Stewards and Catalysts: Aligning Boards, Management and Physicians to Improve the Patient Experience

July 28, 2017
Session: 12:15 pm -1:45 pm

Shelly Buck, MBA, DNP. COO/CNE. Bon Secours Baltimore Health System

Anthony C Stanowski, DHA, FACHE. Board Member, Chair Quality Committee, Bon Secours Baltimore Health System
Presenters

- **Shelly Buck, DNP, MBA**
  - Chief Operating Officer and Chief Nurse Executive, *Bon Secours Baltimore Health System*

- **Anthony Stanowski, DHA, FACHE**
  - Board Member, Chair of Board Quality Committee, *Bon Secours Baltimore Health System*
  - President and CEO, *Commission on Accreditation of Healthcare Management Education (CAHME)*
Agenda

- Learning Objectives
- Background
- Hardwiring Behaviors: Management Initiatives
- The Board’s Role
- Outcomes
- Questions
Learning Objectives

- Illustrate how the board can be a partner in improving the patient experience.
- Apply leadership methods effective at Bon Secours to positively influence change at attendees' organizations.

Please note that the views expressed are those of the conference speakers and do not necessarily reflect the views of the American Hospital Association and Health Forum.
Bon Secours Health System

1 Hospital, Home Health, Practices

1 Hospital with 2 locations, 2 Outpatient Surgery Centers, Home Health, practice locations

3 Hospitals, 2 Skilled Nursing Facilities, Home Health, Practices

3 Hospitals (+1 Joint Ventured), Free-standing ED, 3 Surgery Centers, Home Health, Skilled Nursing, Assisted Living Facility, Practice Locations

3 Joint Ventured Hospitals, practice locations

Skilled Nursing, Assisted Living, Home Health

Skilled Nursing, Assisted Living, Home Health

1 Hospital, 12 specialty and outreach centers

4 Hospitals, Free-standing ED, 2 Surgery Centers, Home Health, Practice Locations

Good Help to Those in Need®
Bon Secours Baltimore Health System

- 70 Bed Acute Care

Mission: To help people and communities to health and wholeness by providing compassionate, quality healthcare and being “good help" to all in need in West Baltimore, with special concern for the poor and dying.
Maryland All-Payer System

- Implemented: 1977
- Exempts Maryland from the Inpatient and Outpatient Prospective Payment System
- Maryland sets rates for these services
- All third parties pay the same rate
- CMS Waiver renewed in 2013. Global budgeting core components.
  - Overall per capita expenditures for hospital services
  - Improvements in the quality of care
  - Population health outcomes.
Maryland Health Services
Cost Review Commission (HSCRC)

• Regulates payments to hospitals
• Approximately a 1.5 year lag
  (i.e. calendar 2011 performance impacts revenue in rate year 2013)
• Maryland Quality Based Reimbursement (QBR) measures include clinical process opportunity & appropriateness, HCAHPS, Outcomes, and Safety
• Weighting of QBR measures vary over time; HCAHPS increased in importance
• Hospital reimbursement also impacted by other HSCRC mandated programs: hospital acquired infections and readmissions
* In 2017 and 2018, Inpatient Revenue is at risk for 2% as a penalty, and 1% as a reward.

Source: www.hscrc.state.md.us/init_qi_qbr.cfm
QBR Components Impact on Bon Secours Baltimore

HCAHPS Financial Impact

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- 2010: $126
- 2011: $114
- 2012: $110
- 2013: $160
- 2014: $236
- 2015: $540
- 2016: $540
- 2017: ???
- 2018: ???

HCAHPS as a Percent of Total QBR

- 2010: 30%
- 2011: 30%
- 2012: 30%
- 2013: 50%
- 2014: 40%
- 2015: 45%
- 2016: 50%
- 2017: 50%
- 2018: ???

Source: www.hscrc.state.md.us/init_qi_qbr.cfm
Community Reputation
Key Executive Appointments

- 2007: CEO- Sam Ross, MD
- 2009: CFO- Richard Jones (Retired 2014)
- 2015: COO/CNE: Shelly Buck
- 2016: CFO: Laura Ellison
Hardwiring Behaviors
Management Initiatives
Patient Experience Improvement Tactics

Frontline Staff Focus
- Purposeful Hourly rounding
- Bedside Interdisciplinary Rounds
- No Pass Zone
- Bedside Shift Report
- 60-90 Second Connection
- Leader Rounding to Influence

Administrative Focus
- Staff Rounding to Influence
- Increased Survey Response
- Transparency of scores and verbatims
- Patient experience stories at Board meetings
Improvement Tactics: Staff Focus

Purposeful Hourly Rounding
Improvement Tactics: Staff Focus
Improvement Tactics: Staff Focus

No Pass Zone
Improvement Tactics: Staff Focus
Improvement Tactics: Staff Focus

60-90 Second Connection
Improvement Tactics: Staff Focus

Leader Rounding to Influence
Improvement Tactics: Administrative Focus

Increase Survey Response and Sample Size

Sample Size

N Size

![Graph showing sample size over time]

Jan-16 | Feb | March | April | May | June | July | August | Sept. | Oct | Nov | Dec | Jan-17 | Feb | March | Apr | May

N Size
Improvement Tactics: Administrative Focus

Transparency of Scores and Verbatims
Improvement Tactics: Administrative Focus

Patient Experience Stories at Board Meetings

“I may work here, but twice I’ve been a patient. There was beauty and grace in becoming vulnerable and the experience was a gift.”

-Roslyn
Unit Secretary
The Board’s Role
Formulate and Fund Strategy
Encourage Management Strategy Development

- Education and simulation
- Governance/Steering Committee
- Establish realistic targets with incremental improvement
- Encourage Unit level Engagement/Ownership
- Track/Report
- Reward
Strategy Considerations

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 health care consumers, and to ensure that we engage each person in an individualized plan for health with a focus on prevention and wellness.
Reinforce the Patient Perspective - HCHAPS
We define patient experience as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

Beryl Institute
Link HCHAPS to Financial Impact
QBR HCAHPS Impact on Bon Secours Baltimore

Financial Impact by HCAHPS

- 2010:
  - Financial Impact: $126
  - HCAHPS as a Percent of Total QBR: 30%

- 2011:
  - Financial Impact: $114
  - HCAHPS as a Percent of Total QBR: 30%

- 2012:
  - Financial Impact: $110
  - HCAHPS as a Percent of Total QBR: 30%

- 2013:
  - Financial Impact: $160
  - HCAHPS as a Percent of Total QBR: 40%

- 2014:
  - Financial Impact: $236
  - HCAHPS as a Percent of Total QBR: 45%

- 2015:
  - Financial Impact: $540
  - HCAHPS as a Percent of Total QBR: 50%

- 2016:
  - Financial Impact: $750
  - HCAHPS as a Percent of Total QBR: 50%

- 2017:
  - Financial Impact: $1,000
  - HCAHPS as a Percent of Total QBR: 50%

- 2018:
  - Financial Impact: $1,500
  - HCAHPS as a Percent of Total QBR: 50%

Source: www.hscrc.state.md.us/init_qi_qbr.cfm
Assessing Value of Patient Satisfaction Improvements

Measured in ...

- Patient outcomes
- Process improvements
- Strategic importance/market outcomes

... Difficult, if not impossible, to measure...

Examples—
- Community Support
- Government collaboration
- Patient Compliance
- Importance in managing population health
Training--Essential

- New Hire Orientation
- Annual Competency Validation
- Simulation Training
- RCAM 2.0-Standards of Performance & Behaviors
- Press Ganey Conference Attendance
Ensure Regulatory Compliance
Governance Needs to Be Aware of Regulatory Implications
Board Communications
Recognize That the Average Trustee Has Little Knowledge of HCAHPS

Formal Board Education Process

- Presentations
- Staff stories
- Physician stories
- Management stories
What Does the BOD Need to Know?

- Benefit realization
- Physician adoption
- Staff and culture
- Improved patient outcomes
-Contribute to financial performance and mission sustainability
Monitor and Hold Responsible
### Bon Secours Dashboard

#### Adjusted HCAHPS Monthly Comparison
Includes Discharges through 1/31/17 received as of 2/1/17

<table>
<thead>
<tr>
<th>ESB</th>
<th>Market</th>
<th>All</th>
<th>Facility</th>
<th>All</th>
<th>Unit</th>
<th>50th &amp; 90th</th>
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<td>Comm w/ Nurses</td>
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<td>Nurses treat with courtesy/respect</td>
<td>82.3%</td>
<td>80.2%</td>
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<td></td>
<td>Nurses listen carefully to you</td>
<td>77.4%</td>
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<td>Nurses explain in ways you understand</td>
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<td>Comm w/ Doctors</td>
<td>80.3%</td>
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<td>Doctors treat with courtesy/respect</td>
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<td>Doctors listen carefully to you</td>
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<td>Doctors explain in ways you understand</td>
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<td>93.0%</td>
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<td>Response of Hosp Staff</td>
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<td>Call button help as soon as wanted</td>
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<td>Help taking as soon as you wanted</td>
<td>20.3%</td>
<td>47.4%</td>
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<td>Pain Management</td>
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<td>Pain well controlled</td>
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<td>Staff do everything help with pain</td>
<td>30.0%</td>
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<td>Comm About Medicines</td>
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<td>Staff describe medicine side effect</td>
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<td>Tell you each new medicine was for</td>
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<td>Info on symptoms/prob to look for</td>
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<td>Staff talk about prob when you left</td>
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<td>Hospital Environment</td>
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<td>Cleanliness of hospital environment</td>
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<td>Quietness of hospital environment</td>
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<td>Rate hospital 0-10</td>
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<td>Good understanding managing health</td>
<td>37.1%</td>
<td>36.6%</td>
<td>43.3%</td>
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<td>Hosp staff took pref into account</td>
<td>42.6%</td>
<td>38.2%</td>
<td>45.0%</td>
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<td>Care Transitions</td>
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<td>Understood purpose of taking meds</td>
<td>40.0%</td>
<td>27.3%</td>
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Sample Size: 22 22 34 35 139
HCAHPS, Clinical Efficiency & Throughput

Daily dashboards used to inform management of clinical operations.
Encourage Innovation and Celebrate
Board as a Cheerleader

- To Management
- To Physicians
- To Staff
- To Community
Outcomes
Patient Satisfaction vs. Engagement

HCAHPS

Willingness to Recommend

Overall Rating

Staff & Physician Engagement

Employee Engagement

Physician Engagement

Good Help to Those in Need®
Impact of Tactics: Sept 2015 - May 2017

Overall and Willingness to Recommend Compared to Threshold
FY16 HCAHPS

Linear Overall Rating

Overall Rating

Willingness to Recommend
Questions
## Contact Information

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Title</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td><strong>Shelly Buck, MBA,DNP</strong></td>
<td>Chief Operating Officer and Chief Nurse Executive Bon Secours Baltimore Health System</td>
<td>2000 West Baltimore Street Baltimore, MD 21223-1597 (410) 362-3618 <a href="mailto:shelly_buck@bshsi.org">shelly_buck@bshsi.org</a></td>
</tr>
<tr>
<td><strong>Anthony C. Stanowski, DHA, FACHE</strong></td>
<td>Board Member, Bon Secours Baltimore President and CEO, Commission on Accreditation of Healthcare Management Education</td>
<td>CAHME 6110 Executive Boulevard Suite 614 Rockville, MD 20852 301-298-1825 <a href="mailto:astanowski@cahme.org">astanowski@cahme.org</a></td>
</tr>
</tbody>
</table>
Dr. Buck is the Chief Operating Officer and Chief Nursing Executive at Bon Secours Baltimore Health System since 2015. In this role, she leads organizational performance and culture change of a 125-bed acute care facility, now funded for 72-beds. She has developed diverse leaders and inclusive teams across ancillary departments, nursing departments, perioperative services, facility and operations, Patient Experience, food services, environmental services, outpatient renal department, safety, disaster preparedness, case management, and ambulatory clinics and physician practices.

Prior to her role in Baltimore, Shelly served at Bon Secours facilities in the Richmond and in Hampton Roads, VA markets. She has led nursing teams in large academic medical centers (Thomas Jefferson), for profit hospitals (HCA), and non-acute systems (Sterling Medical).

Shelly has received numerous awards, and most recently was awarded the Healthcare Leader Recognition for Significant Contributions to Healthcare by NAHSE in 2016.

She received her Doctorate of Nursing Practice (DNP) from Old Dominion University, Norfolk, VA. MBA from the University of Maryland, and her BSN from Virginia Commonwealth University.
Anthony C. Stanowski, DHA, FACHE

Dr. Stanowski has served as a board member of Bon Secours Baltimore Health System, Baltimore, MD since 2008. He has chaired the Quality Committee since 2016.

He is the President and CEO for the Commission on Accreditation of Healthcare Management Education (CAHME), Rockville, MD. CAHME serves to advance the quality of graduate healthcare management education.

Prior to CAHME, Anthony held executive/management roles at Applied Medical Software, Aramark, Thomson Reuters Healthcare Division (now DBA as IBM Watson Healthcare), and Philadelphia area providers Jefferson Health System, Main Line Health, and Graduate Health. In 2015, Anthony co-authored *We Have A Match: My Journey through America’s Transplant System* which details the challenges of providing a positive patient experience in the US transplant system.

Anthony received his doctorate degree from the Medical University of South Carolina, where his doctoral thesis focused on the relationship between patient experience and costs. He holds graduate degrees from Drexel (Marketing) and Widener (Health Care Administration) Universities, and a bachelor’s from the University of Pennsylvania (Communications and Psychology). He is a Fellow in ACHE.
Bibliography


