A Structured Accountability from C-Suite to Bedside Produces Results

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Our Mission & Vision

The Mission of the Bon Secours Health System is to bring compassion to health care and to be Good Help to Those In Need, especially those who are poor & dying.

As a system of caregivers we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ & the Catholic Church.

Inspired by the healing ministry of Jesus Christ & the Charism of Bon Secours...

As a prophetic Catholic health ministry we will partner with our communities to create a more humane world, build health and social justice for all, & provide exceptional value for those we serve.
History

The ministry of the Sisters of Bon Secours began in 1824 in Paris, France during the French Revolution.

The Sisters of Bon Secours came to the U.S. in 1881 and established their first hospital in Baltimore in 1919. By 1980, they had several Catholic hospitals, long-term care facilities, and other healthcare services.
A $3.2 billion not-for-profit Catholic health system, Bon Secours Health System has more than 23,000 caregivers and helps people in 9 communities in 6 states:

- Florida
- Kentucky
- Maryland
- New York
- South Carolina
- Virginia
19 Acute Care Hospitals
*With Over 4,000 Beds*

5 Nursing Care Facilities
*With Over 1,000 Beds*

14 Home Care and Hospice Providers

4 Assisted Living Facilities

7 Retirement Communities / Independent Living

Numerous Ambulatory Facilities, Clinics, Urgent Care, and Community Health Services
Clinical Transformation
Simultaneously Improving Quality, Experience of Care, Finance

A comprehensive inter-disciplinary approach to achieve **care delivery excellence** throughout the patient care continuum that measurably improves quality, creates holistic, patient centered care experiences, and reduces healthcare costs by reducing waste and optimizing the value proposition.

This is done through the effective alignment of people, process and technology that enables and supports rapid cycle tests of innovation leading to creative, effective solutions.
Managing Care Across the Continuum
Improving Coordination, Reducing White Spaces

Bon Secours employs or contracts with key acute and non-acute care providers to support an integrated network strategy.

- Nurses, Respiratory, Pharmacy, Nutrition, Infection Control, Hospitalists, Intensivists, Medical Directors, ED Physicians, Radiologists, Consultants

Partnering with providers across the continuum to provide care that is safe, effective, efficient, timely, equitable, and patient-centered.
Every Patient, Every Day
Committed to Care Delivery Excellence Across Bon Secours

One Patient, One Record

Clinical Quality

Clinical Transformation

Finance

Engagement

If you want to go fast, go alone. If you want to go far, go together.

*Old African proverb*

One ACO Contract for MSSP
A Platform for Change
Variation in Performance, Outcomes

- Significant variation in standard performance metrics
- Best practices shared but not consistently deployed
An Expectation of High Performance
High Quality Care in All Bon Secours Settings

Bon Secours Ministries-
Established Expectation for Performance

Bon Secours Board, Quality Committee-
Created Goals for Improvement in Overall and Individual Performance

Executive Management Team-
Responsible for taking action to drive improvements

Report progress and barriers,
Feedback on strategies
Methods of Communication
Role of Governance

• Bon Secours Board Quality Committee Leadership in Reducing Variation
  – Board Quality Affinity Group- Board and Quality Chairs, Executive Team
    ➢ Communicate System priorities
    ➢ Educate on trends in healthcare
    ➢ Provide standard structures and expectations
  – Management Report
  – Local Market presentations
  – Variance Reporting (Box and Whisker plots)
  – Executive team accountability
Leveraging Talent to Drive Change Across the Organization and Throughout the Markets

- Talent Management
- Leadership Development
- Workforce Planning
Establishing Standard Clinical Expectations
Reliable Care Accountability Matrix (RCAM)

– Establish System core standards of practice
– Accelerate implementation of best practices
– Promote reliability - standardizing approach, communication
– Build validation process
– Outcome: Reduce variability in processes and outcomes

<table>
<thead>
<tr>
<th>Clinical Transformation Global Metrics FY15- December</th>
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<tbody>
<tr>
<td>Metric</td>
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<tr>
<td>-------------------------------------</td>
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<tr>
<td>Hospital-Acquired Infections</td>
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<td>Composite Score</td>
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<td>Mortality Index</td>
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<td>Readmission Index- Reform Subset</td>
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<tr>
<td>Patient Engagement- HCAHPS “Overall”</td>
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<tr>
<td>Total Cost/Case</td>
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<tr>
<td>Direct Variable Cost per Case</td>
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<tr>
<td>ACO Diabetes Composite Score</td>
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<tr>
<td>Medicare Annual Wellness Visits</td>
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<tr>
<td>Average Length of Stay</td>
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<td>Case Mix Index</td>
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</tbody>
</table>
### Reliable Care Accountability Matrix

<table>
<thead>
<tr>
<th>C-Diff PREVENTION</th>
<th>SOE/MOS</th>
<th>CAUTI PREVENTION</th>
<th>SOE/MOS</th>
<th>SSI PREVENTION</th>
<th>SOE/MOS</th>
<th>HCAHPS</th>
<th>SOE/MOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adoption of BSHSI Breath Cleaning Policy (Yes/No) and compliance with said policy</td>
<td>Approval of Policy in Minutes; Site Observation to validate</td>
<td>1 Establish baseline and reduction target for Foley days to achieve the national desire</td>
<td>Redwood Report: # Foley Days Reduction</td>
<td>1 Adoption of ADRN Recommendations for Site Prep and customized to patient needs</td>
<td>Site Observation</td>
<td>1 Operational System Change of SWH Report at the patient’s bedside with 100% compliance.</td>
<td>Site Observation</td>
</tr>
<tr>
<td>2 Evidence of regular/routine monitoring for Compliance and Competency of Environmental Service Standard and Staff. Facility reviews minimum of 306 staff quarterly and demonstrates 90% compliance</td>
<td>Record of Environmental Service audits</td>
<td>Establish protocol for alternative practice</td>
<td>Evidence in</td>
<td>1 Achieve 100% compliance on all SCIP Antibiotic measures (appropriate antibiotic selection, administered one hour before incision, discontinued after 24 hours from surgery/48 hours after CV Surgery</td>
<td>Premier QMR SCIP Compliance Report</td>
<td>2 Purposeful interval bedside rounding operationalized with 100% compliance</td>
<td>Site Observation</td>
</tr>
<tr>
<td>3 Evidence of Compliance to BSHSI Algorithm including testing in the ED to determine if present on admission/Community acquired. Do not test again within 7 days. If no stool, cancel Cdiff test</td>
<td>Random Sampling Audit to Demonstrate Compliance</td>
<td>Evidence of Compliance with existing Nurse Driven Foley protocol; Non compliant incidents are reviewed weekly</td>
<td>Audit to Demonstrate Compliance</td>
<td>3 Maintain Normothermia for Surgical Patients</td>
<td>Random Sampling Audit to Demonstrate Compliance</td>
<td>3 Leadership Patient Experience Rounds conducted at minimum of twice a week, log of activity and leadership audit tool completed</td>
<td>Site Observation</td>
</tr>
<tr>
<td>4 Evidence for PPI guidelines for ordering. Ordering and reasons are reviewed monthly. Use of “other” category is analyzed for appropriateness and ordering patterns are reviewed with providers</td>
<td>Audit of monthly reviews</td>
<td>Establish a competency program for insertion and care of newfangled urinary catheters</td>
<td>Audit of competency program, Site observation</td>
<td>4 Use of Wound Protectors for Open Colorectal and Open Biliary Tract Surgeries</td>
<td>Random Sampling Audit to Demonstrate Compliance</td>
<td>4 Communication of HCAHPS scores and verbatim comments shared monthly at all Medical Staff, Nursing, and leadership meetings and posted in common area for staff to review</td>
<td>Site Observation and audit of meeting minutes</td>
</tr>
</tbody>
</table>

### LOS MANAGEMENT

<table>
<thead>
<tr>
<th>SOE/MOS</th>
<th>READMISSION</th>
<th>MORTALITY</th>
<th>HANDPASHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Operationalize Care Management Technology: EPIC Monitor</td>
<td>Random Sampling Audit</td>
<td>Evidence of Compliance with System Ventilator Bundle</td>
<td>（Structural Measure）</td>
</tr>
<tr>
<td>2 Communicate Discharge Plans to Patients and Care Team. Expected discharge date posted in patient’s room, patient and family are aware of expected date and engaged in d/c plan. Evidence of d/c planning in chart within 24 hours of admission including if d/c to SWH, HH, or other treatment facility is expected</td>
<td>Site Observation and Random sample of pts not d/c by noon to review reasons for delay</td>
<td>Improve use of system sepsis order set by 50% within 90 days (April 2015)</td>
<td>Random Sampling Audit</td>
</tr>
<tr>
<td>3 Documentation of Ideal Patient Care Flow. Established ideal flow plan with care and pathway for top dog opportunity AND ED Providers and Hospitalists develop and utilize care plan/order set for 5 most common reasons for admit from ED, track time from decision to admission - improvements in cycle as part of performance review</td>
<td>Audit of ideal flow plan, compliance with expected standard, Redwood Report for cycle time</td>
<td>Redwood report</td>
<td>Site Observation and Evidence of Action Plan</td>
</tr>
<tr>
<td>4 Implement Effective Interdisciplinary rounding utilizing CC and Anticipated LOS and rounds on patients with LOS &gt;5 days. Determine barriers to discharge. Weekly meeting of CMIO and Medical Director of Hospitalist to review past week’s performance, agree on action plan for the week</td>
<td>Minutes (including issues and resolution) provided to throughput team, audited by request</td>
<td>Redwood Report and Random Sampling Audit</td>
<td>1 Using the (CAHPS) 24 identified drivers; Identify facility specific drivers with action plan for improvement</td>
</tr>
<tr>
<td>5 All Observation patients reviewed every 12 hours to evaluate meeting criteria for IP, OBS or readiness for discharge.</td>
<td>Documented process for patient education on medication side effects for at-risk patients</td>
<td>Evidence of Compliance with MEWS standard</td>
<td>Policy in Place (Structural Measure)</td>
</tr>
<tr>
<td></td>
<td>Chart review</td>
<td>ConnectCare Reporting of MEWS compliance</td>
<td></td>
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</tbody>
</table>

Red Highlights denote measures was in Clinical Transformation 12
SOE= Source of Evidence; MOS= Measure of Success
Reliable Care Accountability Matrix
Phase One

- Expectation for consistent implementation
- CEO Attestation based on self-evaluation
- Outcomes trigger audit
  - Clinical Transformation Global Metrics = RCAM Measures
  - Site visits, interviews, chart review
  - Audit findings of consistency observed provided to CEO and Facility Teams
- Integration of RCAM into executive performance evaluations and incentive program
Ensuring Reliable, Evidence-Based Care for Every Patient, Every Day

C.Diff Prevention
1. Compliance with Oxycide cleaning policy for C.Diff rooms and units
2. Utilize the C.Diff algorithm (including the ED) for testing
3. Do not repeat test within 7 days
4. Review PPI ordering (make sure patients actually need this— if not have doctor discontinue)

CAUTI Prevention
1. Foley reviewed daily for necessity
2. Follow alternatives for Foley protocol with patients
3. Follow existing nurse driven Foley removal policy /protocol
4. Foley insertion and care education and competency

SSI Prevention
1. CHG bathing prior to surgery
2. 100% compliant on SCIP measures
3. Maintain normothermia (normal temperature) during surgery
4. Post-operative glucose control
5. Wound protectors for open colorectal and biliary track surgeries

Handwashing
1. Adoption of BSHSI hand hygiene policy
2. Hand hygiene monthly audit
3. Be accountable! Wash your hands and encourage others too! Approach those that are not compliant and remind them

Goal 100% Compliance

LOS Management
1. Use of EPIC Monitor, identification and actions on patients at risk for delayed discharges
2. Estimated discharge posted on whiteboards in patient room, discussed with patients and care team with potential delays called out and addressed
3. Documentation of Patient Care Flow for highest volume diagnoses, improvement plans to address delays in care
4. Interdisciplinary rounding with focus on patients with LOS > 5
5. Evaluation of observation patients to ensure criteria and status changes

Readmission Prevention
1. Complete Readmission Risk Assessment Tool (RRAT) as part of admission, care management and plans of care targeted for high risk patients
2. Follow up appointment with PCP to occur within 7 days of discharge for appropriate patients
3. ACCURATE admission and discharge medication reconciliation— report errors to MD for correction
4. Education on medication and side effects

Mortality Reduction
1. Compliance with ventilator bundle
2. 100% mortality chart review— share learnings with nursing & medical teams
3. Identification and treatment of sepsis patients, use of sepsis order set
4. Encourage Advanced Directives, promote EARLY palliative care— ask the provider or call the palliative care team
5. Use MEWS!! If >3 call MD or RRT as needed

HCAHPS
1. Shift change report at the patient’s bedside, involving patient and family as appropriate
2. Purposeful interval rounding
3. Leader rounding on all units
4. Unit-based experience teams to identify opportunities and implement actions
5. HCAHPS scores posted in common areas for all staff to review, verbatim comments used in departments and used in team meetings

HCAHPS Goal: top Decile Current: 70%
Communication from Board to Bedside: Defining Expectations Throughout the Organization

- **Board and Governance**
  - A central document to outline expectations
  - A Name and a Brand

- **Executive Management Team**
  - Active involvement in attestation of performance
  - Expectation to know the areas of focus and where there are gaps, put in place actions to close gaps

- **Clinical Leadership**
  - Educate staff
  - Ensure implementation across shifts
  - Remove barriers to standard practice

- **Bedside Staff**
  - Understand and act upon expectations
  - Documentation of expectations supports improvements
# Measuring for Success

## Process and Outcomes

- Outcomes Measured for each Domain
- Facility Attestations
- Reportable metrics, chart audits, observations, and interviews

## Initial Results Varied

<table>
<thead>
<tr>
<th>RCAM Domain</th>
<th>BSB</th>
<th>DMC</th>
<th>MIH</th>
<th>MRMC</th>
<th>RCH</th>
<th>SFMC</th>
<th>SMH</th>
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<tr>
<td><strong>LOS Management</strong></td>
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<tr>
<td>Use of Epic monitor, identifications and actions on patients at risk for delayed discharges</td>
<td>100%</td>
<td>50%</td>
<td>29%</td>
<td>100%</td>
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<td>interdisciplinary rounding with focus on patients with LOS &gt; 5</td>
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<td>Evaluation of observation patients to ensure criteria and status changes</td>
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<td>Complete RRAT as part of admission, care management and plans of care targeted for high risk patients</td>
<td>50%</td>
<td>38%</td>
<td>86%</td>
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<td>Shift change report at the patient’s bedside, involving patient and family as appropriate</td>
<td>57%</td>
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<td>Purposeful interval rounding</td>
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<td>Leaders rounding on all units</td>
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Strategic Quality Plan FY16-18
Our Roadmap for the Future

Desired Future

- Healthy community coalitions and structures in place and active
- Public health partnerships in place and active
- Affordable housing initiatives funded
- Improvement demonstrated in at least two social determinants
- Gallup self-reported well-being increased
- Robert Wood Johnson Foundation county health rankings improved

- Convenient care is available 24/7 (primary care, retail, home and virtual) decreasing time to access care
- Annual wellness visits completed (80% Medicare recipients, employees and risk contracted)
- Highest community ranking for perception of most personalized care (National Research Corporation) achieved
- Top decile achieved for ACO metrics, value-based reimbursement, mortality and hospital-acquired conditions
- Networks are preferred and affordable with our facilities ranked 4 or 5 stars (hospitalcompare.gov)

- Impact of global ministries is expanded
- A leading health disparity is improved or eliminated and availability of behavioral health services is improved
- Number of uninsured in our communities is reduced by 10%
- Annual BSHSI water consumption is reduced by 10%
- Five BSM priorities show positive results
- Targeted vendors have committed to at least one BSM advocacy priority (e.g., human trafficking)

- Top decile physician and employee engagement is achieved
- Diversity/equity and inclusion are recognized nationally
- Retention of entry-level employees increases through just wage and benefit improvements
- Innovation Institute commercializes three BSHSI Ideas
- Employee health and well-being indicators improve
- Net revenues exceed $4.0 billion
- A 4.0% sustainable operating margin is achieved
- We are culturally operating as One Bon Secours

Compassion   Healing   Liberation
Strategic Quality Plan FY16-18
Increased Specificity and Expectations

**Our Goals**

**Co-create Healthy Communities**
- Community Health Needs Assessment done in partnership with "at least" other providers
- County rankings & community well-being indices established
- Public health partnerships established & housing needs evaluated

**Be Person Centric**
- Reliable Care Accountability Matrix (RCAM) — 100% compliance
- Implement Amwell virtual visits & integrate with ConnectCare
- Redesign primary care: wellness, care coordination, palliative care & ACO performance measures

**Serve Those Who Are Vulnerable**
- Nuestra de Crisitina Clinica fully equipped & operating
- Implement best practices to enroll & improve access for the uninsured
- Analyze & prioritize health disparities
- Develop behavioral health strategies

**Strengthen Our Culture & Capabilities**
- Employee & physician participation in cultural competency & ministry formation grows by 50%
- Success analytics platform goes live (WISDOM)
- Continue to hone employee wellness initiatives
- Assess potential for philanthropic giving in each market
- Identify & add new expertise: healthy community facilitators & behavioral health leadership

**Desired Future**
- Healthy community coalitions & structures in place & active
- Public health partnerships in place & active
- Affordable housing initiatives funded
- Improvement demonstrated in at least 2 local determinants
- glimpse self-reported wellbeing increased
- Robert Wood Johnson county health rankings improved

**2016**
- Cultural Navigators in each local system to improve care equity
- Organize at minimum 3 bundled payment initiatives for each market
- Increase the number of Medicare recipients in the Good Help ACO
- Identify & add new expertise: Epidemiology, data scientists & academic affiliations

**2017**
- Cultural Navigators in each local system to improve care equity
- Organize at minimum 3 bundled payment initiatives for each market
- Increase the number of Medicare recipients in the Good Help ACO
- Identify & add new expertise: Epidemiology, data scientists & academic affiliations

**2018**
- Cultural Navigators in each local system to improve care equity
- Organize at minimum 3 bundled payment initiatives for each market
- Increase the number of Medicare recipients in the Good Help ACO
- Identify & add new expertise: Epidemiology, data scientists & academic affiliations

**Subtotal**
- Healthy community coalitions & structures in place & active
- Public health partnerships in place & active
- Affordable housing initiatives funded
- Improvement demonstrated in at least 2 local determinants
- glimpse self-reported wellbeing increased
- Robert Wood Johnson county health rankings improved
One Bon Secours

we are one Bon Secours.

one
a direction that matters.

Introducing an updated and modernized logo that communicates that we are ONE — One Bon Secours, one organization with one mission, one vision, and one set of values.

As ONE unified health system, continue to expect the same level of service and care from experienced, compassionate employees who provide good help to those in need.

One Bon Secours.
Creating a Culture of High Reliability
Commitment Across the Organization

High Reliability Organizations (HROs)
Think Differently

Think about how things can fail and treat any lapse as a sign that something’s wrong with the system

Maintain awareness of what’s happening at the front line – seek out and fix conditions that could compromise safe, high quality performance

Encourage differences of perspective and opinion so that no nuance is overlooked

Rock the boat by simulating and drilling for worst case scenario

Seek experts and ideas that lead to best decisions
RCAM 2.0
Consistently Safe, Highly Reliable Care

- Domains, general practices remain the same
  - Improved specificity and simplicity
  - RCAM Playbook
  - BSHSI branding and color scheme consistent with Bon Secours Strategic Quality Plan

- Refinement of site visit process
- Focus on consistency and quality of the processes
- Align with and embed principles of safety, performance improvement to support sustainability
RELIABLE CARE ACCOUNTABILITY MATRIX (2.0)
Ensuring Reliable, Evidence-Based Compassionate Care for Every Patient, Every Time
Manager and Leader Feedback
Clarity in Expectations Drives Performance

My staff know exactly what is expected of them and every other hospital in the system.

This is one of the best things we have ever done here at Bon Secours.

Everyone really likes feeling like they are contributing to the strategic plan. We put the RCAM scorecard on our bulletin board to track our progress.
Measuring for Success
Process and Outcomes

1 – **Little or NO Deployment** of any of the process is evident
2 – The process is in the **Early Stages** of deployment in **most** areas of work units and locations
3 – The process is **Deployed**, although **some** areas of work units are in the **Early Stages** of deployment
4 – The process is **Well Deployed**, although deployment may vary in some areas or work units
5 – The process is **Well Deployed**, with no significant gaps
6 – The process is **Fully Deployed without significant weaknesses or gaps** in any areas or work units

– Partnered with Facilities to review performance
– Continued improvements in monitoring process and documentation of standards

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**LENGTH OF STAY BY MARKET: BEFORE AND AFTER RCAM**

**RCAM Cycle 2 Results: LOS Management**

- Cycle 1
- Cycle 2

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<thead>
<tr>
<th>Area</th>
<th>BSB</th>
<th>DMC</th>
<th>MIH</th>
<th>MMC</th>
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<th>SMH</th>
<th>SF</th>
<th>OLBH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td>3.5</td>
<td>4.0</td>
<td>4.5</td>
<td>4.2</td>
<td>4.8</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
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**AWAKENING THE WORLD**

**Bon Secours**

- respect | compassion | justice | integrity | quality | innovation | stewardship | growth
Demonstrating Improvements
Process and Outcomes

Reducing variation between hospitals, improving overall performance

BSHSI cDIFF SIR by Month

HAI SIR showing strong improvements

Desired Direction
Moving Forward
Continuing a Focus on Standards

- Increased Standardization, Documentation of Expectations to support Clinical Transformation
  - Emergency Services Recommendations
  - Ambulatory Quality
  - Workflows, Decision Trees

- Expectations for Compliance, increasing “audit” and power of observations- even in small samples
Lessons Learned

Reliable Care Accountability Matrix

• Define expectations, prescriptive approach
• Promote Safety and Reliability
• Leverage technology and analytics
• Communicate to all areas of organization, stay on message
• Measure outcomes and performance
• Build Partnership between System and Facility- Performance Improvement, Facility Leadership
• Engage in consistent, effective leader rounding
• Resist the temptation to create more
Ready for the Future
One Bon Secours, One Standard of Excellence

• Experience to build from
  – Reducing time from best practice identification to spread and implementation
  – Increased accountability
  – Leveraging technology
  – Utilizing data, business intelligence

• Standards for Care Coordination, ready to expand Population Health, pay for value contracts