

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.

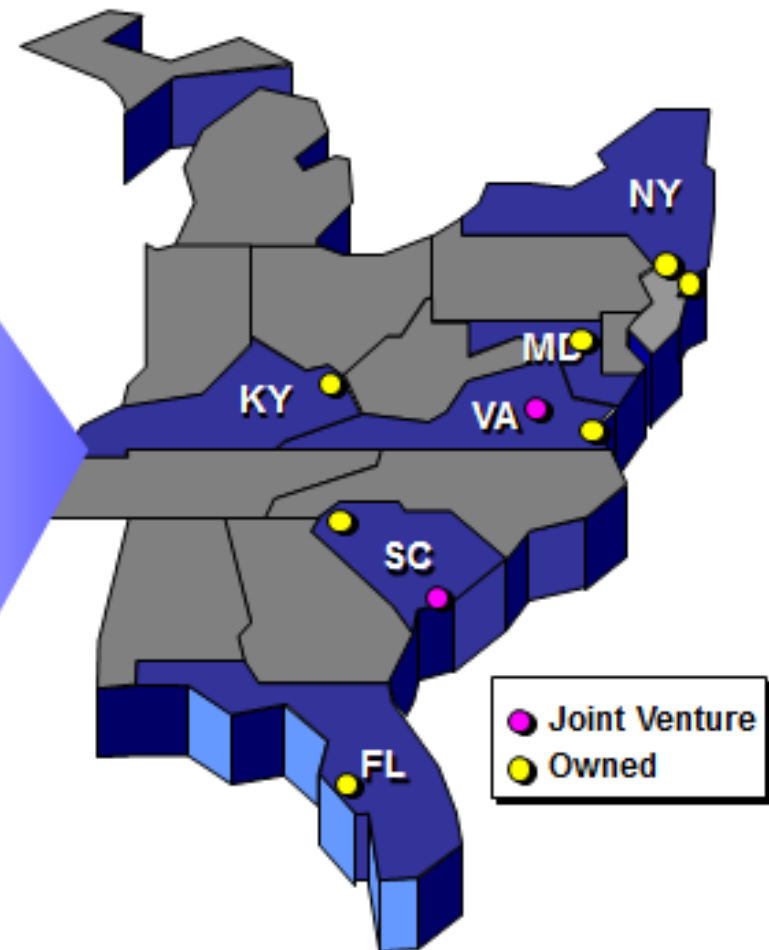
The Sisters of Bon Secours came to the U.S. in 1881 and established their first hospital in Baltimore in 1919. By 1980, they had several Catholic hospitals, long-term care facilities, and other healthcare services.



Supporting Populations in Many Communities

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



14 Home Care and Hospice Providers



5 Nursing Care Facilities
With Over 1,000 Beds



4 Assisted Living Facilities



**Numerous Ambulatory Facilities,
Clinics, Urgent Care, and
Community Health Services**

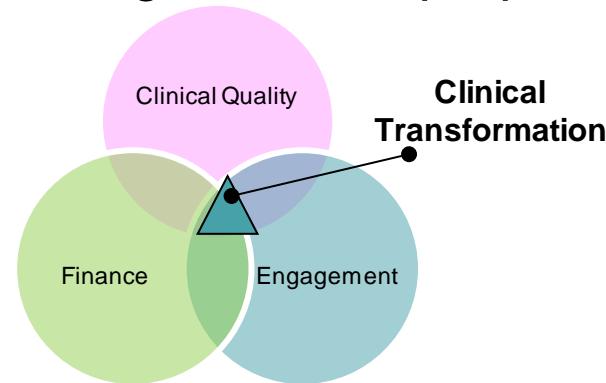


**7 Retirement Communities /
Independent Living**

Clinical Transformation

Simultaneously Improving Quality, Experience of Care, Finance

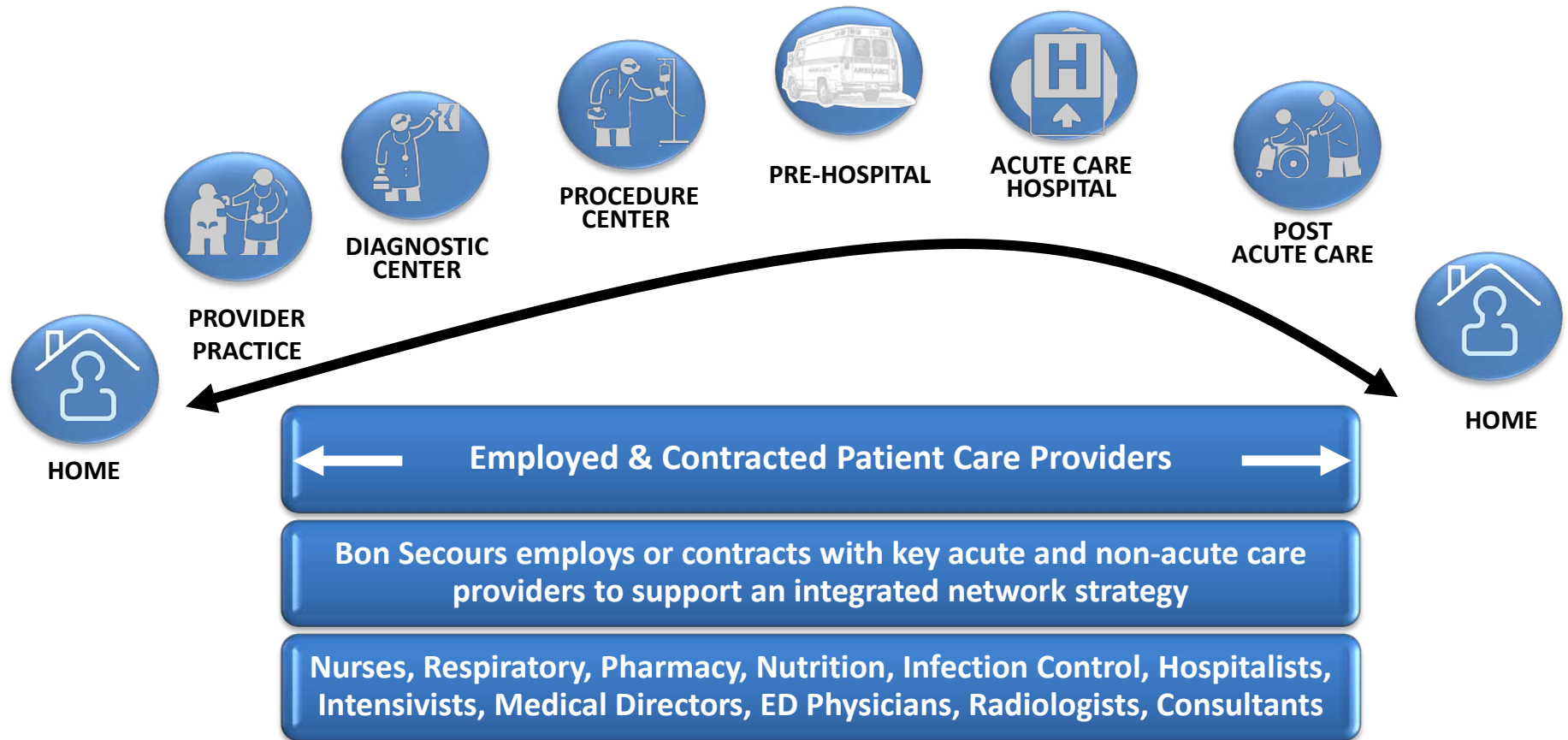
A comprehensive inter-disciplinary approach to achieve **care delivery excellence** throughout the patient care continuum that measurably improves quality, creates holistic, patient centered care experiences, and reduces healthcare costs by reducing waste and optimizing the value proposition.



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



Partnering with providers across the continuum to provide care that is safe, effective, efficient, timely, equitable, and patient-centered

Every Patient, Every Day

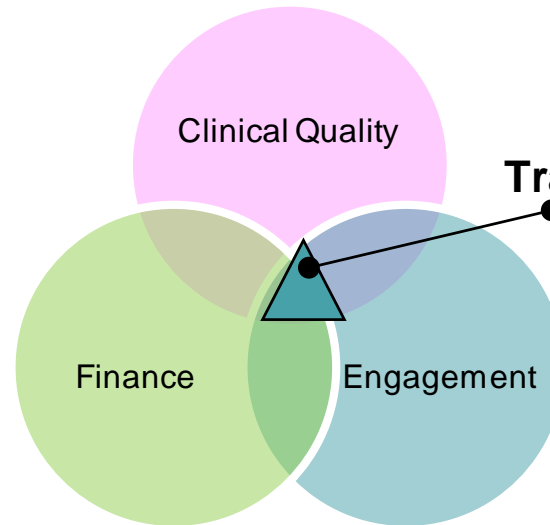
Committed to Care Delivery Excellence Across Bon Secours

One Patient, One Record

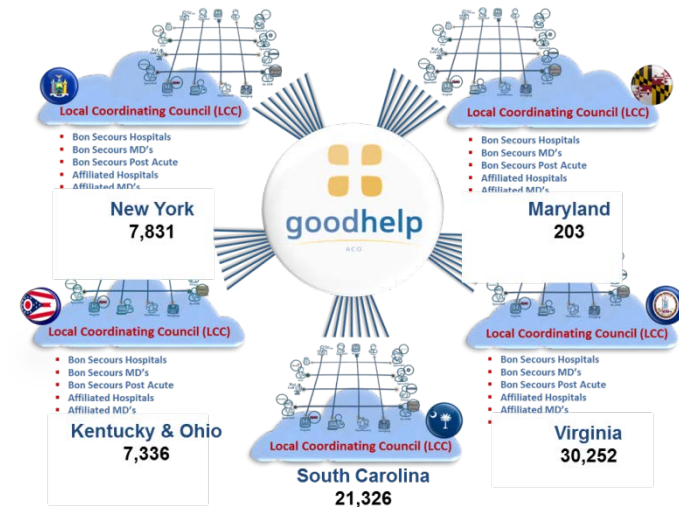


If you want
to go fast,
go alone.
If you want
to go far,
go together.

Old African proverb



**Clinical
Transformation**

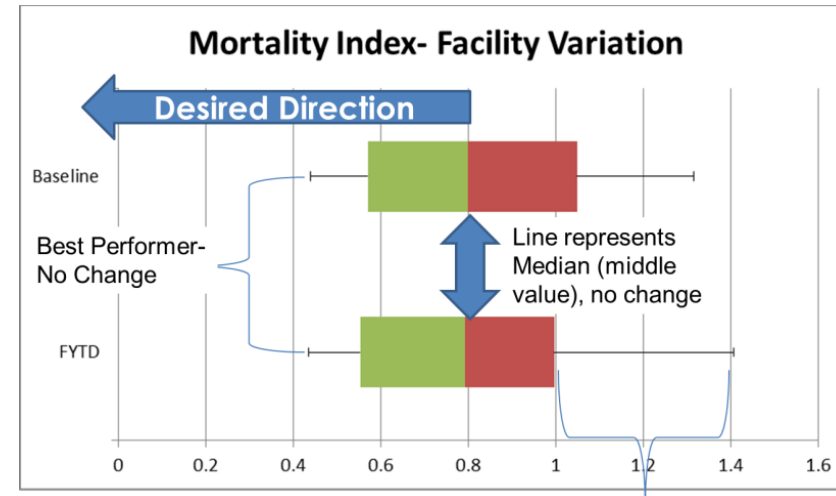


One ACO Contract for MSSP

A Platform for Change

Variation in Performance, Outcomes

- Significant variation in standard performance metrics
- Best practices shared but not consistently deployed



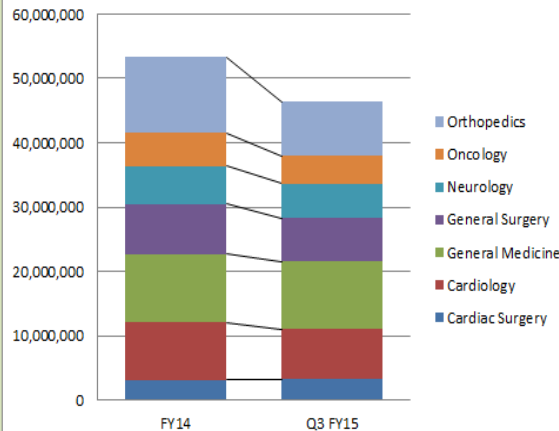
Choose Facility From Dropdown Below

BSHSI Total

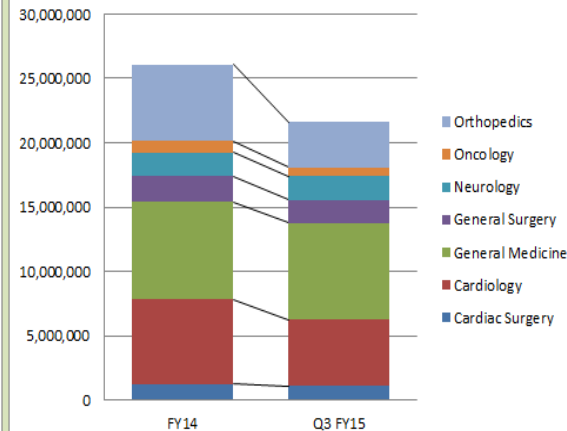
Total Opportunity (All DRGs)	FY14	Q3 FY15
Cardiac Surgery	3,140,385	3,237,254
Cardiology	8,948,138	7,742,693
General Medicine	10,569,506	10,520,283
General Surgery	7,791,816	6,742,884
Neurology	5,861,860	5,394,446
Oncology	5,211,561	4,259,001
Orthopedics	11,798,744	8,488,905
Top 7 SL Total	53,322,010	46,385,467

Opportunity Within Top 40 DRGs	FY14	Q3 FY15
Cardiac Surgery	1,245,681	1,079,919
Cardiology	6,567,682	5,165,433
General Medicine	7,600,532	7,518,828
General Surgery	1,967,616	1,808,503
Neurology	1,860,248	1,811,381
Oncology	860,810	714,547
Orthopedics	5,980,078	3,521,277
Top 7 SL Total	26,082,648	21,619,888

BSHSI Total: Opportunity to 75th in Top 7 SLs- All DRGs



BSHSI Total: Opportunity to 75th in Top 7 SLs- Top 40 DRGs



An Expectation of High Performance

High Quality Care in All Bon Secours Settings



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

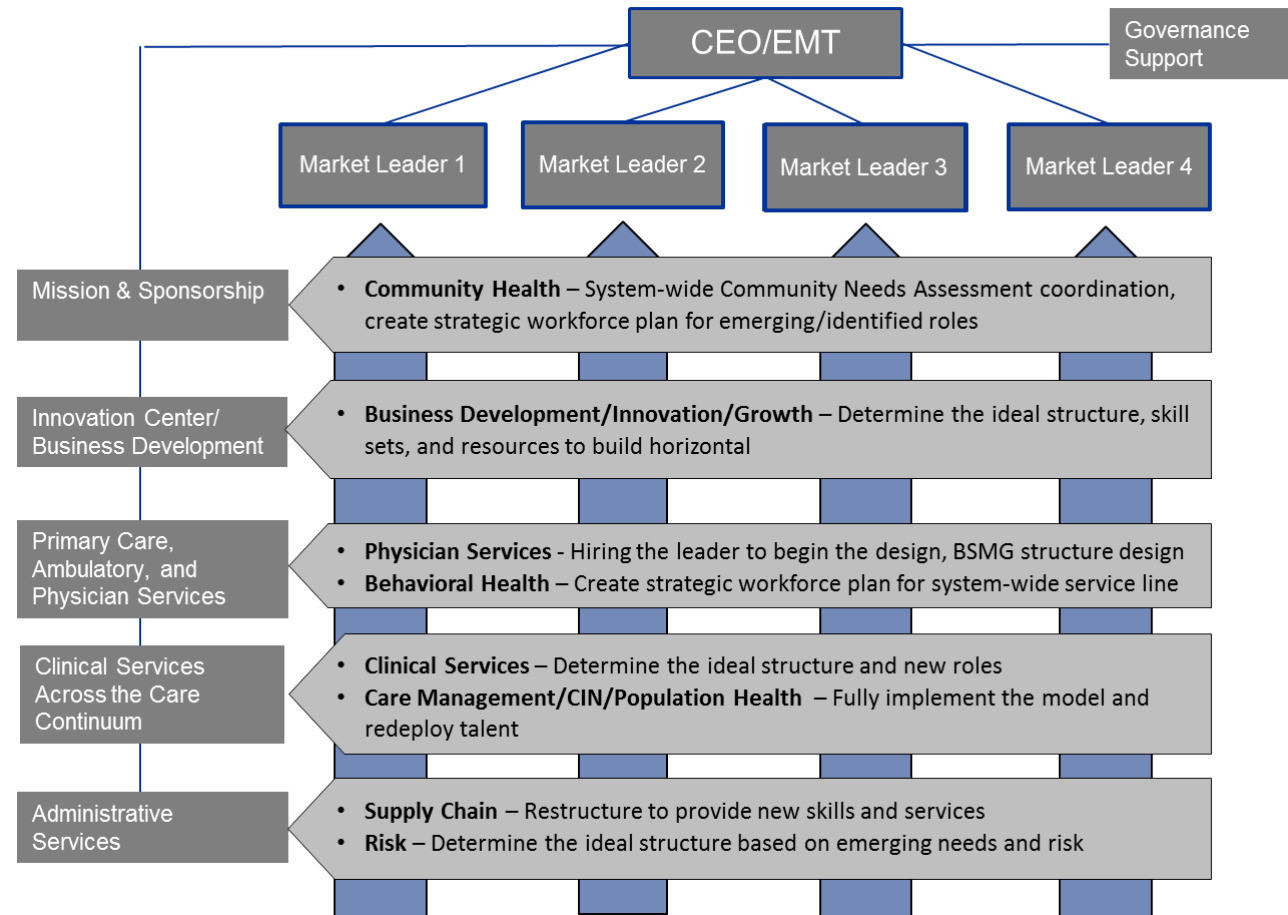


Organizing and Aligning for the Future

Creating Horizontals and Verticals to Drive the Organization

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

Clinical Transformation Global Metrics FY15- December			
Metric	Baseline	FYTD	Target
Hospital-Acquired Infections Composite Score	1.78	1.43	1.58
Mortality Index	0.76	0.75	0.73
Readmission Index- Reform Subset	0.80	0.80	0.64
Patient Engagement- HCAHPS "Overall"	50	53	82
Total Cost/Case	\$11,745	\$11,804	\$12,069
Direct Variable Cost per Case	\$4,314	\$4,471	\$4,404
ACO Diabetes Composite Score	24.39%	28.84%	36.50%
Medicare Annual Wellness Visits	20.65%	30.56%	20.00%
Average Length of Stay	4.40	4.27	4.02
Case Mix Index	1.51	1.50	1.51

Reliable Care Accountability Matrix

Red Highlights denote measure was in Clinical Transformation 12

SOE= Source of Evidence; MOS= Measure of Success

C-Diff PREVENTION		SOE/MOS	CAUTI PREVENTION		SOE/MOS	SSI PREVENTION		SOE/MOS	HCAHPS		SOE/MOS
1	Adoption of BSHSI Bleach Cleaning Policy (Yes/No) and compliance with said policy	Approval of Policy in Minutes; Site Observation to validate	1	Establish baseline and reduction target for foley days to achieve the national decile	Redwood Report - # Foley Days Reduction	1	Adoption of AORN Recommendations for Site Prep and customized to patient needs	Site Observation	1	Operationalize System Change of Shift Report at the patient's bedside with 100% compliance.	Site Observation
2	Evidence of regular/routine monitoring for Compliance and Competency of Environmental Service Standard and Staff; Facility reviews minimum of 10 ES staff quarterly and demonstrates 90% compliance	Record of Environmental Service audits	2	Establish specific alternative to foley use -Bladder Scanner - Establish protocol for alternative practice	Evidence in Nursing Staff Education/ Site Observation	2	Achieve 100% compliance on all SCIP Antibiotic measures (appropriate antibiotic selection, administered one hour before incision, discontinued after 24 hours from surgery/ 48 hrs. after CV Surgery	Premier QMR SCIP Compliance Report	2	Purposeful interval bedside rounding operationalized with 100% compliance	Site Observation
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	Random Sampling Audit to Demonstrate Compliance	3	Evidence of Compliance with existing Nurse Driven Foley protocol; Non compliant incidents are reviewed weekly	Random Sampling Audit to Demonstrate Compliance	3	Maintain Normothermia for Surgical Patients	Random Sampling Audit to Demonstrate Compliance	3	Leadership Patient Experience Rounds conducted at minimum of twice a week, log of activity and leadership audit tool completed	Site Observation and audit of activity log
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	Audit of monthly reviews	4	Establish a competency program for insertion and care of indwelling urinary catheters	Audit of competency program, Site observation	4	Use of Wound Protoectors for Open Colorectal and Open Biliary Tract Surgeries	Random Sampling Audit to Demonstrate Compliance	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	Site Observation and audit of meeting minutes
5						5	Post Op Glucose Control (Cardiac Surgery)	Premier QMR SCIP Compliance Report			
LOS MANAGEMENT		SOE/MOS	READMISSION		SOE/MOS	MORTALITY		SOE/MOS	HANDWASHING		SOE/MOS
1	Operationalize Care Management Technology. EPIC Monitor technology is operational and associated with a documented workflow for care managers to identify at risk and delayed discharges	Site Observation	1	Readmission Risk assessment tool is operational and associated with documented workflows for patients identified as high risk, high risk patients have a documented palliative care consult and home care visit	Random Sampling Audit	1	Evidence of Compliance with System Ventilator Bundle	Random Sampling Audit	1	Using the JCAHO 24 identified drivers; Identify facility specific drivers with action plan for improvement	Site Observation and Evidence of Action Plan
2	Communicate Discharge Plans to Patients and Care Team. Expected discharge date posted in patient's room, patient and family aware of expected date and engaged in d/c plan. Evidence of d/c planning in pt chart within 24 hours of admission including if d/c to SNF, HH, or other treatment Facility is expected. Morning/reverse rounding to support d/c by noon, chart includes reason why d/c by noon on expected d/c date not met	Site observation and family aware of expected date and engaged in d/c plan. Evidence of d/c planning in pt chart within 24 hours of admission including if d/c to SNF, HH, or other treatment Facility is expected. Morning/reverse rounding to support d/c by noon, chart includes reason why d/c by noon on expected d/c date not met	2	Primary Care Provider Coordination - a) Primary Care Provider is identified and documented in chart at least 80% of the time, b) After Visit Summary is provided to PCP within 24 hours of discharge, and c) Compliance with post-discharge office visit follow-up provided within 7/14 days increased by 10% from baseline period (Sept14-Jan15 baseline, Feb-Aug15 performance)	Redwood Report and Random Sampling Audit	2	Improve use of system sepsis order set by 50% within 90 days (April 2015)	Redwood report			
3	Documentation of Ideal Patient Care Flow. Established ideal flow with plan of care and pathway for top drg opportunity AND ED Providers and Hospitalists develop and utilize care plan/orderset for 5 most common reasons for admit from ED, track time from decision to admit to admission- improvements in cycle as part of performance review.	Audit of ideal flow and care plan, compliance with expected standard, Redwood Report for cycle time				3	Mortality review occurs weekly (BSHSI standard) and reported in MARS	MARS reporting within 7 days of death	2	Adoption of the BSHSI hand hygiene policy	Policy in Place (Structural Measure)
4	Implement Effective Interdisciplinary rounding utilizing CC Anticipated LOS and rounds on patients with LOS > 5 days. Determine barriers to discharge. Weekly meeting of CMO and Medical Director of Hospitalist to review past week's performance, agree on action plan for the week	Minutes (including issues and resolution) provided to throughout team, audited by request	3	Operationalize medication reconciliation process at all transition points including inpatient discharge, home health, and skilled nursing	Random Sampling Audit	4	Evidence of Compliance with MEWS standard	ConnectCare reporting of MEWS compliance			
5	All Observation patients reviewed every 12 hours to evaluate meeting criteria for IP, Obs or readiness for discharge.	Site Observation	4	Documented process for patient education on medication/side effects for at-risk patients	Chart review	5	Advanced Care Planning: Hospital- Palliative Care Screening Process in place, Patients with identified need have consult to Palliative Care team within 24 hours; Practice- Advanced care planning discussions in physician practices	Sample Audit- Palliative care referral timeliness, Increase in documented advanced directives	3	Conduct Hand hygiene audits monthly within units, across units, across departments and share results with staff, leadership, medical staff and with the boards.	Process Evident with Monthly Audit Results Available

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!)



**CDiff
Goal:
0**

**CDiff Total
YTD:**

CAUTI Prevention

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



**CAUTI
Goal:
0**

**CAUTI Total
YTD:**

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



**SSI
Goal:
0**

**SSI Total
YTD:**

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



**LOS
Goal:**

**LOS To
Date:**

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



**Goal:
Zero
Avoidable
Readmissions**

**Readmits
To Date:**

Mortality Reduction

1. Compliance with ventilator bundle
2. 100% mortality chart review- share learnings and opportunities with nursing & medical teams
3. Identification and treatment of septic 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



**Goal:
Zero
Preventable
Deaths**

**Mortality
To Date:**

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

extraordinary care | world-class service

Ensuring Reliable, Evidence-Based Care for Every Patient, Every Day

clinical transformation

C.Diff Prevention <ol style="list-style-type: none"> 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!)  <div> CDiff Goal: 0 </div> <div> CDiff Total YTD: </div>	CAUTI Prevention <ol style="list-style-type: none"> 1. Foley's reviewed daily for necessity 2. Follow alternatives for Foley's protocol with patients 3. Follow existing nurse driven Foley removal policy /protocol 4. Foley insertion and care education and competency  <div> CAUTI Goal: 0 </div> <div> CAUTI Total YTD: </div>	SSI Prevention <ol style="list-style-type: none"> 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  <div> SSI Goal: 0 </div> <div> SSI Total YTD: </div>	Handwashing <ol style="list-style-type: none"> 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  <div> Goal 100% Compliance </div>
LOS Management <ol style="list-style-type: none"> 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 patient 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  <div> LOS Goal: </div> <div> LOS To Date: </div>	Readmission Prevention <ol style="list-style-type: none"> 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  <div> Goal: Zero Avoidable Readmissions </div> <div> Readmits To Date: </div>	Mortality Reduction <ol style="list-style-type: none"> 1. Compliance with ventilator bundle 2. 100% mortality chart review— share learnings and opportunities with nursing & medical teams 3. Identification and treatment of septic 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  <div> Goal: Zero Preventable Deaths </div> <div> Mortality To Date: </div>	HCAHPS <ol style="list-style-type: none"> 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  <div> HCAHPS Goal: top Decile Current: 70% </div>

Source: HCAHPS to Patients in Need

- **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**

RCAM DOMAIN		BSB	DMC	MIH	MRMC	RCH	SFMC	SMH	OLBH	
LOS Management	Use of Epic monitor, identifications and actions on patients at risk for delayed discharges									100%
	estimated discharge posted on whiteboards in patient room, discussed with patients and care team with potential delays called out and addressed									50%
	Documentation of patient care flow for highest volume diagnosis, improvement plans to address delays in care									29%
	interdisciplinary rounding with focus on patients with LOS > 5									100%
	evaluation of observation patients to ensure criteria and status changes									NA
Readmission Prevention	Complete RRAT as part of admission, care management and plans of care targeted for high risk patients									50%
	follow up appointment with PCP to occur within 7 days of discharge for appropriate patients									38%
	accurate admission and discharge medication reconciliation - reports errors to MD for correction									86%
	Education on medication and side effects									57%
HCAHPS	shift change report at the patient's bed-side, involving patient and family as appropriate									57%
	purposeful interval rounding									75%
	leaders rounding on all units									75%
	unit based experience teams to identify opportunities and implement actions									13%
	HCAHPS scores posted in common areas for all staff to review, verbatim comments used in departments and used in team meetings									100%

Strategic Quality Plan FY16-18

Our Roadmap for the Future



Compassion Healing Liberation

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

Strategic Quality Plan FY16-18

Increased Specificity and Expectations

our goals

2016

2017

2018

desired future

CO-CREATE HEALTHY COMMUNITIES

We recognize that the factors which drive health outcomes extend well beyond the scope of traditional healthcare services. Thus, we commit to improve the health of our communities through partnership and collaboration with a broad range of constituencies including committed community residents.



Community Health Needs Assessment done in partnership with "at least" other providers

County rankings & community well-being index baselines established

Public health partnerships established

Housing needs evaluated

Organize the community "future search" / healthy communities shared vision events

Identify community champions & key stakeholders for coalitions

Begin implementation public health priorities (Robert Wood Johnson's evidence-based model)

County rankings & well-being index progress measured

Healthy community coalitions & structures established & implementing priorities

Affordable housing plans completed & initial project(s) funded

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

BE PERSON CENTRIC

We recognize that those whom we serve are increasingly engaged in their own care and are seeking convenience, affordability and reliability. Thus, we commit to anticipate and respond to the changing expectations of healthcare consumers, and to ensure that we engage each person in an individualized plan for health with a focus on prevention and wellness.



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

Complete implementation of the ambulatory network plans

Fully implement the Patient-Family Centered Care approach

Super Clinically Integrated Networks (CIN's) & new payor partnerships (Caremore) launched

Pricing transparency exists for all services.

Continue to optimize ConnectCare capabilities

BSHS Insurance Plan Partnerships expand across local systems

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

SERVE THOSE WHO ARE VULNERABLE

We recognize, by our catholic identity, that the struggle for a more humane world is not an option, but an integral part of spreading the Gospel. Thus, we commit to serve those who are vulnerable in many ways, addressing health disparities, sustaining global ministries, healing the environment and working to end violence and oppression.



Madre de Cristo Clinica fully equipped & operating

Implement best practices to enroll & improve access for the uninsured

Analyze & prioritize health disparities

Develop behavioral health strategies

2nd Health Clinic opened in Huancayo, Peru

Identify government funding/rebate opportunities for water conserving technologies

Educate public officials & employees on five BSM advocacy areas. Implement health disparities plan

Integrate behavioral health with redesigned primary care & virtual visits

3rd Health Clinic opened in Peru

Implement WaterSense products, landscape watering & cooling tower programs

Identify vendors to assist in reducing human trafficking

Behavioral health practitioners available in primary care & emergency department's

- Impact of global ministries expanded
- Improve or eliminate a leading health disparity in addition to behavioral health
- Reduce uninsured in our communities below 10%
- Reduce annual BSHS water consumption by 10%
- Positive results in five BSM priorities
- Targeted vendors commit to at least one BSM advocacy priority (e.g., human trafficking)

STRENGTHEN OUR CULTURE & CAPABILITIES

We recognize that the healthcare delivery system is undergoing rapid change with increasing complexity. Thus, we commit to liberate the potential of our people, strengthening individual and collective capabilities with respect to ministry leadership, knowledge, analytics, innovation and finances.



Employee & physician participation in cultural competency & ministry formation grows by 50%

Business analytics platform goes live (WISDOM). Automates value-based purchasing measures

Continue to hone employee wellness initiatives

Organization redesign is refined to enable the Strategic Quality Plan

Assess potential for philanthropic giving in each market

Identify & add new expertise: healthy community facilitators & behavioral health leadership

Cultural Navigators in each local system to improve care equity

Organize at minimum 3 bundled payment initiatives for each market

Increase research opportunities for physicians & employees to innovate & improve care delivery

Increase the number of Medicare recipients in the Good Help ACO

Investigate mergers & acquisitions in contiguous geographies & key service lines like home health

Identify & add new expertise: Epidemiology, data scientists & academic affiliations

Achieve at least 75% of value-based purchasing (commercial & governmental)

Stewardship lowers total cost of care & improves operating performance

Philanthropy grows more than 50% from fiscal year 2016 baseline

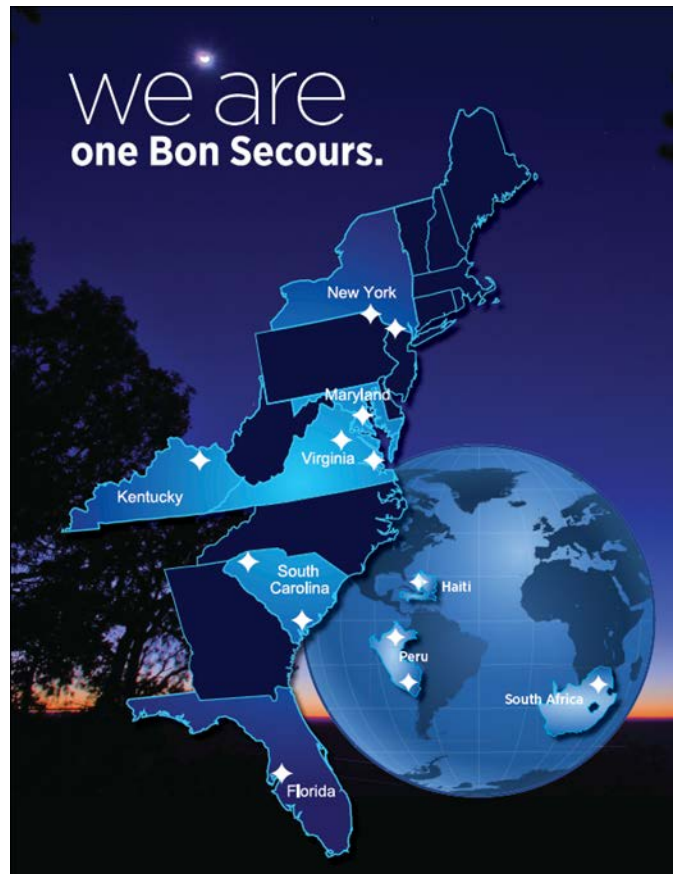
Enterprise risk management & information technology security reach maturity

Two mergers & acquisitions/partnerships completed

Identify & add new expertise: actuarial/risk-based contracting capabilities

- Top decile physician & employee engagement
- Diversity/equity & inclusion recognized nationally
- Increased retention for entry level employees through just wage & benefit improvements
- Innovation Institute commercializes 3 ideas
- Employee health & wellbeing indicators improved
- Net revenues exceed \$4.0 billion
- 4.0% sustainable operating margin
- Culturally operating as One Bon Secours

New look. New Prominence. 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	
	C. DIFF PREVENTION <small>Goal: 0 C. diff Infections</small> <ul style="list-style-type: none">• Demonstrate compliance with BSHSI policy on cleaning of C. diff rooms with Quat• Demonstrate compliance in the use of BSHSI C. diff aprons for entering (including the OR)• Escalate and implement process to reduce the use of proton pump inhibitors (PPIs)
	CAUTI PREVENTION <small>Goal: 0 CAUTI Infections</small> <ul style="list-style-type: none">• Conduct daily Foley necessity review• Demonstrate compliance with BSHSI nurse-driven removal process• Demonstrate use of Foley assessment tool• Demonstrate compliance with appropriate selection of care for perineal care
	SSI PREVENTION <small>Goal: 0 SSI Infections</small> <ul style="list-style-type: none">• Demonstrate compliance with (CNC) scrubbing before surgery• Demonstrate compliance with SCIP measures• Exclude nonmembers participating, assess comorbid clinical indicators• Escalate and resolve performance and process-related quality control processes• Use wound protectors for open corrective surgeries
	HAND HYGIENE <small>Goal: 100% Compliance</small> <ul style="list-style-type: none">• Demonstrate compliance with BSHSI hand hygiene policy• Evidence of daily self-evaluation hand hygiene compliance monitoring• Evidence of monthly audit completion
	LOS MANAGEMENT <small>Goal: Facility Specific</small> <ul style="list-style-type: none">• Demonstrate use of BSHSI's interdisciplinary rounding (DIR) team• Communicate with patients and family, including discharge date or whereabouts• Escalate process screen/overflow for use of EPIC monitors• Compliance for review and escalation of re-admission status every 12 hours• Evidence for clinical pathway use for highest LOS DRGs
	READMISSION PREVENTION <small>Goal: 0 Readable Infections</small> <ul style="list-style-type: none">• Demonstrate compliance for the readmission risk assessment tool (RRAT) completion, on admission, with care management plans completed by this score• Document evidence of PCP identification on admission• Evidence of appropriate follow-up appointment made prior to discharge• Demonstrate medication reconciliation and medication education
	MORTALITY REDUCTION <small>Goal: 0 Preventable Deaths</small> <ul style="list-style-type: none">• Demonstrate compliance with system vendor outliers• Demonstrate a minimum of 75% use of the BSHSI sepsis order set• Evidence of compliance with modified Early Warning Score (mEWS) screens• Evidence of advanced care planning and appropriate palliative care consult within 24 hours• Document weekly review of cases and the SQR certification for an accurate and timely review
	EXPERIENCE OF CARE <small>Goal: Top Decile</small> <ul style="list-style-type: none">• Demonstrate compliance with staff change report as the needed• Demonstrate compliance of purposeful interdisciplinary rounding and patient rounding on an unit• Post hospital Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores are consistent with PRCA action points at the nursing unit• Demonstrate compliance with the BSHSI standard daily safety huddle• Evidence of patient rounding to influence
	

RELIABLE CARE ACCOUNTABILITY MATRIX (2.0)

Ensuring Reliable, Evidence-Based Compassionate Care for Every Patient, Every Time



C. DIFF PREVENTION

Goal: 0 C. diff Infections

- Demonstrate compliance with BSHSI policy on cleaning of C. diff rooms with OxyCide
- Demonstrate compliance in the use of BSHSI C. diff algorithm for testing (including the ED).
- Establish and implement process to review the use of proton pump inhibitors (PPI).

CAUTI PREVENTION

Goal: 0 CAUTI Infections

- Conduct daily Foley necessity review.
- Demonstrate compliance with BSHSI nurse-driven removal protocol.
- Demonstrate use of Foley alternatives.
- Demonstrate compliance with Uppincott standard of care for perineal care.

SSI PREVENTION

Goal: 0 SSI Infections

- Chlorhexidine Gluconate (CHG) bathing before surgery.
- Demonstrate compliance on SCIP measures.
- Maintain normothermia perioperatively, unless otherwise clinically indicated.
- Establish and follow perioperative and postoperative glucose control protocols
- Use wound protectors for open colorectal surgeries.

HAND HYGIENE

Goal: 100% Compliance

- Demonstrate compliance with BSHSI hand hygiene policy.
- Evidence of daily unit level hand hygiene compliance monitoring.
- Evidence of monthly audit completed.

LOS MANAGEMENT

Goal: Facility Specific

- Demonstrate use of BSHSI's interdisciplinary rounding (IDR) model.
- Communicate with patients and display estimated discharge date on whiteboards.
- Establish protocol based workflow for the use of EPIC Monitors.
- Compliance for review and evaluation of observation status every 12 hours.
- Evidence for clinical pathway use for highest LOS DRGs.



READMISSION PREVENTION

Goal: 0 Avoidable Readmissions

- Demonstrate compliance with the readmission risk assessment tool (RRAT) completion, on admission, with care management plans targeted by risk score.
- Document evidence of PCP identification on admission
- Evidence of appropriate follow up appointment made, prior to discharge.
- Demonstrate medication reconciliation and medication education.

MORTALITY REDUCTION

Goal: 0 Preventable Deaths

- Demonstrate compliance with system ventilator bundles.
- Demonstrate a minimum of 75% use of the BSHSI sepsis order set.
- Evidence of compliance with Modified Early Warning Score (MEWS) standard.
- Evidence of advanced care planning and appropriate palliative care consult within 24 hours.
- Document weekly review of deaths and the SSER classification for all deaths and safety events.

EXPERIENCE OF CARE

Goal: Top Decile

- Demonstrate compliance with shift change report at the bedside.
- Demonstrate compliance of purposeful interval/hourly rounding and leader rounding on all units.
- Post Hospital Consumer Assessment of Healthcare Providers and System (HCAHPS) scores and verbatims with PDCA action plans at the nursing unit.
- Demonstrate compliance with the BSHSI standard daily safety huddles.
- Evidence of leader rounding to influence.



BON SECOURS HEALTH SYSTEM

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.

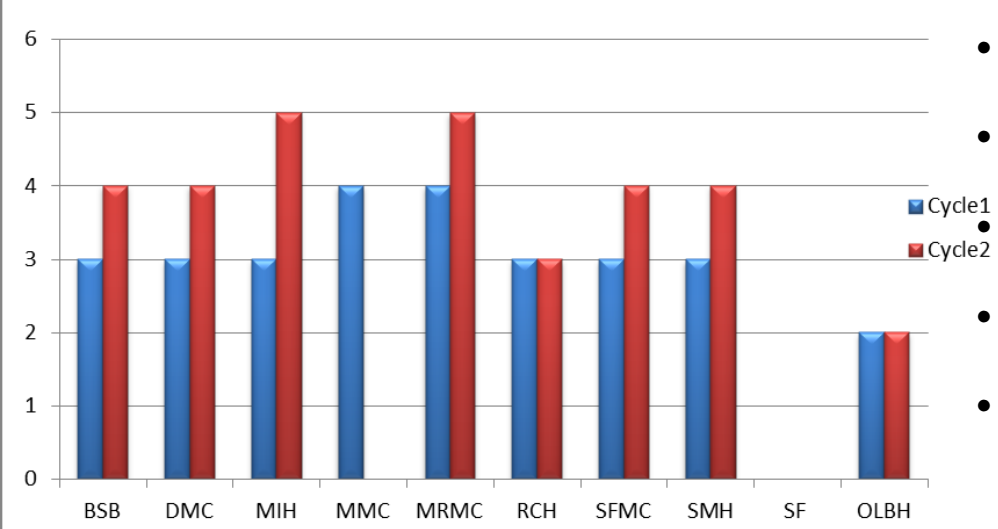
This is one of the best things we have ever done here at Bon Secours

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

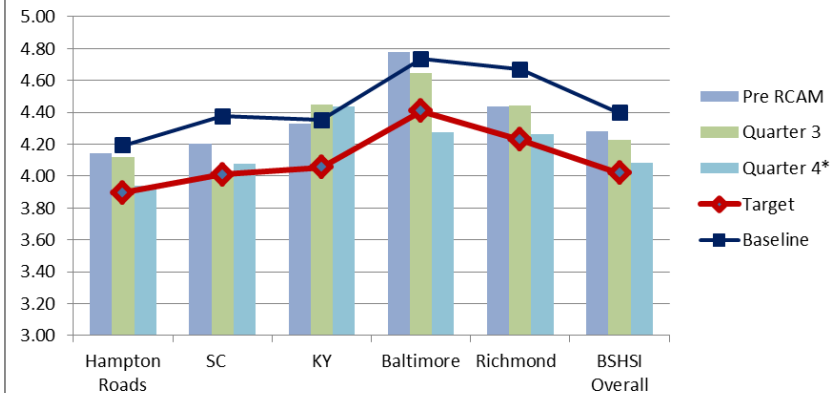
RCAM Cycle 2 Results: LOS Management



- 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

LENGTH OF STAY BY MARKET: BEFORE AND AFTER RCAM

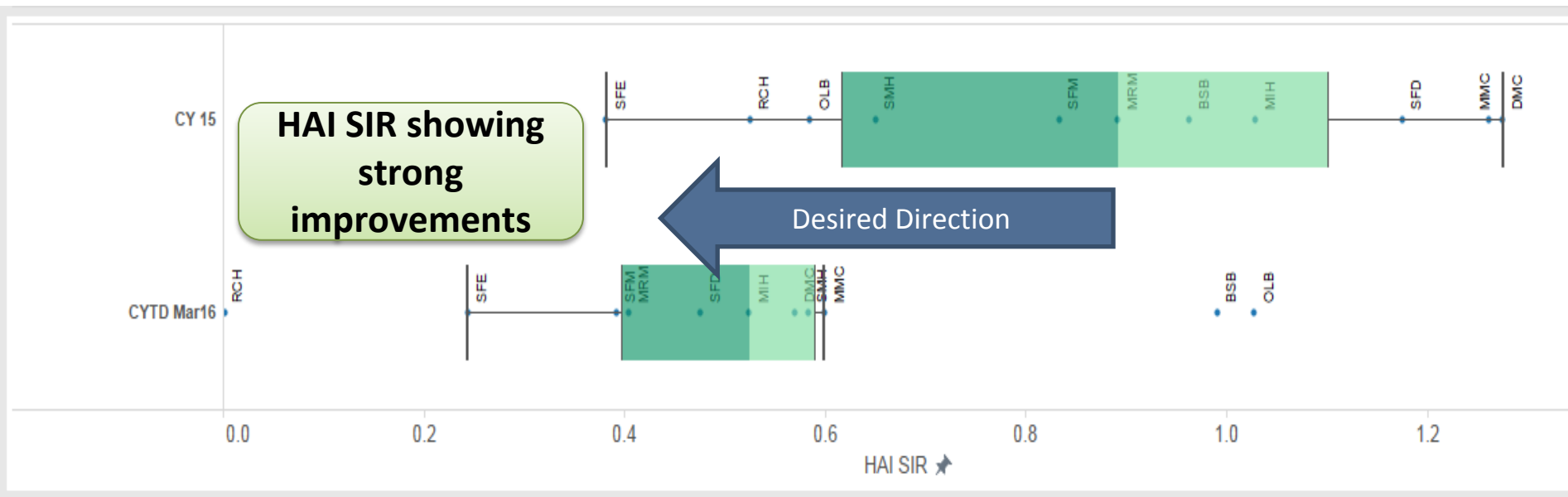
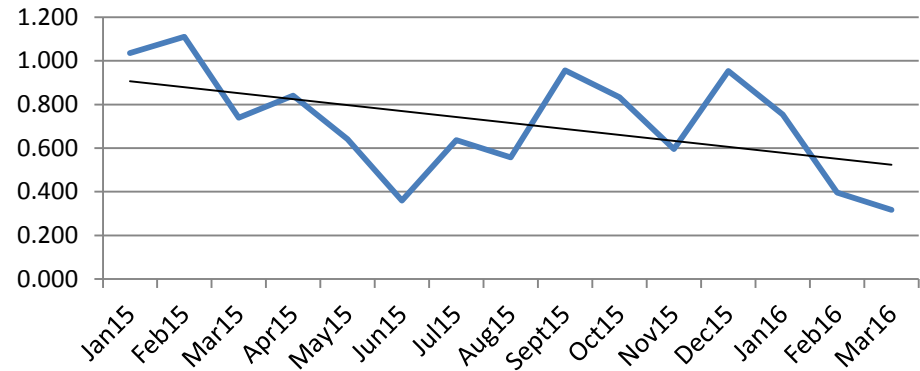


Demonstrating Improvements

Process and Outcomes

Reducing variation between hospitals, improving overall performance

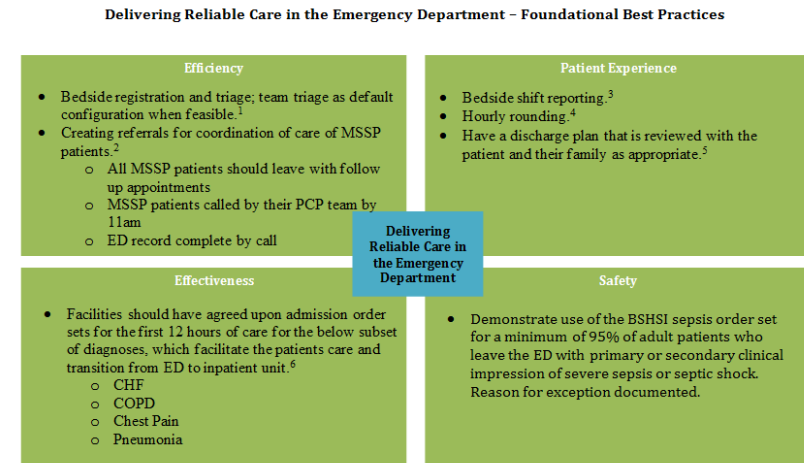
BSHSI cDIFF SIR by Month



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

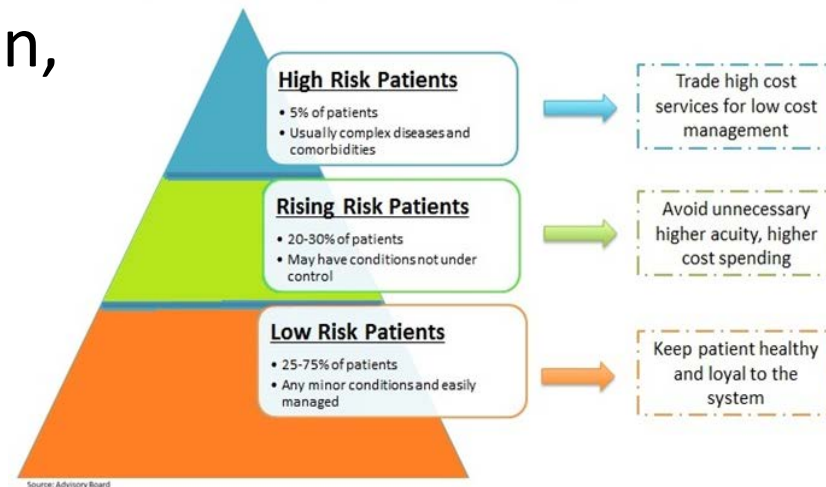
Reliable Care Accountability Matrix

- 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



Questions? Suggestions?

Reliable Care Accountability Matrix

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