

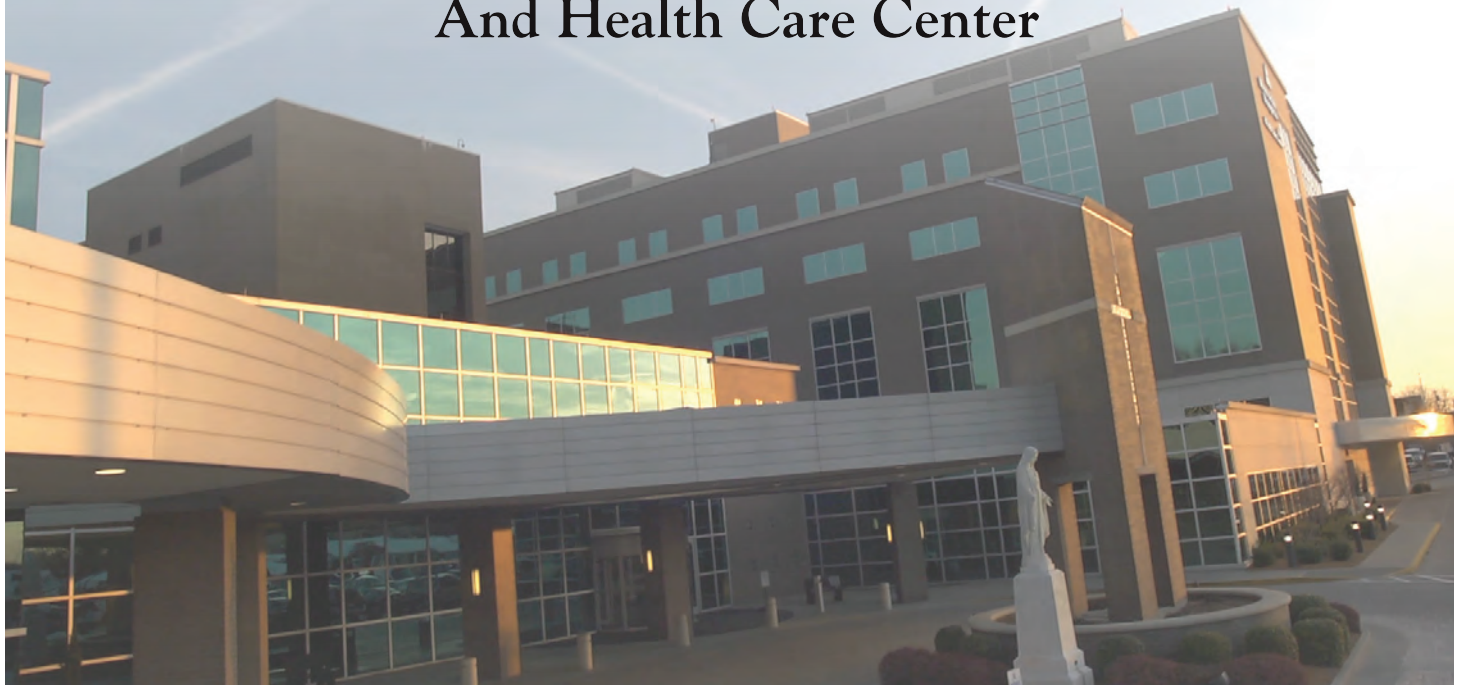


*Being For Others
Cultivating Collaboration*



**2018 Application for Malcolm Baldrige
National Quality Award**

MEMORIAL  HOSPITAL
And Health Care Center



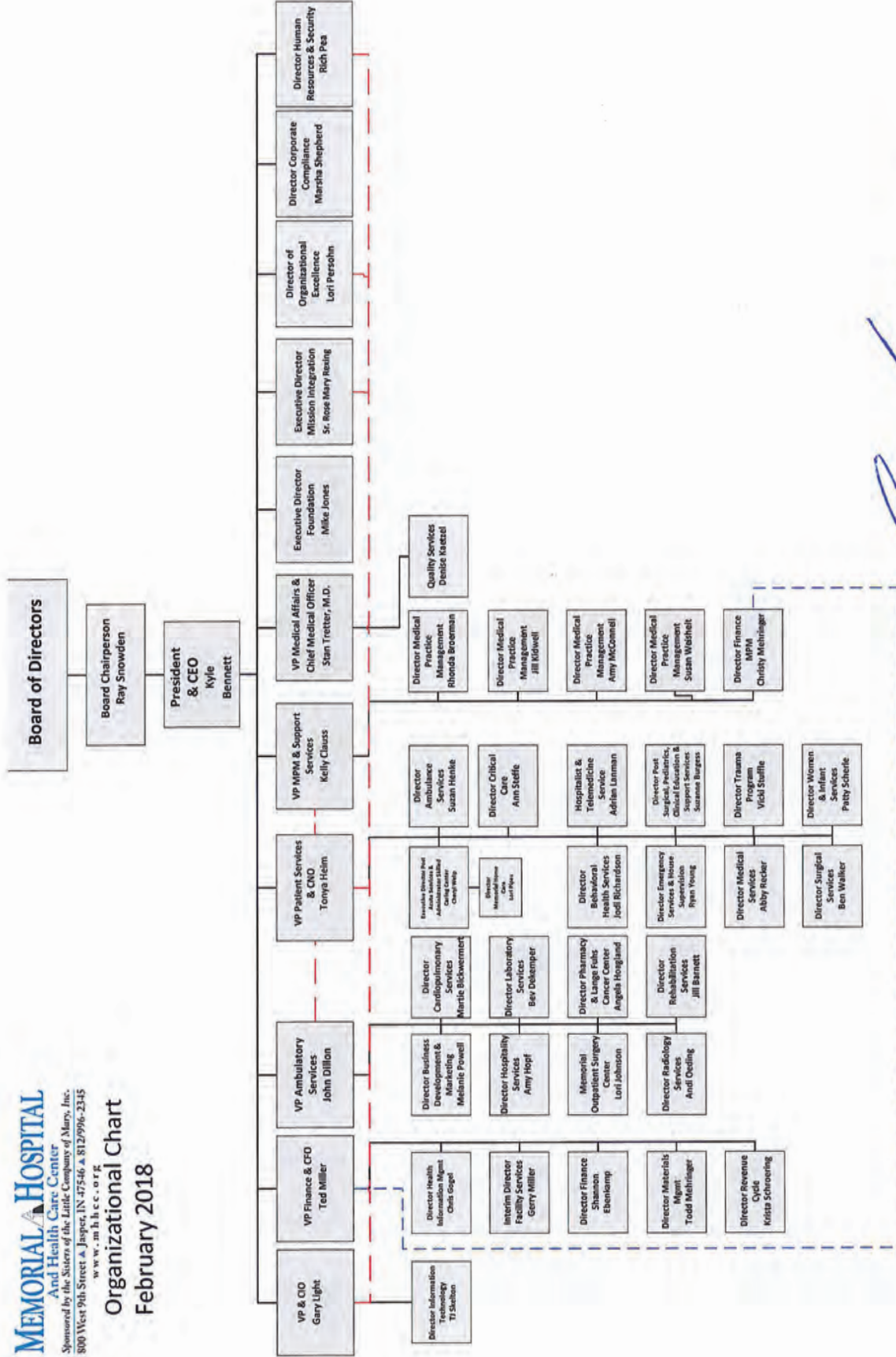


Organizational Chart
Glossary of Terms

Table of Contents

Organizational Profile	i
P.1 Organizational Description	i
P.2 Organizational Situation	v
Category 1 Leadership	1
1.1 Senior Leadership	1
1.2 Governance and Societal Responsibilities	4
Category 2 Strategic Planning	7
2.1 Strategy Development	7
2.2 Strategy Implementation	10
Category 3 Customer Focus	13
3.1 Voice of the Customer	13
3.2 Customer Engagement	15
Category 4 Measurement, Analysis, and Knowledge Management	18
4.1 Measurement, Analysis, and Improvement of Organizational Performance	18
4.2 Information and Knowledge Management	20
Category 5 Workforce Focus	22
5.1 Workforce Environment	22
5.2 Workforce Engagement	25
Category 6 Operations Focus	28
6.1 Work Processes	28
6.2 Operational Effectiveness	30
Category 7 Results	33
7.1 Health Care and Process Results	33
7.2 Customer Results	40
7.3 Workforce Results	42
7.4 Leadership and Governance Results	46
7.5 Financial and Market Results	48

**Organizational Chart
 February 2018**



Red dotted line indicates responsibility for provision of nursing care and nursing standards of practice in the following Departments: Director of Organizational Excellence, Cardiorespiratory Services, Lange Fuhs Cancer Center, Nursing Staff in MPM, Quality Services, Human Resources, Information Technology, and Mission Integration

Blue dotted line indicates responsibility for MPM Finance Director

Approved by:  Date: 2/12/2018



🔄 – Cycle of Improvement Symbol

A

AACN – American Association of Critical Care Nurses
AAR – After Action Reports
AB – Alignment Board
ACHE – American College of Healthcare Executives
ACLS – Advanced Cardiac Life Support
ACoS – American College of Surgeons
ACP – Advance Care Planning
ADA – Americans with Disabilities Act
ADP – Automatic Data Processing
AHRMM – Association for Health Care Resource and Material Management
AHRQ – The Agency for Healthcare Research and Quality
AIDET – Acknowledge, Introduce, Duration, Explanation, and Thank You
ALOS – Average Length of Stay
AMI – Acute Myocardial Infarction (heart attack)
AMLS – Advanced Medical Life Support
AONE – American Organization of Nurse Executives
AOI – ActionOI®
AOS – Available on Site
AP – Action Plans
APLCM – American Province of Little Company of Mary Sisters
AS – Administrative Staff
ASHHRA – American Society for Health Care and Human Resources Association

B

BCBS – Blue Cross Blue Shield
BHU – Behavioral Health Unit
BOD – Board of Directors

C

CAHPS – Consumer Assessment of Healthcare Providers and Systems
CAT – Computerized Axial Tomography
CAUTI – Catheter-Associated Urinary Tract Infection
CEO – Chief Executive Officer
CHA – Catholic Health Association
CHC – Country Health Center
CHIME – College of Healthcare Information Management Executives
CIO – Chief Information Officer
CLIA – Clinical Laboratory Improvement Amendments
CMA – Certified Medical Assistant
CME – Continuing Medical Education
CMO – Chief Medical Officer
CMS – Centers for Medicare and Medicaid Services
CNA – Certified Nursing Assistant
CNO – Chief Nursing Officer
CNU – Charge Nurse University
CoC – Commission on Cancer
CoP – Conditions of Participation
CPOE – Computerized Physician Order Entry
CPR – Cardiopulmonary Resuscitation
CPSS – Culture of Patient Safety Survey
CRNA – Certified Registered Nurse Anesthetist

D

DC – Dubois County
DCOH – Days of Cash on Hand
DHS – Deaconess Health System
DMAIC – Define, Measure, Analyze, Improve, Control
DME – Durable Medical Equipment
DOE – Director of Organizational Excellence



DOL – Department of Labor

E

EAC – Employee Advisory Council

EAP – Employee Assistance Program

EBP – Evidence-Based Practice

ED – Emergency Department

EDOMI – Executive Director of Mission Integration

EEOC – Equal Employment Opportunities Commission

EMAR – Electronic Medical Administration Record

EMR – Electronic Medical Record

EMT - Emergency Medical Technician

EOC – Environment of Care

EOP – Emergency Operating Plan

EPA – Environmental Protection Agency

EPM – Enterprise Process Model

EVOC - Emergency Vehicle Operators Course

EVS - Environmental Services

F

FCN – Faith Community Nursing

FDA – Food and Drug Administration

FMEA – Failure Mode and Effects Analysis

FPC – Family Palliative Care

FTE – Full-Time Equivalent

FY – Fiscal Year

G

GA – General Availability

GI – Gastrointestinal

GPO – Group Purchasing Organization

GSH – Good Samaritan Hospital

H

HAF – Hospital Assessment Fee

HAI – Hospital Acquired Infection

HCAHPS – Hospital Consumer Assessment of Healthcare Providers and Systems

HCCA – Health Care Compliance Association

HCSZ – Health Care Safety Zone

HF – Heart Failure

HFMA – Healthcare Financial Management Association

HHAHPS – Home Health Consumer Assessment of Healthcare Providers and Systems

HICS – Hospital Incident Command System

HIIN – Hospital Improvement Innovation Network

HIPAA – Health Insurance Portability and Accountability Act

HOSA – Health Occupation Students of America

HR – Human Resources

HUB – Hospital Update Board

I

IBCLC – International Board Certified Lactation Consultants

ICU – Intensive Care Unit

IHA – Indiana Hospital Association

IHN – Independent Hospital Network

IONE – Indiana Organization of Nurse Executives

IP – Inpatient

IPE – Inter-Professional Education

IRC – Inpatient Rehabilitation Center

IRS – Internal Revenue Service

ISDH – Indiana State Department of Health

IT – Information Technology

ITLS – International Trauma Life Support

IV – Intravenous



J

JFD – Jasper Fire Department

L

LCM – Sisters of the Little Company of Mary

LDR – Labor, Delivery, and Recovery Room

LEED – Leadership in Energy and Environmental Design

LFCC – Lange-Fuhs Cancer Center

LG – Leadership Group

LLLAW – Local Lean Leaders Against Waste

LOS – Length of Stay

LPN – Licensed Practical Nurse

LS – Leadership System

LTC – Long-Term Care

LWOS – Left Without Being Seen

M

MHA – Masters of Health Administration

MHC – Memorial Home Care

MHHCC – Memorial Hospital and Health Care Center

MIPS – Merit-based Incentive Payment System

MM – Materials Management

MOSC – Memorial Outpatient Surgery Center

MPM – Medical Practice Management

MRI – Magnetic Resonance Imaging

MRSA – Methicillin-Resistant Staphylococcus Aureus

MS – Medical Staff

MSDS – Material Safety Data Sheet

MSDP – Medical Staff Development Plan

MVCV – Mission, Vision, and Core Values

MVV – Mission, Vision, Values

N

NCDB - National Cancer Data Bank

NCDR - National Cardiovascular Data Registry

NCL – Nursing Clinical Ladder

NDNQI – National Database of Nursing Quality Indicators

NEO – New Employee Orientation

NHCGS – National Health Care Governance Survey

NIH – National Institute of Health

NIMS – National Incident Management System

NOC – Network Operating Council

NP – Nurse Practitioner

NPC – Nursing Practice Council

NPSG – National Patient Safety Goals

NRC – Nuclear Regulatory Commission

NRP – Neonatal Resuscitation Program

NSP – Nursing Strategic Plan

O

OB – Obstetrics

OB/GYN – Obstetrics and Gynecology

OFI - Opportunities for Improvement

OIG – Office of Inspector General

OP – Outpatient

OR – Operating Room

OSC – Organizational Scorecard

OSHA – Occupational Safety and Health Administration

OT – Occupational Therapy

P

PA – Physician Assistant

PACS – Picture Archiving and Communication System

PALS – Pediatric Advanced Life Support



PBM – Process-Based Management
PCP – Primary Care Physician
PCSL – Primary Care Service Line
PDCAE – Plan, Do, Check, Act, and Evaluate
PEO – Patient Experience Officer
PERC – Patient Education Resource Center
PET – Positron Emission Tomography
PG – Press Ganey
PHI – Protected Health Information
PHTLS – Pre-hospital Trauma Life Support
PMP – Performance Measurement System
PN – Pneumonia
PRN – As Needed
PSA – Primary Service Area
PT – Physical Therapy
PVHCC – Patoka Valley Health Care Cooperative

Q

QA/PI – Quality Assessment/Process Improvement
QBR – Quarterly Business Review
QC – Quality Council

R

RCA – Root Cause Analysis
RIM – Really Impressive Moments
RLC – Radical Loving Care
RN – Registered Nurse
ROI – Return on Investment

S

S&P – Standard & Poor’s Financial Service
SA – Strategic Advantage
SC – Strategic Challenge
SCC – Skilled Caring Center

SHP - Strategic Healthcare Programs, LLC
SIM – Simulation
SIPOC – Suppliers, Inputs, Process, Outputs, Customers
SL – Service Line
SLR – Stop Light Report
SO – Strategic Objectives
SP – Strategic Plan
SPOKE – Suggestions Provided by Our Knowledgeable Employees
SPOP – Strategic Plan on a Page
SPP – Strategic Planning Process
SSA – Secondary Service Area
SSI – Surgical Site Infections
STEPPS – Strategy and Tools to Enhance Performance and Patient Safety
SVE – St. Vincent Evansville

T

TAT – Turn Around Time
TB – Tuberculosis
TJC – The Joint Commission
TNCC – Trauma Nurse Core Curriculum
TOWS – Threats, Opportunities, Weaknesses, Strengths
TPE – The Partnership for Excellence

U

USI – University of Southern Indiana

V

VAP – Ventilator-Associated Pneumonia
VBP – Value-Based Purchasing
VHA - Veterans Health Administration
VOC – Voice of the Customer
VP – Vice President



VTE – Venous Thromboembolism

VUJC – Vincennes University Jasper Campus

W

WF – Workforce

Organizational Profile

P.1 Organizational Description

Memorial Hospital and Health Care Center (MHHCC) is a faith-based, not-for-profit health care center located in Jasper, Indiana and is Dubois County's sole hospital, serving eight counties. In 1951, the community identified a need for additional hospital beds in the region, and MHHCC was founded. The original hospital was established with public fund drives and donation of real estate. This history of community support for the work of the hospital continues today with many generous financial contributions that have allowed it to enhance and expand the services offered to its key communities. Leveraging MHHCC's core competency of *Cultivating Collaboration* has enabled the high performance experienced today.

Since its founding, The Sisters of the Little Company of Mary (LCM) have been a continuous presence at MHHCC and on its Board of Directors (BOD). *The Sisters of the Little Company of Mary, and all who participate in the spiritual legacy of their founder, Venerable Mary Potter, celebrate all that God accomplished through her and continues to accomplish as a result of her life. Today, we are called and gifted to companion people in the search for hope, health and healing amidst their brokenness of body, mind or soul. May we continue in the spirit and enthusiasm of Mary Potter to be a compassionate presence in our healing ministries responding to emerging needs around the world (In the Potter's Hand, American Province, Little Company of Mary newsletter).* LCM's mission of prayer and care for the sick and dying is the foundation for MHHCC's daily work. Its spirit permeates its Mission and is a part of all decision-making. *Being for Others* is fundamental to MHHCC's belief system and pervades all that it does through this core competency.

P1a. Organizational Environment

P.1a(1) MHHCC is an integrated system with comprehensive services providing a continuum of care that includes outpatient services, inpatient services, and post-acute services through a patient- and family-centered approach, integrating with physicians and community partners.

Health Care Service Offerings	Key Services
Outpatient Services	Cardiology, Oncology, Primary Care, Surgical Services, Obstetrics, Orthopedics, Emergency Services
Inpatient Services	ICU, Women and Infants, Medical, Surgical
Post-Acute Services	Home Health, IRC, Palliative Care, SCC

Figure P.1-1 Primary Service Offerings

MHHCC's community health and wellness focus includes services delivered at the worksite and in regional communities. It has 32 medical office locations across the eight counties in the primary and secondary service area. Over the past 66 years, the hospital has grown from 75 to 137 beds. The depth of MHHCC's service offerings allows patients to remain close to home for services that are not traditionally offered at a community hospital this size.

Most notably, MHHCC provides comprehensive Cardiology Services that include Cardiac Lab, two Cardiac Catheterization Labs, Cardiac Rehabilitation, and four skilled cardiologists. Of the four cardiologists, three are interventionalists, offering both cardiac and peripheral vascular interventional procedures, while utilizing state-of-the-art equipment.

Emergency Services are provided 24/7 by a staff of 14 physicians, five nurse practitioners, 43 nurses, and a team of interdisciplinary caregivers. The department features two trauma rooms, and 23 treatment rooms that include two designed specifically for pediatric patients. The Emergency Department provides expert medical care for more than 30,000 patients each year facing life-threatening illnesses and injuries. Currently, the ED has an "in process" Level III Trauma Center designation and anticipates full certification in May, 2018. As a Level III Trauma Center, MHHCC will be able to treat many patients locally who would have previously been transferred to Indianapolis or Louisville.

The Lange-Fuhs Cancer Center combines top quality medical oncology and radiation services with integrative medicine. The cancer program has held national accreditation from the American College of Surgeons Commission on Cancer (CoC) since 1996. Accreditation from the CoC is the national gold standard in cancer care and is granted only to those facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and comply with established CoC standards. With integrative medicine, the Cancer Center fights cancer on all fronts, while maintaining focus on individual patient needs. Recent renovations have added new space to the Cancer Center that has increased capacity in the infusion center and exam rooms while enabling greater privacy in all areas. Additionally, the new space has a CAT scanner to enhance convenience for treatment, allowing patients to remain in the same area for their treatment.

Primary Care is a MHHCC key focus for the patients that it serves. The current Medical Staff includes 19 active and five courtesy primary care physicians. Access to primary care and specialty services was identified during 2016 strategic planning as a strategic challenge. This challenge is being addressed through various approaches. Short-term improvements were implemented in February 2017 when a Nurse Practitioner (NP) clinic was opened in Jasper and two primary care physicians were added in another clinic. MHHCC is strategically addressing the need for primary care through its partnership in a four hospital general medical education consortium. The consortium is currently developing a family medicine residency program, which will allow the additional recruitment of primary care physicians to the service area. In partnership with the Indiana University School of Medicine, a Family Medicine Center is being built in Jasper with an expected completion date in the summer of 2018. Family practice physicians will start their residencies in this facility in the summer of 2019.

Surgical Services at MHHCC consists of six OR suites. Even though MHHCC is a rural community hospital, it has a staff of 28 surgeons and offers specialties to include orthopedic, spine, ENT, GYN, podiatry, oral/maxillofacial, plastics, and urology. MHHCC also participates in a joint venture outpatient surgery center with a group of local surgeons. This outpatient surgery center provides four OR suites and two procedure rooms. MHHCC partners with ten of its surgeons in a management company joint venture that provides the surgery center with staff and supplies.

Women and Infants Services has six labor, delivery, and recovery (LDR) rooms and twelve private postpartum rooms to provide families with a warm environment in which to share the birth experience. Additional support includes three International Board Certified Lactation Consultants (IBCLC) and a variety of classes for both parents and siblings. MHHCC welcomes

approximately 950 babies each year.

As a direct reflection of the collaborative efforts of many departments at MHHCC, the Joint Commission recognized its Hip and Knee Orthopedic Program as an Orthopedic Center of Excellence in March of 2015. MHHCC is one of only ten health care organizations in Indiana to be so designated. This program is supported by five orthopedic surgeons on the active medical staff as well as an ortho-navigator who helps support patients through their care. Additionally, MHHCC also received Hip Fracture Certification by TJC in August 2017, the only one in Indiana and one of only 28 in the country.

MHHCC Home Care provides nursing in the home to patients within its service area with 24-hour availability. Services provided include: skilled nursing care, home health aides, PT, OT, Speech, and Social Work. Home Care is licensed by the Indiana State Department of Health (ISDH) and accredited by TJC.

The Inpatient Rehab Center provides intensive rehabilitation for patients who have experienced a serious illness, trauma, or major surgery. The goal of inpatient rehabilitation is to assist each patient in achieving functional independence in balance and coordination, swallowing, mobility/walking, speaking/communication, and activities of daily living.

Family Palliative Care in-home service is dedicated to making life as meaningful as possible for both patients and their families. A physician-directed health care team provides comfort and relief as a companion to curative care, offering options to patients and families, improving quality of life, and respecting choices. Family Palliative Care may be an option for those who do not qualify for home care or hospice care. Family Palliative Care is a mission-driven service of MHHCC. Nurse visits are made on a regular basis. Palliative Care services are available 24/7. This service is provided at no charge as a community benefit to patients and their families.

The Skilled Caring Center (SCC) is a short-term, skilled nursing facility that provides 24-hour professional nursing care as well as physical, occupational, speech and respiratory therapy, social services, activities and nutrition services. SCC was listed as a 2017 Best Nursing Home according to the US News and World Report. SCC received a five out of five overall rating from CMS, Department of Health and Human Services, which indicates that SCC is rated much above average based on health inspections, nursing home staffing and quality measures.

P.1a(2) One of MHHCC's core competencies of *Being For Others* defines the organizational culture of caring that continues the work of the venerable Mary Potter, the foundress of the Sisters of the Little Company of Mary. Through ongoing and supportive work in the communities served, the second core competency, *Cultivating Collaboration* reflects how MHHCC sets itself apart from others through strategic partnerships. In 2012, leaders defined its covenants of: Workforce Engagement, Quality, Innovation, Community and Stewardship to help align strategy. Core values communicate the fundamental beliefs of the organization and are supported by guiding behaviors. The MHHCC Vision articulates the long-term aspiration for the organization. Finally, the Mission Statement is the foundation of the organization and is exemplified by a sense of purpose, commitment to service, and a belief that its highest accomplishment is to provide Radical Loving Care (RLC) that differentiates MHHCC. Mission, vision, core values, covenants and core competencies are shown in **Figure P.1-2**.

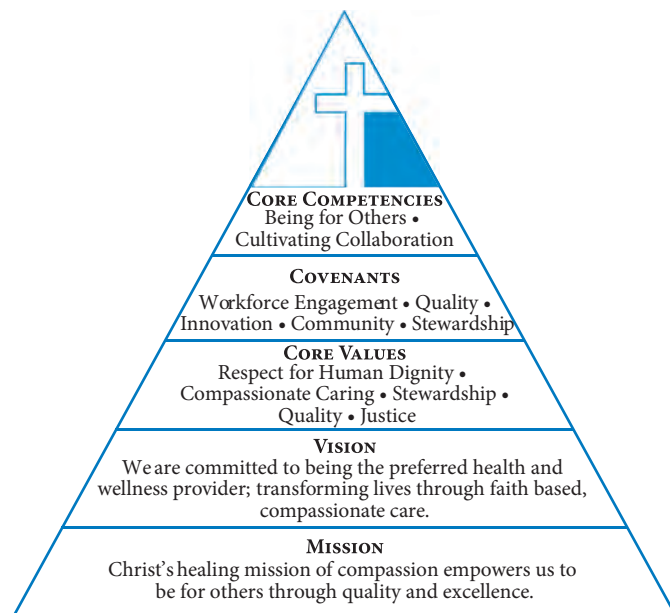


Figure P.1-2 Mission, Vision, and Core Values

P.1a(3) MHHCC's dedicated, highly-educated, non-union workforce (WF) executes the mission through its core competencies of *Being for Others* and *Cultivating Collaboration*. With a WF of more than 1,700 employees, 176 affiliated providers, and 242 volunteers, MHHCC is one of the largest employers in Dubois County. Additionally, its WF includes students from health care programs such as HOSA, Nursing, Certified Medical Assistants, Pharmacy, Respiratory, Lab, Social Work, Radiology, Therapies, as well as medical students. During an initial phone screening with each job applicant, the Mission is shared and applicants are asked how they see themselves living out the mission.

A recent WF composition change has been the addition of an increase in the number of employed providers. Currently, the percent of employed providers is 80% of active and associate medical staff.

MHHCC provides all WF members a healthy, safe, and secure work environment. Approaches to address these requirements include programs and activities targeting risks in particular settings, such as exposure to diseases, blood and body fluids, hazardous materials, and other WF safety concerns. MHHCC meets all regulatory requirements including OSHA and TJC.

Division	#	Ethnicity	#
Administration	11	Asian	3
Ambulatory	432	Black/African American	6
Finance	168	Hispanic/Latino	25
Med Practice Mgmt	354	Other	9
Operations	72	White	1684
Patient Services	690	Total	1727
Total Employees	1727	Segment	Education Rqmts
Gender	#	Nursing (34%)	LPN, RN (AD, BSN, MSN)
Male	259	Non-Nursing (62%)	Up to Post-graduate
Female	1468	Physician (4%)	Post-Graduate
Status	#		
Full-time	672		
Part-time	764		
On-call/PRN	291		
FTE Total	1273		
Volunteers	265		
Affiliated Providers	176		

Figure P.1-3 Workforce Profile

Workforce Group	Requirements	Cat 7
Employees	Ethical Work Environment Treated with Respect Fairness Development and Learning Opportunities	7.4-10 7.3-17 7.3-16 7.3-18
Physicians	Relationship with Administration Safe, Error-free Care Teamwork	7.4-3 7.1-49 7.3-26
Volunteers	Sense of Purpose Aligned Values Treated Fairly	7.3-20
Students	Personal Interaction Instruction/Involvement from Preceptor Treated with Respect	7.3-21

Figure P.1-4 Workforce Motivation Factors

P.1a(4) MHHCC's main campus is located on 15 acres that is home to the 137-bed hospital, a medical office building, a power plant, and an annex building. The seven-level patient tower of the Hospital was completed in 2007, with the final level being occupied in 2009. Additionally, MHHCC is supported by off-campus facilities that house Health and Wellness, Materials Management, Memorial Home Care, Patient Financial Services and a Supply Warehouse. MHHCC has an Urgent Care Center and Wound Care in nearby Huntingburg. Medical office locations include: Primary Care, Pediatrics, Internal Medicine, and Surgical Services. Specialty offices include: Nephrology, Pulmonology, Cardiology, Neurology, and Urology. Through the generous donation from a community benefactor, a 43,000 square foot building known as The Lodge is used for organizational retreats and events. The Second Street Building was completed in December 2014 and includes IMed, WorkWell, lab, radiology, and outpatient rehabilitation services. A joint venture, Memorial Outpatient Surgery Center, is located one block from the main campus.

The Radiology Department is equipped with the latest technology including a Picture Archiving and Communication System (PACS) that archives digital images, reduces waste, and enables remote viewing. MHHCC has partnered with Nuance Cloud to allow image sharing with Indiana University and its affiliates, eliminating the need for CD's during patient transfers and specialty visits. MHHCC's equipment includes: 3D breast tomosynthesis, two 1.5 tesla Magnetic Resonance Imaging (MRI) units, two 64-slice computerized axial tomography (CAT) scanners, nuclear medicine camera, digital mammography and an automated breast volume ultrasound scanner, as well as a mobile positron emission tomography (PET) service, to facilitate diagnosis and treatment decisions for patients. Radiology services are available in outlying clinics including Memorial Health Center/2nd Street, Urgent Care, and Country Health Center, as well as film radiology services at Memorial Health Washington. With the recruitment of a new radiologist, interventional procedures have been expanded, decreasing the need for referrals or transfers to other facilities.

The addition in 2017 of a daVinci Surgical System has expanded surgeons' capabilities and offers a state-of-the-art minimally invasive option for major surgery. Advantages to the patient include smaller incision site with less pain and scarring, as well as the potential for a shorter hospitalization.

MHHCC understands the importance of information that is accurate, timely and valid. Meditech is the primary electronic medical record system and Greenway is the primary electronic

medical record system in the physician offices. Physicians and other key staff are able to conveniently and efficiently access secure data via smart phones. A texting application allows for secure texting, enabling physicians to efficiently collaborate regarding a patient's care while ensuring that patient privacy is maintained.

Computerized Physician Order Entry (CPOE) and electronic physician documentation have been fully implemented. Every nurse in direct patient care is issued a wireless phone at the start of shift. This promotes efficient communication with the entire care team and is integrated with the nurse call system so patients can communicate directly with their nurse. All first responder critical alerts and alarms are sent immediately to a nurse for response. Additional technology that is utilized to provide the safest environment possible for patients includes a Pyxis system for medication storage and distribution, bedside bar code scanning for medication delivery, and Alaris Intravenous (IV) smart pumps. Par-X bar coding is used for picking and refilling Pyxis machines.

MHHCC has committed to systems that support the WF. These include clinical resources such as Patient Education Resource Center (PERC) software, Lippincott evidence-based practice (EBP) resources, and Micromedex. Online educational offerings from HealthStream and Relias are utilized and can be accessed remotely. The WF can electronically access payroll information and personal Human Resources (HR) data as well as the Hospital Update Board (HUB). The HUB has undergone numerous cycles of learning to allow more user-friendly features with a newsfeed format, and is used as a primary source of workforce communication. Electronic systems used for operations include Policy Stat, as well as quality data software. Through a partnership with the local college, education and learning are provided through a simulation (SIM) lab, allowing for competency evaluation and practicum. The SIM lab also contains an ambulance patient compartment that provides a realistic environment for the training of emergency medical technician (EMT) and paramedic students.

P.1a(5) MHHCC operates in a multi-faceted regulatory environment as shown in **Figure P.1-5**.

Agency/Organization	Purpose	Results
CMS	Regulation	7.4-9
Conditions of Participation	Regulation	7.4-8
Indiana State Licensure - ISDH	Licensing	7.4-9
Skilled Caring Center	Licensing	7.4-9
Home Health	Licensing	7.4-9
Durable Medical Equipment	Regulation	7.4-9
Department of Labor	Regulation	7.4-9
Americans with Disabilities Act	Regulation	7.4-9
EEOC	Regulation	7.4-9
Internal Revenue Service	Regulation	7.4-7
Affirmative Action	Regulation	7.4-9
HIPAA	Regulation	7.4-8
Nuclear Regulatory Commission	Regulation	7.4-9
OSHA	Regulation	7.4-9
Environmental Protection Agency	Regulation	7.4-9
The Joint Commission	Accreditation	7.4-9
LEED	Guideline	7.4-9

Figure P.1-5 Regulatory Requirements

P.1b Organizational Relationships

P.1b(1) MHHCC is governed by a 14-member BOD. Membership consists of the Province Leader of the American Province of Little Company of Mary Sisters (APLCM), members of the Council of APLCM, the president of the Medical Staff (MS), as well as lay members from the communities served by MHHCC. VPs sit as non-voting members of the BOD. In addition to the Medical Staff president and CMO, physicians hold three BOD positions. BOD activities are carried out in official committees including the Executive Committee, Finance Committee, Quality Council, Medical Staff Development Committee, Ethics Committee, Mission Committee, and Corporate Compliance Committee. Sponsored by LCM, MHHCC endorses the philosophy, mission, values, and vision of APLCM, as well as the Ethical and Religious Directives for Catholic Health Care Services.

The Council of the APLCM has the power to 1) establish and approve mission and philosophy, 2) approve and/or remove the CEO and chairperson, 3) approve acquisition of assets, and 4) approve annual operating and capital budgets. The BOD meets monthly.

MHHCC is led by an Administrative Staff (AS) that is comprised of the President and CEO, Vice Presidents, Executive Director of Mission Integration, Director of HR, Director of Business Development, Director of Organizational Excellence, and Director of Corporate Compliance. AS meets weekly. VPs

report to the CEO who is responsible to the chairman of the BOD.

P.1b(2) MHHCC serves eight counties. Primary service area includes: Dubois, Pike, Martin and Northern Spencer Counties and the secondary service area includes: Daviess, Orange, Perry, and Crawford counties. Key customer groups and their requirements are shown in **Figure P.1-6**.

Patients	Key Requirements	Results
Inpatients	Patient Safety, Service Excellence, Quality of Care	7.1-1, 7.1-46
Outpatients		7.2-3 through 7.2-11
Post Acute		7.2-10
Key Stakeholders	Key Requirements	Results
Community	Cost, Service Excellence, Quality of Care	7.1-46

Figure P.1-6 Key Patients and Stakeholders

P.1b(3) Suppliers, Partners, and Collaborators and how they provide value to MHHCC are shown in **Figure P.1-7**. MHHCC's relationship with Vizient helps ensure success of not-for-profit health care by partnering with members to transform clinical and economic performance. Through Vizient, it connects with peers, shares insights, leverages resources, and takes advantage of innovative solutions – all to lower costs, advance operational performance and enhance patient care.

Supplier	Key Role in Health Care and Support Service Delivery	Key Mechanisms for Communication	Role in Implementing Innovation
Matrix	Deliver products and services while enabling MHHCC to contribute to regional economy	Contract expectations	Provide a link to updated and new technology, products and services
Medline (Vizient/Novation partner)	Major distributor of medical supplies ensuring timely and accurate delivery of goods and services	Mutual performance requirements	Provide the best pricing on contracts Lower costs, advance operational performance and enhance patient care
Hoffman Office Supply	Deliver products and services while enabling MHHCC to contribute to regional economy	Personal Relationship	New Products and Services
Hoosier Business Machines	Deliver products and services while enabling MHHCC to contribute to regional economy	Personal Relationship	New Products and Services
Partners	Key Role in Support/Service Delivery	Key Mechanisms for Communication	Role in Implementing Innovation
Vizient	Group Purchasing Organization (GPO); Major supplier	Mutual performance requirements	Provide the best pricing on the contracts Lower costs, advance operational performance and enhance patient care.
College/Universities	Education; serve as a clinical expertise, Simulation Laboratory	On-site clinical internship	Ideas, expertise, cutting-edge technology used in breakthrough ways
Southern Hills Counseling Center	Care delivery; shared goals; provides psychiatric coverage	Collaboration	Deliver high-quality, lower-cost care within the community
General Medical Education Consortium	Development and deployment of a Family Care Practice Residency	Standard meetings, face to face	Collaboration to create a pipeline for family care physicians. Provide access to underserved population.
Collaborators	Key Role in Health Care and Support Service Delivery	Key Mechanisms for Communication	Role in Implementing Innovation
Patoka Valley Health Care Cooperative (PVHCC)	Partner on Delivery Strategies, Methods, Locations for Beneficiaries	Membership on the Cooperative Board	Collaborate to Ensure Affordable, Effective Care for the WF
Sisters of St. Benedict	Education	On-Site Forums/Retreat	Leadership Development
Dubois County Health Department	Participate in Process and Quality Improvement	Participate in Quality Improvement Efforts	Collaborate to Ensure Effective Care
Long-Term Care Facilities	Care Delivery; Process Improvement	Progress Reports	Collaborate to Ensure Effective Care

Figure P.1-7 Suppliers, Partners, Collaborators

MHHCC has contracts with all the standard CMS related payers (Medicare, Medicaid, managed Medicare and managed Medicaid products). The largest commercial payers include Patoka Valley Health Care Cooperative (PVHCC) and Anthem. Capitalizing on the core competency of *Cultivating Collaboration*, MHHCC initiated a relationship with PVHCC that is unique and important to the community. Through this partnership, PVHCC has been able to control costs for the employer participants, and the hospital has been able to solidify its competitive position in the region. MHHCC leaders are actively involved in PVHCC through its BOD and other committees.

P.2 Organizational Situation

P.2a(1) MHHCC is geographically positioned as the sole community hospital for Dubois County and maintains an inpatient market share of approximately 72.6% in Dubois County. Four adjacent counties who have no local hospitals and are served by MHHCC. Inpatient origins are substantially more concentrated than outpatient origins indicating heavier competition for outpatient services. The majority of patients reside in the primary service area. Accordingly, in the secondary service area, MHHCC faces higher competitive threats from other hospitals. It has the largest market share in the total service area relative to any one competitor, primarily due to market dominance in the Primary Service Area (PSA). MHHCC has strategically placed primary care physicians in key communities outside Jasper to ensure patient access and address competitive threats. Key competitors are shown in **Figure P.2-1**.

Competitor Organization	Distance in Miles	Bed Size	PSA	SSA
MHHCC	0	137	56%	15%
St. Vincent - Evansville	60	284	9%	7%
Deaconess Health System	60	435	10%	5%
Good Samaritan	48	172	3%	6%

Figure P.2-1 Key Competitors

To support its mission as a non-profit, MHHCC historically has been the lowest-cost provider in Indiana and has worked over the years to manage costs and keep charges low for employers and individuals served. MHHCC pricing is the result of managing rate increases and costs over the years. In spite of being a low cost provider, MHHCC maintains a modern facility and continues to invest in expanding its presence in the market.

P.2a(2) Key changes taking place in the competitive environment include outmigration of services, placement of a higher proportion of the health care costs onto the individual resulting in a reduction of utilization of health care services, and a shift to value-based payment. This requires health care providers to compete for the opportunity to deliver care. A key competitor in Evansville, IN has committed to the expansion of its current facility to include an Orthopedic/Neuroscience Specialty Hospital, as well as a five story, 100,000 square foot medical office building that will also house lab and imaging. This expansion is scheduled to open in spring 2018, and will create an additional 200 jobs, and create competitiveness changes.

Innovative changes include the attraction of specialty physicians to a rural area where patients traditionally had to travel to Evansville, Louisville or Indianapolis to be served. In 2015, Marketing and Business Development began utilizing data analytics to define and focus its efforts in areas that will allow MHHCC to capture market share. Through the use of big data, MHHCC continues to retain and attract specialty physicians in a

rural setting.

P.2a(3) The use of the Baldrige framework has prompted MHHCC to evaluate its performance against competitors. MHHCC compares to a number of organizations. Limitations in data availability are due to the lack of relevant benchmarks, as well as delays in publicly reported data. Key sources of comparative data are shown in **Figure P.2-2**.

Data Sources	Covenant	Type of Data
Quantros	Quality	Core Measures and Quality Indicators
Indiana Hospital Association (IHA)	Quality, Innovation	Quality, Market Share
National Database of Nursing Quality Indicators (NDNQI)	Quality	Nursing, Hours per Patient Day, Patient Safety, RN Turnover, RN Education/Certification
National Healthcare Safety Network (NHSN)	Quality	Healthcare Acquired Infection
Press Ganey (PG)	Quality, Community, WF	Patient Satisfaction, WF Satisfaction/Engagement
Standard & Poor's (S&P)	Stewardship	Financial
Truven Analytics Crimson	Community	Market Share, Outmigration
Truven Health Systems (Action O-I)	Workforce Stewardship	Productivity

Figure P.2-2 Sources of Comparative Data

P.2b MHHCC's strategic advantages (SA) and strategic challenges (SC) are shown in **Figure P.2-3**.

Strategic Advantages
<ul style="list-style-type: none"> • Mission driven organization and faith-based culture • Caring, high quality WF • Quality and safety outcomes • Strong balance sheet • Regional presence in cardiology, primary care, obstetrics, stroke and trauma services • Community support
Strategic Challenges
<ul style="list-style-type: none"> • Recruiting and retaining WF • Third party payer aggression • Financial clarity • Regional competition • Access to primary care and specialty services • Lack of integrated computer system • Inconsistent patient experience performance

Figure P.2-3 Strategic Advantages and Challenges

P.2c MHHCC adopted the Baldrige Framework for Excellence approximately five years ago. This framework provides the foundation for its approach to performance improvement. Key elements of the Performance Improvement System include the strategic planning process (**Figure 2.1-1**), 90-day Action Planning (**Figure 2.1-2**), the Performance Measurement Process (**Figure 4.1-1**) and Process Based Management. MHHCC uses the systematic Plan, Do, Check, Act, and Evaluate process (PDCAE) to improve performance.

The integration of data presentation is accomplished through the Organizational Scorecard and department scorecards. An action plan is required for an indicator in the red or yellow that does not show improvement during the reporting period. In addition to the use of PDCAE, MHHCC has deployed a Lean Six Sigma Program that assists and ensures sustainability of change.

Category 1 – Leadership

1.1 Senior Leadership

1.1a(1) MHHCC’s Administrative Staff (AS) develops and deploys its Mission, Vision and Core Values (MVCV) through the Leadership System (LS) (Figure 1.1-1). Through a cycle of refinement in 2015, the LS was revised to reflect the servant leadership attributes. The processes shown on the LS were also updated to link directly to the leadership processes on the Enterprise Process Model (EPM), Figure 6.1-1.

MHHCC SERVANT LEADERSHIP SYSTEM

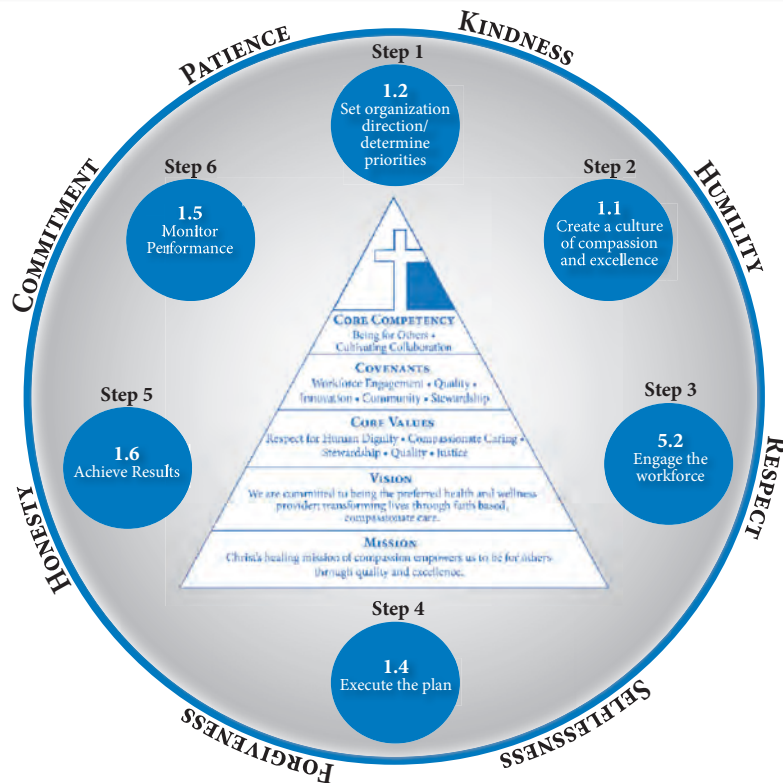


Figure 1.1-1 Leadership System

In the most recent cycle of improvement in 2013, AS deployed a systematic process to evaluate the relevance and applicability of the mission and vision statements. In **Step 1**, task forces generated insights and inputs related to the Mission Statement. In **Step 2**, final proposed revisions were presented to and adopted by the Mission Committee. In **Step 3**, the proposed Mission Statement was presented through an employee survey to the entire WF. In **Step 4**, the Mission Committee presented the revised Mission Statement to the BOD. The revised mission statement was granted final approval by the BOD and the APLCM Sisters in **Step 5**. The MVCV is shared and systematically reinforced through multiple approaches including: new employee orientation, screen savers, widely displayed signage, recommissioning, patient experience training, WF Open Forums, and integration into all presentations.

The refined Mission Statement was deployed to providers at a MS meeting and to vendors through Vendormate and annually, thereafter. The MVCV is printed in each bi-weekly copy of Connections, the employee newsletter, in Medical Staff and Provider Connections, and given to all patients who are admitted to the hospital through the Patient and Visitor Guide. The AS evaluates deployment of MVCV through AS Rounding. The

MVCV are affirmed annually during the Strategic Planning Process as part of **Step 1**. During the 2017 Threats, Opportunities, Weaknesses, Strengths (TOWS) sessions, commitment to the MVCV was identified in each of 13 sessions as being a MHHCC strength.

In 2014, the Board of Directors completed a similar process to refine the organization’s vision statement. The BOD voted unanimously to accept the new Vision Statement. The Vision Statement was deployed to all leaders in a Leadership Group Meeting and then cascaded to the WF.

The Core Values originated in 1992 and have been reviewed periodically since that time. In 2014, during a cycle of refinement, the Core Value definitions were updated to include a clearer description of each value, along with adding a relevant scripture to integrate the faith-based association of the organization. Core Values are integrated throughout the organization in communication methods such as *Friday Facts* (electronic CEO newsletter to WF), department meetings, rounding, and new employee orientation during the Commissioning Ceremony as well as annually during the performance appraisal process.

AS members personally role model the organizational values through AS rounding sessions, WF Open Forums, and through interaction with all key stakeholders. For example, Kyle Bennett, the CEO, role models various values in his *Friday Facts* where he shares scripture and personal stories linked to the values. AS models *Respect for Human Dignity* through behaviors where they praise in public and coach in private. Leaders also model values by opening all meetings with prayer, as well as promoting the No Pass Zone to emphasize acknowledgment of everyone. All provider contracts now include agreement to abide by MHHCC’s MVCV.

1.1a(2) AS promote an environment that fosters, requires, and results in legal and ethical behavior through a faith-based culture. This faith-based culture was reinforced through the Spiritual Formation that was completed by AS and Directors. Based on positive feedback received on this program, in a cycle of refinement, the remainder of the Leadership Group completed Spiritual Formation. Scripture is integrated in the organization through daily morning and evening public prayer over the hospital intercom, prayer before the start of meetings, and mass and ecumenical prayer services held in the Chapel. Additional faith-related offerings include a staff of Christian chaplains, anointing of the hands for health care workers, communion distribution by lay ministers, a dedicated TV channel with Christian broadcasts, spiritual rounding, Code Lavender (spiritual care for the WF during a stressful event). In addition, Pastoral Care offers services in Medical Practice Management (MPM) locations as well as LFCC. MHHCC recognizes and respects those of all faiths. Servant Leadership attributes are deployed through the Leadership System (Figure 1.1-1).

The AS further enables an ethical culture through: 1) personal behaviors and decision-making that role model the core competency of *Being for Others* and the values of *Stewardship* and *Justice*, 2) promoting a non-retaliation culture where the WF is encouraged to identify and report potential ethical or

legal breaches, 3) communicating with full transparency in all compliance matters, 4) deliberately strengthening the *Being for Others* core competency/ culture, and 5) deploying the Code of Ethical Behavior. MHHCC established this Code of Ethical Behavior in recognition of the Hospital's responsibility to patients, staff, providers, and the communities served. Each member of the WF is held accountable to act in a manner that is consistent with this organizational statement and its supporting policies.

The Compliance Plan and Standards of Conduct were refined in June of 2015 during a review with legal counsel. Emphasis is placed on the Compliance Plan and the Standards of Conduct when education is provided to all levels of the organization. A Compliance Line is available to receive concerns from the WF about compliance, privacy, security and patient safety (Figure 7.4-8). The WF is encouraged to report compliance concerns without fear of retaliation. The Corporate Compliance Committee, chaired by a member of the BOD, meets on a bi-monthly basis to review compliance concerns and initiatives. Corporate Compliance minutes and key issues are discussed at the BOD meetings and in the Quarterly Business Review (QBR). Compliance education is provided annually to the BOD.

In coordination with the MS credentialing and privileging process, all providers are oriented to the expectations of behavior. Each MS member reapplies for credentialing every two years and re-attests to all documents.

Key stakeholders are educated regarding the conflict of interest policy and are asked to attest annually to any potential conflict. The Corporate Compliance Officer reviews and monitors any areas of concern related to conflict of interest. MHHCC makes all policies on ethics and compliance available to the WF on Policy Stat (an online/intranet access site).

1.1b In 2013, communication was identified through the employee survey as a key driver of WF motivation. At the time, this was a significant area of opportunity for MHHCC. Since that time, a number of communication tools have been added including Friday Facts, HUB and WF Open Forums. With enhanced focus and improvement approaches, WF satisfaction in Administrator Communication has improved significantly (Figure 7.4-1).

AS communicates with and engages stakeholders through a variety of systematic approaches as shown in Figure 1.1-2. AS communicates through scheduled departmental rounding with every department of the organization, utilizing MyRounding software. Follow-up items identified in the rounding sessions are documented. Trending rounding results are reviewed at each QBR. Findings from AS Rounding also provide key inputs into the SPP. Additional informal rounding is accomplished through walk-arounds and departmental visits. Additionally, the CMO rounds on a regular basis with members of the Medical Staff.

An open door policy is deployed to promote productive, collaborative, and effective teamwork among and between all tiers of the organization including the hospital leadership team, as well as to protect patient safety and enhance quality of care. WF Open Forums are held quarterly to encourage two-way open communication among AS and the WF.

In 2014, AS deployed a standardized communication tool to systematically ensure key messages and decisions are being shared with appropriate stakeholders (Available on site - AOS). This tool was adopted as a best practice with defined expectations and is used across the organization. This communication matrix

is a part of the standard templates used by 90-day teams and other improvement projects.

MHHCC also utilizes social media to extend messaging and connect with potential and current stakeholders. In September of 2013, Marketing and Public Relations committed to growing its Facebook presence. Likes increased from approximately 400 to over 3,374. The organization uses social media to announce new providers, share recognition programs, new services, community outreach, awards, attendance at community events, advertisement for jobs, clinic closures during inclement weather/power outages, fitness calendar information, health education, donor recognition, gift shop hours and sales, and employee engagement events. Administrators of the site have access and are notified when a question or comment is submitted. An almost immediate response is given or researched.

Departments are permitted to have an official private presence on social media sites if the Facebook page is established as a "private group" and includes a member of AS.

Face-to-Face	Freq.	1 or 2-Way	Audience
90-Day Action Plans	W	2	WF
AS Rounding	O	2	WF
WF Open Forums	Q	2	WF
Huddles	O	2	WF
Leadership Meetings	M	2	WF
Medical Staff Meetings	M	2	MP
New Employee Orientation	M	2	WF
New Employee Commissioning	M	1	WF
Open Door Policy	N	2	ALL
Staff Rounding	W	2	WF
Volunteer Meetings	SA	2	VOL
Technology/Printed	Freq.	1 or 2-Way	Audience
Billboards	N	1	ALL
Community Benefits Reports	TE	1	ALL
Connections Newsletters	BM	1	WF
Email	O	2	WF
Facebook	O	2	ALL
Friday Facts	W	1	WF
HUB	O	1	WF
Internet	O	1	ALL
Newspaper Articles	N	1	WF, C
Patient Handbook	O	1	Pa
PC Screen Savers	M	1	WF
MS Newsletter	M	1	MP
MHHCC Website	O	1	ALL
Radio/TV	N	1	ALL

Audience: WF-Workforce, MP-Medical Providers, Pa-Patients, C-Community, VOL-Volunteers, ALL-All listed as stakeholders
 Frequency: W-Weekly, M-Monthly, BM-Bimonthly, Q-Quarterly, SA-semi-annually, O-Ongoing, N-As needed, TE - Triennial

Figure 1.1-2 Communication Approaches

AS is actively engaged in rewarding and recognizing the WF. Senior leaders regularly recognize staff that is doing a good job through reported "Really Impressive Moments" (RIMs). RIMs are noted at the beginning of meetings, discussed in AS Rounding, and reported in Friday Facts. In a cycle of improvement, during

AS meetings, when RIMs are shared, a handwritten thank you card is initiated and signed by each AS member ☺. In addition to identification and sharing of RIMs, AS also hosts and participates in numerous reward and recognition activities including quarterly Daisy and Gardener Awards, Nursing Clinical Ladder, and annual LCM and Employee Service Awards. AS participates in the Commissioning Ceremony each month where new WF members commit to live MHHCC's MVCV and in the annual re-commissioning ceremony where MHHCC's WF and volunteers recommit to living the MVCV. In a cycle of improvement, 90-day team leaders/facilitators now present their work to the annual BOD meeting in September in recognition of their accomplishments ☺.

1.1c(1) The AS creates a successful organization by deploying the leadership processes noted in the leadership system (**Figure 1.1-1**) and by maintaining a culture of accountability that flows from the SPP, the QBR and the 90-day action planning processes. Through a cycle of refinement in 2015 ☺, the addition of the QBR and the 90-day action plans has allowed MHHCC to be better prepared for the future by being more agile, ensuring actionable and effective action planning, and thus creating accountability for plan execution.

Create an environment for achievement of Mission and Organizational Agility: Through the Leadership System (**Figure 1.1-1**) **Step 1** Set organization direction/determine priorities, **Step 2** Create a culture of compassion and excellence, **Step 3** Engage the Workforce, Leadership is involved in defining and deploying action plans developed through the SPP. **Step 4** Execute the Plan, AS deploys strategies through the 90-day action planning process and through department scorecards. In **Step 5** Achieve Results, Leaders manage achievement of both run and change the business results and set high expectations for performance.

Cultivate Organizational Learning: The Baldrige criteria provide an overarching improvement framework for MHHCC and set the expectation for organizational learning. Through the Leadership System (**Figure 1.1-1**) **Step 6** Monitor Performance, AS systematically evaluates processes and performance and defines improvement opportunities. Improvement opportunities may be defined through the SPP, through annual Baldrige feedback, and through performance reviews. Additionally, improvement opportunities are identified by the WF through a variety of approaches including: rounding, quarterly WF Open Forums, and the SPOKE program. The SPOKE program provides the WF the venue to submit ideas for consideration, evaluation, implementation, and reward for ideas.

Senior leaders actively engage the WF in driving organizational learning. While the organization has involved the WF in improvement initiatives for many years, in a 2014 cycle of refinement, Lean Six Sigma was implemented ☺ to provide additional tools for breakthrough change. Additional Lean training was completed in 2015 and through this effort, 16 greenbelts were trained. Improvement teams were chartered to help improve organizational performance by addressing identified OFIs from the 2015-2016 TPE Cycle. Since the implementation of the 90-day planning process in 2015, MHHCC has actively engaged 276 WF members. Additionally, the organization made the investment to train 55 employees as facilitators ☺ to support improvement efforts. Facilitators are experts in the improvement approaches (PDCAE and Lean) and have strong skills to support teams to achieve desired results.

The AS also enables an environment for organizational learning through a commitment to execution of the Baldrige framework and systematic evaluation and improvement of its processes. The hospital subscribes to on-line learning resources for annual and ongoing education needs for the WF. Tuition and scholarship programs assist staff with the financial burden of formal education. MHHCC invests in the LG by providing ongoing education as needed; lunch and learn topics are also offered to the LG. Leveraging the core competency of *Cultivating Collaboration*, MHHCC has developed some unique opportunities for learning through its relationship with VUJC, the local community college. Through this collaboration, a SIM lab located at the VUJC campus is made available to MHHCC. VUJC and MHHCC have also worked together to create a CMA program. MHHCC also graduated 11 leaders in the first MHA cohort with University of Southern Indiana.

Workforce learning is enabled through commitment of resources (time and money) for training, cross-training, tuition reimbursement, and involvement in improvement and innovation. This support includes WF scholarship programs, certification programs, certification differentials, nursing clinical ladder models, and tuition reimbursement (**Figure 7.3-28**) Through a cycle of refinement, it was determined that the WF achieves education in many non-traditional ways. This led to the addition of the accelerated degree completion programs, which support employees with double the maximum amount of reimbursement in a 24-month period ☺. AS members model learning by participating in professional and community organizations that keep them engaged in efforts outside the organization in order to champion excellence in health care and the communities served.

Innovation and Intelligent Risk Taking: MHHCC recognizes that to face the challenges within health care, it is necessary not only to achieve continuous improvement, but also to take intelligent risks that result in breakthrough improvement through innovation. In 2015, MHHCC's AS made a commitment to innovation by deploying TOWS analysis every two years to solicit honest and open feedback from key stakeholders in the communities served that would enable innovation ☺. In 2017, input was captured from 13 stakeholder groups with 143 participants.

Innovation occurs not only through the SPP, but may result from leveraging strategic opportunities that present during the year (**Figure 1-1.3**). Innovation may also be driven from the workforce through the SPOKE program.

Customer-Focused Culture: AS helps to create a successful organization through the development of a WF culture that delivers a positive experience for patients through alignment of the MVCV and the Core Competency of *Being for Others*. The focus on Radical Loving Care (RLC) began when AS read the RLC book, set the expectation of RLC with department directors, established caring circles with a focus on RLC, and deployed RLC to the departmental level. This initiative strengthened MHHCC culture by empowering the WF at all levels to participate in a caring circle.

MHHCC has deployed the No Pass Zone and AIDET to further strengthen *Being for Others*. The No Pass Zone is simply acknowledging anyone met along the way. AIDET was redeployed in 2014 to hardwire this with education for all leadership ☺. Since then, leaders have taken responsibility and re-educated the entire WF.

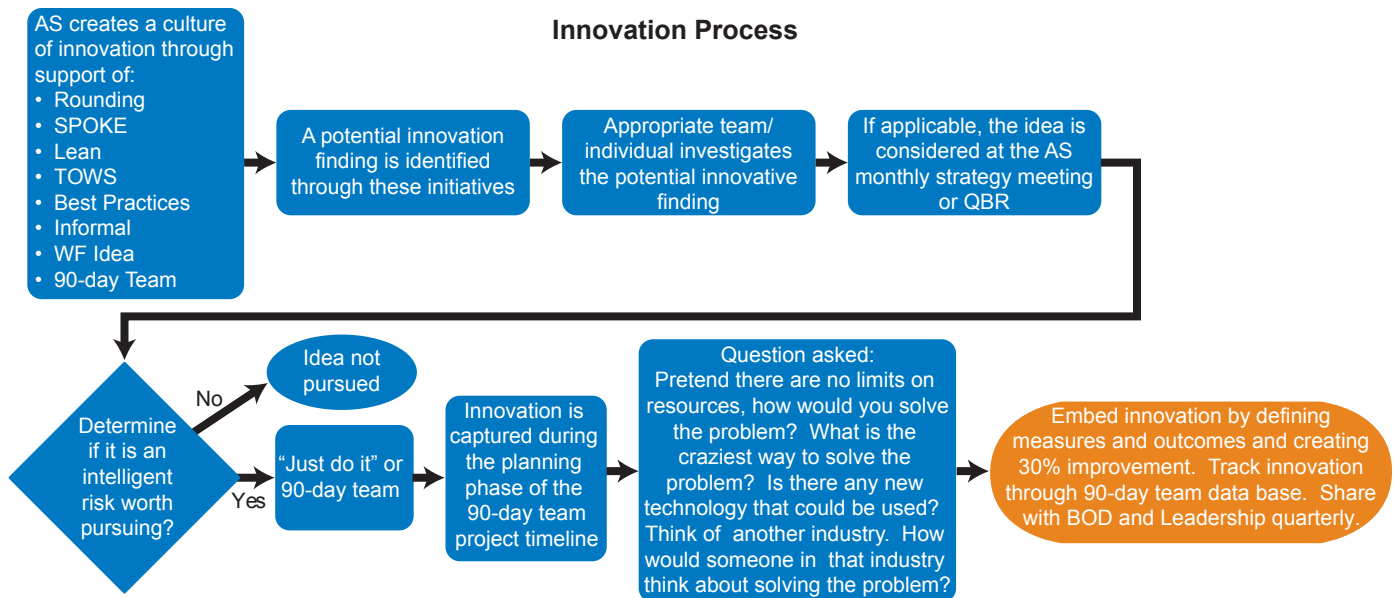


Figure 1.1-3 Innovation Process

MHHCC also enables a customer-focused culture by hiring WF members who will live its values. The hiring process now includes a screening of all applicants for mission fit in order to sustain the organization through qualified staff that has a desire to meet the expectations of the MVCV.

In 2014, the AS refined its informal approach to succession planning into a annual, formal process for AS and key positions. Through this approach, senior leaders assess all directors using a 9-box process that evaluates performance and potential. The AS identified ready now, near and longer-term succession candidates for key leadership positions and defined development strategies for each. The CEO and VPs personally work with potential future leaders to ensure that development plans are implemented. Development may occur through external educational conferences, formal involvement in association leadership, and mentoring. Leadership development includes internal opportunities, such as being a facilitator or team leader of 90-day action plans. Finally, through the 2015 succession planning process, a need was identified to provide easy access to a Master’s degree program for high-potential leaders. Based upon this identified need, MHHCC collaborated with USI to offer an onsite MHA cohort at MHHCC for identified leadership in 2016. The first cohort graduated 11 leaders with a Masters in Health Administration degree in December 2017.

Culture of Patient Safety: MHHCC ensures patient safety through its core competency of *Being for Others* and through its core values of **Quality** and **Compassionate Care**. AS supports efforts to keep patients safe through systematic processes including: AS rounding, Medication Safety Team, Healthcare Safety Zone portal, safety protocols developed through the Emergency Management Disaster Team, weekly Safety Dashboard, safety initiative teams, daily patient safety huddles, and the Culture of Patient Safety Survey. In 2015, through a cycle of refinement, MHHCC hired a dedicated patient safety officer. All of these initiatives have resulted in a Leapfrog safety grade of an A for 3 consecutive periods.

1.1c(2) AS creates a focus on action through the Servant Leadership System. Through the SPP, AS defines key strategic priorities. Organizational key performance measures are identified through the Organizational Scorecard

(OSC), a 2014 improvement cycle. The OSC is being used to communicate overall organizational results for review and action. Organizational performance is systematically reviewed through the QBR that was developed in a cycle of refinement in 2015. Measures not performing to target prompt corrective action and more frequent performance review. This focus on action has also resulted in a change to the BOD meeting structure and reporting, in order to more systematically review the OSC performance. In addition to the QBR review, AS also ensures a focus on action by collecting information through AS rounding, 90-day weekly report-out, the open door policy, and survey results, as well as department specific information. In another cycle of refinement, department scorecards have been deployed within all departments to track department-level results and further create a focus on action. AS ensures a focus on creating and balancing value for all key stakeholders by selecting OSC measures that support each of the Covenants representing unique stakeholder groups. Additionally, the TOWS sessions provide input to ensure balancing value for all key stakeholder groups.

Senior Leaders demonstrate personal accountability for the organization’s actions by their involvement in operational rhythm review and execution of subsequent action plans, and in their role of executive champion for each 90-day team and Lean team. The champions’ role is to remove barriers that may arise as the team progresses through PDCAE or DMAIC.

1.2a(1) Approaches to ensure organizational governance are shown in

1.2a(2) The Executive Committee of the BOD evaluates the performance of the President/CEO against individual and organizational goals identified in the strategic plan. The President/CEO evaluates each VP based on established goals that are aligned to the strategic plan. Goals are weighted based on strategic importance, and include both administrative team and individual goals to ensure collaboration among AS members. Individual, professional, and developmental goals are part of each AS member’s performance evaluation to emphasize the importance of continuing professional development. Executive incentive compensation is based upon performance on organizational, team, individual, and personal goals that are weighted and scored. The use of a standard agenda for all AS

individual updates with their leader drives accountability. Each AS member also participates in a 360° evaluation that includes peer and direct report assessments.

Key Aspect	Processes
Accountability for Senior Leaders' Actions	<ul style="list-style-type: none"> • 360 evaluations • AS Performance Evaluations • BOD Review of Performance • CEO's expectations • Corporate Compliance Plan • Finance Committee and Quality Council • Little Company of Mary Oversight • Quarterly Business Review • Reports to BOD • Signed Conflict of Interest Statement • Use of Baldrige framework • Weekly AS meetings
Accountability for Strategic Plans	<ul style="list-style-type: none"> • Annual BOD Strategic Planning retreat • Quarterly Business Review • TOWS • Weekly 90 day Action Plans
Fiscal Accountability	<ul style="list-style-type: none"> • 990 Review • BOD Finance Committee Reviews • Community Benefit Report • Independent Audits-results presented to Finance Committee and Audit Committee • Investment Committee • Involvement in Compensation
Transparency in Operations	<ul style="list-style-type: none"> • Conflict of Interest Statements • Culture of disclosure • HUB Organizational/Department Scorecard • Posting of Financial and Quality results on BOD Committee Involvement • Publicly reported metrics
Selection of Governance Board Members and Disclosure Policies	<ul style="list-style-type: none"> • BOD signs Conflict of Interest statements • Systematic process selects independent BOD members representing key communities
Independence and Effectiveness of Internal and External Audits	<ul style="list-style-type: none"> • CLIA • CMS • Department of Pharmacy • ISDH • TJC • LCM Selects audit firm
Protection of Stakeholder Interests	<ul style="list-style-type: none"> • Non-Retaliation Policy • Stakeholder Representation on BOD • Standards of Behavior/Standards of Conduct • Whistle Blower Policy
Succession Planning for Senior Leaders	<ul style="list-style-type: none"> • Defined development plans for succession candidates • Formal talent review/succession planning process(annual review/refinement)

Figure 1.2-1 Governance Approaches

Based upon multiple inputs, AS members work on improving their individual leadership abilities. Additionally, the AS participates in ongoing education that is provided to hospital leadership. For example, AS members participated in facilitator training, 90-day planning process, patient experience training, Crucial Conversations, and Team STEPPs. This allows further development of AS skills while also providing opportunities for learning and interaction with all leaders in the organization. Additionally, members of the AS participate in external development programs to further develop their leadership skills. AS members have also achieved certifications in their specialties.

The BOD completes an annual self-evaluation and uses the results of this evaluation to drive improvement. The BOD's reflection on its performance enhances its ability to improve where needed to enable it to address future challenges. The BOD also meets annually with membership of other LCM hospitals at

the Joint Board Meeting for networking and board development.

The Leadership System (Figure 1.1-1) is reviewed annually to ensure relevancy and best practices in leadership. In 2015, the leadership attributes were refined to align better with servant leadership. The leadership processes of the system were refined in 2018 based upon the leadership processes on the EPM to better integrate with the organization's process focus.

1.2b(1) MHHCC is an integral part of the community, and as such, works diligently to understand and minimize any adverse impacts of its health care services and operations. Leaders consider regulatory requirements as they develop or redesign service offerings and programs. MHHCC identifies potential adverse impacts through the listening and learning methods identified in Figure 3.1-2, through TOWS, and through involvement in various community boards and activities. To solicit further feedback, AS leaders meet with collaborators, partners, stakeholders, key community, and service organizations. These data are aggregated and used in the SPP to prepare for any societal impacts and concerns in a proactive manner. AS captures lessons learned and best practices to address potential impacts by participating in a variety of professional health care groups and collaboratives. Potential impacts and processes to respond to each are shown in Figure 1.2-2.

Potential Impact	MHHCC Response
Environment of Care	<ul style="list-style-type: none"> • Annual Infection Vulnerability Assessment • Emergency Management Committee • Hazard Vulnerability Analysis • Privacy Officer
Patient Confidentiality	<ul style="list-style-type: none"> • HIPAA Processes and Training • Privacy Officer
Quality	<ul style="list-style-type: none"> • Level III Trauma Center • Sharing of Best Practices • Standardized Work • TJC • Use of Baldrige and Magnet Framework • WF Alignment and Engagement
Cost of Care	<ul style="list-style-type: none"> • Low Cost Provider in Indiana • Relationship with Patoka Valley Health Care Cooperative

Figure 1.2-2 Potential Adverse Impact Response

Achieving and surpassing regulatory, legal and accreditation requirements is key to successful and long-term sustainable operations. MHHCC's systematic approach focuses on compliance with federal, state, and local laws, promotion of good corporate citizenship, prevention, early detection and resolution of misconduct, identification of and education regarding high risk areas, and risk management to reduce exposure to government enforcement or other potential liability. As part of this comprehensive approach, the WF receives compliance education as part of orientation and through an annual HealthStream compliance module. Compliance education is also provided to BOD members. Key accreditation, ethics and compliance processes, measures, and goals are shown in Figure 1.2-3.

1.2b(2) MHHCC's Ethics Committee is a BOD-appointed advisory committee that addresses the medical ethical issues that occur within the institution. Its purpose is to help foster an ethical culture consistent with the Catholic tradition as summarized in the Ethical and Religious Directives for Catholic Health Care Services, MHHCC's MVCV, and accepted medical practices. The Hospital Ethics Committee provides an easily accessible consultation service to be utilized for addressing ethical patient concerns and problems. This service is available to patients

and their families, MS, and WF and can be accessed through the Pastoral Care Department. Business ethics concerns are addressed through the robust compliance process referenced in [Item 1.1a\(2\)](#).

	Process	Measure	Goal
Accreditation/Licensure	TJC	Accreditation	Full Accreditation
	ISDH	Licensure	Met
	CMS	Accreditation	Full Accreditation
	ACoS	Accreditation	Full Accreditation
	CLIA	Licensure	100%
	Medical Staff	Licensure	100%
	Employees	Licensure	100%
	Facility	Licensure	100%
Compliance	OSHA	Findings	0
	OIG	Compliance	100%
	IRS	Violations	0
	FDA Reporting	Compliance	100%
	HIPAA	Violations	0
Ethics	Compliance Training	% Complete	100%
	Physician	Compliance	100%
	Ethical, Legal	Violations	0
	HIPAA Complaint	Incidents	0
	Compliance Line Calls	% Investigated	100%
	EEOC	Complaints Filed	0
	EEOC Lawsuits	# of Suits Filed	0

Figure 1.2-3 Regulatory Measures and Goals

When potential ethical breaches are identified, they are researched by the appropriate area (Compliance, HR, Legal). If it is determined that a breach has occurred, appropriate action is taken. This may include counseling, suspension, or termination depending on the nature and severity of the breach. Medical ethical issues are elevated to the Ethics Committee if resolution is not achieved after initial evaluation. The Ethics Committee, which has an ethicist as a member, has the responsibility to educate the WF and the community on ethical issues. WF education begins at orientation with an introduction to the Catholic Ethical and Religious Directives.

1.2.c(1) Leveraging the core competency of *Cultivating Collaboration*, societal well-being and benefit is a strong component of the MHHCC strategy and daily operations. The Community Needs Assessment is a key input into the SPP ([Figure 2.1-1](#)), and strategic decisions around community are key outputs of strategy development. For example, through strategic planning, expansion of services into Daviess and Perry County was identified as a key community need and a 90-day action plan was executed. Additionally, the expansion of LFCC in 2015 was completed to strengthen and support the well-being of our community. The addition of the TOWS sessions with stakeholders in 2017 has provided another opportunity to identify community needs. For example, multiple stakeholder groups identified concern that trauma patients had to be transported from MHHCC to Louisville or Indianapolis for care. In response to this concern, AS set a strategic goal to become a Level III Trauma Center and expects to receive full certification in May 2018.

MHHCC is one of the lowest cost providers among its

competitors, and in the state, and contributes significantly to the local economy by containing health care costs. MHHCC also contributes to the community's economic system as one of the largest employers in Dubois County. Its more than 1700 employees receive annual pay of over \$ 97 million, which directly and indirectly supports local businesses and tradesmen. Environmental conservation is another way to give back to the community. MHHCC has an active Stewardship Committee, whose main initiatives are to reduce, reuse, and recycle ([Figure 7.4-15](#)).

In the Spring of 2015, MHHCC planted 1½ acres at The Lodge with various crops to be distributed to those in need in the MHHCC service areas through area food banks or clinics. During the growing season, vegetables were harvested and served in the Tower Café and used for patient meals.

1.2.c(2) Through the SPP, MHHCC has defined its primary and secondary service areas and considers these key communities for support. MHHCC stays connected through a physical presence of providers in seven of the eight counties, as well as through the WF in those communities. MHHCC demonstrates *Being for Others* and *Cultivating Collaboration* through the many community programs it supports. These include: a nationally-recognized Faith Community Nurse Program, which actively develops and supports the health programs within churches providing education and health screenings, Family Palliative Care, Prayer and Presence, Transitions of Care and Memorial Family Care. It participates in and hosts health fairs, health and wellness events which encompass health screenings, weight loss programs, low cost exercise programs, safe sitter, diabetes, lymphedema, and health education programs. MHHCC provides a variety of support groups.

Being for Others is also evident in the decision to maintain the current Family Palliative Care Program rather than transition to a hospice program. This program is provided to patients in the community at no charge. It is a bridge, as it allows the patient who does not meet the guidelines of home care or hospice programs to receive care during the last stages of life.

Additionally, MHHCC not only participates as a corporate sponsor, but also provides volunteer staff to many community events. The organization's employees also actively support a variety of volunteer activities. For example, beginning in 2015 and continuing today, an example of a positive impact was seen through delivering medical supplies to a collection site in Louisville, KY, to benefit countries overseas in need ([Figure 7.4-16](#)). Along with sending supplies, WF members volunteered their time to help package the materials at this location. In October of 2017, a group of hospital and community members participated in a mission trip to Uganda to provide medical care.

A unique partnership with Jasper High School began in 1983 and continues today as an introduction to health careers through the Health Occupation Students of America (HOSA) program. This program enables MHHCC to “grow our own” WF for the future. Approximately 10% of the current WF has participated in the HOSA program.

The AS and other leaders model *Being for Others* and *Cultivating Collaboration* by participation in a number of community and civic organizations in which they serve as board members. This engagement has helped to create and strengthen collaborative relationships within the community.

Category 2 – Strategic Planning
2.1 Strategy Development

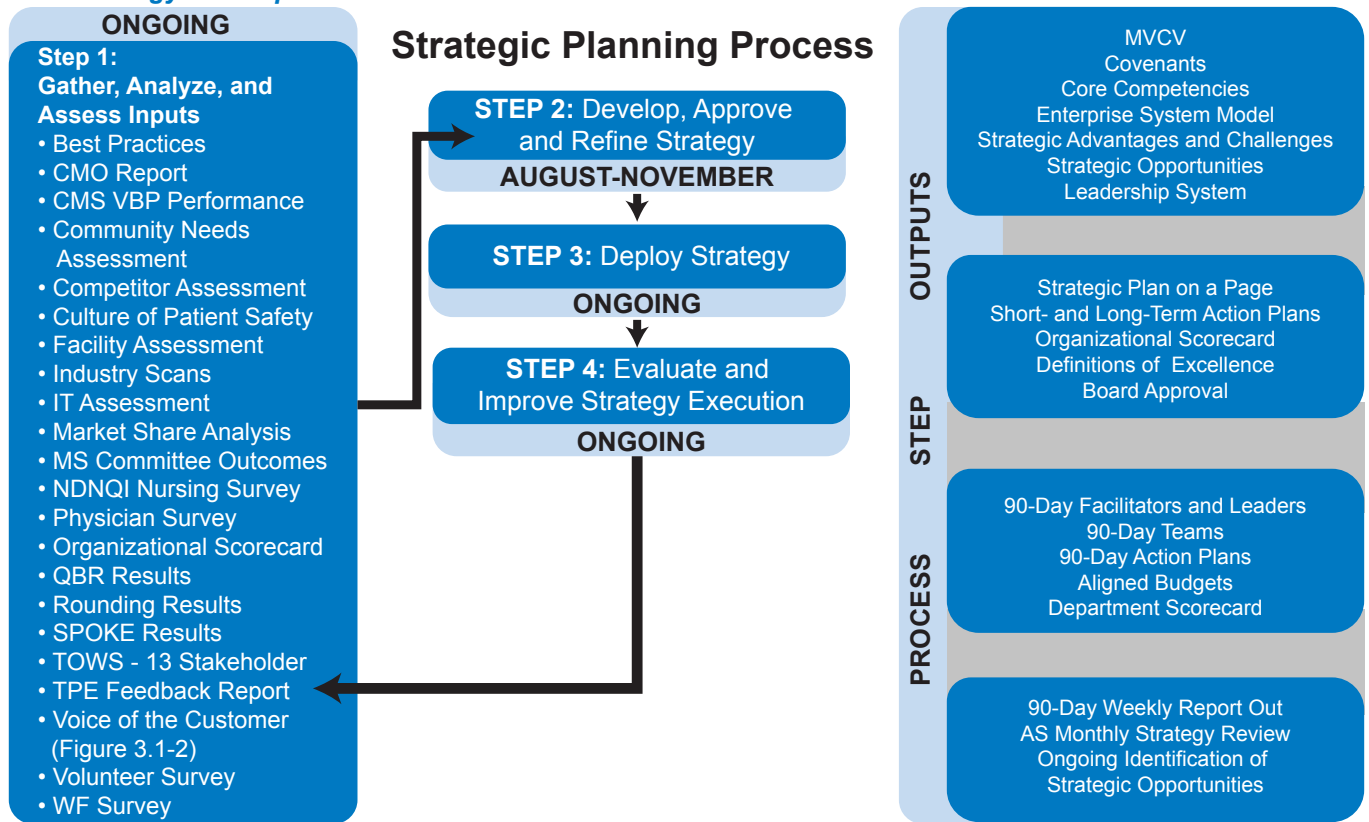


Figure 2.1-1 Strategic Planning Process

2.1a(1) MHHCC develops and deploys strategic direction through the Strategic Planning Process (Figure 2.1-1). In 2015, the planning process was dramatically improved by moving from a point in time planning retreat to planning throughout the year utilizing QBR and monthly AS strategy meetings. This has effectively improved the organization’s ability to be flexible and agile as the ongoing process provides a systematic way to modify strategy and take advantage of opportunities that may be identified outside a traditional point-in-time planning cycle. Other improvements included expanding the planning participants from just the CEO and Board to engage the entire AS and selected physicians in 2013, and again expanding planning participants in 2015 to include all key stakeholder groups through TOWS analyses. MHHCC continues to improve the inputs used to ensure information-driven planning. These inputs are captured throughout the year and reviewed in an ongoing way at QBRs.

In Step 1 of the SPP, comprehensive internal and external inputs are gathered, analyzed, assessed, and shared with the AS team throughout the year in QBR sessions. In a 2015 cycle of refinement, TOWS sessions were conducted with both internal and external key stakeholders. TOWS are conducted every two years, and in 2017, more stakeholder groups were added, bringing the total number of participants to 143. Additional inputs shown in Figure 2.1-1 are captured through VOC Listening and Learning Approaches (Figure 3.1-2) and other processes to allow for a wide variety of inputs impacting the eight county service area. This comprehensive set of inputs from various stakeholders helps to identify potential blind spots and helps to ensure that the strategy developed is comprehensive and balanced across key stakeholders. Using these key inputs, during the August QBR, AS conducts an annual review of the MVCV, Covenants, and Core Competencies,

and then identifies current strategic advantages, challenges, and opportunities. At this same time, the AS evaluates and refines the Leadership System (Figure 1.1-1).

Senior leaders develop and prioritize strategy in Step 2 of the SPP. The AS team refines current strategic objectives or develops new objectives to address strategic opportunities and address the needs for transformational change. For example, one of the 90-day action plans defined in the SP was to “develop and implement an advanced practice provider model to enhance access to primary care.” This action plan was successfully implemented, and an NP Clinic was opened in February 2017 representing transformational change for the medical staff. A key output of Step 2 of the process is the creation of a Strategic Plan on a Page (SPOP) that articulates the Covenant statement, linkage to Strategic Advantages, Challenges, and Opportunities, Strategic Objectives, Organizational Scorecard Measures, 2018 Goals, 2020 Goals, and Action Plans (Figure 2.2-1).

In reviewing the planning process in late 2014, the AS recognized that action plan deployment and accountability was inconsistent. The Director of Business Development visited 2014 Baldrige recipient Hill Country Memorial Hospital (HCM) and benchmarked its Strategic Business Initiative process. Based upon this best practice, the AS adapted and implemented 90-day action plans to drive the focus on execution and ensure accountability for action plan deployment. They enhanced the HCM process by training a cadre of facilitators who are assigned to each 90-day plan to support the plan leader and facilitate a systematic PDCAE process for each action plan. As strategies to deploy the Strategic Plan are developed, the AS evaluates the best approach to ensure full deployment. They categorize each action plan as long-term, 90-day action plan, and/or operational. Once the SPOP is finalized, it is presented to the BOD in November for review and

approval.

Once the BOD has approved the plan, in **Step 3**, long-term and 90-day action plans are chartered, team leaders and facilitators are identified and teams selected. In 2015, facilitator training was provided to 16 leaders to provide skills to support action plan leaders in plan implementation. The AS go through a comprehensive process to select action plan leaders and assign facilitators who will be the “best fit” for the project. Facilitators work with team leaders and executive champions to develop a preliminary charter and an action plan that is validated by the team. Facilitators use standardized agendas, ground rules, meeting minute templates, 90-day report out format, and various facilitator tools (i.e. SIPOC, TOWS, swim lane) to support the action plan teams. Today, there are 55 trained facilitators that include various segments of the workforce. The 90-day Action Plan Teams develop comprehensive action plans to execute their plans (**Figure 2.2-1**).

Also, in **Step 3** department scorecards are aligned to the SP and developed. Annually WF members develop SMART goals that link to the SP. Execution of the strategy occurs throughout the three-year plan horizon. **Step 4** allows for ongoing review of SP execution through the Operational Rhythm (**Figure 4.1-3**) and enables learning and refinement of the strategy. These reviews occur weekly, monthly, and quarterly. Progress on 90-day action plans is tracked in weekly report-outs that include team leaders, facilitators, and AS members using a standard report-out template. Through a cycle of refinement, AS is using the SP Working Document (AOS) which enables systematic monitoring and modifying of action plans. Monthly, AS reviews this document at a designated strategic session.

Organizational agility and operational flexibility are ensured through this review. During these strategic meetings, the action plans can be redirected, eliminated, or affirmed allowing for transformational change and prioritization of initiatives. Also, in the AS strategic meeting, additional action plans may be identified and built into the strategy enabling the organization to rapidly respond to changing conditions. AS also systematically reviews progress on actions plans at QBRs and makes adjustments to action plans as needed in this session. For example, a 90-day team was chartered to develop and deploy Quarterly Coaching Plans. However, it became evident that more time was needed to successfully deploy the approach, and the plan was extended an additional 90-days to enable successful piloting and to address barriers that surfaced as the team progressed.

Any SP updates and changes are shared at the monthly Leadership Group meetings and then deployed to the WF. A report-out template that defines talking points to ensure that the same information is shared across the organization is provided to each leader. Steps of the 90-day team are outlined in **Figure 2.1-2**.

2.1a(2) The importance of innovation has been clearly established at MHHCC by articulating it as a Covenant. MHHCC creates an environment that supports innovation through a variety of approaches (**Figure 1.1-3**). These include encouraging innovative ideas through training, best practice research, and knowledge sharing. MHHCC encourages intelligent risk-taking at all levels of the organization and provides a safe environment that supports innovation. Frontline employees are encouraged to submit innovation ideas to SPOKE. Originating in a 2011 strategic initiative, SPOKE was developed to encourage employees to submit ideas for continuous or breakthrough improvement. Employees are rewarded for ideas that are approved and implemented.

As part of the 90-day Action Planning Process (**Figure 2.1-2**), innovation questions were added into the project checklist template to encourage team members to consider out-of-the-box thinking. Questions to stimulate innovation are included in **Step 5** of the 90-day Action Planning Process (**Figure 2.1-2**). For example, MHHCC was losing patients to competitors due to the lack of neurologist coverage. The 90-day team used innovation questions to think “outside the box.” Based upon this, MHHCC researched how to bring this business back and ultimately partnered with University of Louisville to implement a telemedicine stroke program to capture this patient segment. (**Figure 7.1-24**)

MHHCC utilizes the Baldrige definition of innovation – making meaningful change to improve health care services, processes or organizational effectiveness and create new value for stakeholders. MHHCC further defines innovation as a 30% improvement. Innovation is tracked through a database and shared with Leadership and the BOD on a quarterly basis.

Innovation is also addressed systematically in the SPP. In **Step 1**, a wide range of key inputs, including TOWS from 13 key stakeholder groups, are captured and analyzed to identify possible opportunities for innovation. These data are used to identify strategic opportunities in **Step 2** of the SPP and to identify action plans that will result in innovation. In **Step 3**, as action plans are developed, teams capture and analyze additional data, such as potential for breakthrough improvement, risk, and financial impact to determine if an opportunity will constitute an intelligent risk. In **Step 4**, Evaluate and Improve Strategy Execution, intelligent risk is continually assessed and decisions made to move forward, continue or discontinue projects. MHHCC leverages its strategic advantage of a *strong balance sheet* to enable the organization to quickly act on emerging opportunities for innovation. For example, a strategic decision was made to take the intelligent risk to open a primary care office staffed with NPs in order to address the shortage of primary care providers in the primary market. The office does have physician oversight; however, the NPs are the primary care providers. This was an intelligent risk because some patients do not have a comfort level with NPs and believe that they need to see a physician, and southern Indiana has not been an early adopter of Nurse Practitioner offices. The office opened in February 2017 and has developed successful provider-patient relationships as well as increased volumes.

Another example of an intelligent risk was the decision to enter into the Graduate Medical Education Consortium with key competitors, Deaconess, St. Vincent’s-Evansville and Good Samaritan Hospital. This strategic effort will be a driving force to enable successful recruitment and retention of primary care physicians in the future. A series of 90-day action plans have been chartered in order to successfully execute this strategy, with Family Practice residents beginning in July 2019. Current strategic opportunities are shown in **Figure 2.2-1**.

2.1a(3) A key strength of MHHCC’s SPP is the capture, analysis, and use of a wide range of ongoing internal and external inputs. Use of these data ensures that MHHCC is developing a SP based on analysis that results in usable information and a comprehensive understanding of both the internal and external key factors that impact strategy. Key factors used in the SPP are shown in **Figure 2.1-3**. MHHCC identifies potential SOs by involving a wide range of stakeholders in the planning process. A key component in development of the TOWS analyses is the consideration of internal or external factors that could illuminate potential blind spots.

PDCAE/90-Day Methodology

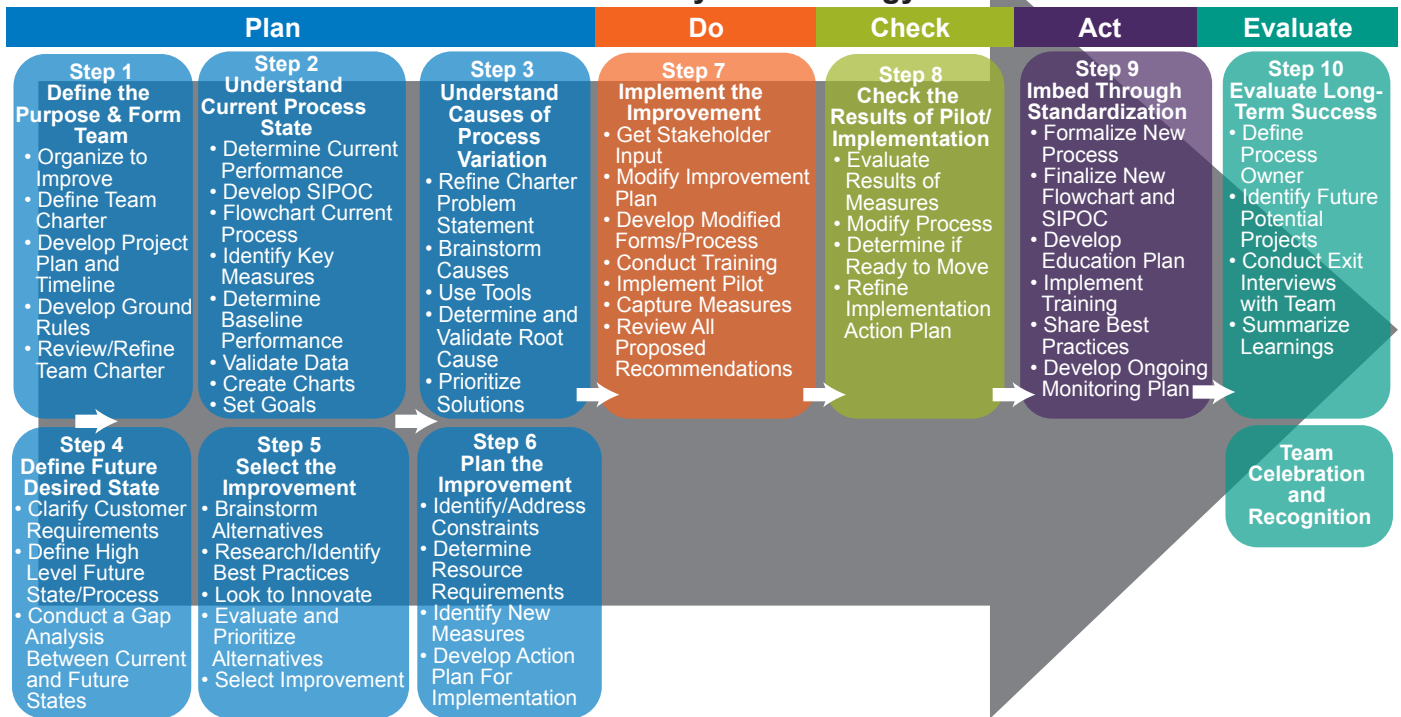


Figure 2.1-2 90-Day Team Process

Data	Elements	Sources
Strategic Challenges and Advantages	Best Practices CMO report VBP performance Culture of Patient Safety Survey Facility Assessment Industry Scan Market Share data Medical Staff Committee Outcomes NDNQI Nursing Survey Organizational Scorecard Physician Engagement Survey QBR results SPOKE TPE Feedback TOWS sessions VOC (Figure 3.1-2) Volunteer Survey WF Engagement Survey MS Engagement Survey	Business Development CMS Crimson Finance HealthStream TPE Truven MS
Potential Changes in Regulatory and External Business Environment	Meaningful Use/MIPS/ MACRA Regulatory Criteria Reimbursement Changes	CMS Federal Register ISDH TJC
Potential Blind Spots in SPP	TOWS QBR NOC EAC	Stakeholder Groups (13) AS Employed Providers WF
Ability to Execute the SP	AS Rounding Capability and Capacity Financial Performance Leadership Engagement Patient Safety Physician Resources Quality Metrics WF Engagement	AHRQ CMS Crimson Finance HealthStream IHA Truven

Figure 2.1-3 Strategic Planning Key Elements

2.1a(4) MHHCC’s key work systems are Leadership and Governance, Access to Care, Delivery of Care, Transition of Care, and Support. The AS makes work system decisions as part of the SPP to ensure the identified work systems support achievement of covenant goals and 90-day action plans. While the organizational work system was formally defined in 2012, it was refined in 2017 to align work systems with the key work and support processes (**Figure 2.1-4**). The AS bases decisions about which processes will be executed internally versus externally based upon consideration of the potential supplier’s core competencies and the ability to execute while meeting MHHCC’s service expectations.

MHHCC outsources a process that can be delivered more efficiently or effectively by an external supplier or partner. Examples of outsourced processes include radiation oncology, transcription services and PET scans. MHHCC leverages its core competency of *Cultivating Collaboration* to select suppliers or partners who will successfully demonstrate *Being for Others*.

The AS evaluates the current core competencies in **Step 1** of the SPP (**Figure 2.1-1**). Following development of the TOWS analysis, MHHCC reviews all inputs to determine the need for any future core competencies. During this step of the most recent SPP, the review prompted MHHCC to adopt another core competency, *Cultivating Collaboration*. MHHCC develops relationships with many partners and collaborators and the culture of *Being for Others* allows the relationship to strengthen, creating many lasting and successful collaborations and partnerships. **Figure 2.1-5** illustrates the determination of additional core competencies.

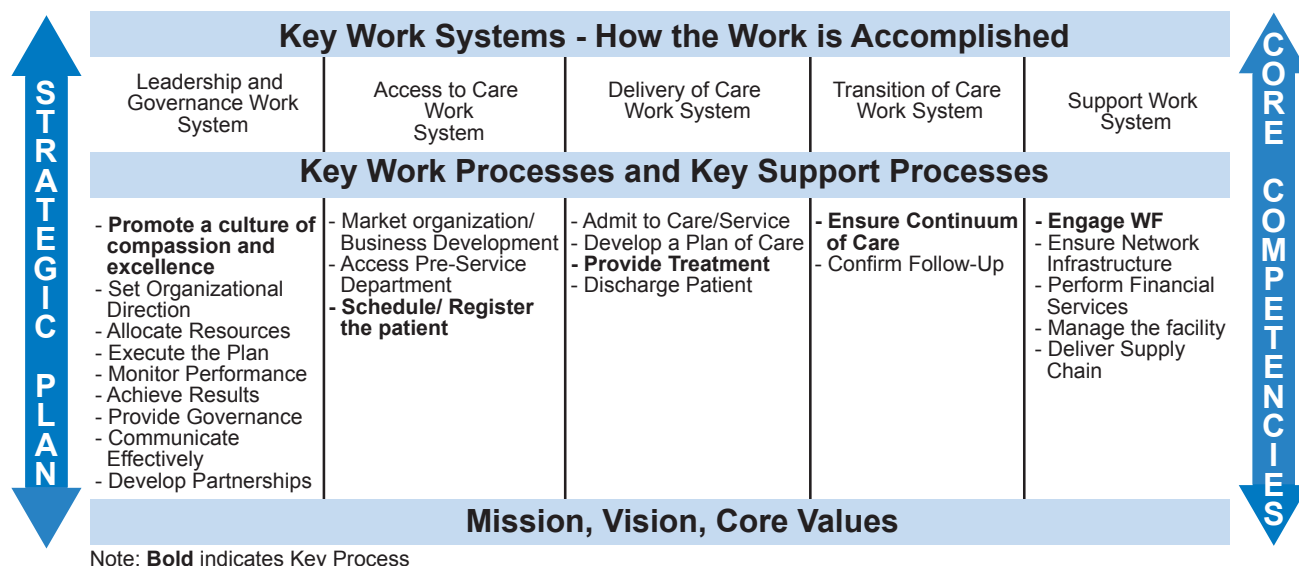


Figure 2.1-4 Work Systems Model

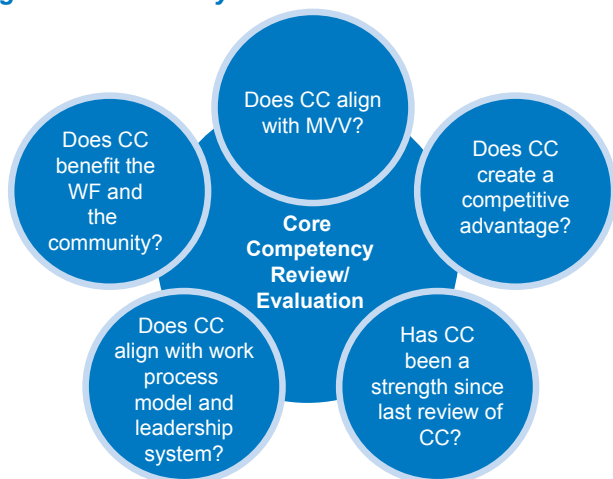


Figure 2.1-5 Core Competency Review

2.1b(1) Strategic objectives, goals, and targets for each are reflected in Figure 2.2-1.

A key change in health care services will be the addition of the Family Medicine Residency program. Capitalizing on the core competency of *Cultivating Collaboration*, MHHCC joined the GME consortium and partnered with competitors as well as Indiana University School of Medicine to develop the residency program. Currently, there are only 17 residency spots south of Indianapolis, resulting in physicians leaving the state for training. Research has shown that 70% of residents will stay in the area in which they complete their residency. The many benefits of the program will allow the recruitment of primary care providers, support replacing physicians as they retire, and create physician engagement as they become involved in the training of the residents in the community.

2.1b(2) Throughout the SPP, the AS leverages MHHCC’s strategic advantages and identifies strategies to mitigate or address strategic challenges. The QBR and the monthly AS strategic reviews ensure these remain a focus for review and update. All SOs are impacted by MHHCC’s core competencies of *Being for Others* and *Cultivating Collaboration*. The linkage of SOs to advantages, challenges, and opportunities is shown in Figure 2.2-1. The enhanced SPP enables better balance of strategies to address all key stakeholders both through the capture of inputs

from all key stakeholder groups and through the Covenant structure that develops a balanced plan. The involvement of multiple individuals in the planning process also helps to ensure a balanced approach.

2.2a(1) MHHCC has historically developed action plans to deploy its key strategies. As described earlier, in 2015 the organization developed a much more structured and systematic approach to action plan development and deployment. After approval of the SP by the BOD, in Step 2 (Figure 2.1-1) of the SPP, the AS determines who should lead each action plan. The AS integrates the 90-day planning process with succession planning by identifying leadership of 90-day teams as a development opportunity for potential succession candidates. The AS reviews development opportunities identified through succession planning, considers workloads, evaluates involvement in other projects, and determines which leader has the capability and the capacity to lead an action plans. As of February 2018, 80% of the leaders have been involved in a 90-day team. For the 90-day planning process, a trained facilitator is assigned based upon “best fit” with the team leader and with the project itself.

As needed, the AS conducts a 90-day team training that is facilitated by an external consultant. In the workshop, team leaders and facilitators review the 90-day planning process and in Step 1 (Figure 2.1-2) of the AP process, complete a preliminary team charter and select team members. Teams are carefully selected using a team selection matrix that identifies common and unique characteristics that will be required for the team, identifies possible team members, and evaluates them using the characteristics identified in the matrix. Team leaders then share their desired team members with other team leaders and participate in a “player trade” process to ensure that teams are balanced and have the strongest team members. In Step 3 team leaders and facilitators define a high-level 90-day action plan using standardized templates.

In the first 90-day team meeting, team leaders and facilitators share the charter and high level action plans that were developed. Team members work with the leader and facilitator to refine the charter and action plan. Teams oversee implementation, monitor progress, identify barriers, as well as report progress at the weekly 90-day report-out session attended by all team leaders, facilitators, and all AS members. Key short-term and longer-term action plans and their alignment to the SOs are shown in Figure 2.2-1.

2.2a(2) The SP, along with the action plans, are deployed to the Leadership Group after approval by the BOD. The SPOP is shared with leaders at the January Leadership Group Meeting. The SPOP is also shared with the entire WF through several approaches. The action plans for each covenant are cascaded to the WF and posted on the HUB for ongoing access. Departments also post the SP in their departments. In a 2014 cycle of improvement, MHHCC ensured strategic alignment to the individual performer by ensuring that each individual employee has at least one goal for the upcoming year linked directly to the organizational SP. In 2016, to create greater engagement, the expectation was increased to three goals linked to the SP for each employee. The SPOP and action plans are shared with medical staff through bi-monthly medical staff meetings. MHHCC shares its strategy with key partners, suppliers and collaborators when they are needed to provide support of the strategic objective or when they are impacted by the change that may result from the action plan. For example, when MHHCC launched the action plan for the Orthopedic Center of Excellence, it involved key suppliers in the action plan discussions. When teams are selected for 90-day action plans, suppliers, partners, and collaborators are considered for inclusion in these plans.

Key outcomes are achieved and accountability is established through the weekly 90-day report out sessions. Each team is responsible for its weekly meetings and posting updates prior to the report-out. The systematic 90-day planning process has significantly improved accountability for action plan execution. A key part of the PDCAE process is to ensure long-term sustainability of action plans by planning for process handoffs at execution and by hardwiring processes through documentation and communication.

2.2a(3) The ability to adequately resource action plans is addressed through the planning process with support and oversight by the Finance Committee through budget reviews, as well as through the BOD approval process. In **Step 2** of the SPP, (**Figure 2.1-1**) the AS reviews action plans in order to prioritize projects to ensure that adequate funding is available. Resource expectations are defined through the 90-day planning process by each team. AS determines resource requirements for long-term projects. Most long-term projects are executed through sequential 90-day action plans. During the budget process, department directors involved in a specific action plan determine the financial expectations and incorporate a request to support the action plan financially through their budgets. MHHCC maintains financial access to capital by ensuring that it meets the bond rating benchmarks. During each QBR, the AS reviews the SP and determines if the timing of the 90-day action plans needs to be altered or if resources need to be reallocated to support execution. Risks associated with each action plan are also reviewed. If the financial risk is altered significantly, the Finance Committee of the BOD must approve the proposed change. MHHCC's strategic advantage of a strong balance sheet supports risk taking to manage financial viability.

2.2a(4) Key human resource plans are reflected within the Workforce Engagement Covenant in **Figure 2.2-1**. During the development of 90-day action plans, teams identify potential impact on the WF capability or capacity. For example, in the 90-day action plan to become a Level III Trauma Center, a variety of capability issues, such as physician training and certification, were identified and incorporated into that 90-day action plan.

Additionally, to support short- and longer-term SOs, MHHCC executes the capability and capacity planning process (**Figure 5.1-2**). The most important factor in addressing the potential impact on the WF is found when forecasting capacity needs during the action planning process. After capacity is determined, and capability is identified, gaps are analyzed, and potential changes are addressed.

2.2a(5) Key performance measures for each Strategic Objective are shown in the organizational scorecard measures (**Figure 2.2-1**). Additionally, each 90-day team defines key measures to track achievement and effectiveness of action plans in the **Plan** step of PDCAE during the chartering process. The charter is used to guide the process and hold each team accountable for achieving the defined performance targets. In-process measures are tracked and reported during the weekly report-outs. Outcome measures are reviewed at the end of the process and ultimately are transitioned to the long-term owner of the process. The action plan outcome measures reinforce organizational alignment (**Figure 7.4-19**).

2.2a(6) Key performance projections for the planning period of the SPP are shown in **Figure 2.2-1**. These projections are based upon thorough analysis of historical trends, competitive benchmarking, and projected impact of implemented short-term and longer-term strategies.

Performance projections are incorporated into development of strategic goals. During the ongoing review of internal and external inputs, as well as the review of the SP working document, gaps in performance are recognized and action plans modified to address performance projections. Performance on Organizational Scorecard measures are reviewed with the AS monthly and at each QBR through the Operational Rhythm (**Figure 4.1-3**) and with the BOD monthly. Projected performance is also built into the project timeline of the 90-day action plans. One of the steps in the planning phase is to "select the improvement." During this step, the team researches and identifies best practices from other high performing organizations, which also include the performance of competitors. This becomes the projected performance and is then included in the project charter as a project outcome. Through best practice research with other high performing organizations, including MHHCC's competitors, definitions of excellence have been established. The aspiration to perform at top decile allows MHHCC to transcend the projected performance of its competitors.

2.2b Action Plans Modification In the past, with the point-in-time approach to planning, modification of action plans was cumbersome and often perceived as a failure of the SPP. Through a cycle of learning, MHHCC recognized the need to be able to respond to changing planning assumptions or to the current environment and implemented AS monthly reviews of the SP as part of the Operational Rhythm. Actions plans are now modified based upon these reviews to ensure agility, to shift plans, or to quickly execute new plans. This process is supported by AS, Leadership, and the BOD. The 90-day tri-annual coaching plan team required a shift in plan to allow the inclusion of alignment boards. The original opportunity statement was modified for this inclusion and was approved by AS. In addition, a rapid execution of sub-teams for the EMR 90-day team caused plan modification for other 90-day teams during that same quarter to allow for stakeholders to have adequate time to be involved in the selection of the EMR partner.

Covenant		SA/ SC	Strategic Objective	Figure 2.2-1 Sample Strategic Plan on a Page		Organizational Scorecard Measures	Goals/Projections		Projected Performance to Comparitors
				Long Term (L), Short Term/90-Day Teams (S) or Operational (O)	Sample Strategic Opportunities/Action Plans		2018 Goal	2020 Goal	
WF Engagement	Commit to providing spiritual and professional growth for the entire WF that will ensure a values-based culture	SA1 SA2 SC1 SC4	Be the workplace of choice.	Turnover	Top Quartile	Top Decile	Top Decile	Top Decile	
					Apply to Best Places to Work in IN	Achieve Best Places to Work in IN	Achieve Best Places to Work		
Quality	Deliver exceptional outcomes by providing safe, evidence-based care.	SA3 SA5 SC6 SC7	Deliver role model performance in quality and patient safety.	Harm Across the Board: Total Harm	≤ 2%	≤ 1.75%	≤ 1.75%	Top Decile	
					≤ 2.07	≤ 1.87	N/A		
Innovation	Make meaningful change to achieve breakthrough improvement.	SA2 SA5 SC5	Deliver new value for stakeholders.	Readmission Rate All Cause	≤ 5.76%	≤ 5.41%	≤ 5.41%	Top Decile	
					0	0	Top Decile		
Community	Provide value through compassionate patient experiences.	SA5 SA6 SC4 SC5 SC7	Deliver an extraordinary experience.	Lean Project Results 90-Day Team Results	30% Improvement	30% Improvement	30% Improvement	N/A	
					30% Improvement	30% Improvement	N/A		
Stewardship	Use resources to sustain and grow the health care ministry for the communities we serve.	SA4 SC2 SC3 SC6	Demonstrate financial independence.	Inpatient Market Share	Dubois 73.5%	Dubois 74.0%	Dubois 74.0%	Exceed Competitor Growth	
					PSA minus Dubois 41.6%	PSA minus Dubois 42.1%	PSA minus Dubois 42.1%		
					SSA 14.3%	SSA 14.8%	SSA 14.8%		
					Daviness 13.5%	Daviness 14.0%	Daviness 14.0%		
					Dubois 87.1%	Dubois 87.6%	Dubois 87.6%		
					PSA minus Dubois 55.6%	PSA minus Dubois 56.6%	PSA minus Dubois 56.6%		
					SSA 21.8%	SSA 23.3%	SSA 23.3%		
					Daviness 21.3%	Daviness 21.8%	Daviness 21.8%		
					%ile rank ≥ 90	%ile rank ≥ 90	%ile rank ≥ 90		
					%ile rank ≥ 90	%ile rank ≥ 90	%ile rank ≥ 90		
Stewardship	Use resources to sustain and grow the health care ministry for the communities we serve.	SA4 SC2 SC3 SC6	Demonstrate financial independence.	Outpatient Surgery Market Share	Operating Margin	≥ 2.7%	≥ 3.0%	Maintain Bond Rating	
					Days of Cash on Hand	≥ 214.0	≥ 214.0		
					Salaries/Benefits as % of Net Patient Revenue	≤ 54.2%	≤ 53.5%		
					Supply Expense as % of Net Patient Revenue	≤ 15.6%	≤ 15%		

Strategic Advantages: SA1 Mission-driven organization and faith-based culture; SA2 Caring, high quality WF; SA3 Quality and safety outcomes; SA4 Strong balance sheet; SA5 Regional presence in cardiology, primary care, obstetrics, stroke, and trauma services; SA6 Community support.

Strategic Opportunities: SO1 Workforce development; SO2 Revenue cycle enhancement; SO3 Ensure and demonstrate that wages and benefits (total compensation) are competitive; SO4 Women's services and technology; SO5 Select and deploy an integrated computer system; SO6 Develop a comprehensive regional growth strategy; SO7 Family Medicine Residency program; SO8 Employer-based health care; SO9 Telemedicine services; SO10 Integrated geriatric services and programs; SO11 Oncology Services; SO12 Improving efficiencies and profitability of MPM offices.

Strategic Challenges: SC1 Recruiting and retaining WF; SC2 Third party payer aggression; SC3 Financial clarity; SC4 Regional competition; SC5 Access to primary care; SC6 Lack of integrated computer system; SC7 Inconsistent patient experience performance

Category 3 – Voice of the Customer

3.1 Voice of the Customer

“We have a power within us of doing good, of living for God and the good of those around us.” These passionate words from Venerable Mary Potter set the tone of quality health care provided at MHHCC. The compelling and deeply Christian core competencies of *Being for Others* and *Cultivating Collaboration* pervade all that is done and are the foundation for building enduring relationships with those served. MHHCC is attuned to listening to patients and stakeholders as the “Memorial Family”, following in the footsteps of Venerable Mary Potter who said, “Lord, your family -- (the suffering and dying) -- will be my family.” MHHCC’s response to this listening is to deliver Radical Loving Care (RLC) (Figure 3.1-1) at all levels of patient interaction. Embodying the core values enables the delivery of RLC, setting high expectations for the level of service that is provided by creating an outstanding work environment, sharing RIMs, and being selective in hiring to attract individuals with a “servants’ heart”. RLC encompasses not only healing of the body, but also the mind and spirit, which coincides with MHHCC’s Mission. MHHCC has been a five-star hospital since the inception of the CMS star rating and is one of only 19 hospitals in the nation to receive a double five-star rating demonstrating the impact of delivering RLC.



Figure 3.1-1 Radical Loving Care Model

The concept of RLC is shared through multiple approaches, starting in New Employee Orientation (NEO), where the EDOMI introduces RLC. Through the introduction of the book *Radical Loving Care*, the workforce is encouraged to join a caring circle that reviews the concepts of the book, clarifies the delivery of RLC, as well as supports one another through this approach. RLC flows from MHHCC’s mission and is how it delivers its core competency of *Being for Others*. RLC is integrated into all interactions. The EDOMI encourages and supports RLC with all segments of the workforce through formalized formation training and integration of RLC into other training topics. Meetings at MHHCC start with prayer/spiritual reflection. Morning and afternoon prayers are broadcast through the hospital intercom.

Since the inception of RLC, AS continues the RLC work with the review of additional books during a monthly caring circle that relates to radical loving care. Recent books include: *The World’s Most Powerful Leadership Principle (how to become a Servant Leader)*, *Generations Inc.*, *If Hospitals Could Fly*, *Remarkable, and Patients Come Second*. AS uses these concepts to help support and strengthen the goal of RLC.

3.1a(1) MHHCC utilizes numerous methods to listen, observe, interact, and learn from patients and other customers (Figure 3.1-2) across the patient life cycle of Discovering, Engaging, and Sustaining. These approaches enable MHHCC to obtain actionable information on current, former, potential and competitors’ patients and other customers. Voice of the Customer (VOC) information is obtained from several distinct methods including patient experience surveys, patient comments, Business Development team, and social media. As society becomes more electronic, MHHCC continues to proactively offer different listening methods for “e-customers” (computer savvy customers). Web-based technologies used include targeted social media, geo-targeting, and geo-fence.

MHHCC captures much of its VOC information through direct face-to-face communication. One of the advantages of being located in a small community is that customers feel free to share their experiences. Caregivers and leaders are the family and friends of patients and other customers, and MHHCC leverages these relationships to listen and learn from its patients and their families, leveraging the core competency of *Being for Others*. In September of 2014, the organization created the Patient and Family Advisory Council in Dubois County. This council includes an active group of current and former patients from our primary and secondary service areas who readily share their experiences and opinions. The participants in this Council represent patients and family members who have had positive and negative experiences when in MHHCC’s care. Based upon the success of this council, in 2014 MHHCC deployed Advisory Councils in Spencer and Pike counties and in 2015 began a Council in Daviess, Martin, Perry, and Orange Counties. Advisory councils meet quarterly, utilize standard agendas, and capture patient and family feedback in minutes.

Listening occurs during each patient and family encounter. Leadership patient rounding is conducted on inpatient units led by nursing leadership. During this interaction, the nursing leader utilizes key words at key times and inquiries about the overall patient experience in medical, surgical, and ICU. Intentional rounding by front-line staff occurs every hour to determine the effect of proactive patient care with the intent to increase patient safety. During intentional rounding, attention is given to the 5-P’s: Pain, Potty, Pump, Position, and Proximity. A more structured environment for both the patient and the nurse also decreases the patient call light usage, as well as increases patient satisfaction and experience (Figures 7.2-2 through 7.2-11). Bedside shift reporting has also provided a valuable tool to obtain the VOC. At each shift change, nurses report pertinent patient information to the next nurses with the patient and family engaged at the bedside. The workforce also utilizes Acknowledge, Introduce, Duration, Explanation, and Thanks (AIDET) during all interactions.

MHHCC continues to expand its use of electronic communication and social media to obtain VOC information. Historically, patient experience surveys were mailed to patients.

In a cycle of refinement, patients now have the option to share their email addresses to enable their patient experience surveys to be sent through email. Actionable information is also obtained from patients through social media. The Marketing Department has taken ownership for the MHHCC Facebook page and, through a cycle of refinement, is making weekly posts and evaluates Facebook comments on a daily basis. MHHCC also tracks comments about MHHCC on Facebook and respond as appropriate. MHHCC's website underwent a cycle of improvement in 2015 to become more user-friendly and better capture VOC.

3.1a(2) Approaches to listen to and learn from former patients, potential patients, and patients of competitors are shown in **Figure 3.1-2**. Input captured from these multiple approaches is used as key input into ongoing decision-making and also into the development of the strategic plan. MHHCC listens to its competitors' patients, primarily through the use of publicly reported information that allows it to gauge its performance compared to competitors (**Figure 7.2-2**). As reported in the organizational profile, key competitors include three hospitals within a 60-mile radius of MHHCC (**Figure P.2-1**). The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, Press Ganey and market share data are used to capture actionable information to drive improvement. Another valuable tool utilized are the Advisory councils that allow MHHCC to listen to potential patients, who could also be competitors' patients. These Advisory Councils were deployed to solicit input from counties in which services were not yet fully developed. These counties are geographically located close to

competitors. MHHCC's goal is to have robust, high functioning Advisory Councils in order to convert competitors' patients in MHHCC service areas into its patients. The use of Truven and Crimson data as well as the Business Development processes also enables MHHCC to convert potential patients into current patients

3.1b(1) Patient and other customer satisfaction and engagement are captured primarily through patient experience surveys including: Press Ganey (PG), HCAHPS, SHP for Home Health, and written surveys for FPC. PG patient experience results are segmented by inpatient, ED, ambulatory surgery, outpatient, Urgent Care, MPM, and Behavioral Health. Using these surveys is an important aspect of determining patient and other customer satisfaction. MHHCC has solicited the help of PG to capitalize on the actionable information that can be obtained from these results. Through the advice of PG, MHHCC has determined target and stretch goals for each department. MHHCC will continue to work closely with a PG representative, a Patient Experience Advisor, to take the next steps in the journey to ensure an excellent patient experience. There have been sequential 90-day teams of the SP to carry out the strategic objective of delivering an extraordinary experience.

All departments include their patient experience scores as a key measure on their department scorecards. Patient experience scores are also included on the organizational scorecard and reported at QBR, as well as the BOD monthly meetings.

All listening methods outlined in **Figure 3.1-2** are also used to gather dissatisfaction data. Complaints are captured and documented through the HCSZ portal. Through a defined

VOC Approaches	Life Cycles Stages											
	Discovering				Engaging				Sustaining			
	Customer Groups											
	P	PP	FP	CP	P	PP	FP	CP	P	PP	FP	CP
Advisory Council	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Best Practice Research									◆			
Board of Directors Input		◆									◆	
Business Development Team	◆	◆	◆	◆	◆	◆	◆	◆	◆			
Community Education	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Community Needs Assessments		◆										
Complaint Management					◆		◆	◆				
Discharge Calls					◆	◆			◆			
Focus Groups	◆				◆						◆	
CAHPS Survey	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Health Fairs/Outreach						◆	◆					
Industry Collaborations									◆			
Market Share Reports	◆	◆		◆								
Website	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Out-Migration Data		◆		◆								
Patient/Family Advisory Council	◆				◆		◆	◆			◆	
Patient Experience Officer					◆							
Rounding					◆							
Social Media	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Support Groups					◆	◆		◆	◆		◆	
Patient Experience Surveys	◆								◆			
Volunteer Activities		◆	◆	◆					◆		◆	
Wellness Screenings						◆		◆				

LEGEND: P = Patients; PP = Potential Patients; FP = Former Patients, CP = Competitor's Patients

Figure 3.1-2 Listening and Learning Approaches

algorithm, the Grievance Committee reviews any formal written complaints that are received after patients leave the hospital. However, the goal is to identify and resolve any dissatisfaction before patients leave the hospital.

Dissatisfaction results are reviewed through the Operational Rhythm (**Figure 4.1-3**), in the monthly Quality Council meeting, and at QBRs (**Figure 7.2-12**). Trends in dissatisfaction are used to develop and execute action plans at the organizational and departmental levels to meet and exceed patient requirements and expectations.

3.1b(2) MHHCC obtains comparative data from national databases for all customer groups through PG and SHP satisfaction surveys and obtains information on its three key competitors through HCAHPS. HCAHPS provides a standardized survey instrument and data collection methodology for measuring inpatient's perspectives on hospital care. The HCAHPS survey contains 21 patient perspectives on care, encompassing nine key topics: communication with doctors, communication with nurses, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness of the hospital environment, quietness of the hospital environment, and transition of care.


MHHCC collects additional information on its closest competitor through a variety of mechanisms, including the competitor analysis completed as part of the SPP, QBR competitor analysis, Business Development feedback, local media, competitor web sites, advertisements, and press releases. Other information on satisfaction relative to competitors is obtained through discussions with peers and employees of other organizations, physicians who may work at various hospitals, and participation in community organizations and activities.

The Patient Experience Officer (PEO) continuously reviews and researches best practices, learning what other facilities are doing to take patient satisfaction and loyalty to higher levels. MHHCC participates in the regional and national PG conferences and reviews approaches to world-class service from Baldrige Award recipients. These approaches enable learning from other organizations both within and external to health care.

High quality, low cost health care is a key requirement for MHHCC stakeholders. Satisfaction from patients is achieved by embracing transparency in hospital quality and cost. The Indiana Hospital Association has created *MyCareInsight* as a public tool to help understand competitor charge comparison and quality ratings through an easy-to-use resource. Through this website, MHHCC has been identified as the lowest cost provider as compared to all competitors in the state. Many things can affect a hospital's quality results; the goal is that by making quality and charge data readily available to the public, MHHCC will acquire an informed patient with enhanced confidence and satisfaction in the organization.

3.2 Customer Engagement

3.2a(1) MHHCC systematically captures patient, other customer, and market requirements for health care service offerings through the comprehensive VOC Listening and Learning Methods outlined in **Figure 3.1-2**. The AS uses the Market Share Data Analysis, TOWS session results, Community Needs Assessment, and strategy information during the SPP

to identify the need for new or expanded service offerings in new markets. The AS determines where outward migration or transfers are occurring and where opportunities exist to meet community needs. Once a strategy is defined to develop or adapt a service, or to enter a new market, an evaluation is completed at the next QBR in order to determine if an action plan should be added to the SP. Once it has been determined that a new service is needed, or an opportunity exists to expand into new markets, historically, a project team was formed to create or expand the new service. In a 2015 cycle of improvement, MHHCC introduced the 90-day action planning process . One of the first 90-day teams chartered in 2015 focused on introducing new products. This team used a systematic PDCAE process with defined templates to deliver the project outcomes. Based upon the success of this approach, MHHCC consistently uses the 90-day planning process to develop and deploy new products. For example, a 90-day project was chartered to evaluate the possibility of a stroke telemedicine program at MHHCC. This team determined that MHHCC was losing market share because of its inability to treat stroke patients. These patients were being transferred to tertiary care centers, delaying treatment, and creating a burden for families and patients. Through collaboration with the University of Louisville, the 90-day team introduced telemedicine to MHHCC allowing stroke patients to receive care at MHHCC (**Figure 7.4-19**). MHHCC has always benefitted from community support. A rebranding strategy included the tagline *Closer to You*, allowing patients to receive high quality care in their own communities, friends and family exceeding expectations of "friends and family".

3.2a(2) MHHCC enables patients and other customers to seek information, support, and health care services through a wide range of approaches. Patients and community can seek information and support and provide feedback through the Internet, support groups, Advisory Councils, surveys, Family Palliative Care, and Faith Community Nursing, as well as community education events hosted by Business Development. The methods shown in **Figure 3.2-1** are customized for each patient segment.

Patients can obtain many of these support services through multiple access points including the hospital, physician offices, urgent care facility, employer clinics, and ambulance services. Patients and other customers may provide feedback through surveys, the PEO, access to AS, pastoral care, direct caregivers, social media and faith community nurses. Key patient and other customer support requirements are captured through the listening and learning approaches shown in **Figure 3.1-2**.

These requirements are deployed to all people and processes involved in patient care and other customer care through the Standards of Conduct, Standard 6: Customer Service, which is reviewed in NEO, as well as by all of the WF, through an annual HealthStream assignment. MHHCC is committed to providing an environment where all customers, patients, visitors, physicians, and employees are treated fairly and with dignity and respect. All employees adhere to the highest standards of customer service to promote MHHCC values and apply the Standards of Conduct in every interaction with all customers. The WF is expected to treat the customer in a manner that provides excellence in service.

Support Mechanisms and Access	Patients/ Families	Other Customers
Care Coordination, Discharge Planning, Follow-up phone calls	◆	
Community Education through Health and Wellness	◆	◆
Family Palliative Care	◆	◆
Financial Advocates	◆	
Greeters	◆	◆
Health and Wellness Screenings	◆	◆
Language Line – Interpreters	◆	
mhhcc.org – Internet	◆	◆
Social Media	◆	◆
Newsletters, Newspapers, Magazine articles, Marketing publications, Radio, TV and Community directories	◆	◆
On site services – Tower Café, Patient Experience Officer	◆	◆
Ortho Navigator	◆	
Parish/Faith Community Nursing	◆	◆
Pastoral Care, Onsite chapel	◆	◆
Prayer and Presence, Prayer shawls, blankets/stuffed animals	◆	
Recognition of Veterans	◆	
Support Groups	◆	◆
Volunteer Services	◆	◆

Figure 3.2-1 Access and Support Mechanisms

3.2a(3) MHHCC identifies current and anticipates future patient and other customer groups and market segments based on analysis of internal and external inputs in *Step 1* of the SPP (**Figure 2.1-1**). During this step, multiple key factors are collected and analyzed. These assessments include 13 TOWS analyses with stakeholders; a community needs assessment, and market analysis. In a 2015 cycle of improvement, the Business Development team began to analyze big data being captured through the purchase of Truven and Crimson databases. In *Step 2* of the SPP, specific objectives may be identified to target a particular market. The selection of future market and customer opportunities is based on market share data, competitive position, growth potential, community need, and organizational capability and capacity. For example, in the strategic planning process, the competitor assessment identified a key opportunity to expand services into Daviess County. This determination was made based upon competitive research that revealed that the hospital in this county was losing market share. Property was purchased and a plan was developed to move primary care into this county. A medical office building was opened, and additional services continue to be added as market share data is evaluated.

3.2b(1) MHHCC leverages its core competencies of *Being for Others* and *Cultivating Collaboration* and its focus on delivering RLC to market, build, and manage relationships with patients and other customers. It deploys a systematic Relationship Management Process (**Figure 3.2-2**). Through this process MHHCC identifies potential patients and other customers through approaches described in **Item 3.2a(3)** and deploys the Relationship Management Process (**Figure 3.2-2**) to acquire patients and other customers and to build market share. Relationships start with patients discovering MHHCC as a quality health care organization. Trust is gained and patients become engaged, thus building loyal and sustaining

relationships. For example, AS identified community and health care leaders in nearby Amish and Mennonite communities and met with them to understand desired services, requirements, and expectations and to establish common goals and outcomes. These discussions assisted AS in prioritizing which services to first take into that market.

MHHCC has had a strong brand in its primary market for many years. Recognizing that MHHCC had significant opportunity to expand its markets and strengthen its brand, MHHCC hired a new Director of Marketing and Public Relations. One of the first initiatives for the new director was to rebrand and revitalize the MHHCC image. The tag line “Closer to You” was adopted to connect to the communities MHHCC serves. In an effort to enhance the brand, a campaign through publications, billboards, news media, and TV commercials was executed. New brand colors and slogans have been incorporated into all media campaigns going forward. Several areas were targeted through the rebranding efforts to include orthopedics, cardiology, cancer care, and urology. The rebranding was also utilized when the Orthopedic Center of Excellence achieved the Hip and Knee Replacement Recertification and Hip Fracture certification in 2017. Business Development has enhanced the brand with “boots on the ground” to provide education and information to providers in personal visits to their offices. Additionally, the brand has been enhanced through significant business development efforts working with local employers to provide clinics within (or near) major companies.

Leveraging the core competency of *Cultivating Collaboration*, each Business Development Liaison has a goal of 25 visits per week to physician/provider offices, community events, and/or local employers. The details of each visit are documented in the Salesforce database and also become part of the business development scorecard. Areas and specialties to target are determined through the use of Crimson Advisory Board tools, VOC, and alignment with the SP. Each Business Development Liaison also delivers two community education events per month. Topics for education are based on specific community needs. For example, in February, Business Development hosted a community education event in Jasper regarding Vestibular Rehab. The Truven database was used to generate a mailing list of community members who had a high propensity for this needed education and a mailer was sent to 2,000 homes in Dubois County to those patients and potential patients. Business Development works with the Marketing Department to execute a systematic eight-week process to announce and educate the community about these events.

MHHCC uses VOC Listening and Learning Methods, (**Figure 3.1-2**) and Patient and Customer Support Mechanisms, (**Figure 3.2-1**) to retain patients and other customers, meet their requirements, and exceed their expectations in each stage of their relationship with the organization. MHHCC has defined engagement as the Likelihood to Recommend. All interactions with patients and customers include the question “your likelihood to recommend” whether it be a patient experience or post-education presentation survey result (**Figure 7.2-16** through **7.2-21**).

In addition to the MHHCC website, MHHCC utilizes social media for internal and external communication to strengthen the hospital’s brand, support strategic objectives, reinforce the mission, vision and core values and share celebrations with the communities served. MHHCC does this by using Facebook and LinkedIn to enhance its brand image and engage with patients, potential patients and the WF. MHHCC’s WF members

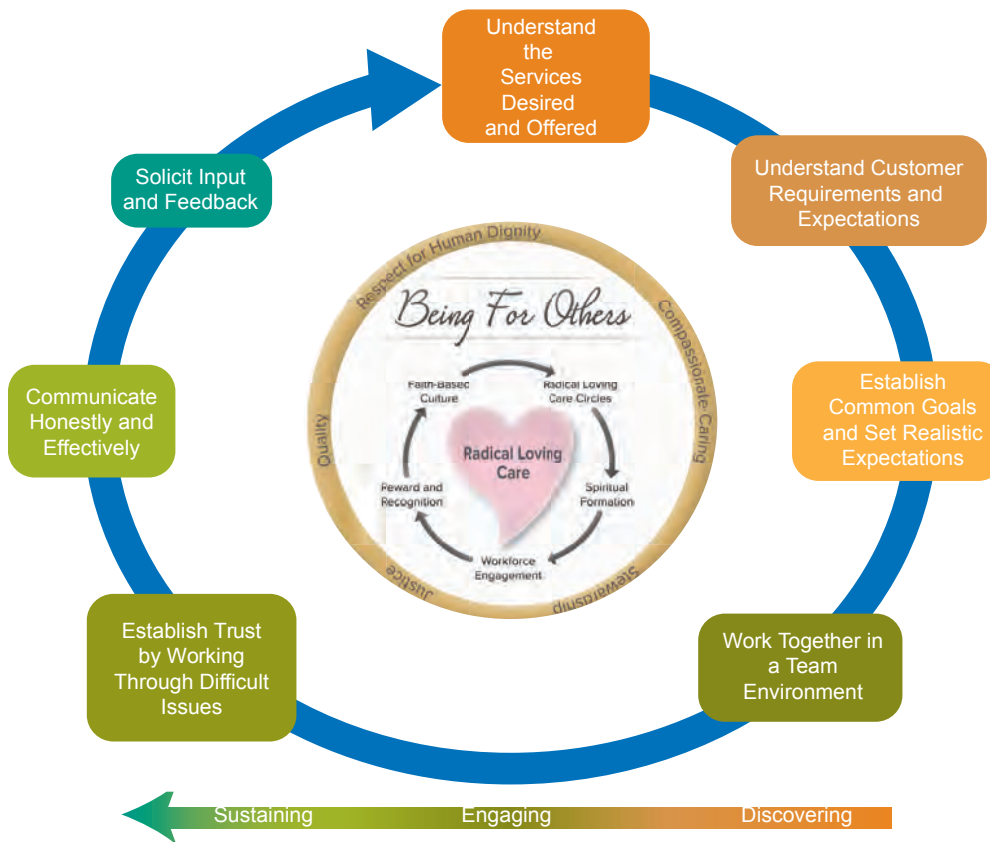


Figure 3.2-2 Relationship Management Process

serve as its best brand ambassadors. Because of this, MHHCC leverages the collective strength of the WF to improve branding. Many likes and shares of social media messages and pages are done by the WF as a way of demonstrating pride in the organization and the care provided. Externally, MHHCC utilizes these social media tools to improve services, answer questions, improve processes, inform the public about events at MHHCC, and celebrate successes. Internally, departments have private Facebook groups that allow them to share information including “kudos”, upcoming events, and open shifts that need to be filled. Department Facebook pages are in full compliance with all HIPAA regulations. The Marketing Team has administrator privileges for external facing sites, allowing for quick, concise follow-up. In addition, MHHCC has a comprehensive website that allows direct emails to certain staff members from a “Contact Us” page. A systematic process is in place to ensure appropriate feedback with the appropriate departments.

The Marketing and Business Development Department has included digital media as an online form of communicating campaign messaging. The team determines which opportunities to advertise/educate the community based on analysis of market data. For example, a campaign was developed and deployed to share information about oncology services that are offered close to home, at the LFCC. This campaign highlighted testimonials from four cancer survivors/patients about receiving quality care, “closer to you”.

3.2b(2) MHHCC supports the rights of each patient and customer to present complaints. MHHCC’s intent is to provide extraordinary service to exceed patient and family expectations through RLC, No Pass Zone, and AIDET processes that are hardwired at MHHCC. However, the organization recognizes that it sometimes fails to meet this intent and MHHCC supports the

rights of each patient and customer to share concerns and complaints. Whenever possible, WF members resolve customer service issues at the point of origin. When MHHCC is unable to resolve a patient or family concern immediately, the PEO executes a systematic process (**Figure 3.2-3**) to resolve the concern and recover the patient’s confidence. The PEO also functions as an administrative intermediary, working on behalf of patients and families, in order to achieve resolution. The Complaint Resolution Process is shown in **Figure 3.2-3**.

The MHHCC policy on complaints indicates, “Each patient or customer can expect that corrective action will be taken when indicated, and that a response will be received in a timely manner. Presentation of a complaint will in no way compromise the patient’s treatment or future access to care. Complaints shall be resolved as quickly as possible, in a manner that will enhance relationships.” Through

a cycle of refinement, in September 2015, MHHCC started to use HealthCare Safety Zone Portal to capture complaint management. This electronic system allows all WF members to enter a patient complaint. The results are aggregated and analyzed by the PEO to identify opportunities for systemic improvement. This analysis is then used as a SP input.

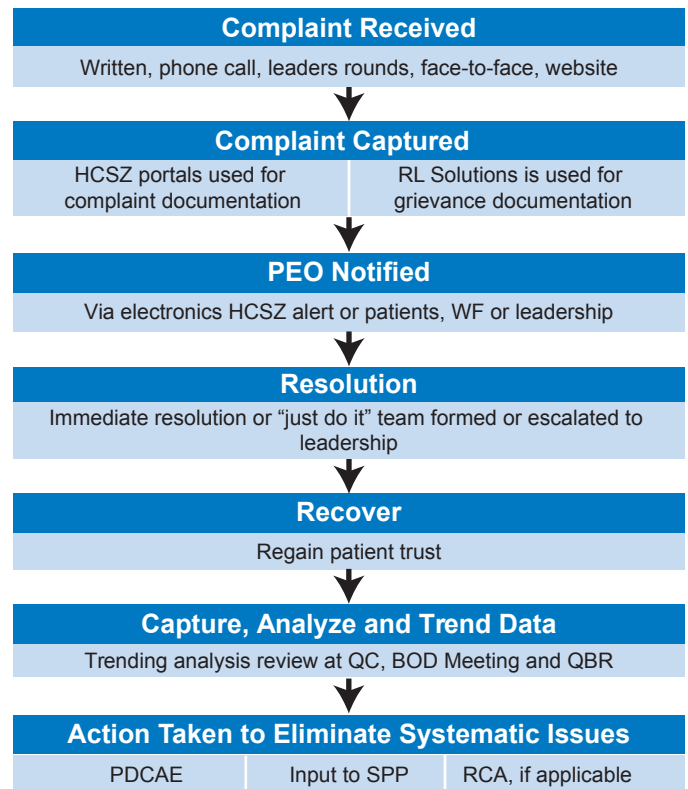


Figure 3.2-3 Complaint Management Process

Category 4 – Measurement Analysis and Knowledge Management

4.1 Measurement, Analysis, and Improvement of Organizational Performance

4.1a(1) Data and information used for tracking daily operations and overall organizational performance are systematically selected, collected, aligned, and integrated at multiple levels in the organization through the Performance Measurement Process (PMP) (*Figure 4.1-1*) and is aligned with PDCAE (*Figure 2.1-2*). Performance measurement at MHHCC supports data-driven decision making and the effective performance of key work systems (*Figure 2.1-4*), leadership and governance, access to care, delivery of care, transition to care, and support.

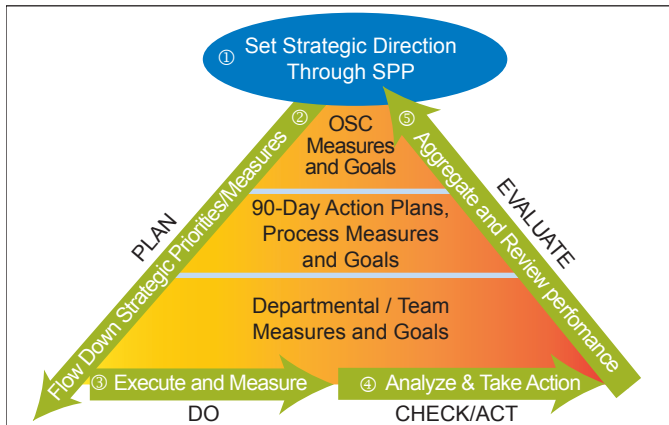


Figure 4.1-1 Performance Measurement System

As shown in *Figure 4.1-1*, measures are selected at various levels of the organization. In *Step 1* of the PMP, AS leaders set direction for the organization through the SPP (*Figure 2.1-1*). They establish **Covenant Goals** that represent MHHCC’s strategic objectives (SOs), and all subsequent selected measures are aligned to these objectives. These measures are tracked on the Organizational Scorecard (OSC) and the AS evaluates progress in achieving SOs through the QBR. In *Step 2*, SOs flow to 90-day action plan measures, and to processes and departments to ensure alignment with the overall strategic plan. Measures and appropriate comparisons are defined for each 90-day action plan to evaluate progress on action plans and achievement of intended outcomes. In a 2018 improvement, alignment boards (AB) are being fully deployed in each department. The AB displays the MVCV, SPOP, NSP, OSC, department SC, AS Rounding SLR, as well as the action plans of the engagement surveys.

The measurement selection process (*Figure 4.1-2*), is used to select departmental and process measures along with appropriate comparisons. Process measures include both outcome and in-process measures. In *Step 3* of the PMP, 90-day action plans and daily operations are executed and performance is measured. In *Step 4*, results are analyzed at every level of the organization. This includes analysis of OSC metrics, progress on 90-day action plans, and departmental or process performance. These analyses enable leaders to make data-driven decisions and facilitate real-time adjustments to processes. In *Step 5*, performance on measures of daily performance and operational performance are systematically aggregated as appropriate and reviewed through the comprehensive Operational Rhythm (*Figure 4.1-3*). As part of the Operational Rhythm, performance gaps are identified compared to goals, competitors, or benchmarks.

Key OSC measures are reported in *Figure 2.2-1* and key

process measures in *Figure 6.1-2*. The organizational scorecard was developed by AS to identify key measures for each of the five covenants. Performance on scorecard measures is collected and reviewed monthly. Performance measures are tracked and shared and used as key input into the SPP. Additionally, performance measures support organizational decision-making, continuous improvement, and innovation.

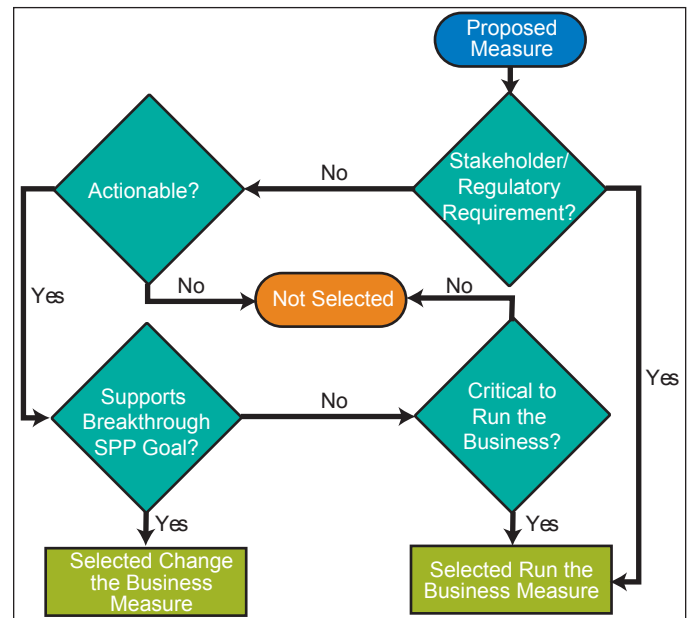


Figure 4.1-2 Measurement Selection Process

4.1a(2) Early on the journey to excellence, MHHCC made the decision to compare its performance with other high-performing organizations. Definitions of excellence were formalized for each covenant. Leaders identify and select the best comparative sources to meet strategic and operational planning needs and objectives. This decision-making process includes the following criteria: database size, availability of competitor data, applicability to MHHCC’s service offerings and size, best practice guidance, cost, and credibility of the vendor or organization. Where possible, MHHCC uses top decile or the best possible comparative data point. If there is not a national best practice or top decile/quartile benchmark available, a statewide or local best practice is used. Realizing that not all organizational performance is at benchmark levels, incremental improvement targets are set to eventually achieve top benchmark levels (top decile, quartile or mean/median based upon availability). If a national or state benchmark does not exist, an internal goal is created to allow comparison to historical performance.

Because MHHCC is a mission-driven, not-for-profit organization, it takes a different approach when benchmarking financial performance. The past several years have seen many changes in the health care environment including: decreasing reimbursement, Hospital Assessment Fee (HAF) expense (specific to Indiana), onboarding of providers, and increasing medical complexity of patients. While financial viability is important, carrying out the ministry of the mission takes precedence over financial motivation. MHHCC is currently rated as A- through S&P and compares to other A- organizations. It is not the organization’s intent to perform in top decile or quartile of financial performance, if it sacrifices excellence.

Comparative data are captured from multiple national organizations including: PG, NDNQI, S&P, HealthStream,

Quantros, and CMS Hospital Compare. Comparative data are evaluated at QBR to assess MHHCC's relative performance to both direct competitors and to national benchmarks. Sources for comparative and competitive data are reviewed and reassessed to ensure continued effectiveness. For example, in 2015, MHHCC made the decision to obtain data from Truven and Crimson Data Analytics software to provide additional competitor information. These data are being analyzed by Business Development to capture significant information about physician referral patterns and outmigration to understand the impact on market share. Effective use of comparative data is demonstrated through the achievement of the OSC, 90-day action plans and department goals. This approach drives innovation, collaboration, accountability, and realization of the mission and vision.

4.1a(3) Patient and other customer data are selected as part of the SPP (Figure 2.1-1) and collected through the listening methods shown in Figure 3.1-2. The use of VOC and market information supports operational and strategic decision-making and builds a more patient-focused culture. The AS analyzes VOC data, sets priorities for improvement, and develops action plans to address the improvement opportunities. For example, through VOC input into the SPP, AS identified the need to develop and implement an aggressive plan to gain market share in Daviess County. A series of 90-day action plans was deployed with the ultimate outcome being the construction of Memorial Health Washington. Market share data are also used to make decisions about service needs. For example, through evaluation of data, MHHCC determined that it was losing market share in orthopedics. Based on this analysis, an action plan was implemented to develop an Orthopedic Center of Excellence to recapture lost market share and to grow orthopedics.

The Orthopedic Center of Excellence program was officially certified on March 16, 2015 as one of only nine health care organizations in Indiana with this designation for both hip and knee replacements. MHHCC also received Hip Fracture certification, the only TJC hip certification in Indiana. MHHCC also uses social media as a VOC mechanism. Social media tools are used to improve services, answer questions, improve processes, inform the public about events at MHHCC, and celebrate successes. The Marketing Team has administrator privileges for external facing sites, allowing for quick, concise follow-up. In addition, MHHCC has a comprehensive website that allows direct emails to select staff members from a "Contact Us" page.

4.1a(4) Performance measures are updated annually as part of the SPP (Figure 2.1-1). Additionally, frequency of reviews outlined and flexibility to adjust measures and goals outside SPP are key aspects of agility in the performance measurement process. Leaders may add a measure at their discretion using the measurement selection process (Figure 4.1-2) as a guide. Quality Services provides input with regard to the addition or deletion of a measure. Through the listening methods and regulatory requirements, MHHCC is able to keep its performance management system current. Focusing on results, the use of benchmarks and monthly AS reviews of the SP working document allows MHHCC to be agile in responding to rapid and unexpected change. For example, the organization has begun to include results of the 90-day teams on the organizational scorecard. The Patient Safety Officer has created additional agility in patient safety measures. Through cycles of learning, MHHCC conducted an audit of all measures using the measurement selection process and eliminated measures that were not actionable.

Meeting	Attendees	Purpose / Metrics
WEEKLY		
90-Day Report Out	AS, TL, Facilitators	Status on 90-day APs, discussion of barriers/solutions
BI-WEEKLY		
Grievance Committee	PEO, Select Leaders, PFS Director, Corporate Compliance	Review and resolve all formal grievances, review grievance measures
SPOKE	Select Leaders, HR	Define SPOKE process, evaluate WF suggestions
MONTHLY		
AS Strategy Meeting	AS	Strategy discussion, update progress on APs, address emerging issues, and modify strategy as needed; review project timeline
BOD Meeting	BOD, VPs	Share information/education, seek input/approval, set expectations, share organizational SC, 90-day progress.
Leadership Group Meeting	AS, Directors, Managers, Supervisors, Nurse Clinicians	Share information, deploy decisions and processes, seek input, set expectations, share best practices, update strategies, J2E, alignment.
BI-MONTHLY		
Ethics Committee	BOD, AS, MD, Clergy, PEO, Chaplain, Ethicist	Focus on medical ethics, review policies, provide education, discuss ethics consults
Corporate Compliance Committee	BOD member, AS and Directors	Outcome reporting, RAC, ICD-10, CDMP, compliance line, education, audit results. Make recommendations. Review compliance
QUARTERLY		
WF Open Forum	WF	Share information, seek input, alignment
Quarterly Business Review	AS	Review all organizational results
SEMI-ANNUAL		
MS Development	BOD, CEO, MS	Develop MS capability and capacity plan, recruiting needs
ANNUAL		
Joint Board	BOD, AS	Education, share best practices, LCM mission
BIENNIAL		
TOWS	13 Stakeholder Groups	Identify Threats, Opportunities, Weaknesses, Strengths

Figure 4.1-3 Operational Rhythm (Examples Only - Full Operational Rhythm AOS)

4.1b Organizational performance and capabilities are reviewed in a structured, multi-tiered manner through the Operational Rhythm (**Figure 4.1-3**). MHHCC’s approach to performance analysis and review ensures that performance measures are aligned to its Covenant Goals. Performance is assessed using a balanced set of measures, performance results are analyzed to provide information for decision making, and improvement plans are developed and implemented when objectives are not met. MHHCC performs a variety of analyses to turn data into meaningful information. Example analyses include: trend analysis, competitive analysis, cause and effect analysis, and ROI. The AS and BOD review OSC results, including monthly financial performance as shown in the Operational Rhythm (**Figure 4.1-3**). Results are shared through the monthly Leadership Group meeting, alignment boards, departmental meetings, MS meetings, and in WF Open Forums.

Shared governance also allows for additional performance analysis and review. Departmentally, the WF reviews their performance and capabilities through unit councils. MS reviews their performance through integrated, physician led committees. Leaders use feedback from external agencies (e.g. Baldrige, CMS) and regulatory requirements to assess organizational success, competitive performance, financial health, and long-term sustainability. Feedback from patients and customers through VOC approaches (**Figure 3.1-2**) ensures that the organization is agile to the needs and challenges of the operating environment.

4.1c(1) In the SPP and budgeting process, MHHCC leaders consider past performance trends, benchmarks, and stakeholder needs to project future performance. Regulatory, technology, and legislative mandates are also considered in projecting future performance. Because the action planning process is integrated into the planning process, there are rarely situations where action plan projections do not reconcile with projections established in the OSC process. If this does occur, AS members work with action plan owners to review data used to set projections and mutually agree on appropriate projections.

4.1c(2) Improvement and innovation (**Figure 1.1-3**) are identified in 90-day action plan teams, Operational Rhythm analyses, and QBR reviews of performance. MHHCC has made significant improvement in equipping teams to systematically improve or innovate through investment in Lean Six Sigma and in a more disciplined approach to process management. Opportunities for improvement are deployed through Lean Steering Committee, Process Improvement teams, and 90-day action plan teams. SP updates are shared with partners, supplier, and collaborators who participate in improvement/innovation teams.

4.2 Information and Knowledge Management

4.2a(1) Based upon the importance of government reporting requirements and the focus on technology, MHHCC’s CIO as the responsibility for strategic, clinical, and technical direction of Information Technology, Clinical Engineering, Telecommunications and related technologies. The CIO works closely with all AS, as well as the MS, to create and support the strategic plan and further the mission. The CIO’s role is to challenge all components to reach for higher standards of performance, as well as to project advancements in information systems and formulate initiatives that further the strategic position of MHHCC.

Property	Management Approach
Accuracy and Validity	<ul style="list-style-type: none"> • Audits (internal and external) • Automation and Electronic Interfaces • Integrated systems • Validity Testing • WF education
Integrity and Reliability	<ul style="list-style-type: none"> • Audits (internal and external) • Data Entry and Permission Controls • Disaster Recovery Program • Documentation of Policies and Procedures • Mock surveys • Test and Pilot • Trend Data
Currency	<ul style="list-style-type: none"> • Operational Rhythm Figure 4.1-3 • Organizational Scorecard • Department Scorecard • Real time reporting • QBR

Figure 4.2-1 Properties of Data Management

MHHCC manages the properties of organizational data, information, and knowledge to ensure accuracy, integrity, reliability, timeliness, security, and confidentiality through the approaches shown in **Figure 4.2-1**.

4.2a(2) The need for user-friendly data is driven by the core competency of *Being for Others*. **Figure 4.2-3** outlines access and availability for all stakeholders.



Figure 4.2-2 Knowledge Management Process

4.2b(1) MHHCC systematically collects and manages knowledge from stakeholders including patients, WF, community, suppliers, partners, and collaborators as shown in the Knowledge Management process, **Figure 4.2-2**. MHHCC creates or finds knowledge through multiple sources including performance data, patient and WF surveys, advisory groups, rounding, community needs assessment, and interviewing. Knowledge is captured in multiple electronic systems, reports, education, and policies and procedures. Policy Stat is an electronic database that houses all policies, procedures, and forms. In a cycle of refinement, all processes have been documented in Policy Stat through swimlane flowcharting. All contracts, agreements and historical documents have been transferred to an electronic management system, Ntracts, to enable organizational knowledge management.

Leaders and process owners prioritize and use knowledge to execute processes, drive improvement, develop new products/services and processes, build and strengthen relationships, and deliver results. The HUB is the key mechanism to capture and share WF knowledge. The HUB

is the electronic, interactive site that captures and makes hospital information easily available to the workforce. Recently, the HUB underwent a cycle of evaluation and improvement to make it more dynamic and user-friendly. MHHCC also shares knowledge with the WF through meetings, daily huddles, print media, Internet, screen savers, and staff training.

Information and knowledge are shared with patients and family members face-to-face in the patient-care setting, through print media, marketing materials and on the Internet. Patient Education Reference Center (PERC) provides another media to transfer knowledge to patients. MHHCC shares knowledge with suppliers, partners, and collaborators through formal and informal mechanisms including structured meetings and involvement in improvement projects.

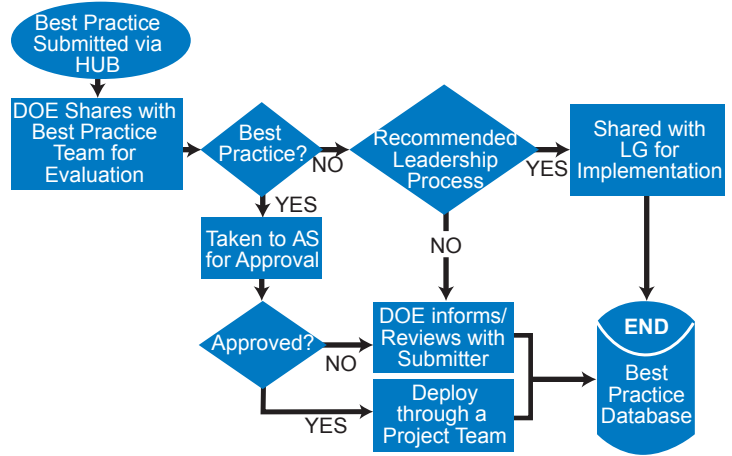


Figure 4.2-4 Best Practice Process

4.2b(2) High performing units at MHHCC are identified by leaders based upon their performance results in each covenant area. High performing units may also be identified based upon employee engagement survey results, AS leadership rounding results, quality measures, and patient experience scores. In a 2014 cycle of refinement, MHHCC arranged in a systematic way its process for identification and sharing of best practices as shown in **Figure 4.2-4**.

In this process, high performing units identify best practices that enable superior performance and submit these electronically to the HUB. After an idea is submitted, Best Practice team members review and determine if the idea is a “best” practice or a “recommended leadership” practice. Best practices are mandated for use in all appropriate areas. Recommended leadership practices are “good to do”, but not mandated. Identified best practices/recommended leadership practices are presented at LG meetings along with action plans for their deployment, if applicable. For example, AIDET was identified as a best practice that was implemented and WF competency is expected. Additionally, best practices are captured through 90-day action plan weekly report out, AS rounding, leadership rounding, Nursing Clinical Practice Council, and VP/DD updates. Also, leaders can self-report best practices not captured through these mechanisms.

4.2b(3) Organizational learning is built upon the foundation of MHHCC’s core values and the Baldrige Criteria for Performance Excellence. MHHCC ensure organizational learning by ensuring key processes are systematically measured and performance results are evaluated and used to drive improvement. A similar approach is used to ensure that improvement efforts are achieving desired outcomes. Both outcome and in-process measures are defined for improvement processes and progress is evaluated through the Operational Rhythm (**Figure 4.1-3**). Baldrige assessments identify process maturity and effectiveness, and help drive improvement. The knowledge obtained from the Organizational and Department Scorecards has allowed learning to be embedded through results and subsequent action plans needed to drive improvement.

	Access/Availability	Types of Data/Information
Patients and Family	<ul style="list-style-type: none"> Classes Internet Mail Newspaper Patient/Family Advisory Council Patient Portal Printed Materials Signage Social Media Phone White Boards 	<ul style="list-style-type: none"> Advertising Materials Community Events Diagnostic Testing Results Education Materials Health Fairs Internet Online Pay Patient Care Plans Patient Handbooks Physician Education Social Media Support Groups
Workforce	<ul style="list-style-type: none"> Communication Boards Alignment Boards Electronic Newsletter Email Huddles Internet/Intranet HUB Meetings Policy Stat Remote Desktop Secure Wireless Social Media 	<ul style="list-style-type: none"> Connections Computer Applications Electronic MSDS Email ADP Friday Facts Huddles Meetings Policies and Procedures HCSZ Portal 90-Day Report Out Screen Savers
Physicians	<ul style="list-style-type: none"> Electronic Newsletter Email Meetings Policy Stat Remote Desktop Secure Wireless Social Media 	<ul style="list-style-type: none"> ADP Computer Applications Cortext-secure texting Email Friday Facts Huddles Medical Staff Newsletter Meetings News and Information PACS Policies and Procedures HCSZ Portal 90-Day Report Out
Volunteers	<ul style="list-style-type: none"> Internet Newsletter Meetings Phone Social Media 	<ul style="list-style-type: none"> Email News and Information Policies and Procedures Scheduling
Suppliers, partners, and Collaborators	<ul style="list-style-type: none"> Electronic Data Exchange Email Internet Meetings Phone Social Media 	<ul style="list-style-type: none"> Contracts MVCV Orders Vendormate

Figure 4.2-3 Stakeholder Data Availability

Category 5 – Human Resources

5.1 Workforce Environment

MHHCC delivers its mission and demonstrates its core competency of *Being for Others* through a talented, dedicated and caring workforce. In a recent cycle of refinement, MHHCC documented its approach to Workforce (WF) through its WF Cycle of Engagement (**Figure 5.1-1**). Through this model, MHHCC ensures its WF has the capacity and is fully capable to deliver its core competency.

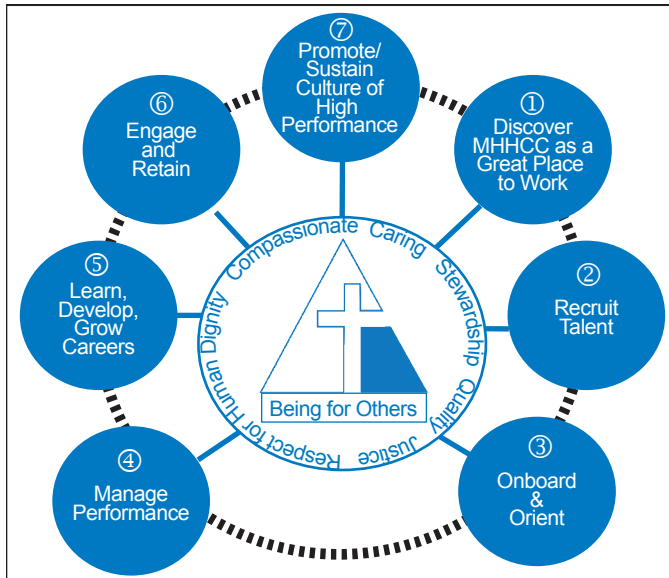


Figure 5.1-1 Workforce Cycle of Engagement

5.1a(1) MHHCC assesses WF capability and capacity needs for all elements of the WF through the systematic process shown in **Figure 5.1-2**. In **Step ①**, leaders forecast short- and longer-term capacity needs based on understanding key strategies developed through the SPP (**Figure 2.1-1**). Additionally, MHHCC leaders assess WF capacity through an evaluation of current status and identification of the future needs in their respective areas. This assessment includes consideration of planned growth or expansion, projected patient volumes, as well as expected retirements or terminations. Leaders benchmark productivity against AOI and NDNQI standards to identify gaps or opportunities in current staffing. Directors meet with their respective VPs to review the labor portion of their operating budgets and receive approval or make changes as necessary.

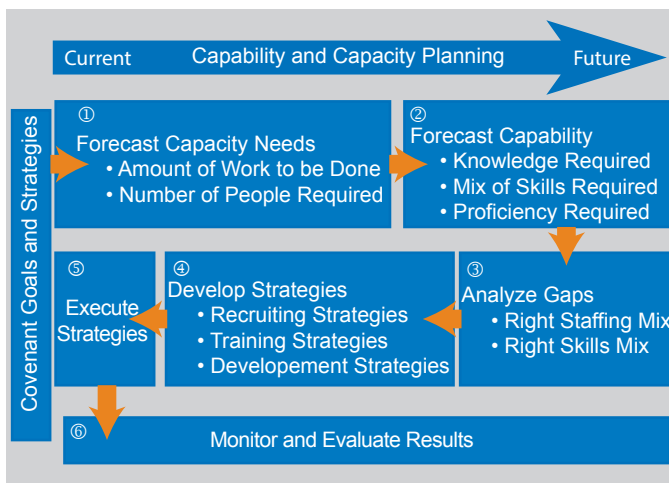


Figure 5.1-2 Capability and Capacity Planning Process

A dedicated Physician Recruiter creates a comprehensive Medical Staff (MS) Development Plan that defines provider needs in the hospital's service area considering market share data, population growth, utilization of services, and competitor data. Capacity needs for volunteers are determined by the Volunteer Services Coordinator in response to requests from MHHCC locations that define current and future needs in areas that can be filled with volunteers.

Leaders forecast capability needs in **Step ②** of **Figure 5.1-2** to determine knowledge, skill mix, and proficiency requirements for employees, MS, and volunteers based upon accreditation/certification requirements and hospital demands. In **Step ③**, AS determines capability and capacity gaps between projections and current staffing and skills. In **Step ④**, AS, HR, and department directors develop capability and capacity strategies to close any identified gaps. These strategies are implemented in **Step ⑤**. Capability and capacity metrics are monitored and evaluated in **Step ⑥** through the operational rhythm (**Figure 4.1-3**). For example, through review of capability and capacity during the 2017 SPP, a shortage of CNAs was identified. To address this need, MHHCC leveraged its core competency of *Cultivating Collaboration* to partner with Jasper High School's HOSA Program to develop a CNA program for high school students who, after completion, were hired at MHHCC to fill the current CNA shortage. Another gap identified through the SPP was the lack of a quality CMA program. MHHCC developed a program to educate and mentor CMAs who then have an opportunity to become employees of MHHCC.

5.1a(2) To deliver on its mission, MHHCC must successfully recruit, hire, and retain a capable and engaged WF. MHHCC recruits new employees through multiple approaches including: career fairs at colleges and universities, IONE Leadership Conference recruitment, social media (which includes Dubois County Free Press and job boards), and through newspaper recruiting. HR conducts employee hiring through the systematic process shown in **Figure 5.1-3**. In a recent cycle of improvement, the hiring process was refined to create efficiencies with pre-employment screening appointments by allowing recruiters to initiate background screening, as well as streamlining new hire paperwork. The Volunteer Coordinator recruits volunteers through referrals, community speaking engagements, and the HOSA program.

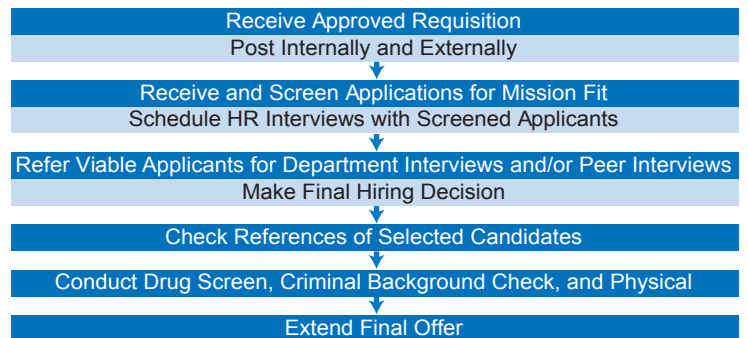


Figure 5.1-3 Hiring Process

The MS Development Committee has oversight for physician recruitment and hiring. This Committee meets bi-annually to review and update the MS Development Plan (MSDP); however, recruitment is ongoing. The MSDP defines physician specialties where active recruitment will take place and approves resources to be used in recruitment. Based on needs identified through VOC

Listening and Learning approaches (**Figure 3.1-2**), physician specialties are placed into one of three categories open (active recruitment by hospital), closed (no recruitment due to a saturated market), and restricted (not actively recruiting but would accept an application). The physician recruiter executes the MSDP through a process that includes sourcing, phone interviews and screening, site visit coordination, and background check prior to initiating a contract with an anticipated start date.

Retention of staff starts with each new WF member attending the NEO. In a cycle of refinement, volunteers and physicians now attend the formal two-day NEO along with all WF to assure uniform onboarding. NEO begins by sharing the history of LCM and Mary Potter. NEO attendees meet with CEO and VPs who focus on the MVCVs. Departmental presenters who participate monthly, share a broad-based perspective and expertise with new WF members. Topics presented reference important areas for all WF, including confidentiality, Compliance Plan, Standards of Conduct, emergency codes, security and violence and security in the workplace, and infection control. At the end of the two-day NEO, all new WF members participate in commissioning where they commit to the MVCV, as well as to their jobs.

With a focus on retention, MHHCC ensures that each WF member has adequate training in his or her new position. Sixty days after hire, the individual's leader completes an evaluation and provides feedback on performance and seeks information from the new employee on their work experience. In a 2017 cycle of learning, the HR department started conducting 90-Day New Hire Follow-Up Focus Groups. MHHCC captures information that helps in retention through rounding, as well as through careful analysis of feedback captured in employee, provider, and volunteer surveys. The HR department also conducts periodic benefit and salary reviews to ensure competitiveness. AS identifies and prioritizes opportunities to fully engage and retain all elements of its workforce through these multiple listening and learning approaches. Satisfaction and engagement levels validate this focus on the WF (**Figures 7.3-14** through **7.3-27**).

MHHCC ensures its workforce is representative of the diversity of its key communities. While there is limited ethnic diversity in Jasper, IN, there are multiple generations of men and women working side-by-side with various years of service and experiences caring for patients and customers. MHHCC leverages the diverse ideas, cultures, and thinking of the WF by selecting the right employees to exceed expectations, providing educational tools and support, as well as empowering them to be involved in decision-making. When cross-functional teams are chosen, leaders intentionally select diverse WF members. In a cycle of refinement, a defined process was implemented for 90-day action plan leaders and facilitators to participate in a workshop each quarter where they use a team selection matrix to intentionally define the diverse characteristics they need on their teams and select team members who have those characteristics.

MHHCC ensures new workforce members fit within the organizational culture through a prescreening and interview process incorporating behavioral-based questions that align with the mission, vision, and core values. The importance of the organizational culture is set during the first day of NEO through the validation and affirmation of the MVCV by the Executive Team along with the presentation by the EDOMI.

5.1a(3) MHHCC prepares the WF for changing capability and capacity needs through transparency, planning, and disciplined

execution of action plans. Throughout its history, MHHCC has avoided large-scale, forced layoffs in the WF by disciplined execution of this systematic approach. Historically, MHHCC has been a financially stable organization that has always replaced positions created by turnover. While it remains financially strong, in alignment with the core value of **Stewardship**, it now closely evaluates each open position prior to filling. Leadership uses Healthcare Insights, AOI, and NDNQI to benchmark staffing by department and to justify replacement of open positions.

MHHCC has multiple systematic approaches in place to prevent WF reductions and to manage fluctuating patient census. All full-time and part-time RNs and LPNs are required to float to other designated nursing departments/units, as needed. Charge nurses assign the patient load for RNs, LPNs, CNAs, Mental Health Technicians, and Department Secretaries. They consider patient acuity levels, the environment in which the nursing care is provided, the competency of the nursing staff, and the degree of supervision required and available. During periods of low patient census or low appointment levels in outpatient areas or MPM, employees may take a low census day, be placed on-call, or float to another department/unit. Cross training of both inpatient and outpatient WF also helps to manage capacity needs. MHHCC utilizes both an inpatient float pool and an office staff float pool to accommodate periods of growth. Additionally, each department maintains its own on-call/PRN staff, that is utilized when growth occurs.

Should reductions in staff become necessary, MHHCC minimizes the impact by reduction through attrition, when possible, rather than laying off WF. Agility is ensured through use of PRN and temporary WF, agency (contract) personnel. Low-census day processes accommodate variations in the workload over the shorter term. The budget cycle allows for consideration of WF growth by projecting volume increases and decreases. Through transparency and communication, as well as deployment of the SP, the WF stays informed on an ongoing basis in order to better prepare as changes in structure or work systems become evident.

5.1a(4) MHHCC organizes the WF by department, with a traditional chain-of-command to accomplish the work of the organization. Teamwork, particularly interdepartmental and interdisciplinary improvement activities, enables MHHCC to deliver on its Mission through collaboration and sharing of best practices. For example, an interdisciplinary team led the successful evaluation and selection of a vendor for a new EMR. The 90-day action planning process (**Figure 2.1-2**) has significantly impacted the organizations ability to work cross-functionally. Year to date, 293 employees have been actively involved in this systematic process.

WF accomplishes work through defined expectations identified in job descriptions. A shared governance structure enables department units and councils to accomplish work. This model is a dynamic, staff-leader partnership that promotes collaboration, shared decision-making, and accountability for improving quality of care, safety, and enhancing work life.

To capitalize on the core competencies of *Being for Others* and *Cultivating Collaboration* and to reinforce a focus on patients and other customers, MHHCC focuses on relationship-based care. WF members are trained in the concepts of RLC. Through the core value of **Compassionate Caring**, those WF members who are not directly providing patient care are focused on supporting those who are providing direct care. AIDET and a No Pass Zone

have been hardwired throughout the organization to support the core competency of *Being for Others*. Customer service is a part of each WF member's performance evaluation. As defined in the Standards of Conduct, Standard 6: Customer Service, *MHHCC is committed to providing an environment where all customers, patients, visitors, physicians, and employees are treated fairly with dignity and respect*. The WF adheres to the highest standard of customer service and applies the Standards of Conduct in every interaction with patients and families. As a result of a 90-day team evaluation, customer service training was provided throughout the organization in 2017. Patient councils have been expanded and data from these councils are used to reinforce a focus on patients.

Leaders ensure an engaged and high-performing WF through alignment of organizational, division, and department goals. In a cycle of improvement, MHHCC extended this to individual WF members by aligning their individual goals to organizational goals. This results in accountability for each WF member and provides a clear line of sight to demonstrate how each contributes to the achievement of organizational goals. Stretch targets are set at the organizational, department and individual performer level, and WF members are rewarded for performance that exceeds expectations.

5.1b(1) Workforce health, security, and accessibility are top priorities of MHHCC. An Emergency Management Committee includes members of the Security Department, Risk Management, and Employee Health who collaborate to ensure WF safety. This committee meets every other month to address matters impacting patient and WF safety. These meetings address alarm and medical equipment, environment of care pertaining to security, fire safety, and prevention management, and quality assurance matters related to radiation, medical devices, and safety inspections.

MHHCC ensures WF safety and security through multiple approaches including having 24/7 security. All officers are trained in law enforcement through the Indiana Policy Academy and serve or have served in some capacity of law enforcement. Two officers are on duty for the evening shift due to the higher ED and BHU volumes. Officers complete rounds on departments of the hospital during each shift. Other security approaches include cameras and proximity badge access, protected glass in the ED entrance, a pass-through door in pharmacy, key pad access for all medication rooms, panic buttons in appropriate locations including identified MPM offices, as well as the use of the Hugz alarm system in Pediatrics and Women and Infant Services. MPM offices are included in security officer rounding. The AS reinforces the importance of safety through a safety question asked during AS rounding. Additionally, the Patient Safety Officer focuses on both patient and workforce safety.

WF education in HealthStream is completed annually to ensure knowledge around safety and security. Crisis Prevention/Intervention training is available to the WF. Drills are conducted on a routine basis. To provide a rapid, simple, organized WF response to any armed intrusion situation in the hospital facility, activation of the armed intrusion alert warns other individuals to protect the WF from exposure to injury. Workplace accessibility is ensured through appropriate ADA accommodations and signage.

Approaches to workforce safety, security and accessibility are tailored as needed to different workplace environments. For example, Environmental Infection Prevention Rounds are conducted in MPM offices to ensure the competency of the reporting of communicable diseases, the use of the autoclave

sterilizer, and the tracking of the weekend data-logger.

Key measures and goals for health, safety, and security are shown in **Figure 5.1-4**.

Performance Measures and Results		
	Performance Measures	Results
Health	Flu Vaccination Biometrics Data Wellness Screening	7.3-10 7.3-12 7.3-11
Safety	DART Fire System Testing Drills N-95 Mask Fitting Environmental Infection Prevention Rounds Material Safety Data Sheet Online Access Dosimeter Tracking	7.3-9 7.1-53 - 7.1-55 AOS 100% AOS AOS
Security	Annual Education 24-hour Security WF/Vendor Identification Badges Emergency Assistance	7.1-53
Accessibility	Accessibility Accommodations Made ID Badge Readers for Access 24/7 Surveillance	100%

Figure 5.1-4 Performance Measures

5.1b(2) MHHCC offers a comprehensive array of benefits and policies that serve as a recruiting and retention tool. Benefits and services are competitive with other hospitals and with area businesses. Key benefits include medical, dental and vision insurance, vacation/holiday/personal and sick accrual, as well as annual wellness screening and results sessions. MHHCC offers a generous vacation and sick accrual plan, allowing the WF greater time away from work if the need arises. Bi-annually, MHHCC sponsors a benefit fair to highlight the benefit package for the upcoming enrollment year and HR policies related to benefits are available on the HUB. The majority of benefits are available to WF members who maintain a minimum of .7 FTE status. Based on feedback from the WF, benefit options are also offered for staff working weekend positions. MHHCC's extensive offering of benefits (AOS) meets the diverse needs of its WF. Annually, MHHCC allows the WF to choose from three medical, two dental, and two vision plan options along with the availability of a Flex Spending or Health Savings Account. Also, based on WF feedback, in 2017, a co-pay health plan was offered to the WF, eliminating the need to meet the deductible prior to receiving the benefit. Prescription Discounts are available through MHHCC Pharmacy for all workforce members, as well as the option to utilize the "free drug list" which includes 175 medications.


Education benefits are of significant importance to the WF. Tuition reimbursement pays 90% (Figure 7.3-28) of the WF student's expense if grade expectations are met. The scholarship policy enables payment of minimum wage to an employee (while a student) based on the number of hours currently enrolled, while also maintaining full-time benefits. A student loan buy-back allows for repayment of student loans for some positions (Figure 7.3-29). Additional benefits include a certification differential policy, as well as financial support for membership in professional organizations.

Wellness benefits allow the WF to remain healthy, both physically and mentally, and insurance credit is awarded for achievement of wellness targets. MHHCC has a comprehensive Employee Assistance Program (EAP) and also offers fitness/exercise reimbursement. To ensure that MHHCC benefits remain

leading edge, the HR Department conducts a benefits survey with local employers and modifies plans as needed. To accommodate the needs of a diverse workforce, as well as continue efficient operation, a flex time policy is provided as a mechanism to allow the employee to request an adjustment of scheduled work time for personal needs and time off. The HIM Department has achieved employee satisfaction through the availability of an at-home office option for coding staff.

5.2 Workforce Environment

5.2a(1) MHHCC nurtures a culture that fosters the timeless inspiration of the Venerable Mary Potter and the Little Company of Mary Sisters who model how the health care WF serves humankind. It is the responsibility of Leadership to protect this inspiration, project it into daily work, and anticipate and meet the challenges of the future. One of MHHCC's core competencies, *Being for Others*, is at the heart of its culture. To sustain and strengthen this culture, Leadership continuously executes multiple processes.

Open communication is accomplished through systematic approaches including Huddles, WF Open Forums, AS, Physician and Leadership Rounding, Open-door Policy, *Friday Facts*, *Connections*, provider electronic newsletter, HUB, and SPOKE (**Figure 1.1-2**). The HUB was refined in 2015 to be a one-stop online location for WF information .

High Performance is ensured through the goal-setting process that aligns department and individual performance goals. Performance on these goals is tracked through the operational rhythm, and departments and WF members are held accountable to achieve targets. When desired performance is not being met, action plans are defined and executed to improve performance.

MHHCC's team-based culture leverages the diverse ideas, cultures and thinking of the WF. A systematic process to select




team members ensures the diversity of teams. Interdisciplinary teams often include employees who are new to the WF because they provide a fresh perspective. Most teams include a variety of disciplines and oftentimes, various grade levels of participants. MHHCC also utilizes an interdisciplinary format for students to further leverage diverse ideas, cultures, and thinking. Classroom learning experiences often integrate physicians and nurses, pharmacy, and various therapy students rather than training in completely separate and distinct programs. This approach also enhances teamwork and collaboration. A recent strategic initiative developed an inter-professional education curriculum, using the IPE framework with inter-professional learning opportunities for medical, nursing, pharmacy, and radiology students during their clinical rotations at MHHCC.


Leadership creates WF empowerment through the Leadership Attributes (**Figure 5.2-1**) incorporated in the Servant Leadership Model. The Leadership Attributes encourage a culture of ownership.


5.2a(2) MHHCC's first Covenant, *WF Engagement*, reflects the fact that the WF is the most important part of organization. This covenant's SO is "to be the workplace of choice," and to achieve this target it understands the drivers that impact WF engagement. MHHCC determines these key elements through engagement surveys (WF, physician and volunteer) that include identification of key engagement factors and key drivers of satisfaction. Survey knowledge is supplemented by other communication mechanisms, including formal AS rounding, informal rounding, WF Open Forums, and an open-door policy. These inputs are shared with the Employee Advisory Council that includes a cross-section of the WF who define the key drivers for each workforce segment shown in (**Figure P-1.4**). These key factors are the focus of WF improvement initiatives throughout the year.

Patience	Kindness	Humility	Respect
<ul style="list-style-type: none"> Practices impulse control Performs quietly, calmly, and steadily Displays good-natured tolerance Exhibits quiet understanding and active listening Perseveres through challenges – often no quick answers Seeks appropriate feedback and data before making decisions 	<ul style="list-style-type: none"> Gives attention, appreciation, encouragement, credit and praise sincerely Displays common courtesy to others and lives the Golden Rule Practices No Pass Zone Displays empathy 	<ul style="list-style-type: none"> Displays an absence of pride/arrogance Gives credit to others Recognizes the importance of the other members of the team and seeks their input Does not seek out credit Admits their mistakes and offers apologies 	<ul style="list-style-type: none"> Treats others as you want to be treated Delegates responsibility to help others grow Shows consideration of others Pays attention to others Acknowledges the values of each person Treats others as an equal Provides undivided attention – no multitasking Does not participate in gossip Practices AIDET in all interactions
Selflessness	Forgiveness	Honesty	Commitment
<ul style="list-style-type: none"> Meets the needs of others Seeks the greatest good for our patients Sets aside one's own needs Devotes time/listens to others – Is present Helps workforce meet personal emergencies/put self in their position Considers all stakeholders Practices the CC of "Being for Others" 	<ul style="list-style-type: none"> Accepts limitations in yourself and others Possesses the capacity to overlook imperfection for the greater good Pardons others 	<ul style="list-style-type: none"> Holds others accountable for their actions Demonstrates truthfulness Does the right thing always 	<ul style="list-style-type: none"> Displays passion with follow-through Assumes and honors responsibilities Works diligently to achieve results Models the mission, vision, and core values Mentors future leaders Seeks new learning opportunities Establishes and shares goals and displays transparency

Figure 5.2-1 Leadership Attributes

5.2a(3) MHHCC uses formal and informal methods to assess WF engagement in various WF segments. For a number of years, it has assessed engagement through an annual WF engagement survey utilizing HealthStream. Based on TPE feedback, in a 2014 cycle of improvement , physician and volunteer surveys were added and are completed annually with questions tailored to each WF segment. In 2017, the tool used to administer the engagement survey was changed to Press Ganey to enable benchmarking with a larger database and include the correlation of WF engagement with patient satisfaction . Survey results enable evaluation of both satisfaction and engagement and allow the organization to focus on areas of improvement. In addition to these surveys, MHHCC also uses exit interviews, 60-day post-hire evaluations, retention analysis, productivity analysis of data collected through Truven and NDNQI, the National Database of Nursing Quality Indicators survey for nurses, Culture of Patient Safety Survey, Employee Advisory Council, and multiple other informal leadership communication channels to assess WF satisfaction and engagement. In a recent cycle of learning , HR added a 90-day follow-up focus group meeting for new employees to further enhance engagement. Data are analyzed by workforce segment, and by various demographics, such as gender and years of service, (AOS). As part of the SPP, the AS correlates inputs concerning WF engagement to results in order to identify WF strengths, weaknesses, opportunities, and threats. Opportunities for improvement are reviewed and provide key input into the SPP. Through the employee engagement survey, PG provides analysis that enables MHHCC to target the most important opportunities for improvement correlated to patient results. As part of the operational rhythm (**Figure 4.1-3**), AS reviews and prioritizes the WF opportunities. A leadership planning team determines WF Open Forums topics (which include the review of survey results), “why” questions, and table topics with various organizational areas presented. Survey results are also used by each department to prioritize improvement areas and execute action plans to address opportunities.

5.2a(4) MHHCC supports engagement and high performance of the WF through defined job-specific performance expectations. All WF members have SMART goals, that align to the SP, as a part of their annual performance evaluation. Annual performance reviews, with action plans for areas that require improvement, are conducted to provide the WF feedback and opportunities to learn and grow. Members of the WF are also evaluated on how well their performance supports the MVCV. In a cycle of refinement, MHHCC added self-evaluation and elective peer evaluation as **Step 1** of the performance evaluation process . In **Step 2** of the process, the direct supervisor completes the annual evaluation and provides feedback to the WF member. In **Step 3**, action plans are developed as needed, and in **Step 4** future goals are established. In **Step 5**, ongoing follow-up occurs to review action plans and evaluate the goal progress.

In July of 2018, annual evaluations will be moving to Tri-Annual Coaching plans, which will allow one-on-one coaching with employees three times per year rather than just annual review. This best practice will combine quarterly leadership rounding and annual evaluation to increase employee engagement .

Members of the MS are assessed on initial appointment through the credentialing process. After initial appointment, the MS re-credentialing process includes ongoing professional performance evaluation, peer review, and re-appointment every two years.

Volunteers are informally evaluated as feedback is given to the Volunteer Services Coordinator from the designated work area.

To recognize the WF’s contribution, MHHCC offers a Gainshare Program based upon achievement of financial, service, and quality performance goals. The program is awarded only if financial targets are achieved. In addition to the Gainshare Program, MHHCC offers a variety of rewards and recognition that drive WF engagement and recognize high performance (**Figure 5.2-2**).

Reward and Recognition	Employees	Physicians	Volunteers	Students	Frequency
Daisy Award	◆				Quarterly
Department Specific Celebration	◆	◆	◆	◆	Ongoing
Doctor’s Day Celebration		◆			Annual
WF/Volunteer Christmas Dinner	◆	◆	◆	◆	Annual
Gainshare Celebration	◆				Annual
Gardener Award	◆				Quarterly
Fun Team Events	◆	◆	◆	◆	Ongoing
Hospital and Nurse Week Celebrations	◆	◆	◆		Annual
LCM Tea	◆				Annual
LCM Award	◆	◆			Annual
Medical Staff Appreciation		◆			Annual
Nursing Clinical Ladder Banquet	◆				Annual
RIMs	◆	◆	◆		Ongoing
Service Awards/Recognition	◆	◆	◆	◆	Annual
Thank You Notes	◆	◆	◆	◆	Ongoing
Turkey Day Distribution	◆	◆	◆	◆	Annual
Volunteer Appreciation/Recognition			◆		Annual
LCM Volunteer Award			◆		Annual
Wellness Incentive	◆	◆	◆		Ongoing
WF Open Forum	◆	◆	◆	◆	Quarterly

Figure 5.2-2 Reward and Recognition

5.2b(1) MHHCC leaders ensure the WF has the capabilities to execute its mission through a systematic learning and development process executed to determine needs, deliver learning/development, and assess success.

In **Step 1**, a comprehensive needs assessment is conducted, using a wide range of key inputs to determine training needs. MHHCC considers the organizational development needs that may exist to achieve key strategies identified through the SPP. Needs and desires for learning and development identified by the WF or by leaders are determined through the goal-setting component of the performance appraisal process, which provides opportunities to identify personal and organizational educational needs. Input from physicians, both for their own CME needs and for other disciplines, is obtained through MS department meetings and physician rounding. Using these inputs, in **Step 2** plans are developed at the organization and department levels to deliver the needed learning and development. All plans focus on achieving the mission, vision, and strategic objectives. In **Step 3**, leaders ensure that training meets all regulatory requirements, provides skills necessary to achieve SOs, and provides opportunity for continuing individual growth. In **Step 4**, decisions are made to

resource the training with internal or external sources, vendors are selected as needed or curriculum is developed internally, and training calendars are built. Training is delivered in **Step 5**, through a rich menu of options to meet the diverse needs of the WF. These delivery mechanisms include classroom training, one-on-one training with preceptors, self-study, drills, intranet and web-based programs, and HealthStream. Learning is assessed in **Step 6** of the process to ensure effective use of resources and positive learning outcomes. Examples of training programs are shown in **Figure 5.2-3**.

5.2b(2) The effectiveness and efficiency of learning and development are assessed using HealthStream, departmental competencies, certifications, end-of-course exams, and course evaluations. Each of the programs assigned has course assessments that must successfully be completed to assure skill competencies. HealthStream is the database that maintains the record of learning and development. Inputs from completion of the programs are reflected in the annual performance evaluation.

5.2b(3) MHHCC has multiple approaches to promote and ensure career progression. This begins at a department level with development of employees by leadership who may place them in charge roles, identify them as project champions or 90-day team facilitators, provide opportunities for committee involvement, or enable them to provide staff education. Within Nursing, MHHCC has a Nursing Clinical Ladder program (NCL) that rewards nursing staff (RNs, LPNs) that becomes highly-skilled within their current area of practice. This program is designed to keep dedicated nursing staff involved in direct patient care. The NCL is a tiered program that has four levels with increasing compensation at each level. Through cross-training opportunities, the WF gains experience and a more global view of the organization. Local partnerships with educational institutions have allowed easier access to higher education for the WF. Additionally, a mentor program allows for future development.

Select members of AS have traveled to Nottingham, England to participate in a spiritual and heritage pilgrimage with members of LCM. The members have had an unforgettable experience of walking the path of Mary Potter to receive an intimate glimpse into who she was and all that she accomplished. This experience allowed the leaders to form a greater connection to the foundation of who MHHCC is as an organization. The internalization of this knowledge helps to further commit the leaders to the culture of MHHCC through this unique learning and development opportunity.

Historically, MHHCC had an informal succession planning process for AS. Based upon TPE evaluation, the organization recognized this gap, and in 2014, developed a formal process based upon a best practice from a former Baldrige recipient (Boeing Aerospace Support). Through this process, succession plans are developed for all leaders on the AS. In **Step 1**, leaders conduct a nine-panel assessment of all directors (and other high potential WF members) to identify talent. In **Step 2**, the CEO and VPs meet with their directors to gain commitment from individuals to further develop their capabilities. In **Step 3**, the AS identifies ready now, near term, and long-term succession candidates. In **Step 4**, they identify developmental needs for all succession candidates. In **Step 5**, they implement developmental plans, and in **Step 6**, they periodically review progress in achievement of developmental plans.

Focus Area	Learning and Development Approaches	Audience
Core Competencies, SA, SC, AP	<ul style="list-style-type: none"> • Consultants • Board Retreat • Joint Board Retreat • Re-Commissioning Mission 	B, E, L, P, V
Performance Improvement and Innovation	<ul style="list-style-type: none"> • 90-day Action Planning Process • Baldrige/TPE Examiner Training • CPOE Training • Facilitator Training • HealthStream • Lean Six Sigma Training • VHA Collaborative(s) • WF Open Forum 	B, E, L, P, S, SV
Ethical Healthcare and Business Practices	<ul style="list-style-type: none"> • Catholic Health Association of U.S. • Corporate Compliance • Ethics Committee • Ethical and Religious Directives of Catholic Health Care Services • HIPAA • ICD-10 Training • Joint Board Education • NEO • Vendormate 	B, E, F, L, P, S, SV, V
Patient / Customer	<ul style="list-style-type: none"> • ACLS • AIDET • CPR • Emergency Management Plan • NIH Stroke Scale/Training • NRP • PALS • Risk Management • Standards of Performance • Trauma Skills Day • TB Course • TNCC • Unit Competencies 	E, P, S, V
Transfer Knowledge from Departing/Retiring WF	<ul style="list-style-type: none"> • Exit interview • Mentoring • Nursing Clinical Ladder 	E, L, P, V
Orientation	<ul style="list-style-type: none"> • Corporate Compliance • Department/Job Specific Orientation • MVV • NEO • New Nurse Orientation • New Provider Orientation • Standards of Conduct 	B, E, P, SV
Leadership	<ul style="list-style-type: none"> • Baldrige and TPE Conferences • Crucial Conversations • DiSC • IHA Leadership Development • IONE State Conference • Local Professional Associations • Magnet National Conference • National Conferences • SOAR 	HPE, L
Reinforcement of New Knowledge / Skills on Job	<ul style="list-style-type: none"> • ACLS • Annual Competencies • 60-day New Employee Evaluation • Heart Math • Crucial Conversations • Word • Excel 	E, P
B – BOD; E – Employee; HPE – High Potential Employees; L- Leadership; P – Physician/Provider; S – Student; SV – Suppliers/Vendors; V – Volunteer;		

Figure 5.2-3 Sample Training/Development Programs

Category 6 - Operations

6.1 Work Processes

1.0 Leadership and Governance Work System			
1.1	Create a Culture of Compassion and Excellence	1.5	Monitor Performance
1.2	Set Organizational Direction and Determine Priorities	1.6	Achieve Results
1.3	Allocate Resources	1.7	Provide Governance
1.4	Execute the Plan	1.8	Ensure Legal and Ethical Behavior, Regulatory Compliance
		1.9	Communicate
		1.10	Provide Health and Wellness to Community
		1.11	Develop Community, Ministry, and Business Partnerships
2.0 Access the Care Work System			
2.1	Develop Services/Facilities	2.3	Capture Referrals
2.2	Market Organization, Products and Services	2.4	Schedule/Register
3.0 Delivery of Care Work System			
3.1	Define Reason for Visit	3.4	Develop Plan of Care
3.2	Collect/Document Data	3.5	Implement Plan of Care
3.3	Analyze and Interpret Data	3.6	Check / Act / Adjust
		3.7	Transition to Next Level of Care
4.0 Transition of Care Work System			
4.1	Confirm Next Episode of Care	4.3	Ensure Payment
4.2	Ensure Continuum of Care	4.4	Follow Up
		4.5	Provide for Wellness / Prevention / Maintenance
5.0 Support Work System			
5.1	Provide Information Infrastructure	5.3	Manage Facilities
5.2	Provide HR Services	5.4	Deliver Supply Chain Performance
		5.5	Perform Financial Services

Figure 6.1-1 MHHCC Enterprise Process Model

MHHCC delivers on its core competencies of *Being for Others* and *Cultivating Collaboration* through a focus on designing, managing, improving, and innovating work processes at multiple levels of the organization. In 2014, MHHCC went through a cycle of refinement in process design and management. Prior to that year, MHHCC attempted to accomplish every initiative or address every problem by creating a new committee, project, or process, resulting in an overwhelmed WF. Senior Leaders recognized this approach was not delivering desired results and was not sustainable. Based upon benchmarking with Schneck Medical Center, a 2011 Baldrige Recipient, the AS developed and deployed the Enterprise Process Model (EPM) as the systematic framework for defining and managing processes.

AS participated in a one-day workshop during which they built the EPM (Figure 6.1-1), used weighted criteria to select key work and support processes, and designated process owners for each of those key processes. Process owners participated in a two-day workshop in 2014 to introduce the EPM and learn Process Based Management (PBM), a systematic approach to ensure that processes are designed, managed, and improved. Process teams initially completed the Design and Measure steps of PBM,

but this approach was not ever fully embraced and therefore did not achieve expected results. Because PDCAE had been used previously in the organization, in 2015, AS made the decision to reintroduce PDCAE as its systematic approach (Figure 2.1-2) to design, manage, and improve processes. This singular approach has proven much more effective for MHHCC. PDCAE is also used by 90-days teams to enable systematic process design and improvement.



In 2018 the EPM was evaluated and further refined to demonstrate the integration of its key work systems of Leadership and Governance, Access to Care, Delivery of Care, Transition of Care, and Support. Key work and support processes were also redefined (Figure 2.1-4).

6.1a(1) MHHCC defines process requirements in the **Plan** step of PDCAE. Using SIPOCs, process owners identify key stakeholders, and define and prioritize stakeholder requirements. Requirements are captured through VOC tools referenced in Figure 3.1-2, such as customer surveys, community focus groups, and various face-to-face meetings. Additionally, process owners define requirements through data collected in audits, regulatory recommendations, legal requirements, performance benchmarking, and industry research. Through synthesis and

EPM #	Key Process	Key Process Requirements	In Process/ Outcome Measures	Cat 7 Result
1.2	Set Organization Direction and Determine Priorities	Effective Communication, Quality, Safety	Perception of Leaders Leapfrog HAIs	7.4-5, 7.4-1 7.1-46 7.1-18, 7.1-19
2.0	Access to Care	Effective Communication, Timely	Patient Experience	7.2-3 through 7.2-21
3.0	Delivery of Care	Compassionate Care, Cost, Quality, Safety	VBP, Leapfrog, Patient Engagement, Cost of Care	7.1-4, 7.1-5 7.1-46
4.0	Transition of Care	Appropriate Disposition, Timely	Length of Stay Readmission Rates	7.5-22 7.1-20
5.2	Engage the Workforce	Effective Communication, Quality, Safety	WF Satisfaction/Engagement Retention Rates	7.3-14 through 7.3-27 7.3-1 through 7.3-5

6.1-2 Key Processes, Requirements, and Measures

analysis of this information, a balanced set of requirements is identified and translated into process performance measures in the **Plan** step of PDCAE. Key requirements and measures are outlined in **Figure 6.1-2**.

6.1a(2) The AS initially defined its key work processes using a key process selection matrix  that considers impact on MCVV and strategic objectives, changes facing MHHCC, and need for attention/improvement. Initially, the AS defined eight key work processes, and later refined the key work and support processes using the same process  to the five shown in **Figure 6.1-2**. Key processes are reviewed annually during the SPP and refined as needed to support execution of the MHHCC mission and key strategies. MHHCC has defined all key processes through the creation of a procedure and/or a swim lane flowchart.


6.1a(3) When MHHCC identifies the need for a new health care service or process through listening and learning approaches (**Figure 3.1-2**) or evaluation of performance, it designs the service/process through the systematic PDCAE approach. **Figure 6.1-3** shows how key design concepts are incorporated in the PDCAE (**Figure 2.1-2**) steps.

Concept	Step of the PDCAE Process (Figure 2.1-2)
Incorporate New Tehcnology	Step 5 Select the Improvement: Look to Innovate
Organizational Knowledge	Step 1 Define Purpose and Form Team: Select the Team member utilizing team selection matrix
Evidence-Based Medicine	Step 5 Select the Improvement: Best Practice Research
Health Care Service Excellence	Step 5 Select the Improvement: Best Practice Research
Patient and Other Customer Value	Step 4 Define Future Desired State: Clarify Customer Requirements
Consideration of Risk	Step 6 Plan the Improvement: Identify and Address Any Constraints
Need for Agility	Step 8 Check the Results of Pilot/ Implementation: Modify Process as Needed Based Upon Results

Figure 6.1-3 Key Concepts in Design



6.1b(1) MHHCC ensures day-to-day operations of its work processes to meet key requirements through definition of key process steps in swim lane flowcharts, policies and procedures and standardized work instructions. Leaders hold staff accountable for executing the processes as defined. Key process measures (both in-process and outcome) are identified through PDCAE. Through resource allocation and planning, WF training, effective communication, and monitoring of in-process and outcome measures, MHHCC ensures processes are meeting requirements. Additionally, if processes are not performing as expected, process owners develop and implement action plans to drive improvement. Key process measures are outlined in **Figure 6.1-2**.


6.1b(2) Meeting patient expectations and preferences begins with the core competency of *Being for Others* and the MCVV. MHHCC’s listening methods (**Figure 3.1-2**) enable it to capture each patient’s voice and ensure that patient expectations are considered in delivery of care. Individualized care plans are developed between care givers and patients/families as appropriate to help set expectations for care and to define realistic outcomes. Bedside shift reports and the use of white boards also help ensure

that patients and families are fully engaged in care. In a cycle of improvement, white boards were updated to further delineate patient expectations and preferences . The refined whiteboards include times of intentional rounding, “M” in the box (medication education), questions for the doctor and a section named “get to know me” which allows for patient-specific favorites to be identified.

MHHCC also involves patients and family members with informed consent procedures where patients are told risks, benefits, and alternative care approaches to set realistic expectations and allow them to make informed decisions. Rounding by nurse leaders also allows patients additional avenues to participate in their care and improves the perception of care through timely follow-through when a concern is expressed. Some examples of meeting the patients’ expectations include room service for all meals, family presence during a Code Blue, and open visiting hours. Additionally, during the discharge planning process, patients are provided options regarding available alternatives to allow them to participate in the decision-making process related to their transition of care. The LFCC provides a Survivorship Program where patients create goals and expectations of living. The Ortho Navigator works individually with each patient to consider patient expectations and preferences. The hospital information system, Meditech, is utilized to capture patient information that includes individual preferences. Information is captured and documented in the electronic record for ongoing reference, thus assuring that MHHCC meets the patient’s expectations. Information captured may include activities of daily living and safety concerns, as well as individual characteristics and habits.


6.1b(3) The AS determined its key support process, **Engage the Workforce** within the EPM (**Figure 6.1-1**) using the same decision matrix used to determine work processes. It executes the same process discipline as described in **Item 6.1b(1)** to ensure day-to-day operations of support processes to meet key process requirements. Support measures are captured and reviewed through the Operational Rhythm, and process owners develop and deploy action plans when performance is not at expected levels. MHHCC also ensures that day-to-day operation of this process meets key requirements through the use of the organizational and department scorecards that track process performance.

6.1b(4) The PDCAE (**Figure 2.1-2**) methodology is used to improve processes. This standard methodology was adopted years ago to systematically and scientifically plan, design, and improve important processes within the organization. In a 2015 cycle of refinement, a more systematic and comprehensive approach to PDCAE was deployed to a team of 16 facilitators . A standard PDCAE template was deployed and is now being used by improvement teams across the organization . Because of the success of this approach, additional facilitators have been trained to ensure adequate support of process improvement efforts.

MHHCC also actively uses Lean Six Sigma principles and processes to drive improvement when waste or process variation is identified. While first introduced in 2007, Lean Six Sigma was not systematically deployed. In January 2014, Purdue Healthcare Advisors reintroduced Lean Six Sigma to MHHCC and trained ten green belts . Additionally, eight green belts were trained in 2015. MHHCC has established a Lean Steering Committee to ensure sustainability through quarterly updates and education at the Leadership Group Meeting. Whether it is a PDCAE project or a Lean Six Sigma project, improvement teams have been using

consistent project charters, SIPOCs, improvement tools, and the swim lane flowchart to enable team success.

Specific work processes in individual units are addressed through a shared governance model. This allows for department decision-making on an ongoing basis to drive improvement. Ad hoc teams are utilized to meet a short-term need to address a specific issue. Leveraging the core competency of *Cultivating Collaboration*, in 2017, LLLAW (Local Lean Leaders Against Waste), a partnership with community organizations, was established to share best practices from the use of Lean Six Sigma.

6.1c The MHHCC Materials Management (MM) Department manages the supply chain. The scope of work for MM includes supply and equipment purchases, service and supply contract negotiations, departmental pricing and specifications, and GPO contract utilization. Through a cycle of improvement, MHHCC changed its GPO to VHA in February, 2012. VHA became Vizient in 2016 . Vizient maintains agreements with more than 1000 suppliers and distributors to provide exceptional choice and value to MHHCC. These agreements encompass nearly 90 percent of the products that health care organizations purchase. Vizient handles the vendor screening process and assesses all supplier proposals based on qualitative and quantitative evaluation factors agreed to by members during the contracting process. If the purchase cannot be secured from a Vizient contracted vendor, MM seeks the best value from vendors that have been evaluated through an internal screening process.

Vendormate, an automated system, enables vendor credentialing and allows it to review vendor representatives' compliance to hospital policies. All vendor representatives must register onsite with Vendormate upon arrival each time they access MHHCC facilities and wear a vendor badge. This helps ensure that vendors are qualified and positioned to enhance MHHCC's performance. Vendors in the OR wear red surgical caps to identify the vendor, thus promoting safety. Key vendor's performance is measured and evaluated through interactions by department and MM staff and feedback is provided if the vendor is not performing at desired levels.

MHHCC works with Vizient to evaluate suppliers on an agreed timetable, to ensure contract obligations are being fulfilled. If a vendor is underperforming, the organization will work with the vendor to improve performance, but if a successful resolution cannot be identified or agreed upon, MHHCC will find another supplier. As a result of its affiliation with Vizient, MHHCC has been able to reduce expenses. Capital purchases are planned and monitored through the annual budget process. Inventory levels and efficiencies are monitored and compared to national benchmarks through established par levels based upon usage data. Variances are reviewed from the established monthly supply expense budget.


In 2017, MHHCC was recognized as a recipient of the Vizient Impact Standardization Award. This signifies that MHHCC has participated in all 12 programs that promote standardization throughout the organization, an award achieved by very few organizations. The benefits include decreased inventory and costs, as well as standardization of supplies throughout the organization.

MHHCC is also a member of the IHN Sourcing Cooperative. IHN is a group that pulls purchasing power together from over 22 hospitals to negotiate even better pricing for selected items. IHN is a member-driven organization with a Board of Directors and an operations committee, in which MHHCC participates. Cost savings through IHN membership are reflected


in **Figure 7.1-58**.

6.1d MHHCC manages large-scale innovation through its SPP (**Figure 2.1-1**) and through systematic reviews of performance in QBRs and monthly AS strategy meetings. In the planning process, leaders assess the potential impact of a recommended innovation on care or service. Leaders assess financial implications of the recommended innovation, as well as the potential for revenue generation or cost reduction. Based upon this analysis, AS determine if the proposed innovation will be an intelligent risk and make the decision to move forward or abandon the potential opportunity. MHHCC makes financial and other resources available through the development of the operating, and capital budgets. If an opportunity for innovation is presented outside the usual SPP cycle, the AS determines the need to reprioritize opportunities and reallocate resources to support a higher priority.

AS manages innovation projects through the QBR process. MHHCC assesses adherence to the strategic working document and cost projections. If a project is not on schedule, within budget, or delivering the expected results, the AS works with the team to eliminate barriers it is encountering or provide needed support to get the project back on target. For example, through the review at the 90-day action plan report out, it was noted that the Daviess County 90-day action plan had encountered a significant barrier to the groundbreaking of the Memorial Health Washington project based upon costs bid much higher than anticipated. At that time, the cost barrier was reviewed by AS, and the decision was made to reallocate capital monies to cover the overage and keep this key project on target.

If AS reviews an innovation opportunity and makes the determination that it is not working, they are not hesitant to discontinue the activity. Innovation is one of MHHCC's covenants, and workforce members at all levels of the organization are encouraged to develop and deploy innovative ideas to drive breakthrough change. In 2015, the SPOKE program was refined to better support innovation at the workforce member level. In this improvement, a more systematic approach was deployed to evaluate ideas, provide feedback to the submitter, and implement innovation .

6.2 Operational Effectiveness

6.2a MHHCC controls overall costs through the annual budget process. Each department director is responsible for the development of an annual department budget with approval and oversight from respective VPs. Through a cycle of refinement, dedicated financial analysts were assigned to each division  to ensure continuity and understanding of the budget process. The budget is based on historical performance and projections of future needs. To maintain tight control on costs, it uses a cost control tool, Healthcare Insights, that sends an alert to the director if the department budget exceeds \$2500 or 10% of the budgeted amount and/or if the budget falls below the budgeted amount. MHHCC also controls cost around productivity. Directors and VPs hold each department to productivity standards. Using a Truven product, AOI, MHHCC is able to benchmark productivity to an appropriate comparison group enabling it to factor efficiency into its work processes. MPM utilizes MGMA to benchmark productivity.

MHHCC also has reduced costs by carefully managing its supply chain. The Value Analysis Team provides a collaborative approach to focus on quality, safety, cost, process, and performance improvement, as well as the standardization of products to

maximize participation in the Vizient programs. The team brings together users who have clinical, financial, and purchasing expertise in order to make best-valued product and service acquisition decisions. This standardization program has saved the organization approximately \$475,000.

MHHCC uses Lean Six Sigma to prevent rework and errors. Other tools used for error prevention include teams for patient safety including the Medication Safety Team, Falls Team, and the CAUTI Team. Root Cause Analysis (RCA) and FMEA are used to assess any errors and to prevent the same error from harming other patients. The physician and nurse peer review committees play active roles in the prevention of errors and unintended harm to patients. The costs of inspections, tests, and performance audits are minimized by automation and training of front-line staff to perform inspections. Early identification of potential problems is provided through in-process measures and real-time reporting systems and alerts. MHHCC conducts required and value-added inspections and audits to ensure regulatory compliance, patient safety, and operational excellence. To the extent possible, inspections and audits are real-time and at the point-of-service. Examples of point-of-service auditing include the use of checklists, printed orders or mandatory fields in EMR, safety rounding, regulatory tracers, EOC rounds, and NPSG observation audits such as hand hygiene. MHHCC balances the need for cost control with the needs of patients through its core values and the core competency of *Being for Others* that places the patient first in all its decision-making. The Value Analysis Team also balances cost, quality, and outcomes, ultimately choosing the product that is best for the patient.

6.2b(1) MHHCC uses multiple processes to ensure the reliability of its information systems. Only official software application packages developed by recognized vendors are installed. When software applications are updated, Beta, or pre-release software is not implemented for any patient care services. Updates are not installed until it has been released in General Availability for at least several weeks, in order to gain feedback from other users on stability and reliability of the update. A Tier-4 data center with redundancies of all power and cooling subsystems are maintained for hardware and server systems to ensure continuation of infrastructure services should a loss of public utilities or cooling component occur. Redundant systems, in separate facilities that are located in separate physical buildings, are maintained. For critical services, redundant network paths, including core network switches and redundant Internet connects are maintained. Guest and public internet access is isolated from the services used to support business and clinical needs to ensure that this usage will not impede any hospital functions.

6.2b(2) MHHCC's reputation is directly linked to how it manages and protects its information assets. For these and other important business reasons, AS supports the Information Security Program. Security policies included as a part of the Information Security Program apply to the workforce, business associates, visitors or any other individuals having access to information assets. A violation of security policies results in disciplinary action.

All members of the workforce and all others associated with MHHCC are responsible for protecting the confidentiality of PHI that is obtained, maintained, used, disclosed, heard or viewed while carrying out their responsibilities on behalf of the organization. Unauthorized use and/or disclosure of PHI results in appropriate disciplinary action up to and including termination. Members of the workforce or others associated with MHHCC are required to

read and sign the organization's Confidentiality Agreement prior to having contact with PHI or utilizing MHHCC's resources.

MHHCC oversees cyber security through policies that define measures to protect information assets. The security policies are disseminated to all members of the MHHCC workforce and business associates in order to communicate its information values, its protection responsibilities and its commitment to establishing needed levels of security measures.

Annually, an independent third party expert performs HIPAA security audits and penetration testing. To ensure accountability, the results of the audits are provided to AS and to the BOD. Action plans for remediation of open issues are created, and updates are provided to AS and BOD. WF members are assigned appropriate system access rights during onboarding and those are terminated expeditiously upon separation. Additionally, annual user audits are performed on all independent physician practices. All WF members are required to complete an annual Information Security Awareness program designed to educate staff on the vulnerabilities of electronic data access and emerging methods that are used to attempt to compromise PHI. Compliance with this education is tracked through HealthStream. Simulated phishing testing is continuously performed to assess the WF's awareness of cyber threats and the results are tracked. Users that fail an individual simulation are redirected to a website that informs them of the potential breach and provides them with additional education on how to identify similar threats in the future.

All Servers and PC's are routinely patched for operating system vulnerabilities. Additionally, numerous, sophisticated security tools are used to prevent computer malware from entering or proliferating within the organization and to detect and remediate if this does occur. To protect inadvertent release of PHI, tools that scan and encrypt outbound email are utilized. Context is utilized when texting PHI. Proactive and reactive systems are in place to anticipate and respond to information security incidents. These systems include an Information Management Security Committee that meets monthly and provides oversight to the Information Security Program, as well as a Computer Emergency Response Team (CERT) that is activated in the event of an information security incident. Periodic patient chart audits are performed to identify potential, inappropriate or unauthorized access to a patient's PHI. When such activity is identified, investigation and appropriate disciplinary measures are taken.

6.2c(1) MHHCC is committed to a comprehensive safety program aimed at providing WF and patients with a safe and healthy atmosphere. It provides a safe operating environment through adoption of a culture of openness and transparency, the value of *Justice*, and active patient, WF, and environment of care safety processes, metrics, and improvement initiatives. It prevents accidents by tracking and reviewing near-miss events, conducting FMEAs, implementing best practices, as well as EOC rounding. All WF members are educated on the hospital's Safety Program during the NEO process, and thereafter, annually through HealthStream. This education includes how to report any potential or obvious risk to safety.

During AS Rounding, the question, "What can we do to improve safety for our patients and/or WF?" is asked. The results of rounding are compiled and utilized to address immediate issues and are also used as a key input into strategic planning. Inspections are conducted through Environment of Care rounds, results shared with department directors, and action plans developed and reported

to the Risk Management/Safety Committee. MHHCC executes a preventative maintenance program, assesses and minimizes risks of failures, and ensures operational reliability of all equipment and systems.

The primary responsibility for the coordination, implementation and maintenance of the patient safety program has been assigned to the Patient Safety Officer, a position designated in 2015. A daily Safety Huddle has been taking place Monday through Friday since 2016. Continuing to strive for excellence, these quick daily Safety Huddles have helped to improve communication about safety within the organization. In 2016, there were 1502 events reported in the daily Safety Huddle and in 2017, event reporting increased to 1847 events. MHHCC has experienced significant improvement as a result of the daily Safety Huddle.

Department Directors are responsible for maintaining a safe environment for patients, visitors, and WF, training of personnel in their specific department, and development of department safety policies and procedures. All WF members have primary responsibility for the safety, health, and well-being of all patients, visitors, and other building occupants. Recommendations to improve safety and health conditions are given thorough consideration by the Risk Management/Safety Committee. This Committee provides advice on the control of hazards and violent and abusive acts, establishes safety procedures, and promotes and initiates safety policies. Efforts around safety are reflected in the sustained grade of an A from the Leapfrog Group (Figure 7.1-46).

6.2c(2) MHHCC ensures work system and work place preparedness for disasters and emergencies through a Systematic Emergency Preparedness process (Figure 6.2-1).

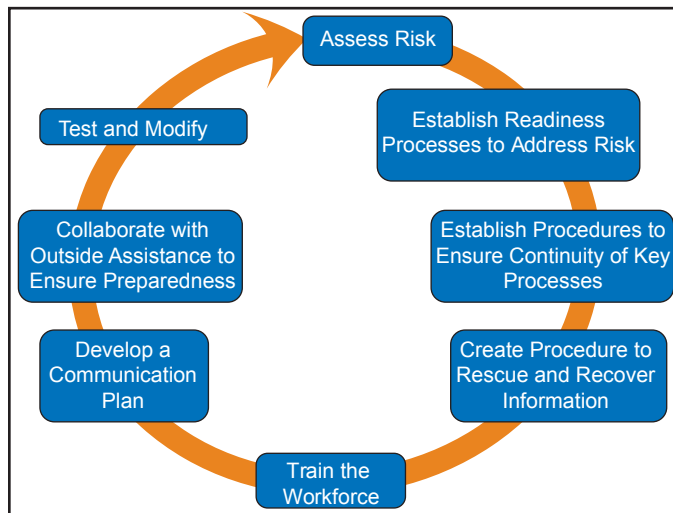


Figure 6.2-1 Emergency Preparedness

Standards for the Emergency Preparedness Management Plan are set by the Joint Commission’s Hospital Accreditation Standards. The Emergency Operating Plan (EOP) addresses emergencies, regardless of the cause, and is scalable in nature. The basis of

the structure of the plan utilizes the Incident Command System, set forth in the Hospital Incident Command System (HICS) and the National Incident Management System (NIMS). Annually, MHHCC conducts a hazardous vulnerability assessment allowing it to determine its level of preparation for a potential disaster/event. As a result of this assessment, it identifies the content of the two drills that will be conducted for the upcoming year. Periodically, the Office of Homeland Security observes drills and offers feedback about the process. Each department involved in a drill prepares an after-action report that is used to assess the drill, makes needed improvements, and captures lessons-learned.

All WF members receive education in NEO on codes and then annually through HealthStream. Through the District 10 Hospital Preparedness Program, the AmeriAlert system, made possible through grant funding, provides mass communication about codes to staff. Within the hospital, a weekly megahertz test is conducted. The Indiana State Department of Health also provides disaster management training for the WF through the Lighthouse Readiness Group. Nationally, MHHCC participates in disaster management training through the Center for Domestic Preparedness. MHHCC is very active in District 10, which includes ten hospital facilities in 12 counties in Southern Indiana. The goal is for all facilities to communicate with each other during an event at any one location. District assets of \$500,000 support this program. There is an Emergency Management Agency office located in every county of the state of Indiana to assist in disaster relief.

MHHCC addresses continuity of operations through six critical functions that were identified to support the accreditation standards. It has systematic processes around 1) communications, 2) resources and assets, 3) safety and security, 4) staff roles and responsibilities, 5) utilities and 6) management, patient, clinical and support activities. To identify opportunities for improvement, critiques and after action reports (AARs) are performed after drills, exercises, or actual events. These reports are shared with the Risk Management/Safety Committee and the Emergency Preparedness Committee. The Risk Management/Safety Committee follows the organizations’ methodology of PDCAE to drive improvement in the emergency preparedness processes. Reliability measures included as a part of **Item 6.2b(1)** are also applicable to Business Continuity. These specific strategies are core to the approach to ensuring that systems are continuously available. Additionally, multiple strategies are in place to ensure the availability of data and recovery from a catastrophic event. These include maintaining a set of nightly-backups of all systems that allow for restoration of service at any point up to three weeks. Critical data sources are replicated to off-site locations, both owned and with cloud-based service providers. The primary clinical system Meditech, is replicated each night to a service specializing in Meditech disaster recovery with multiple, geographically separated data centers, which allows service to be restored within four hours of a declared disaster.

Category 7 - UPDATED Results

7.1 Health Care and Process Results

7.1a Health Care and Customer-Focused Service Results

CMS assigns hospitals two major star ratings: the HCAHPS summary star rating, based on patient survey scores; and the Overall Hospital Quality Star Rating, which incorporates outcomes measures as well as patient experience scores. There were only 19 hospitals in the nation that received the highest possible rating in both programs; *MHHCC was one of those 19 hospitals*. MHHCC also outperforms all recent Baldrige recipients except HCM who is also one of the 19 double five-star hospitals.

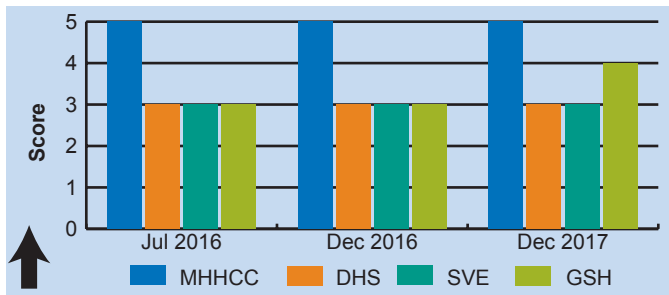


Figure 7.1-1 5 Star Award (IP)

MBNQA Recipient Comparisons		Dec 2017	
Recipient	Year	Overall Star Rating	HCAHPS Star Rating
MHHCC		5	5
Adventist Health Caste	2017	5	4
Memorial Herman Sugarland	2016	4	3
Charleston Area MC	2015	3	3
Hill Country Memorial	2014	5	5

Figure 7.1-2 Star Ratings (IP)

Since 2016, the Skilled Caring Center has also received a 5-star rating each reporting period.

Facility Star Overall	Oct 2016	Oct 2017	Aug 2018
MHHCC SCC	5	5	5
Good Samaritan Society Northwood	5	4	5
Brookside Village	5	5	5
Scenic Hills Care Center	4	4	5
Amber Manor Care Center	3	5	4
Loogootee Nursing Center	5	4	3
St. Charles Health Campus	3	5	5
The Timbers of Jasper	1	1	2
Loogootee Health and Rehab Center	2	4	5
The Waters of Huntingburg	1	1	2
Springs Valley Meadows	3	3	5

Figure 7.1-3 Skilled Caring Center Star Ratings (PA)

The Hospital Value-Based Purchasing (VBP) Program is a CMS initiative that rewards acute-care hospitals with incentive payments for the quality care provided to Medicare beneficiaries. MHHCC is a top-decile rated hospital and has not received any penalties since 2016.



Figure 7.1-4 Value Based Purchasing Revenue Impact (IP)

Penalty/Adjustment	MHHCC
FFY 2016	
Readmission Penalty	\$0
HAC Penalty	-\$219,467
VBP %ile Rank	76%ile
FFY 2017	
Readmission Penalty	\$0
HAC Penalty	\$0
VBP %ile Rank	91%ile
FFY 2018	
Readmission Penalty	\$0
HAC Penalty	\$0
VBP %ile Rank	91%ile

Figure 7.1-5 VBP Adjustments/Penalties (IP)

MHHCC's overall Composite Quality Hospital Care score (encompassing Patient Safety Indicators, Inpatient Quality Indicators, Mortality Rates, Complication Rates, and All-Site Readmission Rates) shows continued improvement trends and top decile performance.

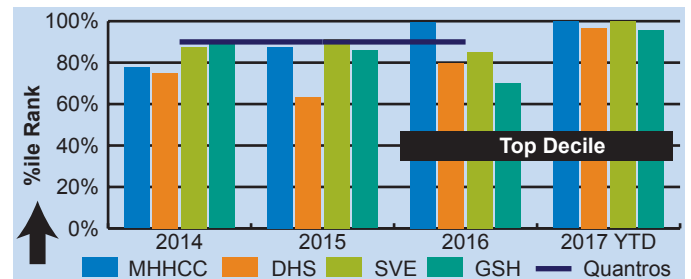


Figure 7.1-6 Composite Quality Score - Hospital Care (IP)

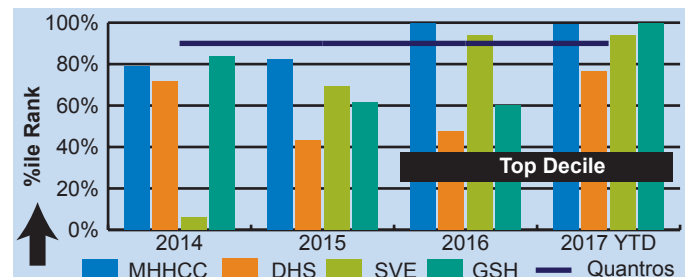


Figure 7.1-7 Composite Quality Score - General Surgery (IP)

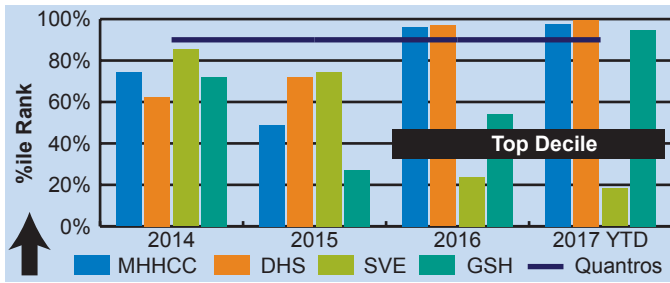


Figure 7.1-8 Composite Quality Score - Stroke (IP - Medical SL)

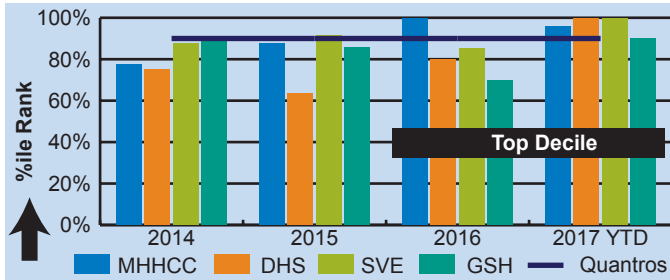


Figure 7.1-9 Composite Quality Score - Cardiac Care (IP)

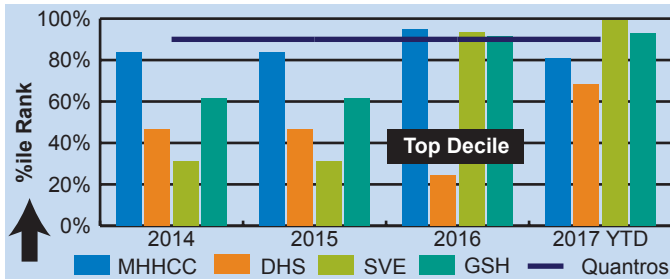


Figure 7.1-10 Composite Quality Score - Joint Replacement (IP)

MHHCC monitors overall inpatient mortality rate as the universal indicator of inpatient healthcare quality (Figures 7.1-11 through 7.1-16) and is currently at top decile levels compared to the Quantros national benchmark.

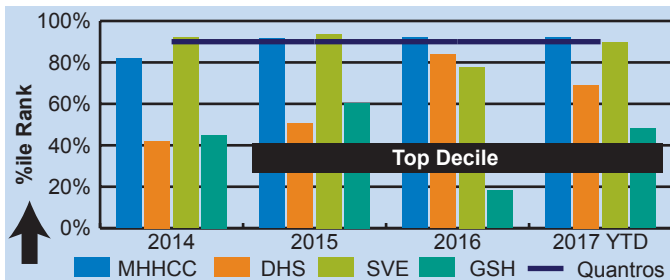


Figure 7.1-11 Risk Adjusted Mortality %ile Rank - Overall Hospital (IP)

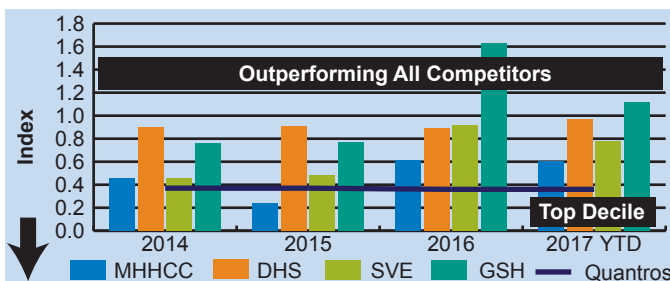


Figure 7.1-12 Overall Risk Adjusted Mortality Index - Cardiology

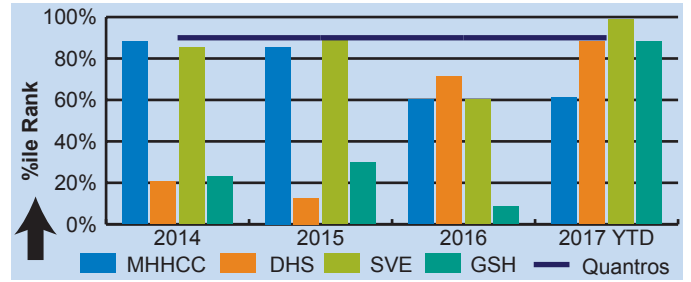


Figure 7.1-13 Risk Adjusted Mortality %ile Rank - Cardiac Care

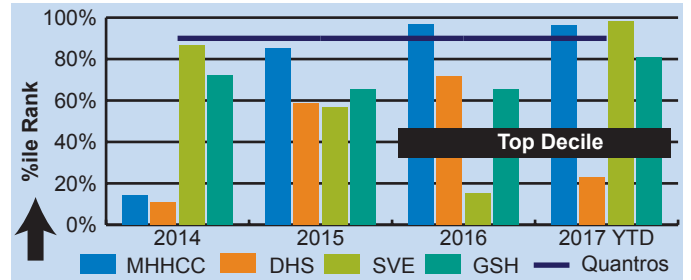


Figure 7.1-14 Risk Adjusted Mortality %ile Rank - Overall Quality Orthopedic Surgery

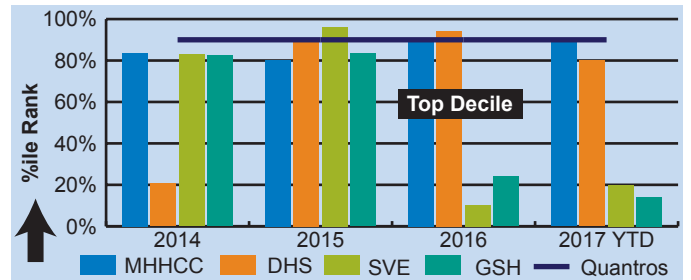


Figure 7.1-15 Risk Adjusted Mortality %ile Rank - Overall Quality Cancer Care

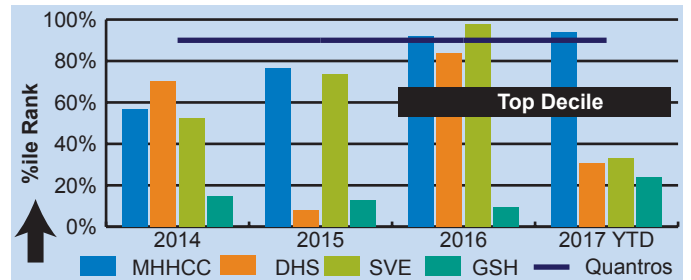


Figure 7.1-16 Risk Adjusted Mortality %ile Rank - Overall Quality Stroke Care

PSI-90 is a composite measure consisting of eight weighted component PSI measures. In the HAC Reduction Program, PSI-90 is responsible for 35% of the overall score, and the poorest-performing hospital quartile has their CMS payments reduced by up to 1%. MHHCC is at top decile performance.

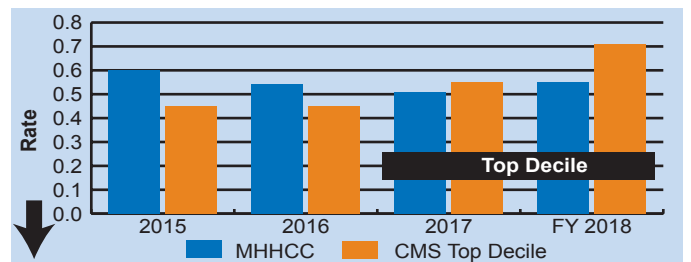


Figure 7.1-17 PSI 90 Composite (IP)

Nursing Leadership inclusive of nurse clinicians collectively review performance that is not meeting benchmark. Medical, ICU, and Post-Surgical Departments have created an Acute Care Collaborative to drive improvement, heighten awareness and educate. Education and improvement teams have driven performance to top decile.

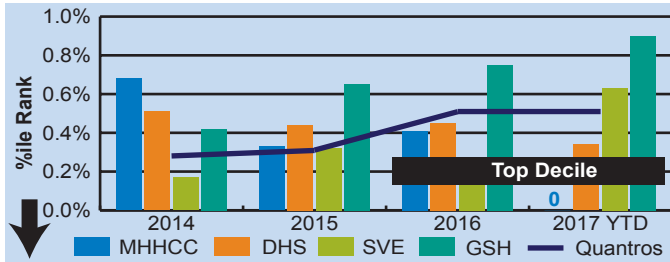


Figure 7.1-18 Hospital-Acquired Condition Index

Figure 7.1-19 shows continued improvement in many processes. Early removal of urinary catheters improves patient safety by decreasing the incidents of infection. Clostridium difficile is the most important hospital-acquired pathogen responsible for antibiotic-associated diarrhea. MHHCC shows a significant decrease in C-Diff as a result of the technique known as ultraviolet wavelength C germicidal irradiation which uses short-wavelength ultraviolet light to kill microorganisms. There have been no CLABSI infections reported from 2016 to 2018. As noted, there have been no reported MRSA infections since 2015.

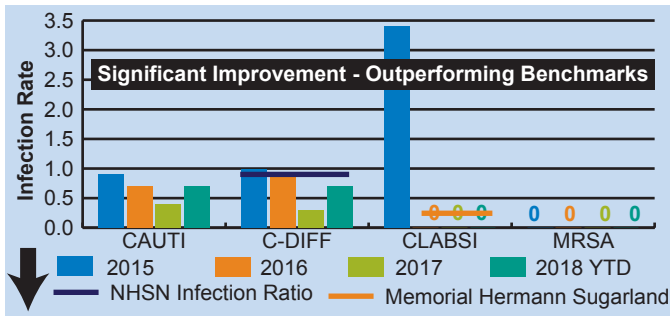


Figure 7.1-19 Overall Infection Rates

Unplanned readmissions to a hospital within 30 days are a metric used to judge the quality of care. 30-day readmission rates are publicly reported and used to determine reimbursement through the Medicare Quality Payment Program. MHHCC is significantly outperforming national averages – the only benchmark available.

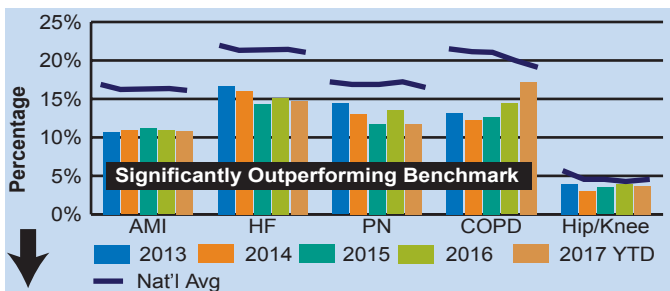


Figure 7.1-20 Readmission (IP)

Joint Commission recognizes MHHCC's Hip and Knee Orthopedic Program as an Orthopedic Center of Excellence. MHHCC is one of only ten health care organizations in Indiana to be so designated. Length of stay and discharged home are outcomes of effective process-based care. TJC requires incremental improvement performance.

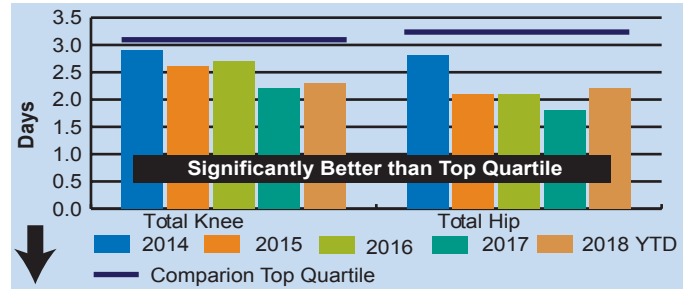


Figure 7.1-21 Orthopedic Length of Stay (IP)

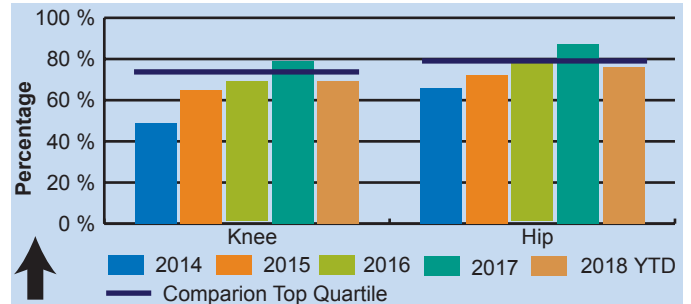


Figure 7.1-22 Orthopedic Discharge, Self-Care (IP)

EBP recommends that unless there is a valid health reason or labor starts on its own, delivery should not occur before at least 39 weeks. Through education, transparency of results and physician engagement, MHHCC was able to achieve and sustain zero elective deliveries prior to 39 weeks since 2015.

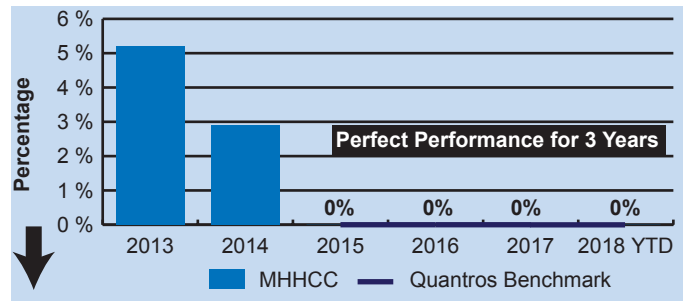


Figure 7.1-23 Elective Deliveries <39 Weeks (IP)

Figure 7.1-24 demonstrate the success of MHHCC's partnership with the University of Louisville in its telemedicine stroke program.

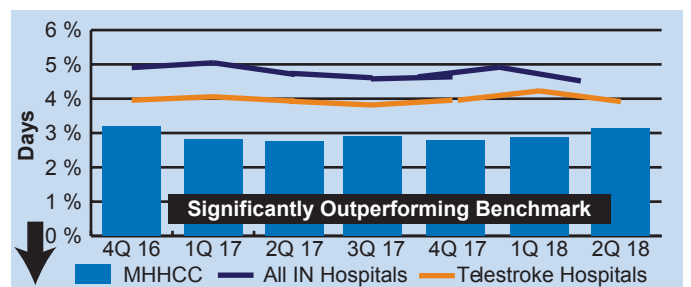


Figure 7.1-24 Stroke - Average Length of Stay (IP)

Current guidelines for the treatment of ST-segment elevation myocardial infarction recommend a door-to-balloon time of 90 minutes or less for patients undergoing primary percutaneous coronary intervention (PCI). MHHCC is sustaining performance well below the standard.

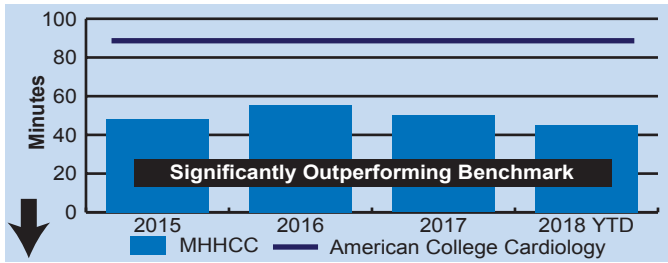


Figure 7.1-25 Door to Balloon Time (IP)

Recent changes in health care service offerings included the best practice adoption of radial access over femoral access for cardiac catheterization patients. MHHCC has outperformed the benchmark four consecutive years with 95% of the procedures performed through this method.

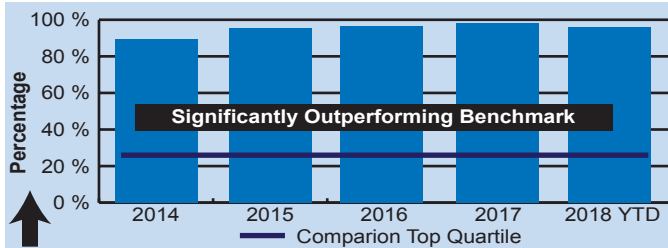


Figure 7.1-26 Radial Cardiac Procedures (OP)

MIPS performance categories include quality, cost, improvement activities and advancing care information. Medicare Part B has moved providers to a performance-based payment system. Providers have the flexibility to choose the activities and measures that are most meaningful to their practice. MHHCC is outperforming benchmarks on indicators important to its key communities.

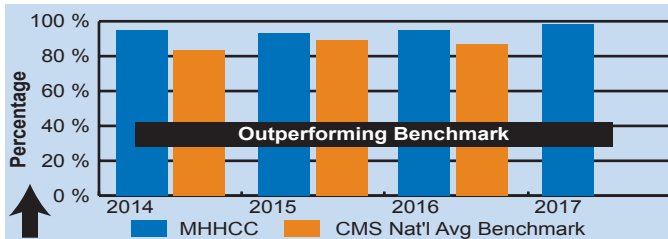


Figure 7.1-27 Screen for Tobacco Use/Cessation Intervention (OP - PCSL)

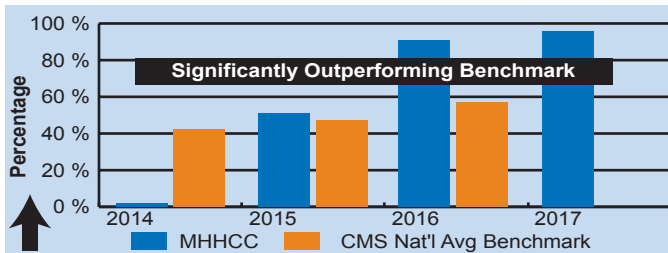


Figure 7.1-28 Screen for Fall Risk (OP - PCSL)

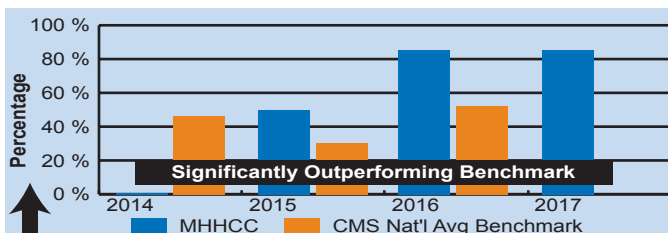


Figure 7.1-29 Depression Screening Age 12 and Older (OP - PCSL)

Figures 7.1-30 through 7.1-34 reflect strong performance in key measures of delivering post-acute care to patients.

A decrease in acute care transfers demonstrates the appropriate patient selection in meeting the criteria for inpatient rehabilitation. Efforts at preventing pneumococcal disease are a national health priority, particularly in older adults and especially in post-acute and long-term care settings. SCC has supported this effort. TJC requires monitoring and adherence to process-related standards. As show in Figure 7.1-33, Family Palliative Care has shown top decile performance in the measured standard.

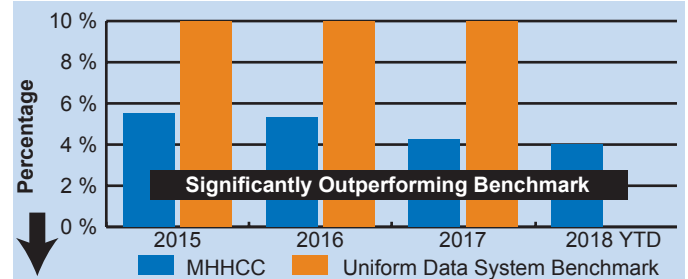


Figure 7.1-30 Inpatient Rehab - % of Acute Care Transfers (Post Acute)

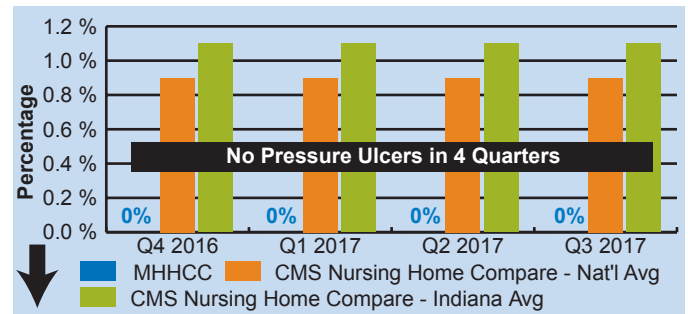


Figure 7.1-31 Pressure Ulcer (Post Acute)

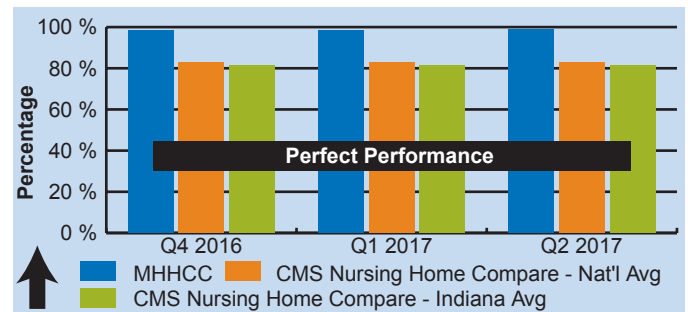


Figure 7.1-32 Skilled Care Center - Pneumococcal Vaccine (Post Acute)

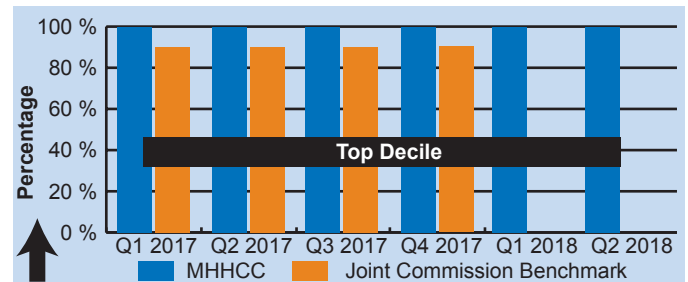


Figure 7.1-33 % of Education Related to Disease Process - Family Palliative Care (Post Acute)

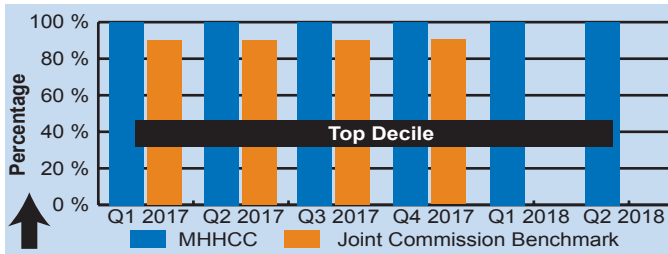


Figure 7.1-34 % of PRN Orders in Compliance - Family Palliative Care (Post Acute)

7.1b Work Process Effectiveness Results

7.1b(1) When patients leave the ED without being seen, the emergency care delivery system has failed individuals who are in greatest need. The ED focuses on patient satisfaction by informing the patient of unforeseen delays in their care, which in turn has decreased patients who choose to leave without being seen. Current performance outperforms the benchmark.

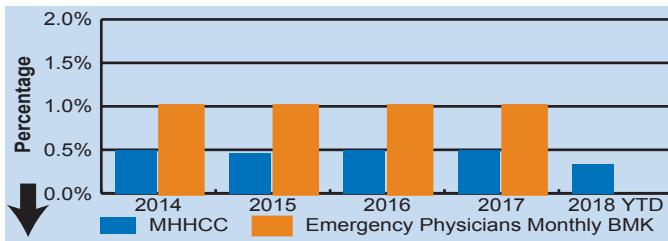


Figure 7.1-35 ED Left Without Being Seen (OP)

Figures 7.1-36 through 7.1-38 reflect process efficiency with turnaround time exceeding comparisons.

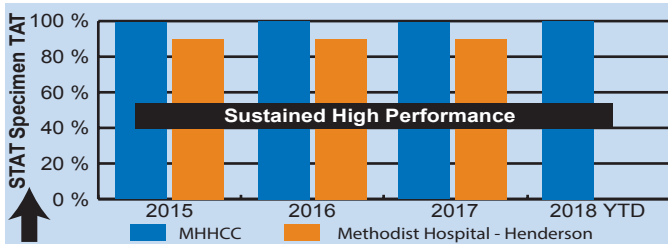


Figure 7.1-36 STAT Specimen Turnaround Time

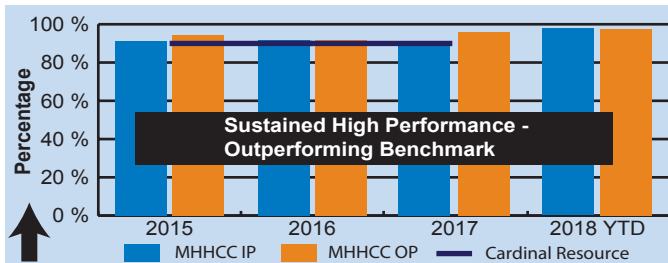


Figure 7.1-37 Outpatient TAT for Pharmacy Orders Verified within 30 Minutes (OP)

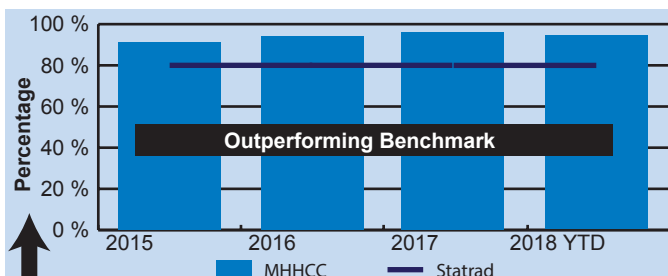


Figure 7.1-38 ED Radiology Exams Read w/in 1 Hour

Volume of chest CATs is significantly better than CMS average reducing exposure to radiation. Significant improvement was achieved in these measures based on education and continued monitoring.

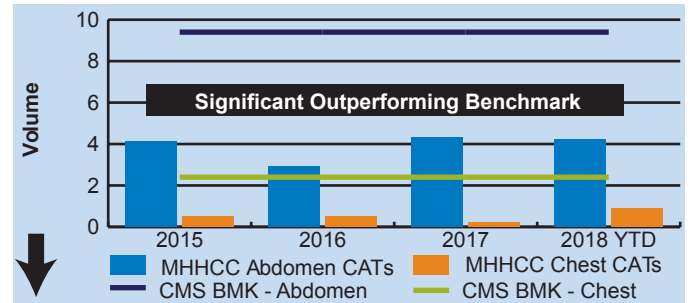


Figure 7.1-39 Volume of Abdomen and Chest CATs

Figure 7.1-40 and 7.1-41 reflects a key quality outcome. The first results measure the percent of reports that require changes and resubmission to the ordering provider. **Figure 7.1-41** shows significant improvement in delinquent records.

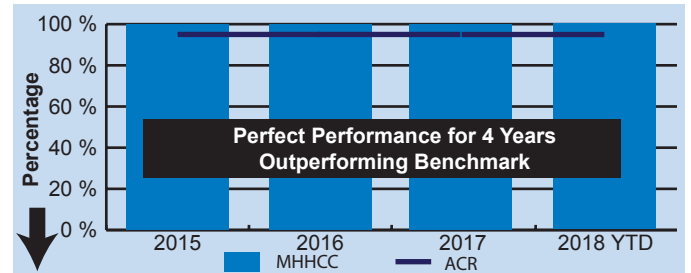


Figure 7.1-40 Radiology Report Addendums

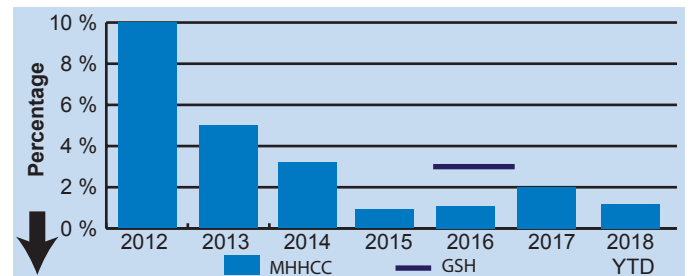


Figure 7.1-41 Medical Records Chart Delinquency

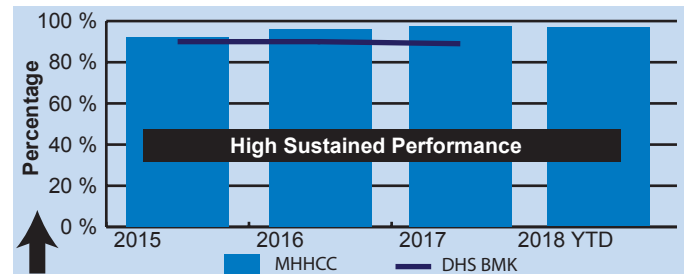


Figure 7.1-42 Spiritual Assessment - % of Patients Visited within 48 Hours

The role of the CDS is to maximize revenue through the review of appropriate documentation. The percentage of Medicare inpatient cases where the Clinical Documentation Specialist identified a clarification and the admitting physician agreed with the clarification reflects improvement with current performance above the benchmark.

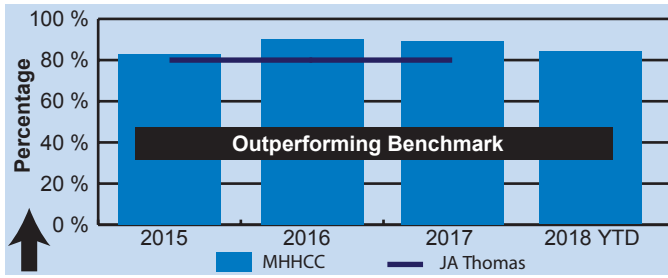


Figure 7.1-43 % of Medicare Cases with Physician and CDS Agreement on Clarifications

Through cybersecurity, MHHCC works to protect computers and networks against malicious attacks. A baseline phishing test to determine the organization’s vulnerability was conducted in 2017. After the baseline testing, security awareness training was conducted for all users. An ongoing phishing campaign continues to allow the users to practice the skills learned through security awareness training.

	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Internal Benchmark Goals for PC Patching (approximately 1750 PCs patched per month) - within 30 days	99%	98.6%	98.1%	98.1
Benchmark: 95% PC patching completion rate within 30 day	95%	95%	95%	95%
Internal Benchmark Goals for PC Patching (approximately 1750 PCs patched per month) - within 60 days	95%	95%	99.9%	99.9%
Benchmark: 100% PC patching completion rate within 60 days	100%	100%	100%	100%
Internal Benchmark Goals for Server Patching (approximately 210 servers patched per quarter) within 30 days	98.5%	98.3%	94.9%	99.6%
Benchmark: 95% Server patching completion rate within 30 days	95%	95%	95%	95%
Internal Benchmark Goals for Server Patching (approximately 210 servers patched per quarter) within 60 days	99.5%	100%	97.2%	100%
Benchmark: 100% Server patching completion rate within 60 days	100%	100%	100%	100%

Figure 7.1-44 IT Patching

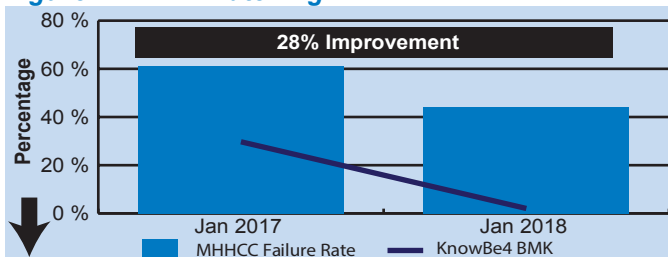


Figure 7.1-45 Cybersecurity Results

7.1b(2) The Leapfrog Hospital Safety Grade is a public service provided by The Leapfrog Group, a nonprofit organization committed to driving quality, safety, and transparency in the U.S. health system. The Leapfrog Hospital Safety Grade is becoming

the gold standard measure of patient safety. **Figure 7.1-46** reflects MHHCC’s focus on improving patient safety since 2015. MHHCC has received an “A” leapfrog score since Fall, 2016.

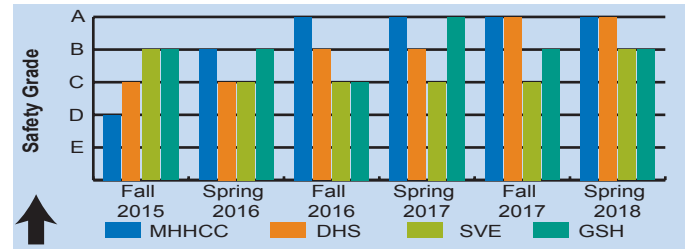


Figure 7.1-46 Leapfrog Data

A key to improving patient safety results was the implementation in 2016 of the daily Safety Huddle. Since implementation, incident reporting has increased allowing MHHCC to proactively reduce serious Level 4 events. No Level 4 events have been reported since 2017.

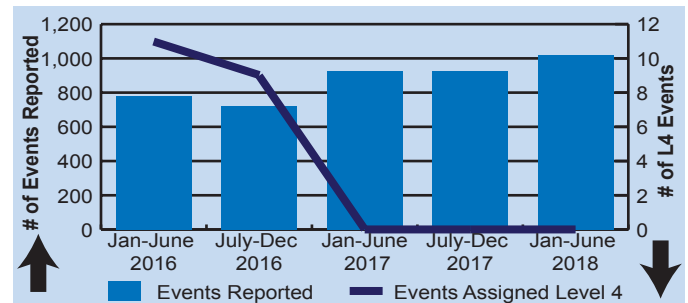


Figure 7.1-47 Patient Safety Huddles - # Reports Assigned a Scope and Severity

Hospital Improvement Innovation Network requires organizations to decrease the rate of harm based on its score from 2015. MHHCC’s target is based on the HIIN program and performance is better than the HIIN program target.

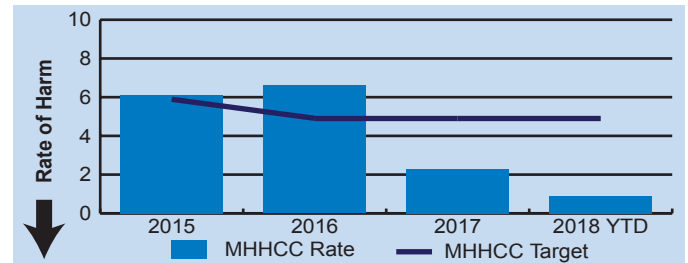


Figure 7.1-48 Total Harm Across Board

Annually, MHHCC conducts a Survey on Patient Safety Culture sponsored by The Agency for Healthcare Research and Quality (AHRQ). Overall perceptions of safety have improved.

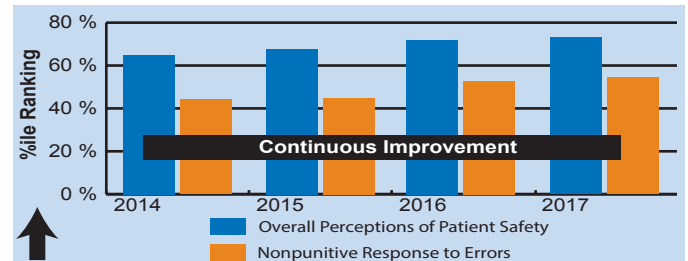


Figure 7.1-49 Culture of Patient Safety Results - Overall Perceptions of Patient Safety

MHHCC conducts the required number of drills each year to ensure preparedness for any potential emergency.

Drill	2014	2015	2016	2017	2018 YTD
Code Pink	1	1	1	1	0
Community Disaster Drills	1	2	2	2	1
Internal Disaster Drills	2	2	2	2	1
Fire Drills	12	12	12	12	8
Safety Rounds in Patient Areas	2	2	2	2	1
Safety Rounds in Non-patient Areas	2	2	2	2	1

Figure 7.1-50 Emergency Preparedness Results

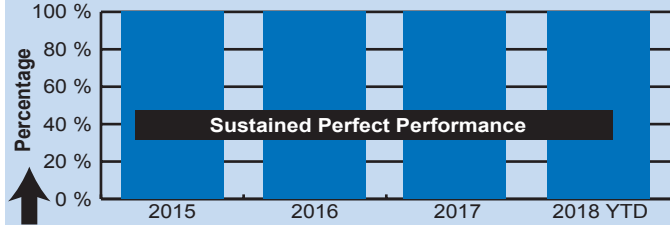


Figure 7.1-51 Fire Extinguishers on Scene for Each Fire Drill

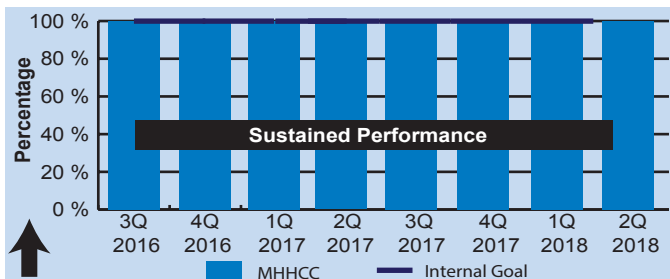


Figure 7.1-52 % of Time the Response from Fire Alarm Call Center to JFD at 2 Minutes or Less

MHHCC has implemented a variety of technology that enhance patient safety. The use of Guardrails technology allows nurses to safely administer IV medications to our patients (Figure 7.1-54).

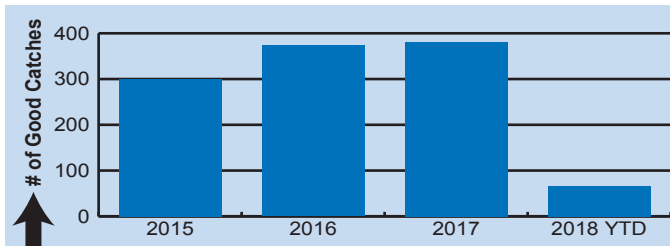


Figure 7.1-53 Averted Medication Events Through the Utilization of Carefusion IV Pumps

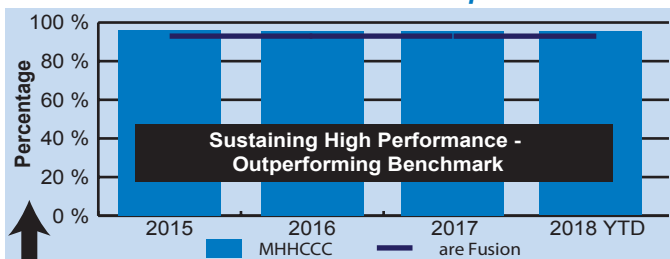


Figure 7.1-54 C-Fusion Use of Guardrails

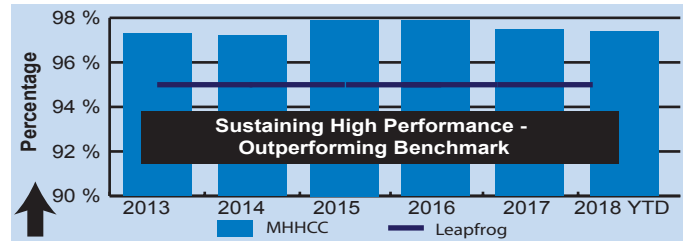


Figure 7.1-55 Bedside Medication Verification

7.1c Supply-Chain Management Results As shown in Figure 7.1-56, MHHCC has worked with its vendors to ensure high fill rates and just-in-time delivery and is meeting the benchmark. Medline, Medtronic, Zimmer and McKesson are MHHCC's major suppliers of medical equipment and medication supplies. As shown in Figure 7.1-57, the adjusted fill rate measures their ability to provide uninterrupted delivery of supplies and these suppliers consistently exceed contract requirements. Figure 7.1-58 shows significant savings realized through MHHCC's membership with IHN. The big jump in 2016 ROI reflects a change in cardiology initiatives.

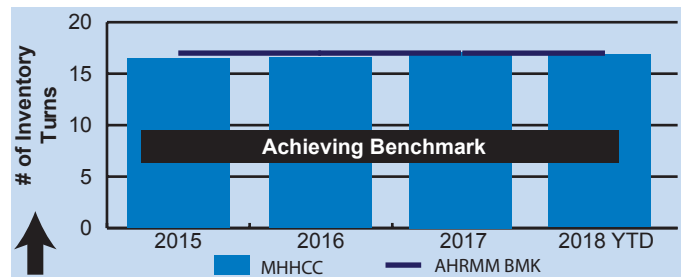


Figure 7.1-56 Inventory Turns

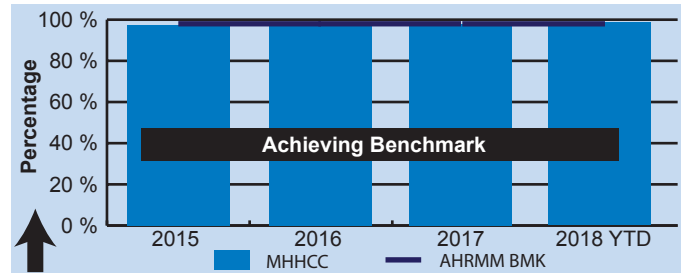


Figure 7.1-57 Fill Rates

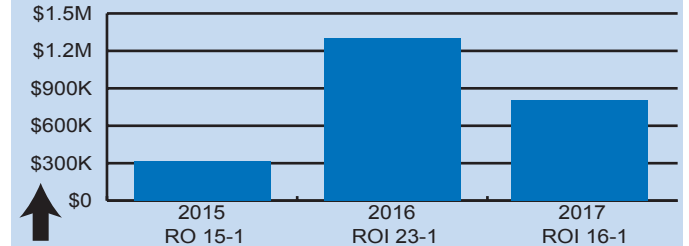


Figure 7.1-58 IHN Sourcing Savings

7.2 Customer Results

Award	Year(s)
CareChex® (Top 10% in State, Region, or Nation)	
Top 100 in Nation Medical Excellence in HF Treatment	2018
Medical Excellence in Pneumonia Care	2018
Medical Excellence in Orthopedic Care	2018
Top 100, Nation - Patient Safety in Joint Replacement	2018
Patient Safety in Overall Hospital Care	2018
Patient Safety in Orthopedic Care	2018
Patient Safety in Major Orthopedic Surgery	2018
Patient Satisfaction in Overall Medical Care	2015-2018
Medical Excellence in Interventional Care	2017
Medical Excellence in Heart Attack Treatment	2017
Patient Satisfaction in Overall Hospital Care	2015-2017
Patient Satisfaction in Overall Surgical Care	2015-2017
Patient Safety in General Surgery	2015-2017
Patient Safety in Gallbladder Removal	2016
Medical Excellence in Gallbladder Removal	2015
Medical Excellence in Major Orthopedics Surgery	2015
Medical Excellence in Joint Replacement	2015
Indiana Medical Excellence in Cancer Care	2015
Healthgrades®	
General Surgery Excellence Award	2015
Outstanding Patient Experience Award	2009-2015
Patient Safety Excellence Award	2012
Healthgrades® Five-Star Recipient	
Coronary Interventional Procedures	2017
Joint Replacement	2017
Treatment of Sepsis	2013-2017
Gallbladder Surgery	2015-2017
Total Knee Replacement	2015-2017
Treatment of Heart Attack	2016-2017
Total Hip Replacement and Hip Fracture Treatment	2014-2016
Outstanding Patient Experience Award	2009-2017
The Joint Commission	
MHHCC Orthopedic Center of Excellence Gold Seal® in Hip Fracture	2017
MHHCC Wound Care Gold Seal® in Knee and Hip Replacement	2017
MHHCC Orthopedic Center of Excellence Gold Seal® in Knee and Hip Replacement	2017
Partnership for Excellence	
Platinum Award for Excellence	2016
Silver Commitment to Excellence	2015
Vizient	
Impact Standardization Program - Participation Leaders Award	2016
Individual Awards	
Five-Star Rating in Overall Hospital Quality	2017
Top 20 Rural Community Hospitals	2017
Blue Distinction® Center+ for Maternity Care designation--Anthem Blue Cross and Blue Shield®	2016

Becker's Hospital Review® 100 Great Community Hospitals	2016
HomeCare Elite Award	2016
Top 100 Rural and Community Hospital IVantage-Health Analytics® Inc.	2016

Figure 7.2-1 Awards

MHHCC is performing better than all competitors in HCAHPS Top Box scores in all domains except Pain Management where MHHCC is 1% behind GSH.

Patients who reported "Always" or Mean Score	MHHCC	DHS	SVE	GSH	IN Avg	Nat'l Avg
Communication with Nurses	88%	81%	79%	80%	82%	80%
Communication with Physicians	86%	81%	81%	85%	82%	82%
Responsiveness of Staff	82%	67%	63%	76%	70%	69%
Pain Management	80%	71%	71%	75%	72%	71%
Communication about Medicines	71%	65%	64%	67%	65%	65%
Cleanliness of Hospital	85%	76%	73%	84%	76%	75%
Quietness of Hospital	78%	65%	60%	65%	62%	63%
Discharge Information	88%	88%	91%	90%	89%	87%
Care Transitions	61%	54%	54%	54%	54%	52%
Overall Rating	84%	79%	75%	77%	76%	73%
Recommendation of Hospital	83%	80%	78%	76%	74%	72%

Figure 7.2-2 – 2018 YTD HCAHPS by Domain (IP)

VOC is captured through Press Ganey surveys from patients evaluating their experience. SHP captures patient experience results from home care patients. Results are reported as top box and percentile rank. To reach MHHCC's goal of top decile, incremental goals of target and stretch targets have been set by each department. Figures 7.2-3 through 7.2-11 include patient satisfaction results and are segmented by inpatient, outpatient, and Post-Acute Services. All results compare favorably to national levels and to its competitors.

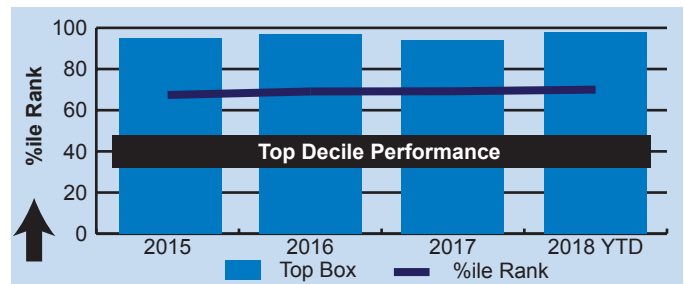


Figure 7.2-3 Inpatient Overall Satisfaction

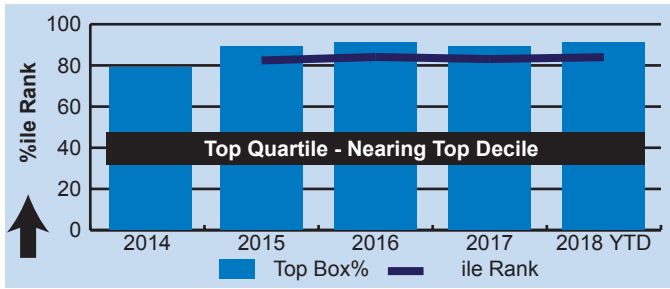


Figure 7.2-4 HCAHPS Rate the Hospital (IP)

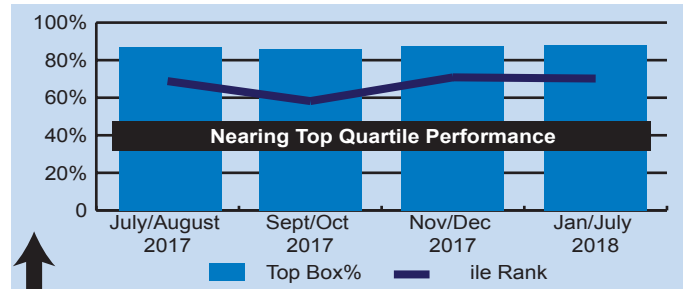


Figure 7.2-9 OASCAHP Overall Satisfaction - Ambulatory Surgery (OP)

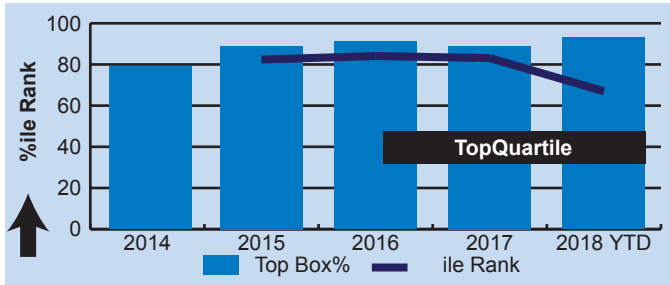


Figure 7.2-5 Medical Overall Satisfaction (IP)

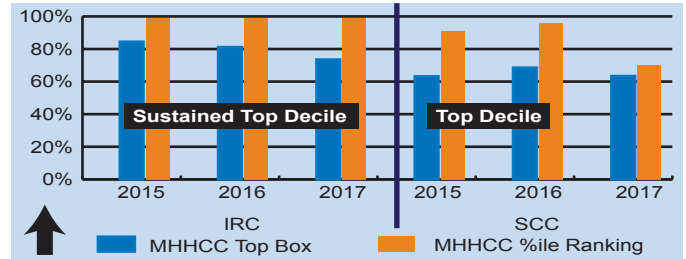


Figure 7.2-10 Overall Satisfaction (Post Acute)

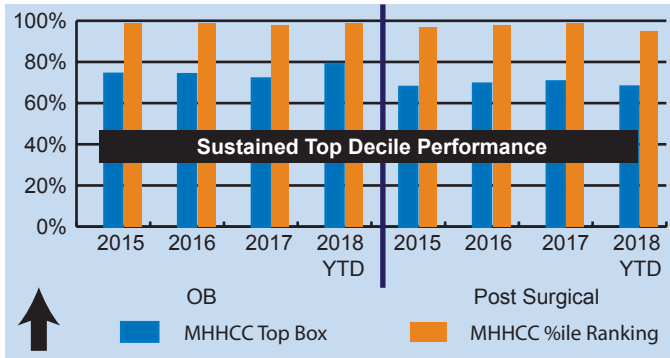


Figure 7.2-6 Overall Satisfaction (IP)

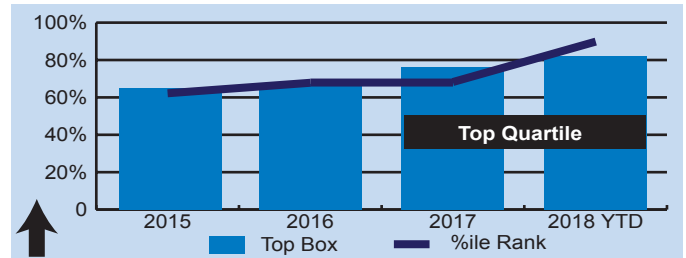


Figure 7.2-11 HCAHPS Overall Rating - Memorial Home Care (Post Acute)

In 2015, MHHCC started to use HCSZ portal to capture complaints/dissatisfaction. Education was provided to increase the number of complaints and proactive service recovery. The goal is to address the complaint as it occurs rather than wait until the complaint becomes a grievance. Through the efforts of additional patient experience training and a new PEO, the number of grievances has steadily declined.

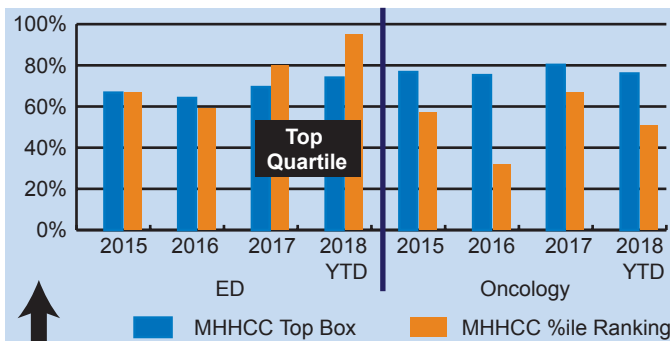


Figure 7.2-7 Overall Satisfaction (OP)

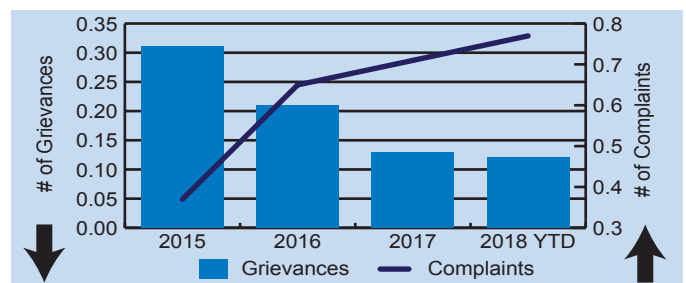


Figure 7.2-12 Complaints and Grievances

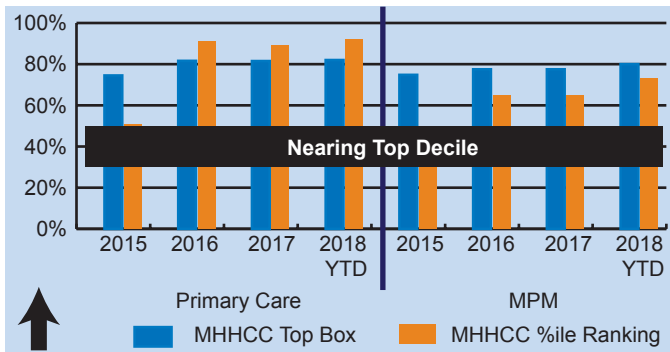


Figure 7.2-8 Overall Satisfaction (OP)

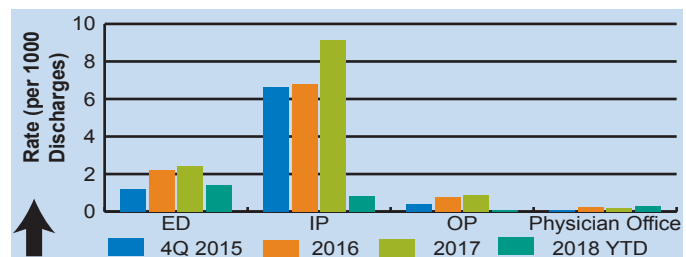


Figure 7.2-13 Segmented Complaint Rate

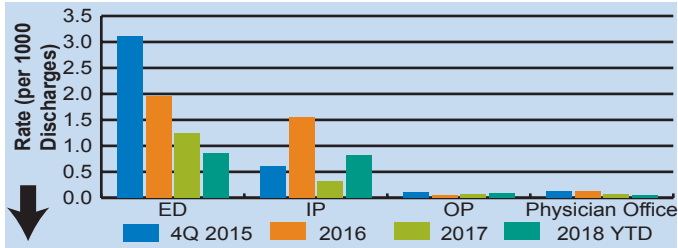


Figure 7.2-14 Segmented Grievance Rate

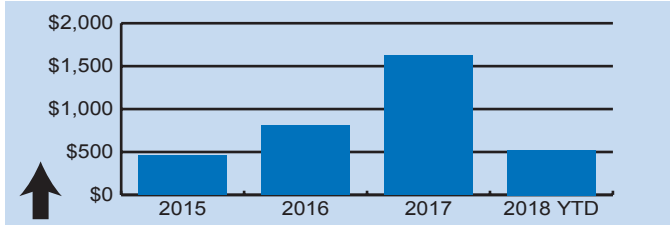


Figure 7.2-15 Service Recovery

Patient engagement is captured through PG scores of likelihood of recommending MHHCC to family and friends. Figures 7.2-16 through 7.2-21 include patient engagement results and are segmented by inpatient, outpatient, and Post-Acute Services. All patient engagement results compare favorably to national levels and to its competitors.

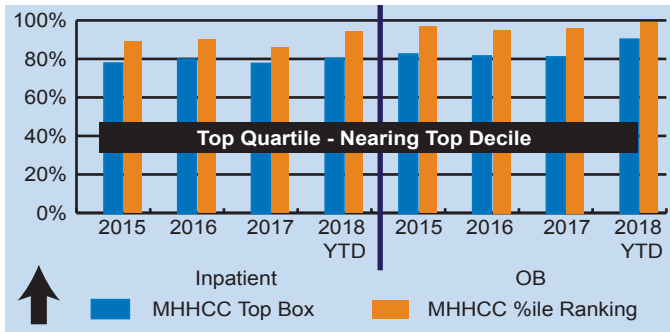


Figure 7.2-16 Likelihood to Recommend (IP)

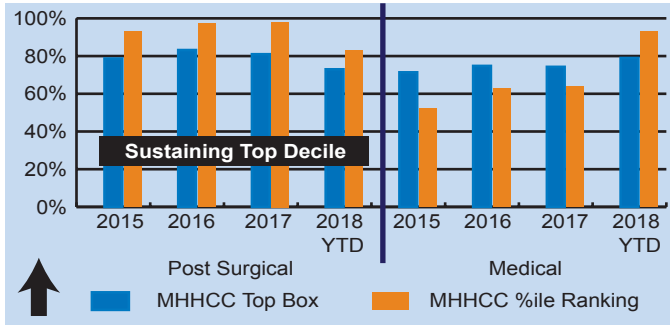


Figure 7.2-17 Likelihood to Recommend (IP)

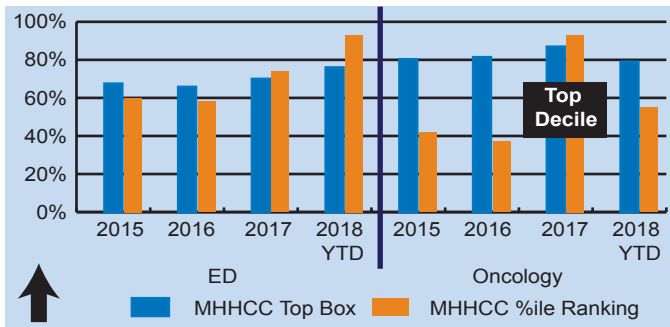


Figure 7.2-18 Likelihood to Recommend (OP)

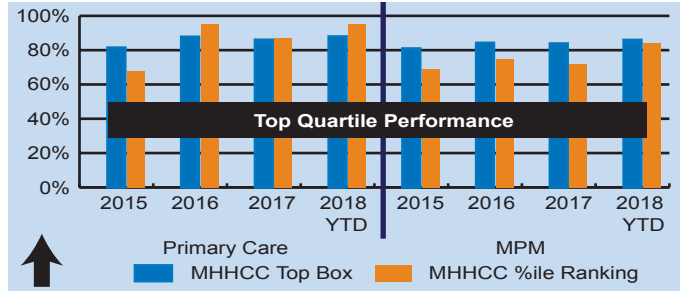


Figure 7.2-19 Likelihood to Recommend (OP)

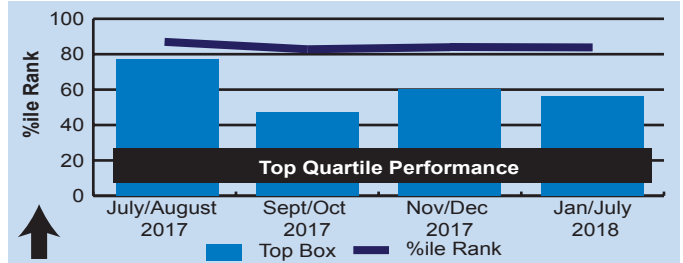


Figure 7.2-20 OASCAHP Likelihood to Recommend (OP)

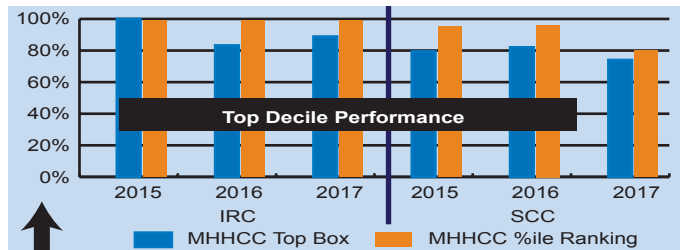


Figure 7.2-21 Likelihood to Recommend (Post Acute)

7.3 Workforce Results

7.3a(1) Workforce Capability and Capacity MHHCC has worked to lower turnover rates through multiple workforce engagement initiatives. Figures 7.3-1 through 7.3-5 show turnover segmented by first year, division, RN and physician turnover, and demonstrate top decile performance compared to the ASHHRA benchmark.

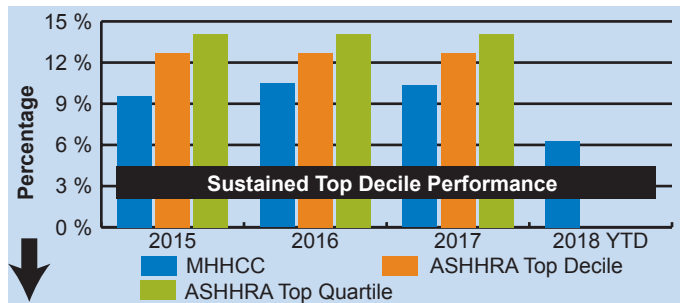


Figure 7.3-1 Total Turnover

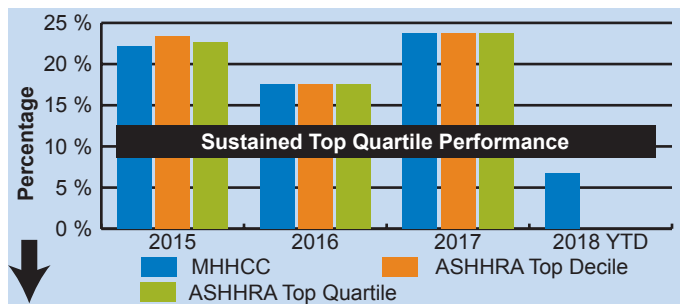


Figure 7.3-2 First Year Turnover

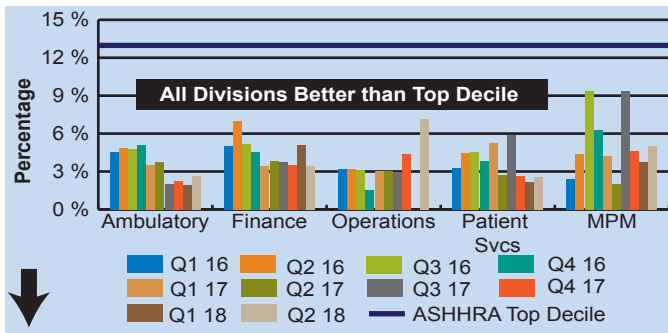


Figure 7.3-3 Total Turnover by Division

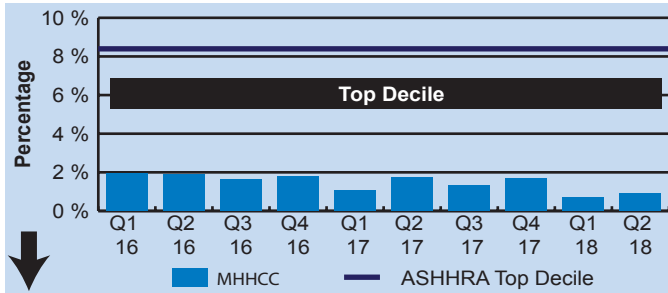


Figure 7.3-4 RN Turnover Rate

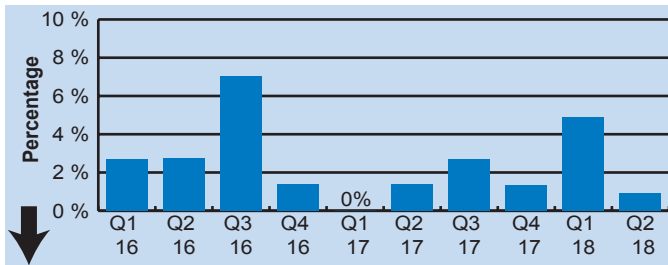


Figure 7.3-5 Physician Turnover

Volunteers represent an important segment of the MHHCC WF. Hours provided by volunteers and the accompanying financial impact allows MHHCC to better meet patient expectations and capacity demands.

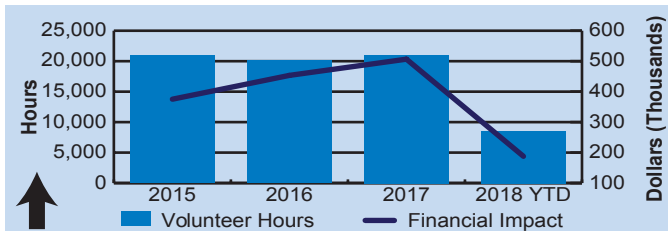


Figure 7.3-6 Volunteer Financial Impact

The Medical Staff Coordinator works closely with Primary Source, a vendor, to facilitate and expedite the credentialing process to onboard members of the medical staff in an efficient manner. MHHCC is significantly outperforming the benchmark.

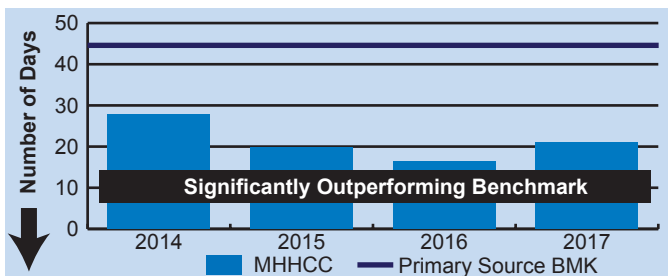


Figure 7.3-7 Credentialing

In alignment with Magnet recommendations, MHHCC has increased the percentage of BSN nurses, as well as nurses with certifications. An increase in both capability measures has been shown to provide better outcomes, such as mortality and readmission, for the patient population served.

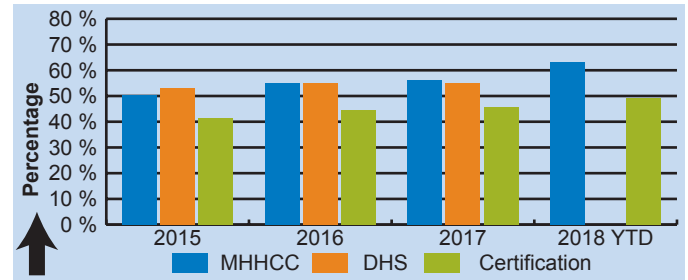


Figure 7.3-8 BSN and Certification Data

Through an aggressive focus on WF safety, MHHCC shows good performance in a variety of WF measures as shown in Figure 7.3-9 through 7.3-12.

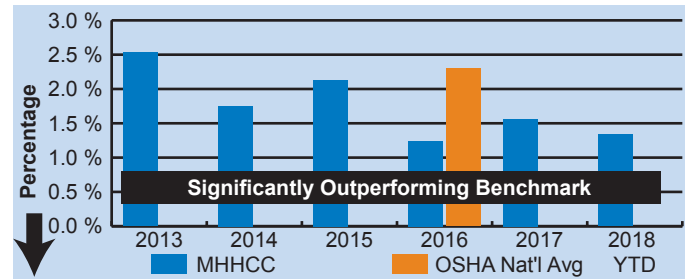


Figure 7.3-9 DART Rate

Infection prevention performance above benchmark allows the WF and patients to minimize and reduce exposure to influenza and TB.

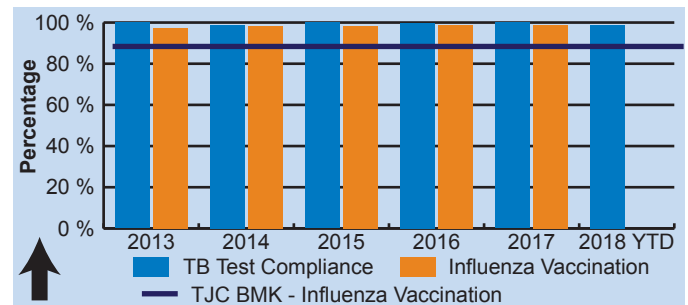


Figure 7.3-10 Infection Prevention Compliance

The Health and Wellness Department offers a comprehensive wellness program. Increasing participation and education in wellness initiatives allows for achievement in meeting biometric measures for blood pressure, BMI, glucose, and tobacco.

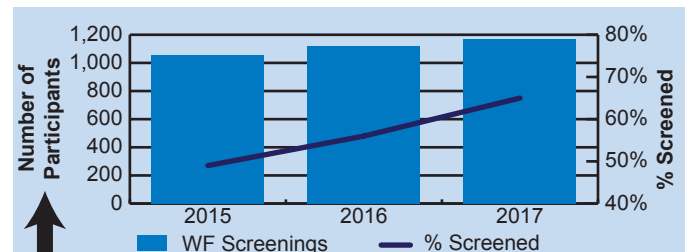


Figure 7.3-11 Wellness Screening Volumes

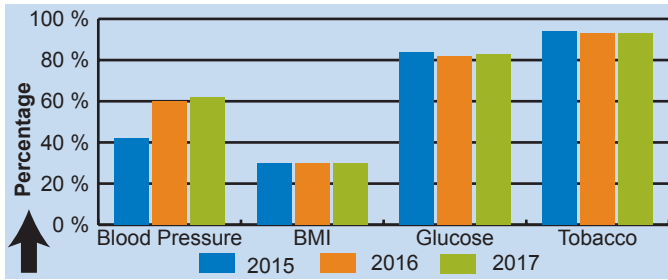


Figure 7.3-12 Biometric Screening Standards Met

MHHCC continues to contribute increasing dollars for the employees 401K.

Year	Employee Contributions	Employer Contributions	Participants
2011	\$975,252.48	\$344,814.03	552
2012	\$1,194,754.60	\$397,685.41	621
2013	\$3,687,402.20	\$1,132,150.51	1,254
2014	\$3,914,051.69	\$1,199,010.40	1,331
2015	\$4,686,527.00	\$1,374,865.00	1360
2016	\$4,944,199.90	\$1,433,489.68	1532
2017	\$5,302,217.88	\$1,555,752.11	1572

Figure 7.3-13 401k Contributions

WF satisfaction is measured through the analysis of key questions asked during the annual WF engagement survey. In 2017 the decision was made to move from HealthStream to the Press Ganey database to allow a larger compare group and to standardize workforce experience. Moving to Press Ganey allows MHHCC to be compared with 3500 facilities vs. 510 in HealthStream and also allows the comparison of 1.2 million workforce members as compared to 240,000 with HealthStream. This change will also allow MHHCC to correlate WF satisfaction and engagement with patient results. **Figures 7.3-14** through **7.3-19** demonstrate favorable trends in percentile ranking as compared to the Press Ganey national database.

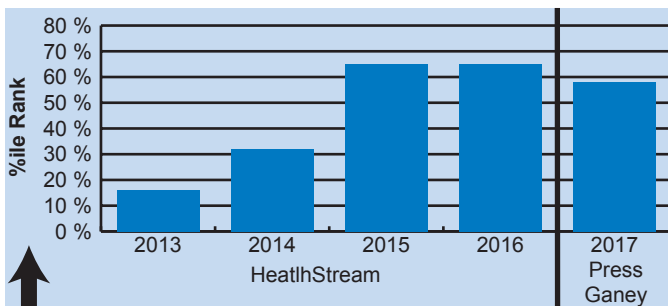


Figure 7.3-14 Overall Employee Satisfaction

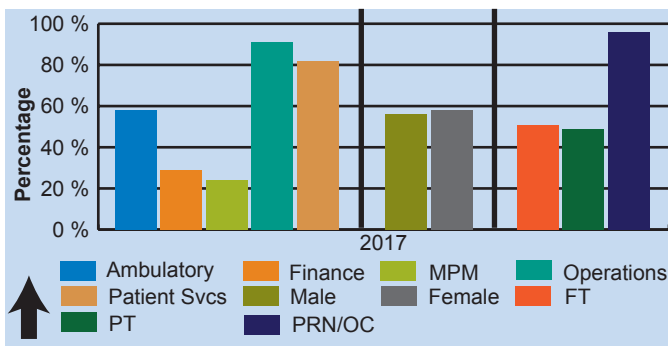


Figure 7.3-15 Segmented Overall Satisfaction

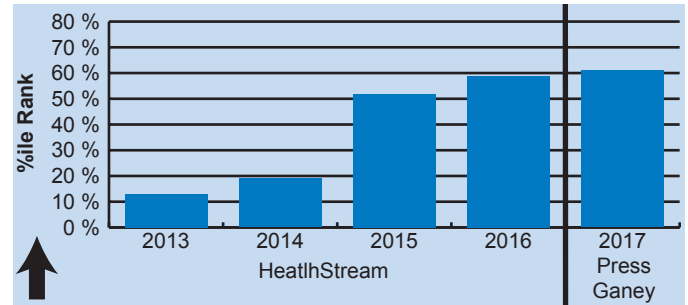


Figure 7.3-16 Satisfaction with Fairness

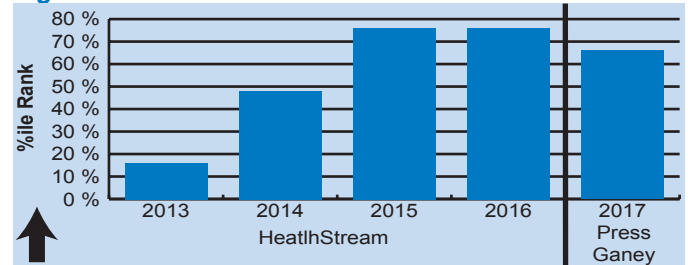


Figure 7.3-17 Satisfaction - Treated with Respect

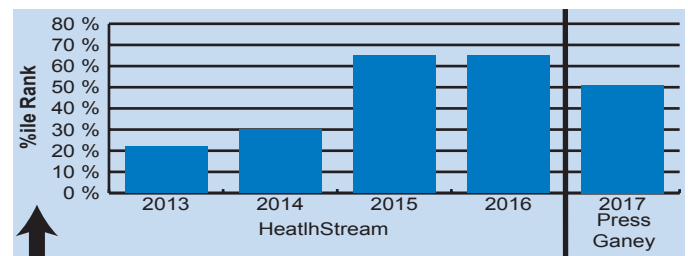


Figure 7.3-18 Satisfaction with Learning and Development

Active Medical Staff and employed physicians are surveyed separately from the WF to help determine their level engagement with the organization.

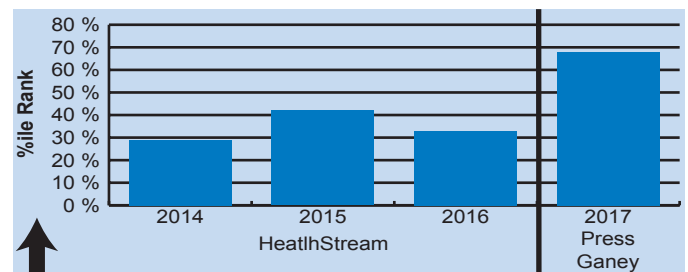


Figure 7.3-19 Physician Satisfaction

Efforts have been made to incorporate volunteers in many areas of the organization. This expansion has allowed for greater participation and engagement.

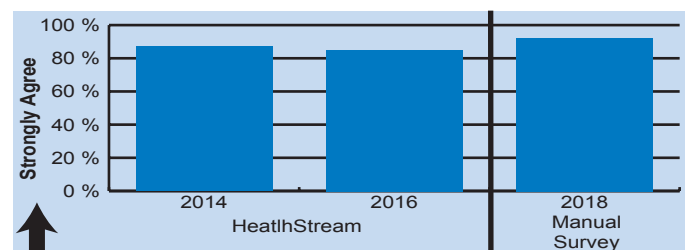


Figure 7.3-20 Volunteer Satisfaction

MHHCC also captures the voice of the WF through student satisfaction surveys.

Question	2016	2017	2018
Overall Experience at MHHCC	4.72	4.67	4.70
My Experience Compared to Expectation	4.69	4.43	4.67
Appropriate Level of Personal Interaction	4.48	4.43	4.50
Feeling Welcomed and Treated Respectfully	4.55	4.53	4.57
Instruction/Involvement from Preceptor	4.58	4.39	4.38

Figure 7.3-21 HOSA Student Satisfaction

Employee engagement is determined by the likelihood of recommending MHHCC as a place to work or receive care. WF engagement segmentation mimics WF satisfaction segmentation and allows MHHCC the ability to determine high performing units as well as capture best practices. Additional segmentation is available on site.

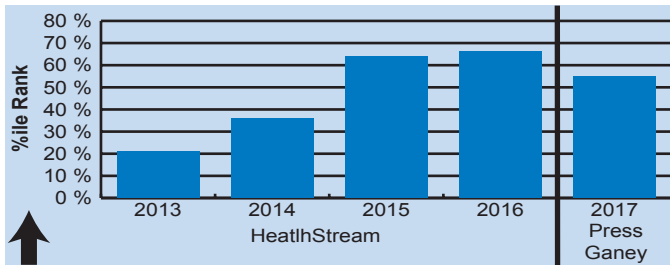


Figure 7.3-22 Employee Engagement - Would Recommend

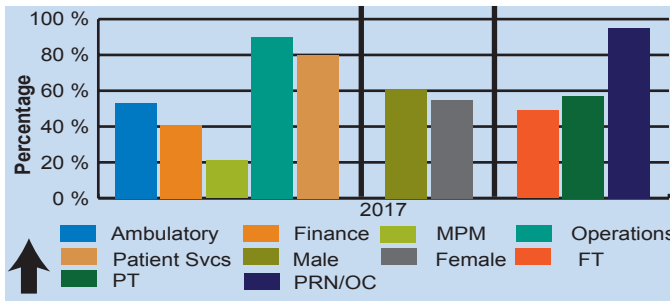


Figure 7.3-23 Segmented Employee Engagement

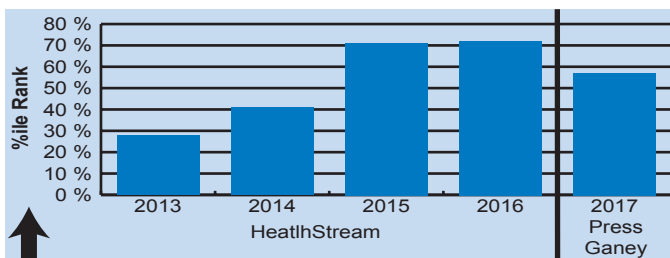


Figure 7.3-24 Employee Engagement - Pride in the Organization

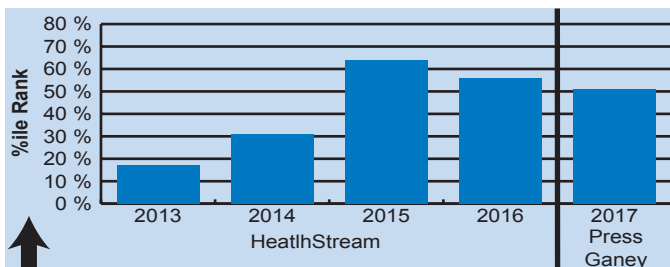


Figure 7.3-25 Employee Engagement - Feeling of Accomplishment

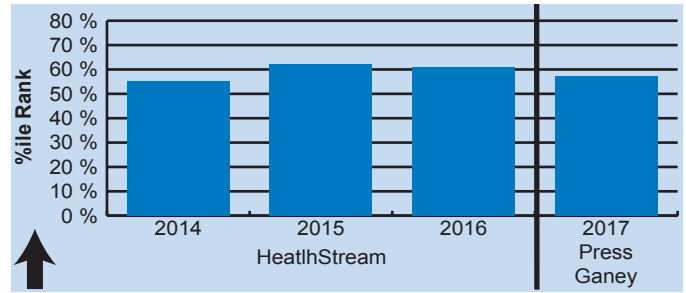


Figure 7.3-26 Physician Satisfaction - Would Recommend

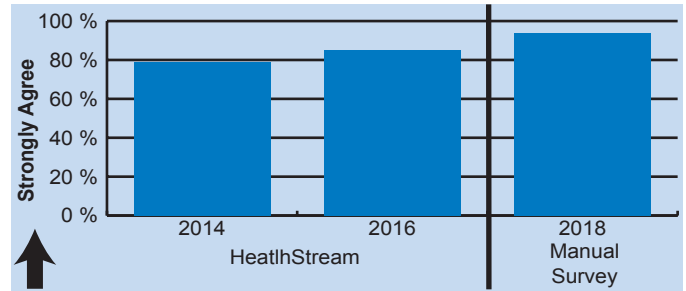


Figure 7.3-27 Volunteer Would Recommend

MHHCC continues to support workforce returning to school and shows increasing amounts of dollars spent on Tuition Reimbursement and Student Loan Buy Back.

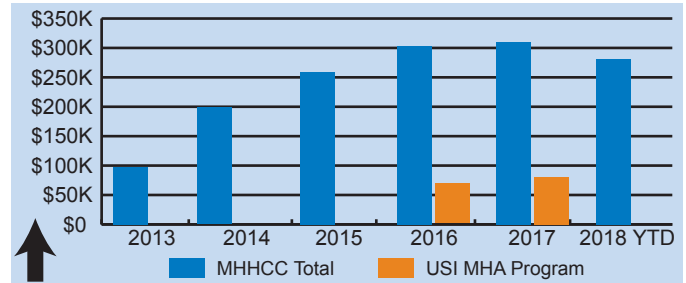


Figure 7.3-28 Tuition Reimbursement

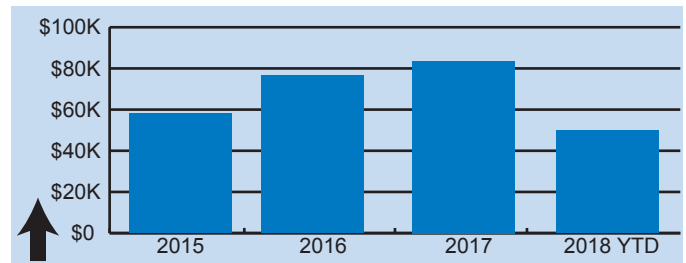


Figure 7.3-29 Student Loan Buy Back

A measure of success for WF development includes training effectiveness.

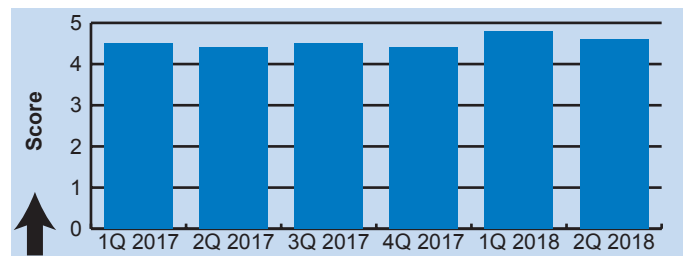


Figure 7.3-30 Training Effectiveness for NEO

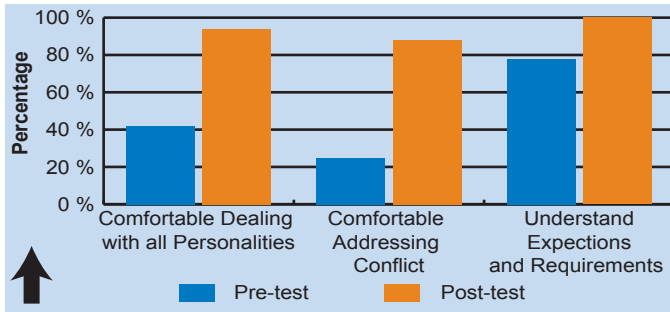


Figure 7.3-31 Charge Nurse University Effectiveness

7.4 Leadership and Governance Results

7.4a(1) Leadership Figures 7.4-1 through 7.4-4 demonstrates Seniors Leaders engagement with segments of the workforce.

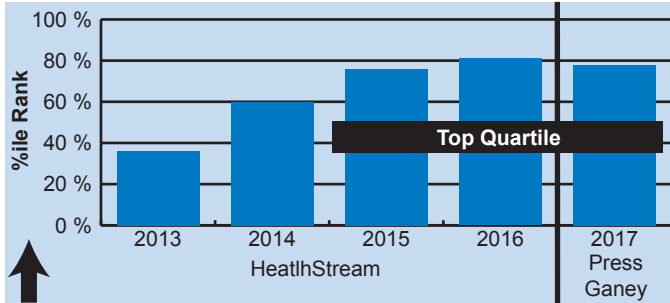


Figure 7.4-1 Leadership Communication - Employees

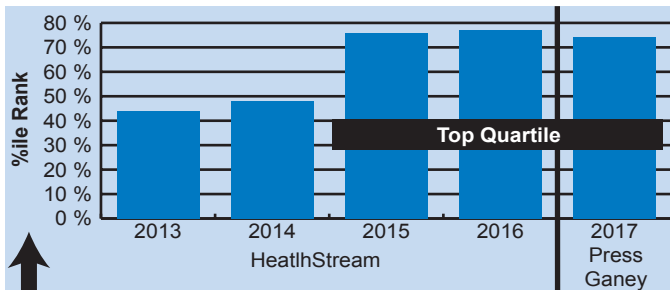


Figure 7.4-2 Administrator Trust - Employees

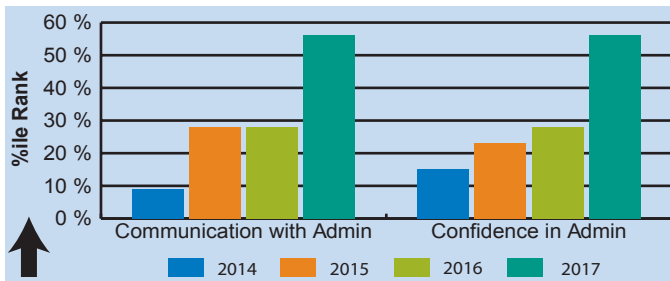


Figure 7.4-3 Physician Satisfaction with Senior Leaders

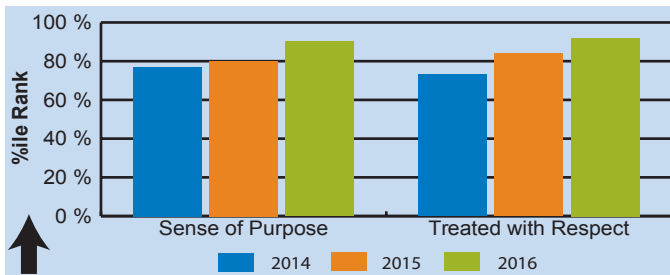


Figure 7.4-4 Volunteer Satisfaction with Senior Leaders

Administrative Staff rounding is a way to encourage two-way communication with the WF.

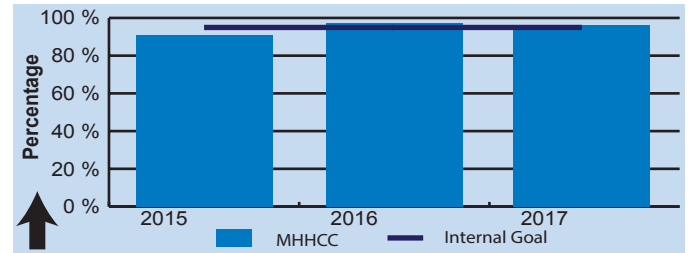


Figure 7.4-5 Administrative Staff Rounds Completed

7.4a(2) Governance Annually, MHHCC's BOD assesses its performance. Figure 7.4-6 reflects results of this assessment.

Board Assessment	2014	2015	2016	2017
Courtesy and Respect	4.9	5	5	4.9
Consider Differing Opinions	4.8	4.7	4.6	4.7
Use of Time	4.5	4.6	4.5	4.8
Work as a Team	4.6	4.6	4.8	4.7

Figure 7.4-6 Board Assessment Results

MHHCC has successfully passed all audits conducted annually ensuring fiscal accountability as reported in Figure 7.4-7.

Audit	2014	2015	2016	2017
Blue and Co. External Financial Audit	pass	pass	pass	pass
Unqualified Opinion Issued				
Medicare Cost Report (Accepted)	pass	pass	pass	pass

Figure 7.4-7 Fiscal Accountability

	2015	2016	2017	2018 YTD	NHCGS BMK
Competency-Based BOD Selection	100%	100%	100%	N/A	35%
Conflict of Interest Disclosure Statements	100%	100%	100%	100%	100%
Compliance Line Issues Resolved	100%	100%	100%	100%	100%
HIPAA Fines or Sanctions	0	0	0	0	0
OIG Sanctions	0	0	0	0	0
Use of a Separate Audit Committee	Yes	Yes	Yes	N/A	43% Use

Figure 7.4-8 Ethical Behavior in Governance

7.4a(3) Law, Regulation, and Accreditation MHHCC possesses a long history of surpassing basic requirements and is in full compliance with all laws, regulations, and accreditation bodies (Figure 7.4-9).

Department	Accreditation
MHHCC	Indiana Department of Health/CMS Licensure
	The Joint Commission Accreditation
Ambulance	Advanced Training Institution Designation
	Paramedic Provider Designation
	Supervisory Hospital for EMS Designation
Cardio-Pulmonary	Intersocietal Commission on Accreditation of Echocardiography Labs
	American Association of Cardiovascular and Pulmonary Rehabilitation Certification

Cardiac Lab	Intersocietal Commission on Accreditation of Vascular Labs
Diabetes Self-Mgmt	Recognized Program by the American Diabetes Association Certification
Family Palliative Care	The Joint Commission Accreditation
	Home Care
Home Care	Indiana Department of Health/CMS Licensure
	CLIA Licensure
Inpatient Rehab	The Joint Commission Accreditation
	FIM Credentialed
Laboratory	CLIA Licensure
	The Joint Commission Accreditation
Lange Fuhs Cancer Center	American College of Surgeons Accreditation
Orthopedic	The Joint Commission Accreditation for Hip and Knee Replacement and Hip Fracture
Radiology	American College of Radiology for MRI, Nuclear Medicine, Mammography, CT, and US Accreditation
	Mammography Quality Standards Act (MQSA) Approval Accreditation
	Accredited Education Affiliate of the University of Southern Indiana Bachelor of Science Radiologic Technology Program Accreditation
Skilled Caring Center	Indiana Department of Health/CMS Licensure
Trauma	Level III Trauma Center
Memorial Wound Care	Specific Care Certification (First in Indiana)

Figure 7.4-9 Licensure and Accreditation

7.4a(4) Ethics Ethical business practices are an important part of the reputation of MHHCC. The WF has a duty to identify and report activities related to compliance, privacy and security. With increased confidence in the process, the WF unquestionably reports potential violations with a favorable increase in reporting.

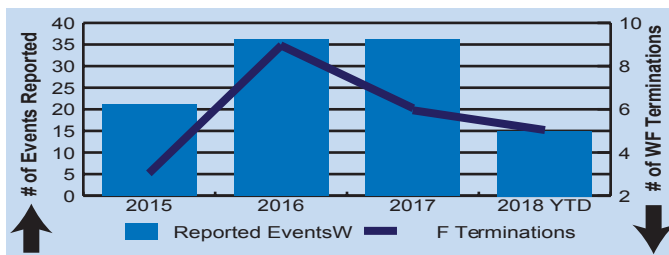


Figure 7.4-10 Ethical Behavior

7.4a(5) Society With the inception of the HIP 2.0 in the state of Indiana, patients have a greater opportunity for healthcare coverage which decreased the need for charity care.

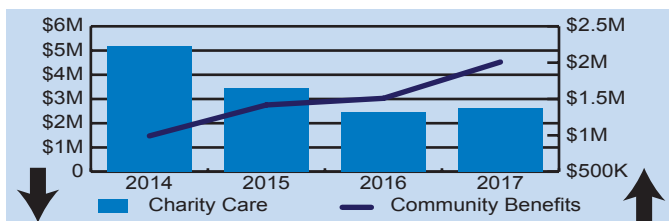


Figure 7.4-11 Charity Care and Community Benefits

Claim Aide is a service offered to patients to assist them in evaluating and applying for Indiana Medicaid. Claim Aide employees provide this service on-site as a convenience to patients.

	2015	2016	2017	2018 YTD
Engagements with Patients	2392	2336	2349	1527
Total Applications (All Medicaid and HIP)	1653	1713	1494	1001
Total Approvals (All Medicaid and HIP)	919	1319	1439	920
% Approved to Engagements	38%	56%	61%	60%
% Approved to Applications	56%	77%	96%	92%

Figure 7.4-12 Claim Aide

In 2014, one of the strategic initiatives was to increase the number of ACP facilitators, in order to provide education for those facing end of life decisions. **Figure 7.4-13** demonstrates effective education by the decrease in patients dying in the hospital.

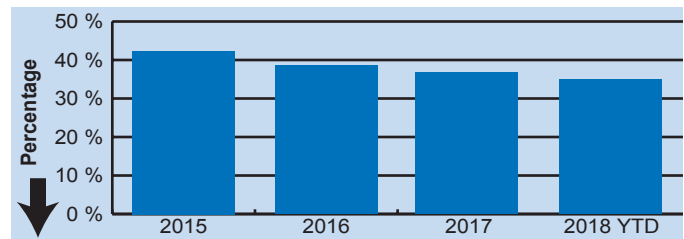


Figure 7.4-13 In-Hospital Deaths

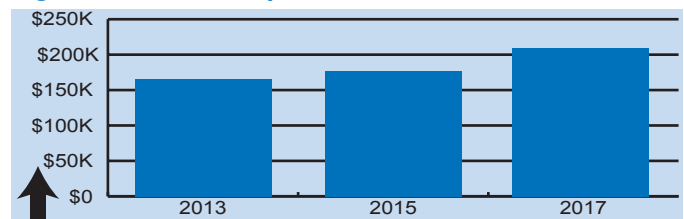


Figure 7.4-14 Funds Raised through Foundation Gala

Recycling	2015	2016	2017	2018 YTD
Paper	41,206	73,209	85,466	70,804
Shredded Paper	45,640	64,683	69,2224	35,401
Aluminum Cans	160	125	695	457

Figure 7.4-15 Recycling

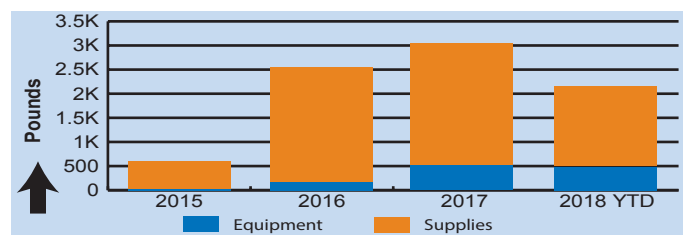


Figure 7.4-16 Donated Supplies and Equipment by Weight

7.4b Strategy Implementation Results

Workforce Engagement	Results
Turnover	Figures 7.3-1 through 7.3-5
DART	Figure 7.3-9
Quality	Results
HAB	Figure 7.1-48
Safety	Figure 7.1-46
Innovation	Results
90-day Team Results	Figure 7.4-19

Community	Results
Inpatient	Figure 7.2-2
Emergency Department	Figure 7.2-7
Outpatient	Figures 7.2-7 through 7.2-9
MPM	Figure 7.2-8
Stewardship	Results
Days Cash on Hand	Figure 7.5-7

Figure 7.4-18 Organizational Scorecard Outcomes

Descriptor	Unit of Measure	Project Start	Jan 2018	July 2018
NP Clinic	Patient Volume	1008	1460	N/A
	%ile Rank	32	87	N/A
Stroke Program	% of Stroke patients transferred to tertiary care centers	84%	19%	8%
Trauma Level III	# of trauma patients who receive care at MHHCC who would have otherwise been transferred to Trauma Level III	23	19	46
Patient Experience	Each employee	0	1254	N/A
Charge Nurse University	Number of CNs attended	0	39	N/A
	I feel comfortable dealing with all personalities - % positive	42%	93%	N/A
	I feel comfortable addressing conflict - % positive	25%	87%	N/A
	I understand my expectations/requirements as a charge nurse - % positive	78%	100%	N/A

Figure 7.4-19 90-day Plan Results

Lean Project	Problem	ROI
Accuracy of Anesthesia Gas Charges	Anesthesia gases were only charged correctly 71% of the time	\$78,534 actualized in 6 months
MPM Cleaning	MPM utilized a cleaning company to clean physician offices	Transitioned to providing cleaning by MHHCC EVS staff \$99,928 saved/year
MPM Medical Necessity	Medical necessity missing from physician orders	Saved \$1907/year
Greenway Orders	Orders received from employed providers need to be reprocessed due to missing information	\$4545 saved/year

Figure 7.4-20 Lean Project Results

7.5 Financial and Market Results

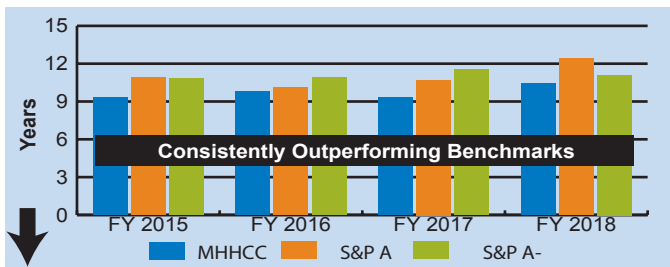


Figure 7.5-1 Average Age of Plant

Current ratio measures the organization's ability to meet short-term obligations (Figure 7.5-2).

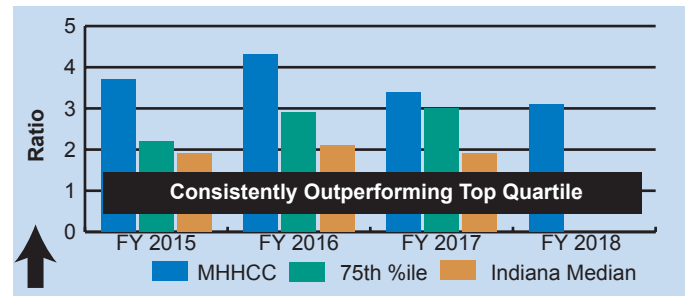


Figure 7.5-2 Current Ratio

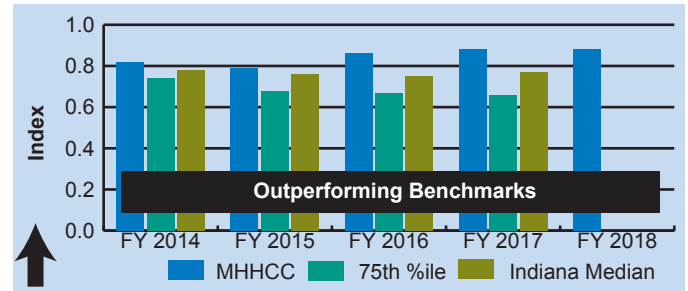


Figure 7.5-3 Total Asset Turnover

In 2016, MHHCC had some unrealized loss on investments and was able to rebound showing a positive result for 2017.

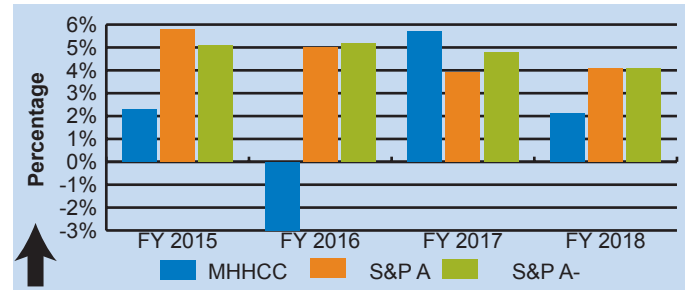


Figure 7.5-4 Total Excess Margin

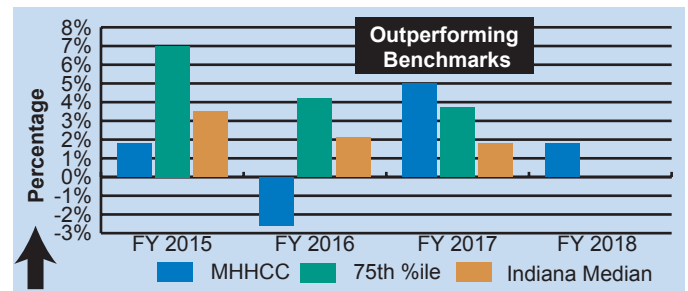


Figure 7.5-5 Return on Total Assets

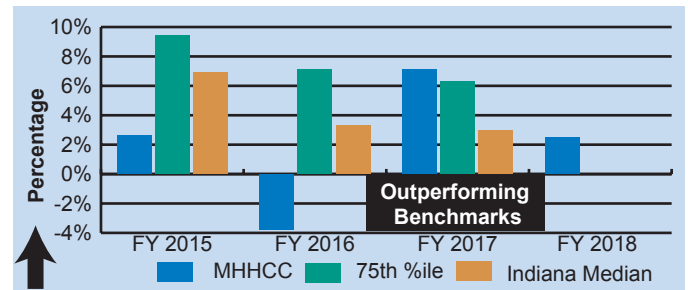


Figure 7.5-6 Return on Net Assets

MHHCC benefits from a solid number of days of cash on hand and is performing above the Indiana median.

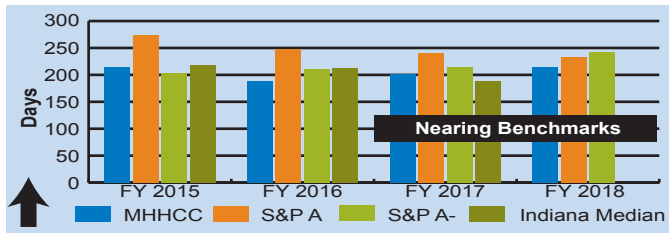


Figure 7.5-7 Days of Cash on Hand

MHHCC is in a favorable position for long term debt as a % of capital.

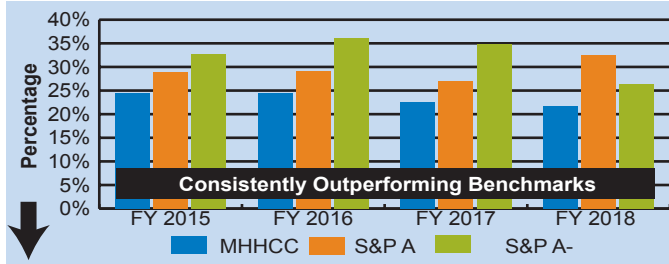


Figure 7.5-8 Long Term Debt as a % of Capital

Debt service coverage gauges the viability of its hospital. This reflects its ability to fund annual debt service cash flow from net cash revenues.

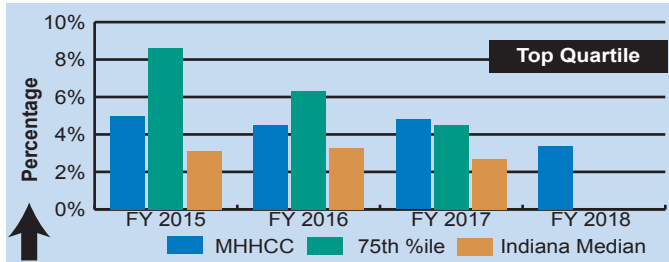


Figure 7.5-9 Debt Service Coverage

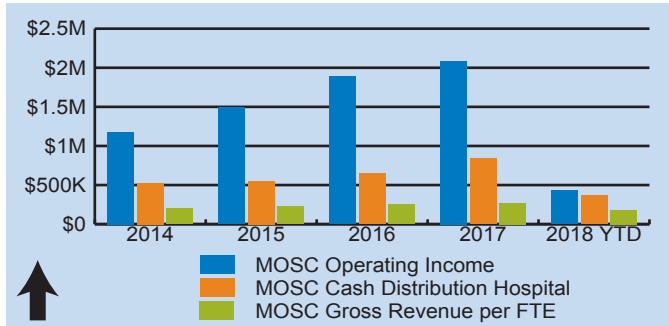


Figure 7.5-10 MOSC Financials

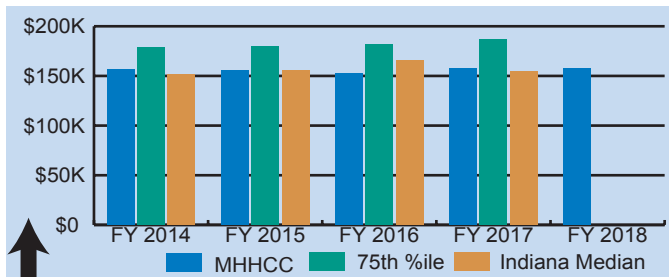


Figure 7.5-11 Operating Revenue per FTE

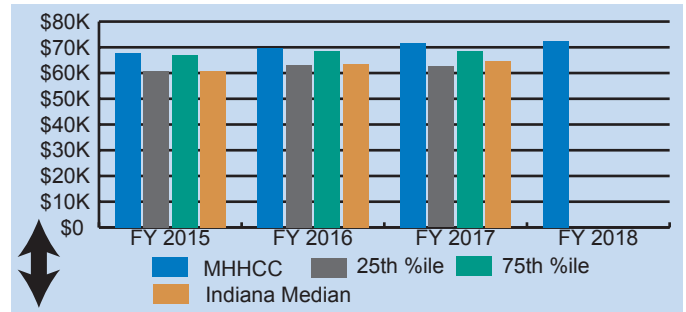


Figure 7.5-12 Salary per FTE

Performance above the 25%ile peer group for Salary and Benefits as a % of Operating Revenue shows a commitment to the WF Engagement covenant by ensuring competitive wages and benefits. The desired position is preference.

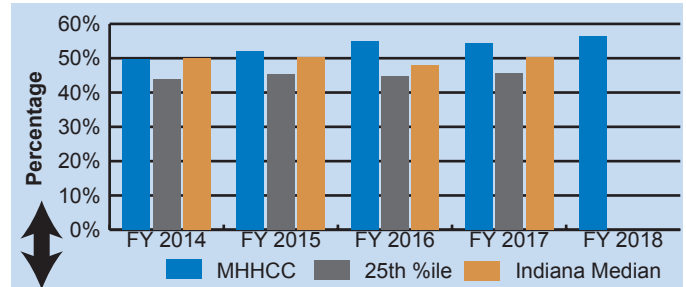


Figure 7.5-13 Salaries and Benefits as a Percentage of Operating Revenue

Bad debt performance is a strong indicator that MHHCC's charity care policy is effective and used appropriately.

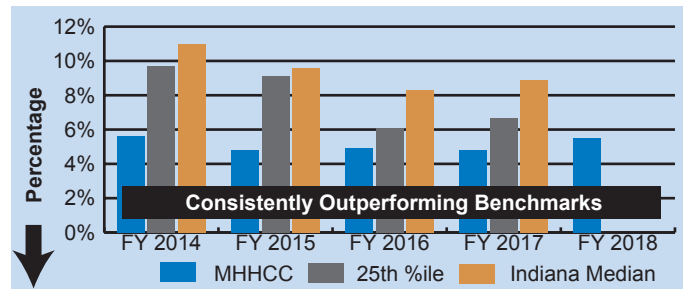


Figure 7.5-14 Bad Debt as Percentage of Net Patient Service Revenue

Charity Care continues to decrease due to the inception of the HIP 2.0 in the state of Indiana, whereas patients have a greater opportunity for healthcare coverage.

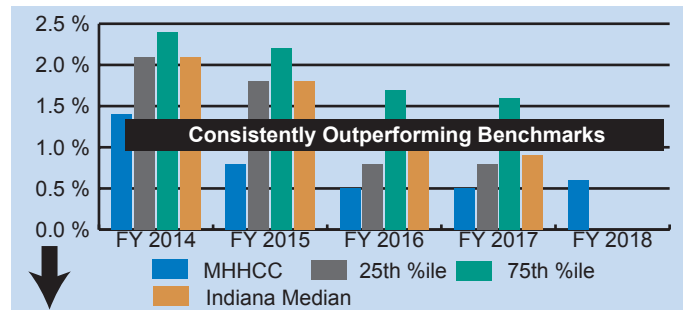


Figure 7.5-15 Charity Care as a % of Gross Patient Revenue

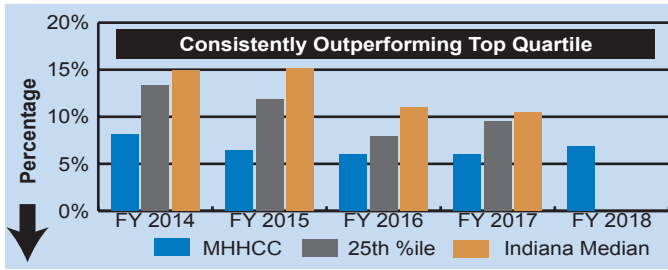


Figure 7.5-16 Uncompensated Care as a % of Operating Revenue

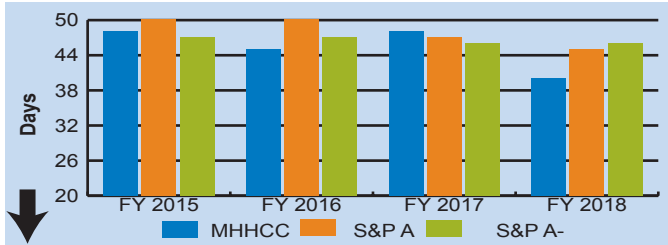


Figure 7.5-17 Days in Accounts Receivable

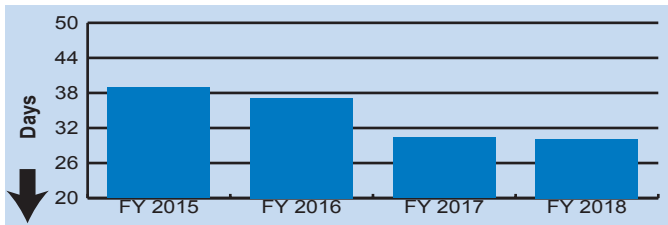


Figure 7.5-18 Accounts Receivable Days MPM

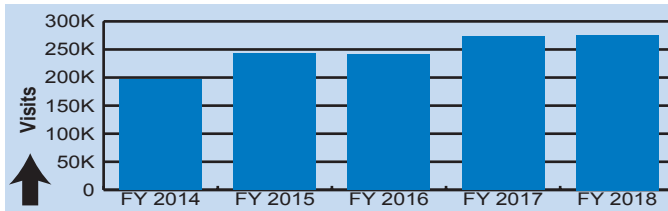


Figure 7.5-19 Office Clinic Visits

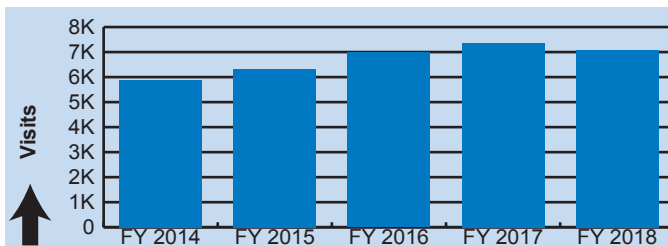


Figure 7.5-20 Total Outpatient Surgical Procedures

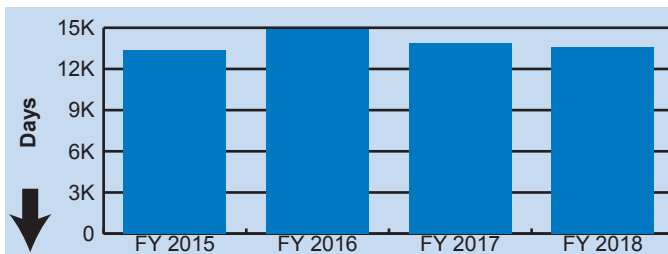


Figure 7.5-21 Inpatient Days

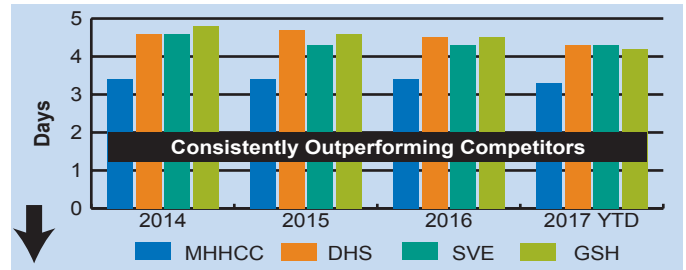


Figure 7.5-22 Clinically Adjusted Length of Stay

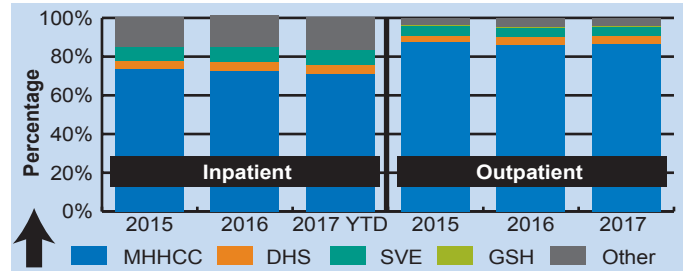


Figure 7.5-23 Dubois County Market Share

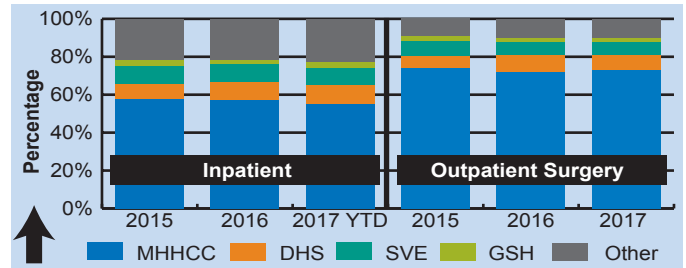


Figure 7.5-24 Primary Service Area Market Share

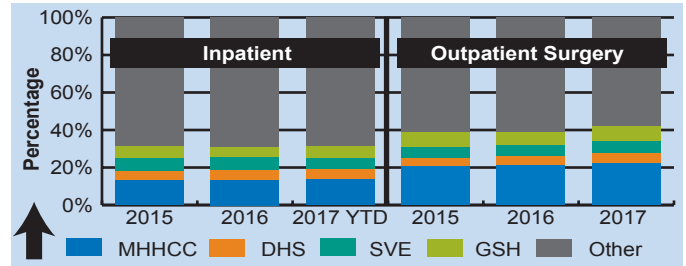


Figure 7.5-25 Secondary Service Area Market Share

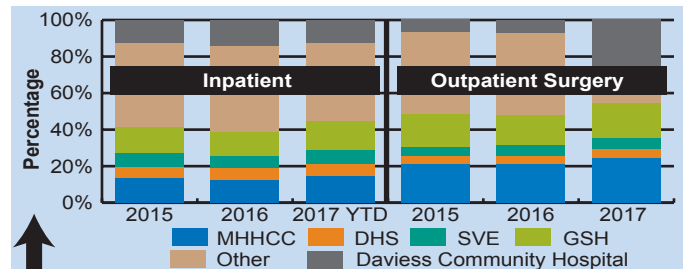


Figure 7.5-26 Daviess County Area Market Share

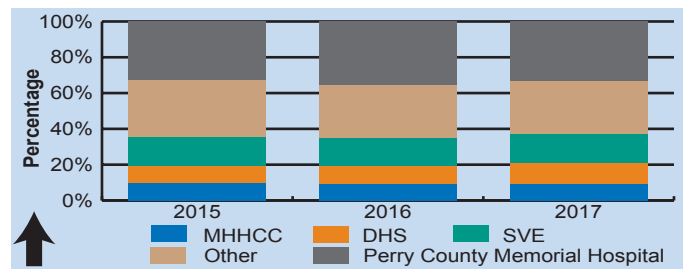


Figure 7.5-27 Perry County Area Market Share (IP)