



# Our Journey to World Class

*John Sackett, COO Adventist HealthCare &  
President Adventist HealthCare Shady Grove Medical Center*

[www.AdventistSGMC.com](http://www.AdventistSGMC.com)

# AHC SGMC - Video

<https://www.youtube.com/watch?v=dp7gqh2MLPo#action=share>

# Our Assets: AHC Shady Grove Medical Center



# Our Assets: Germantown Emergency Center





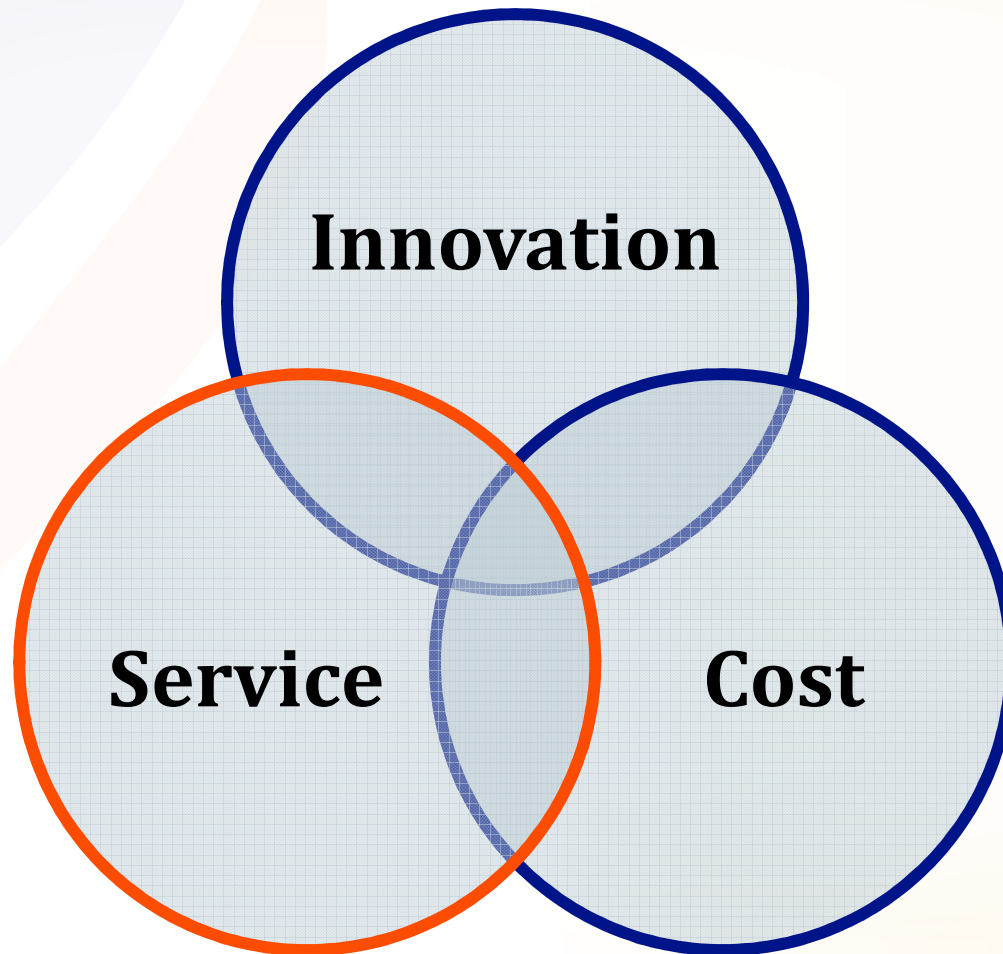
# Our Assets: Aquilino Cancer Center



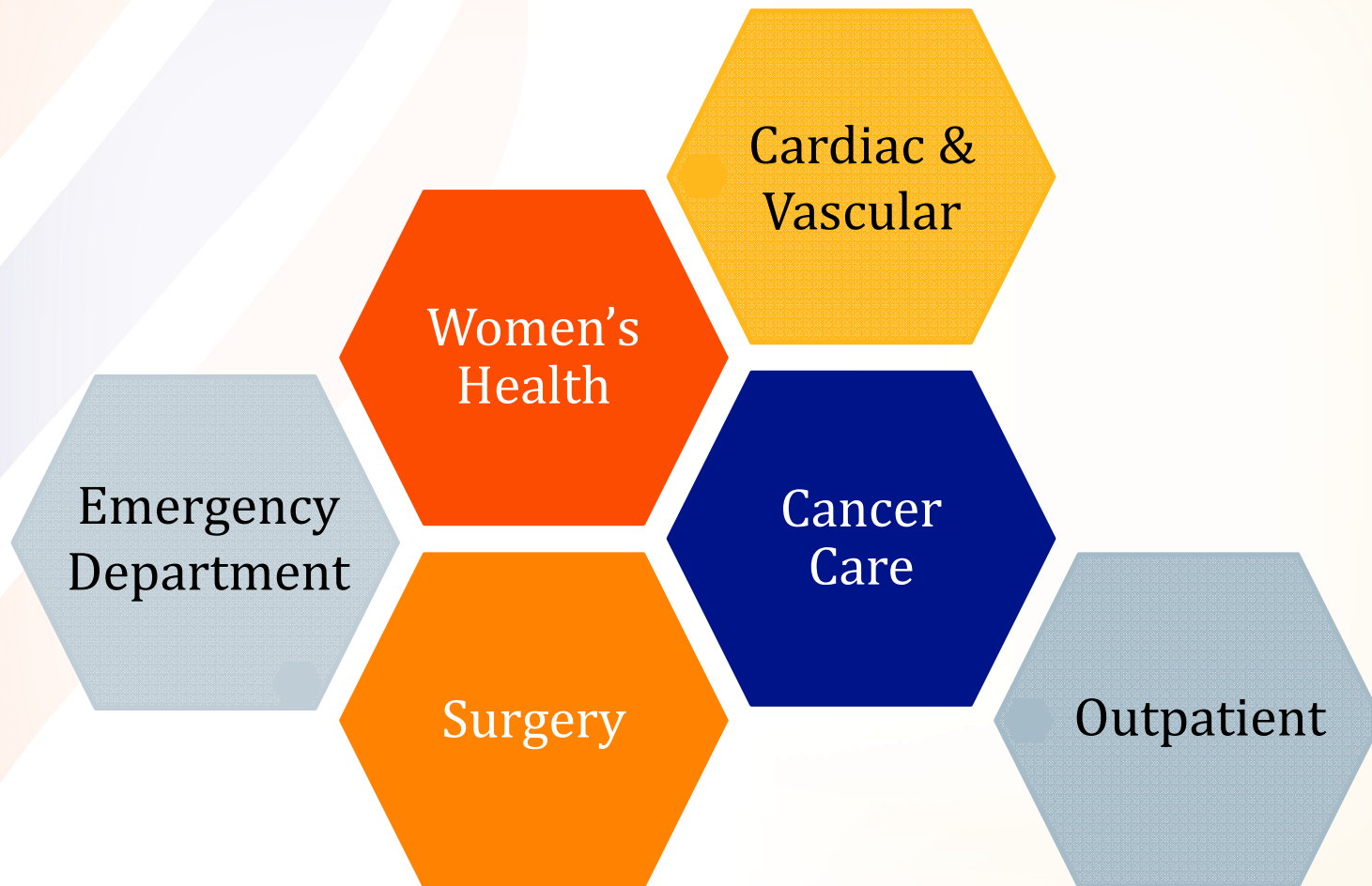
# Annual Volume

- 20,000 inpatients
- 5,000 deliveries
- 600 NICU admissions
- 100,000 ED visits
- 14,000 surgical procedures
- 3,000 CVIR cases
- 90,000 outpatient diagnostic & treatment visits

# Value Proposition



# Key Service Lines





# Our Guide to Performance Excellence

## Mission

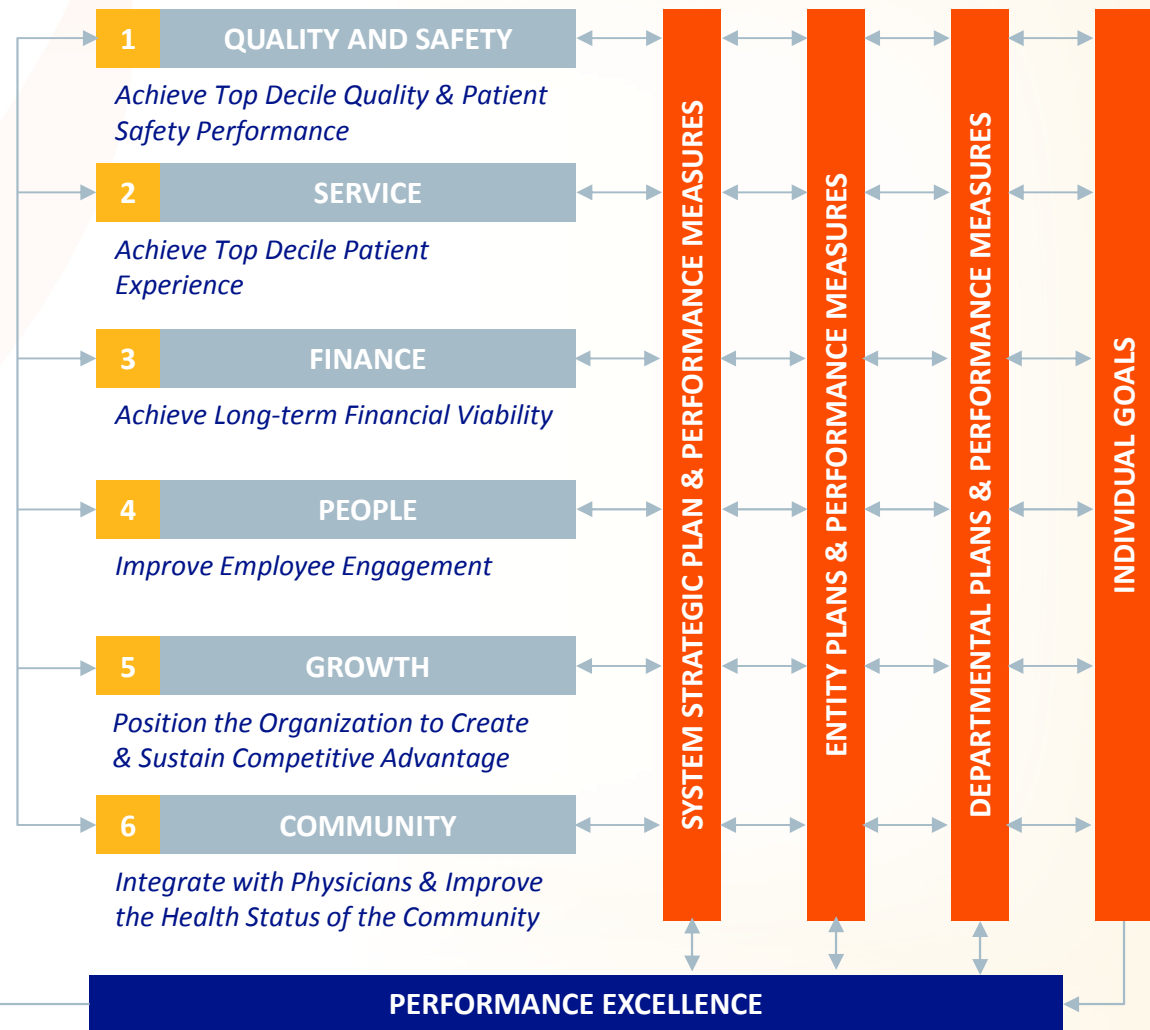
We demonstrate God's care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.

## Vision

Adventist HealthCare will be a high performance integrator of wellness, disease management and health care services, delivering superior health outcomes, extraordinary patient experience and exceptional value to those we serve.

## Values

- Respect
- Integrity
- Service
- Excellence
- Stewardship

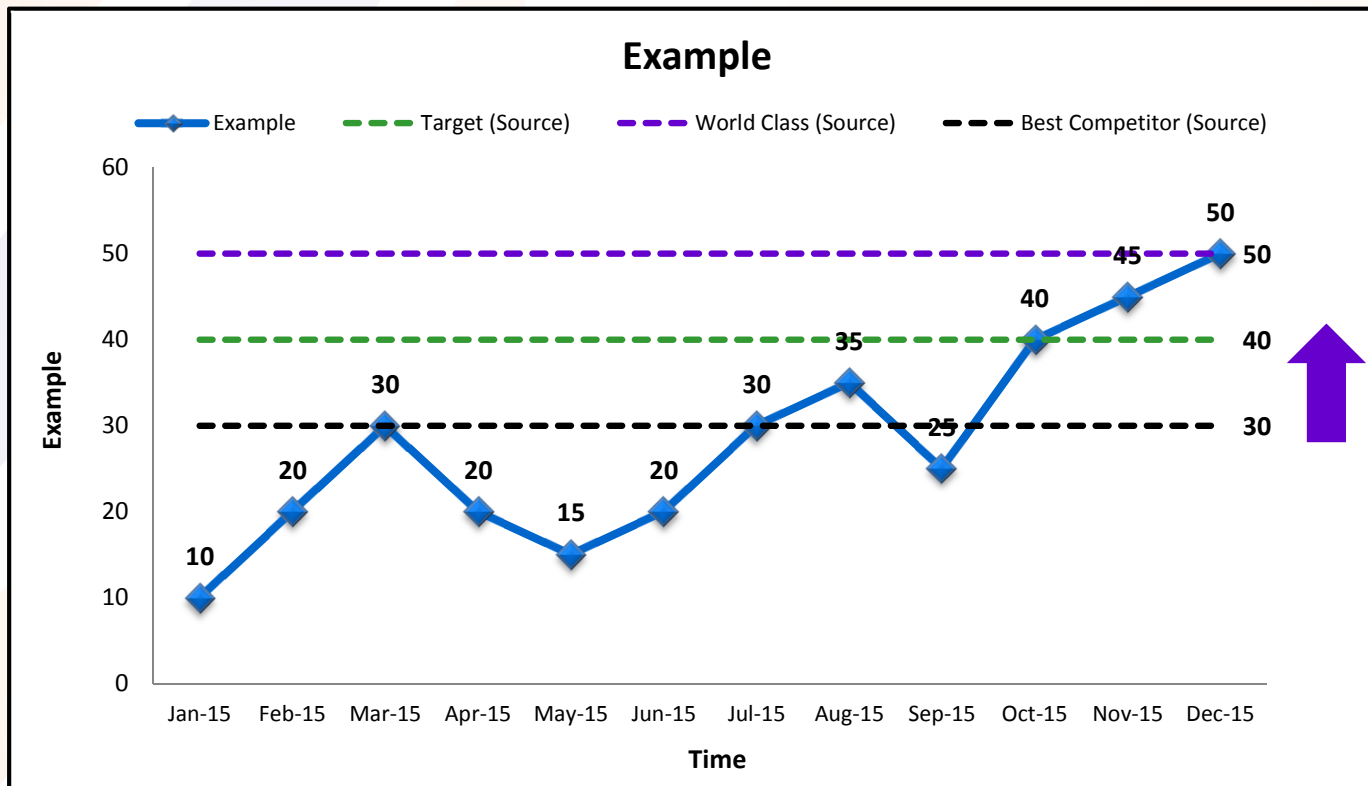


# AHC SGMC Strategy Map



Shady Grove Medical Center 2015-2020 Strategy Map									
KRA	Category	Strategic Objectives	Strategic Advantages and Challenges	Indicator	2015 Goal		5 Year Goal (Target Year)	Business/Action Plan	Lead
					Target	World Class			
Quality/ Safety	Quality	Achieve Top Decile Quality and Patient Safety Performance	1, 2, 3, 4 8, 9, 11, 14	Percent of Core Measures in Top Decile	80%	100%	Achieve Baldrige Award (2018)	Quality and Safety Plan	Susan Glover
	Safety			Percent of Safety Measures in Top Decile	70%	100%		PI Plan	Susan Glover
Service	Service - IP	Achieve Top Decile Patient Experience	2, 3, 5 8, 9, 10, 14	IP Likelihood to Recommend - Rank	50th Percentile	90th Percentile	World Class Nursing (2019)	Customer Service Plan Nursing Strategic Plan	Joan Vincent
	Service - ED			ED Likelihood to Recommend - Rank					
	Service - OP			OP Likelihood to Recommend - Rank					
Finance	Finance	Achieve Long Term Financial Viability	2, 3, 4, 7 8, 9, 11, 13 14	Operating Margin %	5.40%	10.00%	Begin Construction on All Private Rooms (2018)	Finance Plan	Dan Cochran Dave Smith
				MHAC Performance	51%	62%		Quality and Safety Plan	Susan Glover
People	People	Improve Employee Engagement	1, 2, 3, 4, 5, 7 8, 9, 10, 12, 14	Engagement Percent	40.50%	44.00%	World Class Nursing (2019)	Employee Engagement Plan	Marta Perez
Growth	Growth	Position the Organization to Create and Sustain Competitive Advantage	1, 2, 3, 6, 7 8, 9, 10, 11, 13, 14	Admit, Birth and Observation Numbers			One Health Quality Alliance or Clinically Integrated Network to Manage the Triple Aims (2020)	Key Strategic SL Plans	Eunmee Shim
Community	Community	Deliver Health, Medical and Chronic Disease Management to Improve the Health Status of the Community	1, 2, 3, 4 9, 11, 13, 14	ACO Membership				Medical Staff Development Plan	Kevin Smothers
		Integrate with Physicians		CIN Membership					
Advantages: 1. Nationally Recognized Clinical Excellence 2. Aligned Leadership Team 3. Committed and Aligned Physician Community 4. Comprehensive Care Across Care Continuum 5. Strong Faith-Based Culture 6. Geographic Location 7. Strong Financial Performance			Challenges: 8. Sustaining Financial Performance Under GBR 9. Meaningful Market Share Gain 10. Improving Patient Experience 11. Reliable and Highly Performing Technology 12. Staff Retention and Engagement 13. Building Ambulatory Care Network 14. Brand Recognition			Values: • Respect • Integrity • Service • Excellence • Stewardship		Vision: Adventist HealthCare will be a high performance integrator of wellness, disease management and health care services, delivering superior health outcomes, extraordinary patient experience and exceptional value to those we serve.	
Mission: We demonstrate God’s care by improving the health of people and communities through a ministry of physical, mental and spiritual healing.									

# Our Approach to Sharing Data



Initiatives:

- 1)
- 2)
- 3)

# Our Approach to Process Improvement

## DEFINE: PROJECT SELECTION

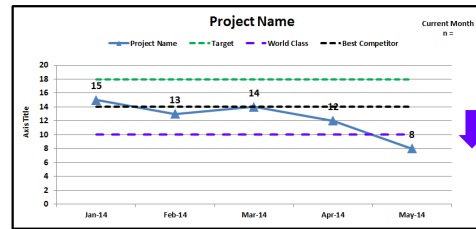
PROJECT SELECTION MATRIX						
Problem/Theme Area	Customer/Stakeholder	Selection Criteria				
		A	B	C	D = A*B*C	
		Impact on Customer (Accuracy/Cost/Timeliness)	Need to Improve (Performance Gap)	Supports AHC Key Result Area(s)? Y=1, S, N=0	Overall	Selection (Y/N)
Rating Scores:		1= None	2= Low	3= Moderate	4= High	5= Extreme

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Define

- Define Problem & Scope of Project
- Determine Measurement Key Process Indicators

## MEASURE: DEFINING THE GAP



GAP: Baseline =  
Target =

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Measure

- Measure the Gap
- "Where Are We - Where Do We Want to Be?"

## ANALYZE: GETTING TO THE ROOT CAUSE

Problem Statements	Problem 1:	Problem 2:	Problem 3:
Why?			
Why?			
Why?			
Mark (X) to Indicate If Standard Failed People OR People Failed Standard			
	Standard Failed	People Failed	Standard Failed
	People Failed	Standard Failed	People Failed
	Standard Failed	People Failed	People Failed

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Analyze

- Determine the Factors Contributing to your Problem
- Use Tools to Get to the Root Cause

## IMPROVE: IMPLEMENTATION ACTION PLAN

IMPLEMENTATION ACTION PLAN														
Countermeasure  (Put These Initiatives on your Dashboard)	How	Who	When (Put X in Box to Show Implementation)											
			2015											
			J	F	M	A	M	J	J	A	S	O	N	D
	1)													
	2)													
	3)													
	1)													
	2)													
	3)													
	1)													
	2)													
	3)													

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Improve

- Select & Test Countermeasures for Improvement
- Develop Implementation Plan

## CONTROL: PROCESS CONTROL SYSTEM

PROCESS CONTROL SYSTEM	
Indicator:	
Target:	
Who will Collect Data?	
Frequency of Data Collection:	
Contingency Plan:	

Control

- Create Control and Monitoring Plan for Sustainability

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## OUR IMPACT AT AHC SGMC

- Our Department's Impact
- Staff Involvement
- What We Learned

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# Our Main Thing

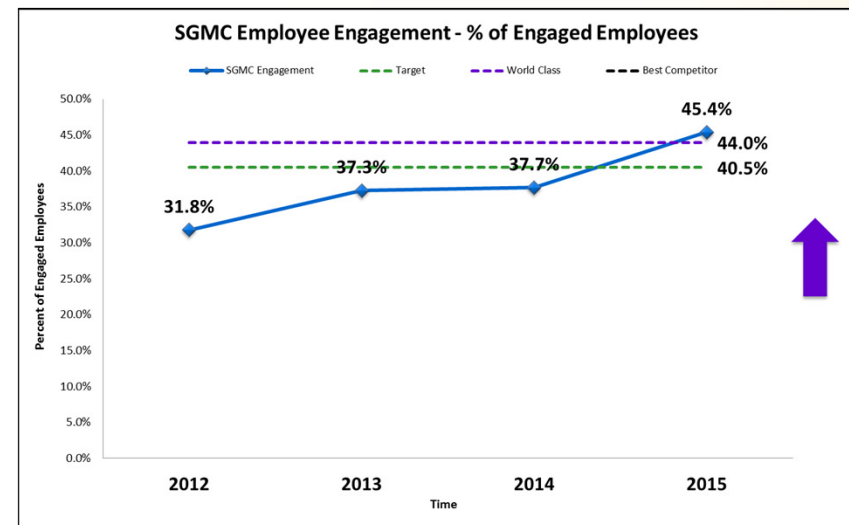
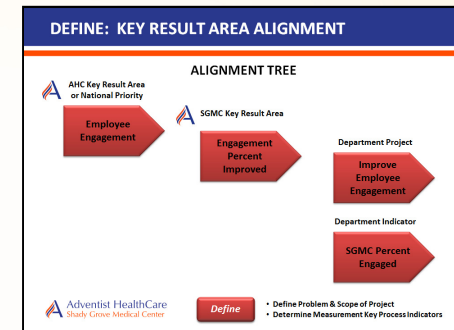
OUR "MAIN THING" – CORE PURPOSE, PROCESSES, & RESPONSIBILITIES	
Department Name	
<b>CORE IDEOLOGY</b>	
Core Purpose <i>(Why do we exist?)</i>	
Core Processes <i>(What are the core processes to fulfill the purpose that you exist for?)</i>	
Core Roles & Responsibilities <i>(What roles are critical to carry out your core processes? What are their responsibilities?)</i>	
<b>ENVISIONED FUTURE</b>	
Dashboard Measures of Success <i>(Current or Future Dashboard Goals)</i>	
5 Year Strategic/Visionary Goal <i>(What do you hope to accomplish and be known for?)</i>	

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## Executive Services Employee Engagement

Departmental Performance Improvement  
Goal Year: 2015

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#### Initiatives:

- 1) Executive Services Departmental PI - Improve Med/Surg staffing ratios and complete salary & equity assessment.
- 2) Upgrade patient care equipment including call light system, communication devices, medication scanning, and IV pumps.
- 3) Enhance Employee Referral Program to monetarily incentivize employee referrals for experienced staff.






# Performance Management Tool



## Learning and Performance Suite

Search



HomeConnectMy LearningPerformanceLearning ResourcesReportsILT AdminAdminMy Team






















Goals - Emily Miller

Create

SelectFrom: 1/1/2015To: 12/31/2015Show CancelledHide CompletedSearch

Details

My Goals

Title	Due Date	Strategic Objective/ Pillar	Weight	Status	Progress	Options
SGMC: ED Score - Willingness to Recommend	12/31/2015	Extraordinary Service (Patient Experience)	3.34%	Below Threshold	<div></div> 0.00%	  
SGMC: Engagement Percent Improved	12/31/2015	Employee Engagement (Best Place, Best People)	10.00%	Below Threshold	<div></div> 0.00%	  
SGMC: I/P Score - Willingness to Recommend	12/31/2015	Extraordinary Service (Patient Experience)	3.33%	Below Threshold	<div></div> 0.00%	  
SGMC: MHAC Performance	12/31/2015	MHAC Performance	20.00%	Below Threshold	<div></div> 0.00%	  
SGMC: O/P Score - Willingness to Recommend	12/31/2015	Extraordinary Service (Patient Experience)	3.33%	Below Threshold	<div></div> 0.00%	  
SGMC: Operating Income	12/31/2015	Financial Success	20.00%	Below Threshold	<div></div> 0.00%	  
SGMC: Percent Of Core Measures and Patient Safety Measures	12/31/2015	Safe & Effective Care (Safety & Clinical Excellence)	20.00%	Below Threshold	<div></div> 12.50%	  
Total			80.00%		<div></div> 3.13%	

## Our Sincere Thank You

Thank you, MPEA Examiners, for volunteering your time to help organizations like us achieve our world class goals.