Henry Ford Health System (HFHS)

Core Services:
- Four acute med/surg and two behavioral health hospitals
- Henry Ford Medical Group
  - 32 Medical Centers
  - 1200 physicians & scientists
- 2200 private physicians
- 1500 MD & DO physician trainees
- Health Alliance Plan

Post-acute services:
- 2 Skilled nursing facilities
- Home Health Care
- Outpatient Dialysis
- Home Products
- Retail Pharmacies
- Vision Centers

Other Statistics (annual):
- Over 23,000 employees
- Over 200 care delivery sites
- 102,000 admissions, 2200 beds
- 418,000 ED visits
- 3.2 million office visits
- 88,000 surgeries
2011 Baldrige Performance Excellence Award Recipients

- Concordia Publishing House, St. Louis, MO
  - $35M revenues, 247 employees
- Henry Ford Health System
  - $4B revenues, 24,322 employees + 5534 affiliated physicians, volunteers, and students
- Schneck Medical Center, Seymour, IN
  - $96M revenues, 800 employees + 650 affiliated physicians, volunteers, students
- Southcentral Foundation, Anchorage, AK
  - $201M revenues, 1487 employees

*First year that three health care organizations were selected at one time*

Now Eight Years of Focused Learning
“The Henry Ford Experience”
7 Pillars of Performance

- Mission: To improve people’s lives through excellence in the science and art of health care and healing.
- Vision: Transforming lives and communities through health and wellness – one person at a time.
- People
- Service
- Quality & Safety
- Growth
- Research & Education
- Community
- Finance

HFHS Employee Engagement

Community Giving

Amount Pledged (in thousands)

2006 $1,500 6,000
2007 $2,000 8,000
2008 $2,500 10,000
2009 $3,000 12,000
2010 $3,500 14,000

# of Participants
Service

HFHS IP Top Box Likelihood to Recommend (Press Ganey)

ED Likelihood to Recommend (Press Ganey)

NRC Best Overall Quality vs. Competitors

Quality & Safety

HFHS Culture of Safety Survey 2006 - 2012 Comparison of Percent Favorable (4=Agree and 5=Strongly Agree)

HFHS Harm Events and Hospital Mortality Rate Trends

Variables of Harm Qualitative Data 2004-2013
Growth

Community

Economic Driver
- $5.82 billion in direct/indirect economic benefits
- Live Midtown Project
- Neighborhood development

Community Leader
- Serve in leadership roles in key organizations, such as Detroit Chamber of Commerce, Detroit Convention & Visitors Bureau
- Leadership volunteer hours exceed 12,000 annually
- Community benefit ↑ 78%, $400M
Finance

Key Changes Leveraging Baldrige

- Leadership Processes and Structures
- Strategic Planning
- Organizational Performance Measurement and Accountability for Results
- Customer Engagement
- Employee Engagement and Development
- Renewed Focus on Process and Improvement
Mission, Vision, and Values

Mission
To improve people’s lives through excellence in the science and art of health care and healing

Values
Each Patient First Respect for People
High Performance A Social Conscience
Learning and Continuous Improvement

Former Vision Statement
To put patients first by providing each patient the quality of care and comfort we want for our families and ourselves.
HFHS Core Competencies

- **Innovation** – Discovering and applying new knowledge in techniques, technology, processes, services, and structures
  - Clinical Research & Technology
  - Facilities
  - Services and Access Points
  - Processes
- **Care Coordination** – Proficiency in coordinating care across the continuum, teams
- **Partnering/Collaborating** – Relationship-building with stakeholders, community, interdisciplinary

Created Performance Council and New Leadership Processes

- Feedback showed opportunities to create more systematic leadership processes to drive strategic planning, deployment, and alignment
- Many performance targets – and results – remained the “responsibility” of a few vs. everyone
- Evaluated all current leadership teams: membership, roles and responsibilities, meeting frequency, and perceived effectiveness
- Created a “picture” of our Leadership System
- Launched the HFHS Performance Council
HFHS Leadership System

Performance Council

- Comprised of leaders of every Business Unit, pillar team, and key Corporate area
- Charged with overseeing the Strategic Planning Process and Organizational Performance Review
- Provides clear direction and decision making process to those seeking approval of or input to projects, policies, and initiatives (clarifies role of all leadership teams)
Other Changes to HFHS Leadership System

- Created an Enterprise Risk Council with System-level goals:
  - Develop and execute/oversee HFHS’s approach to Enterprise Risk Management (ERM)
  - Ensure ERM strategies are integrated into the overall strategic plan.
- Reinforced System-wide teams, accountable to Performance Council, to provide broad inputs and greater spread
  - Continue to assess these teams at least annually for opportunities to improve effectiveness and efficiency

Improved Strategic Planning and Implementation

- Multiple refinements to the Strategic Planning Process
  - New processes focused on the criteria
  - New common vocabulary:
    - Strategic Objectives
    - Strategic Initiatives
    - Action Plans
    - Performance Targets
  - Aligned the strategic planning and budgeting processes
  - Clear expectations for aligned action planning

```
Multiple refinements to the Strategic Planning Process

- New processes focused on the criteria
- New common vocabulary:
  - Strategic Objectives
  - Strategic Initiatives
  - Action Plans
  - Performance Targets
- Aligned the strategic planning and budgeting processes
- Clear expectations for aligned action planning
```
Cascading Strategic Initiatives

Key Organizational Goals

Strategic Plan identifies:

- Alignment between Strategic Objectives, Key Performance Measures (and targets), and Strategic Initiatives
- Clear identification of owners
- Clear accountability for strategy cascade starts at PC
  - All business units must create and share an action plan that shows alignment to System initiatives as well as “local” strategic initiatives, all organized by the 7 pillars
  - Pillar teams or other System teams also create and share action plans
- Targets for next three years for each System performance measure (reported throughout year on System Dashboard)

<table>
<thead>
<tr>
<th>All Pillars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategic Plan identifies:</td>
</tr>
<tr>
<td>YES</td>
</tr>
<tr>
<td>YES</td>
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<tr>
<td>YES</td>
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<td>YES</td>
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<td>YES</td>
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<tr>
<td>YES</td>
</tr>
</tbody>
</table>

Improved Measurement and Analysis Capabilities

- **Metrics Committee** operational, financial, and pillar leaders who provide oversight and expertise to pillar teams and the Performance Council on the best way to define, display (dashboards), compare, and analyze transparent organizational performance

- **HFHS Analytics** department
  - Measurement and Comparator Selection
  - Business Intelligence Oversight
  - Dashboards/Organizational Performance Review
  - Knowledge Management
Organizational Performance Review

- System-level dashboard and monthly review of measures at Performance Council (PC)
- Continuous search for best measures and comparators / databases
- Semi-annual review of all pillars and business units at PC

**System Dashboard**

| Pillar            | Performance Indicator | Freq.   | 2011 Actual | 2012 Target | 2012 Current | Current Status |
|-------------------|-----------------------|---------|-------------|-------------|--------------|----------------
| People            | Engagement Turnover   | Monthly |             |             |              |                |
|                   | Employee Engagement   | Annual  |             |             |              |                |
|                   | Gallup Q22 and Pulse Survey | Semi-Annual |             |             |              |                |
| Service           | Customer Engagement   | Monthly |             |             |              |                |
|                   | No Harm: Acute Harm   | Monthly |             |             |              |                |
|                   | Readmissions          | Monthly |             |             |              |                |
|                   | HCAHPS                | Quarterly|             |             |              |                |
|                   | Hospital/Consumer Assessment of Healthcare Providers and Systems | Quarterly|             |             |              |                |
| Quality & Safety  | Harm – Overall Rate   | Monthly |             |             |              |                |
|                   | Per 1,000 patient days | Monthly |             |             |              |                |
|                   | Readmissions to the Hospital All patients | Monthly |             |             |              |                |
| Growth            | Admission Volumes     | Monthly |             |             |              |                |
|                   | Not including BHC     | Monthly |             |             |              |                |
|                   | Tri-County IP Mkt Share | Quarterly |             |             |              |                |
| Finance           | Profitability         | Monthly |             |             |              |                |
|                   | Rec Operating Income  | Monthly |             |             |              |                |
|                   | Cost Per Visit        | Monthly |             |             |              |                |

- > 5% Variance to Target
- ≤ 5% Variance to Target
- At or Above Target
Available to all Employees
## Sample Business Unit:
### YTD Performance on Key Metrics

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Performance Indicator</th>
<th>Freq.</th>
<th>2010 Actual</th>
<th>2011 Target</th>
<th>2011 Current</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>People</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turnover Total</td>
<td>Monthly</td>
<td>15.62%</td>
<td>10.00% Ytd</td>
<td>7.05% (Ytd)</td>
<td>13.3%</td>
<td></td>
</tr>
<tr>
<td>Employee Engagement</td>
<td>Semi-Annual</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>Service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Customer Engagement</td>
<td>Monthly</td>
<td>83.8%</td>
<td>82.5%</td>
<td>83.8%</td>
<td></td>
<td></td>
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<tr>
<td>Service</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Consumers</td>
<td>Quarterly</td>
<td>90%</td>
<td>70% (Q1)</td>
<td>90% (Q2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&amp; Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality &amp; Safety</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Harm – Overall Rate</td>
<td>Monthly</td>
<td>47.39%</td>
<td>41.8</td>
<td>44.22</td>
<td></td>
<td></td>
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<tr>
<td>Per 1000 Patient Days</td>
<td></td>
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</tr>
<tr>
<td>Readmissions to the</td>
<td>Monthly</td>
<td>9.22%</td>
<td>8.85%</td>
<td>9.85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Admissions</td>
<td>Quarterly</td>
<td>3.0%</td>
<td>TBD</td>
<td>3.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&amp; Emergency Room</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Growth</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Growth</td>
<td>Monthly</td>
<td>11,218</td>
<td>9,210</td>
<td>9,210</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Operating Income</td>
<td>Monthly</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Finance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost Per Unit</td>
<td>Monthly</td>
<td>$1,735</td>
<td>$1,000</td>
<td>$1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core measure</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

- **5% Variance to Target**
- **≤5% Variance to Target**
- **At or Above Target**

---

## Transparency and Accountability at each Business Unit

<table>
<thead>
<tr>
<th>INITIATIVES</th>
<th>ACTION(S)</th>
<th>OVERALL (R.Y.G)</th>
<th>LOOKING FORWARD (NEED TO Q10)</th>
<th>PC SUPPORT NEEDED?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No Harm Campaign</strong></td>
<td>Achieved almost 50% reduction in Employee Harm rate through focus on safety and improvement</td>
<td>RED (R.Y.G)</td>
<td>- Sustain employee harm improvements</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>Continue focus on CQI/I, Bed Barns, Communication, and Strategies</td>
<td></td>
<td>- Continue focus on communication (via E-mail)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Host HF/WHQ Quality Expo in Jan 2013</td>
<td></td>
</tr>
<tr>
<td><strong>Care Team</strong></td>
<td>Conducted an ASI Workshop with staff and partners to develop A communication plan to reduce patient satisfaction</td>
<td>YELLOW (R.Y.G)</td>
<td>- Focus on care management (via E-mail)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Focus on care management (via E-mail)</td>
<td></td>
</tr>
<tr>
<td><strong>Process Improvement Culture</strong></td>
<td>Implementing plan for Excellence Teams</td>
<td>GREEN (R.Y.G)</td>
<td>- Roll out team plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Targeted performance for HF/WHQ Objectives and engage all leaders and team members to identify and solve the work needed in order to achieve the objectives.</td>
<td></td>
<td>- Find additional team members</td>
<td></td>
</tr>
</tbody>
</table>

14
From Customer Satisfaction To Customer Engagement

- The 10 Team Member Standards of Excellence
- Keep the “face of the customer” at the forefront everyday
- Huddles
- Mandatory Service Training
  - Effective communication
  - AIDET

Team Member Standards

Making the Henry Ford Experience come alive in all we do

I am POSITIVE
Display a positive attitude.

I am ACCOUNTABLE
Take ownership and be accountable.

I am a COMMUNICATOR
Offer open and constructive communications.

I am RESPONSIVE
Respond in a timely manner.

I am PROUD
Take pride in the System.

I am RESPECTFUL
Respect and be sensitive to privacy/confidentiality.

I am COMMITTED
Commit to team members.

I am METICULOUS
Maintain a clean and safe workplace environment.

I am INNOVATIVE
Foster and support innovation.

I honor DIVERSITY
Honor and respect diversity.
Leadership Competencies & Standards: Aligned to Baldrige

- 40% of Leader and Staff evaluations tied to leader/team standards
- Incentives aligned with organizational goals

Engaging Workforce Through Communications

- **Structure**: CEO led, all PR staff integrated, link to Pillars
- **Process**: Consistent, repetitive messaging Multimedia, multi-tactic Employee champions: service, safety, equity
- **Engage Face-to-Face**: Town Halls, Leadership Rounds, Huddles, multiple recognitions
How Do We Design and Improve?
HFHS Model for Improvement (MFI)

HFHS Culture of Development

- Advanced Leadership Academy
  - Potential for Performance Council
  - Includes administrative, physician, and nursing leaders
  - System Priority Projects
  - Nominated by CEOs

- Leadership Academy
  - Potential for LEAP
  - Includes administrative and clinical leaders (20% physicians)
  - BU Projects
  - Nominated by BU Sr. Leadership

- New Leader Academy
  - New to Leadership
  - High-potential for leadership
  - Administrators, & non-physician clinical leaders

- Physician Leadership Institute
  - Potential for HFMG Committee seats
  - Cohort of 12-15 physicians & researchers
  - Business Plans: EI assessments
  - Nominated by Chairs
  - 5 full days over 5 mos.
  - Core faculty: Dr. Kelley, Dr. Aboutroot, Dr. Lim

- MD Content
  - New Physician Leader (in development)

HFHS University Leadership Curriculum
(Courses and development opportunities for all HFHS leaders)

HFHS University Employee Curriculum
(Courses and development opportunities for all HFHS employees)

Change

Act
Plan
Check
Do

Employee Engagement
Customer Needs & Engagement
Continuous Improvement & Innovation

Management

d = Debrief and evaluate effectiveness of improvement methods and tools
Work Systems & Key Processes

Work System & Key Process – Focus on “Each Patient First”

Our Work Is Designed to Serve Each Patient First

<table>
<thead>
<tr>
<th>Work Systems</th>
<th>Key Work Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Access to Services</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Assessment, Planning and Care</td>
</tr>
<tr>
<td>Emergency</td>
<td>Delivery</td>
</tr>
<tr>
<td>Dept.</td>
<td>Patient Education, Transition and Care Coordination</td>
</tr>
<tr>
<td>Community Care</td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td></td>
</tr>
<tr>
<td>CHP</td>
<td></td>
</tr>
</tbody>
</table>

Other Components of System Integration

- Health Plan (HAP)
- Improvement
- Research & Education
- Publication of Research, Acquisition of Funding, Education
- Business & Support
- Environment & Supply Chain Mgmt.
- Financial Mgmt.
- Information Mgmt.
- Workforce Mgmt.

“Each patient and customer is the center of our universe, the guest in our home, the reason we are here.”

Model for Improvement

Used broadly in our leadership system . . .

From designing new worksystems
- HF West Bloomfield Hospital
- Patient-Centered Medical Home

To kaizen events . . .

To front-line daily improvement
Harm is unintended physical injury resulting from or contributed to by medical care that requires additional monitoring, treatment or hospitalization, or that results in death whether or not considered preventable.
Leveraging our Core Competencies
“Put Everyone to Work”
Efficient Use of Resources

- Public Relations, Human Resources, Quality and Safety, Performance Improvement, and Finance partnership
- Safety Champion network
- Delegate accountability and build on existing operational systems

Infrastructure to Share Learnings and Deploy Improvement

SharePoint Site

Sharing metrics; Building accountability

System Quality Forum
- Care Innovation Team
- Culture Change (Quality Forum)
- Medication (Pharmacy Council)
- Falls & Pressure Ulcers (CNO Council)
- BSI, VAP, SSI, C-diff, UTI (Infection Control Council)
- OB Harm (OB Collaborative)
- Procedural Harm (NSQIP System Collaborative)
- Glucose (CMO Council)

No Harm Steering Committee

Other Quality Initiatives

Design, Manage, Improve
HFHS Overall No Harm Results

HFHS Harm Events and Hospital Mortality Rate Trends

- HFHS Mortality
- HFHS Harm
- AHRQ Nat'l Safety Index

CMS mortality comparator: -17% / 6 years

Improving our Culture

HFHS Culture of Safety Survey
2006 - 2012 Comparison of Percent Favorable
(4 - Agree and 5 - Strongly Agree)

- Mgt actions show safety is a priority
- We are encouraged to speak up
- I would feel safe as a patient here
- Staff feel free to question those with more authority

- 2006
- 2008
- 2010
- 2012
- AHRQ 75th Percentile 2012
- AHRQ 90th Percentile 2012
Lessons Learned

- Essential for senior leaders to drive, support and actively participate in Baldrige improvements
  - CEO commitment and involvement
  - Leaders as Champions, Category Co-leads
- The Baldrige Framework has to be integrated into everyday business – not a separate project – to build sustainable improvements
- The writing (and associated self-evaluation) generates as much learning as the feedback reports
- Spread the knowledge – build examiner competency across the organization (we started at the State level)
- It’s OK to use the “B” word – builds common understanding
- Winning does not mean perfection
- Clarify and communicate: award or strategy?

2012 and Beyond: The Journey Continues

- Key System-wide priorities based on examiner feedback and pre-/post-visit self-assessments:
  - Refine our approaches for identifying and spreading improvements, innovations, and best practices; learn from others at Quest
  - Continue to communicate and connect System goals and current performance, opportunities, and responsibilities to individuals and front line teams; refine strategic planning process steps to hardwire “tight-loose-tight”
  - Re-evaluate and re-align key processes, owners, and measures at all business units and work systems
Questions?

Proud recipient of the 2011 Malcolm Baldrige National Quality Award for performance excellence and innovation