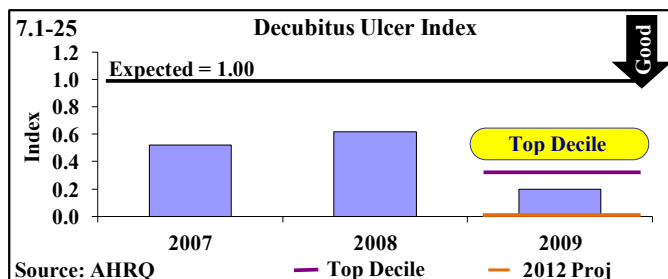


Figure 7.1-26 A Fall Prevention program is required as a Joint Commission National Patient Safety Goal and is measured at GSAM through the National Database of Nursing Quality Indicators (NDNQI). Compared to this database we are significantly below the national mean. A Falls Team is in place and has implemented a “falls huddle”,

which immediately follows any fall and is designed to facilitate learning that will prevent future falls. This area of patient safety is one where we will focus our efforts to improve outcomes for our patients in 2010.

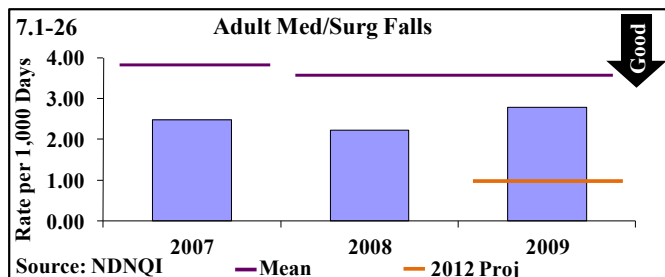


Figure 7.1-27 Blood stream infections (BSIs) are preventable and a best practice is to eliminate them totally. GSAM has a BSI team in place that has implemented best practice bundles and accomplished outstanding results in the reduction of BSIs. Projected performance is zero infections by 2012.

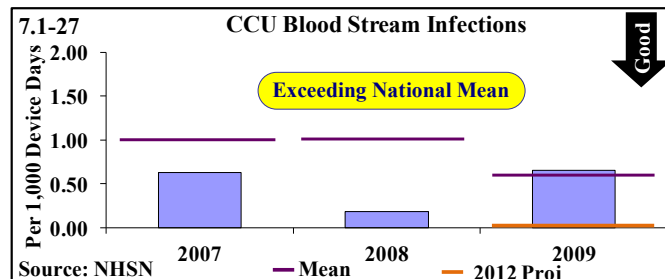
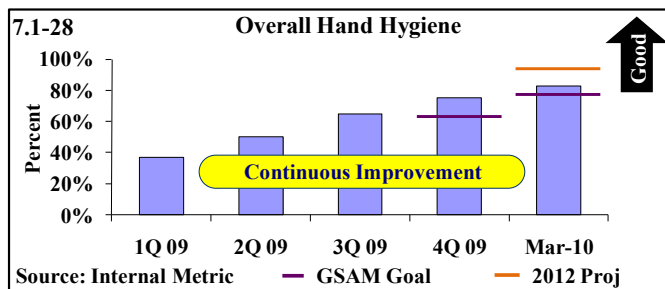


Figure 7.1-28 GSAM embarked on a “Hands that Heal” campaign in early 2009 with objective observations to measure true compliance with hand hygiene. Performance in appropriate hand hygiene has increased from a baseline of 38% to 83% in March of 2010, projecting 90% by 2012. We have also been participating as a pilot site for TJC’s Transforming Healthcare agency to test interventions for improving compliance with hand hygiene.



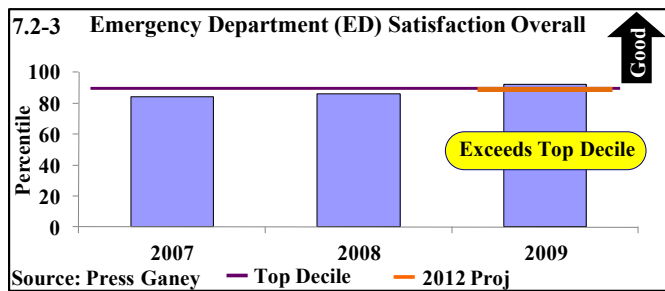
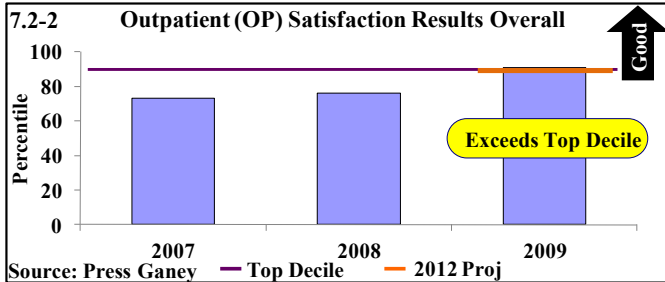
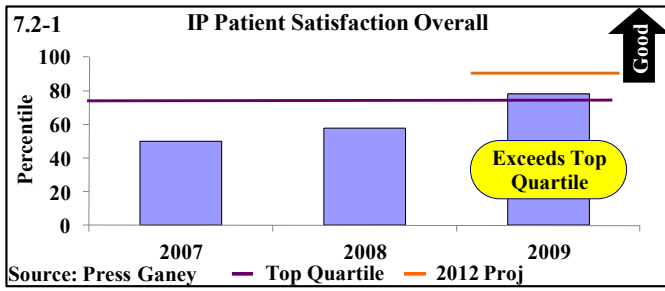
7.2 Customer-Focused Outcomes

7.2a(1) Patient- and Stakeholder-Focused Results

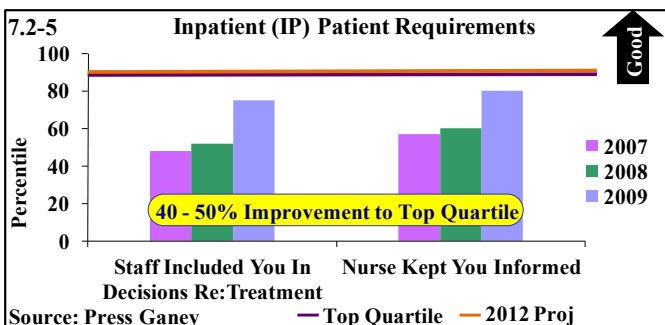
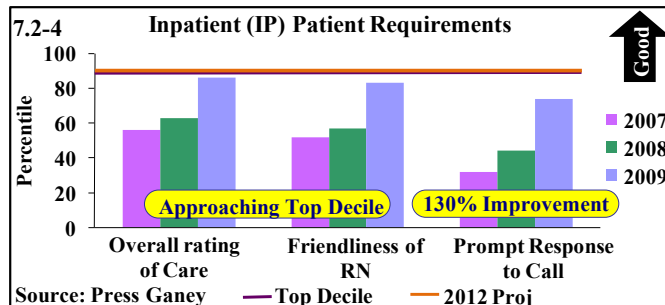
GSAM has intentionally created a strong service oriented culture, consistent with our vision and our goal of building loyal relationships across the lifetime of the patients we are so privileged to serve. We continue to pursue excellence in customer-focused outcomes at top-decile performance.

Patient Satisfaction

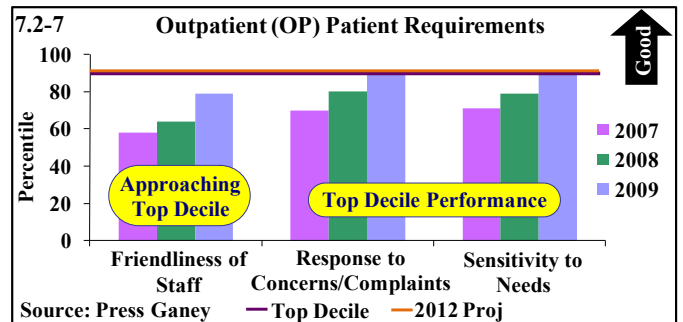
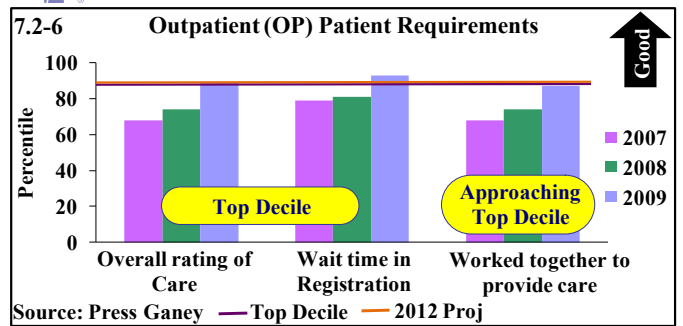
Figures 7.2-1 through 7.2-3, depicts overall satisfaction in GSAMs three patient segments [Figure P.1-8].



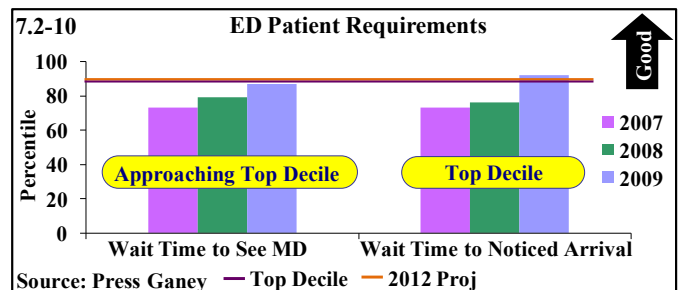
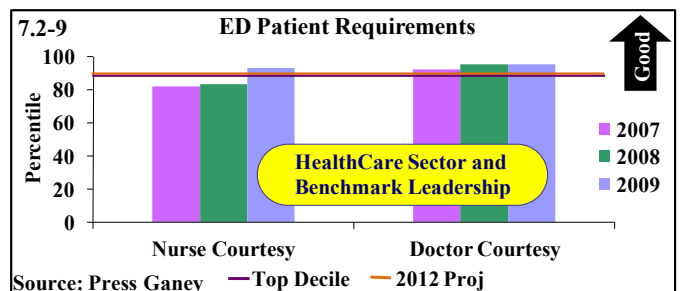
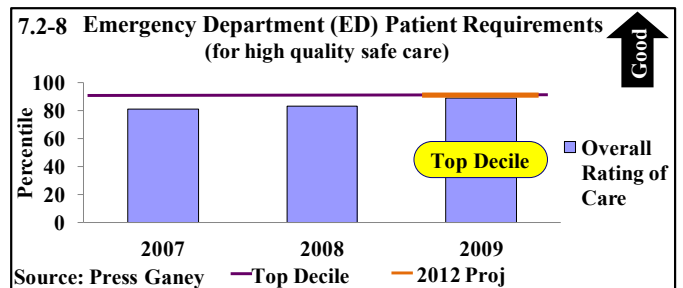
PATIENT REQUIREMENTS [Figure P.1-8]: **Figures 7.2-4 and 7.2-5**, IP results show substantial improvement from 2007 to 2009 in meeting all patient requirements. Results have been driven by incorporating evidenced based best practices proven to drive desired outcomes.

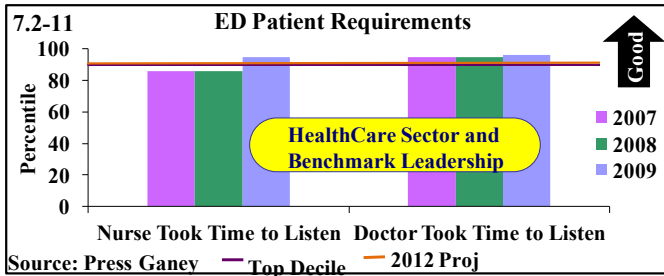


Figures 7.2-6 and 7.2-7 OP results exceed top decile performance despite a highly competitive national comparator group and annual volumes greater than 300,000 visits.



Figures 7.2-8 through 7.2-11 ED results reflect top decile performance with two of our requirements achieving healthcare sector and benchmark leadership performance. With nearly 50,000 ED visits per year and representing over 70% of inpatient admissions, the collaborative relationships between the ED physicians and nursing staff have resulted in creating innovative service strategies. Redesign of the triage process has contributed to providing an exceptional patient experience that has been sustainable over time.





FOUR MAIN SERVICES (P.1-8):

Figures 7.2-12 through 7.2-14 GSAMs Cardiac and Mother/Baby services demonstrate positive trends sustained over time representing healthcare sector and benchmark leadership performance. Surgical services represents a significant improvement from 2008 to 2009 due to a major renovation of the Surgical Services Pavilion incorporating state-of-the-art and fully integrated surgical theatres that have gained national recognition.

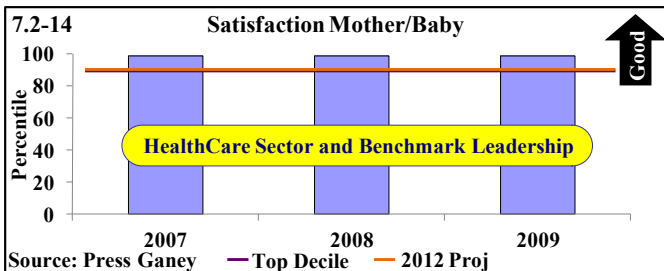
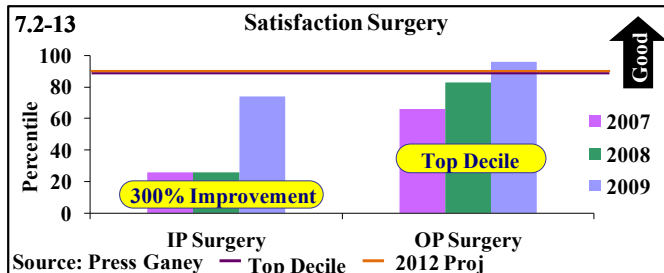
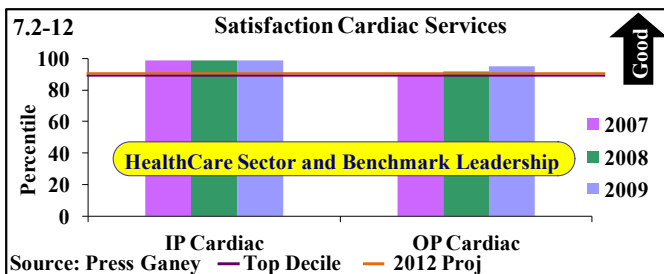
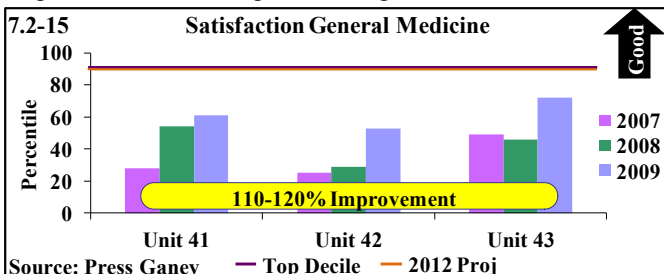


Figure 7.2-15 represents the results of tactics to overcome the challenges of having 97% semi-private rooms in Medical/Surgical services. Despite these challenges, continued efforts to provide excellent service and build loyal relationships reflects beneficial trends of performance improvement to accomplish our organizations mission.



Stakeholder Satisfaction

Figure 7.2-16 reflects physician satisfaction and shows a statistically significant improvement trend from 2007 to 2009 which has gained national attention and validating our efforts to *build loyal relationships* with our physicians.

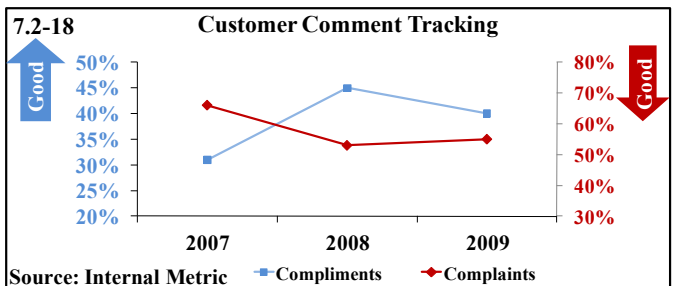
Overall Physician Satisfaction				
Overall, how satisfied are you with this hospital?	2007	2008	2009	Trend
GSAM Mean	3.35	3.49	3.64	++
HSTM Mean	3.07	3.09	3.13	+
GSAM Percentile Ranking	87	93	97	++
Healthcare Sector Benchmark Leadership				
Source: HealthStream Physician Survey				

Figure 7.2-17 details the competitive advantage GSAM has achieved over our competitors. Physicians on the medical staff at GSAM, while on staff at other hospitals, have continued to rate us with higher satisfaction compared to our competitors.

7.2-17 Stakeholder Satisfaction vs. Competitor				
Physician Satisfaction Requirements	GSAM 2009	Hosp A 2009	Hosp B 2009	Hosp C 2009
Overall Nursing Care	3.54	2.71	3.29	2.79
Nurse Staffing	3.43	2.73	3.24	2.61
Reputation in the Community	3.70	2.69	3.45	2.79
Administration's Responsiveness	3.53	2.56	2.85	2.58
Employee Morale	3.41	2.49	3.02	2.52
Overall Quality	3.69	2.77	3.30	2.94
Ability to Control Costs	3.54	2.56	3.13	2.76
Market Leader of Competitors				

Customer/Patient Dissatisfaction

Figure 7.2-18 depicts the effectiveness of the *Complaint Management Process* [Figure 3.2-2] and trends the percentage of compliments versus complaints for all customer comments received. Improvement strategies to reduce complaints and convert them into compliments have included increased leader rounding, where real time service recovery has harvested increased innovative ideas for improvements as well as increased compliments.



7.2a(2) Relationship Building and Engagement

Figure 7.2-19 represents the steady increase of the three patient segments and their "likelihood to recommend" approaching top deciles. The Center for Medicaid and Medicare Services (CMS) has established a national patient service survey (HCAHPS) in which all inpatient Medicare providers are required to participate.

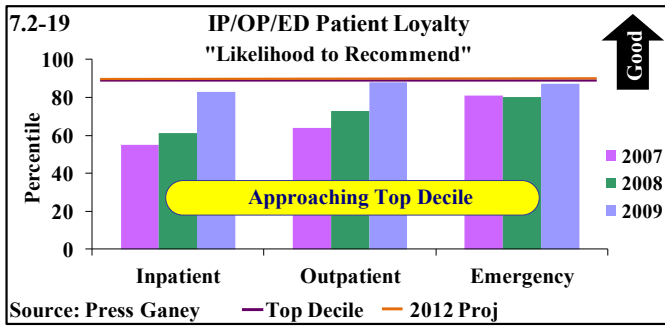


Figure 7.2-20 details GSAMs lead over US and state averages as well as two of three competitors; Hospital B is the only hospital in the local market with private rooms, and is preferred to GSAMs semi-private room environment.

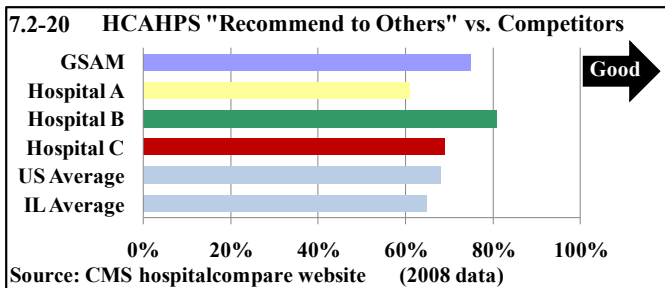


Figure 7.2-21 reflects how GSAM continues to develop loyal relationships with area Fire Chiefs and Ambulance providers. The 2009 decreased ambulance volume reflects the overall decline in the market, yet proportionately GSAM continues to see a strong referral pattern from this key stakeholder.

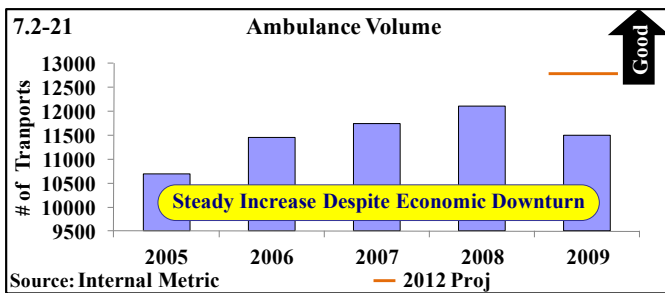


Figure 7.2-22 demonstrates the physicians share of admissions to GSAM has progressively increased, while their share of their admissions to our closest competitors has steadily declined. This outcome was achieved through GSAM meeting and exceeding the key requirements of this important key stakeholder.

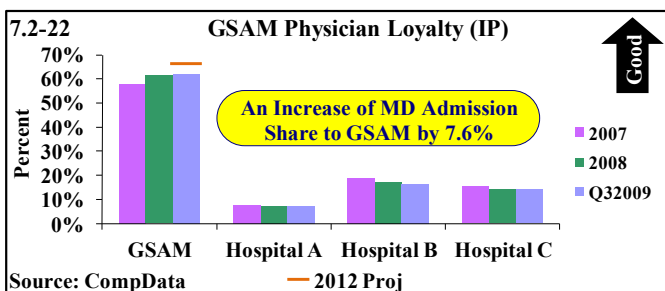


Figure 7.2-23 details internet activity for GSAM. We have seen an increase in the number of unique visitors to our website and an increase in total page views, indicating a community using internet technology to become better informed about the services we have to offer.

Website Clicks	2006	2007	2008	2009 YTD Projected*	Trend
Total Page Views	405,864	533,641	569,403	637,830	+
Total Unique Visitors	125,184	147,209	176,422	189,528	+
65% Increase in Website Clicks					
+ Positive Trending Over 3 Years					

Figure 7.2-24 is an example of community relationship building with four specific target audiences and demonstrates better than expected results with our new GI Program. Targeted marketing efforts to the community showed expected revenue of \$88,000 and yielded \$429,000.

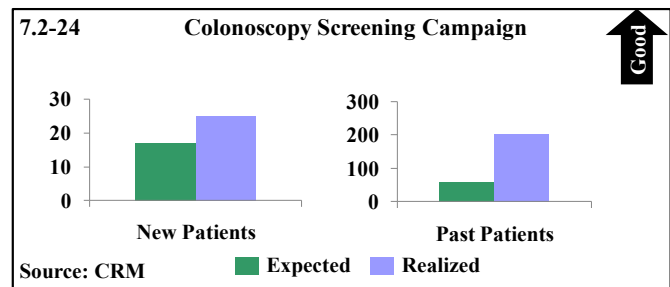


Figure 7.2-25 Despite intense competition in our market, GSAM ranks #1 in overall hospital preference and #1 in our main service offerings compared with our three closest competitors in brand preference surveys from 2005 and 2008.

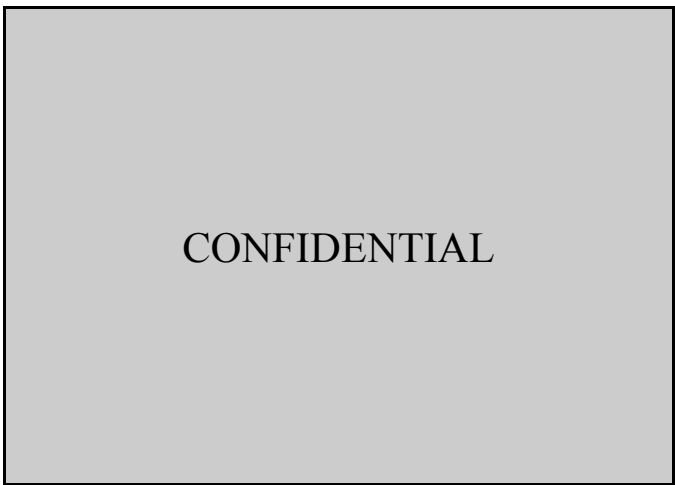


Figure 7.2-26 reflects the positive overall trending and results over the course of our relationship with patients and stakeholders [refer to Figure 3.1-3].

7.2-26 Building Loyal Relationships				
		Results	Levels	Trends
Patients	IP OP ED	7.2-18	+	+
		7.2-19	+	+
		7.2-20	+	+
Other Stakeholders	Physicians	7.2-16	+	+
		7.2-22	+	+
		7.4-13	+	+
		7.4-14	+	+
		7.4-15	+	+
Other Stakeholders	Community	7.2-21	+	+
		7.2-23	+	+
		7.2-24	+	+
		7.2-25	+	+
+	Indicates favorable trends over time and performance that is better than local competitors and both state/ national hospital averages.			

7.3 Financial & Market Outcomes

7.3a(1) Exceptional, consistent, and leading healthcare sector financial outcomes have been achieved through the successful implementation of our SPP. Trended profitability displayed in **Figure 7.3-1** has exceeded that of “AA” rated hospitals (top decile performance in the industry). This has allowed GSAM to invest in capital, operational, and human resource programs. It has also contributed significantly toward AHC retaining a system-wide “AA” rating.

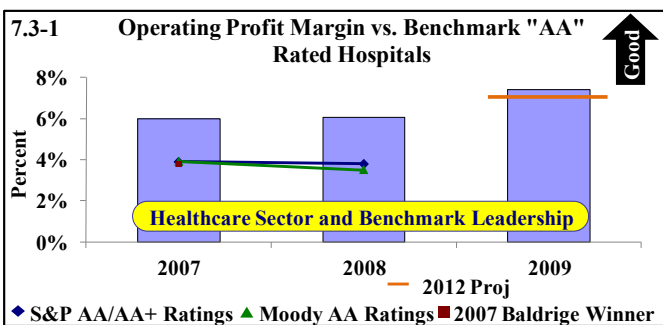


Figure 7.3-2 GSAM has consistently exceeded the budget targets established by AHC and generated margins and cash flow that provide for long term sustainability. A key component of achieving budget is management of salary costs through improved productivity [Figure 7.4-22]

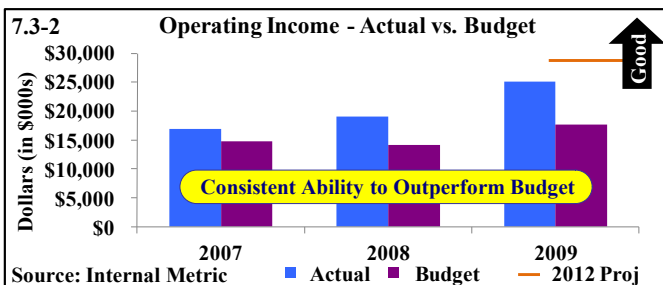


Figure 7.3-3 Effective growth strategies and expense management have both been contributors toward achieving GSAM’s financial outcomes. Top line net revenues have grown by 27% since 2005 and have provided GSAM with the necessary resources to support both day-to-day operations and strategic initiatives.

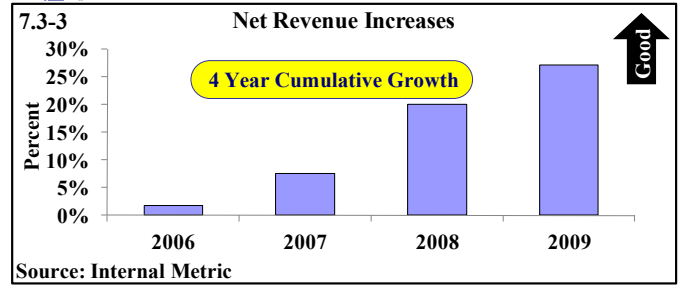
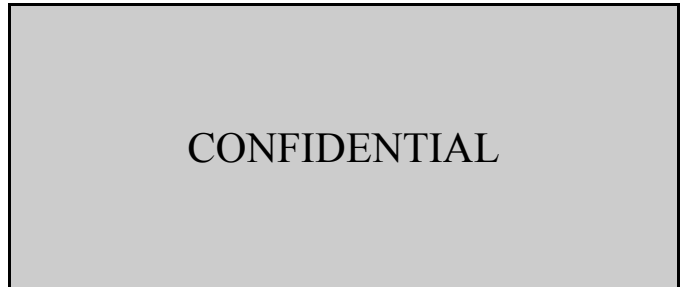
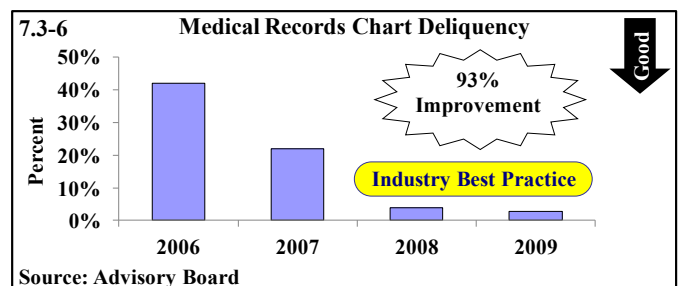
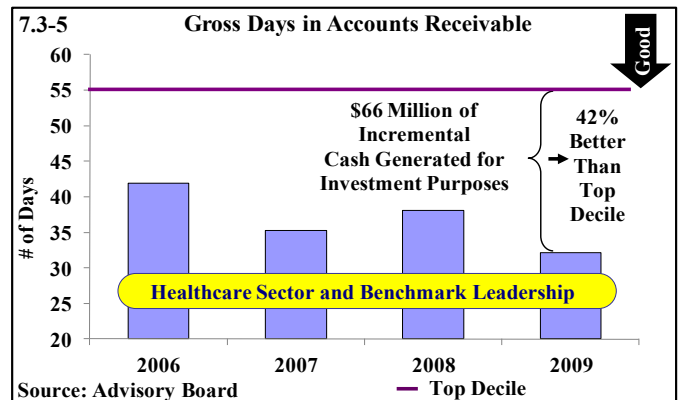


Figure 7.3-4 Confidential



Critical to GSAM’s financial performance is the effectiveness of its revenue cycle processes: registration, coding, information management, billing and collections. The outcomes in these areas have positively impacted our operating expenses, cash flow and revenues. GSAM has demonstrated significant improvement and achieved benchmark results and/or top decile performance in numerous key metrics for this important operational area, as demonstrated in **Figures 7.3-5 through Figure 7.3-8**.



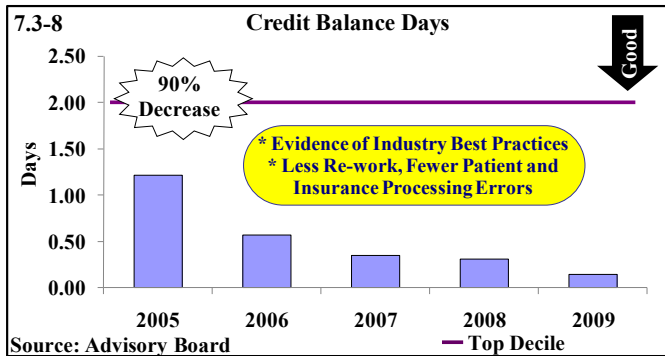
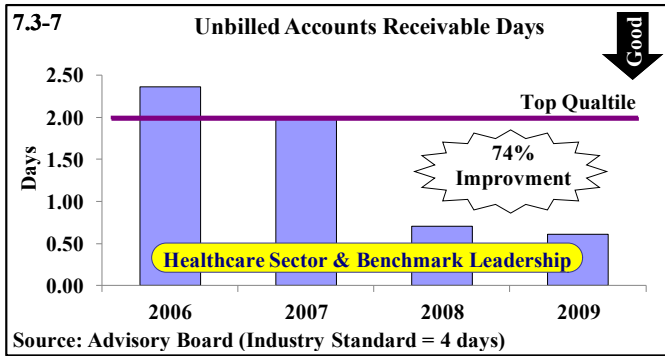
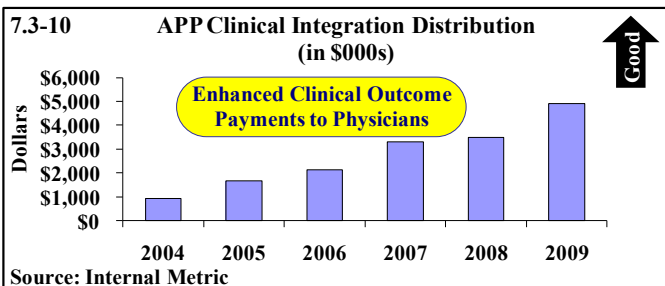
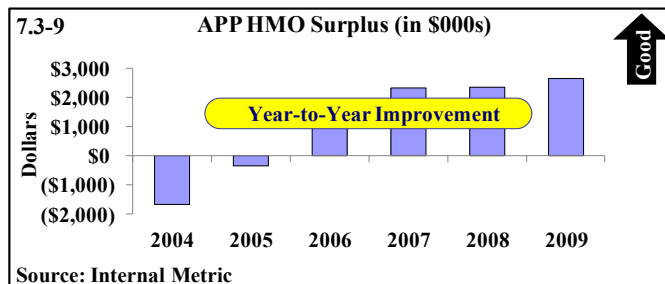


Figure 7.3-9 and Figure 7.3-10 The financial results of Advocate Physician Partners (APP) have improved by over \$4 million since 2004 and have generated income gains for both GSAM and our participating physicians. In addition, the Clinical Integration distributions to our physician participants have increased 5 fold since 2004.



7.3(a)2 Market Results

Market dynamics are measured for the IP segments of GSAM based on data submitted to the Illinois Department of Public Health (IDPH). This data, reported for all hospitals, allows us to measure which hospital the patients from our primary service area choose for their healthcare. Although market growth in a mature market with heavy competition is very difficult to achieve, GSAM continues to achieve unprecedented positive growth in market share through the development of loyal relationships with our physicians and patients [Figure P.2-1].

Figure 7.3-11 IP Overall Market Share has seen consistent growth over the last three (3) years. With overall admissions from the service area remaining relatively constant from year to year, a 11.5% increase in market share is significant and means that patients and physicians are choosing GSAM over our competition. The most significant redirection of admissions has been from Hospital A to GSAM.

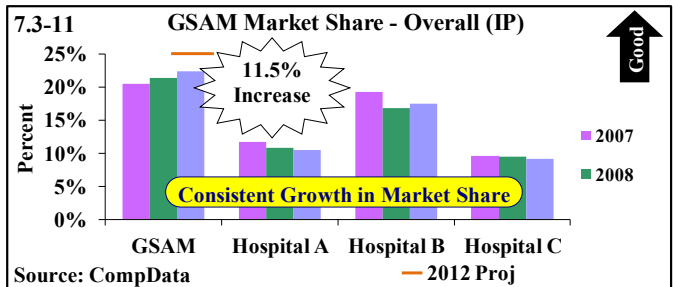
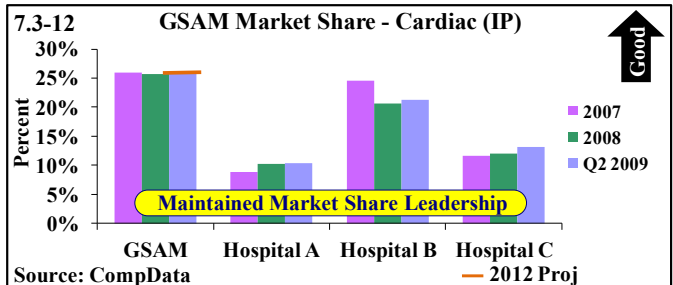


Figure 7.3-12 IP Cardiac Market Share has been maintained despite heavy competition and declining volumes in this service line. National rates for Cardiac and Cardiac Surgery admissions have continued to decline due to significant advances in treatment and increased patient education. GSAM has slightly increased market share and remains the market leader by 4.8 market share percentage points or 22.6% over Hospital B.



Figures 7.3-13 and Figure 7.3-14 IP Surgery Market Share has increased the most substantially of all the service lines. The increase over the last 3 years has been almost 13% while most of our competitors have lost market share. The most significant area within the surgery service line to experience growth is in Orthopedic Surgery.

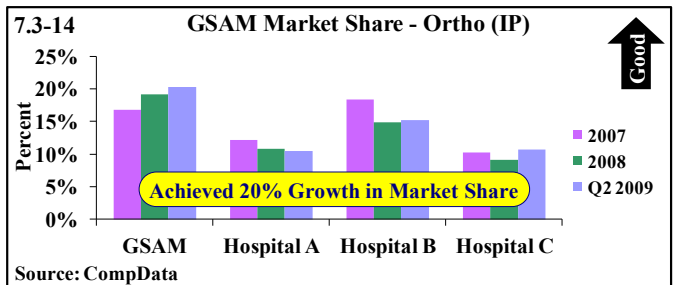
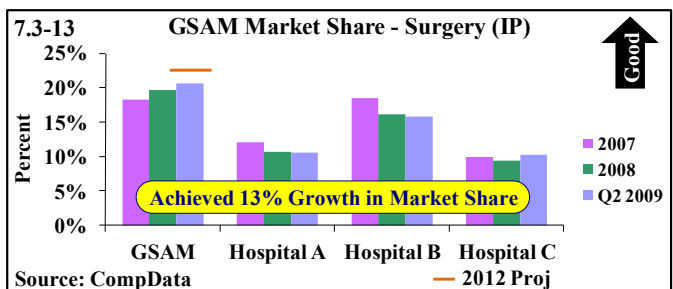
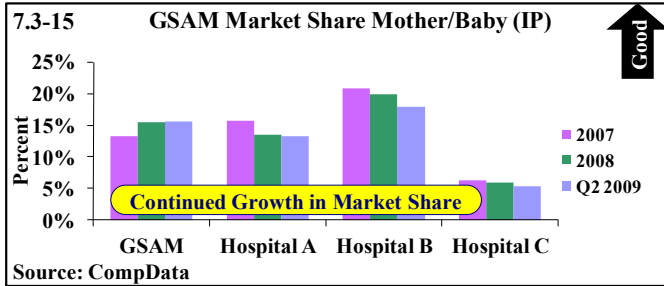


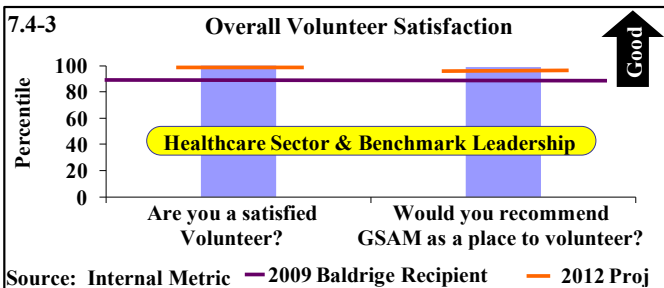
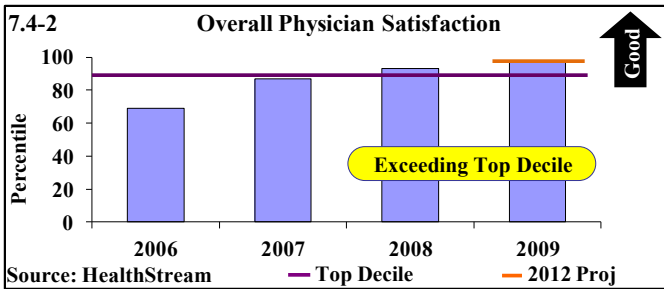
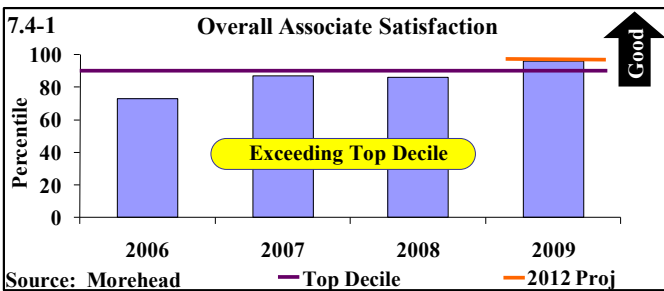
Figure 7.3-15 IP Mother/Baby Market Share has also seen increases while all of our competitors have declined. A 17.2% increase in market share since 2007 has been the result of increasing physicians in our market, the establishment of private rooms and improved customer satisfaction.



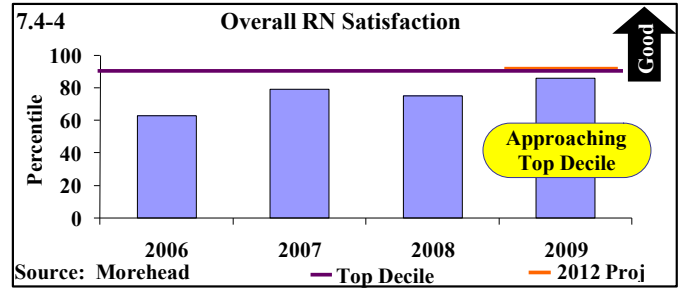
7.4 Workforce-Focused Outcomes

7.4a(1) Satisfaction and Engagement

Figures 7.4-1 through 7.4-3 Building loyal relationships with the workforce is critical to achieving our strategic objectives of ‘being the employer of choice in our market’ and ‘achieving loyal physician relationships.’ Overall satisfaction in all workforce segments is approaching or exceeds top decile.



ASSOCIATE RN: **Figure 7.4-4** Nurses comprise 1/3 of our workforce, and it is essential that they feel valued and satisfied. Our strong Shared Governance structure, nurse forums with the CNE, and other venues to identify and act on nursing ideas and issues have contributed to achieving near top decile performance in their overall satisfaction.



ASSOCIATE RN—KEY FACTORS

Figures 7.4-5 and 7.4-6 GSAM nurses have clearly embraced the vision of providing an *exceptional patient experience*. Our near top decile performance on questions linked to both RN engagement and satisfaction factors validates nursing perception that GSAM has created a culture of service and ongoing improvement.

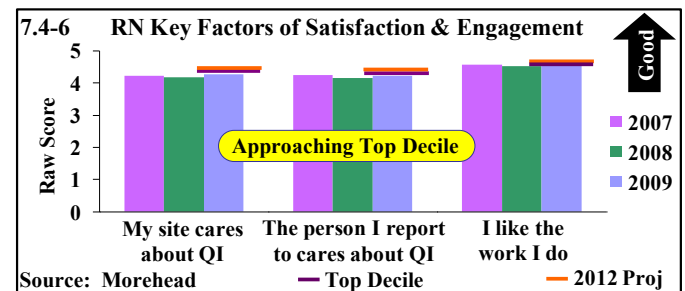
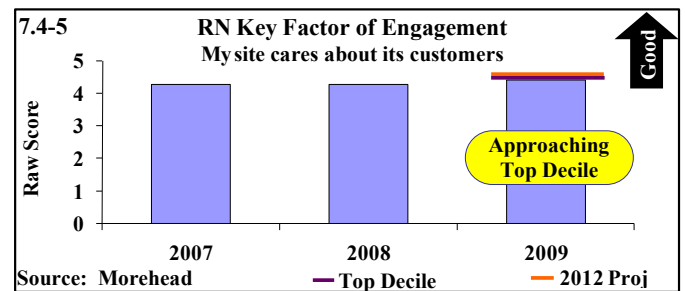
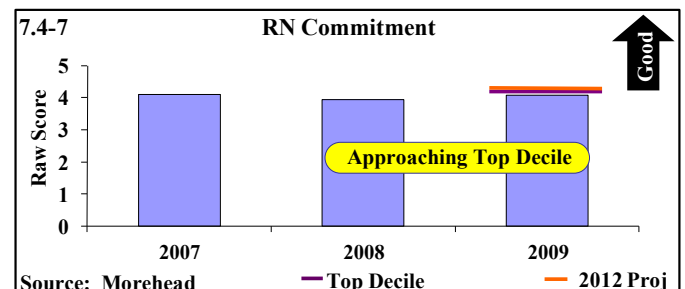
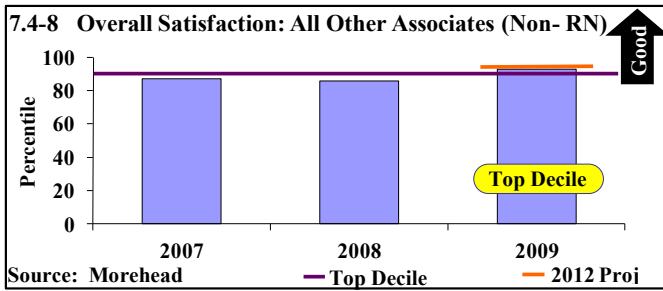


Figure 7.4-7. Our ability to address our strategic challenge of ‘retaining and engaging talent’ is strengthened by our nurses’ expressed commitment to GSAM as reflected on the Morehead Survey.



OTHER ASSOCIATE (NON-RN): **Figure 7.4-8** illustrates top decile performance for the satisfaction of all non-RN associates. This group of associates represent 2/3 of our workforce.



OTHER ASSOCIATE (NON-RN)—KEY FACTORS

One of the factors of satisfaction for the non-RN segment of our workforce is 'confidence in senior leaders.' Figure 7.4-9 illustrates that GSAM's Senior Leaders (SL) have been successful in instilling confidence in their leadership.

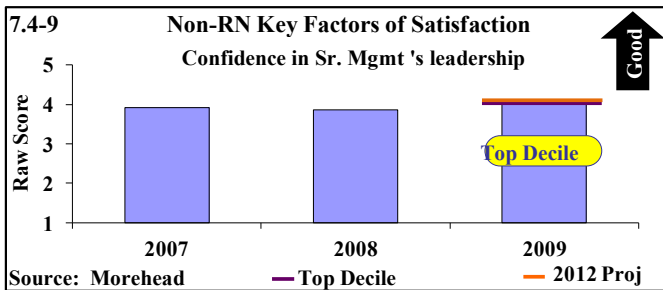
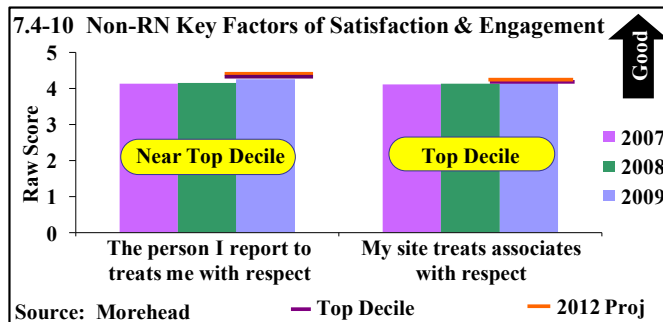


Figure 7.4-10 Respect has been identified as a factor of satisfaction and engagement for non-RN associates. Two questions on the Morehead survey indicate that non-RN associates feel respected and valued by both GSAM and their immediate supervisor.



From the expressed perspective of non-RN associates as indicated in Figure 7.4-11, GSAM's Senior Leaders have effectively enrolled them in the priority of providing compassionate, quality care/service. In addition the enjoyment of their work, another factor of engagement, adds passion to their service and contributes to our outstanding workplace reputation.

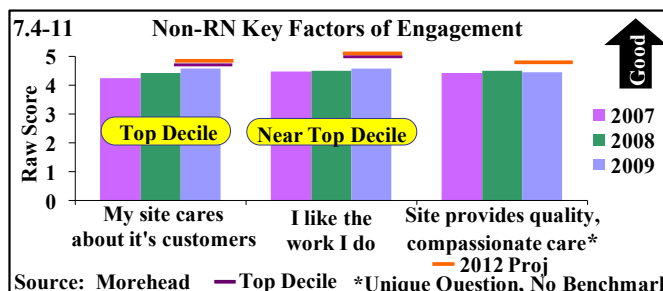
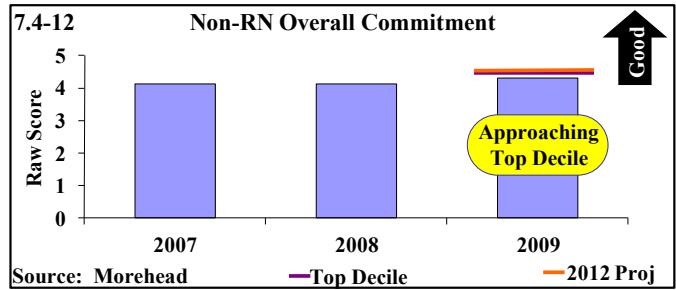
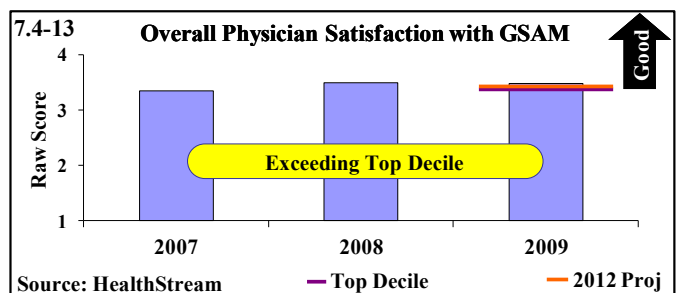


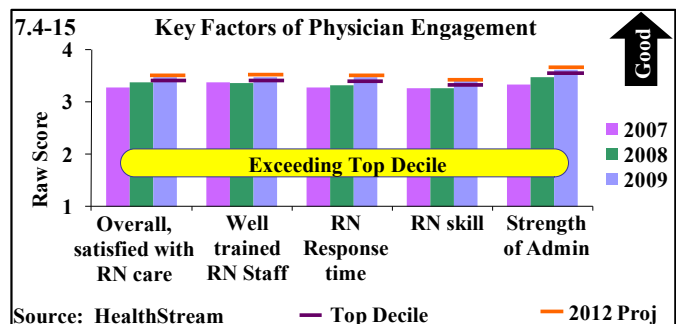
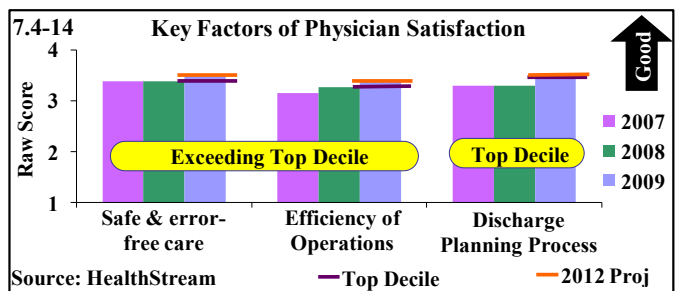
Figure 7.4-12. An indicator that we have built loyal relationships with associates is when associates indicate their commitment to the organization. Six questions make up the Commitment Indicator score and include associate's intention to 'recommend' GSAM as a good place to work or to receive care. This indicator is approaching top decile for non-RN associates.



PHYSICIANS: 7.4-13 One question on the HealthStream survey asks Physicians to rank their 'overall satisfaction with this hospital' which exceeds the top decile validating our approaches to building loyal relationships with this key stakeholder group.

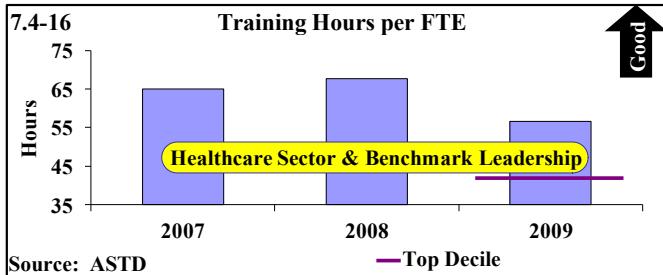


PHYSICIAN KEY FACTORS: Figures 7.4-14 and 7.4-15 Physicians ratings on the key factors of their satisfaction and engagement indicate that GSAM is their hospital of choice to practice and for their patients to receive care.



7.4a(2) Workforce Development

Figures 7.4-16 and 7.4-17 Workforce development is critical to sustainability, our ability to be agile, associate engagement, and innovation. 2007 and 2008 included extensive training for every associate on GSAM's Culture of Safety tools along with other multiple mandatory/regulatory training sessions. The number of training hours per associate and associate's satisfaction with the 'training they need to do their job' exceeds top decile.

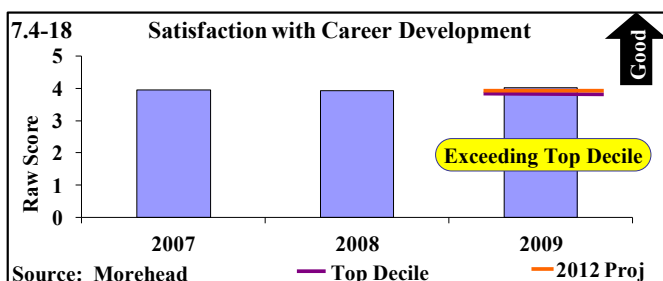


Source: ASTD



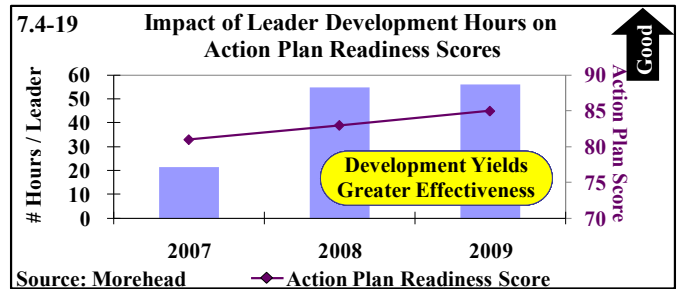
Source: Morehead

Figure 7.4-18 GSAM provides a variety of career development opportunities for associates including the ability to transfer within GSAM/AHC, progress through clinical ladders, and pursue academic degrees and certifications with GSAM financial support. In 2009, GSAM provided over \$600,000 in education assistance.



Source: Morehead

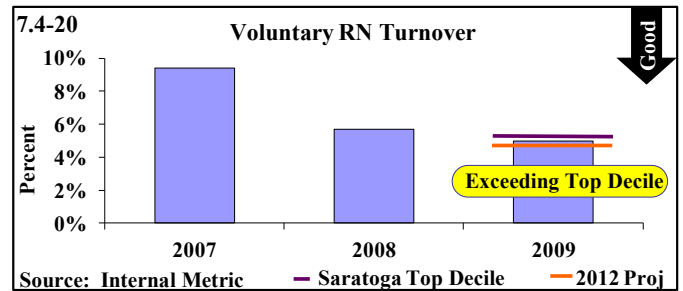
Figure 7.4-19 Leadership Development is critical to organizational success and sustainability and equips leaders with competencies to *build loyal relationships* with stakeholders. The Morehead survey calculates a 'leader action plan readiness score' which is comprised of the questions associates answer related to the 'person they report to.' GSAM's score has improved with increased leader development and our overall score of 85 indicates our leaders high readiness to engage in feedback and action planning with associates.



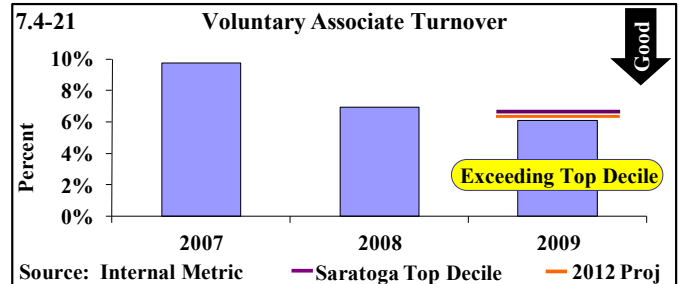
Source: Morehead

7.4a(3) Workforce Capacity

Figures 7.4-20 and 7.4-21 One way GSAM measures its ability to ensure appropriate staffing levels is through analysis of voluntary turnover. Proactive retention initiatives (e.g. peer interviewing), HR processes, and departmental action plans have resulted in a positive downward trend of voluntary turnover exceeding top decile performance.

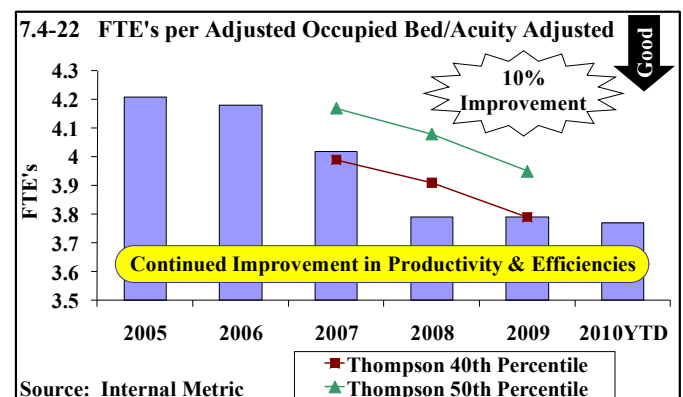


Source: Internal Metric



Source: Internal Metric

Figure 7.4-22 illustrates the impact of FTE management and the continued year to year improvement in human capital efficiencies. As a result, salary costs have been positively impacted by a 10% improvement in associate productivity since 2005.

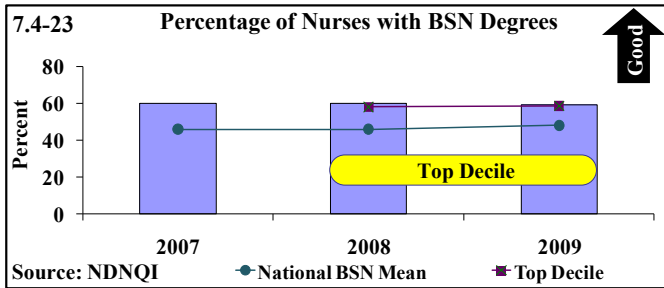


Source: Internal Metric

Workforce Capability

Figure 7.4-23 Research indicates advanced education levels in nursing result in better clinical outcomes and reduced mortality for patients. The NDNQI is a database of approximately 500 hospitals and tracks performance for

numerous nursing indicators. GSAM's high percentage of RNs with advanced degrees contributes substantially to our outstanding clinical results.



7.4a(4) Workforce Climate Health

Keeping associates healthy and at work is a GSAM priority. Strategies include mandatory pre-employment physicals and required annual TB testing. Non-compliant associates are suspended until the health requirement is met. Annual flu vaccinations, the Good Health for Good Life Program, Wellness Center memberships, and health screenings also support associate health. All AHC health plan participants and their covered spouses/domestic partners are offered participation in the *Healthe You* Program. This innovative program offers health and wellness programs through web-based media providing real-time feedback and healthy solutions based on individual health risk assessments. Compliance with pre-employment physicals and annual TB testing are listed in **Figure 7.4-24**.

7.4-24 Workforce Health				
	2007	2008	2009	2012
TB Testing Compliance	100%	100%	100%	100%
Pre-employment Physicals	100%	100%	100%	100%

Safety and Security

Figures 7.4-25 GSAM's systematic approach to associate safety, including our Environment of Care and Safety Committees, ensures a safe and secure work environment for all associates. One of these measures is the annual chemical inventory. Safety/security drills are also reported in **Figure 7.5-11**.

7.4-25 Workforce Safety				
	2007	2008	2009	2012
Annual Chemical Inventory Compliance	100%	100%	100%	100%

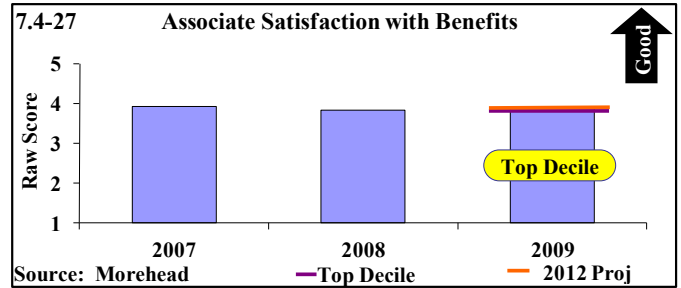
Figure 7.4-26. A variety of strategies exist to keep the workforce secure (Figure 5.2-2). We monitor our associates' sense of security bi-annually through a specific question on the Morehead survey.

7.4-26 Associate Indicators Workplace Safety (Security)				
Measure	2007 GSAM / Nat'l Norm	2008 GSAM / Nat'l Norm	2009 GSAM / Nat'l Norm	
Associate perception of safe working conditions	+	+	+	
+ Better than National Norm				

Workforce Services

Figure 7.4-27. In order to address the needs of our diverse workforce, a number of benefits have been introduced including a high-deductible plan, health reimbursement account (employer funded), long-term care insurance and a

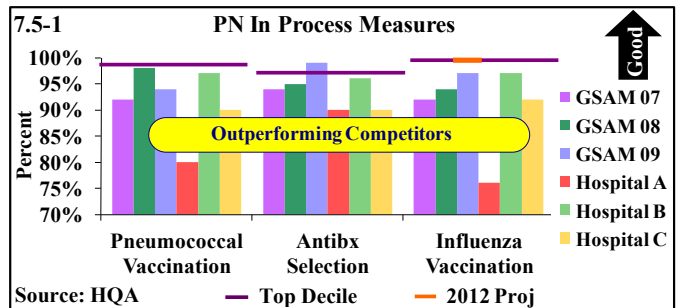
systemwide wellness initiative and rewards strategy, *Healthe You*, that supplements GSAM's long-standing wellness program, GHGL.



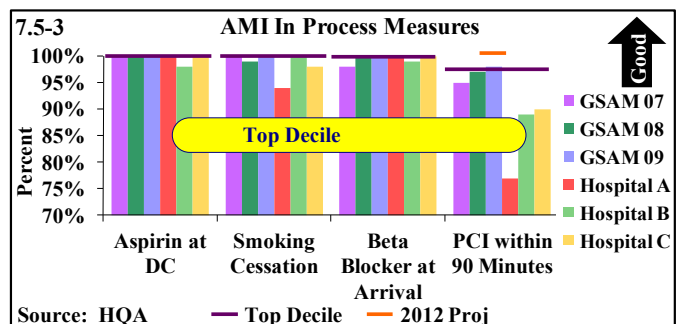
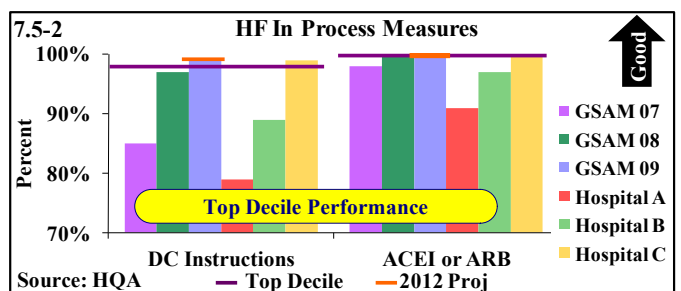
7.5 Process Effectiveness Outcomes

GSAM measures the effectiveness of clinical, operational and financial processes across the organization. The Center for Medicaid and Medicare Services (CMS) has established in-process core measures to show how often a hospital provides recommended treatments known to get the best results for patients with certain medical conditions or surgical procedures. Included are measures for heart attack (AMI) care, heart failure (HF), pneumonia care (PN) and surgical care improvement project (SCIP). **Figures 7.5-1 through 7.5-6** reflect GSAM's performance compared to our competitors on these in process measures related to our main services for general medicine, cardiology and surgical care across the IP, OP, & ED segments.

IP - GENERAL MEDICINE IN PROCESS MEASURES:



CARDIOLOGY IN PROCESS MEASURES:



SURGERY IN PROCESS MEASURES:

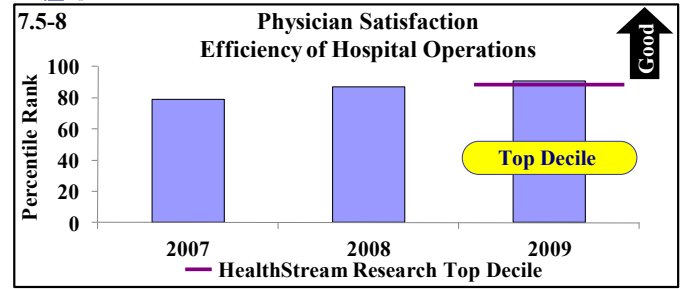
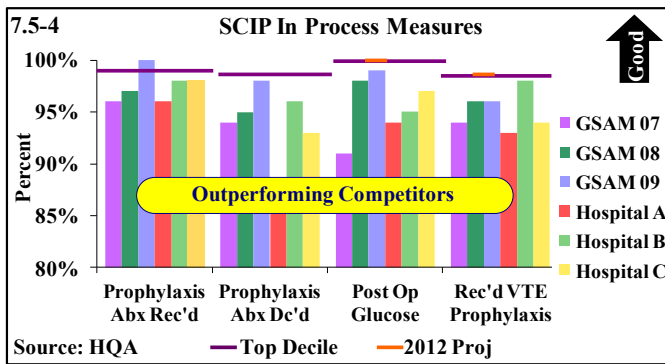
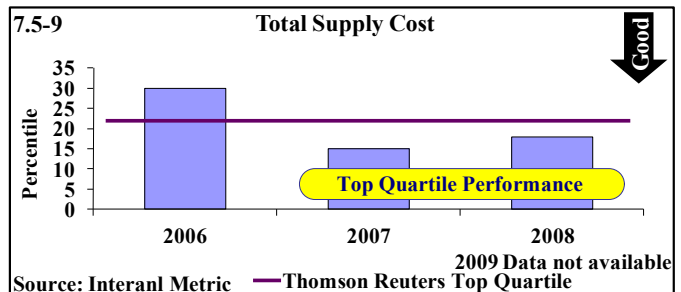
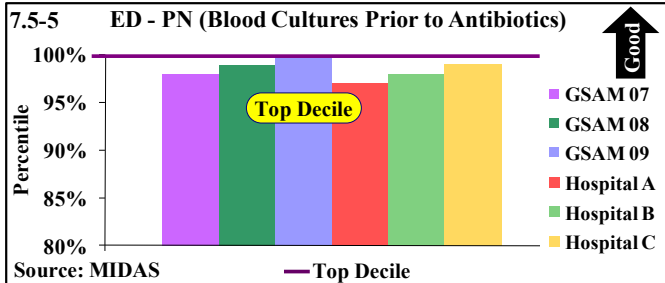
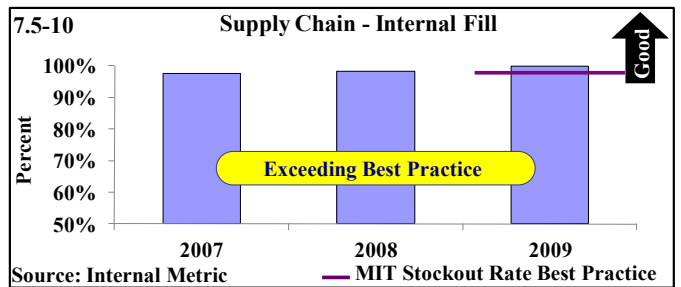
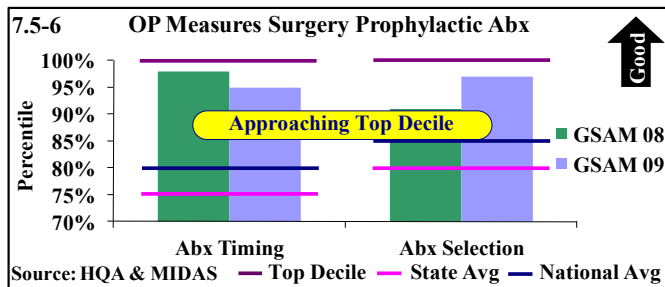


Figure 7.5-9 and Figure 7.5-10 Controlling the cost of care through effective supply chain processes to manage total supply costs and provide caregivers with the supplies they need when they need them is key to work system efficiency. Excellence in these processes helps to create value for our patients by lowering the cost of health care.

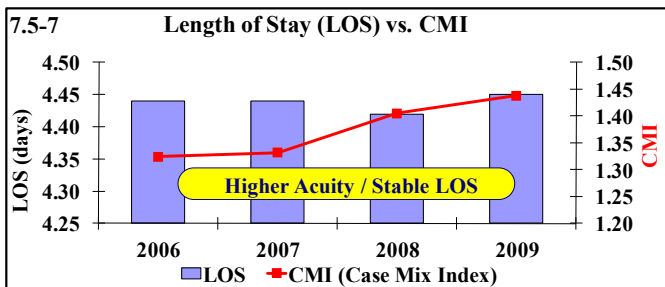
ED IN PROCESS CORE MEASURE:



OUTPATIENT IN PROCESS CORE MEASURES:



LENGTH OF STAY (LOS): GSAM has sustained a low and stable LOS over the past 4 years. The case mix index (CMI) indicates the acuity of the patients has increased over this time period. Figure 7.5-7 shows GSAM continues to utilize resources in a cost effective manner, providing efficient care to the most acutely ill patients in DuPage County.



EMERGENCY PREPAREDNESS: Figure 7.5-11 GSAM develops a high level of preparedness through regular emergency drills and exercises that exceed the number of drills required by regulatory agencies. By frequently testing then evaluating and improving the effectiveness of our preparation, we are assured GSAM is prepared for the unexpected.

7.5-11 Readiness for Emergencies				
Emergency Type	2007	2008	2009	REQ
Fire Drills	32	60	46	12
Emergency Prep Exercises	5	4	4	2
Code Pink Drills	4	4	4	0
Community Drills	1	1	1	1

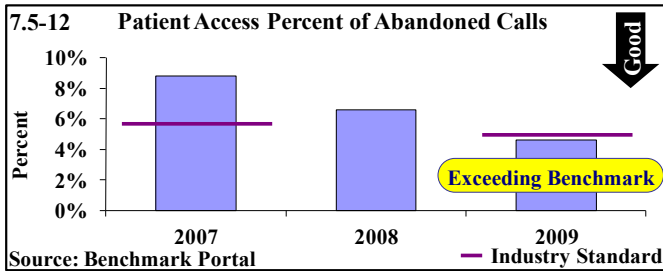
WORK SYSTEM EFFICIENCY: GSAM's provision of efficient hospital operations is a key stakeholder requirement of our physicians. In 2009 our physicians ranked their satisfaction of GSAM's ability to provide efficient operations in the top decile of hospitals in the nation. Figure 7.5-8 reflects the confidence of the medical staff in GSAM's ability to efficiently run the hospital leading to increased volumes and referrals.

7.5a(2) Key Work Process Effectiveness

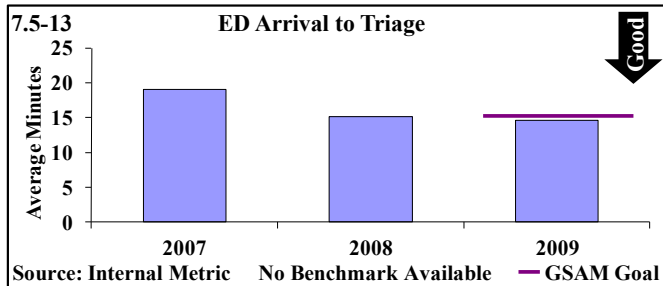
GSAM has in-process measures in place to evaluate the efficiency, effectiveness and productivity within our key work and support processes [Figure 6.1-1].

PATIENT ACCESS PROCESSES: A key measure in patient access is the ability of our patients to connect quickly with the Central Scheduling Department when needing to schedule an appointment. Our goal is to answer calls within

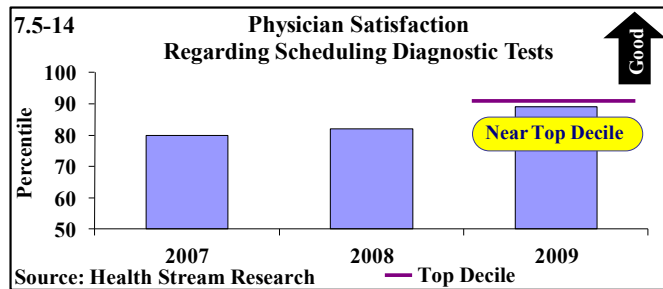
60 seconds. **Figure 7.5-12** shows improvement in the percent of abandoned calls in the department.



Another key measure of efficiency related to patient access is the average time for an emergency room patient to be triaged by the RN following their arrival. A focus on ED throughput improvements has resulted in a decrease in patient wait times in the ED over three years as shown in **Figure 7.5-13**.



ASSESSMENT AND DIAGNOSTICS PROCESSES: The ease of scheduling patients for diagnostic testing is a key driver of physician satisfaction. Ongoing cycles of improvement to standardize processes and streamline efficiencies has increased physician satisfaction in this area to near top decile performance in 2009 shown in **Figure 7.5-14**.



There are an estimated 20 million Americans affected by obstructive sleep apnea (OSA) of which 85-90% go undiagnosed and untreated. GSAM launched an innovative performance improvement initiative to improve outcomes for these patients postoperatively. **Figure 7.5-15** reflects the increase in the patients identified over the three year period.

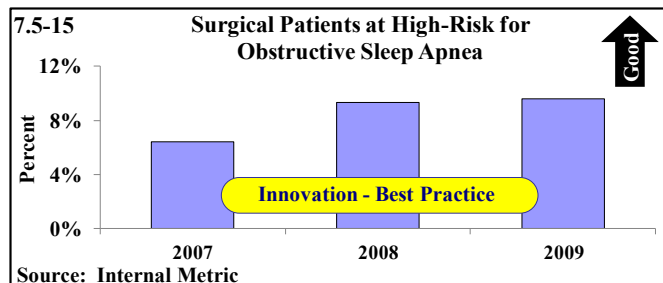
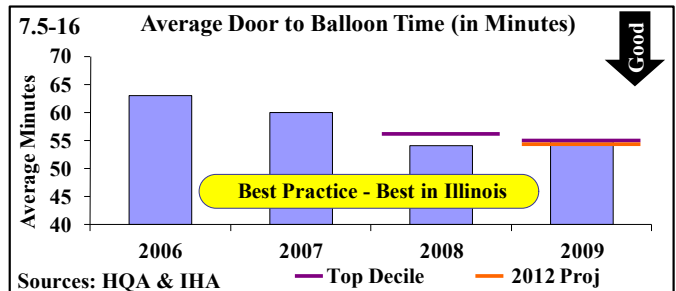
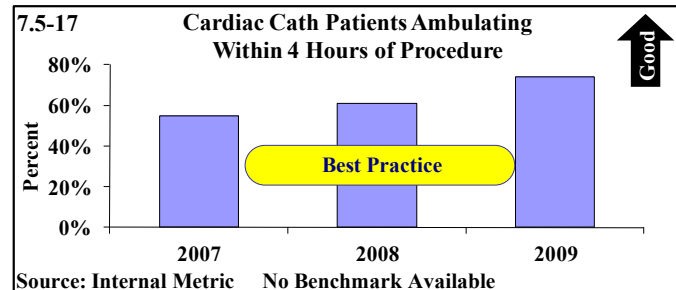


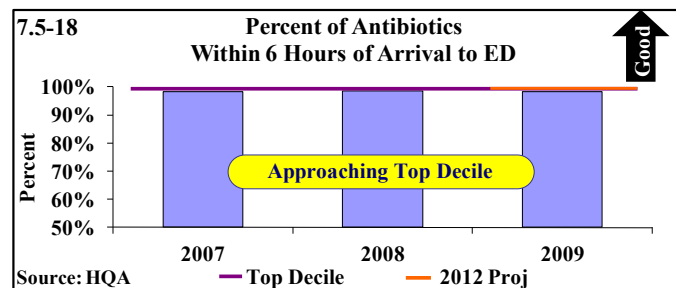
Figure 7.5-16 The ability to assess and diagnose a heart attack and deliver the needed intervention is measured in “Door to Balloon” (D2B) time. Balloon angioplasty can decrease a patient’s risk of dying by 40% if done within 90 minutes of arrival. GSAM completed a Six Sigma project on D2B and has improved this processes to best practice level with a 2009 D2B average time of 55 minutes. The program created (“Cardiac Alert”) has been benchmarked by a number of organizations from across the country and was recognized by the IHI as a international best practice in 2006.



CARE AND TREATMENT PROCESSES:
OUTPATIENT—A process improvement team set out to create a best practice of early ambulation for cardiac catheterization patients via participation in a “Get with the Guidelines” initiative through the American Heart Association. Previously patients had been lying flat for 24 hours following the procedure. An internal, aggressive goal of ambulating patients within 4 hours was set. **Figure 7.5-17** shows the success of the improvements over a 3 year period.

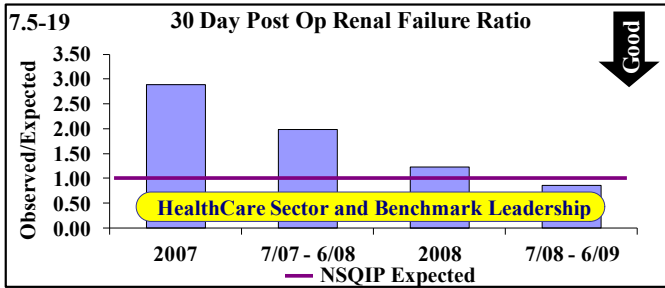


ED—**Figure 7.5-18** Evidence shows pneumonia patients who receive antibiotics within 6 hours of arriving in the ED have better outcomes. GSAM performance on this measure is 98-99% compliance, nearing top decile which is 100%. We are projecting sustained perfect performance by 2012.

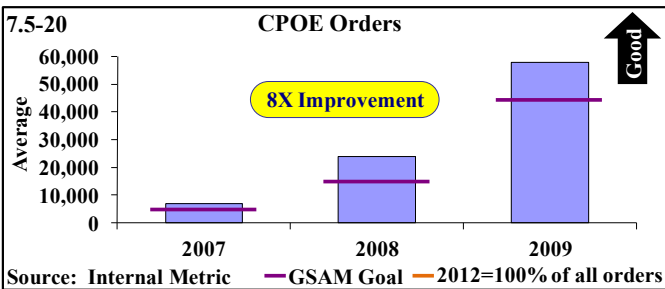


SURGERY—**Figure 7.5-19** GSAM’s participation in NSQIP allowed us to identify an opportunity where we were not performing at expected levels in post-op renal failure rates. A Failure Mode Effect and Analysis (FMEA) team identified

opportunities to improve the process and implemented changes that have resulted in a 15% better than expected level of performance when benchmarked against this very competitive database. GSAM has been asked to present our improvements and best practices in this area at the 2010 NSQIP National Conference.



GENERAL MEDICINE-Figure 7.5-20 When GSAM deployed an electronic medical record in 2006, we had the opportunity to introduce the ability to provide safer care through computer provider order entry (CPOE). Results for increasing the number of orders entered via CPOE have outperformed our targets over the 3 years and we project that 100% of all orders will be entered via the computer by 2012.



DISCHARGE PROCESS: Figure 7.5-21 The process for a patient's discharge begins on admission. An internal metric used to monitor the timeliness of the discharge process is the percent of time a social work screening for discharge needs takes place within 24 hours of the patient's admission. Consistent improvement in these results has aided the entire care team to provide a safer and more timely transition of our patients to the next level of care.

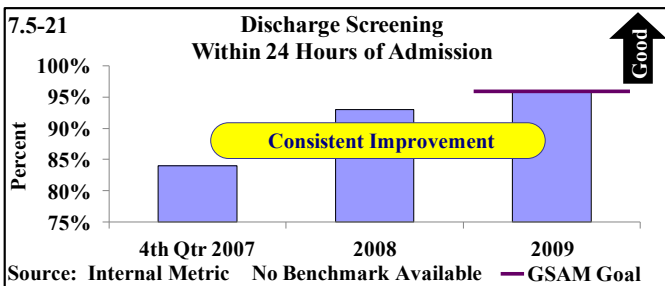
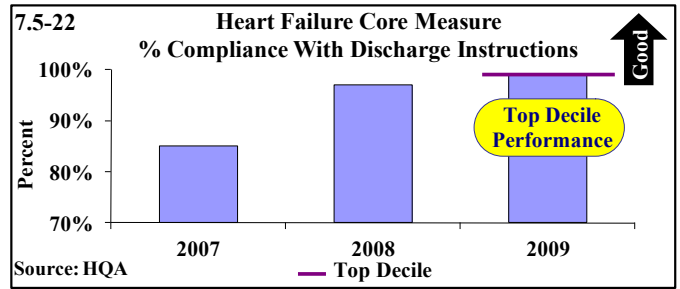
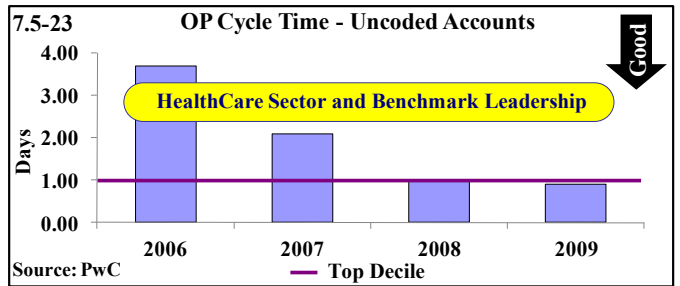


Figure 7.5-22 Discharge instructions for HF patients is an indicator within the HF bundle where every element of education the patient needs to manage their care at home must be provided. GSAM has made numerous cycles of improvement to this process through the work of the Cardiac Team and has achieved top decile performance in this area.

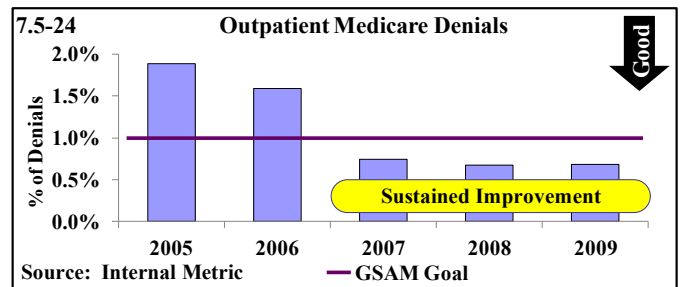


Key Support Work Process Effectiveness

Figure 7.5-23 Many support work processes help to provide for the smooth, timely and efficient functioning of our work systems [Figure 6.1-1]. The process for timely coding of outpatient accounts allows for optimal billing turn around times and in turn, provides the needed financial resources for reinvestment in the enterprise. The cycles of improvement driven by the Revenue Cycle Team have led to top decile performance when compared against Price Waterhouse Cooper (PwC) benchmarks.



The GSAM Denials Team identified a number of process improvements to reduce OP Medicare denials including partnering with physicians to improve the documentation of medical necessity when outpatient tests are ordered. Technology solutions were also implemented to support the process. Improvements are reflected in **Figure 7.5-24**.



GSAM depends on the Information Technology (IT) staff for timely response and resolution to any issues with the multiple computer systems we depend on to deliver care. **Figure 7.5-25** shows IT has exceeded the internal goal of 95%, and meets the needs of the department's internal customers.

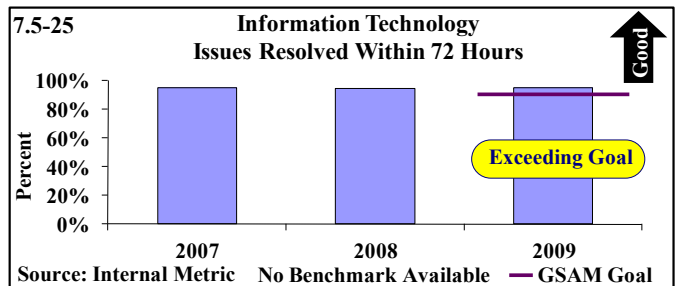
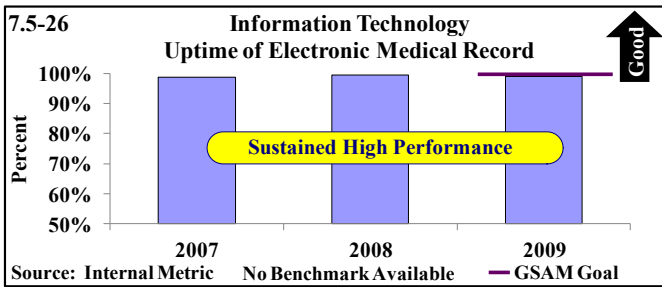


Figure 7.5-26 GSAM associates and physicians depend on the electronic medical record (EMR) to record and monitor the processes of patient care. An internal measure was established to monitor the uptime of the EMR and 99% of the time, needed systems are available to support caregivers.



Human Resource (HR) processes must be efficient and effective for hiring needed staff. The ability for HR to fill vacant positions in a timely manner, even with the added step of the innovative peer interviewing processes (to assure peers have input into the selection of new staff for their departments), has improved over the three year period. **Figure 7.5-27** shows our performance for 'days to fill' exceeds the Saratoga median benchmark.

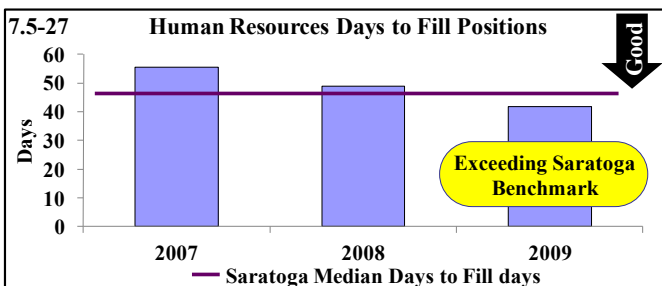
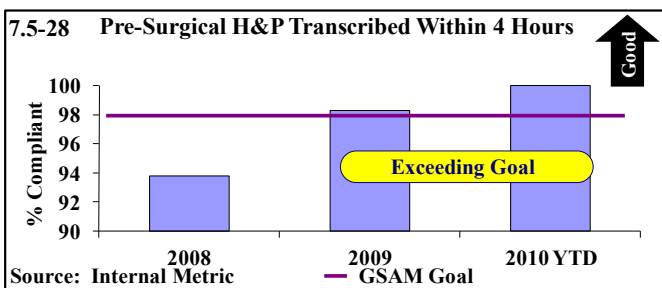


Figure 7.5-28 Associates and physicians depend on the processes within the Health Information Management (HIM) department to be timely and accurate. An internal metric for cycle time for transcribing pre-surgical history and physicals (H&Ps) became critical to support our increasing surgical volumes. HIM has shown consistent improvement in the turn around time for these reports and is performing at 100% in the first quarter of 2010, exceeding the target of 98%.



7.6 Leadership Outcomes

7.6a(1) Organizational Strategy / Action Plans

G2G, launched in 2004, created significant momentum to propel GSAM to achieve breakthrough results in all pillars as illustrated in **Figure 7.6-1**.

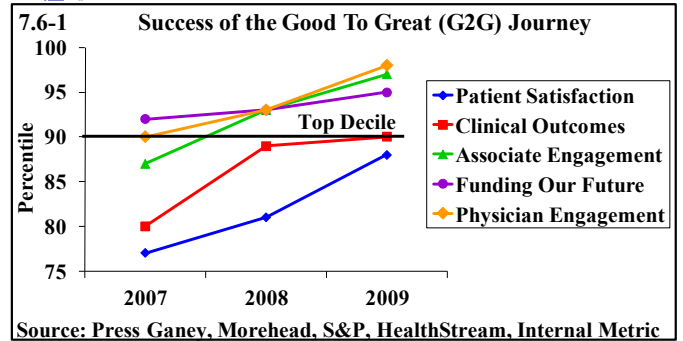


Figure 7.6-2 Organizational strategy and action plan accomplishment is summarized in GSAM's 2009 report card. Our process-driven culture and evidence-based leadership strategies have resulted in the achievement of 15 out of 18

7.6-2 Organizational Report Card	
Jan—December 2009 Goal (Stretch)	Results
CPOE Orders of 44,247 (55,346)	57,905
AMI Bundle of 100% (100%)	100%
HF Bundle of 96% (100%)	99%
Pneumonia (PN) Bundle of 91% (96%)	94%
Surgical Infection (SCIP) Bundle of 88% (93%)	95%
ABX Timing (OP) of 94% (97%)	98%
ABX Selection (OP) of 90% (95%)	99%
AHRQ Bundle	3 of 4
ICU Protocols Bundle	4 of 4
Associate Satisfaction 80th percentile (90th)	96%
Inpatient Satisfaction (H-CAHPS) 65th (75th)	63rd
Outpatient Satisfaction of 75th (85th)	94th
Emergency Satisfaction of 70th (78th)	92nd
Physician Satisfaction 75th (85th) (Composite = 95th)	97th
Service Area Net Revenue of \$402.4M (B) (\$414.4M)	\$390.6M
Service Area Operating Margin 4.10% (B) (\$23.95M)	6.13%
Cost Per Adjusted Discharge of \$7,998 (\$7,838)	\$8,106
Philanthropic Giving \$1.1M (B) (\$1.5M)	\$1,933,000
Key:	
Met or Exceeded Stretch Goal	
Met or Exceeded Target	
Approaching Target	
Below Target	

GSAM has received over 35 awards and distinctions since 2006 validating outstanding achievement and reinforcing stakeholder trust. **Figure 7.6-3** lists some of the major awards, recognitions and designations representing the discipline, commitment and perseverance of all GSAM leaders, associates, physicians and stakeholders in our unending G2G journey.

7.6-3 Award & Recognition of Organizational Strategy and Action Plan		
Pillar	Award/Recognition/Designation	Organization
Overall	100 Top Hospital Overall	Thomson Reuters
	Partner for Change Award	Practice Green Health
Health Outcomes	"Fire Starter" of the month	Studer Group
	Lincoln Award for Performance Excellence	Lincoln Foundation
	100 Top Hospital for CV	Solucient
	Specialty Excellence Award for Gastrointestinal Care	
	National Quality Leader in Medically Managed AMI	CareScience
	Distinguished Hospital for Clinical Excellence – Patient Safety, Cardiac Care, Coronary Intervention, Stroke and Pulmonary	
	Superior Quality Merit Award	Data Advantage
	Platinum Quality Award	MIDAS
	Top 50 Hospitals for Treatment of Digestive Diseases	US News & World Report
	Associate Engagement	Magnet Designation of Nursing Excellence
Patient Satisfaction	Compass Award	Press Ganey
Physician Engagement	Excellence Through Insight Award	HealthStream
Growth	Bariatric Center of Excellence	Surgical Review Corporation
Funding Our Future	"AA" Rating	Moody's/S & P
Evidence of Strategic Success		

7.6a(2) Governance / Fiscal Accountability

The Governing Council survey evaluates members' assessment of GSAM's performance and overall GC effectiveness. **Figure 7.6-4** summarizes GC member assessment of four key performance areas as 'good' or 'excellent' with increased 'excellent' ratings over time.

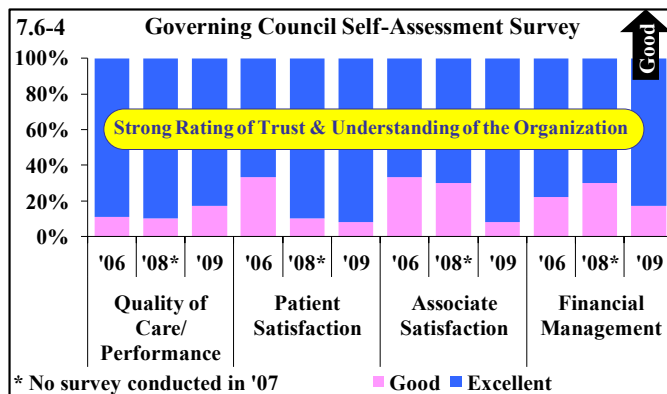


Figure 7.6-5 The positive outcomes of all internal and external audits validates GSAM's commitment to an excellent control environment and outstanding fiscal accountability.

7.6-5 Summary of Financial Audits			
Financial Audits	Rating		
	2007	2008	2009
A-133	Pass	Pass	Pass
BlueCross Cost Report	Pass	Pass	Pass
AHC Financial Audit (E & Y)	Pass	Pass	Pass
AHC Portable Pension Plan	Pass	Pass	Pass
Medicaid Cost Report	Pass	Pass	Pass
Medicare Cost Report	Pass	Pass	Pass
Internal Audits	Pass	Pass	Pass
External Coding Audits (YPRO)	Pass	Pass	Pass
Passed 100% of all Audits			
Outstanding Fiscal Accountability			

7.6a(3) Accreditation, Assessment, Compliance

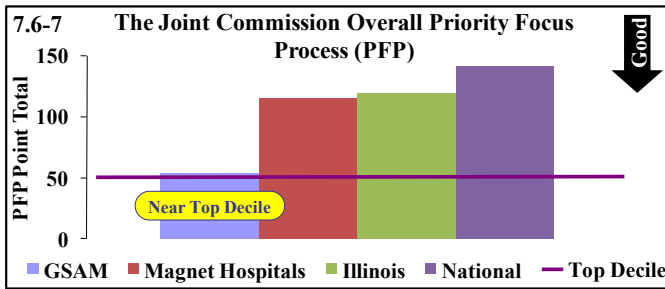
GSAM's goal is to meet and exceed regulatory, legal, and accreditation requirements both nationally and locally. GSAM also voluntarily seeks accreditations to drive program and service quality. **Figure 7.6-6** shows 100% required accreditation/compliance and accreditations achieved beyond requirements.

7.6-6 Accreditation, Regulatory, Legal Compliance (2007-2009)			
Agency	Measure	Goals	Results
Required			
TJC	Accreditation	Full Accreditation	Full
CAP/CLIA	Accreditation / Licensure	Full Accreditation / Licensure	Full
CMS	Conditions of Participation	Full Participation	Full
ACOS, ACS, Commission on Cancer	Center Designation	Accredited Cancer Center	Full
Audits	Recommendations	Full Compliance	Full
IDPH	Licensure	Full Licensure	Full
IEMA	Certification	Certification	Full
IDPR	Staff Licensure	100% Compliance	100%
FDA Mammography	Accreditation	Full Accreditation	100%
Physicist Survey	Annual Review	100% compliance	100%
Physician Contract Review	Signed current contracts	100%	100%
Beyond Requirements			
ANCC	Magnet Designation for RN Excellence	Designation	Full in 2009
Surgical Review Corporation	Bariatric Surgery Center of Excellence	Designation	2009
TJC	Advanced Primary Stroke Center Designation	Designation	2009
Full Accreditation or 100% Compliance			
Full Regulatory Compliance			

The Joint Commission Overall Priority Focus Process evaluates organizations' performance in fourteen areas including assessment/care services, patient safety and quality

improvement activities to calculate total PFP points.

Figure 7.6-7 demonstrates that GSAM's performance exceeds national and state hospitals as well as performs better than Magnet hospitals.



7.6a(4) Ethical Behavior and Stakeholder Trust

Figure 7.6-8 Our MVP drives us to demonstrate the highest of ethical behaviors leading to stakeholder trust. Associates have strong confidence in the ethical behavior of SL and governance of the organization as evidenced by top decile performance in three questions in the associate satisfaction surveys.

7.6-8 Associate Indicators of Ethical Behavior & Stakeholder Trust			
Measure	2007 GSAM / Nat'l Norm	2008 GSAM / Nat'l Norm	2009 GSAM / Nat'l Norm
Associate perception of ethical behavior	+	+	++
GSAM acts consistently on MVP	+	+	+
Associate perception of safe working conditions	+	+	+
Associates trained in corporate compliance	78%	92%	92%
Business Conduct hotline calls	3	3	1
Compliance in Signing Conflict of Interest Disclosure Statements	100%	100%	100%
HIPAA fines or sanctions	0	0	0
++ Top Decile in Morehead National Database		+ Better than National Norm	
Associates Trust in our Ethical Behavior			

Figure 7.6-9 Patients and key stakeholders also possess strong trust in SL/governance ethical behavior demonstrated through loyalty, satisfaction, brand preference, and market share metrics.

7.6-9 Stakeholder Trust in Senior Leaders and Governance		
	Figure	Trend
Patients	7.2-1, 7.2-2, 7.2-3, 7.2-19, 7.2-20, 7.3-11	+
Physicians	7.2-16, 7.2-22, 7.3-11, 7.3-13, 7.4-13	+
Community	7.2-21, 7.2-23, 7.2-25, 7.6-10	+
+ Beneficial trends over three years		

Figure 7.6-10 represents philanthropy dollars raised from community members and GSAM's own associate base through the annual Associate Giving Campaign. Despite difficult economic times, GSAM was able to see a four-fold increase in associate donations from 2005-2009. A significant increase in donations from the community demonstrates the trust community members have placed in the hands of GSAM's SLs and governance.

7.6-10 Associate & Community Donations					
	2005	2006	2007	2008	2009
Community Donations	\$867K	\$1.5M	\$2.3M	\$1.93	\$2.44M
Associate Giving	\$28K	\$63K	\$72K	\$100K	\$123K
Does Not Meet Goal			Exceeds Stretch Goal		
Substantial Community Support; 4X Increase from Associates					

7.6a (5) Societal Responsibility and Community Support

Figure 7.6-11 GSAM demonstrates its commitment to the societal well-being and the community through initiatives such as early adoption of environmentally friendly construction standards and the recycling of waste. GSAM was recognized in 2008 and 2009 from Practice Greenhealth with the Partner for Change Award, one of only 60 facilities recognized in the nation.

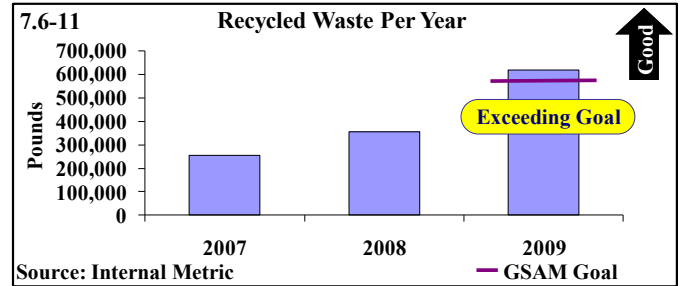
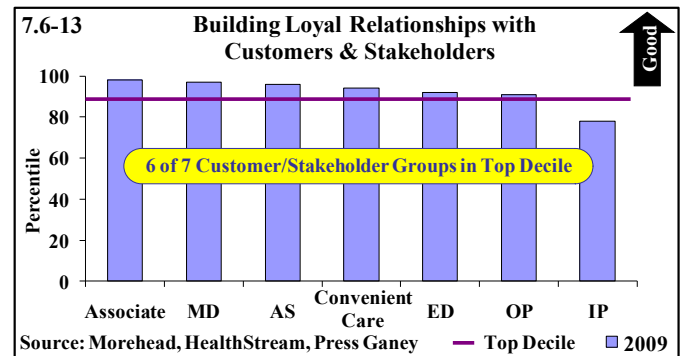


Figure 7.6-12 GSAM provides both charitable and uncompensated care. Uncompensated care represents the portion of patient care which is unreimbursed to the organization. GSAM also provides many community health events and screenings to keep the community healthy and/or to provide preventative health education. Language Assistance Services have increased as the demographics of our service area have become more ethnically diverse. This allows non-English speaking patients to understand their care plan for optimal treatment and recovery.

7.6-12 Community Benefit Summary				
	2007	2008	2009	Trend
Health Events - # of Lives Touched	29,081	34,963	46,701	+
Health Events - # of Services Administered	1,278	3,444	14,222	+
Health Professionals Education	\$1.75M	\$1.82M	\$2.48M	+
Language Assistance Services	\$164K	\$286K	\$335K	+
Charity Care	\$16.6M	\$20.1M	\$18.9M	+
Cost of Programs Not Reimbursed (Total)	\$92.5M	\$105.5M	\$110.8M	+
Substantial Community Benefit in a Declining Economy				

Figure 7.6-13 illustrates our success in achieving the depth and quality of relationships essential to both curing and healing and the fulfillment of our mission.



GLOSSARY OF TERMS & ABBREVIATIONS

24/7 - Twenty four hours a day, seven days a week

30/90 Day New Hire Discussions - Standardized meetings between new associate hires and their managers. Four specific questions are routinely asked at both meetings, in efforts to reduce turnover that typically occurs in the first quarter of employment

A

Abx - Antibiotics

ACA – Apparent Cause Analysis; a retrospective improvement methodology to determine the most probable cause for an event based on readily available information

ACEI – Angiotensin Converting Enzyme Inhibitor (lab value)

Access DuPage - A collaborative effort by a unique partnership of hospitals, physicians, local government, human services agencies, and community groups working together in DuPage County, IL to provide access to medical services to the county's low-income, medically uninsured residents.

ACL Labs - A joint venture between Advocate Healthcare Laboratory and Aurora Healthcare, Wisconsin for laboratory services

ACOG - American Congress of Obstetricians and Gynecologists

Advocate Health Care - Chicagoland's largest integrated health care provider with ten (10) acute care hospitals, two (2) children's hospitals, over 200 sites of care, 30,000 associates and 5400 affiliated physicians

Advocate Plus - A program that pays the co-insurance for associates when they receive care at an Advocate facility

Advocate Learning Exchange (AleX) - An online tool which allows associates to identify and register for instructor-led training and complete online learning modules

AHC - Advocate Health Care

AHC/GSAM - Advocate Health Care / Good Samaritan Hospital

AIDETSM - Five Fundamentals of Service (Acknowledge, Introduce, Duration, Explanation and Thank you)

All Aboard Training – Follow-up orientation for new hires after they have been employed for 3 months

ALOS - Average Length of Stay

Ambulatory - Medical services provided on an outpatient basis

AMI - Acute Myocardial Infarction

AMS – Advocate Management System; the AHC online software program that tracks aligned management goals; calculates YTD and annual performance scores on levels of achievement; allows for cascading of goals from senior leaders to leaders

AOS – Available on site

APP-Clinical Integration Program - physicians partnered with GSAM to track achievement on 107 measures of clinical outcomes, efficiency, and patient satisfaction in 2009.

Aramark – GSAM contracts with to provide dietary and environmental services

ARB – Angiotensin Receptor Blockers (lab value)

AS - Ambulatory Surgery

Associate - AHC/GSAM employee

ASTD – American Society for Training and Development

At Your Service - tracks all calls from associates, physicians and staff for issues related to plant, property and equipment.

B

BBEs - Behavior-based-expectations. Communication tools utilized to ensure a Culture of Safety

BC - Business Conduct

BCBS - Blue Cross & Blue Shield Insurance Company

BSI - Blood Stream Infections

Business Conduct Hotline - A dedicated phone line used by AHC/GSAM associates to voice concerns and report possible ethical/legal wrongdoing

C

CAP - College of American Pathologists

Care Connection - The AHC electronic medical record. A Cerner Corporation product

CARE Line - A hospital phone line for patients who have questions or concerns that need to be addressed immediately

CCC - Communication, Critical Thinking and Collaboration equal Quality Outcomes. A collaborative education program between nurses and physicians to improve clinical outcomes, patient safety and communications

CCP - Critical Care Pavilion

CE Direct - Online subscription to over 450 continuing education courses for nurses that can be accessed on the job or from home

Center of Excellence – Facilities or organizations that create healthcare value that exceeds the norm in a particular area, e.g., Bariatrics, Stroke

CHF - Congestive Heart Failure

CIC - Clinical Integration Council; all GSAMDirectors

CME - Continuing Medical Education

CMI - Case Mix Index

CMS - Center for Medicare/Medicaid Services

CNE - Chief Nurse Executive

Communication Board - Standardized posting of pillar results and information in every unit and department

COMPdata - COMPdata is a comprehensive, multidisciplinary source of comparative utilization, clinical, physician, financial, demographic, market share, quality, performance measurement, and severity-adjusted information

Core Measures - Evidenced based practice bundles for perfect care (See AMI, CHF, PN, SCIP)

CRM - Customer Relationship Management; a database that helps GSAM manage customer relationships in an organized way

CPOE - Computerized Provider Order Entry

Culture of Safety - An integrated approach to enhance teamwork and communication to reduce human error

Culture of Transparency - A culture in which information is shared with all staff

D

Days in AR - Days in Accounts Receivable

D/C - discharge

Discharge Call Manager - Software used by nursing staff that tracks calls to patients within 24 hours of discharge. Automatically alerts appropriate leaders to issues and compliments

Door to Balloon (D2B) - Time from patient entry into emergency room to cardiac catheterization

DVT - Deep Vein Thrombosis

DVT Rate - Patients with DVT per 1,000 at risk patient population

E

EAP - Employee Assistance Program

ED - Emergency Department

e-ICU® - Electronic Intensive Care Unit; remote monitoring of critical patients in the Critical Care Pavilion

EMR - Electronic Medical Record

EOC - Environment of Care

EOP - Emergency Operations Plan

EPEC - Exceptional Patient Experience Committee

ET - Executive Team

F

Five Fundamentals of Service (AIDETSM) - Standardized communication template for all associates to utilize in patient/customer interactions

FLL - Front Line Leaders

FMEA - Failure Mode and Effect Analysis

Front-line leaders - Supervisors, charge nurses, and coordinators, who may have responsibilities to: hire, dismiss, conduct performance reviews, give salary increases

FTE - Full time equivalent; an FTE of 1.0 means that the person is equivalent to a full-time worker, while an FTE of 0.5 signals that the worker is only half-time.

Funding our Future - One of GSAM's six pillars of performance. The Funding our Future pillar measures various indicators of financial performance

G

G2G (Good to Great) - GSAM's initiative to establish a culture of excellence. G2G concept is based on Jim Collin's book of the same name

GC - Governing Council

GHGL - Good Health for Good Life associate wellness program

GI - Gastrointestinal

GSAM - Advocate Good Samaritan Hospital

GSLS - GSAM Leadership System

H

HCAHPS - Hospital Consumer Assessment of Healthcare Providers & Systems

Health Advisor - AHC's Customer Contact Center to locate a physician, make appointments, and/or secure health information

HFMA - Healthcare Financial Management Association

HIPAA - Health Information Portability and Accountability Act of 1996; a portion of this legislation concerns privacy of health information

HICS - Hospital Emergency Incident Command System; integrates the facility response with the community and other healthcare responders in the event of an emergency

HML® - High Middle Low performers

Hospital Acquired Pressure Ulcer - Skin breakdown not documented as present on admission

Hourly Rounding - Hourly safety rounding of patients by caregivers to check on pain, positioning, and hygiene needs

HR - Human Resources

HVA - Hazard Vulnerability Assessment

I

IHI - Institute for Healthcare Improvement; an international organization helping to lead the improvement of health care

Illinois Hospital Emergency Mutual Aid Memorandum of Understanding - Transfer arrangements to identified facilities within the community should an evacuation become necessary

IP - Inpatient

IT - Information Technology

It Pays to Stay - Reductions in health care premiums for associates with longer tenure

K

Key Words at Key Times - Things said to "connect the dots" and help patients, families and visitors better understand hospital policies and practices. Key Words at Key times align words with actions to give a consistent experience and message

Knowledge Management - Any tools that support decision-making or processes/mechanisms to identify and share best practices

L

LDI - Leadership Development Institute; 1-2 day per quarter off-site education sessions for GSAM leaders

LEAN - an improvement methodology that focuses on maximizing customer value and minimizing waste

LES – GSAM’s Legal and Ethical System [Figure 1.2-3]

Level I Trauma - The highest trauma level designation; requires in-house surgeons and anesthesiologists on duty 24 hours a day at the hospital, an education program, preventive and outreach programs

Level III Perinatal Care - Health care services provided to mothers and newborns from pregnancy through the first month of the infant's life. Level III care refers to a hospital that provides intensive care for neonates

LOS - Length of Stay

M

Magnet - The Magnet Recognition Program® developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that provide nursing excellence

Manager Incentive Plan - Opportunity for leaders to earn a percentage of their wages based on annual clinical, service and financial results

MEC - Medical Executive Committee

Medical Staff (Physician) Development Plan - Comprehensive plan to secure physicians to fill shortages or expected shortages

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

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

MI - Myocardial Infarction; a heart attack

MIDAS - Medical Information Data Access System

Morehead & Associates - External company that specializes in conducting employee opinion research that informs and stimulates organizational performance; services utilized by 25% of the top 100 hospitals in the US and 20% of the ANCC's Magnet Hospitals

Most Wired - Annual award given by Hospitals and Health Network to the Most Wired Hospitals based on survey of wireless technologies

MVP - Mission, Values and Philosophy

My Advocate – optional tool on the AHC web page that allows community members to create and store personal health pages such as doctors list and a personal health calendar

My Career Webpage - Job search section of AHC's website. Allows associates to search for jobs and includes the ability to build a resume or Refer a Friend

N

NDNQI - National Database of Nursing Quality Indicators

NHSN – National Healthcare Safety Network; database for national infection control reporting

NICU - Neonatal Intensive Care Unit

NSQIP – National Surgical Quality Improvement Program

O

OB - Obstetrics

OP - Outpatient

OP Denials - Refusals to reimburse the hospital for non-covered outpatient services from third-party payors

Operational Medical Response Disaster Plan - The plan for notification and communication between area hospitals, physicians and patient families in a disaster

OSHA - Occupational Safety and Health Administration (US Department of Labor); promotes the reduction of workplace injuries and fatalities

P

Pampered Pregnancy - A hospital program for pregnant women that provides them with complimentary or discounted amenities (e.g., manicure, massage, pre/post-natal fitness classes) when they deliver their baby at GSAM

PCI - Percutaneous Coronary Interventions are procedures that are among the most effective ways to open blocked blood vessels and help prevent further heart muscle damage.

PDSA - Plan, Do, Study, Act. The steps in a process improvement approach

Peer Interviewing - Utilization of co-workers to evaluate job candidates for the right attitude, skill set and culture fit

P.E.P. - Patient Experience Profile is a pre-employment screening given to determine the candidate’s ‘fit’ with the AHC/GSAM values and customer service orientation

PFP – The Joint Commission’s Priority Focus Process

PG – Press-Ganey

PHNS – Provider HealthNet Services Inc. – GSAM contracts with PHNS for Health Information Management Services

PI - Performance Improvement

PI Showcase - Monthly forum for GSAM departments to present PI initiatives and action plans to Senior Leaders

PI Super Bowl - Annual event highlighting departments with the outstanding performance improvement results

Pillars - A framework used to set organizational goals and the evaluation process and assist in balancing the needs and expectations of all stakeholders. Pillars lay the foundation for consistent evaluations, communications and work planning. GSAM’s six pillars of performance are: Health Outcomes, Associate Engagement, Patient Satisfaction, Growth, Physician Engagement, & Funding Our Future

PMES – GSAM’s Performance Measurement System [Figure 4.1-1]

PMO - Project Management Office; a team consisting of senior leaders, physicians, and IT leaders to determine strategic direction, enhancements, and/or changes to the information technology roadmap to better meet clinical, patient, operational and workforce needs.

PMS - Performance Management System [Figure 5.1-2]

PN - Pneumonia

Plan of Care - Multi-disciplinary plan which is reviewed with patients and families and up-dated regularly

Practice Greenhealth - The nation's leading membership and networking organization for institutions in the healthcare community that have made a commitment to sustainable, eco-friendly practices.

Press-Ganey Associates (PG) - The largest comparative database of patient satisfaction in the nation; provides GSAM with satisfaction survey tools for a variety of inpatient and outpatient health care services

Primary Service Area (PSA) - The communities from which 75% of annual hospital admissions are obtained

PTO - Paid Time Off

PwC – Pricewaterhouse Coopers

Q

Q - Quarterly

Quality Close –A monthly AHC dashboard of key health outcome results

R

Rapid Response Team (RRT) - a multidisciplinary team called by any staff nurse to address a patient's deteriorating condition

RCA - Root Cause Analysis; a retrospective improvement methodology to determine the root cause of sentinel events

Refer a Friend Program – AHC's employee referral program

RIE - Rapid Improvement Event

RN - Registered Nurse

RN Residency Program - A program to support new graduate nurses through hands-on experiences, classes, and mentors

Rounding - The consistent practice of asking specific questions of key customers; leaders also round on associates, patients, physicians, and stakeholders to identify points of satisfaction, dissatisfaction, equipment/tool needs, etc.

S

SBAR - A standardized hand-off communication tool: situation, background, assessment, recommendations

SCIP - Surgical Care Improvement Project

Secondary Service Area (SSA) - The communities from which the remaining 25% of annual hospital admissions are obtained. Refer to Primary Service Area

Service Recovery – A systematic approach to problem resolution for customers

Service Recovery Steps/Process - Listen, apologize, fix the problem, thank the customer, follow-up

Service Teams - Multi-disciplinary, multi-level teams charged with determining strategies to provide an exceptional experience to patients, families, associates, and physicians

Shared Governance - A nursing structure providing nurses with decision-making control over their professional practice through the Shared Governance councils and committees

Six Sigma - A system of practices (originally developed by Motorola) to systematically improve processes by eliminating defects

SL - Senior leaders; direct reports to the hospital President

SLD – Service Line Directors

Solucient® - The company with the largest health care comparative database in the United States. Provides clinical, operational, financial and marketing data and benchmarks and owned by Thomson Reuters

SPP - Strategic Planning Process

SSA - Secondary Service Area

Standards of Behavior - Guidelines defined by GSAM for the provision of superior customer service by associates

Supply Chain Management - A division of AHC that obtains products and services to meet the needs of Advocate's business entities in a cost-effective manner. Includes Contract Management, Procurement, Capital Procurement, and Information Management

SWOT - Strengths, Weaknesses, Opportunities, Threats

T

TAT - Turnaround time

TDD – Telecommunication device for the deaf

TJC – The Joint Commission

Thomson Reuters – Company that is the leading source of intelligent information for many industries including healthcare. Parent company of Solucient®, an organization that sponsors the 100 Top Hospital award.

The Advisory Board Company - A research organization that provides information to more than 2,000 leading health systems and medical centers. Research focuses principally on business and economic issues, health system strategies, revenues, cost, governance, and operations

V

VAP - Ventilator associated pneumonia

VOC - Voice of the Customer

VOIP - Voice over Internet Protocol, also called VoIP, IP Telephony, Internet telephony, Broadband telephony, Broadband Phone and Voice over Broadband is the routing of voice conversations over the Internet or through any other IP-based network

W

WLDS – GSAM's Capability Determination and Workforce Learning and Development System [Figure 5.1-4]

WSEMP – GSAM's Workforce Satisfaction and Engagement Measurement Process [Figure 5.-1]

Y

YTD - Year to date