

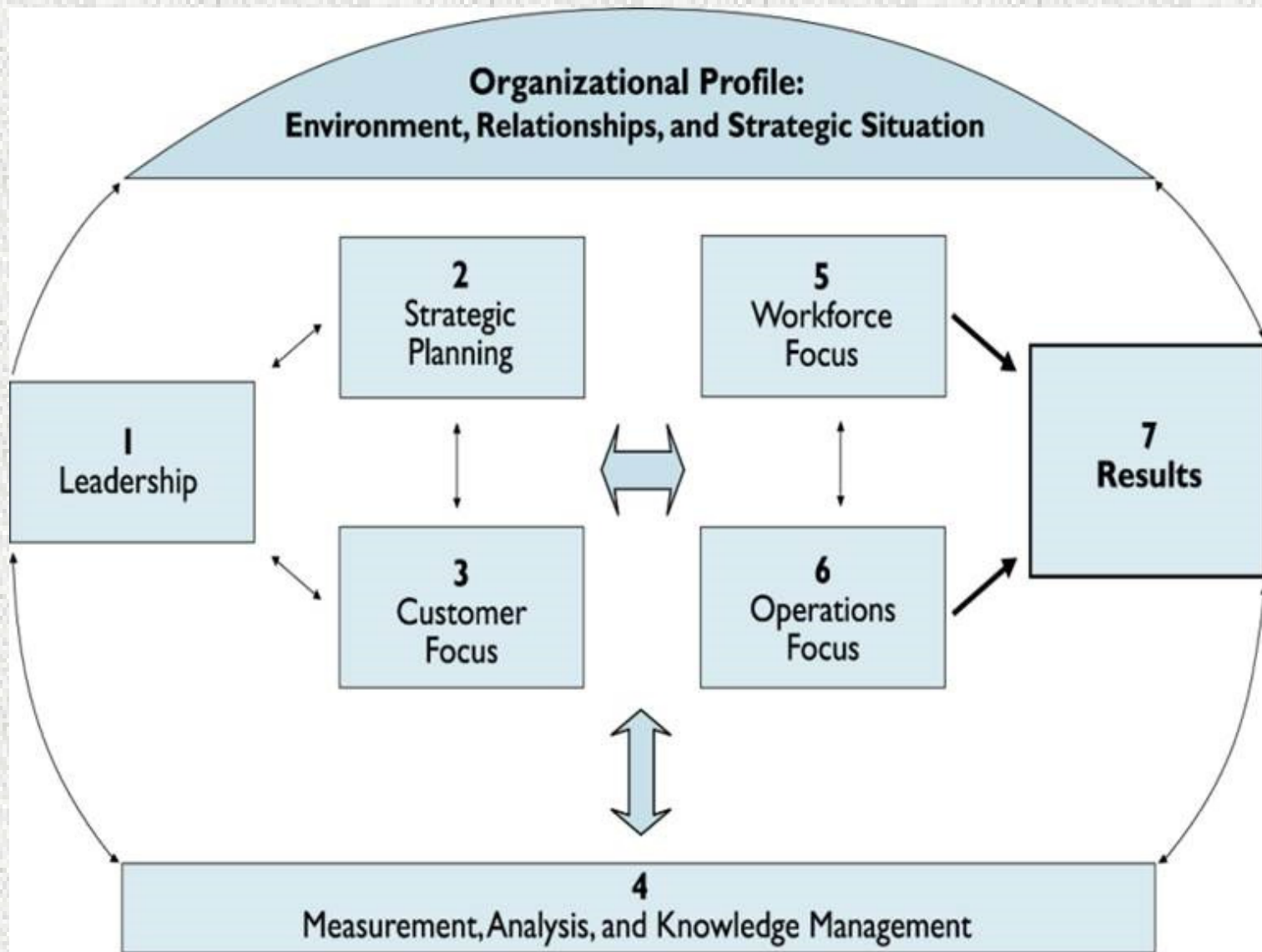
Using the Baldrige Criteria to Achieve High Reliability

John Chessare MD, MPH
President and CEO

Carolyn Candiello
Vice President for Quality and Patient Safety
GBMC HealthCare System

The logo for GBMC (Geisinger-Brooks Memorial Center) is displayed in a white serif font on a dark green background. The letters are stylized and closely spaced.

*... To every patient, every time, we will
provide the care we would want for our
own loved ones...*



GBMC

... To every patient, every time, we will provide the care we would want for our own loved ones...

Organizational Profile: Environment

GBMC

*... To every patient, every time, we will
provide the care we would want for our
own loved ones...*

What are our challenges Nationally and in Baltimore?


1. We spend 40% more per capita on healthcare than any other country in the world.
2. Our outcomes are frequently not as good as in other countries.
3. Our citizens are not happy with the way the care is delivered.
4. Many clinicians are disillusioned.

Baltimore Healthcare Market

- Maryland Medicare Waiver
- Immature market
- Hospital companies
- No organized large primary care groups
- No other company doing advanced primary care – Patient-Centered Medical Homes
- Kaiser Permanente with relatively small market presence

The logo for GBMC (Georgetown University's Baltimore Medical Center) is displayed in a white serif font on a dark green background. The letters are stylized, with the 'G' and 'B' being particularly prominent.

GBMC

A photograph of green foliage, possibly trees or bushes, is visible in the background of the bottom right section of the slide.

*... To every patient, every time, we will
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Organizational Profile: Relationships and Strategic Situation

GBMC

*... To every patient, every time, we will
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own loved ones...*

The GBMC HealthCare System

- **Greater Baltimore Health Alliance**
 - Private practicing physicians
 - Greater Baltimore Medical Associates (GBMA)
- **GBMC Medical Center**
- **Gilchrist Hospice Care**

The logo for GBMC, featuring the letters "GBMC" in a white, serif font, set against a dark green background that includes a faint image of trees.

GBMC

*... To every patient, every time, we will
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own loved ones...*

Strategic Planning

GBMC

*... To every patient, every time, we will
provide the care we would want for our
own loved ones...*

So what are we going to do about this?

**The GBMC HealthCare Board
chose to become a part of the solution!**

GBMC

*... To every patient, every time, we will
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Our Mission

The Mission of GBMC is to provide medical care and service of the highest quality to each patient leading to **health, healing and hope.**

The logo for GBMC, featuring the letters 'GBMC' in a white, serif font, set against a dark green background that includes a faint image of trees.

GBMC

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Our Vision Statement 2011-2016

In order for GBMC to maintain its status as a provider of the highest quality medical care to our community, in the context of an evolving national healthcare system, **we must transform** our philosophy and organizational structure, and **develop a model system** for delivering **patient-centered care**.

We define patient-centered care as care that manages the patient's health effectively and efficiently while respecting the perspective and experience of the patient and the patient's family. Continuity of care with a focus on prevention and ease of navigation through a full array of services will be the rule. Our professional staff will be able to say with confidence that the guidance and medical care **they are providing mirrors what they would want for their own family**.

We will create the organizational and economic infrastructure required to deliver **evidence-based, patient-centered care** and for **holding ourselves accountable** for that care. This new organization will be defined by collaboration and continuous improvement. Physicians will lead teams that will manage patient care.

We are moving into the future with renewed energy and increasing insight. We look forward to building relationships with **both community-based and employed physicians** that will form the foundation of the **Greater Baltimore Health Alliance**. We welcome all those who share our vision of health care as it is transformed to meet the needs of our community and nation in the 21st century.

Vision Phrase: To every patient, every time, we will provide the care that we would want for our own loved ones.

The logo for Greater Baltimore Medical Center (GBMC) is displayed in a white serif font on a dark green background. The letters are large and stylized, with the 'G' and 'B' being particularly prominent.A photograph of green foliage, possibly trees or bushes, is visible in the background of the bottom right section of the slide.

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Vision Phrase:

To every patient, every time, we will provide the care that we would want for our own loved ones.

GBMC

*... To every patient, every time, we will
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What do we want for our own loved ones?

GBMC HealthCare *Quadruple Aim*

- Best Health Outcome
- Best Care Experience
- Least Waste
- Most Joy for those providing the care

A vision of perfection!

We must continually achieve higher reliability!

The logo for GBMC, consisting of the letters 'GBMC' in a stylized, white, serif font, set against a dark green background.

... To every patient, every time, we will
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own loved ones...

Core Competencies

- Advanced Primary Care
- Improvement System

GBMC

*... To every patient, every time, we will
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own loved ones...*

We are building a *system* of care

1. **Better care coordination** through the eyes of the patient (patient-centered) leading to better health, better care, and lower cost.
2. The **Patient Centered Medical Home** is the fundamental building block
 - Your physician and her team are **accountable**
 - They are **available** -100+ clinicians; extended hours
 - They use electronic records and patient registries
 - **myGBMC** patient portal



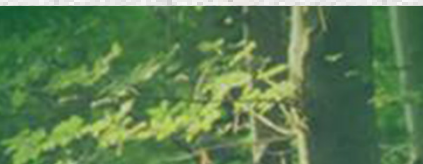
*... To every patient, every time, we will
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The Patient Centered Medical Home

- The Team includes:
 - Your Personal Physician
 - Nurse practitioners
 - Physician assistants
 - Nurse care managers
 - Medical technicians and care coordinators

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The Patient Centered Medical Home

- The Team is ***accountable*** for your health
 - They don't act as if it's a surprise that you are sick at 4:30 PM...they have hours until at least 7PM Monday through Friday and on Saturday and Sundays.
 - If you just need a conversation...they will do it on the phone or on-line
 - They contact you because they are actively reflecting on ***your*** health and ***their*** performance
 - They get a daily report from ***CRISP*** on patients who have been in other hospitals and Emergency Departments
 - They use continuous improvement to get better

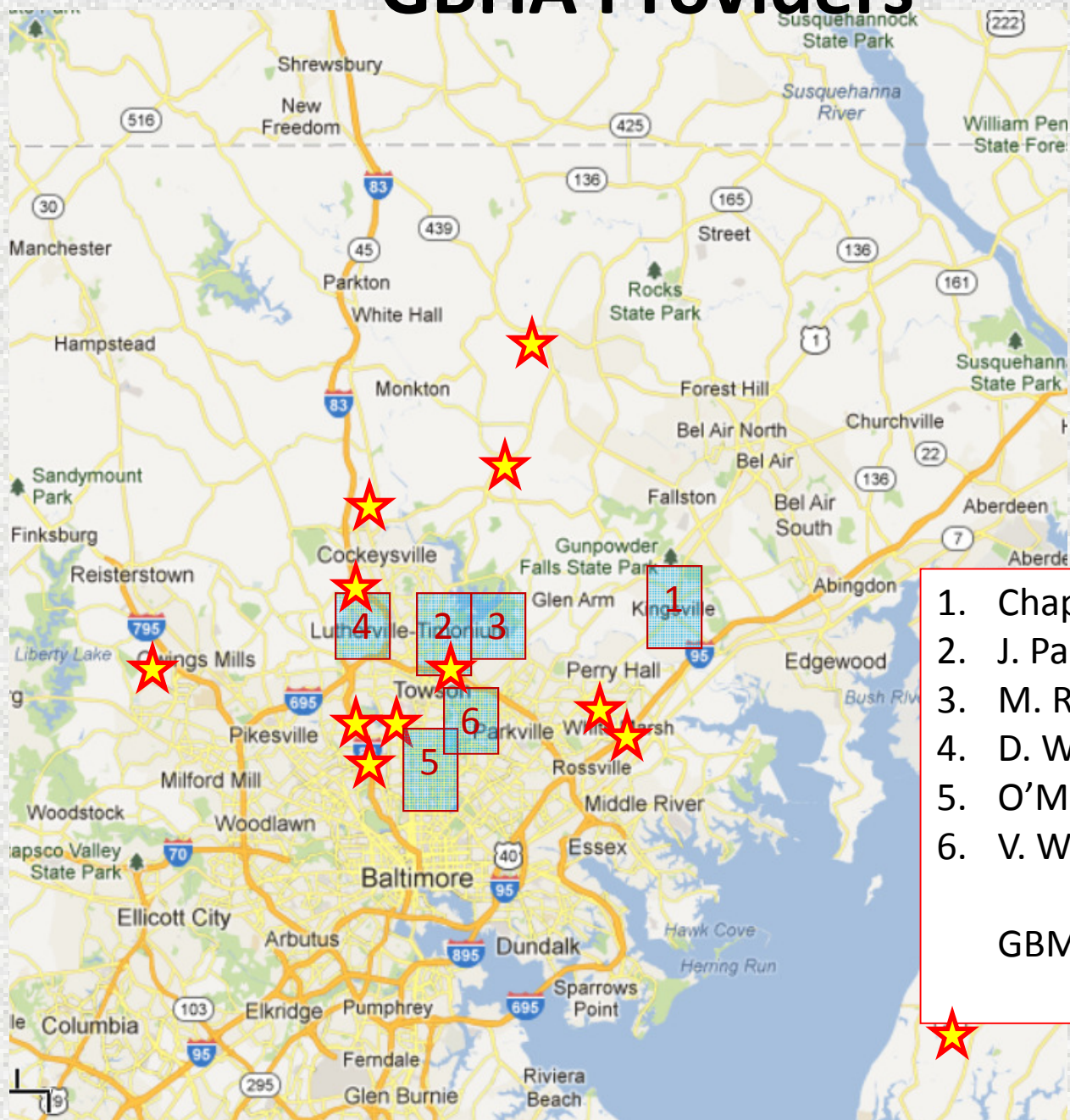
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GBMC

A photograph of a dense forest with green foliage and tree trunks, serving as a background for the bottom right section of the slide.

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GBHA Providers



GBHA Total Primary
Care Providers Today
= **100***

1. Chapel View
2. J. Pallan
3. M. Ramos
4. D. Weglein
5. O'Malley/Fischer
6. V. Wroblewski

GBMA PCP

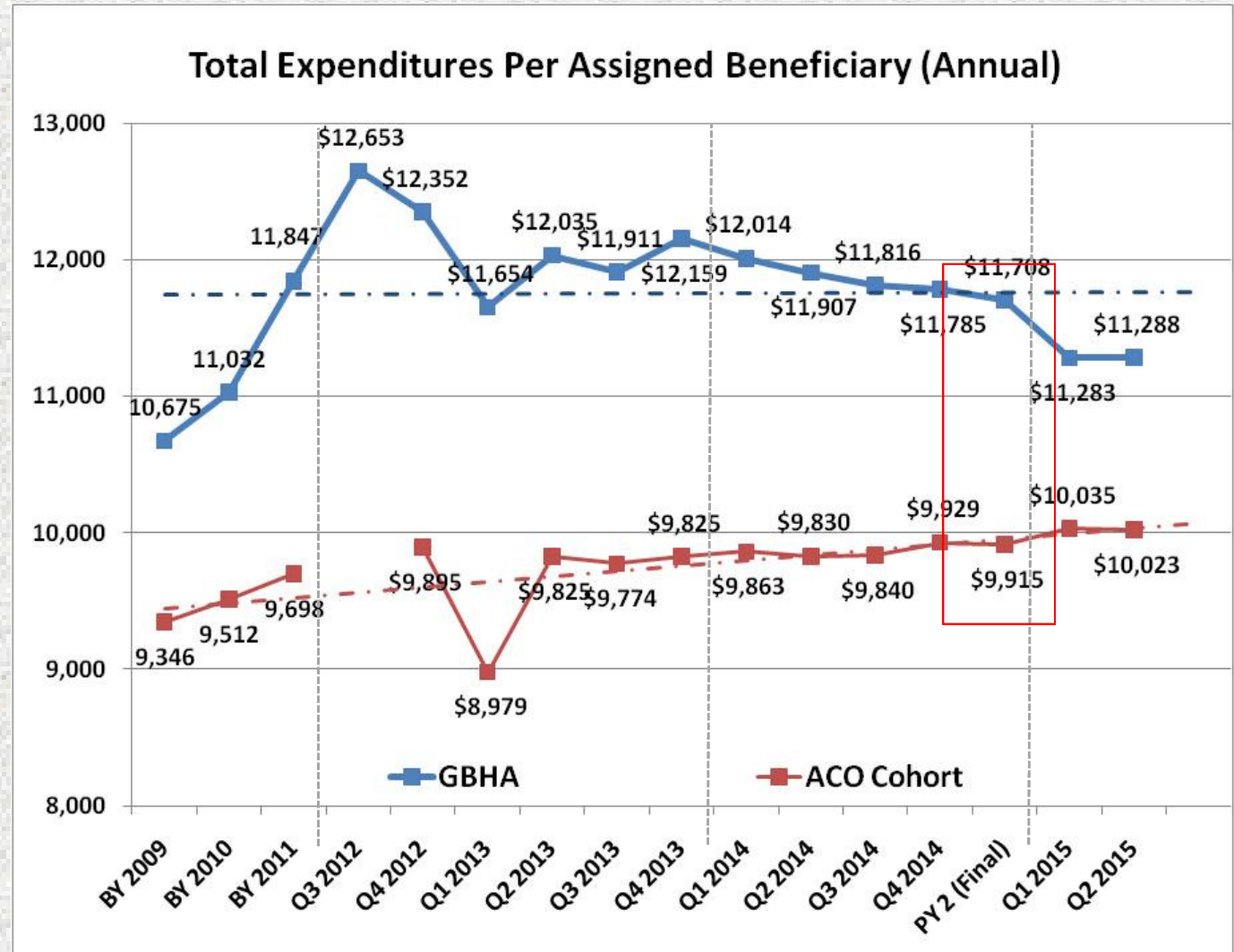
Advanced Primary Care Results

GBMC

*... To every patient, every time, we will
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MSSP Expenditures/Utilization - Trends

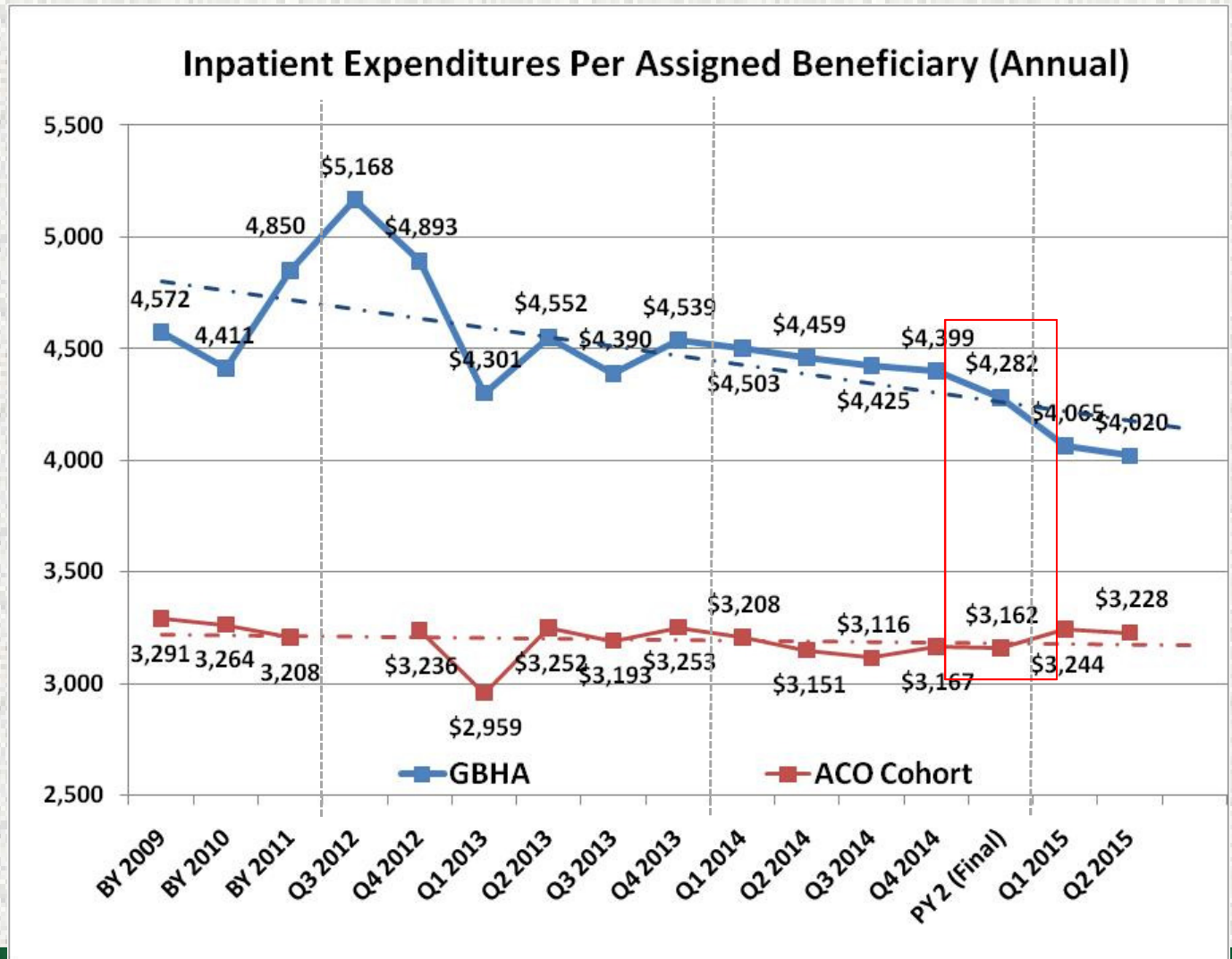
Total Expenditures
 GBHA – 10.78% Decrease (Δ \$1365)
 ACO Cohort – 1.29% Increase (Δ \$128)



MSSP Expenditures/Utilization - Trends

Inpatient Expenditures

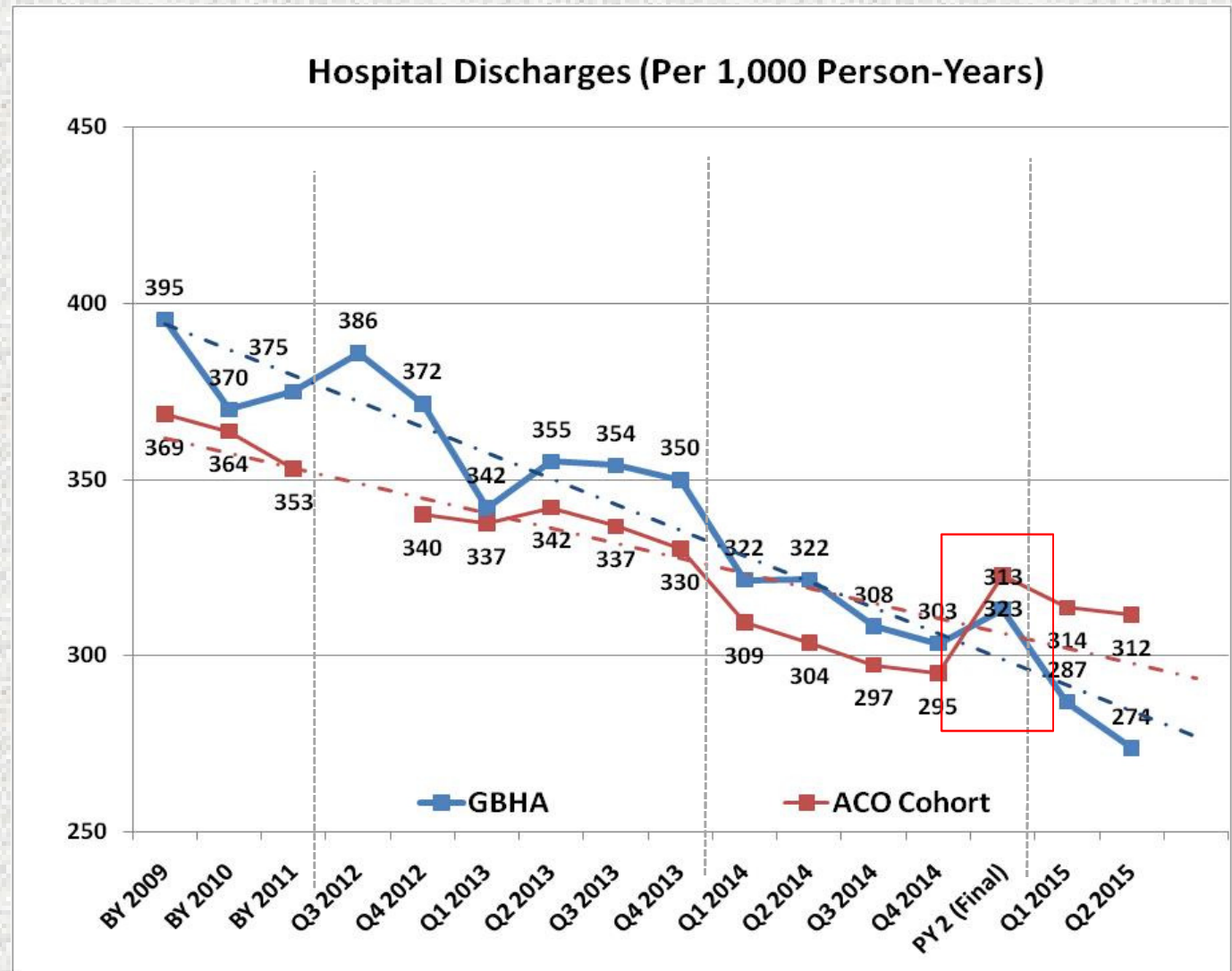
GBHA – 22.2% Decrease (Δ \$1148)
ACO Cohort – 0.3% Decrease (Δ \$8)



MSSP Expenditures/Utilization - Trends

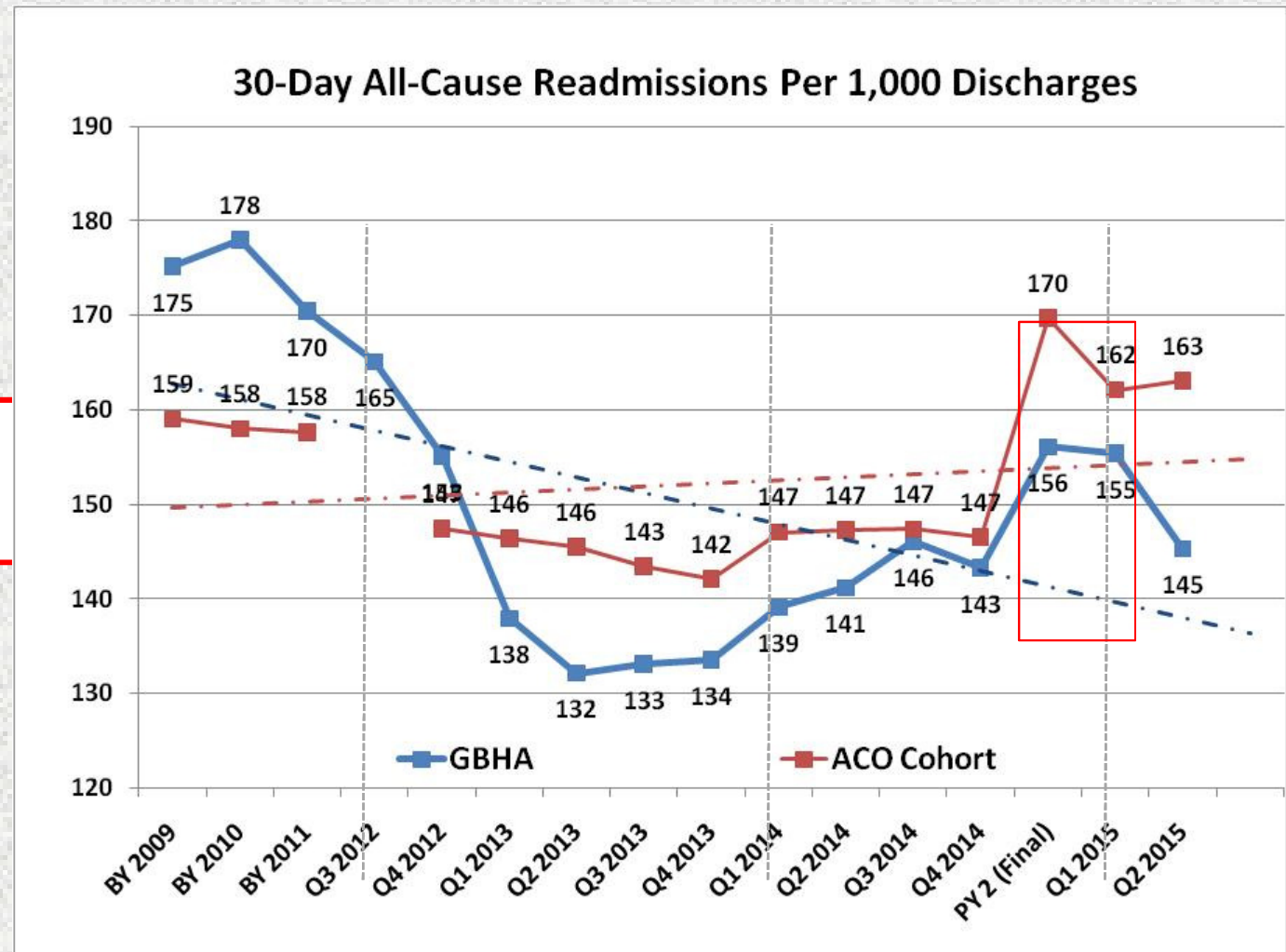
Hospital Discharges

GBHA – 29.1% Decrease (Δ 112)
ACO Cohort – 8.4% Decrease (Δ 28)



MSSP Expenditures/Utilization - Trends

30-Day All Cause Readmits
 GBHA – 12.0% Decrease ($\Delta 20$)
 ACO Cohort – 10.6% Increase ($\Delta 16$)



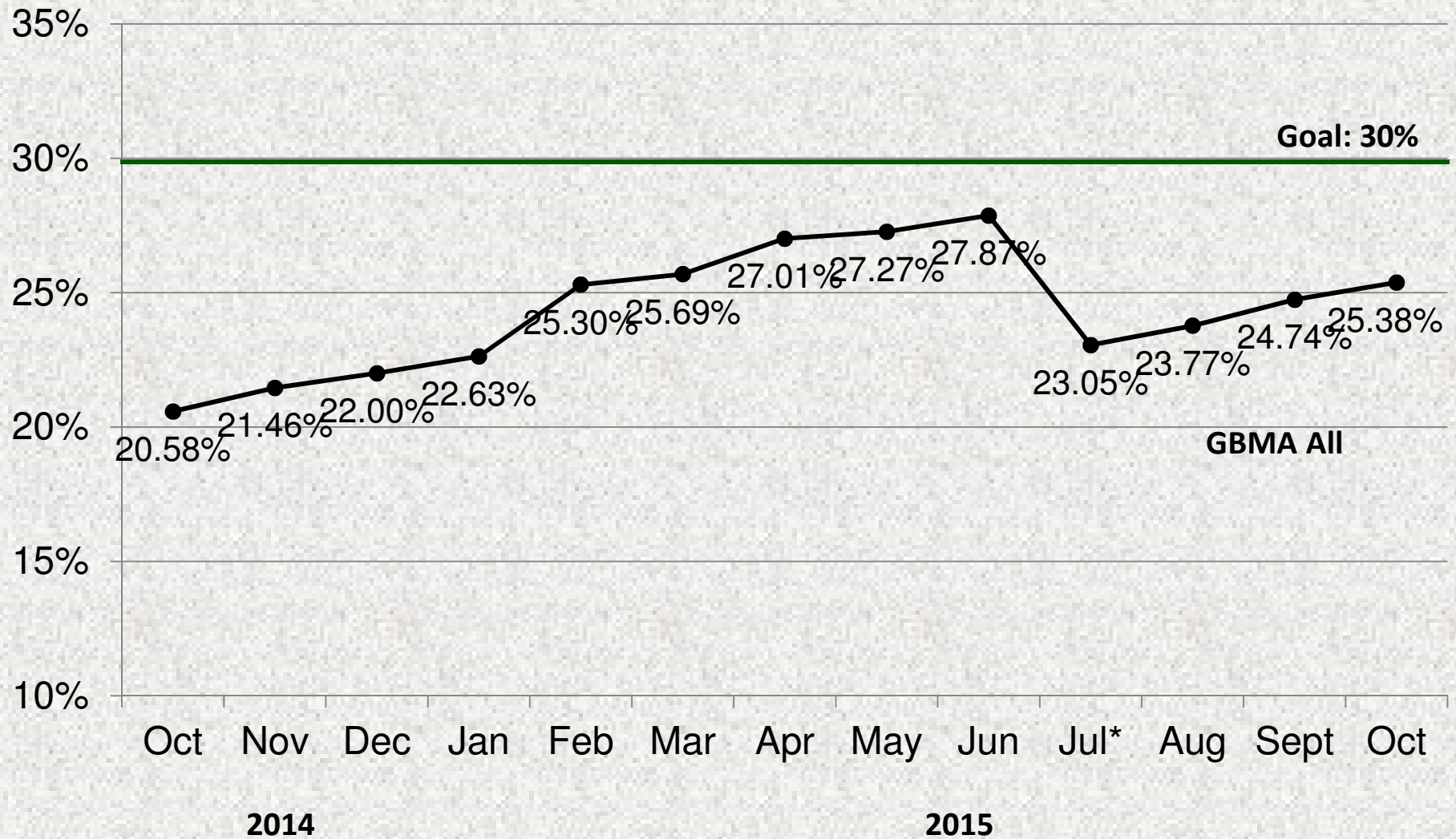
PQRS – Quality Reporting – PY2

GBHA	88.76%
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Maryland Average	82.61%
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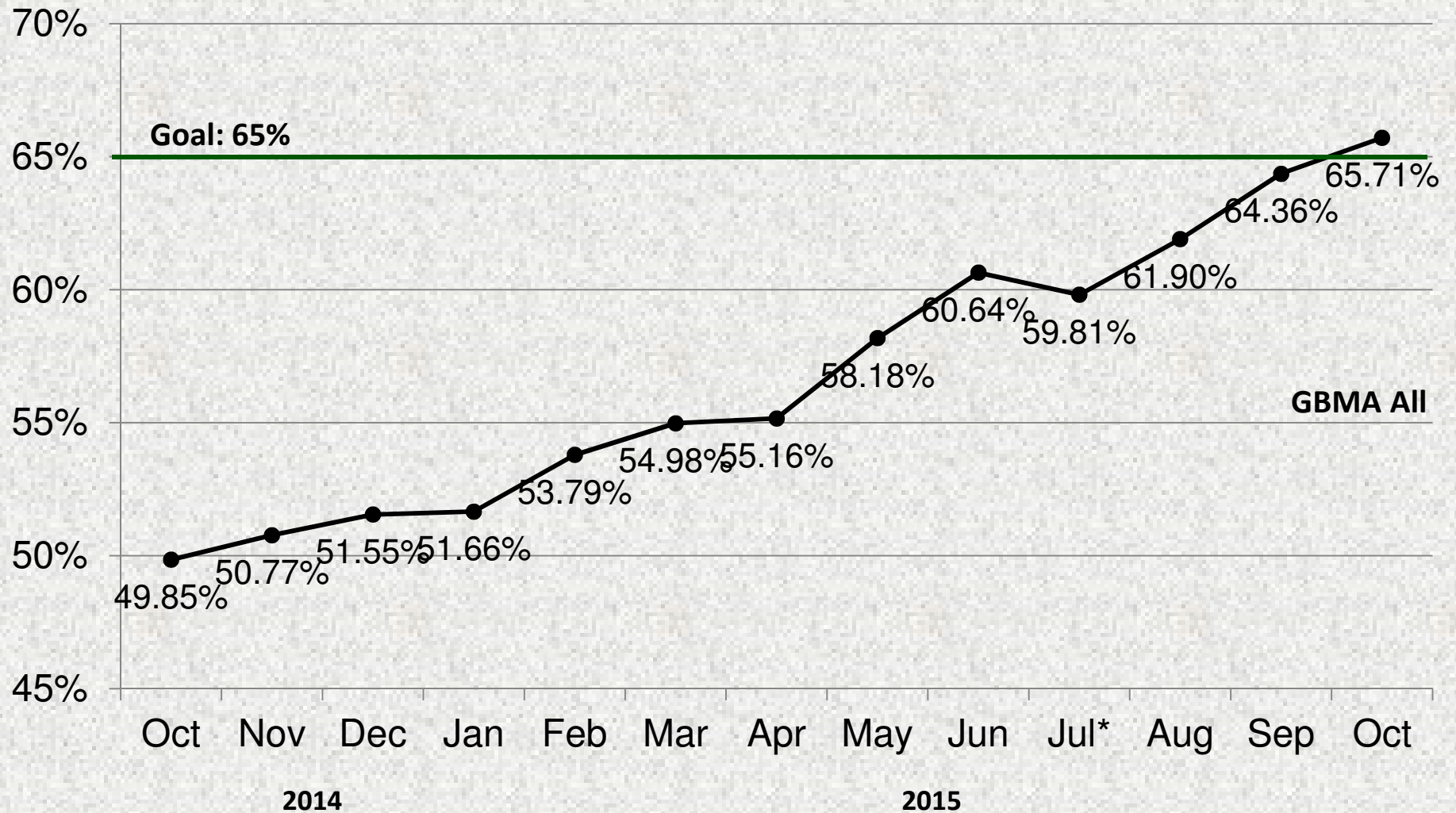
National Average	83.08%
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Diabetes Composite Compliance GBMA All



*Changed to 18 month denominator in July 2015

Colon Cancer Screening – Compliance GBMA All



*Changed to 18 month denominator in July 2015

Core Competencies

- Advanced Primary Care
- Improvement System

GBMC

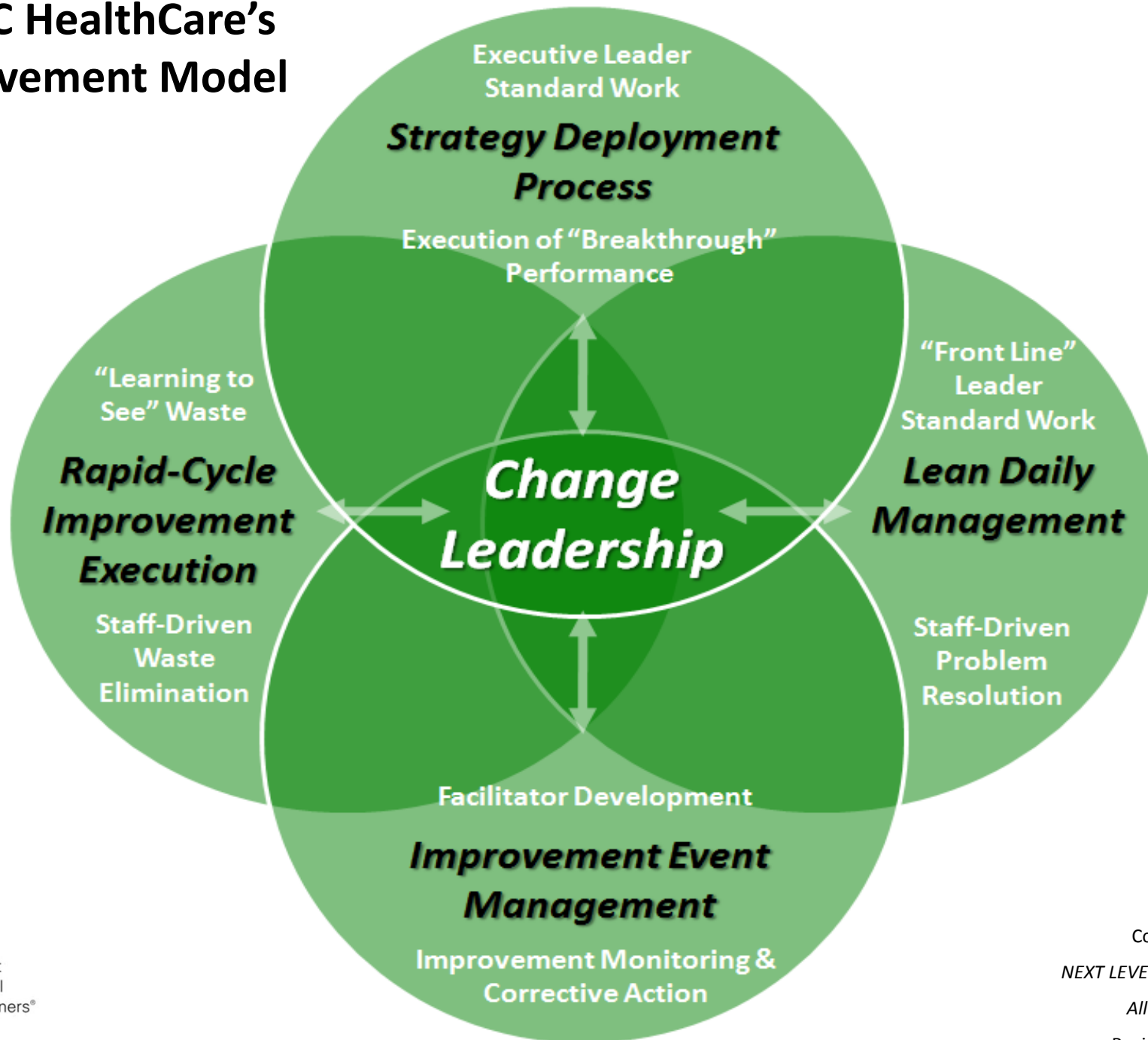
*... To every patient, every time, we will
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Standard Work Drives High Reliability

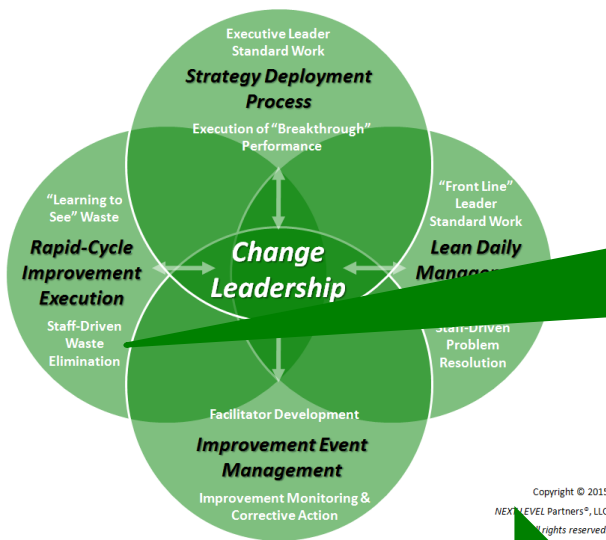
GBMC

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GBMC HealthCare's Improvement Model



Rapid Cycle Improvement Execution



Staff

• Kaizen events

- Value Stream Mapping
- Standard Work: Transactional Process Improvement
- 3P: Process and Facility Design
- 6S: Organization

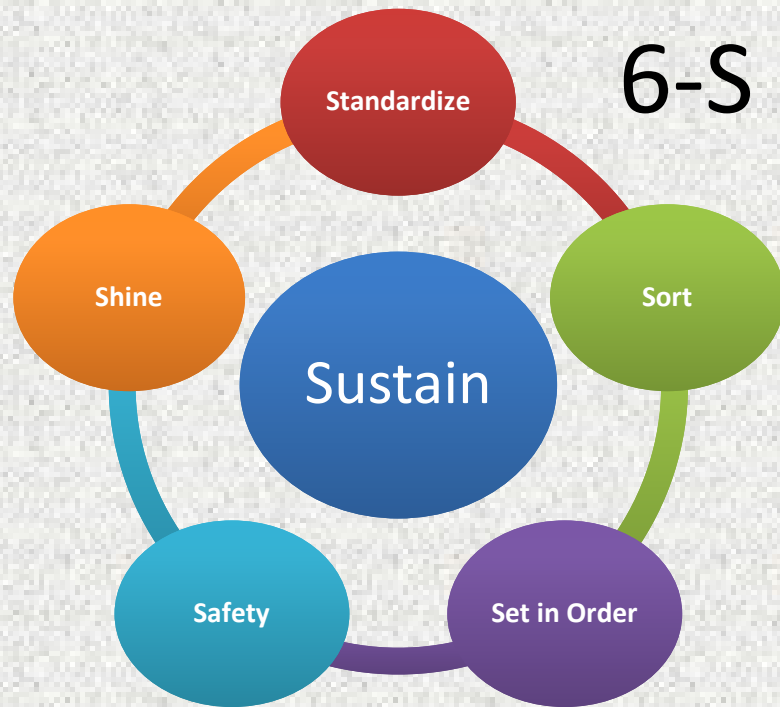
Driven

- A-3 events
- Improvement Collaborative

Change

• Staff Training and Development

- FMEA
- Leadership offsite trainings. (Ex. Lloyd Provost speaking on PDSA)



BEFORE: Transport Hub



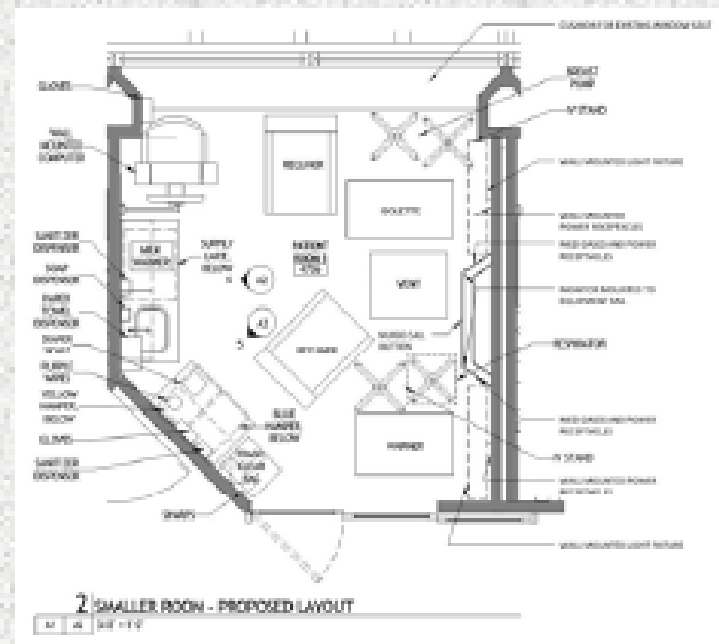
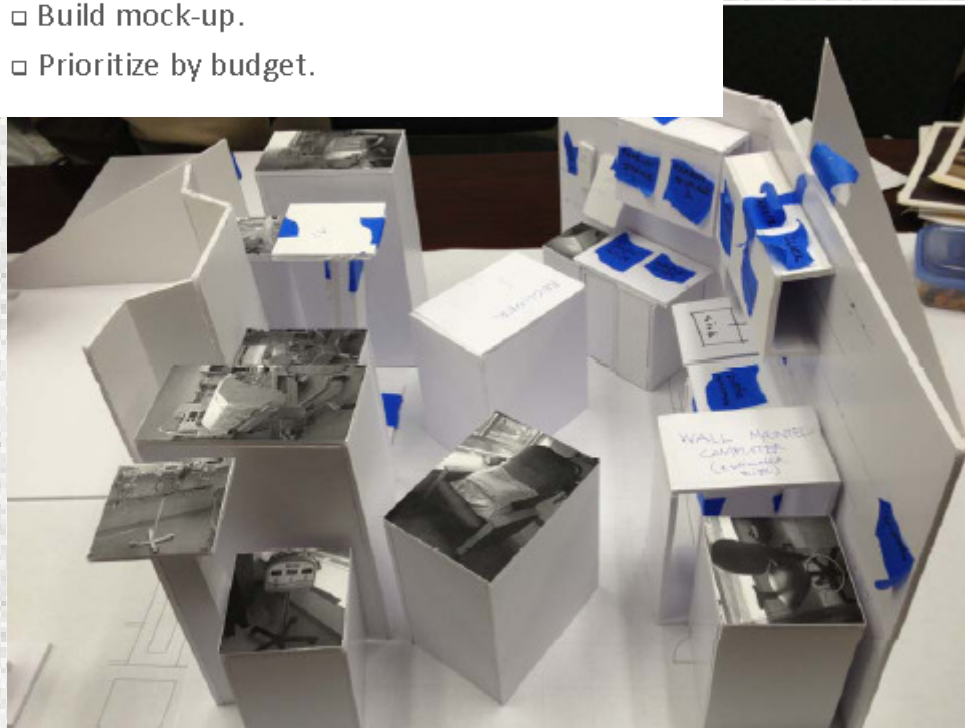
AFTER: Transport Hub



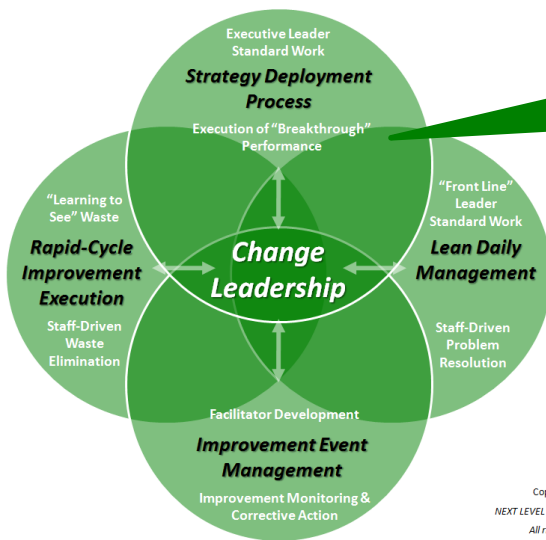
3P Events (Production, Preparation Process) Process and Facility Design: NICU rooms

Event Work

- ❑ Gather input from our families.
- ❑ Gather input from our staff.
- ❑ Review recommended standards.
- ❑ Determine safety, quality and compliance needs.
- ❑ Build mock-up.
- ❑ Prioritize by budget.



Strategy Deployment Process



Executive

- Break-through thinking

Standard

- Top-level goals

Work

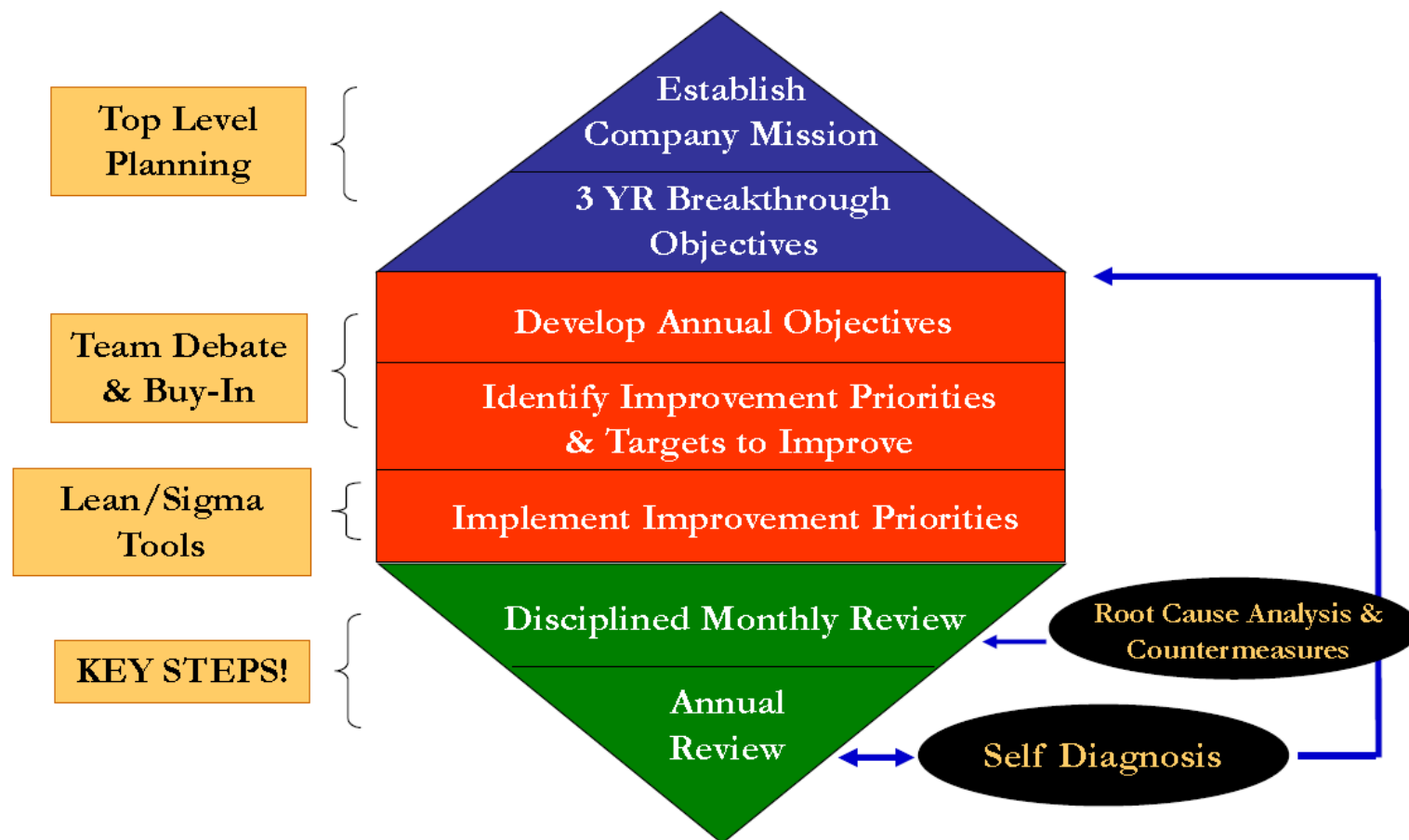
- Focused review

GBMC

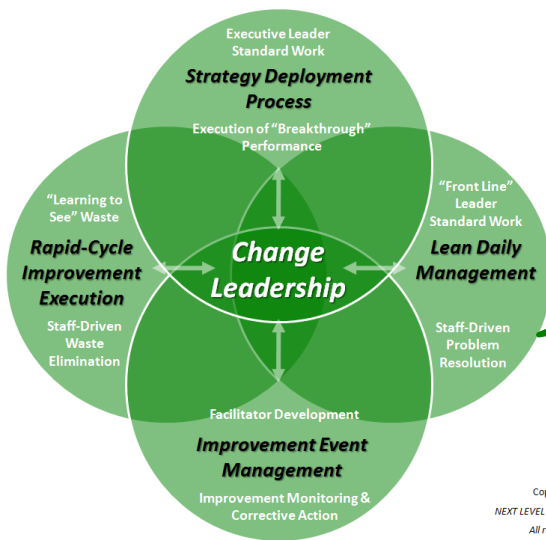
... To every patient, every time, we will provide the care we would want for our own loved ones...



Strategy Deployment Model



Lean Daily Management



Front

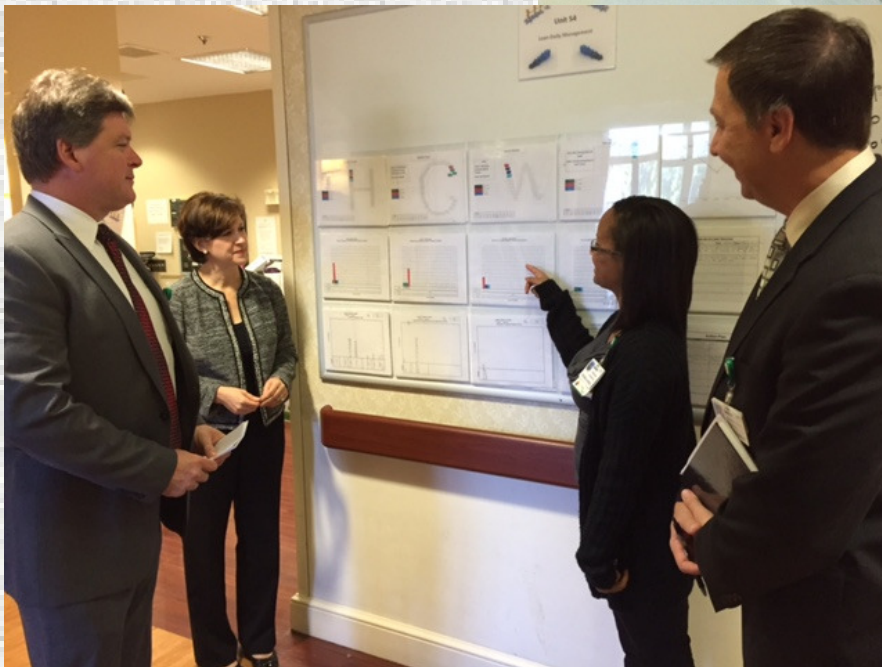
- Aligned with highest goals

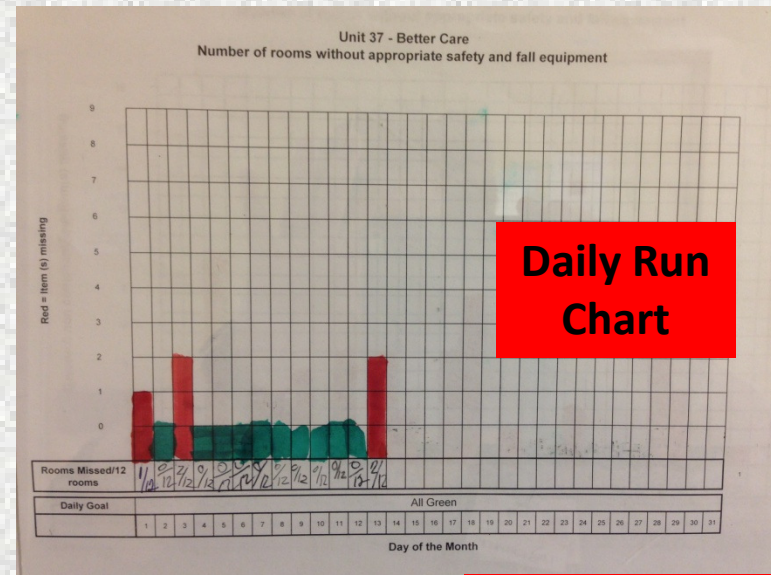
Line

- Front-line / Executive Connection

Change

- Creating an organization of focused problem-solvers.





Action Plan

Top Letters	Item #	Date	Problem	Action Required	Who	Target	Actual	Share
H	8	1/16	Unit 111 audits not correlating with monthly audits	STOP signs placed at each hygiene location in front of room	All Staff	1/16		
H	9	2/12	RN's items not properly restocking safety items	Itemized list placed in each room as visual reminder	All Staff	2/12		

5 Why Problem Solving

5 WHY PROBLEM SOLVING

Area: Unit 37

Problem Description:
Safety check & high fall risk H

1st WHY Why are the items missing?
Items are missing because is forgetting to restock used H

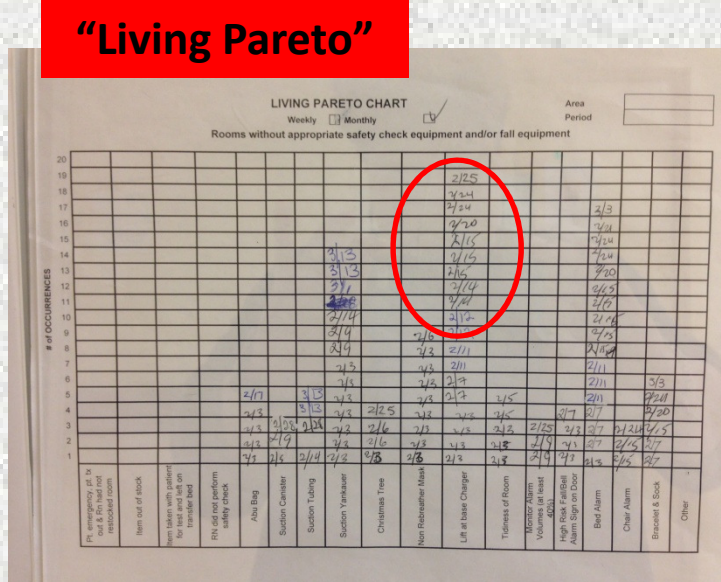
2nd WHY Why is the RN forgetting to restock?
RN is in routine of doing bedside report upon a new patient for BP, Pulsox, & cardiac leads.

3rd WHY Why are RN's not in routine of looking for missing safety items?
RN's remembering pulsox, BP, and cardiac leads & becoming busy with patient care. RN not 'rechecking' for safety items. Delegating tech to set up room, but not to check for safety items.

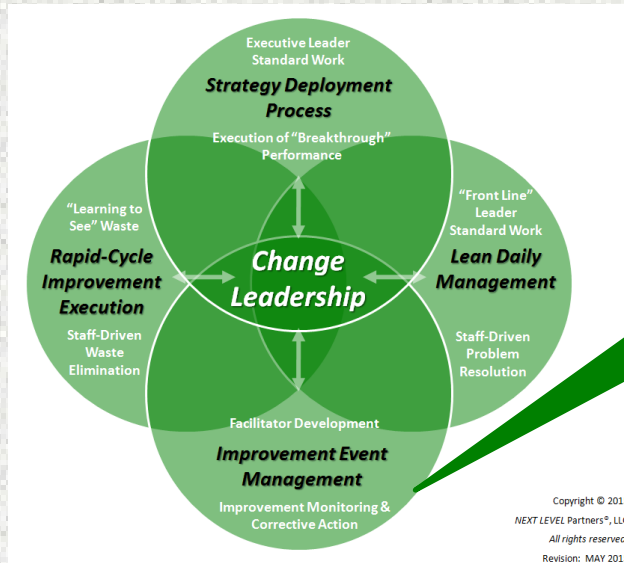
4th WHY Why are RN's not 'rechecking' for safety items?
RN becomes busy with patient care, new patient arrives, equipment is missing.

5th WHY Action Plan / I did it

- Visual List of items in room
- Educate RN's on safety items
- Educate techs on safety items (for when they set up room)
- Train Volunteer to do safety checks



Improvement Event Management



Build

- Develop internal expertise

Change

- Formal and informal improvement leaders

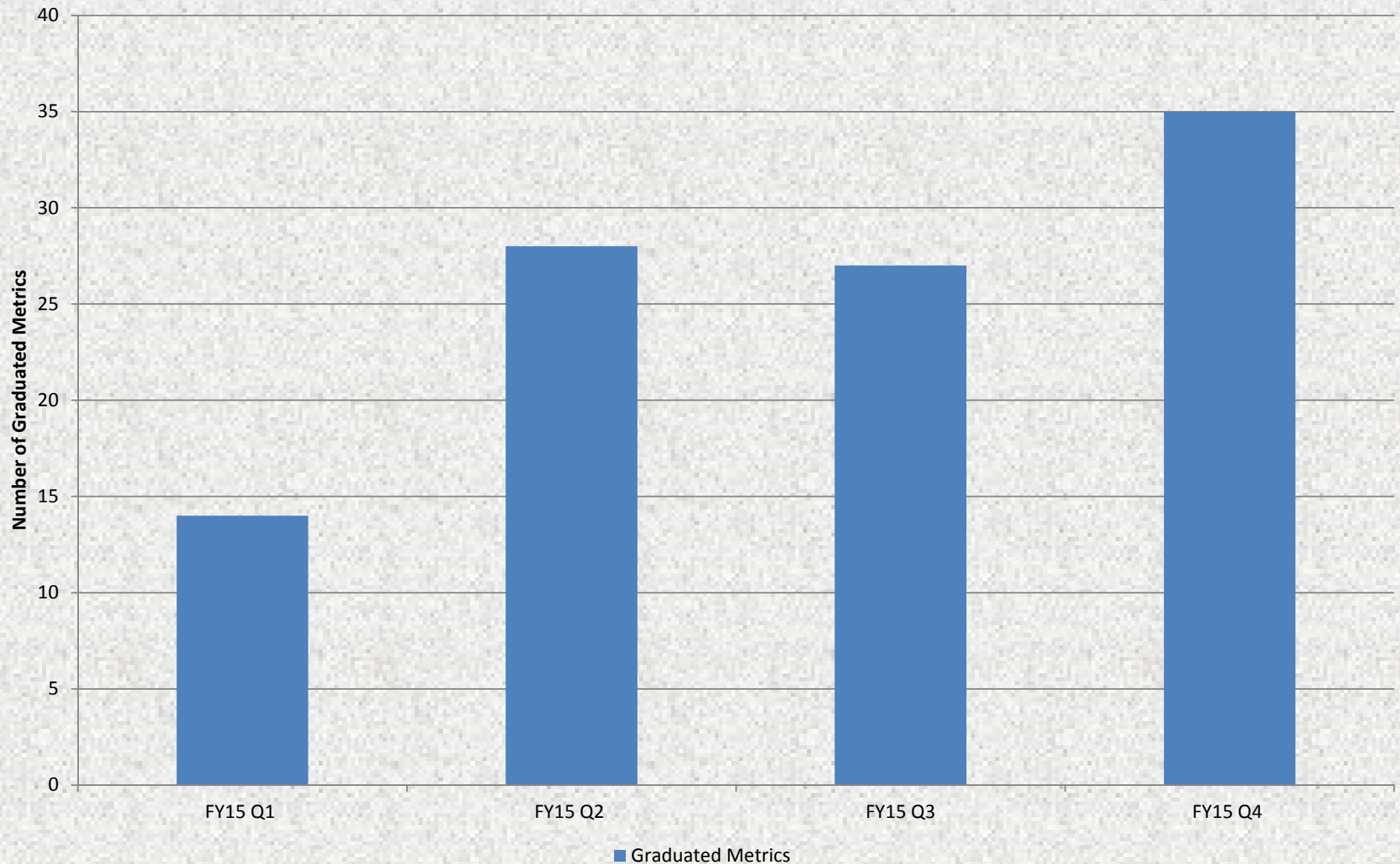
Capacity

- PI Governance Group oversight

GBMC

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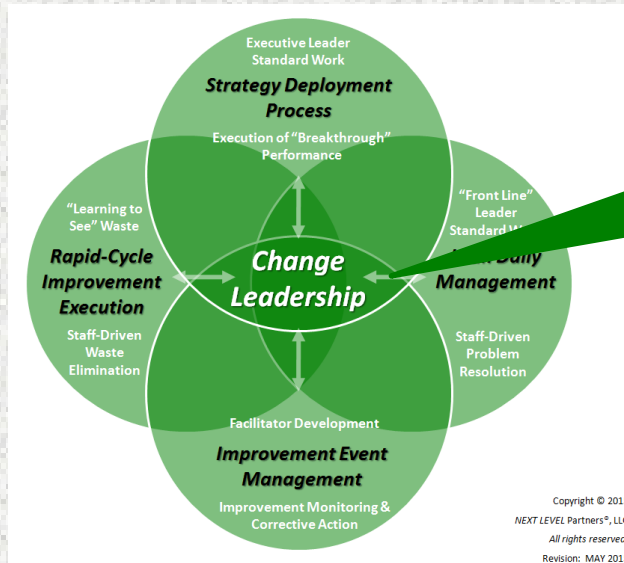
LDM Metrics 'Graduated' to Standard Work By Quarter



GBMC

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Change Leadership



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Build

- Rapid Improvement

Change

- Increased capacity for improvement

Capacity

- Staff engagement

GBMC

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Presentations of Improvement at Monthly Leadership Meetings

CAUTI Journey

Where we were

- FY 2014 11 CAUTI FY14, Goal 14
- FY 2015 5 CAUTI FY 15, Goal 11

What we did

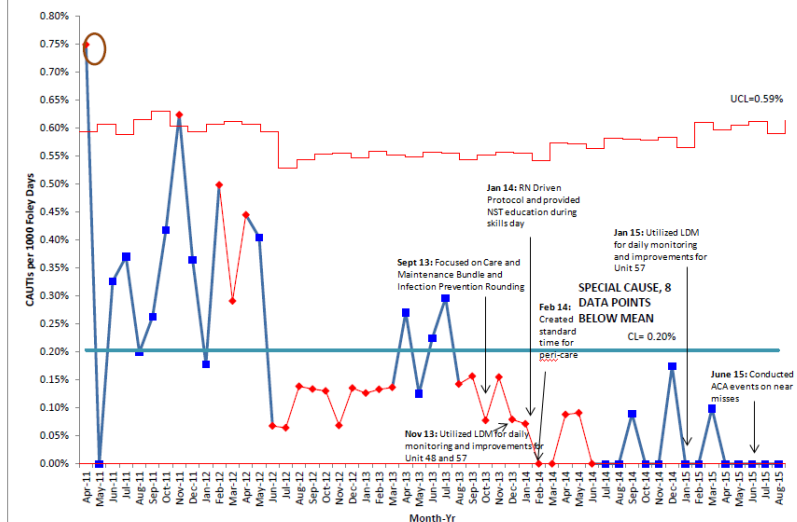
- September '13** - Focused on Care Maintenance Bundle
 - Infection Prevention performed daily rounding/email notification
- November '13** - Utilized LDM for daily monitoring and improvements (48, 57)
- January '14** - RN driven protocol
 - Provided NST education during skills day
- February '14** - Created standard time for peri-care
- June '15** - Conducted ACA events on near misses
- Ongoing:** Encouraged questioning attitude

Where we are going

- Create POA algorithm
- Create Standard Peri-care protocol/video
- Continue Collaboration with GYN Taskforce and review of MHAC's

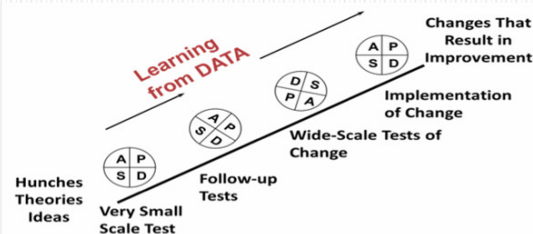
- *Six (6) months CAUTI free on September 3, 2015**

P Chart CAUTIs per 1000 Foley Days



PDSA Jodie Bell

Engaging the Patient with Daily Goals



First Test of Change



- You want me to do what?
- Plan**- One nurse tries setting a goal with 2 patients one day.
 - Report back:
 - How did you ask?
 - What did the patient say?
 - Were you able to meet the need?
- Do**- Quickly learned to change how the patient was asked
- Study**- Worked well with 2 very engaged patients, what about others that may be more difficult?
- Act**- Expand test

SMALL-SCALE TESTS

GBMC HEALTHCARE ANNUAL GOALS FY15

As of June 30, 2015

MEASUREMENT	FY14 Actual	FY15 Goal	FY15 YTD
AIM: BEST HEALTH OUTCOMES			
1. Reduce Serious Safety Events by 20% (Level 1 and Level 2 Reportable Events)	6	5	2
2. Reduce incidents of harm by 8% as defined by Tier A Maryland Hospital Acquired Conditions (MHAC)	384*	353	295
3. Complete Assessment of Admission and Discharge Hospice Information Set (HIS)	N/A	90%**	99.7%
4. Improve Population Health as measured by Composite Diabetes Score***	25.63% (≈60th)	30% (≈75th)	27.87%
AIM: BEST CARE			
1. Improve HCAHPS Overall Rating	70%	75%	71%
2. GBMA – “Likelihood of Recommending the Practice”	94.9	95.4	95.1
AIM: LEAST WASTE			
1. Improve System Operating Margin	1.3%	1.1%	1.5%
2. Meet System Expense Flex Budget	-1.2%	>/= 0%	-1.5%
AIM: MOST JOY			
1. Increase Employee Safety by Reducing Injuries	231	208	180
2. Improve Physician Engagement	77.1	78.1	80.9
3. Improve Employee Engagement	3.99	4.02	4.05

*Baseline is CY13

**If CMS publishes a higher rate target, this goal will be adjusted to that rate.

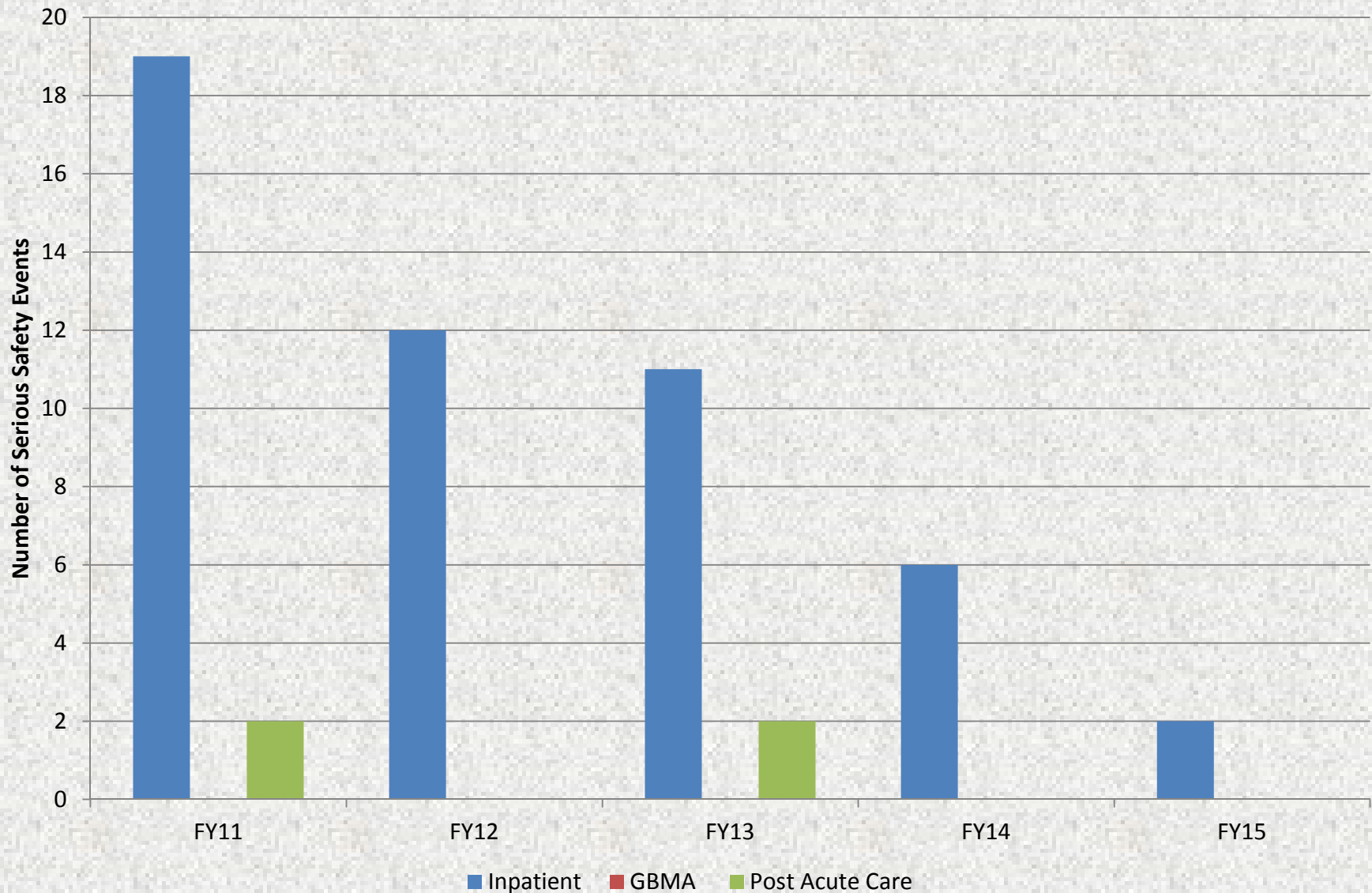
***FY14 Actual is based on a sample of 3,448 Medicare Beneficiaries Sampled for ACO Reporting in calendar year 2013. Percentiles are for Medicare population only. FY15 YTD is based on all patients in eCW, regardless of insurance type, for YTD calendar year 2014.

Best Health Outcomes

Lower is Better



Reduction of Serious Safety Events by Entity

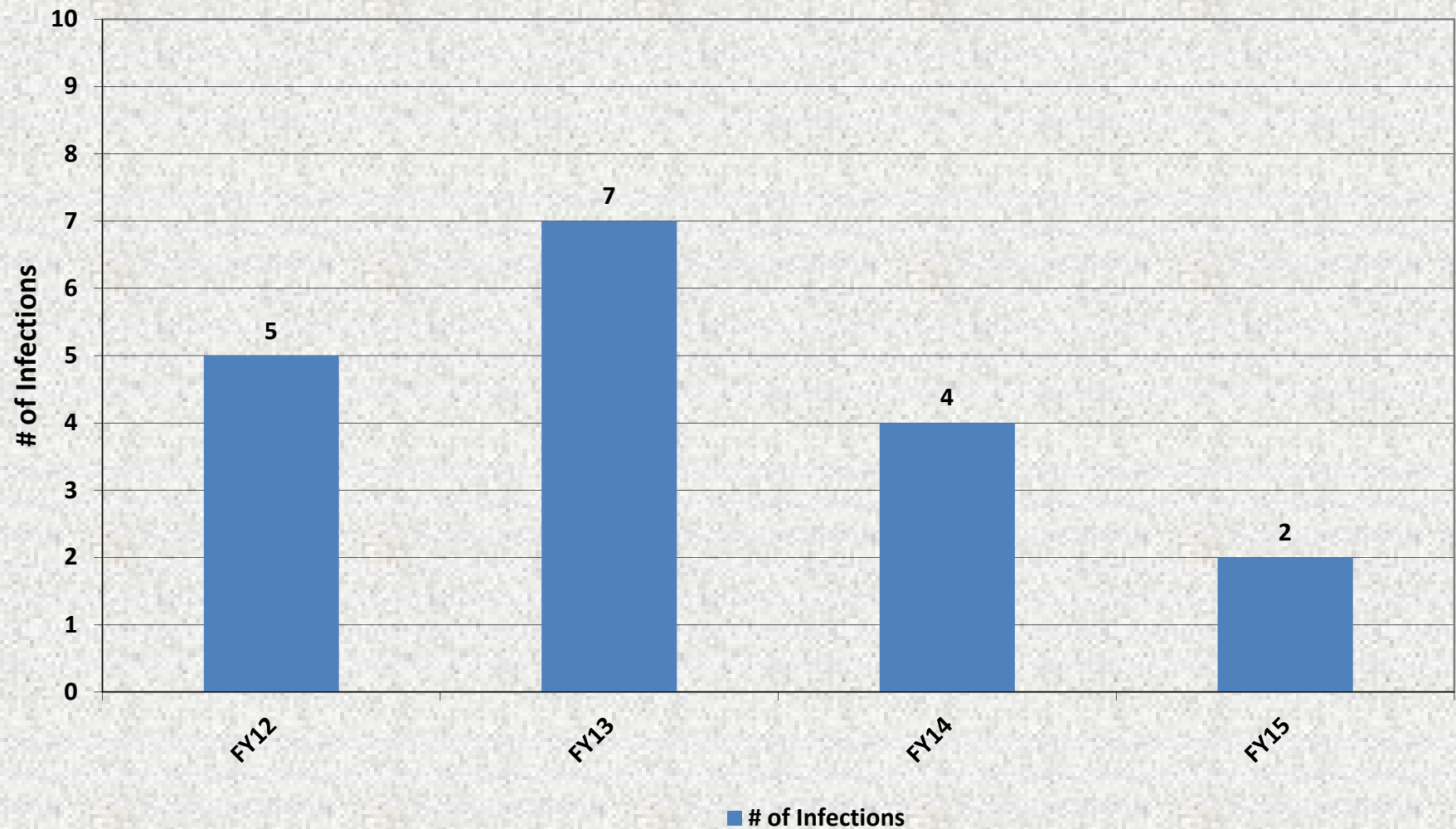


BEST HEALTH Driver

Lower is Better



Surgical Site Infections (Hips and Knees)

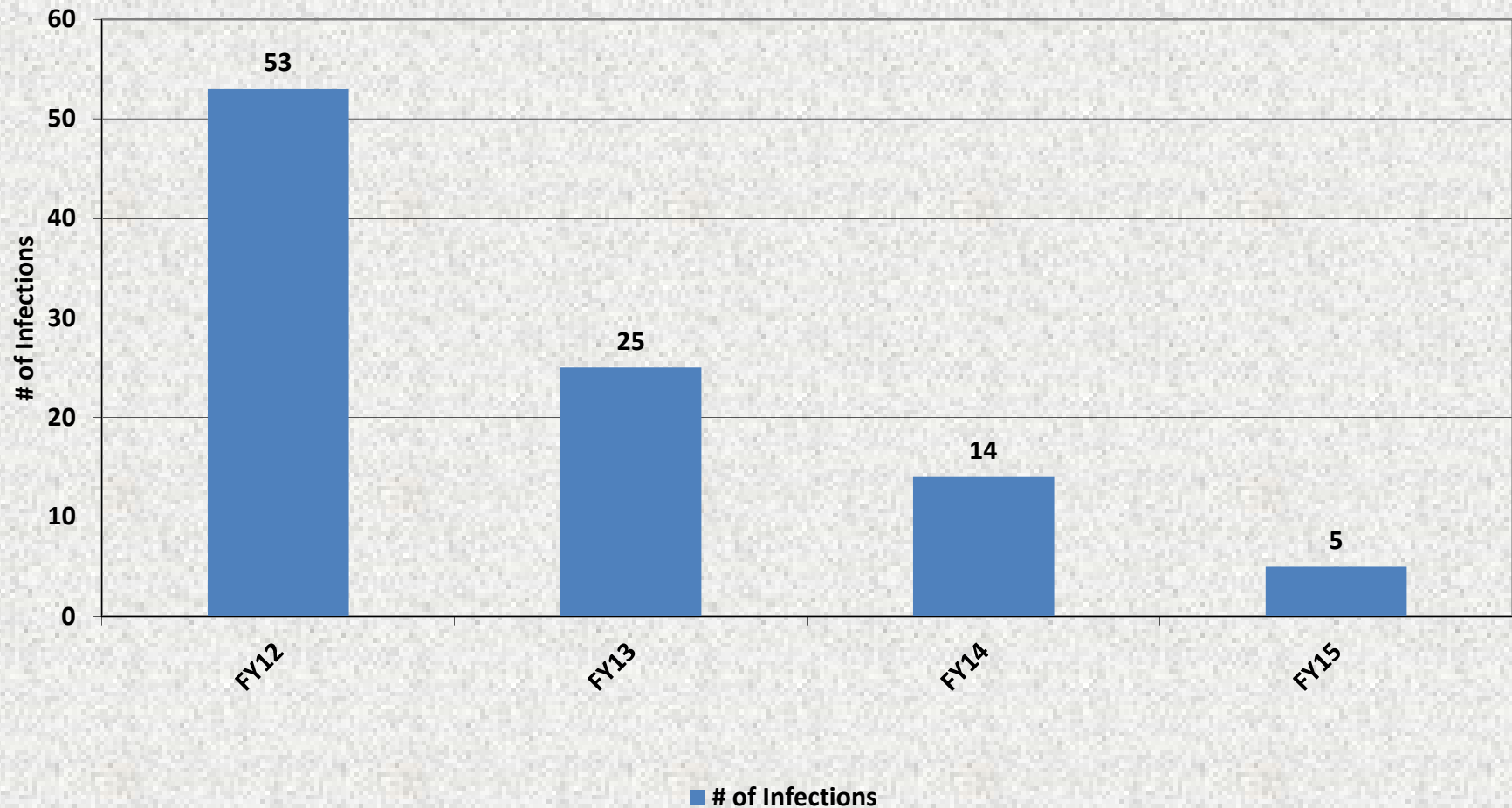


BEST HEALTH Driver

Lower is Better



Catheter Associated Urinary Tract Infections (CAUTI)

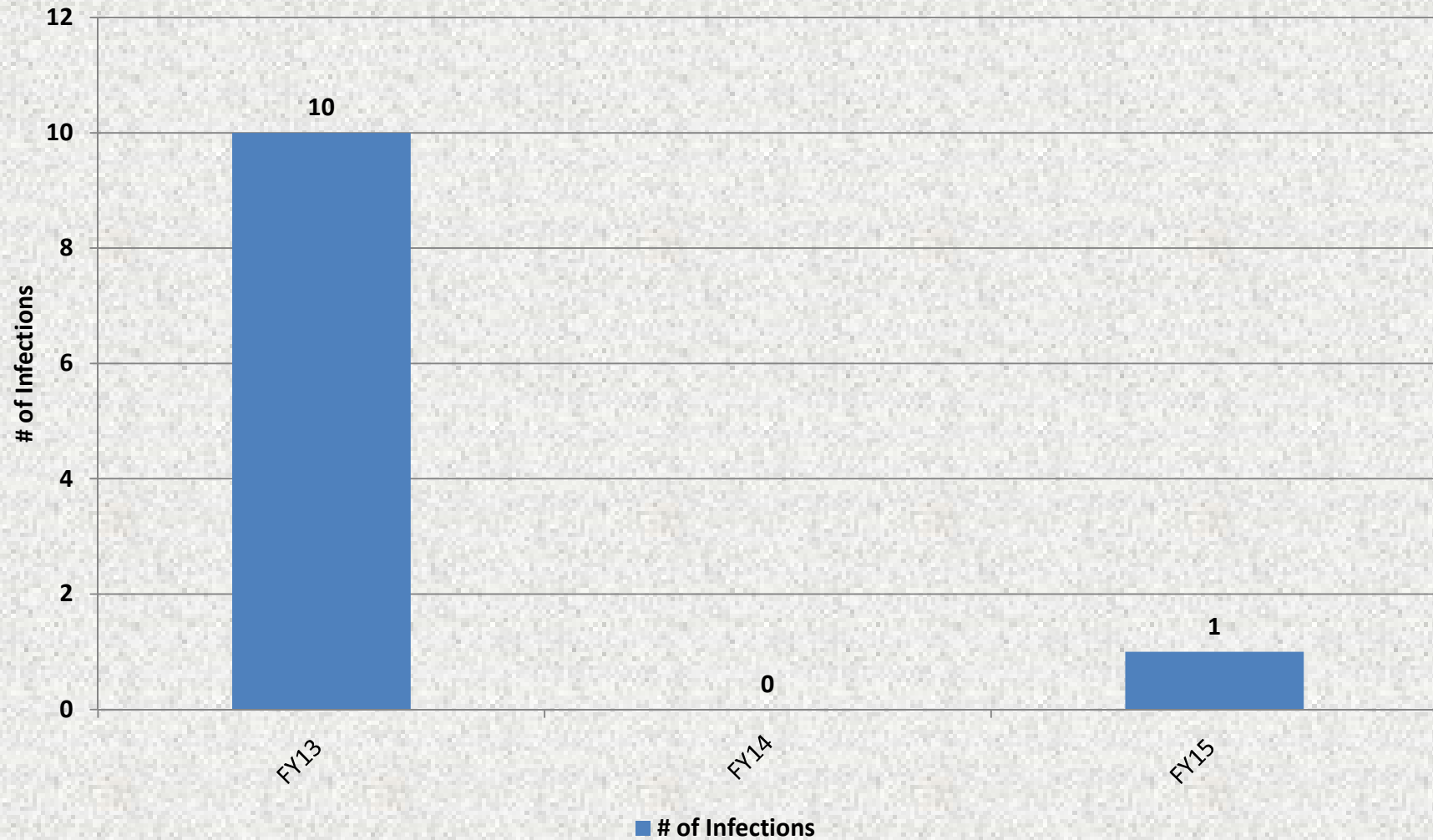


BEST HEALTH Driver

Lower is Better



Pressure Ulcers - Stage III, IV, Unstageable, Unspecified

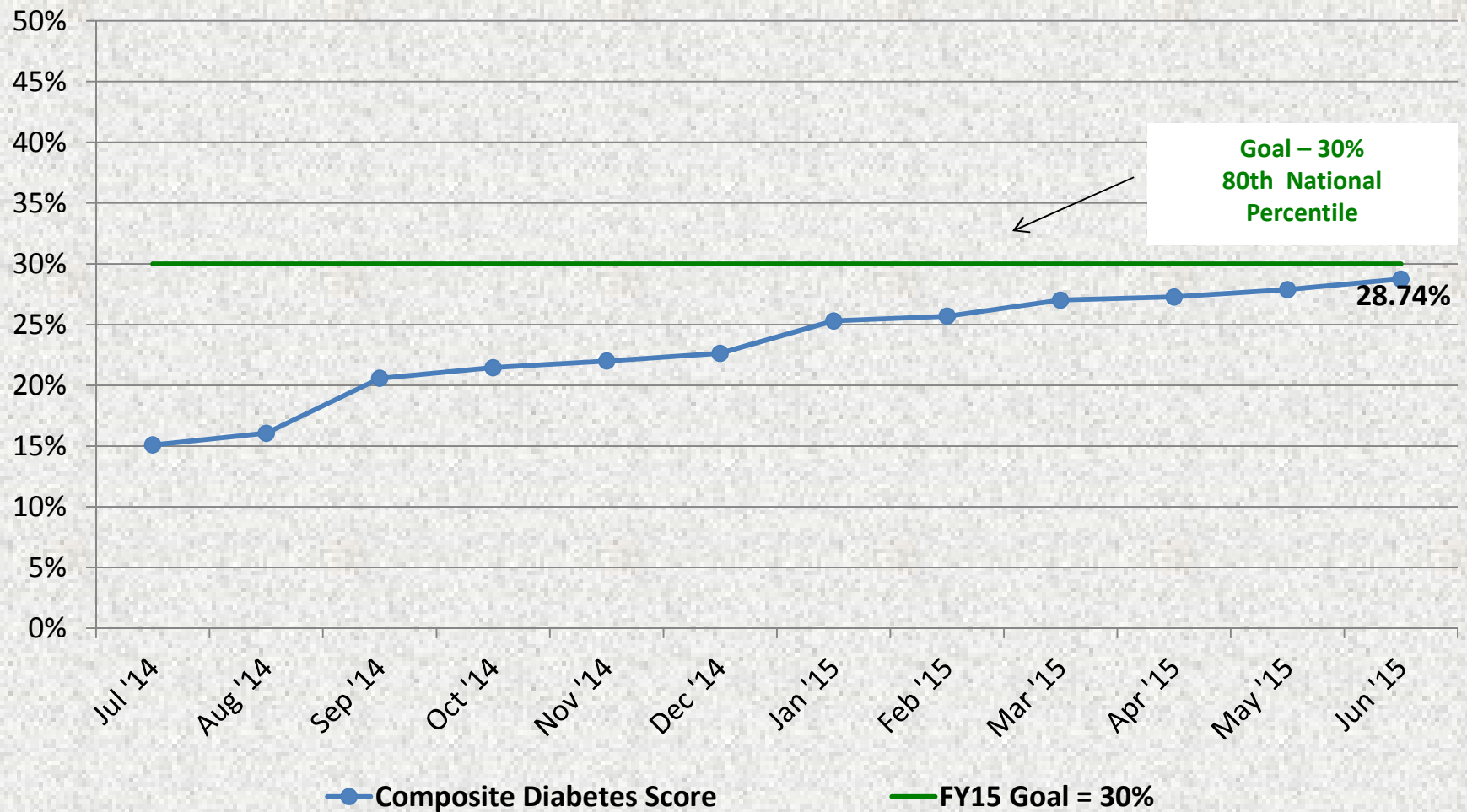


Best Health Outcomes

Higher is Better



Improve Population Health as measured by Composite Diabetes Score



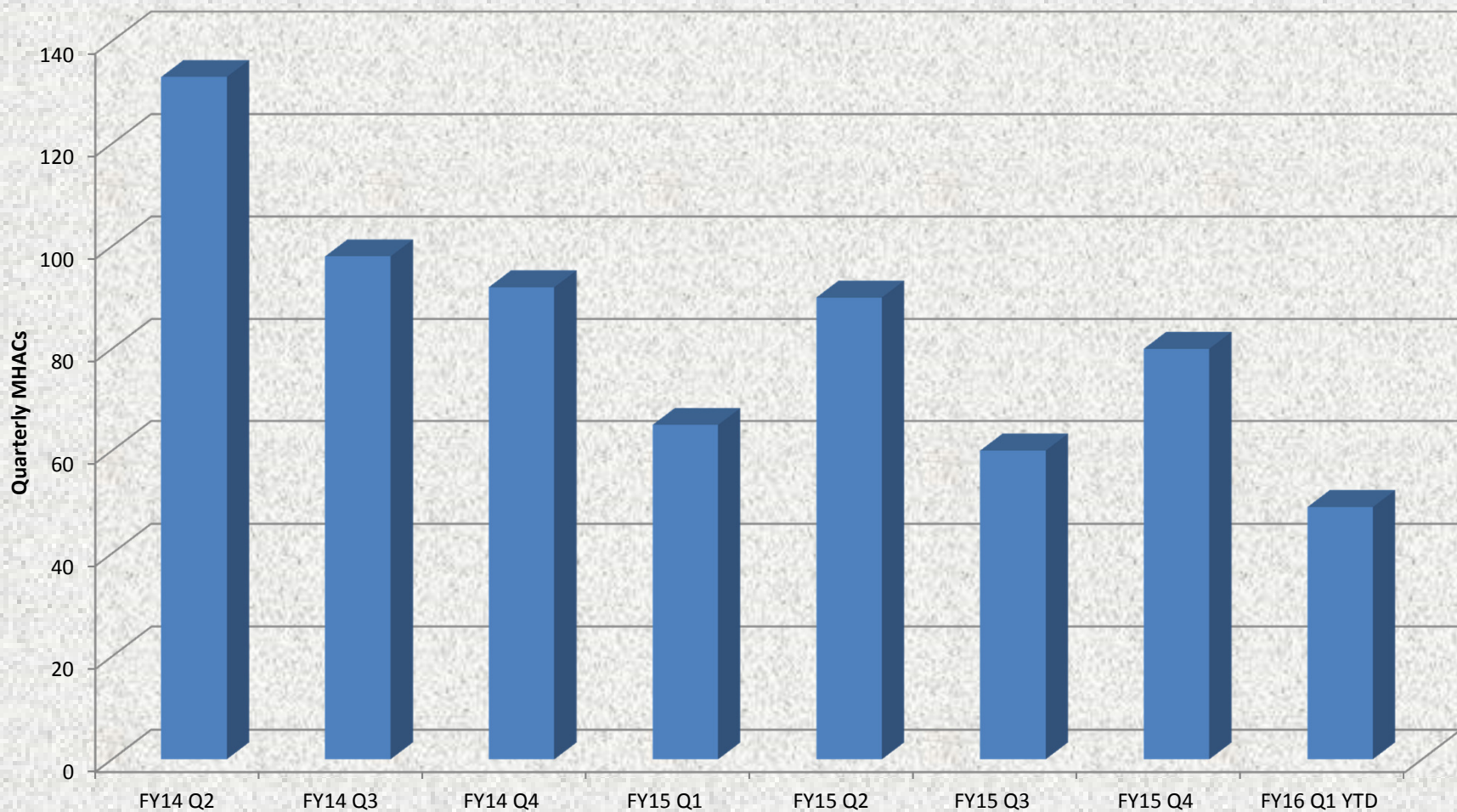
Best Health Outcomes

Reduce Incidents of Harm by 8% as Defined by
Tier A Maryland Hospital Acquired Conditions (MHAC)

Lower is Better

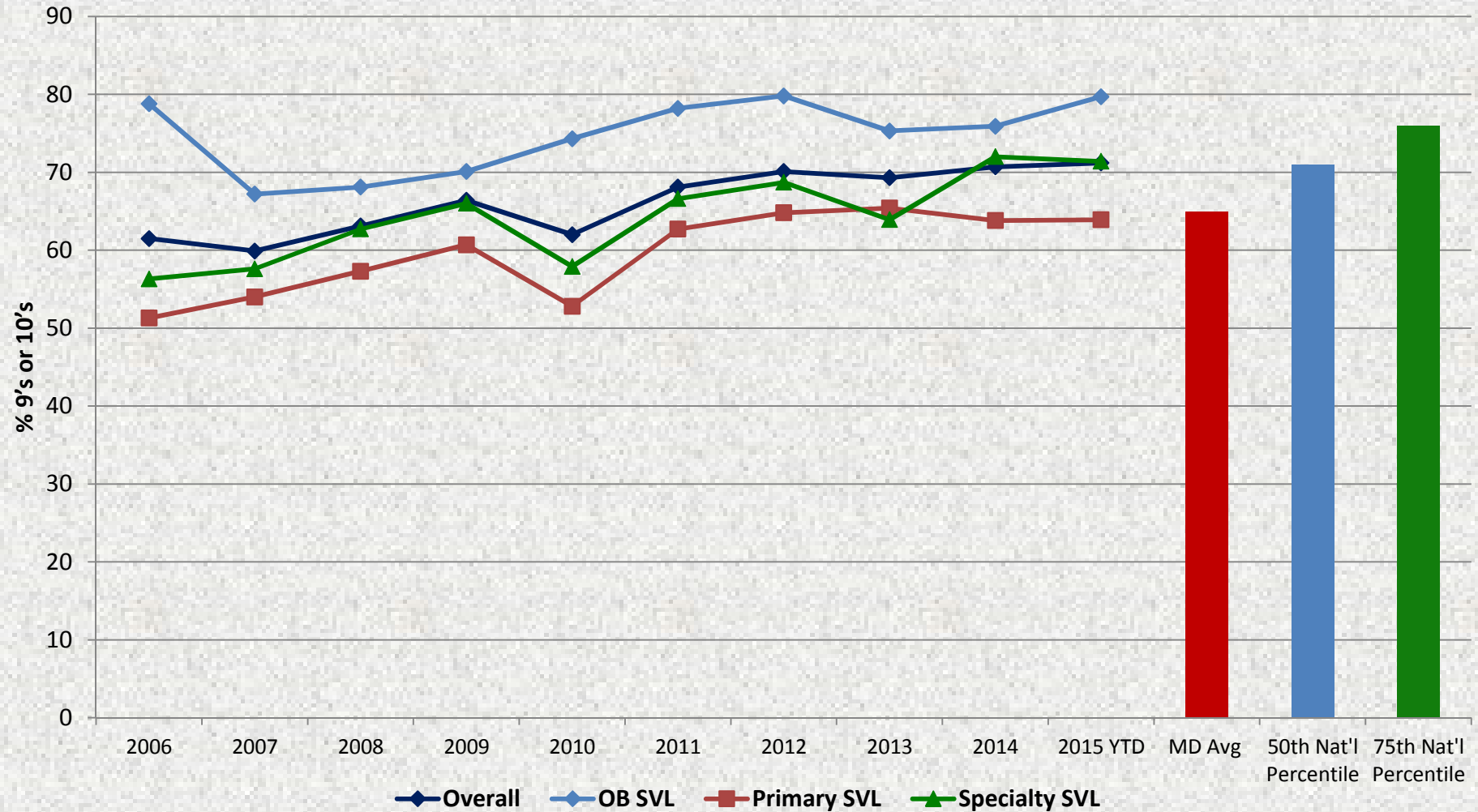


Quarterly MHACs



GBMC-H HCAHPS Overall Rating Segmented by Key Patient Care Markets

Higher is Better



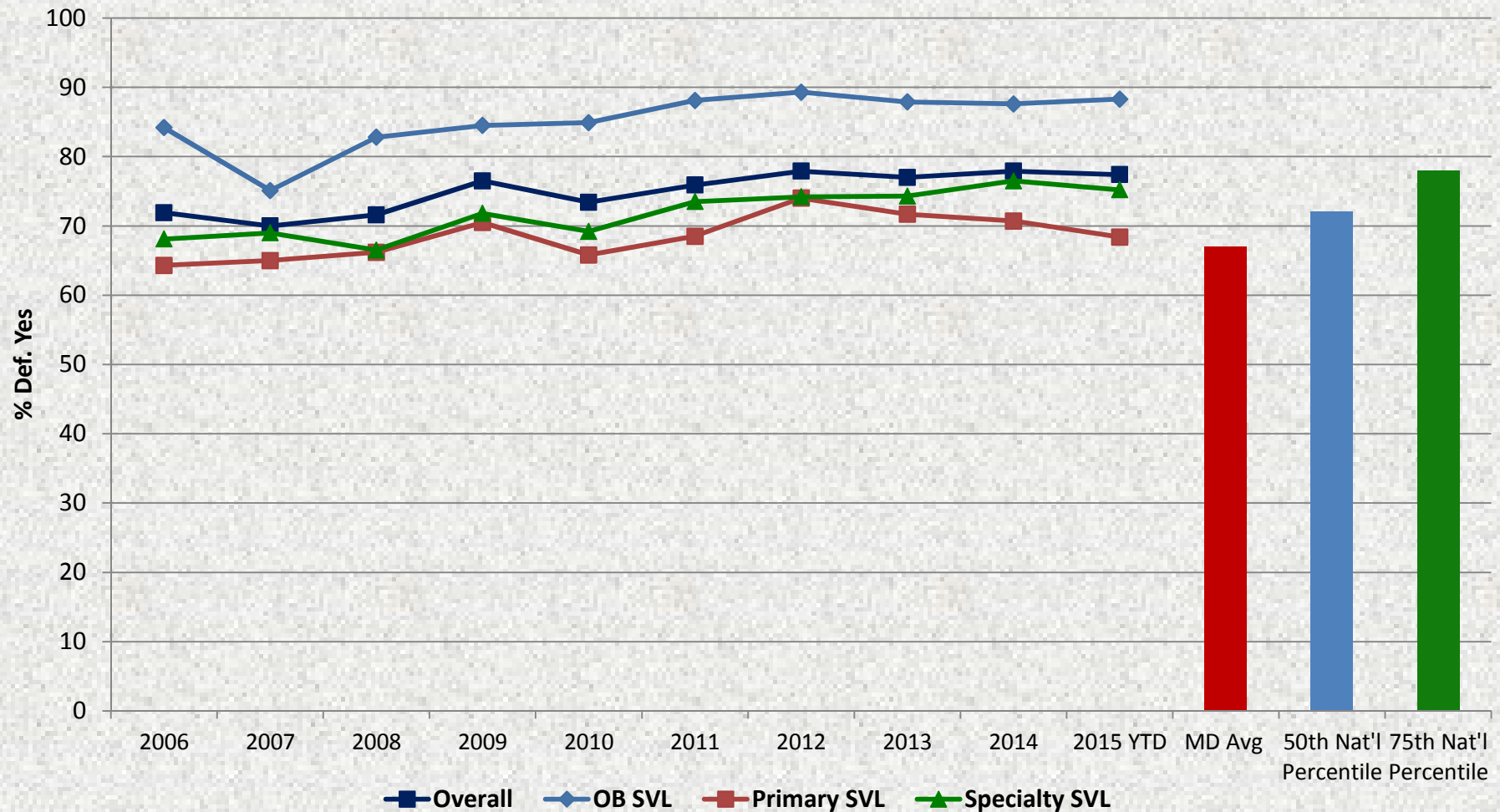
GBMC

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GBMC-H HCAHPS Likelihood to Recommend Hospital

Segmented by Key Patient Care Markets

Higher is Better



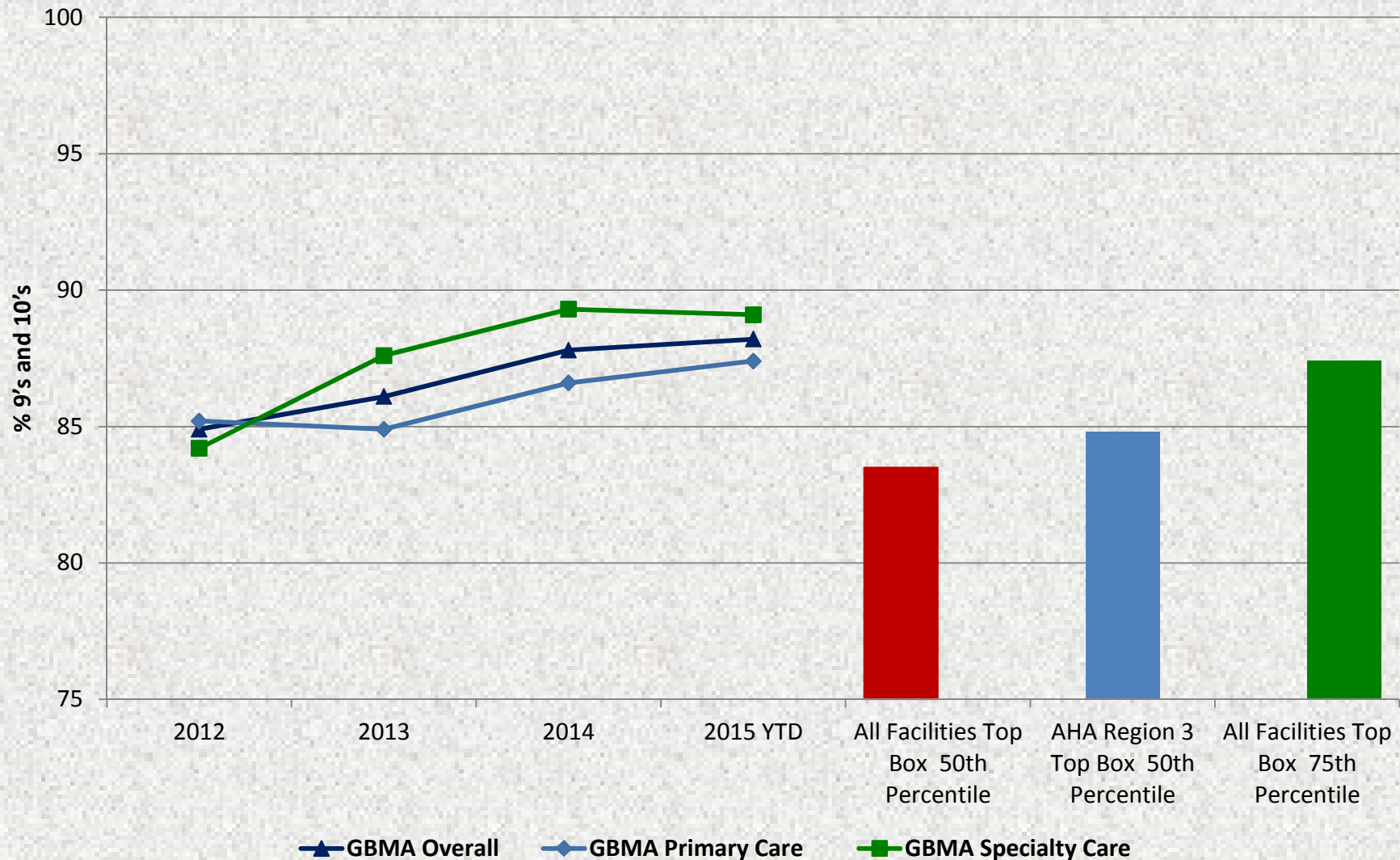
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GBMA CGCAHPS - Overall Provider Rating

Segmented by Key Patient Care Markets

Higher is Better

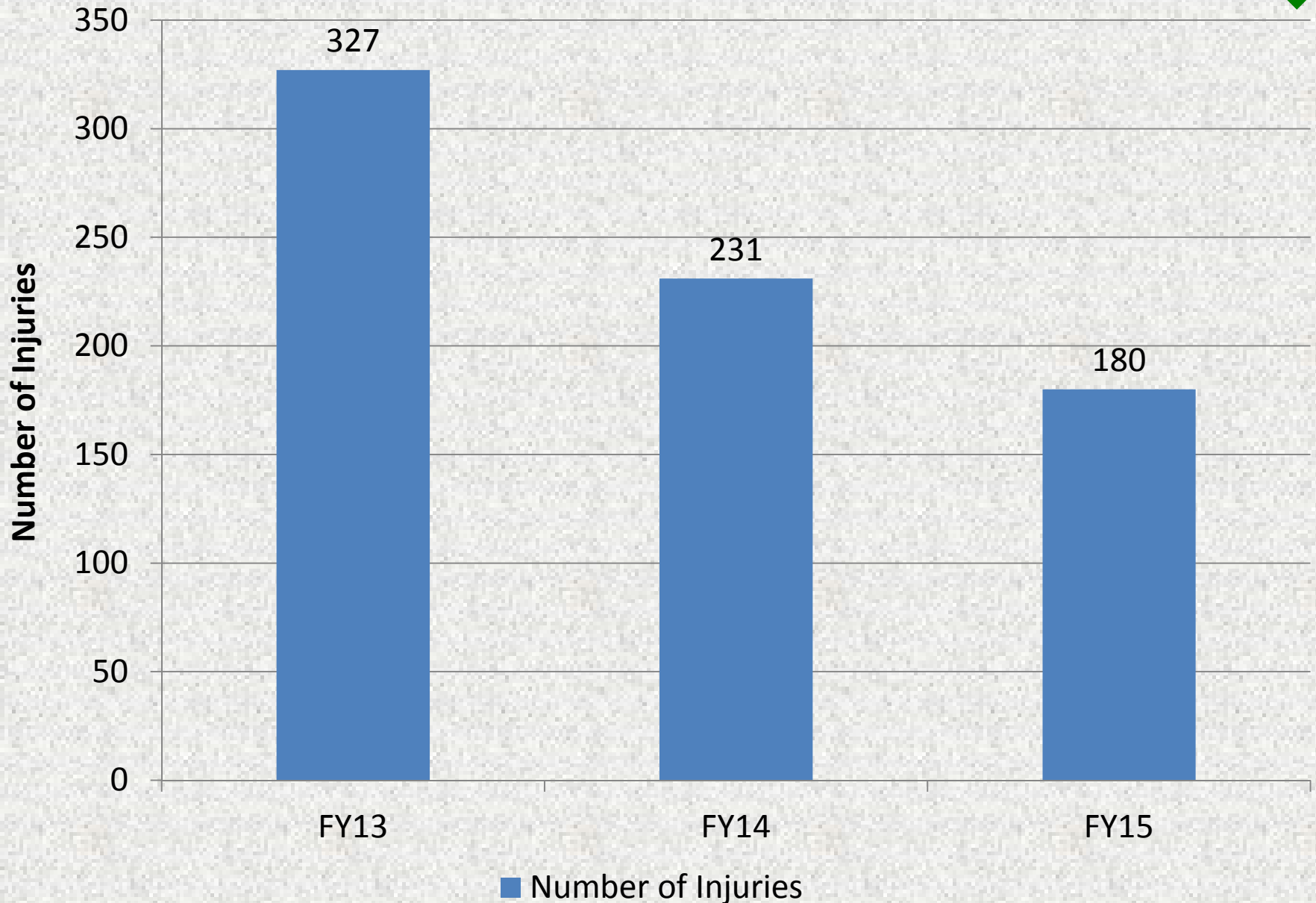


GBMC

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Workplace Injuries

Lower is Better



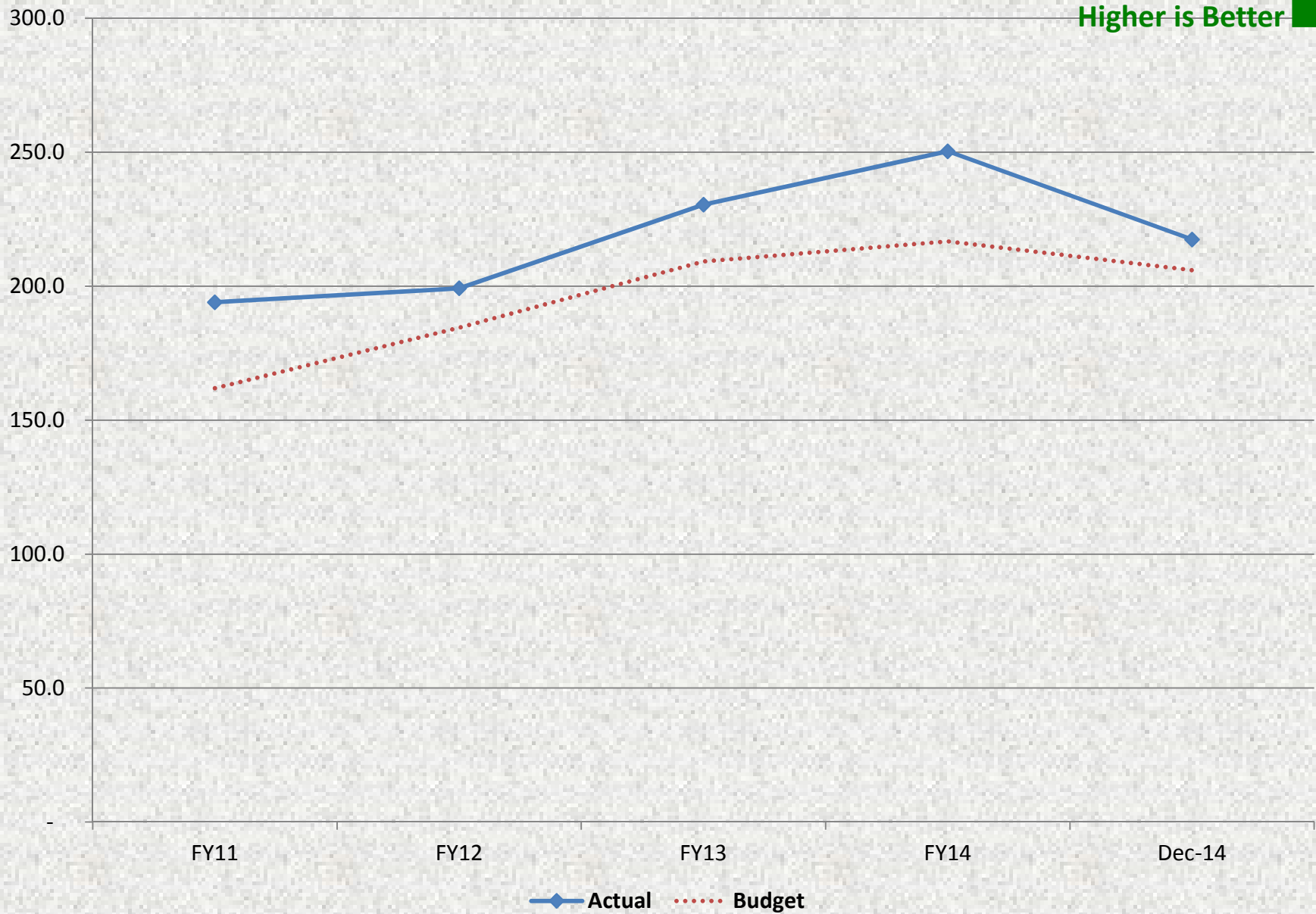
Net Operating Income

Higher is Better



Unrestricted Days Cash on Hand

Higher is Better

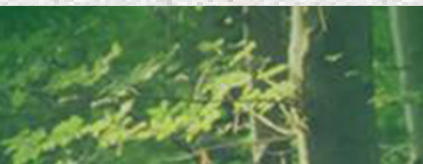


More Information About our System?

- www.gbmc.org
- www.ahealthydialogue.blogspot.com
- JChessare@gbmc.org

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GBMC

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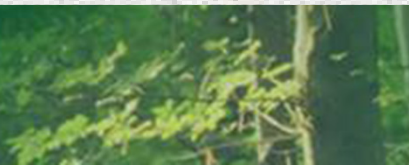
We are building a system of care for a better future for healthcare in our region

Do not doubt that a small group of thoughtful people could change the world. Indeed, it's the only thing that ever has.

[Margaret Mead](#)

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Thank You!

GBMC

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